[3] Psychiatry, Infanta Sofía Hospital, Brief Hospitalation Unit, San Sebastián de los Reyes, Madrid, Spain
* Corresponding author.

Since Dual Disorders expression was used for the first time, the old dilemma between cathegorial and dimensional grew again as a main issue because many authors wondered about its utility. The question was how far we can speak about two different entities, because doing so we are assuming comorbidity instead of a complex syndrome, with different clinical presentations (i.e. Talking about fever and cough instead of pneumonia). Child and adolescence psychiatry uses developmental psychiatry as a very useful tool to understand patients. Syndromes are seen as dynamic as patients. At the same time that patients grow their clinical presentations, evolves new symptoms or signs. We have reviewed retrospectively a group of twenty parents that were named as dual disorders, with different substance abuse but a common path in their childhood; all of them were diagnosed of ADHD and Conduct Disorder. We chose them because of the differences that DSM, ICD and main researchers have about this group, which some consider better described as a Disocial hiperquinetic disorder (ICD) than a AHDH with a conduct disorder associated (DSM), comorbidity again. We agreed with ICD opinion and will discuss how in some way we are somehow as those blind people describing different parts of the same elephant when we talk sometimes about dual. Truth is that opposite dual view or its syndromic treatment developmental psychiatry has all the time underlined the role of reward circuits/executive functions as epigenetic issues, both modulated by gene and environment.

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EV0215

Factitious disorder in a patient with Arnold-Chiari malformation: A case report

D. Celona [1], F. Sandri [1], E. Pascolo Fabrici [1], G. Peresson [2], D. Garino [3,*]
[1] University of Trieste, Mental Health Department, Trieste, Italy
[2] University of Udine, Mental Health Department, Trieste, Italy
[3] University of Udine-Italy, Dependency Department, Trieste, Italy
* Corresponding author.

Introduction The factitious disorder is characterized by simulation or exaggeration by the subject of his/her physical or psychological symptoms to take a sick role. This disorder may be associated with a real disease, used to simulate other symptoms and receive treatment. Our case is represented by a 49-year-old man, affected by Arnold Chiari Malformation Type I (ACM-I), a structural defect in the cerebellum with extension of the cerebellar tonsils into the foramen magnum, without involving the brain stem. The patient had three surgical operations involving the complete resolution of the disease. However, the subject reported a worsening of all symptoms, with the outcome of a severe self-limitation, with admission to a residential care and taken over by the multidisciplinary equipe of the district. Symptoms, which mainly consisted in pain, motor functional impairment, headaches, slurred speech were not evaluated due to the ACM-I. This diagnosis was confirmed when there was the complete resolution of the symptoms in a date pointed by the patient.

Methods To make an appropriate differential diagnosis, in addition to the neurological examination, the subject had psychiatric interviews and completed an MMPI evaluation.

Results Neurological examinations revealed no residual outcome of the ACM-I. At MMPI there were not significant peaks. Regarding to the attitude towards this test and its validity, it appears an obvious attempt to lie from the patient, which tries to present himself in a favourable unrealistically way.

Conclusion This case shows that appropriate diagnosis can help health services in a better management of their resources in such situations.

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EV0216

Does comorbid depression and alcoholic dependence influence cognition in Bulgarian women?

V. Giannouli [1,*], D. Ivanova [2]
[1] Aristotle University of Thessaloniki, School of Medicine, Drama, Greece
[2] South-West University "Neofit Rilski", Department of Psychology, Blagoevgrad, Bulgaria
* Corresponding author.

Introduction Previous research on the impact of alcohol intake on human behavior and cognition has revealed the detrimental effects of alcohol dependence. Especially in women, depression is often associated with the initiation of alcohol abuse that provokes new episodes of depression and this cycle tends to chronify.

Objective Although the co-occurrence of depression and alcoholism is well documented, there is still scarce data on the cognition of depressed alcohol-depended women. The aim of the present study is to examine the cognitive function in women who demonstrate both depression and alcohol dependence.

