”gluten”, ”gastrointestinal disorder”, ”treatment”, ”neurological problems”, ”anxiety”. Inclusion criteria were studies that (1) investigated anxiety levels in CD people, (2) reported gender results, (3) were written in English, and (4) were published within the last 20 years.
Results: In some cases, as main intervention in CD, gluten removal from the people's diet usually reported improvements of the present symptoms. In addition, data from literature are describing a higher level of anxiety in females compared to males diagnosed with CD. This can be a consequence of females concerns about how they can manage the CD issues and, especially, what this is bringing in their lifestyle. On the opposite, there are reports which showed that demographic parameters (gender, age, education) are not associated with CD presence.
Conclusions: The balance between CD and anxiety needs to be more investigated in order to identify and fully understand what is the background mechanism and how this can be regulated through specific interventions.

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EPV0079

Conversive and Factitious disorders: Differential diagnosis based on a case report

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Introduction: Conversive disorder is characterised by the presence of one or more involuntary neurological symptoms that are not due to a clear medical pathology. On the other hand, consciously simulated illnesses fall into two diagnostic categories: factitious disorders and malingering, which are differentiated by both the motivation for the behaviour and the awareness of that motivation. Factitious disorder behaviours are motivated by an unconscious need to assume the sick role, whereas malingering behaviours are consciously driven to achieve external secondary gains.
Objectives: Study of the differences between conversion disorder and factitious disorder and their repercussions from a case of difficult diagnosis.
Methods: Bibliographic review of scientific literature based on a relevant clinical case.
Results: We present the case of a 14-year-old male patient. Adoptive parents. Studying in high school. Social difficulties since childhood. He comes to the emergency department on several occasions referring stereotyped movements and motor tics in the four extremities with left cervical lateralization. Increase of these symptoms in the last month, so it was decided to admit him to the pediatric hospital. After observation and study of the patient's movements with normal complementary tests he should return home. The following day he returned to the emergency department after an episode of dizziness, mutism and emotional block. It was decided to admit him to Psychiatry for behavioral observation and differential diagnosis.
Conclusions: In the assessment of patients it is essential to make an appropriate diagnosis taking into account the patient's symptomatology and the patient's background and life context. Conversion disorder is the unintentional production of neurological symptom, whereas malingering and factitious disorder represent the voluntary production of symptoms with internal or external incentives. They have a close history and this has been frequently confounded. Practitioners are often confronted to medically unexplained symptoms; they represent almost 30% of neurologist's consultation. The first challenge is to detect them, and recent studies have confirmed the importance of “positive” clinical bedside signs based on incoherence and discordance. Multidisciplinary therapy is recommended with behavioral cognitive therapy, antidepressant to treat frequent comorbid anxiety or depression, and physiotherapy. Factitious disorder and malingering should be clearly delineated from conversion disorder. Factitious disorder should be considered as a mental illness and more research on its physiopathology and treatment is needed, when malingering is a non-medical condition encountered in medico-legal cases.

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EPV0080

Stigma of mental illness in the gypsy ethnic group

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Introduction: The Roma population constitutes the largest ethnic minority in Spain (more than 2% of the population), with our country having the third largest total population of Roma in the world. The concept of health and disease varies with the sociocultural context. It is important to know the cultural characteristics to exercise good clinical practice. The stigma surrounding mental illness is widely known, and is even stronger in the Roma community, leading to marginalization and shame.
Objectives: We present a case of a gypsy woman misdiagnosed from the age of 8 with hebephrenic schizophrenia.
Methods: Patient frequents the emergency department with symptoms of predominantly anxiety, including episodes of psychomotor agitation, self-harm, verbalization of visual hallucinations of a mystical-religious nature. In treatment with antipsychotics since diagnosis, with no therapeutic adherence. It is observed during all the episodes how the anxiolytic treatment, even, sometimes, the verbal restraint, make the symptoms subside. Psychotic symptoms over the years are ruled out.
Results: Due to the diagnosis, this patient has been relegated from the gypsy community, she has not married or had children (an important milestone in gypsy culture), this has generated an exponential increase in anxiety symptoms and home problems.

Conclusions: It is important to know the cultural traits to which the patients we treat in consultation belong, and how the disease can affect their lives, and a simple diagnosis can be a source of greater anxiety.

