

in structure of various mental diseases and in general somatic network: among population it is from 0.5 to 2%.

**Objectives:** Our aim was to study the effect of complex therapy, combining traditional psychopharmacological drugs and hyperbaric oxygenation, on indicators of acid-base balance of blood, neurotransmitter metabolism, immune and hormonal status in experimental modeling of stress, as well as reduction of psychopathological symptoms in various forms of hysterical disorders.

**Methods:** Studies were conducted with the participation of 160 patients (145 women and 15 men), average age  $33.5 \pm 6.1$  years, Content of adrenaline, norepinephrine, dopamine, serotonin was determined by concentration of prolactin, thyroid-stimulating hormone (TSH), free thyroxine (T4 light), cortisol using ELISA. Immune status was assessed according to following indicators: determination of level of immunoglobulins of classes A, M and G by the method of radial immunodiffusion in a gel; study of total complementary activity of blood serum by hemolytic method.

**Results:** It is necessary to highlight a significant increase in the concentration of Ig G and Ig A, a higher level of large, medium and small circulating immune complexes, which does not exclude the development of autoimmune reactions as a result of a long course of the mental process, which occurs with damage to the own cells of the nervous tissue.

**Conclusions:** Revealed changes in the immune and endocrine reactions upon admission, under the influence of HBO treatment indicate involvement of these structures in the pathogenetic mechanisms.

**Disclosure:** No significant relationships.

**Keywords:** Conversational Disorders; Hyperbaric Oxygenations; Immunoglobulins

## O225

### Psychiatric manifestations of anti-NMDAR encephalitis

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**Introduction:** Anti-N-methyl-D-aspartate receptor (NMDAR) encephalitis is an autoimmune disorder characterized by neuropsychiatric symptoms before progressing to seizures, complex movement disorder, autonomic dysfunction and hypoventilation.

**Objectives:** Presenting a review of the psychiatric manifestations of anti-NMDAR encephalitis.

**Methods:** Search on Pubmed® and Medscape® databases with the following keywords: “psychiatric”, “anti-NMDA receptor encephalitis” and “anti-NMDAR encephalitis”. We focused on data from systematic reviews and meta-analyses. The articles were selected by the authors according to their relevance.

**Results:** Studies show that 77% to 95% of patients with anti-NMDAR encephalitis initially present psychiatric manifestations. Age and sex distribution are young women, and the frequency of cases is lower after 40 years of age. The most common psychiatric symptoms are agitation (59%) and psychotic symptoms (54%). The psychotic symptoms more common are visual (64%), auditory

(59%) hallucinations and persecutory delusions (73%). Catatonia is described in 42% of patients. Antipsychotic treatment induces an adverse drug reaction (33%), the neuroleptic malignant syndrome represents 22% of the cases. Delays in distinguishing this disease from a psychiatric disorder can have serious complications, with a mortality of up to 25% in patients receiving limited or delayed immunotherapy.

**Conclusions:** It's important to consider anti-NMDAR encephalitis in the differential diagnosis of patients with an acute onset psychosis or unusual psychiatric symptoms. Antipsychotic treatment should be use with caution when suspected or confirmed anti-NMDAR encephalitis. Without appropriate treatment, patients may suffer a protracted course with significant long-term disability or death. A clinical index of suspicion is required to identify patients who would benefit from cerebrospinal fluid testing and immunotherapies.

**Disclosure:** No significant relationships.

**Keywords:** anti-NMDAR encephalitis; psychiatry; psychiatric manifestations

## O226

### Relationship between internalizing and externalizing symptoms trajectories and perinatal risk factors in an epidemiological sample: Preliminary results from the remind project

