

Methods A cross-sectional study was carried out in March 2016, with 87 patients hospitalized in the clinical and surgical wards at the University Hospital (Sergipe/BR), through two instruments: (1) Structured Questionnaire prepared by the authors, (2) Beck Depression Inventory (BDI). Data analysis through descriptive and analytical statistics with final step of logistic regression.

Results The prevalence of DS were 54%, of which 24% correspond to moderate and severe symptoms, and only 3.4% of the patients had a LP. In Logistic Regression, the only factor associated with DS was the reason for hospitalization. Clinical causes (87.2%) were 9.24 times more likely to develop DS than surgical causes.

Conclusions Results suggest a high prevalence of inpatients with some psychic symptom. Physicians did not detect these symptoms and, therefore, LP request was low. These data reinforce the importance of LP for early identification of DS that should be stimulated during medical training.

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EV0296

Cognitive behavioral therapy for chronic migraine

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Aim Although current standard treatment for migraine headache is medication, high levels of psychological comorbidity has led to migraine influencing by cognitive, emotional and environmental factors, as well as biological. Viewing migraine in a biopsychosocial framework introduces the possible utilisation of psychological treatment options, such as cognitive behavioural therapy (CBT). The aim of this study was to evaluate the efficacy of CBT for chronic migraine.

Methodology Thirty-five participants diagnosed as chronic migraine were recruited from Headache Clinic. According to inclusion criteria 14 participants, underwent bi-weekly lasting 30 minutes CBT sessions for 6 months, were administered Hamilton Anxiety Scale, Hamilton Depression Scale, Visual Analog Scale (VAS) and the Migraine Disability Assessment Scale (MIDAS) before and after CBT.

Findings Nine of the participants were female and 5 male. Mean age of group was 34.35 ± 8.17 . Duration of illness was 13.07 ± 7.18 and 12 of participants had the history of a psychiatric illness whose diagnoses were depression (7), anxiety disorder (4) and post-traumatic stress disorder (1). Nine of the patients had prophylactic migraine treatment. There were statistically significant difference in Hamilton Depression scores between before CBT (29.07 ± 7.74) and after CBT (14.21 ± 7.7); in Hamilton Anxiety scores before CBT (26.8 ± 11.7) and after CBT (11.7 ± 2.6); in VAS scores before CBT (8.07 ± 0.91) and after CBT (3.71 ± 1.32); in frequency of migraine attacks between before CBT (10.85 ± 3.50 day) and after CBT (4.92 ± 2.70 day) and in MIDAS before CBT (55.5 ± 20.4) and after CBT (20.12 ± 16.6) ($P < 0.05$).

Conclusion CBT might reduce the severity of symptoms in migraine patients especially with the comorbidity of psychiatric illness.

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Report of clinical case: Catatonic symptoms as a result of cerebral venous sinus thrombosis

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Clinical case We present the case of an 18-year-old woman attending the emergency room due to behavioral disorders that appeared 24 hours ago. The clinic was of restlessness, uninhibited behavior, stereotyped movements, global insomnia, semimutism and negativism. Initially she was diagnosed with catatonia, and was admitted to the Mental Health Hospitalization Unit. There were no previous psychopathological antecedents, although relatives reported that she had several stressors. During admission, she had a partial response to benzodiazepine treatment, and a loss of strength in the left upper limb was evidenced, and venous sinus thrombosis was diagnosed. With the anticoagulant treatment, the psychiatric symptomatology presented was markedly improved.

Medical examination Normal vital signs, afebrile. Absence of focal neurological signs. Stereotyped movements, oral-buccal dyskinesia. Negativism, disinhibition and oppositional behaviour. Supplementary tests with results within the normal range. Cranial MRI: Upper, transverse and sigmoid right sagittal sinus thrombosis.

Conclusions Numerous cases of thrombosis have been documented as a result of a catatonic state, mainly due to the immobilization and the risk involved. However, in this case, sudden onset of psychiatric symptoms, absence of psychiatric antecedents, and excellent response to anticoagulant therapy, leads us to conclude that catatonic symptoms could be considered as a consequence of cerebral edema caused by thrombosis. The presentation of catatonia as the sole cause of a somatic disorder is not common, but would be stimulated by certain factors, such as excessive stress and personality disorders, documented as vulnerability factors for such symptoms.

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The impact of coping on self-esteem and mental status of patients with COPD

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Introduction COPD (chronic obstructive pulmonary disease) is a chronic illness associated with psychological distress. Self-esteem and the associated comorbidities, like depression and anxiety, can influence its evolution.

Objectives To analyze how predominant coping styles associated with different levels of self-esteem and mental status in patients with COPD.

