Methods An exhaustive literature research in Medline and the latest forth in APA 2015.
Results More and more evidence refute the veracity of this theory deeply rooted among some professionals.
Conclusion There are theoretical alternatives that relate more sustained manner the relationship between consumption and toxic psychosis.
Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV1418

Can I have a quality seizure? A review

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Introduction After seventy-five years of its introduction, electroconvulsive therapy (ECT) remains the most effective treatment for severe depressive disorders. It is known that the antidepressant effect is not due only to the electric current itself, but by the general seizure activity. As so, for beneficial or adverse effects of ECTs, it's mainly important to induct a well-generalized seizure. Those can be influence by several variables like, seizure duration and threshold, ECT practice factors and medication, resulting in a lack efficacy. It's advantageous to treatment if physiological markers of adequacy are established to seizure quality, because a high seizure quality has been successfully correlated with better outcome in many studies.
Aims and methods The aim of this work is to review the available international literature regarding to identified parameters that influence and evidence seizure quality.
Conclusion Although throughout history ECT is embroiled in controversy, according to international bibliography, this is a technique of great therapeutic relevance and precise indications. It is noteworthy, that it has been shown to be an effective and safe treatment for many psychiatric disorders. Nevertheless, there is not a consensus regarding to the parameters to its efficacy, particularly the seizure quality. Thus, it's important to current practice, to do more studies in this field, in order to establish those parameters, have homogenise clinical practice and promote better results.
Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV1419

Autistic spectrum disorder masked by mental retardation and impulse control disorder

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Clinical case report A 48-year-old male, diagnosed with impulsive control disorder, sex addiction disorder and mental retardation was followed-up by different psychiatrists for the last 20 years. He consults because of presenting depressive symptoms and behavioural disturbances related to the death of his mother two years before. The patient reports to experimenting depressed mood, irritability, insomnia and trends to cry. He has lost motivation for his job and hobbies (he used to show interest in topics such as physics, philosophy, maths, and medicine). He has feelings of loneliness, which make him look for social interaction and support through continuous calls to telephone sex lines. This act has made him spend large amounts of cash, thus, making him be in deep debts. He does not feel integrate in society.
Mental status examination Introvert, limited social skills, coherent language, echolalic, monotone, tangential speech, depressed mood, feelings of guilt and futility, dysphoria, partial anhedonia, ideas of hopelessness, structured death ideation, unconsciousness of his own acts, with trend to impulsiveness and compulsive behaviour and insomnia.
Complementary test Wais test: no mental retardation found.
Diagnosis Autistic spectrum disorder (F84.0); major depressive disorder (F32.1); bereavement (V62.82).
Discussion The patient showed classic diagnostic criteria DSM 5 associated with autistic spectrum disorder (Asperger's disorder in DSM-IV); the permanent inability for social interactions and repetitive, restricted and stereotypic behavioural patterns.
Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV1420

Gestchwind syndrome and epileptic psychosis, beyond the schizophrenia frontier

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During late 19th and early 20th century neuropsychiatrists began to identify common behavioral and cognitive disturbances in epilepsy, but it is not until 1973 that Norman Gestchwind described the basics of what we know as Gestchwind syndrome. This syndrome includes the triada of hyper-religiosity, hypergraphia and hypo/hypersexuality and it was mainly associated with temporal lobe epilepsy. Moreover, it is well known the association between epilepsy and psychotic symptoms, the so-called schizophrenia-like syndrome, which can lead us to a false diagnosis of schizophrenia. We report a 44-year-old man who was brought to the hospital with delusional ideation of prosecution and reference in his work environment with important behavioral disruption, as well as delusional ideation of religious content. He had a diagnosis of schizophrenia since he was 18-years-old and personal history of generalized tonic-clonic convulsions in his twenties. During the admission, he recovered ad integrum very rapidly with low doses of risperidone, but referred recurrence of déjà vu episodes. After reviewing his patobiography and past medical history, we identified the presence of hypergraphia, hypersexuality and a profound religious feeling, fulfilling the criteria for Gestchwind syndrome, in the context of which was later diagnosed as chronic epileptic psychosis. It is very important a careful approach to the patobiography and personal history. Also, we should include classic differential diagnosis such as Gestchwind syndrome, as they can lead us finally to the correct diagnosis, which in this case meant not only a different treatment but also a better prognosis.
Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV1421

