

to typical dysfunctional transactional cycles or dominant interpersonal narratives in which rage, distrust and ambivalence are apparent. In addition to this, in these subtype of depressed patients is common to find the overuse of attachment deactivating strategies, in response to threats to attachment relationships specially, and the inhibition of mentalizing as a defensive response to the feelings of rage, emptiness and sadness that are developmentally linked to attachment experiences. The implications of these findings for treatment, particularly with regard to the nature of the therapeutic relationship, are readily important. In this poster we take several cases in order to detail the main psychodynamics and the dominant interpersonal narratives of this subtype of depressed patients and to specify a therapeutic proposal tailored for them.

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EV1093

False memory syndrome: A review and emerging issues, following a clinical report

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False Memory Syndrome (FMS) is caused by memories of a traumatic episode, most commonly childhood sexual abuse, which are objectively false, but in which the person strongly believes. These pseudomemories usually arise in the context of adult psychotherapy and are often quite vivid and emotionally charged. FMS is rare and sometimes could be confused with psychotic disorder and malingering. The infrequency with which it is encountered makes this syndrome a diagnostic challenge. Failure to diagnose can lead to significant morbidity.

We studied a 26-year-old female with no prior Psychiatric history who started to recall vivid memories of sexual abuse perpetrated by her father, following few sessions of clinical hypnosis. She presented a low mood, disorganized behaviour and aggressivity towards her father when she was admitted to our ward. After a normal CT brain scan and lab tests and a meticulous clinical history, the clinical diagnosis was made. She was successfully managed with supportive psychotherapy combined with mood stabilizer medications.

This case illustrates the unknown field between memory and confabulation and the value of a complete history. Physicians should be alert and keep an open mind about this iatrogenic disorder. Research is needed on the identification of memory mechanisms, specific situations and personality factors involved in this syndrome.

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Psychotherapeutic interventions in Tinnitus

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Introduction Tinnitus is defined as the subjective or objective perception of a hearing sensation in the absence of a corresponding external stimulus. It is a very common medical symptom, and some studies show that 5 to 15% of adults had tinnitus in life. It is a condition that could be chronic and for some patients could be very debilitating. Anxiety and depression are common findings in patients with tinnitus. Tinnitus can also interfere with sleep and

concentration and affect the quality of life of patients. The heterogeneity of the etiology, pathophysiology and clinical features of tinnitus probably exacerbate the variability of response to treatment of the population and the decision on the best treatment option could be complex.

Objectives The purpose of this study is try to understand how the psychotherapeutic interventions may be useful in the treatment of tinnitus.

Methods Bibliographic research in Pubmed.

Results Currently there are no available effective pharmacological treatments. In some cases, surgical interventions may be effective with respect to ear pathology, but not to tinnitus. Most studies show that psychological interventions are needed to reduce the distress and the impact caused by tinnitus in patients' lives and the cognitive-behavioral therapy is the primary therapeutic intervention in chronic tinnitus.

Conclusion Although cognitive-behavioral techniques demonstrated to be effective in the treatment of the distress and impact caused by tinnitus, little is known about the mechanisms by which this technique achieves this effect, therefore most authors suggest that further studies should be conducted in this area.

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Treating trauma with EMDR in adults with autism spectrum disorders (ASD) – A literature review

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Introduction Little is known about trauma or treatment of trauma with Eye Movement Desensitization and Reprocessing (EMDR), in adults with ASD. Neither is it clear on how ASD influences the expression of posttraumatic stress.

Objectives (1) To increase knowledge about treatment of trauma, and trauma related symptoms in adults with ASD. (2) To provide directions for research into the effects of EMDR on the expression of autistic and trauma related symptoms in adults with ASD.

Methods Review of the literature using Cochrane Collaboration Centre, Embase, Medline, PsychINFO, PubMed and Web of Science.

Results Clinicians often overlook trauma related symptoms in people with a severe mental illness like ASD, due to diagnostic overshadowing (Grubaugh, Cusack and Zinzow, 2008), caused by the overlap between Post Traumatic Stress Disorder (PTSD) and ASD. In the case of diagnostic overshadowing, symptoms like avoidance, hyperarousal and reduced ability to mentalize (Plana, Lavoie, Battaglia and Achim, 2014) are attributed to ASD, while in actual fact they are manifestations of stress reactions related to perceived traumatic events. However, when symptoms are correctly attributed to negative experiences, clinicians tend to withhold treatment because of fear of aggravating symptoms (Frueh, Cusack, Grubaugh, Sauvageot and Wells, 2006). The literature suggests that trauma in adults with ASD is undertreated.

Conclusion To our knowledge, the effects of EMDR in adults with ASD have not yet been studied, except at case level. A study protocol will be presented to assess the efficacy of EMDR treatment for trauma related symptoms in adults with ASD.

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