

(HAM-D) and the Hamilton Rating Scale for Anxiety (HAM-A). We also assessed current and previous suicidal ideation and previous suicide attempts.

Results Patients with psoriasis (compared to other groups of patients) more frequently had a comorbid mood disorder (16.1% vs 3.9% and 0.0%, respectively for patients with melanoma and patients with allergy; $\chi^2_2 = 14.98$; $P < 0.001$), past suicidal ideation (33.9% vs 15.6% and 18.9%, respectively for patients with melanoma and patients with allergy; $\chi^2_2 = 2.05$; $P < 0.01$) and attempts (6.3% vs 0.0% and 0.0%, for the other groups of patients; $\chi^2_2 = 8.37$; $P < 0.05$). Patients with psoriasis reported higher HAM-D scores than melanoma patients.

Conclusions The clinical evaluation of patients with psoriasis should include the assessment of psychiatric comorbidities and the routinely assessment of suicide risk.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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Apathy and impulse control disorders association: A study in a sample of Parkinson's disease patients

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Introduction Parkinson's disease (PD) is a neurodegenerative disorder that is associated with a wide range of motor symptoms, cognitive deficits and behavioral disorders. Apathy and impulse control disorders (ICDs) are common in these patients and have been considered opposite ends of a reward and motivation disorders continuum.

Aim To evaluate the association and impact of ICDs presence on apathy symptoms in PDs patients, considering the influence of other psychopathological symptoms on this association.

Methods This is a cross-sectional, observational study in which 115 consecutive medicated PD patients without dementia (mean age 61.22 ± 13.5 years; 63.5% men) were recruited. All the patients underwent a psychiatric and neurologic evaluation. Motor dysfunction was assessed with the Unified Parkinson's disease Rating Scale (UPDRS), ICDs were evaluated with the Minnesota Impulse Control Disorders Inventory (MIDI) and apathy with the Lille Apathy Scale (LARS). The Hamilton Depression scale (HAM-D). The State-Trait Anxiety Inventory (STAI-S) and Barrat Impulsivity Scale (BIS) were also administrated.

Results Twenty-seven (23.5%) patients showed an ICD. Patients with an ICD scored higher in apathy ($P = 0.012$), trait anxiety ($P = 0.003$) and impulsivity ($P = 0.008$). There were no differences in depressive symptoms. In the linear regression analysis, TCI was associated with more severe apathy ($b = 4.20$, $t = 2.15$, $P = 0.034$).

Conclusions ICDs and apathy are frequent in PD. Although ICDs have been related with a hyperdopaminergic state and apathy with low dopamine levels, the observed frequent association suggests common etiopathological mechanisms.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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Seizure as a conversion symptom, a case report

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Introduction Patients with conversive disorder could show atypical clinical presentations with neurological symptoms that are not frequently seen currently.

Case Report A 21-year-old female who was diagnosed of conversive disorder was admitted into a short-stay psychiatric unit for two weeks to introduce treatment and receiving a diagnosis. She presented few seconds long seizures in members without biting her tongue and keeping control of sphincters, always surrounded by relatives. A neurological study was made with CT scan and electroencephalography and no evidences of neurological abnormalities were found. Various treatments were used but seizures went worse. Venlafaxine (150 mg/day) was prescribed after hypothymic reactive symptoms were observed, which together with pshycotherapy achieved clinical improvement in the two months follow-up.

Discussion Patients with conversive disorder don't respond appropriately to pharmacologic treatment. In order for patients to understand the situation it is important to keep them updated in an empathic manner. It is important to exclude other causes.

Conclusions A detailed psychopathological exploration should be made in all conversive patients, to explore symptoms and comorbidities that could reveal new therapeutic treatment.

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Diabetes: Psychiatric and somatic comorbidity

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Introduction Diabetes mellitus (DM) has been associated with major depressive disorder, schizophrenia, Alzheimer's, Parkinson's and mild cognitive impairment. To determine the psychiatric and somatic comorbidity in diabetic patients treated by our Liaison Psychiatry Unit.

Methods Sociodemographic variables (age, sex, marital status, place of residence) and clinical (somatic disease that motivates the admission, comorbid somatic pathology, number of concomitant somatic diseases, drug consumption and its type, psychiatric history, previous psychiatric diagnosis, number of concomitant psychiatric disorders).

Study Design Epidemiological study of 172 diabetic patients, from the total of 906 consulted from 1 January 2012 until 31 December 2014.

Bioethical considerations The study complies with the principles of justice, non-maleficence, autonomy and beneficence.