### e-Poster viewing: Consultation liaison psychiatry and psychosomatics

#### EV0253

### Sleep disorders associated with interferon in chronic viral hepatitis C

C. Aarab\*, A. Bout, R. Aalouane, I. Rammouz Psychiatrist hospital Ibn Alhassan, psychiatry, FEZ, Morocco \* Corresponding author.

Chronic infection with hepatitis C is a public health problem in Morocco and in the world. The objective of the work screens for sleep problems during the disease and its management to better guide the monitoring and psychiatric interventions.

Methodology Sixty-eight patients followed for hepatitis C were recruited. The treatment was based on the combination of pegylated IFNa or standard IFNa and ribavirin for 6 to 12 months. The evaluation was done by a questionnaire containing demographic information, medical and psychiatric history, substance use. Sleep assessment was made by Pittsburgh Sleep Quality Index, and measuring the quality of life by SF36. The assessment before starting treatment and at 1 month and 4 months. Statistical analysis by SPSS 21 software read.

Results Fifty-six patients were able to complete the monitoring. 36 women to 20 men. The average age is 59.1 years old (standard deviation 9.88). A quarter of patients still gainfully employed. 64.3% of participants live in couple. Seventy-six point eight percent of patients live in the city. Seven percen consume tobacco and single patient use cannabis occasionally. Sleep disorders increased from 37.5% before the start of the treatment to 55.4% after its start. While 44.5% have kept a sleep disturbed to 4 months. At first, the quality of life had more impaired scores on psychological than physical scores. The overall score declined significantly way after initiation of treatment (0.04). A larger decline on the psychological component (0.000) while the physical score did not significantly decrease. Disclosure of interest The authors have not supplied their declaration of competing interest.

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#### EV0254

## The age of accountability of consultation liaison, an example from a big referral hospital

Sobhan Aarabi <sup>1,3,\*</sup>, Seyedeh Elham Sharafi <sup>2</sup>, Mohammad-Hosein Pourgharib Shahi <sup>2</sup>

- <sup>1</sup> Neuroscience institute, sports medicine research center, Tehran university of medical sciences, Iran
- <sup>2</sup> Psychosomatic research center, Imam Khomeini hospital, Tehran university of medical sciences, Tehran, Iran
- \* Corresponding author.

E-mail address: Sobhan.ae@gmail.com (S. Aarabi)

CL is a subspecialty in psychiatry and provides a variety of consultation services including diagnosis, therapeutic and teaching efforts of a psychiatrist in none psychiatric units or hospitals.

*Objectives* This is a retrospective descriptive study that evaluated the consultation liaison (CL) psychiatry services in Imam Khomeini hospital, during two recent years.

*Methods* The information has been obtained from reviews of medical profiles of patients who attended the hospital.

Results A total of 681 patients (365 patients were male) received CL services during the study period. The most prevalent diagnosis groups were mood disorder (37.91%), delirium (13.6%) and anxiety (12.64%). Our study revealed that cardiovascular unit, infectious disease unit and general surgery units frequently requested for consultations among all hospital wards. Pediatrics unit had the lowest request rate for psychiatric consultation.

Conclusion CL is on the rise in general hospitals, specifically in internal medicine and surgery units which alarm us to pay more attention to preventive strategies focused on the most referred problems including mood disorders, delirium and anxiety disorders in patients who attended general hospitals.

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<sup>3</sup> Department of Sports Medicine (http://smrc.tums.ac.ir), Tehran University of Medical Sciences (http://www.tums.ac.ir), No. 7. Jalale Ale Ahmad Highway, PO Box: 14395-578, Tehran, Iran.

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#### EV0255

# Low frequency of request for liaison psychiatry: A difficulty in the early detection of mental disorders by medical assistants?

M. Aguiar Machado\*, J. Gonçalves Oliveira, E. Oliveira Cunha, E. Vieira de Melo, E. Oliva-Costa

Universidade Federal de Sergipe, departamento de medicina, Aracaju-SE, Brazil

\* Corresponding author.

Introduction The liaison psychiatry (LP) is a feature used by the psychiatrist in order to improve the management of patients with mental suffering and/or mental disorder admitted to general hospital.

*Objectives* To characterize the epidemiological profile of hospitalized patients at the university hospital of the federal university of Sergipe (HU-UFS) submitted to LP.

Methods retrospective and observational study, through analysis of medical records of patients admitted in the wards of clinical medicine and surgery from the HU-UFS, in the period from January to December 2015, submitted to LP. The information collected fed a specific questionnaire developed by the authors, intended for research of socio-demographic data and clinical profile.

Results the frequency of request for IP was of 3.5%, with the majority of applications was performed by clinical medicine (71.2%), while the surgical clinic was responsible for 28.8%. The main reason for the request of LP was the presence of depressive symptoms (49.1%). There was a predominance of females (52.5%) and the mean age was  $45.9 \pm 14.6$  years.

Conclusions The frequency of request for LP was very low, suggesting a difficulty in the early detection of mental disorders by physicians. This finding points to an underreporting of cases, since the prevalence of depressive symptoms in hospitalized patients is over 50% in this institution.

