

Treponema pallidum serology, and he was diagnosed with neurosyphilis. He was treated with a single dose of intramuscular penicillin, but experienced marked deterioration of neurological symptoms (paraparesis and truncal ataxia) and was transferred to the general hospital for an extended 14 day course of intravenous penicillin. Following this extended course of antibiotic therapy, resolution of neurological symptoms was seen, but no sustained improvement in residual psychotic symptoms has been seen.

Conclusions This case demonstrates the potential neuropsychiatric consequences of neurosyphilis, and serves as a reminder of its potential to imitate other psychiatric presentations. This gentleman, and many like him, continue to experience severe and enduring psychopathology despite penicillin treatment when cases are detected late. Given the potential consequences of this, we would advocate assertive screening for syphilis in patients admitted to psychiatric units.

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EV0261

Liaison psychiatry—characterization of inpatients with psychiatric pathology in the infectiology service

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Introduction The interface of the Liaison Psychiatry with Infectiology is fundamental for the continuous and specialized support of these patients. Prevalent psychiatric records are known in the HIV infection, such as anxiety, depression and abuse and/or addiction to substances. There are also different neuropsychiatric situations associated with this infection owing, namely, to the HIV direct action on the central nervous system, to the adverse effect of the antiretroviral therapy and to the resurgence of existing prior pathology.

Objective The author intends to characterize the population evaluated in the Liaison psychiatry in the Coimbra university hospital with respect to inpatients of the Infectiology Service in a central hospital in order to optimize resources and better adjust interventions made.

Methods and results The quantitative retrospective study was carried out between May 2015 and May 2016, with a duration of one year, in the infectiology service of the Coimbra university hospital. Observation and evaluation of the inpatient of the infectiology service having in view the sample characterization in relation to demographic data, nature of the request, antiretroviral therapy, psychiatric diagnosis, type of intervention and follow-up. The quantitative data were subject to statistical analysis.

Conclusion The prevalence of the psychiatric disorders associated with HIV infection is high and with great emotional impact and implications in the personal, sexual, occupational and social life of the individual. The diagnosis and treatment of the psychiatric comorbidity is determinant in the patients' evolution, both in reducing suffering associated with experience of HIV infection and in its implications.

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EV0262

From 'Big 4' to 'Big 5': A review and epidemiological study on the relationship between psychiatric disorders and World Health Organization preventable diseases

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Introduction Chronic diseases, such as heart disease, stroke, chronic respiratory diseases and diabetes, are by far the leading causes of mortality in the world, representing 60% of all deaths. However, chronic disease rarely exists in isolation. Nevertheless, study of chronic disease rarely takes into account comorbidity and virtually none examine their occurrence in populations.

Objectives and aims To review the association between psychiatric disorders and other medical comorbidities.

To study the association between psychiatric diseases and medical comorbidities on a population-scale.

To reconsider our approach to medical comorbidities.

Methods Using an informatics approach, a dataset containing physician billing data for 764 731 (46% male) individuals spanning sixteen fiscal years (1994–2009) in Calgary, Alberta, Canada was compiled permitting examination of the relationship between Physical Disorders and Mental Disorders, based on the International Classification of Diseases (ICD).

Results All major classes of ICD physical disorders had odd ratios with confidence intervals above the value of 1.0. Ranging from 1.47 (Injury poisoning) to Circulatory systems (3.82). More precisely, when a psychiatric disorder is present, the likelihood to develop one of the four preventable diseases is significantly increased: Stroke (4.27), Hypertension (3.34), Diabetes (2.66) and COPD (2.43).

Conclusion We postulate that psychiatric disorder should be included in the classification of preventable chronic diseases that have a profound impact on society. Developing a consistent and standardized approach to describe these features of disease has the potential to dramatically shift the format of both clinical practice and medical education.

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EV0263

A rare type primary central nervous system lymphoma with primarily psychiatric diagnosis- a case report

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Primary central nervous system lymphoma (PCNSL) is a high-grade malignant B-cell non-Hodgkin neoplasm that is an infrequent variant of all intracranial neoplasms (1%) and all lymphomas (< 1%) PCNSL is documented mainly in immunocompromised patient groups, although it may also be diagnosed in immunocompetent patients. It affects mainly the eyes, supratentorial areas, or the spinal cord. The lesions are typically localized in frontal lobes, corpus callosum and basal ganglia. Additionally, lesions might rarely be detected at infratentorial areas and in medulla spinalis. Even though a wide spectrum of treatment options are available, such as chemotherapy, radiotherapy, or surgery; response rates are low and prognosis is poor in spite of appropriate treatment.

The case we reported here is 57-year-old male presented with symptoms of aggressivity, impulsivity, depressive mood and personality changes. Histopathological diagnosis was CD5 positive diffuse large B cell lymphoma, which is very rare in high-grade lymphomas. There were no neurological signs related to CNS tumor and the clinical manifestations responded very well to chemotherapy consisting of high dose methotrexate, vincristine and procarbazine. The significance of such neuropsychiatric symptoms in the course of treatment for PCNSL has been previously documented as well. These behavioral and emotional symptoms might manifest

themselves based on where the neoplasm is localized. Therefore, psychiatrists should be more aware of the uncommon manifestation of the disorder as reported in this case. Consultation for differential diagnosis might also be necessary in such cases.

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EV0264

Experimental intervention program in psychosomatic pathology

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Introduction The work of Bion, developing the psychoanalytic theories of Freud and Klein on the origins of anxiety in childhood, includes the hypothesis of a protomental system as a matrix in the human organism in which physical and mental are at first undifferentiated. He defends that the continuing experience by the infant of parental containment of its anxieties, through a process of projection and introjection, develops its capacity for thinking about frustration rather than evading it. This conception was extended to psychosomatic illness, by the hypothesis that, without this experience, frustration may lead to basic assumption mentality and psychosomatic illness rather than emotions and thought.

Objectives This work aims to describe an experimental technique of group psychotherapy, inspired in Bion's principles combined with relaxation techniques, in the context of psychosomatic diseases.

Aims The authors pretend to identify improvement in clinical symptomatology, quality of life, identification and expression of emotions, in the group submitted to this method, compared to controls.

Methods It was performed a weekly group psychotherapeutic session and a weekly relaxation session (using Jacobson's method), along two months. The patients were randomly selected and submitted to psychological evaluation with scales and questionnaires, in the beginning and at the end of the study.

Results At the time of submission of this work, the results of the intervention were in analysis.

Conclusions This paper describes an experimental method of psychotherapeutic intervention in the field of psychosomatic disease, using a transdisciplinary perspective.

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EV0265

Attention, vigilance and visuospatial function in hospitalized elderly medical patients—relationship to delirium syndromal status and motor subtype profile

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Objective The early and efficacious detection of neurocognitive disorders poses a key diagnostic challenge. We examined how nine bedside cognitive tests perform across the spectrum of delirium and motor subtypes.

Methods The performance on a battery of nine bedside cognitive tests were compared in elderly medical inpatients with DSM-IV delirium, subsyndromal delirium, and no neurocognitive disorder and in different motor subtypes of patients with delirium.

Results One hundred and ninety-eight patients (mean age 79.14 ± 8.26) were assessed with no delirium ($n=43$), subsyndromal delirium ($n=45$), and full syndromal delirium ($n=110$). The ability to meaningfully engage with the tests varied from 59% for vigilance B test to 85% for Spatial Span forward test and was found to be least in the full syndromal delirium group. The no delirium group was distinguished from the delirium groups for all the tests and from the full syndromal delirium group for the vigilance B test and global visuospatial function test. The subsyndromal delirium group differed from the full syndromal delirium group in respect of global visuospatial function test, spatial span backwards and vigilance A tests. Patients with full syndromal delirium were best identified using the interlocking pentagons test and clock drawing test. The ability to engage with testing was higher for those in the no subtype group.

Conclusions Simple bedside tests of attention, vigilance, and visuospatial ability are useful to help to distinguish neurocognitive disorders namely subsyndromal delirium from other presentations.

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EV0266

Relationship between borderline personality disorder and migraine

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Introduction Borderline personality disorder (BPD) is characterized by pervasive instability in moods, impulsivity, intense and unstable or disturbed interpersonal relationships and self-image, and often self-destructive behaviour. BPD seems to be more common in patients suffering from migraine. However, typical migraine characteristics in this population remain partly unknown.

Objectives & aims To present the specific clinical characteristics of migraine patients with BPD and to assess their response to migraine treatment.

Methods We examined 10 patients with migraine and previously diagnosed with BPD (group 1), 10 patients with migraine and no history of BPD (group 2), and 10 patients with migraine and no history of BPD matched to group 1 for age, gender, and frequency of headache. Migraine was treated in group 1 and 3 and pharmacological treatment outcome was assessed after 6 months.

Results The group of migraine patients with coexisting PBD was associated with female gender, increased prevalence of medication overuse headache, higher rates of self-reported depression, increased migraine-related disability, and a decreased response to pharmacological migraine treatment.

Conclusion Patients with migraine and previously diagnosed BPD can be regarded as a distinct population. They are more suffering from depressive symptoms, more disabled by their migraine, are more resistant to pharmacological treatment.

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