

Treponema pallidum serology, and he was diagnosed with neurosyphilis. He was treated with a single dose of intramuscular penicillin, but experienced marked deterioration of neurological symptoms (paraparesis and truncal ataxia) and was transferred to the general hospital for an extended 14 day course of intravenous penicillin. Following this extended course of antibiotic therapy, resolution of neurological symptoms was seen, but no sustained improvement in residual psychotic symptoms has been seen.

Conclusions This case demonstrates the potential neuropsychiatric consequences of neurosyphilis, and serves as a reminder of its potential to imitate other psychiatric presentations. This gentleman, and many like him, continue to experience severe and enduring psychopathology despite penicillin treatment when cases are detected late. Given the potential consequences of this, we would advocate assertive screening for syphilis in patients admitted to psychiatric units.

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

<http://dx.doi.org/10.1016/j.eurpsy.2017.01.590>

EV0261

Liaison psychiatry—characterization of inpatients with psychiatric pathology in the infectiology service

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Introduction The interface of the Liaison Psychiatry with Infectiology is fundamental for the continuous and specialized support of these patients. Prevalent psychiatric records are known in the HIV infection, such as anxiety, depression and abuse and/or addiction to substances. There are also different neuropsychiatric situations associated with this infection owing, namely, to the HIV direct action on the central nervous system, to the adverse effect of the antiretroviral therapy and to the resurgence of existing prior pathology.

Objective The author intends to characterize the population evaluated in the Liaison psychiatry in the Coimbra university hospital with respect to inpatients of the Infectiology Service in a central hospital in order to optimize resources and better adjust interventions made.

Methods and results The quantitative retrospective study was carried out between May 2015 and May 2016, with a duration of one year, in the infectiology service of the Coimbra university hospital. Observation and evaluation of the inpatient of the infectiology service having in view the sample characterization in relation to demographic data, nature of the request, antiretroviral therapy, psychiatric diagnosis, type of intervention and follow-up. The quantitative data were subject to statistical analysis.

Conclusion The prevalence of the psychiatric disorders associated with HIV infection is high and with great emotional impact and implications in the personal, sexual, occupational and social life of the individual. The diagnosis and treatment of the psychiatric comorbidity is determinant in the patients' evolution, both in reducing suffering associated with experience of HIV infection and in its implications.

Disclosure of interest The author has not supplied his/her declaration of competing interest.

<http://dx.doi.org/10.1016/j.eurpsy.2017.01.591>

EV0262

From 'Big 4' to 'Big 5': A review and epidemiological study on the relationship between psychiatric disorders and World Health Organization preventable diseases

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Introduction Chronic diseases, such as heart disease, stroke, chronic respiratory diseases and diabetes, are by far the leading causes of mortality in the world, representing 60% of all deaths. However, chronic disease rarely exists in isolation. Nevertheless, study of chronic disease rarely takes into account comorbidity and virtually none examine their occurrence in populations.

Objectives and aims To review the association between psychiatric disorders and other medical comorbidities.

To study the association between psychiatric diseases and medical comorbidities on a population-scale.

To reconsider our approach to medical comorbidities.

Methods Using an informatics approach, a dataset containing physician billing data for 764 731 (46% male) individuals spanning sixteen fiscal years (1994–2009) in Calgary, Alberta, Canada was compiled permitting examination of the relationship between Physical Disorders and Mental Disorders, based on the International Classification of Diseases (ICD).

Results All major classes of ICD physical disorders had odd ratios with confidence intervals above the value of 1.0. Ranging from 1.47 (Injury poisoning) to Circulatory systems (3.82). More precisely, when a psychiatric disorder is present, the likelihood to develop one of the four preventable diseases is significantly increased: Stroke (4.27), Hypertension (3.34), Diabetes (2.66) and COPD (2.43).

Conclusion We postulate that psychiatric disorder should be included in the classification of preventable chronic diseases that have a profound impact on society. Developing a consistent and standardized approach to describe these features of disease has the potential to dramatically shift the format of both clinical practice and medical education.

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

<http://dx.doi.org/10.1016/j.eurpsy.2017.01.592>

EV0263

A rare type primary central nervous system lymphoma with primarily psychiatric diagnosis- a case report

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Primary central nervous system lymphoma (PCNSL) is a high-grade malignant B-cell non-Hodgkin neoplasm that is an infrequent variant of all intracranial neoplasms (1%) and all lymphomas (< 1%) PCNSL is documented mainly in immunocompromised patient groups, although it may also be diagnosed in immunocompetent patients. It affects mainly the eyes, supratentorial areas, or the spinal cord. The lesions are typically localized in frontal lobes, corpus callosum and basal ganglia. Additionally, lesions might rarely be detected at infratentorial areas and in medulla spinalis. Even though a wide spectrum of treatment options are available, such as chemotherapy, radiotherapy, or surgery; response rates are low and prognosis is poor in spite of appropriate treatment.

The case we reported here is 57-year-old male presented with symptoms of aggressivity, impulsivity, depressive mood and personality changes. Histopathological diagnosis was CD5 positive diffuse large B cell lymphoma, which is very rare in high-grade lymphomas. There were no neurological signs related to CNS tumor and the clinical manifestations responded very well to chemotherapy consisting of high dose methotrexate, vincristine and procarbazine. The significance of such neuropsychiatric symptoms in the course of treatment for PCNSL has been previously documented as well. These behavioral and emotional symptoms might manifest