

EPV0121

Delusional disorder and tuberculosis: A clinical caseV. Podence Falcão^{1*}, R. Avelar¹, C. Abreu² and M. Heitor¹¹Psychiatry, Hospital Beatriz Ângelo, Loures, Portugal and ²Internal Medicine, Hospital Beatriz Ângelo, Loures, Portugal

*Corresponding author.

doi: 10.1192/j.eurpsy.2021.1718

Introduction: Tuberculosis is still a challenging disease, infecting around a third of the world's population. As comorbidity with mental disorder is common, it is relevant to associate them at a diagnostic, therapeutic and prognostic level.

Objectives: We present a clinical case describing a patient with psychosis, further diagnosed with tuberculosis during psychiatric treatment. Moreover, we present a summarized revision of the state of the art.

Methods: Revision of the state of the art, drawing from PubMed and using the keywords “mental health”, “psychosis” and “tuberculosis”, in the last 10 years.

Results: Male, 61 years old, heavy smoker and alcohol drinker. Admitted for allegedly feeling “worms” in his body. After medical examination, a weight loss of 13 kg in five months and symptoms compatible with tenesmus stood out. Following diagnostic tests, the patient was diagnosed with Ekblom Syndrome and Ganglionar Tuberculosis; he was then medicated with the adequate antipsychotic and tuberculostatic agents, which resulted in overall clinical improvement.

Conclusions: This case illustrates the relationship between tuberculosis and mental disorders, in a patient with a low literacy level and a precarious socioeconomic background, known risk factors for mental disorder in patients with tuberculosis and are often associated with poor therapeutic adherence. Although proper treatment of the mental disorder is key to reducing the risk of tuberculostatic dropout, the stigma of mental disorder and tuberculosis decreases the probability of these patients seeking proper treatment. Thus, we alert the medical community for the possibility of psychiatric comorbidity in patients with diagnosed tuberculosis – and vice-versa –, allowing for an early intervention,

Disclosure: No significant relationships.

Keywords: mental health; psychosis; tuberculosis

EPV0120

Compartment syndrome and suicide attemptE. Rodríguez Vázquez^{1*}, C. Capella Meseguer², J. Gonçalves Cerejeira¹, I. Santos Carrasco¹, M. Queipo De Llano De La Viuda¹, A. Gonzaga Ramírez¹ and G. Guerra Valera¹¹Psiquiatria, Hospital Clínico Universitario de Valladolid, Valladolid, Spain and ²Psiquiatria, HCUV, Valladolid, Spain

*Corresponding author.

doi: 10.1192/j.eurpsy.2021.1719

Introduction: The compartment syndrome is a pathological condition characterized by a decrease, or even interruption, of the microcirculation within a soft tissue compartment. There have been a few cases reported about compartment syndrome due to a suicide attempt.

Objectives: To present an unusual complication of an autolytic attempt

Methods: A descriptive study of a clinical case and literature review

Results: A 49-year-old woman, divorced. With no psychiatric history and no somatic antecedents. Comes to the hospital after been found lying face down on the bathroom's floor for 48 hours, next to her two empty blister packs of lorazepam and naproxen. Her partner says they argued two days ago. Brain CT: with no abnormalities. Blood analysis: metabolic acidosis with rhabdomyolysis and kidney failure. She presents ischemic injuries in both inferior extremities with right foot ischemia and with no pedal pulses. Compartment syndrome is diagnosed, being necessary a bilateral fasciotomy and later a right lower extremity amputation. Initiates referral from Vascular Surgery for self-poisoning. She refers to low mood and mild anxiety due to work and relationship issues/problems. She accepts that she self-poisoning only to attract her partner's attention after the argument. The examination shows logical thought, emotional lability, good judgement, future-oriented without suicidal ideation. Clinical judgement: acute stress reaction.

Conclusions: The compartment syndrome is a rare complication of the suicide attempt. Our patient suffered a compartment syndrome lying on the bathroom's floor for 48 consecutive hours without apparent trauma and no somatic antecedents. This syndrome could be developed by high naproxen and lorazepam intake.

Disclosure: No significant relationships.

Keywords: liaison psychiatry; Suicide Attempt; compartment syndrome

EPV0121

Psychocultural experiences of medical students in simulated care in cases of type 2 diabetes mellitus at a public university in southeastern Brazil: A qualitative studyE. Turato^{1,2*}, G. Lavorato-Neto² and M.C. Parisi¹¹Medical Psychology And Psychiatry, University of Campinas, Campinas, Brazil and ²Lpcq - Laboratory Of Clinical-qualitative Research, University of Campinas, Campinas, Brazil

*Corresponding author.

doi: 10.1192/j.eurpsy.2021.1720

Introduction: The generalist assistance at the Primary Attention is fundamental to face the increase of type 2 diabetes mellitus cases through the relationship physician-patient. This sets the therapeutic plan and its continuous review. Therapeutic Plan could be affected by the same psychocultural phenomena related to the increasing cases numbers of DM2. Therefore, new trends in Medical Psychology have been promoted during medical undergraduate course. These incorporate methods and concepts of Liberal Arts to develop specific psychosocial management skills to DM2 clinic.

Objectives: AIM: To understand the experience of medical students in the simulated care of DM2 cases in two different moments: 1) to diagnose and start treatment; 2) start insulinization.

