

Background Pediatric bronchial asthma as a chronic airway inflammatory disorder has a significant impact on asthmatic children both biologically and psychologically. On the other hand, parental stress and depression has been linked to pediatric asthma and claimed to play an important role in its morbidity.

Objectives Assessment of pediatric asthma biomarkers as parameters of disease severity in relation to mental disorders of an Egyptian sample of asthmatic children and their caregivers.

Methodology The current cross-sectional study comprised 60 Egyptian asthmatic children as Group I and 35 clinically healthy children of comparable age and sex as Group II. Thorough clinical evaluation and psychometric assessment were carried out for all enrolled children and their caregivers. In addition, pulmonary function testing and measurement of eosinophilic count, IL-5, and total IgE were carried out for children of both studied groups.

Results Enrolled asthmatics had significant elevation of all studied asthma biomarkers with significant reduction of measured pulmonary functions compared to controls. Furthermore, asthmatics had significantly more encountered poor self-esteem, clinically manifest anxiety, and psychosocial impairment compared to controls. Meanwhile, parents of studied asthmatics had higher frequency of severer grades of clinically manifest isolation, anxiety, depression, and stress. Strikingly, the severer the asthma, the more the elevation of studied asthma biomarkers, the severer the asthmatic child's and caregivers' anxiety and depression, and the more the caregivers' isolation and stress.

Conclusion Pediatric asthma biomarkers as parameters of disease severity has been proven to be linked to mental health impairment of asthmatic children and their caregivers.

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

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EV402

Paliperidone palmitate could reduce the consumption of drugs of abuse in psychotic patients?

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Introduction It's not easy to choose between different antipsychotics in the treatment of patients with schizophrenia that use drugs of abuse both legal (alcohol, benzodiazepine, anticholinergics) and illicit (heroin, cannabis, cocaine). The use of substances is a powerful risk factor for poor outcome. From CATIE study, we know that the discontinuity is lower with Olanzapine but psychotic patients continue to take drugs of abuse despite medication. Probably, an important aspect is the anhedonia secondarily produced by neuroleptics.

Objective We want to evaluate if Paliperidone Palmitate reduces addictive behaviors in a small group of psychotic patient who have agreed to received injection after the switch from other antipsychotics.

Method We have identified four individual with chronic use of drugs of abuse in a Mental Health Center. These subjects were abusing alcohol, cannabis, spice and benzodiazepine. We administered before new treatment and after 2 months the Snaith-Hamilton Pleasure Scale of Snaith et al. (1995) and the Leeds Dependence Questionnaire of Raistrick et al. (1994).

Results The hedonic tone tends to improve and the addictive behavior decreased.

Conclusion The therapy with Paliperidone Palmitato is associated with a reduction of the addictive behaviors but we need studies with a larger number of patients.

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

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Consultation liaison psychiatry and psychosomatics

EV403

Mental health and hearing impairment - A German survey

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Introduction Only few international studies have focused on mental diseases among the hearing-impaired population. However, Fellingner et al. (2012) underline the high discrepancy between the current and future demand of mental treatment and the simultaneous impeded access to health care.

Aims The aim of this multicenter project is to conduct the first analysis of mental diseases among the hearing-impaired population in Germany in order to quantify and qualify the specific demands of treatment.

Objectives In order to achieve this aim, we compiled an extensive questionnaire battery.

Methods This questionnaire battery measured sociodemographic data, non-verbal intelligence, quality of life, perception and suffering from stress, psychosomatic symptoms as well as personality traits.

Results Our three samples consisted of 21 hearing-impaired patients with a history of mental diseases (EG-HI), 21 hearing-impaired subjects without mental diseases (CG-HI) and 21 hearing participants without any psychological disease (CG-H). Compared to the two control groups, the EG-HI shows significantly higher rates in different fields, i.e. participants perceive a lower quality of life, suffer from more psychosomatic symptoms and show more pronounced personality traits. The two control groups did not differ significantly from each other.

Conclusions Certain psychological characteristics among hearing-impaired patients can be detected which need to be accounted for in treatment. Furthermore, a hearing impairment is not inevitably linked to a reduced quality of life or even mental disorders. Therefore, future research should focus on risk factors and protective factors which could prevent mental diseases among the hearing-impaired population.

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EV404

Psychogenic stuttering: A case and review

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Introduction Stuttering is a speech disorder characterized by involuntary repetition, prolongation or cessation of a sound. This dysfluency may be developmental or acquired. Acquired dysfluency can be classified as neurogenic or psychogenic.

