

EV1373

Kleine–Levin syndrome. A case report

S. Sanz Llorente^{1,*}, Z. González Vega¹,
P. Bernal Romaguera², A.I. Ojeda Martínez³, T. Ventura Faci⁴,
J.C. Marco Sanjuan⁵

¹ Hospital Obispo Polanco, Psiquiatría, Teruel, Spain

² Centro de rehabilitación psicosocial Nuestra Señora del Pilar, Psiquiatría, Zaragoza, Spain

³ Hospital San Jorge, Psiquiatría, Huesca, Spain

⁴ Hospital Clínico Universitario Lozano Blesa, Psiquiatría, Zaragoza, Spain

⁵ Hospital clínico universitario Lozano Blesa, Psiquiatría, Zaragoza, Spain

* Corresponding author.

Introduction Nowadays, 30% of the Spanish population suffers from some form of sleep disorder, occupying much of the visits to a psychiatrist. Sleep disorders are not a serious condition by itself, but have serious implications in daily life: physical exhaustion, poor performance, daytime sleepiness. Insomnia is a most common sleep disorder, however, hypersomnia must also be considered due to the limitations that it causes.

Objective By the description of case report, we will carry out a review of the syndrome Kleine Levine.

Methods Case report.

Results A case of Kleine–Levin syndrome in a 23-year-old male is described. The episodic disorder was characterized by excessive sleep, voracious appetite, hyper-sexuality, irritability and memory loss. Among its history, he included a psychotic episode in childhood and an episode of behavioral disorder caused by a stressful situation. His partner refers a similar episode of hypersomnia last year that was self-limiting in 15 days and he did not go to the doctor. Patients often act normal between episodes. Remission was spontaneous. Prospects, for organic aetiology, differential diagnosis. However, arises additional tests (analytical, brain CT, EEG. . .) resulted no pathological. Patient fulfilled the criteria for KLS, but due to the rarity of the disorder he was previously diagnosed as psychosis not otherwise specified.

Conclusions This case report aim to highlight that KLS though considered a rare disorder but not uncommon and lack of enough available research data is likely to be responsible for missed or erroneous diagnosis; thus we require more systematic studies regarding etiologies and treatment.

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

<http://dx.doi.org/10.1016/j.eurpsy.2017.01.1703>

EV1374

Evaluation of insomnia management in the elderly by general practitioners

M. Turki*, J. Aloulou, N. Halouani, R. Ennaoui, O. Amami
Hedi Chaker University Hospital, Psychiatry “B” Department, Sfax, Tunisia

* Corresponding author.

Introduction Insomnia is the most common sleep disorder in the elderly. Its management must take into account the physiological changes associated with age, a higher frequency of co-morbidities and polypharmacy.

Aim To evaluate the management of insomnia in the elderly patients by general practitioners and to compare it with international recommendations.

Methods We conducted a cross-sectional and descriptive study among general practitioners in Sfax over a period of two months (January and February 2016). We proposed to these doctors to participate in our study by sending to them a questionnaire in their emails, which they fill anonymously.

Results A total of 32 doctors responded to the questionnaire. Among them, 62.5% reported that they often or very often receive elderly consulting for insomnia. Before prescribing hypnotic drugs, 65.6% of practitioners reported that they often advise lifestyle and dietary rules. The most prescribed hypnotic classes were: benzodiazepines (BZD) 59.37%; antihistamines 59.37% and homeopathic treatments 56.25%. In the last prescription, the treatment period exceeded 30 days in 18.75%. As for the prescription of BZD, molecules with long half-life were used in 37.48% of cases, and the dosage was identical to adult in 34.4% of cases.

Conclusion The prescription of hypnotic treatment in the elderly meets a logical approach to care, after an accurate diagnosis, taking into account psychiatric and somatic co-morbidities, the precautions and contraindications. In this context, we have identified several shortcomings in the management of insomnia in the elderly in general practice. A multiplication of training on this subject is needed.

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

<http://dx.doi.org/10.1016/j.eurpsy.2017.01.1704>

e-Poster viewing: Substance related and addictive disorders

EV1375

A comparison and contrast of cannabis and amphetamine-type stimulant induced psychoses

F. Alharbi

King Abdulaziz Medical City, Mental Health, Riyadh, Saudi Arabia

Background The term “psychosis” is very broad. Substance users represent one group with particularly high rates of psychotic symptoms.

Objective This review will present an update on cannabis and amphetamine-type Stimulant (ATS) and will try to differentiate and compare their associated psychotic features.

Method A systematic literature search was conducted from 1980 to date in the following databases: MEDLINE, PsycINFO and PubMed. Articles were included if they were highlighting substances induced psychoses, with particular emphasis on stimulants/amphetamine/methamphetamine and cannabis/marijuana induced psychoses, schizophrenia-spectrum disorder or schizophrenia.

Results There are many differences between these two substances regarding source, neurobiological processes, average latency periods before developing psychosis, clinical features as compared to schizophrenia, risk of using drugs and developing psychosis and drugs use and development of schizophrenia and urine screening test. With the recent proposals to regulate cannabis use, a further investigation of the association of this use with psychosis is required.

Conclusions Our search elicited many studies of one substance and its association with psychosis but few comparative studies across substances. Yet in our opinion, these comparisons could shed further insight on the development of psychotic features.

Disclosure of interest The author has not supplied his/her declaration of competing interest.

<http://dx.doi.org/10.1016/j.eurpsy.2017.01.1705>