

Methods: Two hundred participants were enrolled in this study. Structured clinical interview, sociodemographic form, Five Facet Mindfulness Questionnaire-Short Form (FFMQ-S), Metacognition Questionnaire-30 (MCQ-30), and Hamilton Anxiety Rating Scale (HAM-A) were administered. Multivariate analysis of covariance (MANCOVA) was conducted to compare the groups in terms of mindfulness and metacognition. Correlation and multiple linear regression analyses were performed to measure the association between anxiety symptom severity, mindfulness, and metacognition.

Results: The main finding indicates that Positive Beliefs about Worry are associated with reduced symptom severity of ADs. Furthermore, the results suggest that HC have more Positive Beliefs about Worry and Nonjudging of Inner Experience compared to patients with ADs, who use Negative Beliefs about Uncontrollability and Danger and Need to Control Thoughts to a greater extent.

Conclusions: This study suggests that dysfunctional metacognitive beliefs may influence symptom severity of ADs among adults. We advise that focusing on reducing maladaptive metacognitions may be beneficial while treating ADs in adults

Disclosure: No significant relationships.

Keywords: Anxiety; Mindfulness; metacognition; metacognitive beliefs

EPV0032

Psychogenic epidemic - mass hysteria phenomena in Portugal

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Introduction: Mass hysteria also called mass psychogenic illness (MPI), defined as a social phenomenon, consists of collective anxiety due to a perceived threat and can culminate in a cascade of symptoms suggestive of organic disease without an identifiable cause. Its history dates back to the 14th century and impacts people from all cultures and regions of the world. Before the 20th century, MPI emerged across Europe, often in socially isolated convents, in highly stressful environments.

Objectives: The aim of this study is to explore the available literature on mass hysteria phenomena in Portugal, historical origins, applications and eventual position in modern psychiatric semiology.

Methods: Non-systematic review of literature published in Medline/Pubmed. Search terms included: mass hysteria, nocebo, group-think, emotional contagion.

Results: In Portugal two great phenomena of mass hysteria were described. In 1917, the “sun miracle” occurred, where thousands of individuals reported having seen the sun rotating in the sky and changing its size and colours. Years later, more than 300 students from 14 schools described the same symptoms: dizziness, dyspnea and rash, without an identifiable cause. In common these young people had “sugar strawberries”. In May 2006, the young people in the television series were infected with a virus, and clinical picture was similar to that presented by young people in real life. For the first time, a fictional illness on television triggered an illness in real life.

Conclusions: More studies should be carried out on these phenomena as their early recognition can have a tremendous impact on the ease of identification, diagnosis and treatment.

Disclosure: No significant relationships.

Keywords: nocebo effects; mass hysteria; psychogenic illness

EPV0033

Hysteria in neurology: a diagnostic approach to conversive disorder

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Introduction: Conversion disorder (a term that describes what was previously called hysteria) refers to motor or sensory symptoms, or both, that resemble a neurological disease, but that do not originate from or cannot be explained by a known physical disease.

Objectives: To find reliable tools that can guide the difficult diagnosis of conversion disorder.

Methods: Bibliographic review

Results: The exact prevalence of the disorder is unknown. It is estimated that approximately 5% of referrals to neurology are for this disorder. Approximately one third of patients referred to the neurologist have symptoms that cannot be explained by an organic disease. Involuntary movements are the most common motor manifestations of the conversive syndrome, being tremor one of the most frequent manifestations. The first differential diagnosis of conversion disorder is neurological disease. It is currently not necessary for the diagnosis to assess whether or not the symptoms are produced intentionally, as the assessment of conscious intentionality is unreliable. The neurological examination is the fundamental tool for the diagnostic approach, being even more enlightening than the complementary tests. Hoover's sign, Babinski's combined leg flexion, plantar flexion of the ankle, tremor and its distraction and synchronisation manoeuvres, as well as the clinical differences between epileptic seizures and non-epileptic seizures of psychogenic origin, are some of the reliable tools for a correct diagnosis.

Conclusions: The diagnosis of the disease should be one of exclusion. There must be clinical data showing clear evidence of incompatibility with a neurological disease and conversion symptoms do not correspond to known physiological mechanisms and anatomical pathways.

Disclosure: No significant relationships.

Keywords: neurology; conversive disorder; diagnostic; hysteria

EPV0035

Epileptic Seizures or not, that is the question: a case report

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Introduction: Psychogenic nonepileptic seizures (PNES) consist of paroxysmal changes in responsiveness, movements, or behaviour that superficially resemble epileptic seizures.