Methods: METHOD: Clinical-Qualitative design; data collected through an semidirected interview of open-end questions in depth; thematic analysis generated categories discussed in light of Medical Psychology of psychodynamic framework.

Results: RESULTS: Ten clinical clerkship students attended as clinicians two cases of Standard Patients of DM2. They reported their reflections toward the role they should sustain: being doctor in front of the patient and their colleagues; difficulty to play the leading and show skills and knowledge in a scenario full of surprises and fantasies; an existential and professional gains in simulation activity; and considerations about responsible in conduct so impacting situations to patients.

Conclusions: FINAL CONSIDERATIONS: The themes translate moments during their simulated attending experience in which they have not sustained their semblance – the intended rule. These could be enriched through group reflecting, supervisor discussion, and patient dialog in the process of developing Medical Psychology skills.

Disclosure: No significant relationships.

Keywords: Medical Education; type 2 diabetes mellitus; medical psychology; Qualitative Research

EPV0122

Assessment of quality of life in patients with primary hypothyroidism - the main criterion of treatment effectiveness

O. Pityk^{1,2}

¹Psychiatry, Narcology And Medical Psychology, Ivano-Frankivsk National Medical University, Ivano-Frankivsk, Ukraine and

²Psychiatry, Narcology And Medical Psychology Department, Ivano-Frankivsk National Medical University, Ivano-Frankivsk, Ukraine
doi: 10.1192/j.eurpsy.2021.1721

Introduction: Current research suggests that the assessment of the quality of life of patients with somatic and mental pathology should be one of the main criteria for assessing the quality of treatment. Given this view, one of the valid assessment of the performance of integrated mental health and the effectiveness of treatment should be considered as quality of life, defined by WHO. Leading mental health criteria based on such factors as adaptation, socialization and individualization.

Objectives: The aim was to investigate the quality of life of patients with hypothyroidism with non-psychotic mental disorders. We examined 132 patients with hypothyroidism. The age of patients ranged from 25 to 55 years. The main group included 108 patients with non-psychotic mental disorders, which are dominated asthenia (27.78 %), asthenic- depressive (32.41%) and asthenic-anxiety disorders (18.52%). The control group consisted of 24 patients with hypothyroidism without mental disorders.

Methods: Quality of life was assessed using a questionnaire developed by Mezzich, Cohen, Ruyper, Liu & Yoon (1999), covering the three main components of quality of life: subjective wellbeing/satisfaction, fulfillment of social roles, external living conditions.

Results: Found a significant difference in quality of life in patients with main and control group. The average in the overall perception of life (sense of satisfaction and happiness in general) in the main group was 5.19±1.15, in the control group 7.50±2.25.

Conclusions: The main conclusion is that patients with hypothyroidism really need psychiatric consultation and treatment should include not only endocrinological influence but neuropsychopharmacological and psychological too.

Disclosure: No significant relationships.

Keywords: quality of life; hypothyroidism; nonpsychotic mental disorders

EPV0123

A blank slate – apropos a clinical case

S. Freitas Ramos¹, M. Seabra², P.Á. Horta^{3*}, J. Guimarães² and R. Grangeia⁴

¹Department Of Psychiatry And Mental Health, Local Health Unit of Guarda, Guarda, Portugal; ²Neurology, Faculty of Medicine of the University of Porto, Porto, Portugal; ³Psychiatry, CHVNG/E, Vila Nova de Gaia, Portugal and ⁴Psychiatry, Faculty of Medicine of the University of Porto, Porto, Portugal

*Corresponding author.

doi: 10.1192/j.eurpsy.2021.1722

Introduction: Dissociative Amnesia remains an enigmatic and controversial entity. It is classically described as responsible for autobiographic amnesia associated with a traumatic event.

Objectives: To report a clinical case and review the literature.

Methods: We collected data from the patient's clinical file with his informed consent. We conducted a non-systematic review of the literature.

Results: A 46-years-old patient presents to the emergency department for sudden global retrograde amnesia, with multiple domain amnesic syndrome (impairing verbal and visual memory, processing speed, mental flexibility, calculus, executive functions and language). He was initially admitted for a suspected infectious meningoencephalitis, which was not confirmed. Later an autoimmune encephalitis was pursued. Brain MRI showed a nonspecific left temporal and hippocampal hyperintensity and the EEG a mild left temporal dysfunction. The autoimmune encephalitis panel was negative and the formal diagnostic criteria were not met. The neurologic examination at discharge presented only with autobiographical and semantic amnesia. On the mental state examination, he presented with depressive symptoms reactive to the situation. There was no evident traumatic event apart from a promotion received the day before the amnesia started. He was prescribed escitalopram 10 mg/day. The amnesia was maintained at 9 months follow-up.

Conclusions: Our case report illustrates a case of amnesia without evident organic or psychogenic cause, assumed as a dissociative amnesia. Further studies are necessary to clarify the pathophysiology of this condition and develop specific treatments.

Disclosure: No significant relationships.

Keyword: dissociative amnesia

EPV0124

Implementation of balint group for a team who care patients with head and neck cancer in a service in Brazil: A proposal post qualitative research

E. Turato^{1,2*}, A.C. Bispo¹, J.R. Rodrigues¹, C. Santos³ and C. S. Lima¹

¹Medical Psychology And Psychiatry, University of Campinas, Campinas, Brazil; ²Lpcq - Laboratory Of Clinical-qualitative Research,