Trichotillomania in delusional infestation

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Introduction Trichotillomania is described as a recurrent failure to resist impulses to pull out hairs. It is usually associated with obsessive-compulsive disorder and body dismorphic disorder. It is usually confined to one or two sites in the body.
Objective The aim of our work is to describe a case of delusional infestation with secondary trichotillomania and briefly review the theoretical aspects of this clinical presentation.
Methods We searched online databases and reviewed current case reports published, using the keywords "delusional infestation", "Ekbom syndrome" and "trichotillomania" and compared similarities in the presentation, development and outcome. We present a clinical vignette of a 38-year-old female, with no relevant psychiatric history. The patient developed severe itching that she believed was caused by bugs that lived inside her hair follicles, so she pulled out completely all of her eyebrows, eyelashes, pubic and underarms hairs. She maintained some hair on her head, that she repeatedly pulled out and proceeded to break in order to kill the bugs. She claimed to have absolutely no itchiness in the hairless areas of her body.
Results The patient was referred to psychiatric consultation and was started on oral antipsychotics but, as the review from literature suggested, the clinical evolution only became satisfactory when an antidepressant (SSRI) was added.
Conclusion Although, trichotillomania is more commonly seen in clinical practice in association with other psychiatric disorders, it may also present itself as a symptom of delusional activity.
Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV1422

Malignant catatonia and neuroleptic malignant syndrome: How different/similar are they?

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Introduction Catatonia is a neuropsychiatric syndrome that appears in medical, neurological or psychiatric conditions. There are presentation variants: "malignant catatonia" (MC) subtype shares many characteristics with the neuroleptic malignant syndrome (NMS), possibly reflecting common pathophysiology.
Objectives/methods We present a clinical vignette and review the literature available on online databases about MC/NMS.
Results We present a man, 41-years-old, black ethnicity, with no relevant medical history. He had two previous episodes compatible with brief psychosis, the last one in 2013, and a history of adverse reactions to low doses of antipsychotics. Since the last episode he was asymptomatic on olanzapine 2.5 mg id. He acutely presented to the Emergency Room with mutism, negativism, immobility and delusional speech, similar to the previous episodes mentioned and was admitted to a psychiatric infirmary, where his clinical condition worsened, showing muscle rigidity, hemodynamic instability, leukocytosis, rhabdomyolysis and fever. Supportive care was provided, olanzapine was suspended and electroconvulsive therapy (ECT) was initiated. After two months, he was discharged with no psychotic symptoms. He is still under ECT and no antipsychotic medication was reintroduced.
Discussion/conclusion Many studies suggest that clinical or laboratory tests do not distinguish MC from NMS and that they are the same entity. These two conditions are life-threatening and key to treatment is a high suspicion level. There is no specific treatment; supportive care and stopping involved medications are the most widely used measures. ECT is a useful alternative to medication.
Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV1423

Gynecomastia induced by trazodone: A case report

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Introduction Trazodone is a heterocyclic antidepressant that exerts its effect via the inhibition of selective serotonin reuptake and the antagonism of 5-HT2A and 5-HT2 C receptors. Antidepressant-induced gynecomastia and galactorrhea and increases in prolactin levels have rarely been reported.
Case report A 73-year-old man presented to the psychiatric clinic with depressive symptoms and insomnia that was the reason that his GP introduced paroxetine 20 mg/day three months before. One month later because the insomnia persisted, trazodone (100 mg/day) was added to the treatment. At a 2-month follow-up, the patient reported improvement in depressive symptoms but also presented gynecomastia on the left side that is non-tender on palpation. No other medications were noted. Laboratory testing was within normal limits, with the exception of on elevated prolactin level (38.2 ng/mL). Ultrasonography indicated normal results. Treatment included the tapering and discontinuation of trazodone with continued paroxetine therapy. Lorazepam was initiated for the treatment of insomnia. Two weeks later, the prolactin level was 13.1 ng/mL and gynecomastia was practically resolved. Lorazepam was initiated for the treatment of insomnia.
Conclusions Effects of trazodone on PRL are unclear, there is one study reported that trazodone increases the PRL level, and another one reported that trazodone reduces them, in our case, the trazodone use led to hyperprolactinemia via hypothalamic postsynaptic receptor stimulation and it should be remembered that gynecomastia and galactorrhea may appear as a rare side effect of trazodone.
Disclosure of interest The authors have not supplied their declaration of competing interest.
Further readings
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EV1424

Why Portugal is pushing towards migration?

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Background International professional mobility is a reality, people have skills they can put in the global marketplace. The increasing migration of health professionals to wealthy countries is a phenomenon known as "brain drain".
Objectives/Aims This work aims to present the push factors that pressure people to migrate from Portugal.
Methods A cross-sectional survey was carried out with the psychiatric trainees in Portugal. A self-administered structured