

## EV0319

### Which are the possibilities of psychiatric liaison-consultation in dentistry? By the way a qualitative study on symbolic meanings reported by dentists on handling of dental-carries

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Dental caries is the main oral disease and there is a possible psychological resistance from dentists to change clinical practice towards in sense of health promotion as opposite to invasive mechanical practice. We hypothesized that the discussion of their practice with mental health professionals, highlighting the humanist view in approaching patients, would imply reviewing usually invasive practices.

**Objective** To understand the psychological meanings attributed by dentists to the treatment of dental caries considering the frequent invasive treatment.

**Method** Clinical-qualitative method derived from qualitative designs proper to human sciences and applied in assistance settings. Sample composed of all available dentists (ten participants) within an area of basic health units of Piracicaba, São Paulo state. Semi-directed interview with open-ended questions, in-depth, was used. After full transcription of the interviews, qualitative content analysis was carried out, including floating readings to emerge core of meanings with consequent categorization for discussion.

**Results** Two categories show conflicts in the interpersonal relationship: psychological discomfort due to a perspective of care different from patient and presence of an ideologically vertical relationship. One category showed a successful approach: the patient through openness.

**Conclusions** There were feelings of impotence in face of difficulties in interpersonal communication. It was possible to observe the influence of bio-power that weakens the possibility of empowering patients. In this way, a mechanical way of practice “saves” professionals from thinking about these human dilemmas. On the other hand, the liaison-consultation psychiatry, at primary care, allows dental professionals to have a personal affective support to rethink approaches on use of technology.

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## EV0320

### Sjogren's syndrome in a patient previously diagnosed as seasonal affective disorder

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**Introduction** Sjogren's syndrome (SS) is a common autoimmune disorder that is characterized by chronic inflammation of lachrymal and salivary glands. The well-known clinical manifestations of SS are dry eyes and dry mouth. However, the disease may first present itself with psychiatric symptoms, such as depressed mood, agitation or irritability.

**Objectives** Our objective is to highlight the importance of systemic examination, including detailed biochemical workup in psychiatric patients with somatic complaints like fatigue and those patients with partial response to treatment.

**Methods** We present a 35-years-old woman who had depressed mood, obsessions and compulsions, chronic fatigue, generalized muscle and joint pain, balance problems, weight loss, dry mouth and dry eyes for the past few years. Her symptoms would worsen during spring. She was diagnosed with seasonal affective depressive disorder and chronic fatigue and was started on mirtazapine 30 mg/day and venlafaxine 75 mg/day. She was partially responsive to this treatment. The detailed biochemical workup came 1/320 positive for anti-nuclear antibodies (ANA). The oral biopsy showed Sjogren's disease. Gluten sensitivity was found as well.

**Results** The patient was started on hydroxychloroquine sulfate 400 mg/day in addition to her anti-depressant medication. She was put on a gluten-free diet. She was in full remission in a month and had no depressive attack in spring. Her ANA decreased to 1/80.

**Conclusion** Psychiatric syndromes may arise from different pathologies of the central nervous system. In patients with recurrent psychiatric syndromes or patients who are partially responsive to conventional treatment approaches further systemic evaluation of the patient is needed.

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

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## EV0321

### The psychological signs of the patients who receive treatment in the general clinic

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**Background** For most of the physical illnesses, behavioral, emotional, cognitive and inter-personal reactions develop. These psychiatric conditions and reactions are actually the adjustment process of the organism.

**Objectives** Study is conducted in order to identify the psychiatric signs as well as findings of the patients who receive treatment in the general services of hospitals.

**Methods** The study was carried out with a total of 500 patients who receive treatment in the general service of a hospital of a ministry of health in Turkey between February and May in 2015 by descriptive cross-sectional method. For collecting the data; patient charts, SCL 90-Rand general health questionnaire as well as hospital anxiety and depression scale were utilized. Kolmogorov Smirnov Normality test was applied for the average SCL90R and general health. Questionnaire, as a result of the test, it was detected that both scales did not meet the assumption of normality Therefore, Kruskal Wallis test of non-parametric was used.

**Results** The study showed no significant difference among the lengths of stay in the hospital according to the average SCL90-R and general health questionnaire It was observed that the patients in the cardiology, neurology, and plastic surgery departments had a higher rate of signs of obsessive compulsive disorders; that the patients in the plastic surgery and internal diseases departments had a higher rate of depressive signs; that the patients in the neurology and plastic surgery departments had a higher rate of paranoid ideation; and that the patients in the neurology service had a higher rate of psychoticism.

**Conclusions** Overall, it has been observed that the patients hospitalized in the neurology and plastic surgery services had more physiological signs compared to those receiving treatment in the other services.