

tially lethal, being important an early diagnostic and therapeutic approach.

**Objectives** To analyze from a clinical case the clinical and epidemiological features, and therapeutical approach to NMS.

**Method** Review of some articles in Mental Health journals and analysis of the following clinical case: 68-year-old woman with bipolar disorder, hospitalized in manic phase. Usual treatment: lithium, trazodone, quetiapine and asenapine. During the admission to hospital, the patient started presenting hyperthermia, sweating, electrolyte disturbances, limb rigidity, and elevation of CPK levels. The suspicion was NMS, so neuroleptics were stopped and fluids and dantrolene were initiated, with favorable evolution.

**Results** The discharge diagnosis was NMS. Neuroleptics were gradually reintroduced under vigilance. The patient is stable and has not had new complications. NMS is an uncommon (0.02% to 3% among patients taking neuroleptic agents), but life-threatening condition. Its symptoms are hyperthermia, autonomic nervous system dysfunction, limb rigidity, altered consciousness... The attendant infections, consume of lithium, dehydration, iron deficiency and sharp changes in neuroleptic treatment are predisposing factors. The withdrawal of neuroleptics is the key of the treatment. Benzodiazepines can improve the prognosis, and electroconvulsive therapy can be necessary if there is no response to previous measures.

**Conclusions** Neuroleptic malignant syndrome is a life-threatening medical complication we should try to avoid by a correct and careful use of neuroleptics. Additionally, it is important the early treatment, taking withdrawal of neuroleptics as the key starting point.

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#### EV1390

### Erotomania and mood disorder: A case report and literature review

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**Introduction** Erotomania is a rare delusional disorder. De Clerambault, a French psychiatrist, was the first who advanced the concept of pure erotomania, one of the "passionate psychosis", as a distinct disorder. However, some authors tend to consider this syndrome as related to other psychiatric disorders.

**Objectives** To describe the case of a female patient with erotomanic delusion with no remission under an antipsychotic and to review the links between erotomania and other psychiatric disorders.

**Methods** Literature review and a case report.

**Results** We report the case of a 32 year-old epileptic woman, hospitalized for a delusional erotomanic disorder. Initially, the patient was treated with an antipsychotic, with partial effectiveness. In fact, it appeared that the conviction of being loved began while she was depressed. After one month of combined antipsychotic and antidepressive medication, she became euthymic and her erotomanic delusions disappeared. Major depressive disorder with psychotic symptoms was diagnosed. After reviewing the literature we found that erotomanic symptoms frequently appear secondarily in other psychiatric disorders. Several publications indicate a frequent association between erotomania and mood disorder, especially bipolar affective disorder and major depression, and describe the efficacy of antidepressant and mood stabilizers. Numerous theories may explain the link between erotomania and mood disorder: from narcissistic needs, to the capacity of empathy and emotional pro-

cessing. Further studies are needed to clarify the nature of this link.

**Conclusion** In clinical practice, a mood disorder must systematically be searched for and treated in a patient with erotomanic delusions.

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#### EV1391

### Practical teaching of behavioral sciences to medical students

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**Introduction** The teaching of behavioral sciences was in form of lectures to the medical students in the 2nd year of the college, because the lecture is the least beneficial method of teaching. As I have noticed also that students were more interested to practice behavioral skills. So I suggested to the authority of the faculty to teach part of the behavioral sciences in a practical way and proposal of that was introduced and accepted to teach in that way and to give 20% of marks to this practical part, this in addition to the same theoretical lectures.

**Method** The students were divided into groups of 30, every group present one day only through their 2nd year. This day divided into two parts each is 2 hours and in between have an hour break. The 1st part includes group discussion about communication, group dynamics, group leading and scientific way of problem solving. The 2nd part is dividing students into small groups of 10 students, to practice the previous skills in group interaction to solve one problem in a scientific way. All groups collected again to see what they have done.

**Results** The results revealed more interest and more enthusiasm to learn in that way and make it easy to practice in their daily life.

**Conclusion** We have to change into more practice in our teaching of medical students especially skills of human communication, group leading group dynamics as well as problem solving.

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#### EV1392

### A comparative study between the attachment styles of adults who were raised by mothers with schizophrenic disorders, depression, and those raised by mentally healthy mothers

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**Introduction** Maternal psychopathology can have a server effect on the ability of mothers to attach to their children.

**Aim** To ascertain the level of attachment of adults between the ages of 18–25 years of age who were raised by mothers who suffer from schizophrenic disorders and depressive spectrum disorders, then compared to adults who were raised by mothers with no formal clinical diagnosis.

**Method** This study used the Adult Attachment Questioner (AAQ), by Simpson Rholes Philips (1996) to ascertain the level of attachment of adults between the ages of 18–25 years of age who were raised by mothers who suffer from schizophrenic disorders ( $n = 30$ ) and depressive spectrum disorders ( $n = 30$ ). The findings of these two groups were then compared to adults who were raised by mothers with no formal clinical diagnosis ( $n = 30$ ).