

body satisfaction and comparison event was less than 2 hours, but this pattern reversed as the time lag between state level predictor and outcome increased beyond 2 hours ( $R^2 = .09$  vs.  $R^2 = .12$ ).

**Conclusions** Present findings suggest that bolstering one's body satisfaction in the moment may be as clinically important as reducing a client's interest in the thin ideal for alleviating occurrence of unhealthy body comparisons.

**Disclosure of interest** The authors have not supplied their declaration of competing interest.

<http://dx.doi.org/10.1016/j.eurpsy.2016.01.2343>

#### EV1359

### Post-partum psychosis

F. Leite<sup>1,\*</sup>, O. Campos<sup>2</sup>, H. Salgado<sup>3</sup>, P. Carvalho<sup>3</sup>

<sup>1</sup> Matosinhos, Portugal

<sup>2</sup> Hospital de Magalhães Lemos, Departamento de Psiquiatria, Matosinhos, Portugal

<sup>3</sup> Hospital de Magalhães Lemos, Departamento de Psiquiatria, Porto, Portugal

\* Corresponding author.

**Introduction** Postpartum psychosis (or puerperal psychosis) is a term that covers a group of mental illnesses with the sudden onset of psychotic symptoms following childbirth. A typical example occurs when after childbirth, a woman becomes irritable, has extreme mood swings and hallucinations with the possibility of needing psychiatric hospitalization. Often, out of fear of stigma or misunderstanding, women hide their condition.

**Aims and objectives** To review the evidence regarding prophylactic treatment and acute management of postpartum psychosis and affective disorders in the puerperium.

**Methods** Online search/review of the literature has been carried out, using Medline/Pubmed, concerning "postpartum psychosis", "postpartum", "mental disorders", "mania" and "depression".

**Results** Postpartum psychosis is a rare and severe psychiatric condition requiring rapid restoration of health in view of significant risks to both mother and the infant. The known risk factors and negative consequences of postpartum psychosis point to the importance of preventive and acute treatment measures. The majority of patients who develop psychosis immediately following childbirth suffer from bipolar disorder.

**Conclusions** Understanding the relationship between postpartum psychosis and affective disorders has implications for perinatal and long-term treatment. The rapid and accurate diagnosis of postpartum psychosis is essential to expedite appropriate treatment.

**Disclosure of interest** The authors have not supplied their declaration of competing interest.

<http://dx.doi.org/10.1016/j.eurpsy.2016.01.2344>

#### EV1360

### Pregnant patients admitted to an inpatient psychiatric unit: An 18-months' experience

A. Ozdemir<sup>1,\*</sup>, D. Bulanik<sup>1</sup>, C. Aksoy-Poyraz<sup>2</sup>, E. Cirakoglu<sup>1</sup>, S. Enginkaya<sup>1</sup>, N.B. Tomruk<sup>1</sup>

<sup>1</sup> Bakirkoy Mazhar Osman Research and Training Hospital for Psychiatry, Neurology A, Psychiatry, Istanbul, Turkey

<sup>2</sup> Cerrahpasa Faculty of Medicine, Istanbul University, Psychiatry Department, Istanbul, Turkey

\* Corresponding author.

**Objective** Our aim was to describe demographic data of pregnant patients admitted to an inpatient psychiatric unit and analyze treatment preferences for acutely ill pregnant patients.

**Methods** A prospective chart review was carried out to identify pregnant patients who admitted to the inpatient unit during the period April 2014–September 2015. Details regarding their

sociodemographic, clinical, and treatment data were obtained from these records for the study.

**Results** The total number of pregnant patients, admitted to our psychiatry inpatient clinic during the survey period was 15. The mean age of the patients was 30.33 (with a range of 21–38 years). Two thirds of the patients were hospitalized in the 1st trimester. Bipolar disorder (46.6%) was the most common diagnosis, followed by psychotic disorder (33%), and unipolar severe depression (20%). Eleven patients (67%) out of 15 had a psychiatric illness before getting pregnant. It was found that premenstrual syndrome was reported by 60% of patients. Haloperidol was the most frequently used psychotropic drug for the treatment of psychotic disorders and bipolar manic episodes.

**Conclusion** The information regarding the course of bipolar disorder in pregnancy is controversial. While some studies support the opinion that pregnancy appeared to have a protective effect against an increase in symptoms, others stress that the risk for relapse in the pregnancy period is high. It is noteworthy that the majority of our patients are bipolar patients in the 1st trimester. The abrupt cease of mood stabilizer use may lead to recurrence in bipolar disorder.

