

Introduction Stuttering is a speech disorder characterized by involuntary repetition, prolongation or cessation of a sound. This dysfluency may be developmental or acquired. Acquired dysfluency can be classified as neurogenic or psychogenic.

Objectives This case report aims to describe and discuss a case of psychogenic stuttering, providing an updated review on this disorder.

Methods In and outpatient interviews were performed by Neurology and Psychiatry. Investigation to exclude organic causes included lab exams, electrocardiogram, electroencephalography, computed tomography scan and magnetic resonance imaging. A literature review in Science Direct database, with the keywords “psychogenic stuttering”, was also conducted.

Results A 63-year-old man was admitted to the Beatriz Ângelo Hospital with an acute stuttering. Speech was characterized by the repetition of initial or stressed syllables, little affected by reading out loud or singing. Comprehension, syntaxes and semantic were not compromised, as weren't sensory and motor abilities. During admission, stuttering characteristics changed. Multiple somatic complaints and stress prior to the onset and bizarre secondary behaviors were also detected. Work-up didn't show an organic etiology for that sudden change. An iatrogenic etiology was considered, as sertraline and topiramate were started for depression 1 month before. However, the stuttering pattern, the negative results, the psychological and the social life events suggested a psychogenic etiology.

Conclusions Psychogenic stuttering finds its origin in psychological or emotional problems. It is best classified as a conversion reaction. The differential diagnosis between psychogenic and neurological stuttering can be challenging.

Disclosure of interest The authors have not supplied their declaration of competing interest.

<http://dx.doi.org/10.1016/j.eurpsy.2016.01.1389>

EV405

Illness or simulation

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Objectives The revision of the differential diagnosis of simulation cases versus real psychopathological cases. Analysis of a case of the Ganser syndrome by revising the diagnosis criterions and their historical characteristics.

Method We analyze the case of a 38-year-old male who came to the community mental health team and reference hospital. Following symptoms were observed: involuntary movements of the upper extremities associated with delirium coinciding with the premature birth of a child. This refers also to a compatible episode of a dissociative fugue.

Results To establish the diagnosis, we differentiate against disorders such as Simulation, factitious disorders with psychological symptoms or Factitious Disorders with somatic symptoms (Münchhausen syndrome). In order to support our diagnosis, we base on the CIE-10 and the DSM-IVTR classification.

Conclusions We don't diagnose the clinical pictures in which we don't think. The Syndrome of Ganser could be positioned between neurosis and psychosis and between illness and simulation. The recommended treatment includes hospitalization in order to insure the diagnosis. While some authors recommend neuroleptics and others - anxiolytics, the psychotherapy is obligatory. The goal is to help the patient restore function and adapt to his environment again.

Disclosure of interest The authors have not supplied their declaration of competing interest.

<http://dx.doi.org/10.1016/j.eurpsy.2016.01.1390>

EV406

Impact of a type-D personality on clinical and psychometric properties of patients with a first myocardial infarction in a Turkish sample

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Objective Recent studies have shown that a Type D personality is associated with an increased risk of cardiac mortality. This study aimed to examine impact of a Type D personality on clinical and psychometric properties of patients with a first myocardial infarction (MI) in a Turkish sample.

Method The study included 131 patients who were admitted to the coronary care unit of a hospital with a first MI. All the patients underwent a psychiatric assessment within 2–6 months post-MI. Psychiatric interviews were conducted with the Structured Clinical Interview for DSM-IV (SCID-I).

Results The first study group (Type D personality) included 50 patients, and the second study group (non-Type D personality) included 81 patients. There was a 38.2% prevalence of the Type D personality in the patients with a first MI. Those with this type of personality had a significantly higher frequency of hypertension and stressful life events. The Type D patients also had more psychiatric disorders, depressive disorders, and anxiety disorders than the non-Type D patients.

Conclusions Our findings suggest that Type D personality traits may increase the risk of hypertension and the risk of psychiatric morbidity in patients with a first MI. Considering that a Type D personality is a stable trait; we suggest that this type of personality is a facilitator of clinical depression and anxiety disorders. These findings emphasize the importance of screening for a Type D personality as a cardiovascular risk marker and a psychiatric risk marker in MI patients.

Disclosure of interest The authors have not supplied their declaration of competing interest.

<http://dx.doi.org/10.1016/j.eurpsy.2016.01.1391>

EV407

Misdiagnosis of anterior cutaneous nerve entrapment syndrome as a somatization disorder

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Introduction Anterior cutaneous nerve entrapment syndrome (ACNES) is a frequently overlooked disease, causing chronic abdominal wall pain due to entrapment of an anterior cutaneous branch of one or more thoracic intercostal nerves. It is often misdiagnosed as a psychiatric condition, particularly under the heading of a somatization disorder.

Objectives We describe the case of a patient who developed depressive symptoms after months of suffering from chronic abdominal wall pain.

Aims To report a case-study, describing ACNES as a cause of persistent depressive symptoms.

Methods A case-study is presented and discussed, followed by a literature review.

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.

Disclosure of interest The authors have not supplied their declaration of competing interest.

<http://dx.doi.org/10.1016/j.eurpsy.2016.01.1392>

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.

Disclosure of interest The authors have not supplied their declaration of competing interest.

<http://dx.doi.org/10.1016/j.eurpsy.2016.01.1395>

EV412

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.

Disclosure of interest The authors have not supplied their declaration of competing interest.

<http://dx.doi.org/10.1016/j.eurpsy.2016.01.1397>

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