

## EV0351

### Psychotic episode during a travel to Saint-Petersburg. A variation of Stendhal Syndrome

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**Introduction** Journeys have been considered life-changing experiences since the first chronicles of humanity. Interest towards the relationship between travels and mental illness started off with the publication, in 1897, of *Les aliénés voyageurs*.

**Case report** We report the case of a 52-year-old gentleman, married and without children, who works as a couch driver and has no past medical records. During a holiday trip, at his arrival to Saint Petersburg, he first experienced haze and cognitive and memory failures, along with malaise and sweating. The day after, while visiting the Hermitage museum, he underwent forthright auditive hallucinations, diffusion of thought phenomena and harm delusions. After ruling out diagnosable organic causes through CT scan, MRI and blood analyses including immunologic studies, he was put on olanzapine 10 mg/day with total symptomatic remission within 2 weeks.

**Discussion** Stendhal syndrome, described back in 1989 by Dr. Magherini, refers to anxious, somatic and psychotic symptoms affecting tourists who visit Florence. The celebrated author, himself, experienced intense emotions due to an overdose of beauty at the Italian city. Further clinical pictures related to journeys include Jerusalem Syndrome and Way of Saint James Syndrome. Another entity, Paris Syndrome, differentially affects Japanese visitors, disappointed with the actual experience of visiting the French city.

**Conclusion** During journeys, people often abandon everyday life in order to open up to unknown sights and feelings. These can eventually, lead to certain sorts of mental illness.

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## EV0352

### Socio-demographic and cognitive determinants of xenophobia among the GCC citizens

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**Introduction** Xenophobia has been referred to as a global phenomenon, linked to the globalization process and noted in countries undergoing transition. It comes from the perceived threat of foreigners' impact on the citizens' identity or individual rights. Although the Gulf countries host a large number of migrants from several different cultures and ethnicity, so far no study has examined the conceptualization and pervasiveness of Xenophobia and counter strategies to such phenomenon.

**Objectives** Exploring Xenophobia in the Gulf context. Exploring socio-demographic and cognitive factors affecting xenophobia.

**Aims** Validating a measure of Xenophobia in the Gulf cultural context. Examining the gender differences in Xenophobia among the GCC individuals. Studying socio-demographic and cognitive predictors of Xenophobia.

**Methods** A sample of 513 individuals from the GCC countries completed several measures of socio-demographic and cognitive variables. Likert-type scale of xenophobia was developed and validated on a large sample of Qatari citizens that showed trustworthy indications of validity and reliability and delivered via internet survey.

**Results** The findings showed that Xenophobia negatively correlated with age, parents' level of education, and varied subject to the type of father's job. The females showed Xenophobia more indications than males. Participants from the six GCC countries showed different levels of Xenophobia indicators. Bad experience with expatriates fully mediated the relationship between the socio-demographic of subjects and the number of Xenophobia indicators. Cognitive factors were also good predictors of Xenophobia across all cultures and gender.

**Conclusions** Xenophobia in the Gulf region is influenced by several cognitive and socio-demographic factors that is mediated by, but not limited to, negative personal experiences and their cultural backgrounds.

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## EV0353

### Ethno-cultural predictors, which determine features of cognitive behavioral therapy of persons with PTSD

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**Objective** Study of the predictors of ethno-cultural adaptation among male population with PTSD.

**Materials and methods** We examined 72 males (age: 18–52) with PTSD (F43.1), acquired in interethnic Kyrgyz-Uzbek conflict. In the process of CBT 3 psychotherapeutic groups were formed: 1st (2 homogenous subgroups) included 24 ethnic Kyrgyz, 2nd (2 homogenous subgroups): 24 ethnic Uzbeks, 3rd (2 heterogeneous subgroups): 12 Uzbeks, 12 Kyrgyz.

**Methods** Semi-formalized interview, standardized scales for evaluating PTSD, anxiety, depression, aggression, loneliness.

**Results** High levels of aggressiveness among Kyrgyz: 52.4, among Uzbeks: 51.7 ( $P < 0.05$ ), loneliness among Kyrgyz: 38.9, among Uzbeks: 46.2 ( $P < 0.05$ ), anxiety among Kyrgyz: 48.8, among Uzbeks: 52.4 ( $P < 0.05$ ), depression among Kyrgyz: 57.5, among Uzbeks: 61.1 ( $P < 0.05$ ) are mutually conditioning factors. In the CBT process, the values decreased: in 1st group anxiety level to 44.4 ( $P < 0.05$ ), depression: 54.2 ( $P < 0.05$ ); aggressiveness: 48.2 ( $P < 0.05$ ), loneliness: 38.4 ( $P < 0.05$ ); in 2nd: anxiety: 49.4 ( $P < 0.05$ ), depression: 59.8 ( $P < 0.05$ ), aggressiveness: 47.3 ( $P < 0.05$ ), loneliness: 42.4 ( $P < 0.05$ ); in 3rd: anxiety: 41.1 ( $P < 0.05$ ), depression: 52.2 ( $P < 0.05$ ), aggressiveness: 46.5 ( $P < 0.05$ ), loneliness: 35.5 ( $P < 0.05$ ).

**Conclusions** High levels of aggressiveness and loneliness among the respondents of both ethnic groups are the predictors of PTSD. Emphasized anxiety-phobic (group 1) and anxiety-depressive (group 2) disorders are the activating mechanisms of adaptation processes in micro-society (psychotherapeutic group). Dominating anxiety-phobic disorders (group 1), anxiety-depressive disorders (group 2), and their entanglement with values of aggressiveness and loneliness determine development and stability of clinical-psychopathologic manifestations as dysthymic disorders, which is an indicator for biological treatment. Heterogeneous group, as a result of CBT, has shown activation of psychological adaptation mechanism by the dissociative type, which is one of the mechanisms of ethno-cultural adaptation and requires subsequent research.

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