EV0201

The very special way of eating for a man with a very short bowel syndrome and an ileostomy

I. Christodoulou*, F. Tsiompanou, N. Peitsidis, G. Dounias,

I. Tsakiridis, V. Kelesidou, A. Paraskevas

G. Papanikolaou General Hospital, B'surgical Department, Thessaloniki, Greece

* Corresponding author.

Aim of this study is to present the extraordinary case of a 45-yearold man with very short bowel syndrome and ileostomy, who is currently engaged in a long hospitalization module of life because of the constant need for parenteral nutrition which he has developed due to Crohn's disease treatments. Case presentation: A Russian young man, with low education, a borderline intellectual functioning and a low socio-economic status, was operated numerous times due to breakouts of Crohn's disease. For the last year, he stays mostly in the hospital. Practically he needs constant intravenous parenteral nutrition due to his very short bowel syndrome, otherwise he cannot live outside the hospital. The patient was advised by his surgeon to eat any kind of food but had the limitation to drink not more than 500 ml of water per day, (the rest of water was taken IV). During the first months, the patient seemed willing to do anything needed, but when he started to get tired, he started to drink more than 2 litres of water per day, ignoring his doctor's advice. One of his main problems was that he was able to see that eggs, meat and other food he was eating were very soon appearing in the ileostomy bag and this led him to think that he would die soon. Neither the patient himself nor his wife and relatives asked for help from supervisory bodies of the National Health System and are not at all aware of his need for transplantation.

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

http://dx.doi.org/10.1016/j.eurpsy.2017.01.531

EV0202

The interesting case of a woman who gets eating satisfaction through a gastrostomy tube

I. Christodoulou*, F. Tsiompanou, N. Peitsidis, G. Dounias, I. Tsakiridis, V. Kelesidou

G. Papanikolaou General Hospital, B'surgical Department, Thessaloniki, Greece

* Corresponding author.

Aim of this study is to show how people are getting accustomed to alternative ways of eating in cases of illness and eating disability. Case report presentation: A 60-year-old woman was admitted in the Intensive Care Unit due to an acute upper airway obstruction. The woman was tracheostomized before entering the ICU and presented a large goiter and thus she was operated two days later and a thyroidectomy was executed. Post-operatively, it was diagnosed that a tracheo-esophageal fistula was present and the patient was obliged to live with a gastrostomy for months. During the first attempts for eating via a nasogastric tube at first and later via a gastrostomy, she had various problems with enteric nutrition, most prominent of which was osmotic diarrhea. The patient asked soon to stop eating enteral nutrition and preferred to eat food of her choice according to her appetite. She insisted that she was able to receive eating satisfaction, even by eating through a gastrostomy, because her bowels gave to her a positive feedback with the form of abdominal comfort after lunches. She said that the only food that would not harm her was real food and she chose food on her own with the help of her sister. This woman never presented any kind of psychiatric disorder in the past, neither she lost her courage inside hospital, although she was forced to live with a tracheostomy and a gastrostomy for more than 6 months.

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

http://dx.doi.org/10.1016/j.eurpsy.2017.01.532

EV0203

Psychogenic headache and analysis of 65 cases with craniocervical junction malformation operated

S.C. Vasconcelos ^{1,*}, M.M.A. Holanda ², C.I.E. Melo ², T.S. Silva ², S.A. Araújo-Neto ², E.J. Silva Neto ³

- ¹ Federal University of Paraíba UFPB, Public Health Nursing, João Pessoa. Brazil
- ² Federal University of Paraíba UFPB, Department of internal medicine, João Pessoa, Brazil
- ³ Federal University of Paraíba UFPB, Department of anatomy, João Pessoa, Brazil
- * Corresponding author.

Introduction Craniocervical junction (CCJ) malformations are common pathologies in Northeast of Brazil, predominating Basilar Invagination (BI) and Chiari Malformation (CM), sometimes associated to syringomielia (SM).

Aims Analyse the headache pattern in cases with CCJ malformation operated.

Methods Retrospective study of 65 cases with CCJ malformation, operated between 1994 and 2015, with analysis of headache pattern.

Results Of 65 cases operated, 29 patients (44.6%) had BI and CM, 26 (40%) had BI, CM and SM, 2, only CM and 1, CM and SM. Of all patients, 39 (49.2%) presented headache and 43 (66.1%), nuchal pain. Among those who presented BI and CM, 12 (41.4%) presented headache and nuchal pain association. Of 26 with BI, CM and SM associated, 11 (42.3%) presented headache and nuchal pain association. We notice yet the presence of brachycephaly in 44 cases (67,7%) and brevis collis in 42 (64.6%). Headache, nuchal pain, brachycephaly and brevis collis were all present in 9 patients (31%) of BI and MC group, and in 8 (30.8%) of IB, CM and SM group.

Conclusions Several denominations referred to psychogenic headache: muscle contraction headache, stress headache and, finally, tension headache, well defined in the classification of International Headache Society (IHS) with clear diagnosis criteria. Bilateral location, predominantly occipital, is an important differential diagnosis with holocranial headache or occipital secondary to craniocervical malformations, and when associated to brachycephaly and brevis colis, should be carefully investigated. Diagnostic failure in symptomatic or neurological deficit' patients can sequelae due to chronic compression of structures adjacent to CCJ.

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

http://dx.doi.org/10.1016/j.eurpsy.2017.01.533

EV0204

Delusional hyperthyroidism-A case report

M. Cotter^{1,*}, S. Domingues², I. Amado³, R. Massano³

- ¹ Centro Hospitalar Médio Tejo, Psiquiatria, Guimarães, Portugal
- ² Centro Hospitalar Médio Tejo, Psiquiatria, Leiria, Portugal
- ³ Centro Hospitalar Médio Tejo, Psiquiatria, Coimbra, Portugal
- * Corresponding author.

Introduction Disorders of endocrine function are among the most common etiology of psychiatric illness.

The link between psychosis and hyperthyroidism is still poorly understood. We report an unusual presentation of hyperthyroidism as a psychotic state. Careful history, physical examination, and laboratory investigation, including thyroid function tests, should be

part of the assessment of patients with any unexplained acute psychosis to detect this potentially curable disease. In this way, this article analyzes the psychiatric, physical and laboratory findings associated with hyperthyroidism and treatment.

Objectives To report a case of psychosis in a patient with endocrine disease.

Methods Clinical records. Research on PubMed and Medscape using the Mesh Terms "hyperthyroidism", "psychosis" and "thyroid and psychiatric manifestations".

Results We present the case of a male patient, previously followed on our ambulatory psychiatric service for drug-induced psychosis. He was hospitalized due to psychotic symptoms, without substance abuse. Inpatient evaluation diagnosed hyperthyroidism. The patient did not present any somatic changes, except for psychosis. The patient was effectively treated with antipsychotics. He was referred to further evaluation and started antithyroid therapy.

Conclusions Thyroid disease should be considered in the differential diagnosis of a broad spectrum of psychiatric symptoms. Psychosis is a rare complication of hyperthyroidism, ranging between 1–20%. The typical psychosis is reported to simulate manic-depressive psychosis. This association reinforces the need of a careful clinical evaluation in patients presenting with psychosis. Such psychiatric symptoms remit successfully with concomitant administration of antipsychotics and normalization of thyroid levels.

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

http://dx.doi.org/10.1016/j.eurpsy.2017.01.534

EV0205

Alcohol use and bipolar disorder comorbidity: Synthesis and perspectives

A. Dahdouh ^{1,*}, B. Semaoune², A. Tremey³, L. Samalin³, V. Flaudias³, I. De Chazeron³, P.M. Llorca³, G. Brousse³

- ¹ University of Oran, Departement of Psychiatry, Oran, Algeria
- ² University of Algiers, Departement of Psychiatry, Algiers, Algeria
- ³ University Hospital of Clermont Ferrand, Departement of psychiatry, Clermont Ferrand, France
- * Corresponding author.

Objective Alcohol use disorders and bipolar disorder commonly co-occur and both are associated with more pejorative outcomes, thus constituting a major public health problem. We undertook this synthetic review to provide an update on this issue in order to clarify the nature of the relationship between the two disorders, improve clinical outcomes, prevent complications and therefore optimize management of patients.

Methods We conducted an electronic search by keywords in databases MEDLINE, EMBASE, PsychINFO, published in English and French from January 1985 to December 2015.

Results The AUD prevalence is important among BD patients in whom the effects of alcohol are more severe. However, in terms of screening, it appears that the comorbidity is not systematically sought. The concept of co-occurrence finds its clinical interest in the development of specific screening and therapeutic strategies. To date, there are only few recommendations about the management of dual diagnosis and the majority of them support "integrated" approaches.

Conclusions Recommendations should emphasize this strong co-occurrence and promote systematic screening and offered integrated cares.

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

http://dx.doi.org/10.1016/j.eurpsy.2017.01.535

EV0206

Prevalence of psychiatric comorbidities in epilepsy

N. Charfi ^{1,*}, S. Daoud ², N. Farhat ², M. Maâlej Bouali ¹, L. Zouari ¹, N. Zouari ¹, J. Ben Thabet ¹, M. Damak ², C. Mhiri ², M. Maalej ¹

- ¹ Hedi chaker Hospital, Psychiatry, Sfax, Tunisia
- ² Habib Bourguiba Hospital, Neurology, Sfax, Tunisia
- * Corresponding author.

Introduction Epilepsy is a chronic disease defined as a brain disorder, characterized by a predisposition to present seizures, generating cognitive, psychological, and social consequences.

Objective To determine the prevalence of psychiatric comorbid disorders in patients with epilepsy (PWEs) and its associated factors.

Methods We conducted a cross-sectional study involving 30 PWEs who were treated in the neurology department of Habib Bourguiba Hospital in Sfax, Tunisia. We used the Mini International Neuropsychiatric Interview for the diagnosis of Axis I psychiatric disorders.

Results The half of patients had psychiatric comorbidities: 4 had major depressive disorder (MDD), 2 had MDD with generalized anxiety disorder, 4 had MDD with social phobia, 1 had bipolar disorder type I, 1 had panic disorder, 1 had agoraphobia and 2 had generalized anxiety disorder.

Twenty-five PWEs had seizure-onset below 30 years old and among them, 40% had psychiatric comorbidities. Among patients who had seizure-onset above 30 years old, none had psychiatric comorbidities. Psychiatric comorbidities were found in 71.5% of patients with seizure frequency >2 per year. Psychiatric comorbidities were more common in patients with generalized seizures compared to whom with partial seizures (53% versus 45%). It was also more common in patients treated with polytherapy compared to whom with monotherapy (64% versus 37.5%).

Conclusion The prevalence of psychiatric comorbidities is relatively high among PWEs. The most frequent diagnoses found were mood and anxiety disorders. It is very important to identify them and treat them to enhance seizure control.

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

http://dx.doi.org/10.1016/j.eurpsy.2017.01.536

EV0207

Cancer, depression symptoms and quality of life: The role of creativity

- L. Delpech^{1,*}, F. Sordes², J.L. Sudres³
- ¹ CERPPS/LORDAT, Psychopathology, Toulouse, France
- ² CERPPS, Psychologie de la santé, Toulouse, France
- ³ CERPPS, Psychopathologie, Toulouse, France
- * Corresponding author.

The diagnosis of cancer is associated with the occurrence of psychopathological symptoms, which cause even more difficulties to patients. Scientific research demonstrates that creativity could help increase the general population's quality of life and regulate their negative emotions, but only a few studies are available on the link between creativity and the regulation of patients' respective experience. This study aims at (1) measuring the impact of creativity on the patient's level of depression and quality of life and (2) evaluating the psychopathological profile of the creative person. Thirty-five subjects undergoing chemotherapy treatment (age: 61 + 11) took part in this study. The experimental protocol is composed of creativity, depression and QoL tests. The results show that creativity is negatively correlated with depression level and positively with QoL (r=-45; P=<.05 and r=.54; P=<.01 respectively). The linear regressions show that creativity is a variable, which predicts a high QoL (F= 13.83; P=.001). Also, 29.5% of the OoL variability is explained by creativity. A cluster analysis sorted out three different groups: