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#### EV1244

### Psychosis and psoriasis, the skin talks the truth

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**Introduction** It is well known about relation between skin and mind, not only due to their mutual origin, but also by their illness expression parallelism. We report a case to show that reciprocity.

**Personal antecedents** Woman, 42-year-old, single. She only suffers from a skin disease; mild psoriasis guttata placed in both elbows and knees. She treated it with local treatment (cortisone cream) during seasonal pruritus and the lesions did not grow or expand. She was hospitalized due to psychotic symptoms (paranoid delusions with her colleagues) and started antipsychotics treatment (risperidone 12 mg per day and olanzapine 10 mg per night). By the same time, she suffered a psoriasis crisis. Her psoriatic plaques increased their sizes and her chest and both thighs were affected too. She complained about grave pruritus. All her medical test results were normal. After that, the patient improved her psychotics' symptoms, but she started with agoraphobic signs and seclusion at home. Psoriasis were even worse than before and she needed metrotexate to treat it. Being introduced to escitalopram 15 mg per day, anxiety and depression symptoms disappeared and her grave psoriasis became the mild one that she knew.

**Conclusion** Schizophrenia was associated with a greater variety of autoimmune diseases than was anticipated. Studies found evidence for a shared genetic etiology between schizophrenia and psoriasis. Despite that, we think that the study of psychopathology can amplify our understanding about the etiopathogenesis of psoriasis and associated mental disorders.

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#### EV1245

### Frontotemporal dementia misdiagnosed as schizophrenia or other psychotic disorder

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**Introduction** Frontotemporal dementia (FTD) encompasses a group of clinical features that include personality and behavior changes (disinhibition, social isolation, antisocial behavior, compulsion) and executive dysfunction (poor planning, loss of judgment and loss of insight). These features may lead to an incorrect diagnosis of a primary psychiatric disorder.

**Objectives** To emphasize the difficulties in making a clinical distinction between early frontotemporal dementia and other psychiatric diseases.

**Methods** We describe 11 patients who suffered from FTD, while initially had diagnosed with primary psychiatric disorders. The cor-

rect diagnosis was achieved by psychiatric and neuropsychological evaluations (WAIS SCALE, ACE-R, MMSE), neuroimaging studies (MRI 7/11, SPECT 8/11) and applying the international consensus criteria for FTD.

**Results** All patients (5 males and 6 females) were initially diagnosed with psychiatric disorders: schizophrenia (2/11), bipolar disorders (4/11), depression (5/11), schizoaffective disorder (1/11), somatization disorder (1/11), personality disorders (2/11), malingering (1/11), alcohol dependence (1/11), while 5 patients had more than one diagnosis. The age of onset varied from 19 to 53 years old. Final diagnosis of FTD was delayed on average 6,5 years from the onset of symptoms.

**Conclusion** Clinicians should be familiar with the clinical entity of FTD and its difficult distinction from other psychiatric disorders. A possible hospitalization of a patient with FTD in a psychiatric department and the social impact that it brings may be avoided. On the other hand, the proper care of FTD patients (pharmacological and psychosocial) improves the quality of life of patients and their caregivers.

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#### EV1246

### Validation of the Portuguese version of the consumer experiences of stigma questionnaire (CESQ)

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**Introduction** Tackling stigma and discrimination is a major concern worldwide as demonstrated e.g. in the European Mental Health Action Plan. We need valid and feasible indicators to assess the stigma of mental illness. In Portugal, validated scales focused on mental health consumers' personal experiences of stigma are scarce. The consumer experiences of stigma questionnaire (CESQ) (Wahl, 1999), developed in collaboration with the National Alliance for the Mentally Ill, focuses on users' real life experiences. Although it was validated in different countries, some psychometric properties (e.g. test-retest reliability) are to be tested.

**Objectives** To further assess CESQ psychometric properties and to validate its Portuguese translation.

**Methods** The CESQ Portuguese translation was developed in collaboration with the author (Otto Wahl), using standard translation and back-translation procedures. The acceptability of items was assessed in pilot studies and discussed in groups also involving health professionals. The measure was then used in a convenience sample of 122 persons with severe mental illness. Assessments included test-retest reliability ( $n=48$ ). A factor analysis was also conducted.

**Results** Overall, the CESQ translation proved acceptable and missing items were few, not compromising the analysis. The intra-class correlation coefficient (ICC) for test-retest reliability was 0.83 [95% CI 0.71–0.90] and Cronbach's alpha for internal consistency was 0.80 [95% CI 0.75–0.85]. In the principal component analysis, factor loadings confirmed the two originally reported domains: stigma and discrimination.