Objectives: Presentation of a clinical case of a PNES in a patient with a diagnose of secondary epilepsy, illustrating the relevance of an adequate evaluation, differential diagnosis, and intervention.

Methods: Description of the clinical case, with brief literature review and discussion. A search was conducted on PubMed and other databases, using the MeSH terms “nonepileptic seizure”, and “epileptic seizure”.

Results: We report the case of a 45-year-old female patient, brought to the emergency department because of tonic axial and limb nonsynchronous movements, closed eyes, long duration, with immediate awareness, no desaturation, tongue bite, facial flushing, dyspnoea or sphincter incontinency. She was medicated with clonazepam 1 mg and levetiracetam 1000 mg ev. TC-CE had no acute alteration. Bloodwork had no other major alteration except valproic acid below therapeutic levels (her usual medication, along with other antiepileptic drugs, antidepressant and antipsychotic). The antecedents of the patient: mild intellectual disability and an accidental traumatic brain injury in infancy, with secondary epilepsy. She was transferred to Psychiatry department. No electroencephalogram (EEG) was realized, because she had a recent one confirming PNES, and many other emergency observations with the diagnosis of PNES.

Conclusions: This clinical case showcases the diagnostic difficulties that clinicians face when there is an overlap in symptoms, emphasizing the need to combine patient history, witness reports, clinician observations, and ictal and interictal EEG to help distinguish these different clinical identities.

Disclosure: No significant relationships.

Keywords: Nonepileptic seizure; Epileptic seizure

EPV0036

Functional Neurological Disorder: a multidisciplinary approach

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Introduction: Functional neurological disorders (FNDs), also known as “conversion disorder”, consist in the appearance of neurological symptoms that do not correspond to any medical condition and produces an impairment in social, occupational and other areas in the patient’s life. This disorder can represent up to 30% of neurologist’s consultation. We introduce the case of a 23-year-old man who attended the emergency services due to fainting and was finally diagnosed with FND.

Objectives: To summarize the difficulties of making a diagnosis of FND and the importance of a multidisciplinary approach.

Methods: A narrative review through the presentation of a case.

Results: The patient presented many absence seizures during his stay in the hospital. These episodes were characterized by non-

reactivity, dysarthria, tremors, tachycardia and hyperventilation. The neurological examination and imaging tests didn’t show any pathological findings. During the psychiatric interview he revealed he had lived a severe conflict with his brothers the previous week and he was being excluded within his family. Furthermore he didn’t have any social support besides his mother in the city he was living, leading this situation to an incrementation of anxiety. Due to the absence of any abnormalities in the examination and recent psychological conflict that was affecting him, FND diagnose was made. **Conclusions:** Very frequently the absence of a clear psychological trigger and the presence of neurological alterations can hinder the study of the patient. This makes necessary a multidisciplinary approach and the knowledge of signs that can help to carry out an accurate diagnosis.

Disclosure: No significant relationships.

Keywords: multidisciplinary; neurological; conversion

EPV0038

A review on interventions for psychogenic nonepileptic seizures: which treatments improve outcome?

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Introduction: Psychogenic nonepileptic seizures (PNES), the most common conversion disorder, are episodic alterations in behaviour that resemble epileptic seizures without its characteristic EEG changes. PNES presumably reflect a physical manifestation of underlying psychological distress and can be as disabling as epilepsy. Standardized treatment approaches for PNES care are lacking.

Objectives: Our aim is to review the literature for therapeutic interventions in PNES.

Methods: A literature search was conducted in PubMed/MEDLINE database for randomized controlled trials (RCTs) examining the effect(s) of specific intervention(s) in patients with PNES. Search terms were “psychogenic-nonepileptic-seizures” and selection was based on the abstracts of all the studies retrieved. Priority outcome was frequency of PNES.

Results: We identified 8 eligible RCTs. Samples ranged from 19 to 82 patients. Follow-up periods varied from 6 weeks to 18 months. Regarding reduction of PNES frequency, several interventions were effective: motivational interviewing combined with psychotherapy; cognitive behavioural therapy informed psychotherapy (CBT-ip); combination of CBT-ip and sertraline; immediate withdrawal of antiepileptic drugs after PNES diagnosis; a standardized diagnostic approach associated with psychiatric inpatient consultation. Treatment with sertraline alone and brief educational interventions didn’t reduce PNES frequency significantly. Beside PNES rate reduction, most interventions conveyed some type of benefit such as improvement in quality of life, mood or functionality.

Conclusions: The majority of the beneficial interventions included a structured communicational approach and/or psychotherapeutic treatment. Our analysis highlights the importance of a multidisciplinary strategy that includes psychotherapy. Further studies with