

part of the assessment of patients with any unexplained acute psychosis to detect this potentially curable disease. In this way, this article analyzes the psychiatric, physical and laboratory findings associated with hyperthyroidism and treatment.

**Objectives** To report a case of psychosis in a patient with endocrine disease.

**Methods** Clinical records. Research on PubMed and Medscape using the Mesh Terms “hyperthyroidism”, “psychosis” and “thyroid and psychiatric manifestations”.

**Results** We present the case of a male patient, previously followed on our ambulatory psychiatric service for drug-induced psychosis. He was hospitalized due to psychotic symptoms, without substance abuse. Inpatient evaluation diagnosed hyperthyroidism. The patient did not present any somatic changes, except for psychosis. The patient was effectively treated with antipsychotics. He was referred to further evaluation and started antithyroid therapy.

**Conclusions** Thyroid disease should be considered in the differential diagnosis of a broad spectrum of psychiatric symptoms. Psychosis is a rare complication of hyperthyroidism, ranging between 1–20%. The typical psychosis is reported to simulate manic-depressive psychosis. This association reinforces the need of a careful clinical evaluation in patients presenting with psychosis. Such psychiatric symptoms remit successfully with concomitant administration of antipsychotics and normalization of thyroid levels.

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## EV0205

### Alcohol use and bipolar disorder comorbidity: Synthesis and perspectives

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**Objective** Alcohol use disorders and bipolar disorder commonly co-occur and both are associated with more pejorative outcomes, thus constituting a major public health problem. We undertook this synthetic review to provide an update on this issue in order to clarify the nature of the relationship between the two disorders, improve clinical outcomes, prevent complications and therefore optimize management of patients.

**Methods** We conducted an electronic search by keywords in databases MEDLINE, EMBASE, PsychINFO, published in English and French from January 1985 to December 2015.

**Results** The AUD prevalence is important among BD patients in whom the effects of alcohol are more severe. However, in terms of screening, it appears that the comorbidity is not systematically sought. The concept of co-occurrence finds its clinical interest in the development of specific screening and therapeutic strategies. To date, there are only few recommendations about the management of dual diagnosis and the majority of them support “integrated” approaches.

**Conclusions** Recommendations should emphasize this strong co-occurrence and promote systematic screening and offered integrated cares.

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## EV0206

### Prevalence of psychiatric comorbidities in epilepsy

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**Introduction** Epilepsy is a chronic disease defined as a brain disorder, characterized by a predisposition to present seizures, generating cognitive, psychological, and social consequences.

**Objective** To determine the prevalence of psychiatric comorbid disorders in patients with epilepsy (PWEs) and its associated factors.

**Methods** We conducted a cross-sectional study involving 30 PWEs who were treated in the neurology department of Habib Bourguiba Hospital in Sfax, Tunisia. We used the Mini International Neuropsychiatric Interview for the diagnosis of Axis I psychiatric disorders.

**Results** The half of patients had psychiatric comorbidities: 4 had major depressive disorder (MDD), 2 had MDD with generalized anxiety disorder, 4 had MDD with social phobia, 1 had bipolar disorder type I, 1 had panic disorder, 1 had agoraphobia and 2 had generalized anxiety disorder.

Twenty-five PWEs had seizure-onset below 30 years old and among them, 40% had psychiatric comorbidities. Among patients who had seizure-onset above 30 years old, none had psychiatric comorbidities. Psychiatric comorbidities were found in 71.5% of patients with seizure frequency >2 per year. Psychiatric comorbidities were more common in patients with generalized seizures compared to whom with partial seizures (53% versus 45%). It was also more common in patients treated with polytherapy compared to whom with monotherapy (64% versus 37.5%).

**Conclusion** The prevalence of psychiatric comorbidities is relatively high among PWEs. The most frequent diagnoses found were mood and anxiety disorders. It is very important to identify them and treat them to enhance seizure control.

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## EV0207

### Cancer, depression symptoms and quality of life: The role of creativity

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The diagnosis of cancer is associated with the occurrence of psychopathological symptoms, which cause even more difficulties to patients. Scientific research demonstrates that creativity could help increase the general population's quality of life and regulate their negative emotions, but only a few studies are available on the link between creativity and the regulation of patients' respective experience. This study aims at (1) measuring the impact of creativity on the patient's level of depression and quality of life and (2) evaluating the psychopathological profile of the creative person. Thirty-five subjects undergoing chemotherapy treatment (age: 61 + 11) took part in this study. The experimental protocol is composed of creativity, depression and QoL tests. The results show that creativity is negatively correlated with depression level and positively with QoL ( $r = -.45$ ;  $P = <.05$  and  $r = .54$ ;  $P = <.01$  respectively). The linear regressions show that creativity is a variable, which predicts a high QoL ( $F = 13.83$ ;  $P = .001$ ). Also, 29.5% of the QoL variability is explained by creativity. A cluster analysis sorted out three different groups: