

## EV986

**“Bouffée délirante” induced by meditation**

R.A. Baena Mures<sup>1,\*</sup>, L. Niell Galmes<sup>2</sup>, Y. Lázaro Pascual<sup>2</sup>, M.D. Saiz Gonzalez<sup>2</sup>

<sup>1</sup> Hospital Clínico San Carlos, Psychiatry, Madrid, Spain

<sup>2</sup> Hospital Clínico San Carlos, Psychiatry, Madrid, Spain

\* Corresponding author.

**Introduction** Meditation is frequently applied in Western as well as non-Western countries for different purposes; we know little about adverse events. The symptomatology of a meditation-related psychosis appears to show similarities with that we call “bouffée délirante”.

**Methods** A female patient is described who developed an acute and transient psychosis with polymorphic symptomatology after meditating (Bikram-yoga). We made a literature search for psychotic states related to meditation.

**Results** There are some case reports of psychosis disorder induced by meditation. Some cultural syndromes like Qi-gong appear on DSM-IV as psychotic reaction. In this case, the syndrome is not culture bound.

**Conclusions** Meditation can act as a stressor in vulnerable patients who may develop a transient psychosis with polymorphic symptomatology (confusion, pananxiety, mood swings and mood dystonic psychotic symptoms) with a short duration.

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

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## EV987

**Erotomania – A review of De Clérambault’s syndrome**

C. Oliveira\*, S. Alves, C. Ferreira, C. Agostinho, M.J. Avelino  
Centro Hospitalar Psiquiátrico de Lisboa, SETA, Lisbon, Portugal

\* Corresponding author.

**Introduction** Erotomania (also known as De Clerambault’s syndrome) is usually described as a rare delusional syndrome characteristically involving an individual who believes that another person, typically of higher social, economic or political status, is in love with the individual. De Clerambault’s syndrome remains a ubiquitous nosological psychiatric entity with uncertain prognosis that remains recognised as a subtype of delusional disorder in DSM 5.

**Objectives and aims** To review the history of Erotomania as a nosological psychiatric entity, its clinical characteristics and course. Also to report some selected clinical cases.

**Methods** The authors have conducted an online search on PubMed with MeSH words “erotomania”, “erotomaniac delusion” and “Clerambault” and systematically reviewed some case reports.

**Results** Erotomania is a relatively uncommon and misunderstood disorder characterised by the presence of a persistent erotic delusion. The individual (usually described as a woman) has had little or no contact with the other person who is perceived as watching over, protecting or following the individual. Despite various authors have described and named this syndrome, it was Clérambault who first classed the symptoms into the disorder he referred to as “psychose Passionelli” (1942). There are numerous theories as to the aetiology of this illness that is not uniquely associated with any specific disorder. We reviewed some clinical cases.

**Conclusions** Erotomania is a relatively uncommon psychiatric disorder. An increased awareness and understanding of this illness will assist in the recognition of patients affected, opening doors for future progress on its aetiology and, therefore, the development of new treatment options.

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

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## EV988

**ADHD-associated risk-taking: The role of benefit and risk perceptions**

Y. Pollak<sup>1,\*</sup>, H. Aloni<sup>2</sup>, R. Shoham<sup>2,3</sup>

<sup>1</sup> Hebrew University, School of Education, Jerusalem, Israel

<sup>2</sup> Hebrew University, Psychology, Jerusalem, Israel

<sup>3</sup> Talpiot College, Special Education, Holon, Israel

\* Corresponding author.

Attention deficit and hyperactivity disorder (ADHD) is associated with increased engagement in risk-taking behaviors. The present study aimed to further our knowledge regarding the extent and the reasons for the association between ADHD symptoms and risk-taking, using a theory-driven behavioral economy theory. The Domain Specific Risk-Taking scale was used, on which 244 adults rated the likelihood of engagement in a range of risky behaviors, across five real life domains, as well as the magnitude of perceived benefit and risk they ascribed to these behaviors. Level of ADHD symptoms was positively correlated with engagement in risky behaviors and benefit perception, but not with risk perception. Mediation analysis confirmed that benefit perception, but not risk perception, mediated the association between ADHD symptoms and engagement in risk-taking behaviors (Fig. 1). These findings emphasize the role of benefit perception in facilitating risk-taking by people with ADHD symptoms.

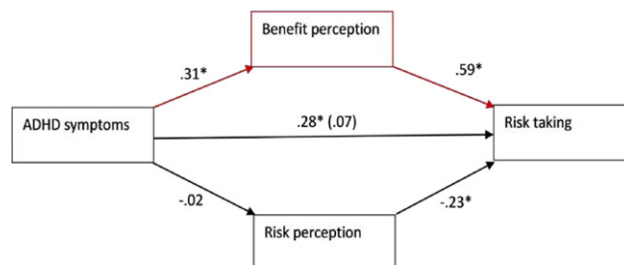


Fig. 1

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## EV989

**The delusion of aurora (a structural and dynamic analysis)**

D. Porta Pelayo<sup>1,\*</sup>, L. López Alonso<sup>2</sup>

<sup>1</sup> Hermanas Hospitalarias, Mental Health Area, Málaga, Spain

<sup>2</sup> Psiquiatría, Psiquiatría, Las Palmas de Gran Canarias, Spain

\* Corresponding author.

**Introduction** The classical authors associate the insanity with delusions, without delusions there was not insanity. This axiom has changed nowadays, and it’s also accepted that insanity can exist without delusions.

**Aim** We aim to know and describe which factors are involved in the development of the delusion. Use these conclusions to drive the patient to the comprehension and acceptance of the reality.

**Objective** (a) Unravel the mechanism of delusion, (b) seek the causes, (c) find out an explanation about the origin and development of the delusional thematic.

