

² Centro Hospitalar Psiquiátrico de Lisboa, Psiquiatria, Lisboa, Portugal

* Corresponding author.

Introduction Trichotillomania is described as a recurrent failure to resist impulses to pull out hairs. It is usually associated with obsessive-compulsive disorder and body dysmorphic disorder. It is usually confined to one or two sites in the body.

Objective The aim of our work is to describe a case of delusional infestation with secondary trichotillomania and briefly review the theoretical aspects of this clinical presentation.

Methods We searched online databases and reviewed current case reports published, using the keywords “delusional infestation”, “Ekbom syndrome” and “trichotillomania” and compared similarities in the presentation, development and outcome. We present a clinical vignette of a 38-year-old female, with no relevant psychiatric history. The patient developed severe itching that she believed was caused by bugs that lived inside her hair follicles, so she pulled out completely all of her eyebrows, eyelashes, pubic and underarms hairs. She maintained some hair on her head, that she repeatedly pulled out and proceeded to break in order to kill the bugs. She claimed to have absolutely no itchiness in the hairless areas of her body.

Results The patient was referred to psychiatric consultation and was started on oral antipsychotics but, as the review from literature suggested, the clinical evolution only became satisfactory when an antidepressant (SSRI) was added.

Conclusion Although, trichotillomania is more commonly seen in clinical practice in association with other psychiatric disorders, it may also present itself as a symptom of delusional activity.

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EV1422

Malignant catatonia and neuroleptic malignant syndrome: How different/similar are they?

P. Sales*, M. Bernardo, A. Lopes, E. Trigo

Hospital Garcia de Orta, Psiquiatria, Almada, Portugal

* Corresponding author.

Introduction Catatonia is a neuropsychiatric syndrome that appears in medical, neurological or psychiatric conditions. There are presentation variants: “malignant catatonia” (MC) subtype shares many characteristics with the neuroleptic malignant syndrome (NMS), possibly reflecting common pathophysiology.

Objectives/methods We present a clinical vignette and review the literature available on online databases about MC/NMS.

Results We present a man, 41-years-old, black ethnicity, with no relevant medical history. He had two previous episodes compatible with brief psychosis, the last one in 2013, and a history of adverse reactions to low doses of antipsychotics. Since the last episode he was asymptomatic on olanzapine 2.5 mg id. He acutely presented to the Emergency Room with mutism, negativism, immobility and delusional speech, similar to the previous episodes mentioned and was admitted to a psychiatric infirmary, where his clinical condition worsened, showing muscle rigidity, hemodynamic instability, leukocytosis, rhabdomyolysis and fever. Supportive care was provided, olanzapine was suspended and electroconvulsive therapy (ECT) was initiated. After two months, he was discharged with no psychotic symptoms. He is still under ECT and no antipsychotic medication was reintroduced.

Discussion/conclusion Many studies suggest that clinical or laboratory tests do not distinguish MC from NMS and that they are the same entity. These two conditions are life-threatening and key to treatment is a high suspicion level. There is no specific treatment; supportive care and stopping involved medications are the most widely used measures. ECT is a useful alternative to medication.

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EV1423

Gynecomastia induced by trazodone: A case report

M.D. Sánchez García*, A. Gómez Peinado, P. Cano Ruiz,

S. Cañas Fraile

HNSPS, Psychiatry, Albacete, Spain

* Corresponding author.

Introduction Trazodone is a heterocyclic antidepressant that exerts its effect via the inhibition of selective serotonin reuptake and the antagonism of 5-HT_{2A} and 5-HT_{2C} receptors. Antidepressant-induced gynecomastia and galactorrhea and increases in prolactin levels have rarely been reported.

Case report A 73-year-old man presented to the psychiatric clinic with depressive symptoms and insomnia that was the reason that his GP introduced paroxetine 20 mg/day three months before. One month later because the insomnia persisted, trazodone (100 mg/day) was added to the treatment. At a 2-month follow-up, the patient reported improvement in depressive symptoms but also presented gynecomastia on the left side that is non-tender on palpation. No other medications were noted. Laboratory testing was within normal limits, with the exception of an elevated prolactin level (38.2 ng/mL). Ultrasonography indicated normal results. Treatment included the tapering and discontinuation of trazodone with continued paroxetine therapy. Lorazepam was initiated for the treatment of insomnia. Two weeks later, the prolactin level was 13.1 ng/mL and gynecomastia was practically resolved. Lorazepam was initiated for the treatment of insomnia.

Conclusions Effects of trazodone on PRL are unclear, there is one study reported that trazodone increases the PRL level, and another one reported that trazodone reduces them, in our case, the trazodone use led to hyperprolactinemia via hypothalamic postsynaptic receptor stimulation and it should be remembered that gynecomastia and galactorrhea may appear as a rare side effect of trazodone.

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

Further readings

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Madhusoodanan S., Parida S., Jimenez C. Hyperprolactinemia associated with psychotropics – a review. *Hum Psychopharmacol* 2010;25:281–297.

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EV1424

Why Portugal is pushing towards migration?

S. Saraiva^{1,*}, C. Moreira¹, M. Andrade², S. Carneiro³, M. Pinto da Costa⁴

¹ Centro Hospitalar Psiquiátrico de Lisboa, CHPL, Lisbon, Portugal

² ULS Nordeste, ULSN, Bragança, Portugal

³ Hospital Distrital de Santarém, HDS, Santarém, Portugal

⁴ Hospital Magalhães Lemos, HML, Porto, Portugal

* Corresponding author.

