

² University of São Paulo, Department of Physical Therapy, Speech-Language Pathology and Audiology, and Occupational Therapy, São Paulo, Brazil

* Corresponding author.

Introduction The discovery of mirror neurons, considered to be responsible for empathy, intrigued researchers all over the world. Many studies have been developed associating mirror neurons to the incidence of Autism Spectrum Disorder (ASD).

Objective Identifying a possible influence of mirror neuron in autism.

Aims Reviewing the recent trajectory of neuroscience in relation to the connection of impaired mirror neurons in autism.

Method Bibliographical review of studies in English, published in SciELO and LILACS databases, between 2008 and 2013. The keywords used were: autism, brain, cortex and mirror neuron.

Results Different subjects explored the influence of mirror neurons in autism as shown below (Fig. 1). Among 17 studies, 12 were bibliographical reviews and 5 involved experiments. Seventy-six percent of the studies were favorable to the influence of these neurons, while 24% were not.

Conclusion There was a balance in the distribution of themes explored in the articles and few studies exploring the role of mirror neurons in autism. Even though the current research may not be conclusive, it can be said that currently neuroscientists tend to agree that mirror neurons significantly influence ASD. Recent studies suggest that, if properly stimulated, ASD individuals can develop their social skill and, consequently, be socially inserted. According to most author studied, technological development is needed in order to enable scientific advances involving mirror-neurons and ASD.

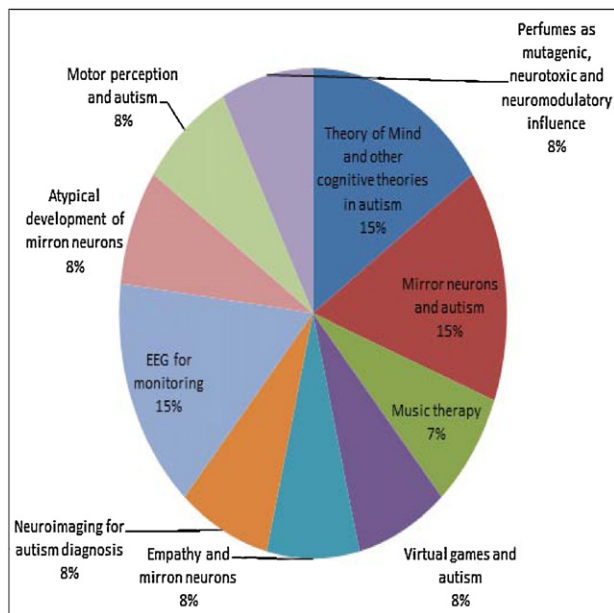


Fig. 1 Percentage of themes explored in the studies.

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Comorbidity/Dual pathologies

EV362

Tardive dyskinesia: When one should suspect of another diagnosis?

R. Almendra^{1,*}, A.R. Figueiredo², V. Espirito Santo¹, A. Almeida¹, P. Guimarães¹, A.G. Velon¹

¹ Centro Hospitalar Trás-os-Montes e Alto Douro, Neurology, Vila Real, Portugal

² Centro Hospitalar Trás-os-Montes e Alto Douro, Psychiatry, Vila Real, Portugal

* Corresponding author.

Introduction Tardive dyskinesia is a collection of symptoms related to the side effects of neuroleptic medications that can mimic other types of disorders. Accurate diagnosis can be challenging, as there is no single test for tardive dyskinesia.

Case report Female patient, 64 years old, with personal history of Chronic Myeloid Leukaemia and psychosis since fourth decade, currently medicated with quetiapine 350 mg/day, risperidone IM 50 mg 15/15 days and trazodone 150 mg/day (previously medicated with haloperidol, amisulpride and olanzapine). She started with involuntary movements interpreted as tardive dyskinesia after 2 years on neuroleptic treatment. The difficult control of involuntary movements motivated the reference to ambulatory Neurology department. The review of personal history suggested a family history of involuntary movements and psychiatric illness. Physical examination showed generalized choreic movements. The analytical and imagiologic study was unremarkable. The presence of family history and involuntary movements atypical to be classified as tardive dyskinesia supported a genetic test for Huntington's disease who detected a CAG expansion with 43 repetitions in *HTT* gene. Despite treatment with amantadine and riluzole she maintains disease progression and evident cognitive deterioration.

Conclusion The diagnostic process of involuntary movements may involve more than one physician and requires the review of a detailed medical history, a physical examination and a neuropsychological evaluation in order to determine whether one is indeed suffering from tardive dyskinesia or a different neurological disorder.

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Toxic consumption among patients suffering delusional disorder

C.M. Carrillo de Albornoz Calahorra*, A. Porras, M. Guerrero, J. Cervilla Ballesteros

Hospital Universitario San Cecilio, Unidad de Salud Mental, Granada, Spain

* Corresponding author.

Introduction Several epidemiological studies describe the association between substance abuse and appearance of psychotic symptoms. There is a higher prevalence of psychotic symptoms among cannabis and cocaine consumers compared to the general population.

The cannabinoid receptors regulate the release of dopamine and cocaine has a strong inhibitory action on reuptake of the same. This may explain the greater proportion of subjects moderately or heavily dependent on cocaine or cannabis experience symptoms of psychotic sphere.

Objectives/Aims Describing the profile of drug consumption among a group of patients diagnosed with delusional disorder.

Methods Our data come from a case register study of delusional disorder in Andalucía (Spanish largest region). By accessing digital

health data, we selected 1927 cases who meet criteria DSM 5 for delusional disorder collecting different toxic consumption habits.

