activities in open field test, brain cytokines synthesis and suppression of immune response were registered in mice with passive type of behavior. Daily consumption of ethanol solution in mice with chronic alcohol dependence decreased sharply starting from 2 days of anticonvulsant administration and led to the cessation of ethanol consumption by the 5 day. After anticonvulsant administration for 10 days behavioral parameters in mice were comparable with those in the control group of healthy animals. It also restored brain cytokines synthesis and significant stimulated humoral immune response, estimated by the relative number of antibody-forming spleen cells.

Conclusion Behavior and immune changes following chronic ethanol exposure depended on the behavior status of animals; administration of the original anticonvulsant meta-chlorobenzhydryl-urea may correct both immune and behavior disorders in mice with chronic alcohol dependence, so it has promise in the treatment of alcoholism.

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EV1042

Lymphocytes with Fas-receptors of readiness to apoptosis in non-psychotic mental disorders

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Introduction Apoptosis is a complex physiological process of the organism which supports cellular homeostasis, provides important aspects of development and functioning of the immune system. In various pathological conditions the process of apoptosis can be impaired that leads to decrease or increase in pro-apoptotic activity.

Materials and methods We conducted investigation of relative and absolute number of $CD3^+CD95^+$–lymphocytes in groups of patients with adjustment disorders ($n = 90$), PTSD ($n = 100$), organic emotionally labile (asthenic) disorder ($n = 232$), organic personality disorder ($n = 93$). Clinical verification was conducted according to ICD–10. Control group included 190 practically healthy persons. Fas protein (CD95) expression on CD3 lymphocytes surfaces was detected using flow cytometry. Cytometric measurements were conducted on flow cytofluorimeter FacsCalibur (Becton Dickinson, US).

Results In the control group relative number of $CD95^+$–lymphocytes was 11.6%, absolute–0.21×10^9/L. In all examined patients as compared with control the reliable increase both in relative and absolute number of lymphocytes of $CD3^+CD95^+$–phenotype was identified. So, in persons with adjustment disorder content of this indicator made 17.0% and 0.28×10^9/L ($P = 0.0015$), in PTSD–18.0% and 0.33×10^9/L ($P = 0.0007$) and in patients with organic asthenic disorder–19.0% and 0.32×10^9/L ($P = 0.0048$), respectively. The highest content in blood of $CD3^+$–lymphocytes, expressing on the surface of membrane the basic marker of apoptosis CD95 is observed in patients with organic personality disorder: 26.0% and 0.44×10^9/L ($P = 0.0003$).

Conclusion In case of intensification of psychopathological symptoms especially in persons with non-psychotic organic mental disorders a receptor-mediated signaling pathway of apoptosis is activated – process of programmed cell death.

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

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EV1043

Inflammatory markers in mild cognitive impairment and anxiety disorders in middle-aged subjects with metabolic syndrome

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Anxiety disorders are increasingly being associated with metabolic and cardiovascular burden, in contrast with depression; the role of inflammation in anxiety has sparsely been discussed. A number of reports of elevated inflammatory markers in mild cognitive impairment (MCI) suggest that inflammation may be a potential early marker of the pathological cascade associated with dementia. The aim of this study was to evaluate a possible association between peripheral blood concentrations of inflammatory factors in patients with MCI and mental processes such as, cognitive impairment and anxiety in obesity.

Methods and results The data collected from 271 patients with MetS according IDF criteria, (aged 30–60 years) have been analyzed. Lifetime diagnoses of depression (D), anxiety (A) was self-reported. Current D and A were confirmed by psychodiagnostic interview according to the criteria of ICD-10. All patients passed through: MMSE test, Wechsler memory scale, symbol coding and category Fluency test, scales HADS, HAM-A. Inflammatory markers included CRP, IL-6, IL-1 and TNF-α. Subjects were divided into group A–with D and/or A (139) and group B–without affective disorders (132). Using Mann–Whitney test significant connection between presence of MCI and high levels of inflammation is associated with simultaneous presence affective disorders. High correlations in subjects with A/D were between IL-6, IL-1 and MCI. In-group B, there was no significant correlations between inflammatory markers and MCI.

Conclusion There is link between affective disorders and levels of inflammatory markers. Increased levels of IL-6 and IL-1 provoke co-morbidity of MCI and depression or anxiety.

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EV1044

Autoimmune limbic encephalitis: When psychiatric symptoms are not what they seem

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Introduction The autoimmune (AI) limbic encephalitis (LE) can manifests as changes in neuropsychiatric functions and can even occur with isolated psychiatric symptoms. Many times it is a manifestation of paraneoplastic syndromes and it is lately diagnosed.