Background International professional mobility is a reality, people have skills they can put in the global marketplace. The increasing migration of health professionals to wealthy countries is a phenomenon known as “brain drain”.

Objectives/Aims This work aims to present the push factors that pressure people to migrate from Portugal.

Methods A cross-sectional survey was carried out with the psychiatric trainees in Portugal. A self-administered structured

questionnaire was distributed to collect psychiatry trainees' demographic and educational characteristics.

Results In Portugal, the majority of trainees have a Portuguese citizenship. Almost 2/3 did not have a short-mobility experience, and the majority never migrated to another country. Less than half consider staying in Portugal in the next years, and nearly 4/5 have considered leaving the country. Working conditions ranked first as the priority condition to be improved in psychiatry in Portugal, followed by financial conditions. In fact, an attractive job for psychiatry trainees in Portugal must have as the most important feature a pleasant work environment.

Conclusions An alarming percentage of psychiatry trainees from Portugal intend to migrate. Impact on future career, financial conditions of doctors, job opportunities and better working conditions were some of the motivating factors behind the migration.

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EV1425

Internalization of stigma and self-esteem as it affects the capacity for intimacy among patients with schizophrenia, comparison between Jews and Arabs

J. Segalovich^{1,*}, T. Stolovi², P. Behrbalk¹, P. Romem³

¹ Lev Hasharon, Mental Health Center, Netanya, Israel

² Lev-Hasharon, mental health center, Netanya, Israel

³ Ben Gurion University of the Negev, Nursing Department–Recanati School for Health Professions, Beer Sheva, Israel

* Corresponding author.

In addition to the physical and psychological signs and symptoms of their disorder, people who have schizophrenia also experience severe repercussions associated with social isolation [1]. Internalization of social stigma was found to be a statistically significant core factor that affects self-esteem and the ability to create intimacy among Jewish patients with schizophrenia. Significantly more Muslim patients were married in comparison to Jewish patients. There was statistically significantly less internalization of stigma of mental illness among hospitalized patients than among individuals with schizophrenia who live in the community [2]. The current study examines the relationship between internalization of stigma, self-esteem, and the ability of people diagnosed with schizophrenia to form intimate attachments with loved ones, in Arab patients compare to the existing sample of 24 patients from the Jewish sector. Data is gathered for 27 Muslim patients with schizophrenia who live in the community, ages 18–60, men and women from the following four questionnaires: Demographics Questionnaire, Self-Esteem Scale, Internalized Stigma of Mental Illness Scale and the Intimacy Attitude Scale-Revised. The study received the approval of the Ethics Committee. There was statistically significantly less internalization of stigma of mental illness, high self-esteem and high capacity for intimacy among Jewish patients than among Muslim patients. Knowledge of how these variables affect the capacity for intimacy provides a therapeutic window for advanced nursing interventions that will eventually provide support and guidance cultural adapted, for people with schizophrenia in creating intimate relationships.

References not available.

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EV1426

Psychiatric symptoms in Huntington's disease the importance of reliable information – A case report

G. Sobreira*, C. Ferreira, S. Alves

Centro Hospitalar Psiquiátrico de Lisboa, ward–First Psychosis Unit, Lisboa, Portugal

* Corresponding author.

Introduction Huntington's Disease is an autosomal dominant neurodegenerative disease characterized by motor, psychiatric and cognitive symptoms. Irritability, affective disorders, apathy and psychosis are among the most frequent psychiatric symptoms and can predate the pre-clinical period.

Objective The authors' goal is to understand the complexity of Huntington's disease clinical presentation. Additionally, we present an illustrative clinical case.

Aims To convey the importance of collecting reliable information in order to make a proper diagnosis.

Methods A PubMed database review was performed using "Psychiatry", "Psychiatric", "Symptoms" and "Huntington's Disease" as keywords; retrieved papers were selected according to their relevance. The patient clinical record was reviewed.

Results The authors report a case of a 39-year-old woman, who was referred in 2014, to a psychiatrist because of depressive mood and suicidal ideation with two suicidal attempts in the past 5 years. However, she did not disclose her family history of Huntington's disease neither to her GP nor her psychiatrist. She never complied with the treatment plan and was admitted, in November, into a psychiatric unit because of subtle motor changes and apathy, which had resulted in personal neglect. The diagnosis could only be made after a family interview was held and the family medical history was revealed.

Conclusions Corroborative history from caregivers is of extreme importance in psychiatry. Early detection of symptoms can help mitigate the disease social impact. In our patient's case, by the time of proper diagnosis, she was estranged from her family and had endured distressing psychiatric symptoms without adequate treatment.

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EV1427

Placebo and placebo effect, variability of the clinical response according to the therapists' behavior

A. Soler Iborte^{1,*}, S. Galiano Rus², Á. López Díaz²

¹ Servicio Andaluz de Salud – UGC Jaén Norte, Unidad de Salud Mental Comunitaria Linares, Linares-Jaén, Spain

² Servicio Andaluz de Salud – UGC Jaén Norte, Hospital San Juan de la Cruz, Úbeda-Jaén, Spain

* Corresponding author.

Introduction From a historical perspective, the first data related to the placebo effect on "mental health" date to the 1950s decade, when evidence was first shown of the important percentage of people with a psychiatric pathology that benefited from the consumption of placebos. It is believed that the responses to placebos and nocebos are influenced by the content and the way of informing the patient, which influences in the quality of life and therapy adherence. Among the factors that influence the magnitude of the placebo effect, we find variables related to the patient, with the placebo itself and the therapist.