EV1324

Delayed post-hypoxic leukoencephalopathy: Case report

M. Solerdelcoll Arimany[1,*], M. Garriga[2], E. Parellada[3]
[1] *Institute of Neuroscience- Hospital Clínic de Barcelona- Barcelona-Spain, Department of Psychiatry and Psychology, Manlleu, Spain*
[2] *Institute of Neuroscience, Hospital Clinic Barcelona, IDIBAPS, CIBERSAM, University of Barcelona, Barcelona, Catalonia, Spain, Bipolar Disorders Unit, Barcelona, Spain*
[3] *Institute of Neuroscience, Hospital Clinic Barcelona, IDIBAPS, CIBERSAM, University of Barcelona, Barcelona, Catalonia, Spain, Barcelona Clinic Schizophrenia Unit BCSU, Barcelona, Spain*
* *Corresponding author.*

Introduction Delayed post-hypoxic leukoencephalopathy (DPHL) is an underrecognized syndrome of delayed demyelination, where patients manifest neuropsychiatric symptoms after a period of 2–40 days of apparent recovery from a cerebral hypo-oxygenation episode.
Objectives We report a case of a patient who successfully recovered from an overdose of heroin, but then suffered a delayed abrupt neurological deterioration.
Aims To improve assessment and recognition of DPHL.
Methods An adequate retrospective collection of clinical data and nonsystematic review of the literature was performed.
Results A 43-year-old male with schizoaffective disorder who attempted suicide with an overdose of heroin, was successfully revived and return to his previously mental status, but 3 weeks after, he abruptly developed progressive cognitive impairment with akinetic mutism and ataxia. He was admitted to our acute psychiatric unit after brain CT and chemistry analyses were unremarkable. Brain MRI showed diffusely symmetric hyperintensity in the white matter (WM), pronominally the periventricular WM, on FLAIR and T2 weighted sequences. At 16 weeks postoverdose, he presented improvement both cognitive and motor symptoms, lasting deficits in frontal-executive functions.
Discussion DPHL is characterized by similar clinical and neuroimaging features regardless of the initial insult. The mean lucid interval coincides with the replacement half-life for myelin related lipids and proteins. Prolonged mild-to-moderate hypo-oxygenation of WM is thought to disrupt myelin turnover. It appears probable that these were responsible for DPHL in our patient rather than a direct toxicity.
Conclusion DPHL can be diagnosed when clinical history, laboratory assessments and MRI findings are concordant. DPHL requires extensive support care and carries a relatively good prognosis.
Disclosure of interest The authors have not supplied their declaration of competing interest.

http://dx.doi.org/10.1016/j.eurpsy.2017.01.1654

EV1325

When schizophrenia leads to terrorism: A case report

N. Staali
Razi hospital, psychiatry ward G, Tunis, Tunisia

Background Some have suggested that terrorists are mentally ill and have used labels such as psychopathic or sociopathic, narcissistic, paranoid, are schizophrenic types, or passive–aggressive. Others have argued that although terrorist actions may seem irrational or delusional to society in general, terrorists in fact, act rationally, and there is no evidence to indicate that they are mentally ill/disordered, psychopathic or otherwise psychologically abnormal.
Objective and method Here we present the case of Mr. A, a 32 year old man diagnosed with schizophrenia, who travelled to Egypt and Syria in attempt to join the ISIS terrorist organization, and discuss the clinical features, treatment processes and two years follow-up of this particular case.
Conclusion As described in some studies, most terrorists do not demonstrate serious psychopathology and there is no single personality type. Thus, the relationship between terrorism and mental illness mostly refers to the question about pathological travel as part of a religious and messianic delirium.
Keywords Schizophrenia; Terrorism; Pathological travel; Religion
Disclosure of interest The author has not supplied his/her declaration of competing interest.

http://dx.doi.org/10.1016/j.eurpsy.2017.01.1655

EV1326

Impairment of visual working memory among patients with paranoid schizophrenia

M. Stoimenova-Popova[1,*], I. Veleva[1], P. Chumpalova[1], L. Tumbev[1], A. Todorov[1], M. Valkova[2], V. Valtchev[3]
[1] *Medical University-Pleven, Faculty of Public Health-Psychiatry and Medical psychology, Pleven, Bulgaria*
[2] *Medical University-Pleven, Neurology and Neurosugery, Pleven, Bulgaria*
[3] *National Sports Academy, Biochemistry and Physiology, Sofia, Bulgaria*
* *Corresponding author.*

Introduction Schizophrenia is associated with working memory (WM), executive dysfunction and access visual WM dysfunctions among patients with paranoid schizophrenia (PSz).
Material and methods We examined 89 patients (41.35 ± 11.52 years old, 65 males, 24 females, 15 with basic, 52 with middle and 22 with high formal education) with PSz (65% with prevalence of positive and 31 of negative syndromes) by Benton visual retention test (BVRT, var.A and E).
Results The average number of correct performed items was $3.12 \pm 1.1.83$, the average errors, 13.04 ± 3.70 (6.51 ± 3.05 at left and 5.35 ± 2.30 at right visual field (VF)). Females had more corrects ($P = 0.0256$). Education is associated with less errors and more corrects. Patients with prevalence of negative syndromes showed more errors at left VF than those with positive, although the total number of errors and corrects were similar. Ageing was not directly associated with total number of corrects and errors. Twenty-three percent of our patients had addictions, 52% had omissions, 96% distortions (average 4.12 ± 2.31), 78% perseverations, 79% rotations, 83% misplacements and 61% size errors. Horizontal displacements were obtained from 42%.
Conclusions Visual WM dysfunction is frequent among patients with PSz. Female sex and high education are associated with better test performances. Negative syndromes are related with high number of errors at left VF, but not with total numbers of corrects and errors. We suggest horizontal displacement as specific error among patients with PSz.
Disclosure of interest The authors have not supplied their declaration of competing interest.

http://dx.doi.org/10.1016/j.eurpsy.2017.01.1656

EV1327

Hypothyroidism in psychiatric patients

I. Melatto[1], M.D.L. Pequeno[2], A. Santos[2], H. Gilberto[3], D. Malheiros[3], F.J. Ropero Peláez[4], G. Taniguchi Rodrigues[5], J. Magalhães[1], S. Taniguchi[1,*]
[1] *Albert Einstein Hospital, Basic Sciences, Santo André, Brazil*
[2] *CAPS II Jardim Lídia, Psychiatry, São Paulo, Brazil*
[3] *Albert Einstein Hospital, Health Economics, São Paulo, Brazil*