

## EV1410

### The chaos involved in Münchausen syndrome and Münchausen syndrome by proxy

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**Background** Encountering a patient with Münchausen syndrome (MS) or with MS by proxy is more frequent than it is assumed. Treating this type of patient is indeed a challenge, thus, knowing to depict the signs is important for every doctor. A specific therapeutic approach is needed and sometimes, even law enforcement must be involved.

**Objective** We plan to highlight the signs and consequences of Münchausen syndrome and Münchausen syndrome by proxy.

**Method** Clinical data were collected during admissions of patients in the psychiatric hospital. A literature review has been performed.

**Results** We report the case of a nurse diagnosed with MS, who had multiple admissions with different diagnostics, before the patient was exposed with the factious disorder diagnosis. We also report the case of a mother diagnosed with MS by proxy and the case of another mother where the obsessive-compulsive elements of her depressive disorder are combined with signs of MS by proxy, both of them inflicting consequences upon the child in care.

**Discussion and conclusions** Patients suffering from Münchausen syndrome and Münchausen syndrome by proxy can be a burden for society and for themselves. The relationship with them is sabotaged from the start. The diagnostic is difficult to establish. Numerous expensive procedures are being taken and a considerable amount of funds is spent. Most importantly, the abuse of a child with a parent or guardian suffering from this disease is incommensurable and can even lead to death. It is vital to take action as soon as these syndromes are discovered.

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## EV1412

### Post-thalamic stroke apathy, a review and case report

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**Introduction** Apathy is commonly defined as lack of, or diminished, emotion, interest, concern, interest and motivation manifesting as poor engagement with others and loss of pleasure in usual interests. Occurs in various medical condition (stroke, HIV, dementia and Parkinson disease) and other psychiatric disorders. It has been related with thalamus stroke, and seen on clinical practice as a blunted emotional response and indifference.

**Objective** We have tried to link cases of apathy associated with thalamic stroke and systematically review the literature for similar case reports.

**Methods** We have searched MEDLINE, EMBASE, IBIDS, and the Cochrane Collaboration Database until October 2015. Published case reports of apathy in persons who had suffered a brain stroke were selected.

**Results** Support the evidence in the literature of the multidimensional nature of apathy and correlate the psychiatric manifestation with the neurological findings. We find similar case reports that could support the anatomical substrate of the apathy and it's also correlated with the previous data reports.

**Conclusions** These findings are discussed and interpreted in the seeking of regarding the neurobiological substrate of apathy.

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## EV1413

### A case of neurosarcoidosis presenting with isolated psychotic symptoms

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Neurosarcoidosis (NS) is a neurologic manifestation of sarcoidosis, a rare multisystemic granulomatous disease. Although psychiatric symptoms have been reported to occur in 20% of patients with NS, isolated NS without any signs of systemic disease is a rarity.

**Case** A 56-year-old female admitted to psychiatry clinic due to complaints of forgetfulness, visual and auditory hallucinations, inability to go outside alone, washing hands in closet cabin, difficulty finding words for the last one year, progressing in last four months. Personal and family background was unremarkable. Vital signs and physical examination revealed no abnormalities. In neuropsychiatric examination, Glasgow Coma Scale score was 15 without any meningeal irritation signs or gait abnormalities. Cranial nerves, extrapyramidal, motor, cerebellar, and sensory systems were intact. All aspects of orientation (time, place and person) were impaired. She scored 12 points out of 30 in Mini Mental Test. Speech was non-fluent with looseness of associations. Impaired recall, abstract thinking, judgment, behaviour planning and attention were noted. Visiospatial disorientation and constructional dressing apraxia were revealed. MR Imaging reported a T2-weighted signal intensity change in nodular fashion suggesting a granulomatous lesion. Differential diagnoses included granulomatous diseases, neoplasms, infections and Behcet's disease. After necessary excluding evaluations were undergone, a diagnosis of NS was made due to increased angiotensin converting enzyme levels in cerebrospinal fluid. The clinical picture responded well to prednisone treatment and symptoms resolved within one month.