**Disclosure of interest** The authors have not supplied their declaration of competing interest.

<http://dx.doi.org/10.1016/j.eurpsy.2016.01.2345>

#### EV1361

### The role of mindfulness in lifetime history of depression: A study in Portuguese pregnant women

J. Azevedo<sup>1,\*</sup>, E. Bento<sup>1</sup>, S. Xavier<sup>1</sup>, M. Marques<sup>1,2</sup>, V. Freitas<sup>1</sup>, M.J. Soares<sup>1</sup>, A.M. Pinto<sup>1,3</sup>, M. Bajouco<sup>1,2</sup>, A. Macedo<sup>1,2</sup>, A.T. Pereira<sup>1</sup>

<sup>1</sup> Faculty of Medicine, University of Coimbra, Psychological Medicine, Coimbra, Portugal

<sup>2</sup> Coimbra Hospital and University Centre, Psychiatry, Coimbra, Portugal

<sup>3</sup> Faculty of Psychology and Educational Sciences, CINEICC, Coimbra, Portugal

\* Corresponding author.

**Introduction** Despite the empirical support for the effects of mindfulness based interventions for recurrent depression (Velden et al., 2015), the literature on the relation between Mindfulness and Lifetime History of Depression/LTHD are scarce.

**Objective** To compare Mindfulness levels between women with vs. without LTHD and to analyze if mindfulness dimensions are significant predictors of LTHD.

**Methods** One hundred and twenty-seven pregnant women (mean age:  $32.56 \pm 4.785$  years) in their second trimester of pregnancy ( $17.34 \pm 4.790$  weeks of gestation) completed: Facets of Mindfulness Questionnaire-10 (FMQ10; Azevedo et al. 2015) assessing the dimensions non-judgement of inner experience/NJ, Act with awareness/AA and observe and describe/OD; a new self-report questionnaire developed to evaluate the presence of LTHD, with several "Yes/No" questions, based on DSM-5 criteria for depression.

**Results** Ninety-seven (23.0%) women had LTHD. Bisserial Spearman correlations between LTHD and FMQ scores were significant, negative and moderate ( $> .30, P < .01$ ); only OD did not significantly correlated with LTHD. Independent sample *T*-test revealed that women with vs. without LTHD had significantly higher levels of total FMQ-10, NJ and AA (all  $P < .001$ ). Logistic regression analysis showed that the model containing FMQ-10 explained 12.7–18.8% of the LTHD variance and correctly classified 77.9%; the OR was of 1.19 (95% CI .801–.886; Wald = 44.504;  $P < .001$ ). The model composed by NJ and AA explained 15.5–23% and correctly classified 76.5%. NJ OR was of 1.23 (CI .734–.884; Wald = 20.806;  $P < .001$ ) and AA OR was of 1.41 (CI .708–.903; Wald = 13.004;  $P < .001$ ).

**Conclusions** Our research discloses that less mindfulness abilities enhances the probability of having lifetime history of depression.

**Disclosure of interest** The authors have not supplied their declaration of competing interest.

<http://dx.doi.org/10.1016/j.eurpsy.2016.01.2346>

## Others

### EV1363

#### Psychosis due to traumatic brain injury – controversies and diagnoses difficulties

A. Amorim

São João da Madeira, Portugal

**Introduction** A traumatic brain injury (TBI) can cause numerous psychiatric complications. Humor and anxious disorders, personality disorders and psychoses are some of those possible problems. The diagnosis of psychosis due to traumatic brain injury (PDTBI), although controversial, has been subject of crescent debate and the idea that a TBI could cause a psychosis is gaining credibility. Diagnosing a PDTBI can be difficult. DSM-5 criteria are rather vague and there are many potential confounding factors due to similarities with other etiological psychosis.

**Objectives and aims** Alert clinicians to the diagnosis of PDTBI, clarify this clinical entity and define features that may allow them to do the differential diagnosis with other etiologic psychotic disorders.

**Methods** The authors performed a research in PubMed using the keywords psychosis and traumatic brain injury and selected the adequate articles to meet the objectives proposed.

**Results** Differential diagnosis of PDTBI should be done with schizophrenia, schizoaffective psychosis, delusional disorder, substance-induced psychosis, psychosis due to other medical condition and with posttraumatic stress disorder. Differentiating PDTBI and schizophrenia can be particularly difficult. Some features have been proposed in the literature as potentially differentiating, namely the presence of negative symptoms (more common in schizophrenia), findings in MRI/CT and EEG.

**Conclusions** Establishing PDTBI diagnosis can be difficult. While awaiting new studies, clinicians should, in cases of TBI related psychosis, achieve a meticulous clinical history and mental exam, in order to ensure a correct diagnosis and, therefore, determine an appropriate intervention.