Method A group of fifty-three Bulgarian women with a formal diagnosis of alcohol dependence (Mage = 43.89, SDage = 9.48; level of education: all with high school education) and varying levels of depressive symptomatology were examined at the Municipal Council on Drug Addiction Blagoevgrad. Information were collected from personal history taking (anamnesis), self-reports and the Lesch Alcoholism Typology–Questionnaire (LAT online program). The women were grouped according to their age (27–45 and 46–71).

Results Results indicated that there is a significant influence of depression ($P = .032$), a slightly above the statistical significance level non-influence of age ($P = .056$), and an interaction of the influence of depression*age ($P = .048$) on self-reported cognitive performance.

Conclusions The present research suggests that future researchers should further clarify in a more systematic way the factors that influence cognition in this special population with comorbid depression and alcoholic dependence.

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EV0217

The relationship between personality disorders and substance abuse disorders

S. Goretti [1,*], M.D.C. Sanchéz Sanchéz [2], P. Lucas Borja [2], G. Bautista Rivera [2], M. Rodríguez Lara [2]
[1] U.G.C Salud Mental Almeria, UHSM Torrecardenas, Almeria, Spain
[2] Almeria, Spain
* Corresponding author.

Introduction A frequently observed fact in clinical practice is the relationship between Substance Abuse Disorders and Personality Disorders (PD). Epidemiological investigations have found that diagnoses of PD seem to increase vulnerability to other pathologies, including substance abuse and addiction, and it is possible to speak of comorbidity or dual pathology.

Objective To describe the comorbidity between PD and substance abuse disorders.
Methods Systematic review of the literature on the subject. The databases consulted were Dialnet, Pubmed and Cochrane.
Results The various studies allow estimating that between 65% and 90% of subjects treated for substance abuse or dependence have at least one concomitant PT. Studies show a higher prevalence of Cluster C for alcohol consumption and Histrionic, Narcissistic, Boundary and Antisocial Disorders (Cluster B) for illegal drugs, mainly cocaine. Cluster B is the one that the literature has most related to substance use. It is also the group in which there is a greater predominance of impulsivity, which would be worth remembering its role as a vulnerability factor for addictions.
Conclusions What the research has shown is that a good deal of the problems that accompany substance use come from dysfunctional patterns of behavior that are maintained over time with high stability and can justify, in part, both the persistence of The addictive behavior as the difficulty of handling the patients who present them. At present, although the high comorbidity between TP and substance use is sufficiently documented, many questions still remain to be solved.
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EV0218

Treatment difficulties in the pathology of the frontal lobe

A. Isac[1,*], B. Cristina[1], L. Viorel[2]
[1] *Children's Emergency Hospital, Child and Adolescent Psychiatry, Cluj-Napoca, Romania*
[2] *"Iuliu Hatieganu" University of Medicine and Pharmacy Cluj-Napoca, Neuroscience Department- Psychiatry and Child and Adolescent Psychiatry Compartment, Cluj-Napoca, Romania*
[*] *Corresponding author.*

Frontal lobe lesions may present as mood disorders, with apathy, emotional flattening and indifference towards the environment, refered to as "pseudodepression". A 14-year-old adolescent is transferred from a pediatric ward for frontal headaches, sleepiness, apathy, food refusal, irritability and marked weight loss (BMI = 14 kg/sqm). The patient has a history of Socialized Conduct Disorder, with extremely low compliance towards treatment. When admitted he is cooperating partially, has an influenced general state and refuses to drink liquids. He is sad, impulsive, with low frustration tolerance, negativist, oppositionist, with voluntary urine emissions and marked sleepiness. There are clinical signs of dehydration and an intermittent convergent strabismus in the left eye. Laboratory tests show an inflammatory syndrome, nitrate retention, dyselectrolytemia. Neurologically: exaggerated tendon reflexes, frust bipyramidal syndrome, slight ptosis of the left eye; electroencephalogram–slow activity (lesion?) in left deviations. A consult with the Infectious Disease unit renders a diagnosis of headache syndrome and frontal sinusitis. The MRI is suggestive for a left frontal infectious expansive process (abscess) and massive maxillary–ethmoidal–frontal sinusitis. Combined parenteral antibiotics and pathogenetic treatment are initiated and the patient undergoes neurosurgery with the evacuation of the tumor. A cystic formation of 6/5/1, 5 cm, containing an opalescent yellow liquid is found at the histopathological exam. Streptococcus spp. is identified by the bacteriological exam. The evolution is good under treatment, with a slight accentuation of the behavioural symptoms. This case illustrates the importance of correct differential diagnosis, the psychiatric diagnosis being one of exclusion.
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EV0219