Objectives Our objective is to increase awareness to this pathology, since initial contact with these patients is often performed by a psychiatrist and its early detection and treatment greatly improve the prognosis of the patients.

Aims The aim of this presentation is to address the AI LE as a differential diagnosis in patients with psychiatric symptoms.

Methods Presentation of a clinical case of AI LE and syndrome revision.

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Results The clinical case involves a 62-year-old man, with no psychiatric history, who begun to present depressive symptoms, emotional lability, aggressiveness and amnesic deficits with 4 months of evolution. After realize an exhaustive clinical evaluation, a cerebral MRI and LCR analysis, the results were consistent with seronegative AI LE. The patient was treated with corticoid therapy and presented a favorable evolution, with remission of the symptoms.

Conclusions Even though it is a rare pathology, AI LE is an important differential diagnosis to consider in patients with psychiatric symptoms and it is essential to enhance the early detection and treatment of this pathology. This condition also reinforces the role of AI diseases in psychiatric disorders in general, an area, which requires further investigation. With this clinical case, we expect medical professionals to be able to recognize the importance of this diagnosis.

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e-Poster Viewing: Psychopathology

EV1045

Behavioral disorders: Within the limits of psychiatry or neurology? About a case

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It has been a clinical case of a polimorphic psychotic disorder in a male of 26-year-old, affected by brain palsy, previously with adequate cognitive function, undergoing remarkable confusional fluctuations and a waking state apparently well-preserved. As possible comorbidities or triggers we could count on a tonsillitis and/or a depressive reaction a few days before. Serious consideration must be given to a differential diagnosis with an encephalitis but, despite the presence of an intermittent febricula, it was rejected by both units: internal medicine and neurology, after performing some complementary tests, albeit some more specific tests are still pending. His psychiatric background was also checked, which initially was orientated as a questionable bipolar disorder. At all events, symptoms stopped progressively until, almost complete remittance in the moment he was discharged from the hospital. He recovered his normal functionality. The treatment given was risperidon 2 mL/day, quetiapin 50 mg/8 h and baclofen 10 mg/12 h. This can be used as an example of how many difficulties we usually found to catalogue an acute disorder in first phases, even to encompass the clinical profile within the limits of psychiatry or neurology.

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EV1046

The role of dissociation in patients with a diagnosis of borderline personality disorder and adverse attachment experiences

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In literature, the link between childhood abuse stories, trauma, unresolved attachment and psychopathological manifestations characterized by the presence of significant dissociative symptoms are well documented. The treatment of this kind of clinical pictures is very problematic because of dysfunctional relational dynamics acted by patients. As we know, borderline personality disorder patients and those with unresolved attachment show poor emotion regulation. About that, a very recent study found an alteration of the neural mechanism involved in the top-down control process of emotional distress both in BPD patients and in those with unresolved attachment. In this context, to make an accurate psychological assessment is essential to define and understand the overall patient functioning and identify the most appropriate therapeutic strategies. In this study, we have selected 22 women characterized by a diagnosis of borderline personality disorder, dissociative experiences and childhood abuse stories. The psycho-diagnostic examination of this sample involved the use of the following tools: Rorschach, MMPI-2, WAIS-R and drawing tests. Consistent with the literature, the outcomes confirmed the presence of response patterns related to trauma, abuse stories and dissociation in both Rorschach and MMPI-2. At the same time, in a significant portion of the sample, we have found an intact cognitive functioning; this aspect, as showed by other authors, highlights the adaptive function of the defensive mechanism of dissociation.

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EV1047

Psychopathology of depersonalization and de-realization. What is the limit between normal and pathological?

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A 21-year-old woman, distance-learning psychologist with a history of parent violence during her early childhood in the context of her father's alcohol poisoning, describes experiences of depersonalization and de-realization, of which she is aware since the age of five years, in situations of stress or out, for example, when looking in the mirror or even playing. She consulted to psychiatry, seven months after his father died of lung cancer, he frequently smoked tobacco and cannabis at home, had been diagnosed a year before his death. The patient described increased anxiety symptoms, with panic attacks, hypnopompic and hypnagogic hallucinations, and increased depersonalization and de-realization phenomena. She denies the use of psychoactive substances in addition to tobacco and alcohol, occasionally. Likewise, the depressive symptomatology was objectified in relation to the grief for the loss of his father. She received treatment with SSRIs and two months later, referred partial remission of symptoms, with persistence of dissociative symptoms. In addition, she presents emotional instability, feelings of emptiness, self-defeating ideas without structured suicide ideation. In recent months, he has presented avoidant behaviors and isolation with affectation in his habitual functioning. Now, in this case: are depersonalization and de-realization normal, part of the anxiety crisis, a sign of a high-risk mental state, or a prelude to a serious mental illness?

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