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EV0536

The impact of the economic crisis on the use of psychotropic medication in Portugal: Preliminary results of the national mental health survey follow-up

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Introduction Economic crises can contribute to a worsening of mental health problems and, consequently, to a possible increase of the use of psychotropic medication.
Objectives To assess the use of psychotropic medication in Portugal before and after the onset of the economic crisis, and to better understand the impact of the economic crisis in this highly hit country.
Methods This 2015 follow-up epidemiological study re-interviewed a probability sub-sample of respondents to the 2008 national mental health survey, the first nationally representative study of psychiatric morbidity and treatment patterns in Portugal. Socio-demographic and clinical variables were assessed using a structured interview in 2008 ($n = 2060$) and 2015 ($n = 911$). All participants were questioned about the last 12 month use of psychotropic medication for mental health problems. Descriptive analysis was conducted to assess the use of psychotropic medication by group and gender in 2008 and 2015.
Results Between 2008 and 2015 there was an overall increase in the use of the main groups of psychotropic medication (22.5% to 28.6%), with a particularly relevant increase in the consumption of anti-depressants and anxiolytics. The use of psychotropic medication was higher among women in 2008 and 2015 (31.1% and 36.7%) compared to men. However, the increase in consumption was more relevant in men (13.3% to 20.0%), particularly in relation to anxiolytics (6.0% to 11.6%).
Conclusions The economic crisis was associated with a substantial increase of psychotropic medication's use in Portugal, consistent with the increased prevalence of mental health problems that this study also found.
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EV0537

Services utilization for mental health problems in Portugal during the economic crisis: Preliminary results of the national mental health survey follow-up

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Introduction During economic crises additional mental health risks emerge and social inequalities in health can widen. In order to ensure universal coverage of mental health care and to reduce the impact of the crisis, it is crucial to assess the needs of the population to be able to reorganize mental health care accordingly.
Objectives To analyse the use of services for mental health problems in Portugal during the economic crisis.
Methods In this follow-up epidemiological study, a probability sub-sample of respondents to the 2008 national mental health survey ($n = 911$) was re-interviewed in 2015. Socio-demographic variables and treatment patterns were assessed using a structured interview, and psychological distress was measured using the Kessler-10 Scale. Descriptive analysis was conducted to characterize the use of services for mental health problems.
Results In total, 27.9% of the respondents sought treatment for mental health problems in the previous 5 years, and GPs were the most contacted professionals. Only 57.7% ($n = 119$) of the respondents with moderate or severe psychological distress ($n = 197$) reported recognizing they needed treatment. Among people with moderate or severe psychological distress who recognized their need for treatment, most received treatment (80.5%, $n = 105$), which was minimally adequate for 74.4% ($n = 81$). Low perceived need and structural barriers were the main obstacles for access to care.
Conclusions Under-treatment, low continuity of care and low adequacy of treatment are problems that the Portuguese health system must address in order to meet the mental health challenges of the economic crisis.
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EV0538

A biopsychosocial look on the violence in Colombia. Understanding violence to understand the role of psychiatrist in the post-peace agreement era

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Introduction The armed Colombian conflict is one of the bloodiest and most extensive in the contemporary history of Latin America, with multiple factors and causes implicated.
Objectives Determine the factors involved in the emergence of Colombian political violence from neurobiological, anthropological, social and psychoanalytic models.
Methods We revised the report Basta Ya! of The National Center for Historical Memory, which approximates the casualties and victims of the armed conflict in Colombia. In addition, we conducted a rigorous review of current scientific and clinical literature on the neurobiology of violent behavior, social psychiatry and psychoanalytic papers about war, death, and survival instincts.
Results Violent behavior can be explained by the neurobiological model of aggressive response as an imbalance between the prefrontal cortex and the limbic system. There is evidence to support a geographically-based violence in Colombia with a fragmentation of the territory, the State, and the Colombian identity. Moreover, we found the psychological component raised by Freud and in psychoanalysis, about war, and life and death instinct, as antagonistic manifestations of life-present in acts of violence.
Conclusions The violence from the armed Colombian conflict has been one of the longest in modern history, determining its causality has been complex. However, understanding violence multifactorially allows us to improve social psychiatry and our role as clinicians in this new post-agreement era, in order to better estab-

lish mental health policies for victims and perpetrators in future reparation.
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e-Poster viewing: ethics and psychiatry

EV0539

Is a psychiatrist-patient confidentiality relationship subservient to a greater good?

