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Since Dual Disorders expression was used for the first time, the old dilemma between categorical and dimensional grew again as a main issue because many authors wondered about its utility. The question was how far we can speak about two different entities, because doing so we are assuming comorbidity instead of a complex syndrome, with different clinical presentations (i.e. Talking about fever and cough instead of pneumonia). Child and adolescence psychiatry uses developmental psychiatry as a very useful tool to understand patients. Syndromes are seen as dynamic as patients. At the same time that patients grow their clinical presentations, evolves new symptoms or signs. We have reviewed retrospectively a group of twenty patients that were named as dual disorders, with different substance abuse but a common path in their childhood; all of them were diagnosed of ADHD and Conduct Disorder. We chose them because of the differences that DSM, ICD and main researchers have about this group, which some consider better described as a Disocial hiperkinetic disorder (ICD) than a ADHD with a conduct disorder associated (DSM), comorbidity again. We agreed with ICD opinion and will discuss how in some way we are somehow as those blind people describing different parts of the same elephant when we talk sometimes about dual. Truth is that opposite dual view or its syndromic treatment developmental psychiatry has all the time underlined the role of reward circuits/executive functions as epigenetic issues, both modulated by gene and environment.

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EV0215

Factitious disorder in a patient with Arnold-Chiari malformation: A case report

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Introduction The factitious disorder is characterized by simulation or exaggeration by the subject of his/her physical or psychological symptoms to take a sick role. This disorder may be associated with a real disease, used to simulate other symptoms and receive treatment. Our case is represented by a 49-year-old man, affected by Arnold Chiari Malformation Type I (ACM-I), a structural defect in the cerebellum with extension of the cerebellar tonsils into the foramen magnum, without involving the brain stem. The patient had three surgical operations involving the complete resolution of the disease. However, the subject reported a worsening of all symptoms, with the outcome of a severe self-limitation, with admission to a residential care and taken over by the multidisciplinary equipe of the district. Symptoms, which mainly consisted in pain, motor functional impairment, headaches, slurred speech were not evaluated due to the ACM-I. This diagnosis was confirmed when there was the complete resolution of the symptoms in a date pointed by the patient.

Methods To make an appropriate differential diagnosis, in addition to the neurological examination, the subject had psychiatric interviews and completed an MMPI evaluation.

Results Neurological examinations revealed no residual outcome of the ACM-I. At MMPI there were not significant peaks. Regarding to the attitude towards this test and its validity, it appears an obvious attempt to lie from the patient, which tries to present himself in a favourable unrealistically way.

Conclusion This case shows that appropriate diagnosis can help health services in a better management of their resources in such situations.

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Does comorbid depression and alcoholic dependence influence cognition in Bulgarian women?

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Introduction Previous research on the impact of alcohol intake on human behavior and cognition has revealed the detrimental effects of alcohol dependence. Especially in women, depression is often associated with the initiation of alcohol abuse that provokes new episodes of depression and this cycle tends to chronify.

Objective Although the co-occurrence of depression and alcoholism is well documented, there is still scarce data on the cognition of depressed alcohol-dependent women. The aim of the present study is to examine the cognitive function in women who demonstrate both depression and alcohol dependence.

Method A group of fifty-three Bulgarian women with a formal diagnosis of alcohol dependence (Mage = 43.89, SDage = 9.48; level of education: all with high school education) and varying levels of depressive symptomatology were examined at the Municipal Council on Drug Addiction Blagoevgrad. Information were collected from personal history taking (anamnesis), self-reports and the Lesch Alcoholism Typology-Questionnaire (LAT online program). The women were grouped according to their age (27–45 and 46–71).

Results Results indicated that there is a significant influence of depression ($P = .032$), a slightly above the statistical significance level non-influence of age ($P = .056$), and an interaction of the influence of depression*age ($P = .048$) on self-reported cognitive performance.

Conclusions The present research suggests that future researchers should further clarify in a more systematic way the factors that influence cognition in this special population with comorbid depression and alcoholic dependence.

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The relationship between personality disorders and substance abuse disorders

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Introduction A frequently observed fact in clinical practice is the relationship between Substance Abuse Disorders and Personality Disorders (PD). Epidemiological investigations have found that diagnoses of PD seem to increase vulnerability to other pathologies, including substance abuse and addiction, and it is possible to speak of comorbidity or dual pathology.