Results It was found that 1070 (93.4%) of patients diagnosed as delusional disorder according DSM 5 did not consume cannabis, compared to 75 (6.6%) who do so. Among patients diagnosed as “other psychoses”, 243 (85%) did not use drugs and 43 (15%) consume other drugs of different types of cannabis.

Conclusion In our sample, we found that the use of drugs such as cannabis and cocaine is less common among patients diagnosed with delusional disorder compared with other individuals diagnosed as “other psychosis”.

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Psychosis, cause or consequence of substance use disorder

M.C. Cancino Botello*, M.D.L.A. Canseco Navarro, A. Peña Serrano, F. Molina López, J.M. Hernández Sánchez
 Consorcio Hospital General Universitario, Psychiatry, Valencia, Spain
 * Corresponding author.

Introduction The use of psychostimulants, such as amphetamines and cocaine in psychotic patients is 4 times more frequent than non-psychotic ones. It is believed that people with psychosis may use substances as a self-treatment for negative symptoms. However, early onset of substance use disorder can develop psychotic and/or negative symptoms, leading to confusion between primary or secondary psychosis.

Method Systematic review of the literature in English (PubMed) and patient’s clinical record. Keywords: “Substance use disorder”; “psychosis”.

Objectives to highlight the importance of an adequate characterization of psychotic symptoms in patients with substance use disorder.

Case A 29-year-old man, with psychostimulants and cannabis abuse since adolescence and very short abstinence episodes. Later on, he developed paranoia symptoms that slightly improved once he decreased drugs dosage, but they were still present even on complete abstinence. Over the last year he has showed negative and psychotic symptoms that have been worsening with aggressive behavior during the last months, so he had to be hospitalized. During this period, he has been treated successfully with aripiprazole depot once monthly. His evolution has been positive, it has disappeared psychotic symptoms and paranoia, and after discharge he has managed to remain abstinent to psychostimulants.

Conclusions Adequate characterization of patients with psychotic symptoms and substance abuse is essential to determine whether the psychotic disorder is associated with primary or induced TUS. Therefore, it is essential a thorough clinical evaluation to make an accurate diagnosis and to draw an individualized treatment plan.

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EV365

Psychiatric disorders among asthmatic patients: Literature review

C.A. Moreira*, A.M. Marinho, L.C. Gil, M. Bairrão, L. Queiroz
 Centro Hospitalar Psiquiátrico de Lisboa, Psychiatry, Lisbon, Portugal
 * Corresponding author.

Introduction Asthma is a major public health problem and its prevalence has increased in both developed and developing countries during the last few years. Once it is a chronic illness, it has also revealed psychological consequences. Moreover, recent stud-

ies have suggested an association between asthma (especially of severe grade) and mental disorders.

Objectives The authors pretend to make a brief review concerning psychiatric disorders among asthmatic patients.

Aims To understand and to be able to deal with the psychiatric disorders among chronic asthmatic patients.

Methods The review was based on scientific documentation published in PubMed database, using the following terms as keywords: “asthma”, “depression”, “anxiety” and “panic disorder”.

Results Compared to the general population, both anxiety and mood disorders rates are at least two times those observed in asthmatic patients. Moreover, certain psychiatric disorders rates, including panic disorder (PD) and major depressive disorder, are as much as six times more prevalent among asthmatics when compared to the general population. The association between psychiatric disorders and poor asthma control and asthma-related quality of life could occur through several pathways, such as behavioural pathways; cognitive or perceptual pathways; or through the direct physiological effects of depression and anxiety on the autonomic nervous system (ANS) and immune systems which increase asthma symptomatology.

Discussions/Conclusions There is a close correlation between anxiety, PD and depression, and a poor controlled asthma. A better understanding of this association may have major clinical implications, mainly in patients with poor controlled asthma in whom the presence of anxiety and depression should be investigated.

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Opioids consumption and delusional symptomatology

A. Duque Domínguez^{1,*}, R. Duque Domínguez², L. Martín Díaz¹, C. García Montero¹, M. Palomo Monge³, M.D.M. Lázaro Redondo¹, F. de la Torre Brasas¹, N. Echeverría Hernández¹

¹ Complejo Asistencial de Ávila, Servicio de Psiquiatría, Ávila, Spain

² Hospital Universitario de Fuenlabrada, Servicio de Psiquiatría, Madrid, Spain

³ Complejo Asistencial de Talavera de la Reina, Servicio de Psiquiatría, Talavera de la Reina Toledo, Spain

* Corresponding author.

Introduction Opioids are the most powerful drugs commercialised for acute and chronic pain relief. The main emerging problem in our midst is the abuse and addiction to synthetic opioids iatrogenically established in general population.

Objectives We report the case of a female patient aged 48 admitted to the Acute Psychiatric Unit after a suicide attempt. She refers she finds herself more irritable and depressed since she began a treatment with oxycodone after she was diagnosed with fibromyalgia. She has lost a lot of weight, is not able to get to sleep and has become socially isolated.

Methodology During the first few days, the patient is uncooperative and shows a marked self-referentiality and verbalises delusional ideation related to her immediate surroundings. Once the treatment with opioids was withdrawn and we had prescribed paliperidone ER, she seemed more cooperative and calmed. She was discharged from the Psychiatric Day Hospital showing a good evolution.

Results Paranoid personality disorder (F60); mental and behavioural disorders due to use of opioids (F11); recurrent depressive disorder, current episode moderate (F33.1); fibromyalgia (M79.7).

Conclusions The use of synthetic opioids (tramadol, fentanyl, oxycodone) in easy-to-use formats (patches, pills, dispersible tablets, lollipops) and their dissemination in pain treatment, is lead-