Psychiatric comorbidities in temporal lobe epilepsy: A case study

L. Jouini[*], U. Ouali, R. Zaouche, R. Jomli, Y. Zgueb, F. Nacef
Razi hospital, "A" psychiatry department, Tunis, Tunisia
[*] *Corresponding author.*

Introduction Psychiatric disorders frequently occur in patients with temporal lobe epilepsy (TLE) (70%). This combination further reduces the quality of life of patients as diagnosis is difficult and therapeutic opportunities are often missed.
Objectives The aim of this case study is to show the possible association between TLE and psychiatric semiology and its therapeutic implications.
Methods Presentation of the clinical case of Mr BH who experienced psychosis like symptoms, was finally diagnosed with TLE and put under anti-epileptic drugs.
Results Mr BH, aged 22, with no family or personal history, was admitted for aggressive behavior, self-harm, pyromania, and depression. Three years prior to onset of psychiatric symptoms, he reports episodes of pulsatile- left-temporal headache followed by hypertonic movements of the neck. Symptoms were intermittently followed by total amnesia or impaired consciousness. The patient explained symptoms by an inner presence that he called "his twin" and to whom he attributed those behaviors contrary to his will. The discovery of bilateral hippocampal atrophy in magnetic resonance imaging with a normal electroencephalography suggested the diagnosis of TLE with post-ictal psychotic disorders. Patient was put initially on diazepam and olanzapine with partial improvement. Association of valproate led to progressive but then complete disappearance of symptoms and so confirmed our diagnosis.
Conclusions It is often difficult to attach psychiatric symptoms to epilepsy. The diagnosis should be done on a set of clinical, radiological and electrical arguments.
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EV0220

Clinical features of PTSD in patients with TBI

O. Khaustova[1,*], O. Smashna[2]
[1] *Bogomolets national medicai university, psychosomatic medicine and psychotherapy, Kiev, Ukraine*
[2] *SHEI Ternopil state medical university namede after I. Ya. Gorbachevskyy MHC of Ukraine, psychiatry, Ternopil, Ukraine*
[*] *Corresponding author.*

Objective Modern scientific researches about interaction between TBI and PTSD are characterized by few amounts and contradiction of conclusions.
Method Twenty-eight persons with TBI were examined by means of questionnaires and structured clinical interviews. 17 patients were suffering from PTSD. We compared clinical features in patients with isolated TBI and group with both disorders.
Results Four groups of symptoms were analyzed–sleep, emotions, cognition and personality features. Disorders of sleep were presented with violation of REM cycle, nightmares, hyperexcitation, increase watchfulness during the sleep. Emotional disorders were expressed as lability without external irritations; an excessive emotional reaction is on small events, agitation, irritability, inadequacy of emotional reactions and apathy (loss of desire to think, to feel, and/or to operate). Cognitive disorders included deceleration of psychomotor reactions, difficulties of searching of words in communication, problems of switching of attention, rigidity, difficulties in planning, decision of multistage tasks, violation of operative memory, executive dysfunction. Features of personality disorders were loss of initiation and self-control, decline of spontaneity, sur-