

Methods A retrospective cross-sectional study was conducted with 19-yr-old examinees who were admitted to the Military Manpower Administration in Korea from February 2009 to January 2010. A total number of 1955 young men were enrolled in this study. The normal volunteer group ($n=1561$) comprise individuals who did not have pneumo- or hemo-thorax. The pneumo- or hemo-thorax group ($n=394$) included individuals with pneumo- or hemo-thorax. This group was divided into two subgroups, group A (treated with conservative care or chest tube insertion, $n=341$) and group B (treated with wedge resection, $n=53$).

Results We compared each of three groups (Control group, Group A, Group B) using the analysis of covariant (ANCOVA). The somatization subscale score of the neurosis category was significantly higher for group A ($P<0.001$) and showed higher tendency for Group B than the control group ($P=0.073$). The other categories (validity scale; anxiety, depression, and personality disorder subscales for neurosis scale; and psychopath scale) showed no significant difference in the MPI among Group A, Group B and Control group.

Conclusion Conservative care or chest tube insertion group had higher somatization symptoms than control group. Wedge resection group had higher somatization tendency than control group. Individuals with pneumo- or hemo-thorax history may be concerned about their body shape or their general condition. Therefore, supportive intervention and psychiatric education may be needed for them to relieve somatic distress.

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EV0293

The development of a brief 5-minute mindful breathing therapy for the reduction of distress in palliative cancer patients

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Introduction Although psychological distress is highly prevalent, palliative cancer patients are mostly too lethargic to undergo many sessions of the conventional psychotherapy.

Objectives The study aims to develop a brief, quick and easy to administer psychological intervention for rapid reduction of distress in palliative care patients.

Methods In phase I, an expert panel of multidisciplinary team was formed. The theory of mindfulness-based intervention was simplified into a 5-minute mindful breathing technique that can be learnt and practiced by palliative care patients.

In phase II, the efficacy of 5-minute mindful breathing was investigated in a pilot test that comprised of nine palliative cancer patients and eleven care takers.

In Phase III, the efficacy of 5-minute mindful breathing was further examined in a non-blinded, randomized controlled trial (RCT) that included 60 cancer patients under palliative care. Apart from perceived distress, physiological measures were assessed.

Results The effect of 5-minute mindful breathing in rapidly reducing distress among palliative care patients was confirmed in both the pilot test (Tan et al., 2015) and RCT (Ng et al., 2016). The finding was further supported by the significant physiological changes associated with distress reduction such as decreased breathing rate, blood pressure, pulse rate, galvanic skin and

increased skin surface temperature (Ng et al., 2016) with the 5-minute mindful breathing.

Conclusion The 5-minute mindful breathing is a quick and easy to administer intervention that is useful for reducing acute suffering or distress in palliative care patients.

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EV0294

When seizures are non-epileptic

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Introduction Non-epileptic seizures (NES) are a diverse group of disorders, whose paroxysmal events can be mistaken for epilepsy, although they are caused by a mental or psychogenic process rather than a neurological cause.

Objectives/methods We present a case of a 45-year-old female patient with history of generalized seizures prior to Meningioma resection in August 2015, referred to the Liaison Psychiatry outpatient follow up clinic at the Royal London Hospital after has gone several times to emergency department complaining about flush and hot sensation that proceeded to corners of mouth turning down, teeth chattering, shaking of left arm and torso at first and then legs. During the episodes, she was awake with no consciousness loss. Her mood was low, with clinical evidence of depression and she had very high levels of health anxiety.

Discussion A diagnosis of non-epileptic attacks was made in the sequence of those episodes. A holistic and multidisciplinary approach was made, including pharmacotherapy, cognitive-behavioral therapy and domiciliary support. The clinical response was good regarding both mood, anxiety levels and NES.

Conclusions Approximately 25% of patients who have a previous diagnosis of epilepsy and are not responding to drug therapy are found to be misdiagnosed and it is common that epileptic patients have both epileptic and non-epileptic seizures. Although distinguishing epileptic and non-epileptic seizures is not easy, there are some clinical clues that the physicians should look for, like age of onset, time of the day that episodes occur and presence or absence of postictal confusion.

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EV0295

Prevalence of depressive symptoms among inpatients at the university hospital of Sergipe, Brazil

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Introduction Depressive Symptoms (DS) generate a public and economic health problem, with decreasing productivity, labour market withdrawal and increased demand for health services. Studies show that in hospitalized patients, DS rates are higher than in the general population, in medical practice, however, they are under diagnosed or under-treated. Consultation Liaison Psychiatry (LP) can prevent aggravation of the psychic symptoms by early identification of them and by integration of psychiatry with the other medical specialties.

Objectives To estimate the prevalence of DS and associated factors in inpatients and the frequency of consultation LP.