**Method** Clinical biographic review, carried on in 2 steps: (a) review the delusions store in the Hermanas Hospitalarias Spanish hospitals (17 centres), (b) choose one of them, (c) use the induc-

tive method for analyzing the details and for making conclusions in order to be apply in the delusional process.

**Results** (a) Understand the internal dynamic of delusion and how the delusion becomes the main axis of the patient life. (b) The patient finds on the delusion a life motive, which did not exist before.

**Conclusion** Paraphrasing Dr.Castilla del Pino, “the delusion is a necessary mistake”. From the emotional point of view, it can be said “the delusion is a cry of a captured heart”.

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

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## EV990

### The psychopathology scan from the phenomenology

S. Rodríguez Vargas  
Almería, Spain

**Introduction** This is a doctrinal movement that seeks to analyze mental illness without reductionism and seeks to grasp the nearest as possible to the reality of the patient.

**Aims** This is the analysis of an event, a concept, a feeling, trying to grasp as it is lived by the subject and in the direction you may have for him.

**Methods** Review of literature.

**Results** It was the first approach to the knowledge of the pathological experience and was the first scientific model to characterize the mental pathology. It was the central doctrine of psychiatry until the end of World War II, when the hegemony of the German psychiatric science gave way to the views that are primarily developed in Anglo-Saxon countries (psychoanalysis and behavioral psychology), although some European countries such as Germany and Spain continued growing until the 1980s, when it culminated in the publication of the DSM-III (1980).

**Conclusions** These approaches are “old fashioned” but are essential to understand and know the reality of human sick, “mentally ill man.”

**Disclosure of interest** The author has not supplied his/her declaration of competing interest.

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## EV992

### Comparisons of psychological characteristics between schizophrenia, bipolar disorder and depressive disorder patients

M.S. Shin  
Seoul National University College of Medicine, Psychiatry, Seoul, Korea

**Introduction and objectives** This study was conducted to examine the psychological characteristics of the schizophrenia ( $n=20$ ), bipolar disorder ( $n=20$ ) and depressive disorder ( $n=13$ ) patients on MMPI-2 and Rorschach responses.

**Methods** MMPI-2 and Rorschach was individually administered to all patients, and their Rorschach responses were scored by Exner’s comprehensive scoring system. The means of T scores of MMPI-2 subscales and Rorschach scores were compared among the three groups.

**Results** The schizophrenic and bipolar disorder groups showed significantly higher scores on the MMPI-2 K scale than the depressive group, while the depressive group showed significantly higher score on MMPI-2 Si scale than the schizophrenic and bipolar groups. In Rorschach responses, the bipolar and depressive groups obtained significantly higher scores on two variables (FM + m, m) than the schizophrenic group. The bipolar group obtained sig-

nificantly higher scores on three variables (es, CP, a), suggesting hyperactivity and mood dysregulation.

**Conclusions** These results suggested that patients with depressive disorder might subjectively suffer from more severe emotional and social discomfort than patients with the schizophrenia and bipolar disorder, while patients with bipolar disorder and schizophrenia would be more defensive than the depressive patients.

**Disclosure of interest** The author has not supplied his/her declaration of competing interest.

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## EV994

### A case report: Sanchís-Banús syndrome

J. Valdés Valdazo\*, C.M. Franch Pato, C. Martínez Martínez, A. Serrano García, J. De Santiago Sastre, A. Ugidos Fernández, J. Min Kim

Caule, Psychiatry, Leon, Spain

\* Corresponding author.

**Introduction** There are few reported cases relating visual acuity and psychosis. The Spanish psychiatrist Sanchís-Banús focused on two patients who became blind and who, due to stress developed paranoid and jealousy delusional ideas. He called it “Sanchís-Banús syndrome” (SBS) that is mentioned in the psychiatry literature.

**Methodology** A case report. We present a case of “paranoid delusion of the blind” (SBS), quite similar in its clinical characteristics to those of the original patients of the valencian psychiatrist Sanchís-Banús. In our case, we met a 46-years-old woman, who worked as a lottery seller because she had a visual problem: retinitis pigmentosa. She had had her first psychotic decompensation when the blindness started. In spite of having achieved good social and work performance with quetiapine 400 mg/daily, laboral conflicts and stress caused her delusional ideas again. She began to think that her mother was not her real mother (Capgras syndrome) and that she was being persecuted. She also did not eat the meal and did not drink water because she thought that they were contaminated.

**Results** We started treatment with clozapine at doses of 300 mg every day (50-50-200) combined with aripiprazole 15 mg/day tolerating the medication without notable effects. After this adjustment of medication, remission and good criticism of hallucinatory and delusional clinical course. The nosological, clinical, and prognostic features of SBS are discussed in light of the current literature.

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

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## EV995

### Preliminary data from a longitudinal 3-year study of patients with adjustment disorder

B. Vallejo-Sánchez<sup>1,\*</sup>, J. Martínez Arnaiz<sup>2</sup>, C. García Blanco<sup>2</sup>, A.M. Pérez-García<sup>3</sup>

<sup>1</sup> Santa Bárbara Hospital, Mental Health Unit, Puertollano-Ciudad Real, Spain

<sup>2</sup> Santa Barbara Hospital, Mental Health Unit, Puertollano-Ciudad Real, Spain

<sup>3</sup> UNED, Psychology Faculty, Madrid, Spain

\* Corresponding author.

**Introduction** Adjustment disorder (AD) is a common diagnosis, but there are relatively few studies, in part because the current definition is still poorly specified, inadequate and controversial. Some clinicians and researchers have pointed out that a psychiatric diagnosis should present a clinical description, as well as date based on psychological, biological and/or sociofamiliar studies, and