Aims To demonstrate that different types of coping-styles have an impact on self-esteem, depression and anxiety.

Methods To a lot consisting of 28 subjects with COPD, was applied the COPE scale to assess the style of coping, to rate anxiety and depression The Hospital Anxiety and Depression Scale (HADS) and for self-esteem the Rosenberg Self-Esteem Scale. According to their higher coping sub-scale score, they were classified to one dominant coping type as follows: patients with problem-focused coping type ($n=9$), emotion-focused coping ($n=10$), social support-focused coping ($n=6$), respectively avoiding coping type ($n=3$).

Results Patients with dominant problem-focused coping had the most elevated self-esteem compared to patients with social-focused coping (22.0 vs. 16.2; $P=0.039$), the depression score was the highest in patients with dominant avoidance-type coping and the lowest in patients with dominant problem-focused coping (11.0 vs. 5.6; $P=0.042$) respectively anxiety, was the highest in patients with dominant social-focused coping and the lowest in patients with dominant emotion-focused coping (11.6 vs. 5.0; $P=0.006$).

Conclusions In patients with COPD, problem-focused and emotion-focused copings are adaptive, while avoidance and emotion-focused copings are maladaptive on self-esteem and mental status. Such as, the coping represents a psychological dimension with an impact on the evolution of the disease, and the patients with COPD should be assessed and addressed multidisciplinary.

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The role of alexithymia in non-psychotic mental disorders' development in patients with primary hypothyroidism

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In the formation of non-psychotic psychiatric disorders in patients with thyroid pathologies are important neurohumoral mechanisms, and one reason is psychosomatic relationships. The modern concept of relationships includes alexithymia model. The situation of chronic physical illness is regarded by many authors as one that provokes a crisis of mental development (and in fact, identity crisis) and therefore is a traumatic situation, that is a risk factor for the development of mental disorder. The aim of the study was to investigate the alexithymia level in patients with primary hypothyroidism. We used Toronto Alexithymia scale proposed by Taylor G. 50 patients with hypofunction of the thyroid gland were investigated. In a study of 42 patients (84%) had a rate alexithymia more than 74 points, 12% of patients were classified as areas of uncertainty and only 4% of patients according to the method proved non-alexithymic. It was found that patients with an uncertain alexithymia level had difficulties in describing their inner feelings, did not give much attention to the absence of well-being in the emotional sphere, believed that painful symptoms of mental health problems are caused by only thyroid pathologies, even during sighting surveys ignored the presence of emotional stress and conflict experiences that showed a reduced capacity for understanding and expressing their own feelings, low emotional resonance. Thus, psychotherapeutic and psycho-corrective work with such patients should take into consideration alexithymia radical in the personal structure of such patients.

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EV0300

Cognition, disability and quality of life of patients with chronic migraine

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Introduction Chronic migraine is commonly regarded as one of the most disabling headache conditions. Although there has been some research indicating the severe impact of this chronic headache, there is little comprehensive evidence of its impact on quality of life, disability and cognitive function.

Objectives The aims of this cross-sectional study were to investigate cognition, disability and quality of life in patients with chronic migraine compared to healthy control subjects.

Methods Participants were a convenience sample of 58 adult outpatients admitted to Headache Centre of the Sant'Andrea Hospital in Rome (Italy). Inclusion criteria were a diagnosis of chronic migraine (illness duration >5 years). Fifty-eight age-matched healthy subjects were recruited as controls. Participants were administered the Mini Mental State Examination, the Italian Perceived Disability Scale (IPDQ), the 12-item Short Form Health Survey (SF-12) to assess physical and mental health, and the neurocognitive task Visual Perspective Taking (VPT), as a measure of social cognition.

Results Patients with chronic migraine showed higher perceived disability and poorer well-being compared with healthy controls. No differences were found in global cognitive function and in the performance of the neurocognitive task.

Conclusions Addressing the burden associated with subjective state of disability and well-being in migraineurs is important because of its association with a worse prognosis and a worse response to treatment. Findings did not confirm the hypothesis that migraineurs are more impaired in social cognition. Further studies are needed to assess different cognitive dimensions in migraineurs, including various measures of social cognition, to better understand neurocognitive profile of this patients' population.

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Ethical predicaments in decisional capacity evaluations

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Introduction Facing a growing number of capacity evaluation requests in the general hospital, physicians increasingly encounter ethical issues and dilemmas that drive them to seek unnecessary psychiatric consultations. This practice raises the expectation that the consultant psychiatrist would be, somehow, the ethicist on board whose role is to bring the most moral solution to their predicament.

Aims Literature review and discussion about ethical questions facing decisional capacity evaluation.