**Disclosure of interest** The author has not supplied his/her declaration of competing interest.

<http://dx.doi.org/10.1016/j.eurpsy.2016.01.2348>

### EV1364

#### Acute psychosis induced by short-term treatment with methylprednisolone – a case report

I.A. Andrei<sup>1,\*</sup>, A.M. Cristache<sup>2</sup>, M.E. Parfene-Banu<sup>2</sup>, A.A. Frunză<sup>1</sup>, M.C. Boer<sup>3</sup>, M.G. Puiu<sup>4</sup>, B.E. Patrichi<sup>5</sup>, M. Manea<sup>4</sup>

<sup>1</sup> “Carol Davila” University of Medicine and Pharmacy, Psychiatry and Psychology, Bucharest, Romania

<sup>2</sup> “Prof. Dr. Al. Obregia” Psychiatry Hospital, IVth Clinical Department of Psychiatry, Bucharest, Romania

<sup>3</sup> “Prof. Dr. Al. Obregia” Psychiatry Hospital, “Prof. Dr. Al. Obregia” Psychiatry Hospital, Bucharest, Romania

<sup>4</sup> “Carol Davila” University of Medicine and Pharmacy, Psychiatry and Psychology Department, “Prof. Dr. Al. Obregia” Psychiatry Hospital, IVth Clinical Department of Psychiatry, Bucharest, Romania

<sup>5</sup> “Carol Davila” University of Medicine and Pharmacy, Psychiatry and Psychology Department, “Prof. Dr. Al. Obregia” Psychiatry Hospital, IXth Clinical Department of Psychiatry, Bucharest, Romania  
\* Corresponding author.

Steroid treatment has been widely used for immunologic and inflammatory disorders. Psychiatric symptoms are not uncommon complications of the corticosteroid treatment. Correlations between the hypothalamic-pituitary-adrenal (HPA) axis and various psychoses have been already established in the specialty literature (modified HPA activity by drugs or not, glucocorticoid receptors downregulation, reduced hippocampal volume). The prevalence of corticosteroid-induced psychotic disorders varies around 5–6%. Most corticosteroid-induced symptoms start during the first few weeks after treatment initiation, but their onset can also be in the first 3–4 days. We would like to report the case of a 30-year-old woman who was taken to the psychiatry emergency room for psychomotor agitation, auditory and visual hallucinations, and bizarre delusions, disorganized thinking and modified behavior. The patient had no personal or family history of psychiatric illness. One month earlier, she was admitted in a neurosurgery ward and underwent lumbar surgery for L4–L5 disc protrusion; at discharge, eight days later, she began treatment with methylprednisolone 80 mg/day for three days. One week later, psychotic symptoms emerged that resulted in her hospitalization in our ward for apparent steroid-induced psychosis. Treatment with risperidone (up to 6 mg/day) and diazepam (10 mg/day, rapidly discontinued) was initiated. The endocrinology examination revealed modified plasmatic cortisol. The psychosis resolved several weeks later and the patient was discharged. Psychiatric complications induced by steroids underline the role of physicians that have to educate the patients and their families about these side effects and their early recognition.

**Disclosure of interest** The authors have not supplied their declaration of competing interest.

<http://dx.doi.org/10.1016/j.eurpsy.2016.01.2349>

### EV1365

#### Predictors of aggressive behavior among acute psychiatric patients: 5 years clinical study

T. Aparicio Reinoso\*, S. Gonzalez Parra

Hospital Dr. Rodriguez Lafora, Psychiatry, Madrid, Spain

\* Corresponding author.

**Introduction** The problem of violence and aggressive behaviour among patients with psychiatric disorders need careful assessment to improve the quality of psychiatric care.

**Objective** The aim of this paper is to describe the characteristics of repeated episodes of violence among patients admitted to a Psychiatric Ward, which is a total of 66 beds at Doctor Rodriguez Lafora Hospital from January 2009 to December 2014.

**Methods** We designed a retrospective, longitudinal and observational study over a 5-year period in two brief hospitalization units of Doctor Rodriguez Lafora Hospital in Madrid. The main variables studied were: type of admission, diagnosis, age, trigger and shift.

**Results** In our study, we analyzed the prototypical person who carries out these episodes of aggression: a male between 31–40 years, diagnosed with psychotic disorder or personality disorder, involuntary admitted. This episode is associated as a main trigger to mood disturbances, lack of acceptance of standards and psychotic symptoms. These episodes occur more frequently in the afternoon shift one business day and often processed without injuries or minor bruises to other patients and/or nursing assistants. In our practice, we have observed that in most cases adequate verbal restraint in the beginning is sufficient to prevent the episode of aggression.

**Conclusions** Understand the aggressive factors can influence the production of violent behavior and the use of appropriate contain-