

ment techniques may be considered a therapeutic option to prevent and address violent behavior in psychiatric patients hospitalized in brief hospitalization units.

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#### EV1368

### Typical profiles of multiple DWI individuals on MMPI-2

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*Introduction* Alcohol intoxication is often involved in the commission of criminal behaviors that are risky and involve personal confrontation. Individuals who reported having three or more drinks before driving exhibited greater impulsivity when under the influence of alcohol than did those who did not report heavy drinking before driving.

*Objectives* The present study utilized the Minnesota Multiphasic Personality Inventory-2 (MMPI-2) to compare the characteristics of individuals with a single driving while intoxicated (DWI) offense with individuals who were multiple DWI offenders and to identify whether there was a typical profile for multiple offenders.

*Methods* The charts of patients were examined in terms of demographic characteristics including age, sex, employment, and education; the MMPI scores of the two groups were compared using an independent *t*-test, and we identified the typical profile of multiple DWI offenders by using hierarchical cluster analysis with Ward's method.

*Results* Scores on the F and the depression (D) scales of the MMPI-2 were significantly higher among multiple offenders than among first offenders. The multiple offenders-I group obtained relatively high scores on the D and psychopathic deviate (Pd) scales, and the multiple offenders-II group had low scores on both the hypomania (Ma) and social introversion (Si) scales. Thus, some multiple offenders may have poorer emotional adjustment, characterized by tendencies toward psychopathic deviance, mania, and depression, as well as psychopathological characteristics associated with patients with alcohol-use disorders.

*Conclusion* The present findings suggest that multiple offenders should be considered a high-risk group for alcohol-use disorders and recurrent drunken driving.

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#### EV1370

### Excerpt from the history of the “Hochschulpsychiatrie Erlangen” (1818–2016): On the history of a connection between University and Institutional Psychiatry, Unique in Germany (1903–1974)

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*Objective* To examine the more than 70-year history of a connection between University and Institutional Psychiatry.

*Method* Relevant archival material as well as primary and secondary literature were examined.

*Results* As early as 1818 Johann Michael Leupoldt (1794–1874) held a seminar on “madness” as an assistant professor in Erlangen. But the University Psychiatric Clinic did not begin until 1903 within the association of the mental asylum founded on a contract agreement between the Friedrich-Alexander, University Erlangen and the County Senate of Middle-Franconia. The history of the “Hochschulpsychiatrie Erlangen” reflects part of the history of German psychiatry. The plans to accomplish independence were doomed to impracticability by the social-political situation before, during and after the First and also Second World Wars. Clinic patients were registered as “Institutional residents”, the Clinic had no income of its own, the Head of Department and Director of the Clinic was formally considered as the “senior doctor of the asylum”.

*Discussion* The complicated duty dependence of the Head of Department on the Director of the asylum undoubtedly contributed to their decades spanning “mésalliance tradition”. A public scandal arose in 1978 from an accusation of dereliction of duty to the government of Middle-Franconia because of lacking protection of patient documentation and medications during the relocation of the former institution departments to the newly constructed Regional Hospital on the Europakanal.

*Outlook* Cooperation between the University Clinic and the Regional Hospital exists in altered form today. The Psychiatric Clinic can thus include patients from the Regional Hospital in scientific studies.

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#### EV1371

### ADHD, one of the most challenging mental disorders in adult psychopathology

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*Introduction* In 40 to 60% of children with ADHD, the disorder persists into adulthood. Nevertheless, diagnosis in adulthood sometimes becomes a challenge because, even the etiology is not very clear yet, ADHD shares several clinical features or may coexist with other psychiatric disorders. This issue leads to confusion and also to a delayed treatment or a wrong treatment, causing negative effects on patient outcomes.

*Objective* To highlight the importance of making an accurate differential diagnosis and to consider the coexistence of other mental disorders, in the diagnosis of a patient with ADHD.

**Methods** Systematic review of the literature in English (Pubmed). Keywords: “adult ADHD”; “bipolar disorder”; “substance abuse”; “personality disorders”.

**Results** Adult ADHD has a prevalence in Europe of 3.4% and it seems to appear more frequently in developed countries. In adults, the clinical presentation differs from children. There often are symptoms of impulsivity, attention deficit, restlessness, and emotional dysregulation and risk behavior, causing difficulties in everyday functioning. The coexistence of substance abuse and the similarity between bipolar disorder and personality disorders with ADHD, translate in a difficult diagnosis, especially for patients with mild presentations.

