

with delirium using DRS-R98 were more likely discharged to an institution ($z = 2.12, P = 0.03$)

Conclusion Assuming a direct association between delirium and examined outcomes (mortality, loss and discharge destination) different classification systems for delirium identify populations with different outcomes.

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

<http://dx.doi.org/10.1016/j.eurpsy.2017.01.615>

EV0286

Proportions of anxiety and depression symptoms in adult cleft patients and non-cleft patients with skeletal malocclusions

V. Medvedev^{1,*}, Y. Fofanova¹, V. Frolova¹, A. Drobyshev²

¹ PFUR University, Chair of Psychiatry, Psychotherapy and Psychosomatic Pathology, Moscow, Russia

² Moscow State University of Medicine and Dentistry, Moscow, Russia

* Corresponding author.

Introduction Diagnosis and treatment of patients with craniofacial anomalies such as cleft lip and palate and skeletal malocclusions present a challenge to public health. Dentofacial abnormalities may be associated with depressive and anxiety disorders and poor quality of life.

The aim of this screening study was to evaluate and to compare the rates of anxiety and depression in cleft patients and non-cleft patients with skeletal malocclusions.

Methods The study used psychometric method-HADS and State Trait Anxiety Inventory were used. The first group consisted of cleft patients, the second group consisted of non-cleft patients with skeletal Class II, Class III and anterior open bite malocclusions; the third group was control.

Results Study sample consists of 42 patients (33 females; 24 ± 7.2 years). In the 1st group, anxiety symptoms were detected in 34.7%; depression symptoms - in 17.2% of patients, high rates of reactive anxiety were registered in 35.8%. In the 2nd group, anxiety symptoms were detected in 29.6% of patients; depression symptoms - in 13.1% of patients, high rates of reactive anxiety were registered in 34.2%. In the 3rd group anxiety (18.7%) and depression (8.3%) symptoms and high rates of reactive anxiety (17.7%) were registered significantly less often than in 1st and 2nd groups ($P < 0.005$, $P < 0.001$ and $P < 0.001$ respectively).

Conclusions Our data suggest that cleft-patients and non-cleft patients with skeletal malocclusions have statistically significant higher rates of anxiety and depression than controls and require orthodontic-surgical treatment that should be organized with the assistance of psychiatrist.

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

<http://dx.doi.org/10.1016/j.eurpsy.2017.01.616>

EV0287

Causeless appearance discontentment in patients of plastic surgeons and cosmetologists: Risk factors and patterns of dynamics

V. Medvedev*, V. Frolova

PFUR University, Chair of Psychiatry, Psychotherapy and Psychosomatic Pathology, Moscow, Russia

* Corresponding author.

Introduction Though phenomenon of dysmorphic disorder has been studied extensively clinical dynamical characteristics of this disorder are still being investigated.

Aim of this study was to evaluate patterns of dynamics and risk factors of body dysmorphic disorder in patients of plastic surgeons and cosmetologists.

Methods We included adult patients of Maxillofacial Surgery and Cosmetology departments of Moscow State University of Medicine and Dentistry (from January 2010 to May 2016) with unconfirmed “facial deformity” diagnosed with dysmorphic disorder (F45.2 and F22.88 according to ICD-10). The study used clinical psychopathological method with follow-up period 1–3 years. Data from clinical psychopathological assessment were processed using correlation analysis and non-linear regression analysis by means of logistic regression method.

Results Study sample consisted of 103 patients (78.6% female; mean age 33.4 ± 4.7 years). Statistically significant chronobiological (age, hormone fluctuations, genesial cycle) and psychosocial (financial changes, forced separation, bereavement, loss of job, reduction of social activity, conflict situation, sexual dysfunction, violation of law, diagnosing of somatic disease) risk factors for dysmorphia in different life periods have been established. Strong correlations were found between dysmorphic disorder heterogenic clinical picture (overvalued–33%, affective–24.3%, hypochondric–23.3%, obsessive-compulsive–10.7%, delusional–8.7%) and patterns of dynamics (phasic–41.7%, recurrent–33%, chronic–25.3%). Our data suggest that dysmorphia manifests in any age group and in 74.7% cases is not continuous.

Conclusion Our findings allow to conduct focused diagnostic search, prophylactic psychotherapeutic interventions and early psychopharmacological treatment in individuals with identified risk factors for dysmorphic disorder.

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

<http://dx.doi.org/10.1016/j.eurpsy.2017.01.617>

EV0288

Behavioral manifestations post hemispherectomy due to Sturge-Weber syndrome—A case of success

J. Melim*, A. Batista, A. Tarelho, R. Araújo, S. Fonseca

Centro Hospitalar de Leiria, Psychiatry, Leiria, Portugal

* Corresponding author.

Introduction Sturge-Weber syndrome or encephalotrigeminal angiomatosis is an uncommon neurocutaneous syndrome that manifests with vascular malformations involving the brain, eye and skin; Severe cases present with refractory seizures, sometimes requiring major surgery such as hemispherectomy. Most of the times, some degree of mental retardation and behavioral problems are associated, requiring use of psychotropic medication and other contention strategies. This report describes the case of a 19-year-old boy who was submitted to a left hemispherectomy by the age of one, and was still able to successfully complete basic education. He started presenting severe behavioral problems, with aggressive outbursts, by the beginning of adulthood, having been committed to psychiatry ward. By the age of 22, the patient finds himself calm and functional considering his limitations, with no need for hospital admission for 2 years.

Objectives/aims To describe a clinical case whilst reviewing literature concerning this matter.

Methods Case report with complete clinical history and medical data. Non-systematic review of PubMed database under the terms “Sturge-Weber disease”, “Hemisferectomy”, “behavioral disorder due to organic causes”, “post hemisferectomy out-comes”.

Results/discussion Although presenting with severe arteriovenous malformation, refractory epilepsy and left hemispherectomy, the patient was able to conclude basic instruction; He has lived with his family until the age of 19, when he started displaying disruptive behaviour; after 3 hospital admissions and perfecting