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EPV0082

Functional Neurological Disorder and the Risk of Social Detachment

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Introduction: Functional Neurological Disorder (FND) is associated with altered social-emotional cognition. Social isolation is a recognized complication of FND and is a perpetuating factor for this condition. Limited data is available on the severity and determinants of social isolation and detachment in FND.
Objectives: To assess the prevalence, severity and determinants of social detachment in patients with FND.
Methods: This is a study of 32 consecutive referrals to a specialist FND service for adults.
We analyzed the study subjects' scores on the Social Detachment PAI trait subscale. High social detachment scores on this subscale are recognized to occur in socially isolated people and those with difficulty interpreting the normal emotional nuances of interpersonal behaviour.
We evaluated the correlation between scores on the Social Detachment subscale and the symptomatological pattern of FND. Subsequently, patients were classified into two groups: those who subjectively evaluated their symptoms as visible (primarily those with Functional motor FND and Non-epileptic Attack Disorder) and those who subjectively evaluate their symptoms as not significantly visible (predominantly sensory FND).
We evaluated the correlation between subjective sense of symptom visibility, demographic and comorbidity variables on one hand and social detachment on the other hand.
We examined the correlation between the social detachment scores and difficulties interpreting emotional expressions as detected on the Perception of Emotions Test (POET).
Results: In a normative standardization population sample the 90th percentile *T* score of the PAI Social Detachment Subscale was 54. In the study sample of patients with FND the mean score was high, exceeding the 90th percentile at 59 ($p< 0.05$).
In terms of comorbidity, we identified a high-risk ratio of social detachment in patients with FND who also have a concurrent diagnosis of Somatization Disorder (Risk ratio = 4.1; 95% CI, 1.6 to 10).
There was no statistically significant correlation between patients' demographic variables and Social Detachment score, nor was there a statistically significant correlation between the phenomenology and the visibility of Functional Neurological Disorder (motor, sensory, cogniform, non-epileptic attack disorder or mixed) and social detachment.
We found no correlation between subjects' scores on the Perception of Emotions Test and their scores on Social Detachment.
Conclusions: Social detachment is a significant feature of FND, particularly in those with a concurrent diagnosis of somatization disorder. Rehabilitation focused on restoring social function may be an essential intervention. Social detachment in this population may not be related to understanding nuances of emotional expression, nor is it related to the visibility of FND symptoms. Further research is needed to understand social cognitive processes in FND, specially when associated with somatization disorder.

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EPV0083

Age, gender, and the fear of getting Alzheimer's disease

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Introduction: Alzheimer's Disesase is the most frequent cause of dementia, accounting for approximately 60% of cases. It is characterized by an accumulation of beta amyloid and tau protein in the brain, resulting in the loss of normal brain tissue and cognitive decline, including loss of memory and language. Prior studies have found that this is one of the most feared disorders, possibly because of the associated cognitive decline, our poor ability to prevent and treat the disorder, and its poor prognosis. Prior studies have found different results regarding the importance of age and gender on level of fear.
Objectives: We wanted to study the fear of obtaining Alzheimer's disorder in a Norwegian sample and to examine the importance of age and gender.
Methods: The Fear of Alzhemer's Disease Scale (FADS, French et al, Geriatr Psych 2011;27:521-8) was translated into Norwegian for this study, following standard procedures. The questionnaire has 30 items, each responded to on a 5-point likert scale with responses ranging from 'never' to 'always'. The total maximum score was 120 points. Links to the questionnaire were posted on Facebook. Respondents were directed to a site for anonymous and untracable participation. SPSS version 24 was used for statistical analyses. Non-parametrical tests, including the Mann-Whitney U-test, were used to study between-group differences (age below 50/others, male/female).
Results: The FADS score was significantly higher (U=5113, Z=-2.236, p=0.025) in the respondents below 50 years (60.00) than in the others (54.93). The FADS score was not significantly different (U=7513, Z=1.673, p=0.094) between men (56.12) and women (59.67).
Conclusions: We found that the level of fear, on average, was quite high. Those below 50 years were significantly more fearful of the disorder than the older respondents. This might seem counter-intuitive, as the disorder is much more common in older people. However, emotional regulation and fear of illness may improve with age (Carstensen et al. Psychol Aging 2011;26:21-33), which might explain our finding. There was no significant gender-related difference in fear of getting Alzheimer's Disease, which is interesting given that 2/3 of those suffering from the disorder are women.