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EV1143

Hypergraphia: Illustrating clinical pictures

L. Carvalhão Gil*, A. Ponte, J. Gama Marques
Centro Hospitalar Psiquiátrico de Lisboa, Psychiatry, Lisboa, Portugal
* Corresponding author.

Introduction Hypergraphia is an extensive writing tendency sometimes coupled with hyperreligiosity and atypical sexuality, completing a syndrome described by Waxman and Geschwind in 1975 during interictal phases of patients with temporal lobe epilepsy. Nevertheless, it may arise from any temporolimbic lesion, usually in the right hemisphere, in contrast to the schizophreniform psychosis more often seen in left-sided lesions.

Objective A review on the lateralizing significance of temporolimbic lesions, highlighting the (un)specificity of hypergraphia, after a case report concerning a patient with both hypergraphia and schizophreniform psychosis.

Methods Analyse patient's clinical records and PubMed review, using hypergraphia, epilepsy and psychosis as keywords.

Results We report a 74-year-old male admitted due to aggressiveness. The patient had a traumatic brain injury in his 20s with secondary left temporal epilepsy. He lived in a psychiatric asylum, for almost 40 years, with the diagnosis of schizophrenia, showing fluctuant atypical sexual behavior. After being transinstitutionalized to community nursing-home he developed meningoencephalitis, leading to medication change and behavior relapse. He showed viscosity, circumstantiality, soliloquy, euthymic mood and normal cognition. He wrote profusely, e.g. lists of various categories and letters to eminent clerics and politics. His diary was scanned for illustrative purpose.

Conclusions Hypergraphia is an uncommon but easy to find symptom that deserves the full attention of the clinician, especially in the differential diagnosis between schizophreniform psychosis and temporal epilepsy.

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Schizencephaly and psychosis: A case report

L. Carvalhão Gil*, A. Ponte
Centro Hospitalar Psiquiátrico de Lisboa, Psychiatry, Lisboa, Portugal
* Corresponding author.

Introduction Schizencephaly is a rare malformation of the central nervous system, a congenital disorder of cerebral cortical development resulting in the formation of abnormal unilateral or bilateral clefts in the cerebral hemispheres that extends from the pial surface to the ventricle. It often manifests with partial seizures, mental retardation and hemiparesis.

Objective To illustrate a rare case of association between psychosis and schizencephaly and the implication of this association for understanding the biology of the psychosis.

Methods A literature search was performed on PubMed database using the key words schizencephaly, psychosis, brain diseases and retrieved papers were selected according to their relevance. The patient clinical record was reviewed.

Results The authors report a case of a 59-year-old male admitted into a psychiatric hospital with insomnia, disorganized behavior probably secondary to auditory hallucinations and mystic delusions. He also reported epilepsy and strabismus in his right eye since his childhood and right facial paresis. A head CT scan revealed a

left deep cortico-ventricular parieto-occipital communication corresponding to schizencephaly.

Conclusions Considering the theory that schizophrenia is associated with abnormal brain development, this case report may provide an example of a neurodevelopment abnormality that manifests as psychosis.

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The evolution of emotional intelligence in schizophrenia: A comparative study of two groups at different times of the disorder

E. Chapela^{1,*}, J. Quintero^{1,2,3}, I. Morales³, M. Félix-Alcántara¹, J. Correas^{2,4}, J. Gómez-Arnau⁴

¹ Hospital Universitario Infanta Leonor, Psychiatry, Madrid, Spain

² Fundación Psiformación, Psychiatry, Madrid, Spain

³ Psikids, Psychiatry, Madrid, Spain

⁴ Hospital del Henares, Psychiatry, Madrid, Spain

* Corresponding author.

Introduction People with schizophrenia show changes in the skills related to emotional intelligence, but little is known about the clinical course of these deficits. Few studies have examined the evolution of emotional intelligence in schizophrenia patients.

Objective To increase knowledge about emotional intelligence deficits in schizophrenia and to study its clinical course and factors related, with particular interest in neurocognitive deficits.

Aims To compare emotional intelligence and other clinical and neurocognitive data in patients with schizophrenia in a different moment of evolution.

Methods Twenty-five patients with schizophrenia for up to 5 years of evolution were compared to 24 patients with schizophrenia for more than 5 years of evolution. The assessment protocol consisted of a questionnaire on socio-demographic and clinical-care data, and a battery of assessment scales, including MSCEIT for emotional intelligence.

Results Both groups show a deterioration of emotional intelligence. Schizophrenia patients over 5 years of evolution have worse performance in emotional intelligence test than schizophrenic lower evolution. In the schizophrenia group of up to 5 years of evolution, none variables correlate with emotional intelligence. In the schizophrenia group of more than 5 years of evolution, there were moderate negative correlations with the severity of symptoms and depressive symptoms, and moderate correlation of positive sign with functionality, but none of the neurocognitive assessment scales.

Conclusions There are arguments for the existence of a progressive deterioration of emotional intelligence in schizophrenia. This deficit in emotional intelligence in schizophrenia appears to be present from the first years of the disease.

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Integrated treatment in schizophrenia: A psychodynamic approach

M. Cianciulli¹, L. Ciampa^{2,*}, F. Gucci²

¹ ASL Napoli 1centro, Psychiatrist Department of Mental Health, Naples, Italy

² Villa Camaldoli Alma Mater s.p.a., Psychodynamic Integrated Psychiatry Department, Napoli, Italy

* Corresponding author.

Introduction The severe disability of schizophrenia and its impairment in real-life functioning can improve with a treatment that stimulates personal resources such as peer-support by psychologist according to Cordiale and Montinari psychoanalytic model (2012) in a multidisciplinary team.

Objectives Supportive and narcissistic relationships sharing real life experience, according the cohesion of Self (Kohut 1971), promotes identification processes and improves pharmacological and psychiatrist treatment.

Methods Study participants were recruited for one year, according to diagnostic criteria of DSM V, from schizophrenic patients ($n=12$) of a Mental Health Department and of a private psychiatric department (DH) in an age between 23 and 36 years, tested by SAT-P and GAF scale.

Results All patients were treated with second generation antipsychotic and an integrated treatment with peer-support, (Galderisi et al., 2014).

Conclusions The valiance of real-life functioning in patients with schizophrenia depends on an integrated intervention that assures a function of flexible and not coercive restraint, allowing to stable relationship with territorial agency (network) (Chiesa, 2008).

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Folie à deux

C. Cocho*, M. Baquero, I. Vera, J. Alvarez-arenas
Hospital Universitario Infanta Cristina, Unidad de Psiquiatría, Parla, Spain

* Corresponding author.

Introduction The induced delusional disorder or *folie à deux*, is a rare condition characterized by psychotic symptoms at least in two individuals in close association.

Objectives We report a case of shared psychotic disorder between mother and daughter. We briefly review both classical and current literature.

Methods We summarized the results from articles identified via MEDLINE/PubMed using “induced delusional/shared psychotic disorder” as keywords. We report a case of a woman who develops psychotic symptoms characterized by delusions of persecution. Her daughter started, during the first high school grade with referring sexual threats and having delusions of persecution lived by her mother like a fact. They have very symbiotic relationship. Seven years later, the mother has required hospitalization for chronic delusions.

Results The term *folie à deux* was first coined by Lasègue and Falret, they assume the transmission of delusions was possible when an individual dominated the other and existed relative isolation. Recent studies found no significant differences in age and sex, although described higher comorbidity with other psychiatric diseases. Relative to treatment, separation by itself is insufficient; an effective neuroleptic treatment is required.

Conclusions Our case meets criteria for shared psychotic disorder. The daughter, with a ruling attitude who dominates the relationship, was the inducer. The mother showed no resistance in accepting delusions and remains them active after separation. This leads us to consider the possible predisposition to psychotic illness by both patients.

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Headache and schizophrenia – A cross-sectional cohort study on prevalence, characteristics and management

J. Connaughton*, B. Wand

The University of Notre Dame Australia, Physiotherapy, Fremantle, Australia

* Corresponding author.

Introduction Headache is the most common pain reported by people with schizophrenia. Little research has been conducted into the characteristics and management of headaches in this population.

Objectives Determine the prevalence, type and management of headache in people with schizophrenia.

Aims Identify if best practice treatment of headache occurs and if changes are required to assure people receive appropriate management.

Methods One hundred consecutive people with schizophrenia and schizoaffective disorder completed an extensive, reliable and valid headache questionnaire. Based on the questionnaire responses two clinicians independently classified each person's headache as either migraine headache (MH), tension type headache (TTH), cervicogenic headache (CGH) or other headache type (OH). Any discrepancies were resolved by consensus agreement.

Results Twelve-month prevalence of headache (57%) was higher than the general population (46%) with no evidence of relationship between psychiatric clinical characteristics and presence of headache. Prevalence of CGH (5%) and MH (18%) were comparable to the general population. TTH (16%) had a lower prevalence. Nineteen percent of participant's headache was classified as OH type. No participant with MH was prescribed migraine specific medication. Only 1 of the 5 people whose headache was classified as CGH received manual therapy and none had been prescribed exercises. No people with TTH received manual therapy, exercise prescription or postural review.

Conclusions It is recommended that education is required for patients and mental health workers about headache classification and the appropriate care pathways for different headache types.

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15 years and counting – How are schizophrenic patients with long hospitalization time?

M.A. Duarte^{1,*}, B. Lourenço², A. Ponte¹, A. Caixeiro³

¹ Centro Hospitalar Psiquiátrico de Lisboa, CP 6, Lisbon, Portugal

² Centro Hospitalar Psiquiátrico de Lisboa, CP 5, Lisbon, Portugal

³ Centro Hospitalar Psiquiátrico de Lisboa, Reabilitação, Lisbon, Portugal

* Corresponding author.

Introduction Centro Hospitalar Psiquiátrico de Lisboa (C.H.P.L.), in Lisbon, Portugal, is the biggest psychiatric hospital in Portugal and one of the oldest still working. Along with acute inpatient clinics it has long duration inpatient units with 226 patients.

Objectives/aims Characterize and improve the therapeutic approaches in patients committed to the long duration inpatient unit with long hospitalization times and the diagnose of schizophrenia.

Methods During the month of September 2015 all patients, committed before 2000 who fulfilled the diagnosis criteria ICD 10, F20.X (Schizophrenia) were characterized regarding age, gender, time of hospitalization and were evaluated using the Positive and Negative Symptom Scale (PANSS).