

**Methods** To a lot consisting of 28 subjects with COPD, was applied the COPE scale to assess the style of coping, to rate anxiety and depression The Hospital Anxiety and Depression Scale (HADS) and for self-esteem the Rosenberg Self-Esteem Scale. According to their higher coping sub-scale score, they were classified to one dominant coping type as follows: patients with problem-focused coping type ( $n=9$ ), emotion-focused coping ( $n=10$ ), social support-focused coping ( $n=6$ ), respectively avoiding coping type ( $n=3$ ).

**Results** Patients with dominant problem-focused coping had the most elevated self-esteem compared to patients with social-focused coping (22.0 vs. 16.2;  $P=0.039$ ), the depression score was the highest in patients with dominant avoidance-type coping and the lowest in patients with dominant problem-focused coping (11.0 vs. 5.6;  $P=0.042$ ) respectively anxiety, was the highest in patients with dominant social-focused coping and the lowest in patients with dominant emotion-focused coping (11.6 vs. 5.0;  $P=0.006$ ).

**Conclusions** In patients with COPD, problem-focused and emotion-focused copings are adaptive, while avoidance and emotion-focused copings are maladaptive on self-esteem and mental status. Such as, the coping represents a psychological dimension with an impact on the evolution of the disease, and the patients with COPD should be assessed and addressed multidisciplinary.

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#### EV0299

### The role of alexithymia in non-psychotic mental disorders' development in patients with primary hypothyroidism

O. Pityk<sup>1,\*</sup>, M. Pityk<sup>2</sup>, I. Kuzhda<sup>3</sup>

<sup>1</sup> Ivano-Frankivsk National Medical University, Department of Psychiatry, Narcology and Medical Psychology, Ivano-Frankivsk, Ukraine

<sup>2</sup> Ivano-Frankivsk National Medical University, Department of Neurology, Ivano-Frankivsk, Ukraine

<sup>3</sup> Ivano-Frankivsk Regional Children Hospital, Department of Ophthalmology, Ivano-Frankivsk, Ukraine

\* Corresponding author.

In the formation of non-psychotic psychiatric disorders in patients with thyroid pathologies are important neurohumoral mechanisms, and one reason is psychosomatic relationships. The modern concept of relationships includes alexithymia model. The situation of chronic physical illness is regarded by many authors as one that provokes a crisis of mental development (and in fact, identity crisis) and therefore is a traumatic situation, that is a risk factor for the development of mental disorder. The aim of the study was to investigate the alexithymia level in patients with primary hypothyroidism. We used Toronto Alexithymia scale proposed by Taylor G. 50 patients with hypofunction of the thyroid gland were investigated. In a study of 42 patients (84%) had a rate alexithymia more than 74 points, 12% of patients were classified as areas of uncertainty and only 4% of patients according to the method proved non-alexithymic. It was found that patients with an uncertain alexithymia level had difficulties in describing their inner feelings, did not give much attention to the absence of well-being in the emotional sphere, believed that painful symptoms of mental health problems are caused by only thyroid pathologies, even during sighting surveys ignored the presence of emotional stress and conflict experiences that showed a reduced capacity for understanding and expressing their own feelings, low emotional resonance. Thus, psychotherapeutic and psycho-corrective work with such patients should take into consideration alexithymia radical in the personal structure of such patients.

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#### EV0300

### Cognition, disability and quality of life of patients with chronic migraine

M. Pompili<sup>1,\*</sup>, V. Corigliano<sup>1</sup>, E. Denise<sup>1</sup>, M. Migliorati<sup>1</sup>, P. Martelletti<sup>2</sup>, P. Girardi<sup>1</sup>

<sup>1</sup> Sapienza University of Rome, Department of Neurosciences, Mental Health and Sensory Organs, Rome, Italy

<sup>2</sup> Sapienza University of Rome, Department of Clinical and Molecular Medicine, Rome, Italy

\* Corresponding author.

**Introduction** Chronic migraine is commonly regarded as one of the most disabling headache conditions. Although there has been some research indicating the severe impact of this chronic headache, there is little comprehensive evidence of its impact on quality of life, disability and cognitive function.

**Objectives** The aims of this cross-sectional study were to investigate cognition, disability and quality of life in patients with chronic migraine compared to healthy control subjects.

