

(HAM-D) and the Hamilton Rating Scale for Anxiety (HAM-A). We also assessed current and previous suicidal ideation and previous suicide attempts.

Results Patients with psoriasis (compared to other groups of patients) more frequently had a comorbid mood disorder (16.1% vs 3.9% and 0.0%, respectively for patients with melanoma and patients with allergy; $\chi^2_2 = 14.98$; $P < 0.001$), past suicidal ideation (33.9% vs 15.6% and 18.9%, respectively for patients with melanoma and patients with allergy; $\chi^2_2 = 2.05$; $P < 0.01$) and attempts (6.3% vs 0.0% and 0.0%, for the other groups of patients; $\chi^2_2 = 8.37$; $P < 0.05$). Patients with psoriasis reported higher HAM-D scores than melanoma patients.

Conclusions The clinical evaluation of patients with psoriasis should include the assessment of psychiatric comorbidities and the routinely assessment of suicide risk.

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

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EV437

Apathy and impulse control disorders association: A study in a sample of Parkinson's disease patients

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Introduction Parkinson's disease (PD) is a neurodegenerative disorder that is associated with a wide range of motor symptoms, cognitive deficits and behavioral disorders. Apathy and impulse control disorders (ICDs) are common in these patients and have been considered opposite ends of a reward and motivation disorders continuum.

Aim To evaluate the association and impact of ICDs presence on apathy symptoms in PDs patients, considering the influence of other psychopathological symptoms on this association.

Methods This is a cross-sectional, observational study in which 115 consecutive medicated PD patients without dementia (mean age 61.22 ± 13.5 years; 63.5% men) were recruited. All the patients underwent a psychiatric and neurologic evaluation. Motor dysfunction was assessed with the Unified Parkinson's disease Rating Scale (UPDRS), ICDs were evaluated with the Minnesota Impulse Control Disorders Inventory (MIDI) and apathy with the Lille Apathy Scale (LARS). The Hamilton Depression scale (HAM-D). The State-Trait Anxiety Inventory (STAI-S) and Barrat Impulsivity Scale (BIS) were also administrated.

Results Twenty-seven (23.5%) patients showed an ICD. Patients with an ICD scored higher in apathy ($P = 0.012$), trait anxiety ($P = 0.003$) and impulsivity ($P = 0.008$). There were no differences in depressive symptoms. In the linear regression analysis, TCI was associated with more severe apathy ($b = 4.20$, $t = 2.15$, $P = 0.034$).

Conclusions ICDs and apathy are frequent in PD. Although ICDs have been related with a hyperdopaminergic state and apathy with low dopamine levels, the observed frequent association suggests common etiopathological mechanisms.

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Seizure as a conversion symptom, a case report

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Introduction Patients with conversive disorder could show atypical clinical presentations with neurological symptoms that are not frequently seen currently.

Case Report A 21-year-old female who was diagnosed of conversive disorder was admitted into a short-stay psychiatric unit for two weeks to introduce treatment and receiving a diagnosis. She presented few seconds long seizures in members without biting her tongue and keeping control of sphincters, always surrounded by relatives. A neurological study was made with CT scan and electroencephalography and no evidences of neurological abnormalities were found. Various treatments were used but seizures went worse. Venlafaxine (150 mg/day) was prescribed after hypothymic reactive symptoms were observed, which together with psychotherapy achieved clinical improvement in the two months follow-up.

Discussion Patients with conversive disorder don't respond appropriately to pharmacologic treatment. In order for patients to understand the situation it is important to keep them updated in an empathic manner. It is important to exclude other causes.

Conclusions A detailed psychopathological exploration should be made in all conversive patients, to explore symptoms and comorbidities that could reveal new therapeutic treatment.

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EV439

Diabetes: Psychiatric and somatic comorbidity

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Introduction Diabetes mellitus (DM) has been associated with major depressive disorder, schizophrenia, Alzheimer's, Parkinson's and mild cognitive impairment. To determine the psychiatric and somatic comorbidity in diabetic patients treated by our Liaison Psychiatry Unit.

Methods Sociodemographic variables (age, sex, marital status, place of residence) and clinical (somatic disease that motivates the admission, comorbid somatic pathology, number of concomitant somatic diseases, drug consumption and its type, psychiatric history, previous psychiatric diagnosis, number of concomitant psychiatric disorders).

Study Design Epidemiological study of 172 diabetic patients, from the total of 906 consulted from 1 January 2012 until 31 December 2014.