Methods A cross-sectional study was carried out in March 2016, with 87 patients hospitalized in the clinical and surgical wards at the University Hospital (Sergipe/BR), through two instruments: (1) Structured Questionnaire prepared by the authors, (2) Beck Depression Inventory (BDI). Data analysis through descriptive and analytical statistics with final step of logistic regression.

Results The prevalence of DS were 54%, of which 24% correspond to moderate and severe symptoms, and only 3.4% of the patients had a LP. In Logistic Regression, the only factor associated with DS was the reason for hospitalization. Clinical causes (87.2%) were 9.24 times more likely to develop DS than surgical causes.

Conclusions Results suggest a high prevalence of inpatients with some psychic symptom. Physicians did not detect these symptoms and, therefore, LP request was low. These data reinforce the importance of LP for early identification of DS that should be stimulated during medical training.

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EV0296

Cognitive behavioral therapy for chronic migraine



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Aim Although current standard treatment for migraine headache is medication, high levels of psychological comorbidity has led to migraine influencing by cognitive, emotional and environmental factors, as well as biological. Viewing migraine in a biopsychosocial framework introduces the possible utilisation of psychological treatment options, such as cognitive behavioural therapy (CBT). The aim of this study was to evaluate the efficacy of CBT for chronic migraine.

Methodology Thirty-five participants diagnosed as chronic migraine were recruited from Headache Clinic. According to inclusion criteria 14 participants, underwent bi-weekly lasting 30 minutes CBT sessions for 6 months, were administered Hamilton Anxiety Scale, Hamilton Depression Scale, Visual Analog Scale (VAS) and the Migraine Disability Assessment Scale (MIDAS) before and after CBT.

Findings Nine of the participants were female and 5 male. Mean age of group was 34.35 ± 8.17 . Duration of illness was 13.07 ± 7.18 and 12 of participants had the history of a psychiatric illness whose diagnoses were depression (7), anxiety disorder (4) and post-traumatic stress disorder (1). Nine of the patients had prophylactic migraine treatment. There were statistically significant difference in Hamilton Depression scores between before CBT (29.07 ± 7.74) and after CBT (14.21 ± 7.7); in Hamilton Anxiety scores before CBT (26.8 ± 11.7) and after CBT (11.7 ± 2.6); in VAS scores before CBT (8.07 ± 0.91) and after CBT (3.71 ± 1.32); in frequency of migraine attacks between before CBT (10.85 ± 3.50 day) and after CBT (4.92 ± 2.70 day) and in MIDAS before CBT (55.5 ± 20.4) and after CBT (20.12 ± 16.6) ($P < 0.05$).

Conclusion CBT might reduce the severity of symptoms in migraine patients especially with the comorbidity of psychiatric illness.

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EV0297

Report of clinical case: Catatonic symptoms as a result of cerebral venous sinus thrombosis



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Clinical case We present the case of an 18-year-old woman attending the emergency room due to behavioral disorders that appeared 24 hours ago. The clinic was of restlessness, uninhibited behavior, stereotyped movements, global insomnia, semimutism and negativism. Initially she was diagnosed with catatonia, and was admitted to the Mental Health Hospitalization Unit. There were no previous psychopathological antecedents, although relatives reported that she had several stressors. During admission, she had a partial response to benzodiazepine treatment, and a loss of strength in the left upper limb was evidenced, and venous sinus thrombosis was diagnosed. With the anticoagulant treatment, the psychiatric symptomatology presented was markedly improved.

Medical examination Normal vital signs, afebrile. Absence of focal neurological signs. Stereotyped movements, oral-buccal dyskinesia. Negativism, disinhibition and oppositional behaviour. Supplementary tests with results within the normal range. Cranial MRI: Upper, transverse and sigmoid right sagittal sinus thrombosis.

Conclusions Numerous cases of thrombosis have been documented as a result of a catatonic state, mainly due to the immobilization and the risk involved. However, in this case, sudden onset of psychiatric symptoms, absence of psychiatric antecedents, and excellent response to anticoagulant therapy, leads us to conclude that catatonic symptoms could be considered as a consequence of cerebral edema caused by thrombosis. The presentation of catatonia as the sole cause of a somatic disorder is not common, but would be stimulated by certain factors, such as excessive stress and personality disorders, documented as vulnerability factors for such symptoms.

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EV0298

The impact of coping on self-esteem and mental status of patients with COPD



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Introduction COPD (chronic obstructive pulmonary disease) is a chronic illness associated with psychological distress. Self-esteem and the associated comorbidities, like depression and anxiety, can influence its evolution.

Objectives To analyze how predominant coping styles associated with different levels of self-esteem and mental status in patients with COPD.

Aims To demonstrate that different types of coping-styles have an impact on self-esteem, depression and anxiety.