**Methods** Participants were a convenience sample of 58 adult outpatients admitted to Headache Centre of the Sant'Andrea Hospital in Rome (Italy). Inclusion criteria were a diagnosis of chronic migraine (illness duration >5 years). Fifty-eight age-matched healthy subjects were recruited as controls. Participants were administered the Mini Mental State Examination, the Italian Perceived Disability Scale (IPDQ), the 12-item Short Form Health Survey (SF-12) to assess physical and mental health, and the neurocognitive task Visual Perspective Taking (VPT), as a measure of social cognition.

**Results** Patients with chronic migraine showed higher perceived disability and poorer well-being compared with healthy controls. No differences were found in global cognitive function and in the performance of the neurocognitive task.

**Conclusions** Addressing the burden associated with subjective state of disability and well-being in migraineurs is important because of its association with a worse prognosis and a worse response to treatment. Findings did not confirm the hypothesis that migraineurs are more impaired in social cognition. Further studies are needed to assess different cognitive dimensions in migraineurs, including various measures of social cognition, to better understand neurocognitive profile of this patients' population.

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#### EV0301

### Ethical predicaments in decisional capacity evaluations

H. Raai<sup>1,\*</sup>, A. Mateoc<sup>2</sup>

<sup>1</sup> Bronx Lebanon Hospital Center, Department of Psychiatry and Behavioral Sciences, New York, USA

<sup>2</sup> Bronx Lebanon Hospital Center, Department of Psychosomatic Medicine, New York, USA

\* Corresponding author.

**Introduction** Facing a growing number of capacity evaluation requests in the general hospital, physicians increasingly encounter ethical issues and dilemmas that drive them to seek unnecessary psychiatric consultations. This practice raises the expectation that the consultant psychiatrist would be, somehow, the ethicist on board whose role is to bring the most moral solution to their predicament.

**Aims** Literature review and discussion about ethical questions facing decisional capacity evaluation.

**Methods** Clinical and literature reviews.

**Results** (Case report) This poster presents the case of 92-year-old woman who lives alone with no family support who was brought to the emergency room due to a fall. Consequently, she was diagnosed with small cell lung carcinoma. Instead of the proposed short term rehab to receive radiotherapy, the patient insisted that she be discharged to her home. The psychosomatic team was consulted to evaluate the patient's capacity to make a decision regarding this form of treatment. The psychiatrist who evaluated the patient felt that she lacks capacity. However, palliative care felt strongly that patient's capacity should not be challenged, arguing that she has been living independently, doing well, and is agreeing to treatment.

**Conclusion** We will review the most updated guidelines on how to perform a capacity evaluation, how these guidelines are incorporated in residency curriculums, and whether residents from various specialties are being trained on evaluating decisional capacity. We will also explore optimal ways to educate primary care physicians on how to evaluate decisional capacity and when to seek psychiatrists' expertise for these evaluations.

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### EV0302

#### **Polydipsia and intermittent hyponatremia**

S. Ramos-Perdigues\*, M.J. Gordillo, C. Caballero, S. Latorre, S.V. Boned, G. Miriam, P. Torres, M. De Almuedo, M.T. Sanchez, E. Contreras, E. Gomez, E. Sanchez, M. Segura, C. Torres, G. Gemma, M. Tur, A. Fernandez, C. Merino

*Psychiatry Unit, Can Misses Hospital, Psychiatry, Ibiza, Spain*

\* Corresponding author.

**Introduction** Hyponatraemia occurs in 4% of schizophrenic patients. Dilutional hyponatraemia, due to inappropriate retention of water and excretion of sodium, occurs with different psychotropic medications and could lead to hippocampal dysfunction. This complication is usually asymptomatic but can cause severe problems, as lethargy and confusion, difficult to diagnose in mentally ill patients.

**Objectives** To describe a case of a patient with psychotropic polytherapy, admitted three times due to hyponatremia and the pharmacological changes that improved his condition.

**Aims** To broadcast the intermittent hyponatraemia and polydipsia (PIP), a not rare condition, suffered by treated schizophrenic patients and discuss its physiopathology and treatment through a case report.