Objectives This case report aims to describe and discuss a case of psychogenic stuttering, providing an updated review on this disorder.

Methods In and outpatient interviews were performed by Neurology and Psychiatry. Investigation to exclude organic causes included lab exams, electrocardiogram, electroencephalography, computed tomography scan and magnetic resonance imaging. A literature review in Science Direct database, with the keywords “psychogenic stuttering”, was also conducted.

Results A 63-year-old man was admitted to the Beatriz Ângelo Hospital with an acute stuttering. Speech was characterized by the repetition of initial or stressed syllables, little affected by reading out loud or singing. Comprehension, syntaxes and semantic were not compromised, as weren't sensory and motor abilities. During admission, stuttering characteristics changed. Multiple somatic complaints and stress prior to the onset and bizarre secondary behaviors were also detected. Work-up didn't show an organic etiology for that sudden change. An iatrogenic etiology was considered, as sertraline and topiramate were started for depression 1 month before. However, the stuttering pattern, the negative results, the psychological and the social life events suggested a psychogenic etiology.

Conclusions Psychogenic stuttering finds its origin in psychological or emotional problems. It is best classified as a conversion reaction. The differential diagnosis between psychogenic and neurological stuttering can be challenging.

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EV405

Illness or simulation

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Objectives The revision of the differential diagnosis of simulation cases versus real psychopathological cases. Analysis of a case of the Ganser syndrome by revising the diagnosis criterions and their historical characteristics.

Method We analyze the case of a 38-year-old male who came to the community mental health team and reference hospital. Following symptoms were observed: involuntary movements of the upper extremities associated with delirium coinciding with the premature birth of a child. This refers also to a compatible episode of a dissociative fugue.

Results To establish the diagnosis, we differentiate against disorders such as Simulation, factitious disorders with psychological symptoms or Factitious Disorders with somatic symptoms (Münchhausen syndrome). In order to support our diagnosis, we base on the CIE-10 and the DSM-IVTR classification.

Conclusions We don't diagnose the clinical pictures in which we don't think. The Syndrome of Ganser could be positioned between neurosis and psychosis and between illness and simulation. The recommended treatment includes hospitalization in order to insure the diagnosis. While some authors recommend neuroleptics and others - anxiolytics, the psychotherapy is obligatory. The goal is to help the patient restore function and adapt to his environment again.

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EV406

Impact of a type-D personality on clinical and psychometric properties of patients with a first myocardial infarction in a Turkish sample

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Objective Recent studies have shown that a Type D personality is associated with an increased risk of cardiac mortality. This study aimed to examine impact of a Type D personality on clinical and psychometric properties of patients with a first myocardial infarction (MI) in a Turkish sample.

Method The study included 131 patients who were admitted to the coronary care unit of a hospital with a first MI. All the patients underwent a psychiatric assessment within 2–6 months post-MI. Psychiatric interviews were conducted with the Structured Clinical Interview for DSM-IV (SCID-I).

Results The first study group (Type D personality) included 50 patients, and the second study group (non-Type D personality) included 81 patients. There was a 38.2% prevalence of the Type D personality in the patients with a first MI. Those with this type of personality had a significantly higher frequency of hypertension and stressful life events. The Type D patients also had more psychiatric disorders, depressive disorders, and anxiety disorders than the non-Type D patients.

Conclusions Our findings suggest that Type D personality traits may increase the risk of hypertension and the risk of psychiatric morbidity in patients with a first MI. Considering that a Type D personality is a stable trait; we suggest that this type of personality is a facilitator of clinical depression and anxiety disorders. These findings emphasize the importance of screening for a Type D personality as a cardiovascular risk marker and a psychiatric risk marker in MI patients.

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EV407

Misdiagnosis of anterior cutaneous nerve entrapment syndrome as a somatization disorder

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Introduction Anterior cutaneous nerve entrapment syndrome (ACNES) is a frequently overlooked disease, causing chronic abdominal wall pain due to entrapment of an anterior cutaneous branch of one or more thoracic intercostal nerves. It is often misdiagnosed as a psychiatric condition, particularly under the heading of a somatization disorder.

Objectives We describe the case of a patient who developed depressive symptoms after months of suffering from chronic abdominal wall pain.

Aims To report a case-study, describing ACNES as a cause of persistent depressive symptoms.

Methods A case-study is presented and discussed, followed by a literature review.