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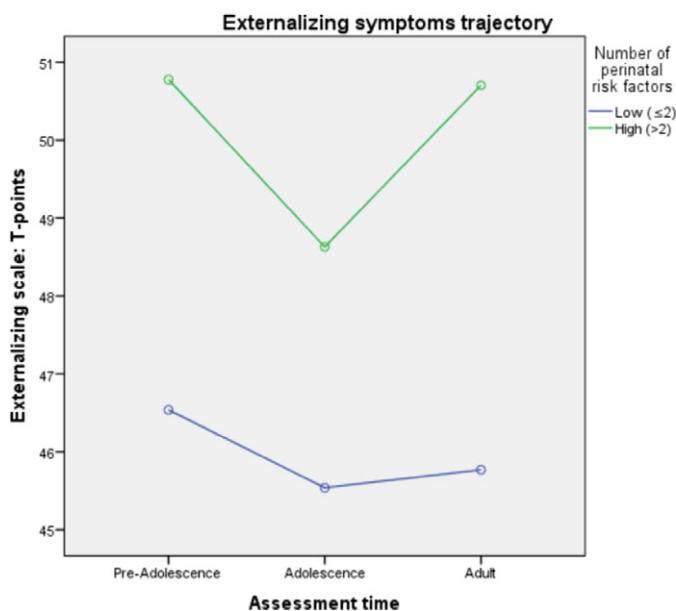
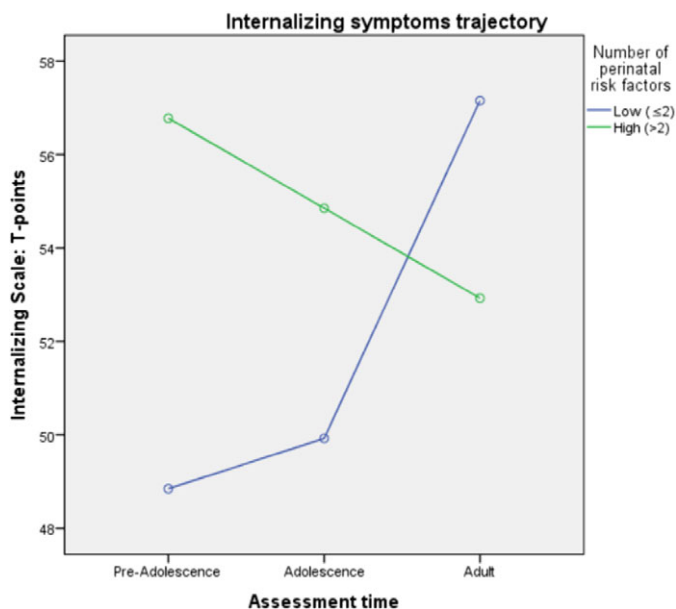
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**Introduction:** Our 15-years follow-up ReMIND project aims to re-assess an epidemiological and a clinical sample of adults (Wave 3), who were assessed in preadolescence (Wave 1) and adolescence (Wave 2), to evaluate symptoms trajectories and their relationship with genetic/epigenetic data, environmental risk factors and neuroimaging measures.

**Objectives:** Here, we depict preliminary results regarding the epidemiological sample.

**Methods:** We assessed internalizing and externalizing symptoms in 40 Italian subjects (25 F) from general population at three waves (W1 mean age:  $12 \pm 0.82$ ; W2 mean age:  $17 \pm 0.88$ , W3 mean age:  $28 \pm 1$ ), through the Child Behavior Checklist (W1 and W2) or the Adult Self Report (W3), and perinatal risk factors through a socio-anamnestic questionnaire, by a new online platform (MedicalBit). We analyzed symptoms trajectories and their relation with perinatal risk factors through a repeated measures multivariate analysis of variance (rm-MANOVA).

**Results:** rm-MANOVA results show that high number of perinatal risks was significantly associated with higher internalizing symptomatology in preadolescence but not in adolescence and adult life. The mean difference was 8 T-points. The same trend is evident in



adolescence but not in adult age (Graph 1). Perinatal risk factors did not have a significant effect on externalizing symptoms at any time point, despite a non-significant trend is evident (Graph 2).

**Conclusions:** Our preliminary results suggest a trend of increased internalizing symptoms from childhood to adulthood and a significant role of perinatal risk factors in pre-adolescence. Further investigations are necessary to better understand symptoms trajectories and the role of biological and environmental factors.

**Disclosure:** No significant relationships.

**Keywords:** perinatal risk factors; internalizing psychopathology; externalizing psychopathology; psychopathology trajectories

## O227

### Creativity and psychopathology – an interdisciplinary view

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**Introduction:** Since ancient philosophy extraordinary creativity is associated with mental disorders, emotional and cognitive destabilization, and melancholia. We here summarize the results of empirical and narrative studies and analyze most prominent cases of highly creative persons who suffered from depression, bipolar and schizotypic disorders, drug- and alcohol addiction. Hereby, we focus on the interaction of creative processes with “bipolar” personality traits. Finally, we offer an interdisciplinary interpretation of the creative dialectics between order and chaos.

**Objectives:** An interdisciplinary concept of the relationship between creativity and psychopathology is shown to be essential for reasonable psychopharmacological and psychotherapeutic treatment of creative individuals.

**Methods:** On the basis of empirical-statistical and biographical studies we offer a comprehensive concept of the interaction between creativity and psychopathology.

**Results:** The exemplary cases of J. W. v. Goethe and Robert Schumann show a complex interaction of mood swings with creative achievements. Dysthymic and mild depressive phases were associated with creative efforts whereas severe depressive episodes inhibited their creativity. Mild mood swings and “bipolar personality traits” interacted constructively with their creative striving. With respect to the relationship of alcohol- and drug-abuse, we show on behalf of a detailed analysis of the life and work of prominent Pop-Icons that addiction mostly leads to psychosocial disintegration and destruction of creativity.

**Conclusions:** An interplay between cognitive coherence and incoherence, emotional stability and instability, order and chaos accompanies many creative processes. The interdisciplinary approach shows that psychopathology can motivate creative efforts. However, if expressed severely, mental disorders inhibit or even destroy creativity.

**Disclosure:** No significant relationships.

**Keywords:** Creativity; psychopathology; Creative Bipolarity; psychotherapy

## Psychopharmacology and Pharmacoeconomics

## O228

### Olanzapine- induced metabolic syndrome pathogenesis: Hypothalamic “leptin resistance” or “pomc resistance”?

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