**Methods** A 56-year schizophrenic male was admitted for presenting disorganized behavior, agitation, auditory hallucinations, disorientation, ataxia, vomits and urinary retention. He was on clomipramine, haloperidol and clonazepam (recently added), quetiapine, fluphenazine and clonazepam. After water restriction his symptoms improved and he was discharged. Twenty-five days later, he was readmitted for presenting the same symptoms and after water restriction, he was discharged. Five days later, he was again admitted and transferred to the psychiatric ward.

**Results** Haloperidol, fluphenazine and clomipramine were replaced by clozapine. These changes lead him to normalize the hypoosmolality and reduce his water-voracity. Endocrinology team did not label this episode of SIADH due to its borderline blood and urine parameters.

**Conclusions** Hyponatremia is frequent in schizophrenic patients and may have severe consequences. Therefore, a prompt recognition and treatment is warranted.

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### EV0303

#### **Clozapine induced diarrhea**

S. Ramos-Perdigues\*, M.J. Gordillo, C. Caballero, S. Latorre, S.V. Boned, M.T. Sanchez, P. Torres, M. Guisado, E. Contreras, M. De Almuedo, E. Esmeralda, E. Sanchez, M. Segura, A. Fernandez, C. Torres, G. Herrero, M. Tur, C. Merino

*Psychiatry Unit, Can Misses Hospital, Psychiatry, Ibiza, Spain*

\* Corresponding author.

**Introduction** Clozapine (CZP) is the only antipsychotic approved for resistant schizophrenia 1. Due to its side effects, CZP is not the first therapeutic option in a psychotic episode. Its anticholinergic effects often cause constipation, however, diarrhea have also been described in literature.

**Objectives** We describe a patient with two episodes of severe diarrhea after clozapine initiation, which lead to CZP discontinuation.

**Aims** Discuss about the differential diagnosis of diarrhea in CZP patients and the needing of a further studies for clarify the more appropriate management in CZP induced diarrhea.

**Methods** We present a case report of a 46 years man diagnosed with schizoaffective disorder who presented two episodes of severe diarrhea with fever, which forced his transfer to internal medicine and UCI after CZP initiation.

**Results** At the first episode analytical, radiological and histological findings led to Crohn's disease diagnosis, which required budesonide and mesalazine treatment. In the second episode, the digestive team concluded that the episode was due to clozapine toxicity despite the controversial findings (clostridium toxin and Crohn's compatible biopsies)

**Conclusions** Diarrhea caused by CZP has been controversial in the literature. However due to the severity of digestive episodes and the paucity of alternative treatments further studies for a better understanding of its physiopathology are warranted.

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### EV0304

#### **The unnoticed interictal dysphoric disorder**

S. Ramos-Perdigues<sup>1,\*</sup>, E. Bailés<sup>2</sup>, A. Mané<sup>3</sup>, L. Pintor<sup>4</sup>

<sup>1</sup> *Psychiatry Unit, Can Misses Hospital, Psychiatry, Ibiza, Spain*

<sup>2</sup> *Univeristy Pompeu Fabra, Psychology, Barcelona, Spain*

<sup>3</sup> *Institute of Neuropsychiatry and Addictions, Psychiatry, Barcelona, Spain*

<sup>4</sup> *Epilepsy Unit, Hospital Clinic of Barcelona, Psychiatry, Barcelona, Spain*

\* Corresponding author.

**Introduction** Psychiatric morbidity in refractory epilepsy is frequent and has a negative influence on quality of life. Treatment-refractory epileptic patients are at higher risk of developing psychiatric disturbances. The interictal dysphoric disorder (IDD) has been described as a pleomorphic pattern of symptoms claimed to be typical of patients with epilepsy. It is characterized by 3/8 symptoms: depressive mood, anergia, pain, insomnia, fear, anxiety, irritability, and euphoric mood.

**Objectives** To provide evidence that psychiatric morbidity is high in refractory epilepsy and to describe associations to IDD.

**Aims** The present study aims to show that there are typical psychiatric conditions in epilepsy that can be unnoticed.

**Methods** We cross-sectional analyzed the psychopathologic outcomes of patients with refractory epilepsy. The assessments methods included SCID for DSM-IV and clinical interview for epileptic specific psychiatric conditions.

**Results** The sample consists of 153 patients, with a mean age of 37. A total of 42.5% were males. One or more Axis I diagnoses