

Case report Here, we present a 38-year-old male patient with intermittent porphyria and chronic psychosis who was hospitalized. He had been treated by benzodiazepines and neuroleptic medication for several years. Exposure to certain drugs, dieting, starvation and infection may precipitate AIP attacks.

Discussion Underlying organic causes of psychiatric disorders such as psychosis should be considered among patients with atypical symptoms and/or resistance to standard therapy.

Conclusion It is important to increase awareness amongst psychiatric and neurological professionals with regard to certain inborn errors of metabolism. Early detection of porphyria may diminish morbidity and mortality rates, and perhaps heal some chronic atypical psychiatric illnesses.

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

<http://dx.doi.org/10.1016/j.eurpsy.2016.01.1358>

EV374

Cannabis psychosis, gender matters

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Introduction Despite recent findings pointing toward cannabis psychosis as one area where gender differences may exist, there has been a widespread lack of attention paid to gender as a determinant of health in both psychiatric services and within the field of addiction.

Objectives To explore gender differences in treatment presentations for people with cannabis psychosis.

Aims To use national data sets to investigate gender differences. **Methods** Analysis of British Crime Survey data and a Hospital Episode Statistics data set were used in combination with data from previously published epidemiological studies to compare gender differences.

Results Male cannabis users outnumber female users by 2:1, a similar gender ratio is found for those admitted to hospital with a diagnosis of schizophrenia or psychosis. However this ratio increases significantly for those admitted to hospital with a diagnosis of cannabis psychosis, with males outnumbering females by 4:1.

Conclusions This research brings into focus the marked gender differences in cannabis psychosis. Attending to gender is important for research and treatment with the aim of improving understanding and providing gender sensitive services.

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

<http://dx.doi.org/10.1016/j.eurpsy.2016.01.1359>

EV375

Parkinsonism and mental health disorders among Latino migrants

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Introduction Mental health disorders and parkinsonism (mobility slowness, rigidity, rest tremor, gait instability) often co-exist. Approximately 40% of the 7-10 million people living with Parkinson's disease globally experience co-existent depression and/or anxiety. Furthermore, people treated with dopamine-blocking medications (antipsychotics, antiemetics) or those who suffer vascular, infectious, toxic, or structural brain insults may have symptoms of "secondary" parkinsonism.

Objectives To describe the existence of parkinsonism among Latino immigrants with behavioral health and substance abuse problems.

Methods Data from the International Latino Partnership (ILRP) gathered at primary care clinics in Boston, Madrid, and Barcelona included 4 parkinsonism screening questions.

Results A total of 151 participants out of 567 (26.6%) screened positive for at least one parkinsonism question and 15 (2.6%) screened positive for all 4 questions. A small group of participants who screened positive for parkinsonism had co-existent schizophrenia, schizoaffective disorder, bipolar disorder, and/or exposure to lithium or valproic acid. We found that age 50+, depression, and anxiety were more often associated with people having parkinsonism ($P < 0.1$). Gender, race, language, and educational level were not significant predictors of parkinsonism.

Conclusions Parkinsonism and behavioral health disorders co-exist among Latino immigrants in the United States and Spain. This may be related in part to exposure to dopamine-blocking medications. Future studies should focus on early detection of mental health co-morbidities among Parkinson's disease patients as well as on prevention of "secondary" parkinsonism among people living with mental health disorders.

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

<http://dx.doi.org/10.1016/j.eurpsy.2016.01.1360>

EV376

Most frequent clinic comorbidities in hospitalized patients in a psychiatric clinic

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Introduction Being hospitalized in a psychiatric clinic, patients present, in addition to the diseases that determine the hospitalization, clinic comorbidities, generally decompensated.

Objectives To present the most frequent clinic pathologies in a population of hospitalized patients having diverse mental disorders and establish a protocol for investigation and their early treatment.

Aims To know the most frequent pathologies in a population of hospitalized psychiatric patients and establish a protocol for their assessment, in a way that contributes to the global improvement of the patient health condition.

Methods For its mission realization, the clinic counts on a multidisciplinary team. The participants were 762 patients, seen in the referred clinic, which presented a minimum period of hospitalization of 10 days and that were submitted to thorough clinic exam and complementary routine exams. The time frame referred to the period of March of 2012 to February of 2014, totalizing 24 months.

Results In the patients that had medical release after periods of hospitalization of, 90-day average, were obtained, in the totality of the cases, excellent evolution, evidenced by the improvement of the laboratory parameters.

Conclusions The results were achieved in the hospitalization system with careful medicament administration, differentiated diets established in agreement with the patients, supervised physical activities and psychological and psychiatric support.

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

<http://dx.doi.org/10.1016/j.eurpsy.2016.01.1361>

EV378

Temporal epilepsy and psychosis - Comorbidities

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