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Before embarking in a fruitless exchange the title question must be unpacked:
– is the 'psychiatrist-patient confidentiality relationship' a subset of the general doctor-patient confidentiality relationship?
– if different, what causes the difference? Is it the nature of mental disorder, for example the fact that some mental disorders may impair 'mental capacity' in ways different from general medicine?
– given that in addition to psychiatrists, psychologists, nurses, and social workers also enter into 'confidentiality relationship' with patients, should all be considered as tokens of the same type or as different types? If the latter, should such differences be considered as intrinsic or extrinsic? Intrinsic differences refer to structural dissimilarities; extrinsic differences to dissimilarities created by the respective legal frames imposed by each profession to its practitioners.
– is 'subservience to a greater good' an acceptable good way to describe the metier upon which the ethical scrutiny will be applied? Given that it does describe a 'consequence' of the process then it would seem that it prematurely opts for utilitarianism, an ethical theory that many may feel is not adequate to the case.
The general question and the pre-formulated debating positions are setting up a pseudo-debate. A more useful question should be: "Given the strong political and economic pressures being currently brought to bear upon all confidentiality relationships (held by priests, medics, lawyers, bank workers, etc.), what ethical system may be more convenient to:
– justify blatant breaches in confidentiality relationships;
– placate our moral conscience?"
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EV0540

500 years of reformation: The history of Martin Luther's pathography and its ethical implications

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Introduction In the context of the 500th anniversary of the Reformation, it is time to take a survey of the history of Martin Luther's (1483–1546) pathography.
Method Relevant writings were evaluated.
Results While in a 1035 page work written in German between 1937 and 1941, the Dane Paul Reiter retrospectively diagnosed Luther as manic-depressive, Kretschmer (1888–1964) in 1955 saw in Luther "a great polemic and organizer". In 1956, Grossmann was unable to prove persistent synchronicity of depressive mood and reduced motivation in Luther in the key years 1527 and 1528, which led him to conclude that Luther had a cyclothymic personality with a pyknic constitution. In Roper's view in 2016, Luther suffered from "a condition [...], that we would call depression today".
Discussion In 1948, Werner concluded that Reiter's pathography was based on an incorrect assumption: Luther's solution of the cloister conflict as a dilemma situation between paternal and clerical authority was not a flight into "the mysticism of despair". Hamm adopted this interpretation in 2015 in viewing the escalation of the emotional conflict potential as a logical consequence of an interiorized and individualized intensified piety. In 2015, Scott saw a cyclothymic temperament in Luther starting in about 1519, but emphasized the elasticity of Luther's emotional reserves: "For the rest of his life, Luther oscillated between euphoria and dejection but not to the point of dysfunction".
Conclusion Luther can be used as an example of the importance of religiousness as a curative resource for the psyche.
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Emotional decision for accepting patients in the ICU in Greece – where are the guidelines?

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Introduction It is not a rare phenomenon to ask a bed in the ICU in a basis of emergency. Then, the answer coming from the intensivists may be more than surprising. Objective of our study is to highlight the fact that emotional reasons and not medical criteria are the dominant ones for accepting a patient in the ICU.
Methods We present 4 cases of interest.
Results A poor Russian 75-year-old man with gastric cancer, anemia and haemodynamic instability was not accepted in the ICU with the oral and not written rejecting answer that he suffers from advanced cancer. A 35-year-old transplanted patient with bone marrow, fever, severe lactic acidosis, was not accepted in the ICU for hours because the intensivist would give her consent only if the patient would undergo a cholecystectomy first! The intensivist was a pneumonologist! In the end multiple liver abscesses were discovered, so an operation would not help. An 80-year-old man operated for colon cancer with haemodynamic instability was accepted in the ICU without delay. A 72-year-old with colon cancer, cachexia, thrombopenia and severe dementia, coming from the Psychiatric Hospital where he remained for months, was accepted in the ICU without delay.
Conclusions If there is not an Ethics Commitee to examine these unexpectability matters concerning patients needing a place in ICU, then a psychiatric evaluation of Intensive Unit physicians might help, for the good of patients. Would a member of the Parliament or a celebrity receive a "No" from the ICU?
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