Is there a link between these two diagnoses and more generally is there a psychiatric profile more frequently found in EHS patients?
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EV1407

Autoimmune limbic encephlitis. A rising differential diagnosis between diseases with psychiatric symptoms

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Introduction In psychiatric clinical practice, we can face numerous organic diseases in the differential diagnosis between primary psychiatric disorders. As an example of this, we can see the autoimmune limbic encephalitis(LE), which in a significant percentage of cases begins with psychiatric symptoms. Currently, one of the theories of the origin of the LE is as a idiopathic autoimmune entity, leaving behind the idea of been generated only by a viral or paraneoplastic etiology.
Objective To achieve a better knowledge about this underdiagnosed entity, presenting a case of an anti-LGI1 limbic encephalitis.
Case A 60-year-old Caucasian woman who starts with neuropsychiatric symptoms as: behavioral disorders, manic symptoms, memory impairment and attention deficit.
Results Finally, the diagnosis was confirmed when the patient had positive results in both serum and CSF samples for anti-LGI1 antibodies. Gastric neuroendocrino tumour type I was discovered. Neither paraneoplasic syndrome nor onconeuronal antibodies were shown. A thin hyperintense signal was identified in the left hippocampus using a brain MRI. Despite the patient had been treated with corticosteroids, immunosuppressants and immunoglobulins, she still showed positive antibodies in CSF samples with poor clinical results, especially psychiatric symptoms. The patient required one psychiatric hospitalization due to reference and persecutory delusions and manic symptoms.
Conclusion Our patient had an unsatisfactory evolution with little response to immune treatment. Given the possible underdiagnosis of this condition, the importance of a differential diagnosis and an early treatment, we consider that there is an important need for a greater knowledge and scientific divulgation of this clinical entity.
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Burnout and associated factors among Tunisian teachers

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Introduction Teachers are confronted with increasing difficulties and demands that make them vulnerable to burnout.
Aims To evaluate burnout among a population of Tunisian teachers and to identify factors that may be involved.
Methods It was a cross-sectional, descriptive and analytic study, involving 165 teachers working in 10 primary schools and 7 high schools in Sfax, Tunisia. The participants completed a self-questionnaire containing their socio-demographic and professional characteristics. They were explored by the scale of the burnout: Le Maslach Burnout Inventory General Survey (MBI-GS).
Results The mean age of teachers was 39.96 years. The sex ratio (M:F) was 1.32. The majority (75.2%) was married. The burnout syndrome was found in 49.7% of teachers. Moderate burnout was found in 43% of cases and severe burnout in 6.7%. The causes of burnout reported by our population were bad working conditions (71.50%), quality of working relationships (65.5%) and overload work (30.3%). Bad working conditions were associated with a high level of emotional exhaustion ($P < 0.005$) and a low level of professional efficacy ($P < 0.001$), while poor quality of work relationships and overload work were associated to a high score on cynicism ($P < 0.001$) and a low score on professional efficacy ($P < 0.001$).
Conclusion According to our study, poor working conditions, overload work and bad quality of relationships seem to be risk factors of burnout in teachers. Preventive measures should be instituted against those factors to reduce the constraints of work and improve the professional quality of life of these individuals, essential thing to optimize the educational level in our country.
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The treatment of "shell shock" in World War 1: Early attitudes and treatments for post-traumatic stress disorder and combat stress reaction

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Combat stress reaction is a mental health disorder first documented in the latter half of the 19th century. But it was not until World War 1 when men were put through the horrific ordeals of trench warfare that the term, "shell shocked" was coined. Many soldiers with shell shock then developed what is now called post-traumatic stress disorder (though the term was not defined until 1983) or acute stress disorder. The prevailing opinion was that these men who had often not suffered from any physical trauma were sufferers of cowardice. The British army created the PIE (proximity, immediacy, and expectancy) principles to get such men back to the trenches promptly where manpower was always needed. It was rarely regarded as a real psychiatric condition, which had two consequences. Firstly, that many soldiers progressed from shell shock to post-traumatic stress disorder and secondly, over 150 soldiers were executed by the British army for, "displaying cowardice" whilst in the grip of the illness. The diagnosis of "shell shock" was to be made increasingly frequently as wars became larger and more mechanized throughout the 20th century. Psychiatrists' management of such patients initially was primitive and influenced by the zeitgeist that such servicemen were not ill, having never come across such a widespread prevalence of mental health problems until the Great War. These ranged from prescriptions of milk to lobotomies. Understanding how "shell shock" was understood, treated and learning from the mistakes made then, continues to inform management of our patients today.
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