

Results A 35-year-female was referred to a psychiatrist for her depressive symptoms and persistent cutaneous abdominal pain for months. There she was diagnosed with a depression and possible somatization disorder and she received psychotherapy. Through Internet search, the patient found ACNES as a possible cause for her persistent abdominal pain. Since administration of anesthetic agents only shortly relieved her symptoms, a surgeon decided to remove the nerve end twigs. After surgery, her somatic problems and depressive mood disappeared.

Conclusion The awareness of ACNES is still very limited in medicine. This may lead to incorrect diagnoses, including psychiatric disorders such as somatization disorder.

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EV410

Speechless soma: The trauma's language in the psychosomatic

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The study begins by approaching the psychological traumatism concept, recognizing it as an important precipitating of psychosomatic disorders. Based on studies of anthropologists, psychiatrists and psychoanalysts, we present trauma as a consequence of an unexpected event from where is originated intense fear, an abruption, which disorganizes and incapacitates the victim. The Institut Psychosomatique de Paris (IPSO) works with the theory that trauma is an excessive disorganization in the mental apparatus and the psychosomatic disease is the alternative that the body finds to discharge excitation, is an attempt to resolve a conflict. The psychosomatic patient is characterized by difficulty to qualify his affections, it is observed in his super adapted speech and his linear thought, which, together, differ him from neurotic and psychotic patients. Considerations about the child development and the affects qualification are made to introduce the importance of this primitive period, but we pretend to demonstrate that they are not determinants to produce psychosomatic symptoms. When the psychological pain is intense and constant, it provokes a split between mind (psyche) and body (soma) and, in the place of the elaboration and representation about the experience, explodes psychosomatic disorders.

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Anxiety and depression in haemodialysis patients in relation to dialysis adequacy and nutritional status

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Introduction Anxiety and depression are distinct clinical entities associated with mortality in haemodialysis (HD) patients.

Aims This study aims to identify the prevalence of anxiety and depression in HD patients and uncover the association of anxiety and depression in relation to the dialysis adequacy and nutritional status.

Objective This would help reinforce early detection and treatment to improve quality of life and patient's outcome in HD treatment.

Method Forty HD patients were assessed for anxiety and depression with the Generalised Anxiety Disorder Assessment (GAD-7) and Patient Health Questionnaire [PHQ-9]. The scores of GAD-7 and PHQ-9 were correlated with the demographic, clinical and laboratory variables and nutritional status assessed by a dietician through the Subjective Global Assessment (SGA).

Results Out of the 40 HD patients, 7 (17.5%) were anxious and 15 (37.5%) were depressed. Patients were more anxious and less depressed with better nutrition. They were less anxious and depressed with increasing albumin levels, Charlston comorbidity index based on combined condition and age-related score and Kt/V. The univariate logistic regression analysis showed only a significant inverse correlation between depression and albumin level ($P=0.041$, OR=0.88 [95% CI=0.78 to 0.99]) and Kt/V ($P=0.054$, OR=0.03 [95% CI=0.01 to 1.07]).

Conclusion Depression is more prevalent than anxiety in HD patients. The risk of depression also increases with poorer dialysis adequacy and nutritional status. Thus, by improving dialysis adequacy and nutritional status, we can reduce the incidence of depression. However, a significant correlation cannot be drawn for anxiety.

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EV414

Liasion psychiatry–1 year review in psychiatry department of centro hospitalar Trás-os-Montes e Alto Douro, Portugal

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Introduction Liasion psychiatry is a clinical area of psychiatry that includes psychiatric assistant activities in other medical and surgical areas of a general hospital. In Portugal, it has developed as a result of psychiatry integration in general hospitals. Historically, it started at the beginning of 1930s in USA. In Portugal, the law 413 of 1971 defined the articulation of mental health services with other health services–liasion psychiatry.

Objective We aim to define patients evaluated in the context of liasion psychiatry, as well as other medical and surgical areas needs of psychiatry collaboration.

Methods Retrospective analyses of collaboration requests realized to psychiatry department of centro hospitalar Trás-os-Montes e Alto Douro–Vila Real, between October 2014 and October 2015.

Discussion Most of collaboration requests came from Internal Medicine Service. Authors systematize the reasons for the requests, the time of response to those, the existence of psychiatric history, the type of intervention, the number of observations in the same patient, the most frequent diagnosis and treatment. This psychiatric service consists of four specialists and activity evaluated in this article is one of the clinical areas where these professionals

intervene. Depending on the results, it is interesting then to assess needs and optimize available resources.

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EV416

Depression, somatic complaints and medical help-seeking in a Romanian sample

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Introduction Depression as a disorder, with all its intensities and clinical forms, requires to be projected on the backdrop of human suffering. In evaluating a depressive episode of a somatically ill person, it is important to assess personality and social context as a whole.

Objectives To establish the degree of somatic comorbidity/somatization in depressive patients and the correlation with their social support network.

Aims To recommend cost-effective psycho-social interventions to offer relief and support.

Method We evaluated 60 patients with depression of various etiologies (Recurrent depressive disorder, Paranoid-depressive disorder, Anxious-depressive disorder). Self-report and observer rating scales were used (SCL-90, Beck, Hamilton) along with a supplementary consult (where required) by different specialists. Direct observations were made regarding the social support network, in terms of evaluating their scale and efficiency.

Results The majority of patients included showed an obvious inconsistency in terms of objective and subjective symptoms, correlated with the lack of an adequate social support network. This resulted in more medical help-seeking, a polymorphic array of somatic symptoms, oscillations of somatic complaints, some showing lack of adherence and only mild improvement with psychotropic therapy. Most of the somatized complaints were gastrointestinal, respiratory, pain-related and pseudo-neurological, with an increased overall evidence-based cardio-vascular comorbidity.

Conclusions We suggest that in order to help support patients and ensure fluidization of medical services, mental health care could also be delivered effectively in primary care settings, through community-based programmes and task shifting approaches that engage and support skilled non-specialist health professionals, lay workers, affected individuals, and caregivers (Kakuma, 2011).

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EV417

Burnout in pediatric oncology healthcare providers: Protection and vulnerability

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Introduction Burnout is a condition characterized by emotional exhaustion, depersonalization and reduced personal accomplish-

ment, resulting from the inability to cope with chronic job stress. Healthcare providers at pediatric oncology units, who care for children with life-threatening illnesses, are exposure to high levels of stress, which increases the risk for developing burnout, with consequences in their personal health and quality of patient care.

Objective To assess the prevalence and sources of burnout on a multidisciplinary team of a pediatric oncology unit.

Methods Participants were a convenience sample of 16 pediatric oncology professionals, including medical, nursing, and related health staff from a Portuguese pediatric oncology center. Participants completed the Portuguese version of the Copenhagen Burnout Inventory.

Results All three subscales that compose this Inventory were found to have burnout below normal levels (cut-off ≥ 50 points). However, personal and work-related subscales showed mean values in the superior limit of normality (48 ± 14 , 18 points and $49, 48 \pm 12$, 23 points, respectively). Nevertheless, when analyzed the patient-related subscale, we found low levels of burnout in the majority of responders. These findings are similar to the existing literature, which suggests that patient care and interactions with children are the least stressful aspect of working in this specialty.

Conclusion Despite the high levels of stress exposure in pediatric oncology units, results suggest that the majority of professionals are not actually in burnout. However, the obtained values advice for the need of prevention and workplace approaches to staff's well-being and stress reduction, in order to avoid burnout development.

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EV418

Liaison psychiatry as a part of a multifocal treatment in a general hospital

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We report here three clinical cases as exemples of our rich and frequent collaboration between the department of psychiatry and the department of medecine, nephrology and hemodialysis. This work can serve as a basis for further reflection in order to improve mutual demands. We based our description on three patients chosen for their homogeneity in demand, rapidity of evaluation, the same clinician who evaluated the demand. Either case: a 42-year-old woman, who was admitted for alteration of general state, severe headaches and chronic addiction to alcohol, 71-year-old woman suffering from recurrent unipolar depression who came for somatic exploration and severe weight loss or 55-year-old man who was transferred from cardio-pulmonary intensive care unit after a voluntary ingestion of neuroleptic- were reevaluated by the psychiatrist and the special follow-up was indicated as the patient was discharged from internal medecine department. We were interested in studying how important to the patient this indication turned to be on time.

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