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#### Ev0256

### Psychosomatic process in patients with dissociative mental disorders

M. Axenov<sup>1,\*</sup>, O. Perchatkina<sup>2</sup>, A. Kostin<sup>1</sup>, V. Nikitina<sup>3</sup>

- <sup>1</sup> Mental health research institute–Tomsk national research medical center- Russian academy of sciences, borderline states department, Tomsk, Russia
- <sup>2</sup> Mental health research institute–Tomsk national research medical center- Russian academy of sciences, department of coordination of scientific investigations, Tomsk, Russia
- <sup>3</sup> Mental health research institute–Tomsk national research medical center- Russian academy of sciences, department of psychoneuroimmunology and neurobiology, Tomsk, Russia

\* Corresponding author.

Present days are characterized by increased level of various psychosomatic disorders among different populations in economically developing counties. Moreover every mental disease contains somatic symptoms and these symptoms may interfere in whole picture, change the diagnostic schedule. In case of mild disorders patient's reaction to somatic disease was mostly hysteric: exaggeration of pathological sensations, suggestibility and self-suggestibility. Whole picture of the neurosis was very colourful, dynamical, with instable pathological manifestations, intention to draw one's attention.

Transition to long-term variant of dynamics mental disorder was accompanied by concentration on the smallest somatic sensations, seeking benefit from a disease state, "flight into the illness", nosophilia. We identified prominent increase of hypochondriac symptoms in the group of patients with long course of dissociative disorders (33.4%) as compared with the group of acute and sub-acute course of the disorder (11.4%).

In patients with long course of dissociative disorders we observed accumulation of somatic pathology, in most cases one patient suffered from different somatic diseases. Increasing of rate of hypertension (31.33%) and different dishormonal disorders (37.5%) was the most prominent.

In psychological "portrait" of the patients with psychosomatic disorders we identified the great number of combinations of pathocharacterologic traits, creating the patient's "facade", complicating interactions and compliance with physicians and psychiatrists.

Interactions between features of mental disorders and somatic disorders, psychological stress appear to us to be rather close. Presence of the somatic process leads to chronification of the neuroses, "flight into the illness", decrease of dependence of clinical dynamics on psychogenics.

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#### EV0257

#### Irreversible silent

Z. Azvee

Beaumont hospital, Liaison psychiatry, Dublin, Ireland

Objectives Lithium is a well-known substance used in treatment of mood disorders. It has a narrow therapeutic index with recognised adverse effects on renal and thyroid function. Clinical guidelines published by the national institute for health and clinical excellence in the United Kingdom (NICE) recommend renal and thyroid function checks before lithium is prescribed, as well as ongoing monitoring of renal function, thyroid function and serum lithium levels. Lithium-induced drug toxicity is frequently seen in clinical practice. While the ongoing monitoring serves to monitor reversible side effects of Lithium provided its discontinued, rarely patients develop a persistent neurological side effect known as a syndrome of irreversible lithium-effectuated neurotoxicity (SILENT).

Method This is a case report on a patient where the patient developed SILENT syndrome after being treated with Lithium, long term for bipolar disorder.

Results This case supports the biological mechanism of SILENT syndrome. It also caused a huge implication in the patient's care. Conclusions As clinicians, we are well aware of following treatment guidelines for Lithium. This case report was written to raise awareness regarding a "SILENT" albeit significantly debilitating syndrome of Lithium use.

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#### EV0258

#### The sofa is better than Freud

G. Buffardi

UOSM 13, ASL Caserta, Aversa, Italy

When it comes to the therapeutic dialog between doctor and patient, psychiatrist or psychotherapist and user, there are several factors that are taken into consideration, though some of these aren't of a specific psychological model, they fulfill an important role both in the management of the relationship itself as well as in the care.

Their importance in the therapeutic relationship is such that a doctor or a therapist cannot simply manage them by "common sense", or follow his own propensity for dialogue: he must know them well and he needs a training on their own management with the same precision that is needed for the specific psychological model training.

Contrary to widespread belief we think that education on nonspecific factors has to be desirable and that the ability to manage them can be implemented both by a deeper understanding as well as by dedicated training tools.

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#### EV0259

### Suspension of judgement: A tool for non-invasive therapeutic relationship

G. Buffardi

UOSM 13, ASL Caserta, Aversa, Italy

\* Corresponding author.

We often refer to our ability to perceive the other mind as a gift of our experience that helps us in our work. But to use this insight as a guidance counselor in the treatment process is sometimes a harbinger of relational mistakes that affect the success of the treatment.

The specialist, psychiatrist or psychotherapist (but also other aid professionals), has to learn the process of the suspension of judgment "epochè", described in Jaspers' psychopathology.

To foster learning of "epoche" we developed some exercises that help the young therapist in training. We believe they are also particularly useful for the training of students who are undergoing specialized training to become psychiatrists.

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#### EV0260

# Neurosyphilis presenting with affective psychosis and Parkinsonism: A case report

H.S. Butt\*, C.W.P. Hopkins

Prospect Park hospital- Berkshire NHS trust, Rose ward, reading, United Kingdom

\* Corresponding author.

Introduction A 38-year-old gentleman was admitted to an inpatient psychiatric unit with a first episode of fluctuating affective psychosis. He initially presented as manic although subsequently evolved a severe depressive episode, with prominent bizarre, affect-incongruent delusions throughout this period. Upon admission, anisocoria was evident, although this was attributed to a past head injury. Over the course of his admission he developed emergent Parkinsonism, initially ascribed to prescription of aripiprazole. Given his anisocoria and worsening Parkinsonism, further investigation was undertaken. While his MRI brain scan was unremarkable, his serum and CSF specimens tested positive for