Bioethical considerations The study complies with the principles of justice, non-maleficence, autonomy and beneficence.

Results The average age is 72 years, 50% are women, 49.4% are married, and 54.1% live in rural areas. Somatic diseases that most frequently motivate admission at the hospital are the endocrine-metabolic (14%), gastrointestinal (12%) and cardiovascular (12.2%). A total of 32.5% of the sample have six comorbid somatic diseases and 55.2% five. A percentage of 14.5 of patients recognize consumption of toxic (cigarettes–12.2%–7.6% Alcohol). One hundred and eight patients have a history of psychiatric disorders (62.8%), especially anxiety disorders (28.4%), depression (14.5%) and organic mental disorders (11.1%).

Conclusions There is a high psychiatric and somatic comorbidity in diabetic patients, therefore it would be desirable early diagnosis and treatment to provide symptomatic control of both types of pathologies.

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

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Detection of perceptions and thoughts that may lead to disruption of insulin use in type 2 diabetes mellitus patients

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Aim In this study we aimed to identify the perceptions and thoughts and their association with state/trait anxiety, depression that may lead to resistance to insulin treatment in patients with previously diagnosed type 2 diabetes mellitus (DM) patients in order to facilitate their compliance with insulin treatment.

Method In this study, 120 patients were recruited with a previous type 2 DM diagnosis from the diabetes outpatient clinic. Patients were evaluated with sociodemographic data, State-Trait Anxiety Inventory, Problem Areas in Diabetes Scale, Insulin Treatment Appraisal Scale, Beck Depression Inventory.

Results A majority of the patients were found to have resistance for starting insulin treatment. Most of the patients who were on other treatment alternatives reported that they wouldn't use insulin even if they were prescribed insulin. A significant number of patients reported negative perceptions and thoughts about insulin treatment such as "insulin is a punishment", "it is a shame to use insulin where other people can see". In women injection phobia was significantly higher. Injection avoidance was significantly high and was more related to feeling insufficient about administration instead of worries about pain. Psychological resistance to insulin was significantly related to depression but not associated with state or trait anxiety levels. Lack of education and knowledge was found to be another important contributor to this resistance.

Results Type 2 DM patients show psychological resistance to insulin treatment due to negative perceptions and thoughts about the treatment. Cognitive interventions targeting these factors may be useful to overcome psychological insulin resistance and facilitate glysemic control.

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

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EV443

The resource utilisation associated with medically unexplained physical symptoms

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Introduction Patients with medically unexplained physical symptoms (MUPS) may present frequently to hospital settings and receive potentially unnecessary investigations and treatments.

Objective A sample of 49 patients was drawn and their hand-written and electronic clinical records were examined in detail to extricate all MUPS-related secondary care activity within six months of the MUPS presentation (emergency department, inpatient stays, outpatient appointments, and all associated investigations, procedures and medications).

Aims We aimed to assess the frequency and type of MUPS presentations to clinical services and estimate the associated direct healthcare costs.

Method This study was undertaken at Waitemata District Health Board (WDHB), the largest DHB in New Zealand. All patients with a diagnosed presentation of MUPS in 2013 were identified using the WDHB clinical coding system. Their clinical records were screened to select all patients who matched the study inclusion and exclusion criteria. Standardised national costing methodology was used to calculate the associated healthcare costs.

Results Forty-five percent of patients presented to hospital settings at least twice over the one-year timeframe. The most common diagnoses were non-epileptic seizures (31%) and hyperventilation syndrome (30%). The total cost for the sample was NZ\$179, 271 (mean NZ\$3659). Costs were most significant in the areas of inpatient admissions and emergency care.

Conclusion MUPS can result in frequent presentations to hospital settings. The costs incurred are substantial and comparable to the costs of chronic medical conditions with identifiable pathology. Improving the recognition and management of MUPS has the potential to offer more appropriate and cost-effective healthcare nationally and internationally.

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psychological experiences reported in regarding hepatitis C and use of interferon: A clinical-qualitative study in a Brazilian university outpatient service considering its possible side effects

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Relevant emotional and behavioural reactions are associated with diagnosis and treatment of hepatitis C that can impair adherence to medical management. Hepatitis C accounts for significant number of both – liver transplants and deaths. Treatment has as major component the interferon alpha, and many of patients can experience side effects that often lead to non-adherence to drug treatment and dose modification.

Objective To discuss psychological meanings attributed to IFN alpha treatment's side effects and its symbolic relation with adher-