**Conclusions** So far, the authors conclude that a detailed clinic history plus the validated scales for adult ADHD are the most reliable tools for diagnosis. Neuroimaging and EEG studies do not provide conclusive data to consider them as diagnostic methods.

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### EV1372

#### **Leganés Psychiatric Hospital in the early twentieth century (1900–1931): An approach to healthcare activity**

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**Introduction** Leganés Psychiatric Hospital has been the subject of several studies about its institutional history and clinical activity. The first decades of the twentieth century are the less explored years; however, important events for the development and establishment of the discipline of psychiatry happened in Spain during this period.

**Objectives/aims** To describe the clinical and therapeutic management of inpatients admitted to Leganés National Asylum between 1900 and 1931.

**Material and methods** This is a retrospective case series study. We reviewed medical records found in the Historical Archives of Psychiatric Institute, Germany ( $n = 1043$ ) of inpatients admitted between 1900 and 1931. We analyzed clinical care variables, mainly related to diagnosis and treatment, of the patients who were admitted during this period ( $n = 1043$ ) with SPSS v21. We consulted bibliography, such as asylum documents and diverse primary and secondary literature.

**Results** The diagnosis of mania was very common in the early twentieth century. Lypemania nearly disappeared after 1910 and monomania was not observed in any patient. Delusions decreased after 1905. The first patient diagnosed with schizophrenia was admitted on 19th November 1921. From that moment, the use of this term increased significantly. Only 4.4% of patients admitted underwent treatment.

**Conclusions** We confirmed the predominance of French nosology in the early twentieth century. From 1920, an increase in German nosography was observed. The application of treatments was rare.

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

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### EV1373

#### **Characteristics of inpatients admitted to National Asylum of Leganés in the early twentieth century (1900–1931)**

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**Introduction** Leganés Psychiatric Hospital has been the subject of several studies about its institutional history, clinical activity and demography of its institutionalized population. The first decades of the twentieth century are the less explored years; however, important events for the development and establishment of the discipline of psychiatry happened in Spain during this period.

**Objectives/aims** To describe the sociodemographic and hospitalization characteristics of the patients who were admitted to Leganés National Asylum between 1900 and 1931.

**Methods** This is a retrospective case series study. We reviewed medical records found in the Historical Archives of Psychiatric Institute Germain ( $n = 1043$ ) of inpatients admitted between 1900 and 1931. We analyzed sociodemographic and hospitalization related variables of medical records with SPSS v21. We consulted bibliography, such as asylum documents and diverse primary and secondary literature.

**Results** Most inpatients were male, single, with an average age of 38 years, came from home and were admitted as fee-paying boarders. Circa 64% of them remained in the institution until death and the average stay was 7.92 years.

**Conclusions** Even though the Leganés Asylum was born amidst debate on the asylum model, it did not meet the expectations. Among other reasons, it presented serious architectural deficiencies and was unable to classify inpatients according to the French tradition (agitated, dirty, quiet) or to separate populations, such as minors or criminal inpatients, thus becoming a charity institution asylum instead of a therapeutic mental hospital.

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### EV1374

#### **Cyclic vomiting syndrome**

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**Introduction** Cyclic vomiting syndrome (SVC) is a functional gastrointestinal disorder characterized by paroxysmal episodes of vomiting, recurrent and cyclical presentation. Although this disorder was first described in children, recently it has increasingly been recognized in adults.

**Objective** To know the pathogenesis of the syndrome and the optimum approach.

**Method** Theoretical review and cyclic vomiting syndrome brief statement of a case. This is a man of 51 years for 7 months has repeated episodes of vomiting often than 1 episode for week, with vomiting every 10–15 minutes. The patient is admitted to the neurology department for endless instability and multidirectional nystagmus and right hemispheric deficiency symptoms, with acute renal failure prerenal rehydration and study. While entering data semiotic Wernicke disease are objectified. With replacement therapy meeting evolves favorably at the time of discharge from hospital asymptomatic.

**Discussion** CVS, in conclusion, is a rare disease in adults whose diagnosis is one of exclusion. The adult presentation usually presents more durable, less frequent episodes. The pathogenesis