**Conclusion** Increased awareness is essential to identify rare granulomatous diseases as a differential diagnosis in encountering psychotic symptoms accompanying demantial clinic presentation.

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## EV1414

### Neurocognitive mechanisms behind mindfulness

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**Introduction** Clinical applications of mindfulness have become widespread since the introduction of the mindfulness-based stress reduction (MBSR), a treatment program originally developed for the management of chronic pain. Neuroimaging techniques have allowed uncovering the neural mechanisms behind Mindfulness techniques.

**Objective** To review some of the psychological and neural mechanisms behind mindfulness practice in order to explore the unique factors that account for its positive impact on emotional regulation and health.

**Aims** Psychological and neural mechanisms behind mindfulness practice are reviewed.

**Methods** A literature review of the theme is surveyed. Several articles were searched on Medline with the keywords “mindfulness”, “meditation”, “neurobiology” and “neurocognitive”.

**Results** Mindfulness may achieve effective outcomes in the treatment of anxiety, depression, and other psychopathologies through the contribution of emotional regulation. Cognitive reappraisal has been suggested as a core cognitive control skill whereby mindfulness practice may regulate emotions. It seems that a neural circuit comprising the prefrontal cortex (PFC), the anterior cingulate cortex (ACC), the amygdala (A), and the insula (I) are involved in the unique processes of mindful emotion regulation.

**Conclusions** Recent models of mindfulness allow for more rigorous examination and operationalization of the method to guide research. Increasingly investigators are focusing on the impact that mindfulness has on emotional regulation, which accounts for the effects on mental health.

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

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#### EV1415

### **Influence of clinical and organizational changes in the use of mechanical restraint. Eight-year retrospective analysis in Mental Health Hospital Unit of Jerez de Frontera**

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**Introduction** Aggressiveness is a multidimensional phenomenon, characterized by many cognitive and emotional processes, which is often present in psychiatric disorders. Until the present time, mechanical restraint has been a tool used in order to avoid risks for patients or other people around them. It should be used as a last option, so new strategies to reduce the use of these measures favoring others are being developed.

**Aim** We try to analyze the influence of clinical and organizational changes in the frequency and duration of mechanical restraints, in order to provide new data and built hypothesis for future intervention plans.

**Methodology** This oral communication presents a retrospective analysis of mechanical restraints carried out in the Mental Health Hospital Unit of Jerez de la Frontera between 2007 and 2014, both inclusive, a sample of 950 episodes. Several variables will be analyzed and related to the different organizational events conducted in the Clinical Management Unit of Jerez de la Frontera.

**Results** There has been a gradual reduction in the duration of mechanical restraints carried out in the Mental Health Unit Hospital of Jerez de la Frontera over the eight years studied, specially after the implementation of the agitation protocol developed in 2011.

**Conclusion** In our experience, the implementation of a comprehensive clinical record, deep observation of the patient by the professionals and the development of protocols to regularize interventions performed during an episode of psychomotor agitation

are useful strategies to reduce the duration of each mechanical restraint episode.

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#### EV1416

### **Descriptive study of mechanical restraint in acute psychiatric inpatient unit of Jerez De La Frontera: Analysis of a risk profile**

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**Introduction** Various medical and psychiatric conditions can determine the occurrence of disruptive behavior and aggression. Mechanical restraint is part of the strategies for managing these risks. Its use implies a multidisciplinary, phased and individualized for each case strategy, with attention to the ethical and legal issues surrounding this coercive intervention.

**Objective** The objective of this work is the analysis of the profile of patients who required mechanical restraint during hospitalization in a psychiatric inpatient unit.

**Methodology** Retrospective descriptive analysis by collecting data of patients, who required mechanical restraint during admission, between 2007 and 2014. The data sources were medical clinical history and nursing records. Variables analyzed were sex, age, clinical diagnosis at discharge and clinical state during the episode of mechanical restraint.

**Results** Of the total sample of patients requiring restraint ( $n=266$ ), 66.92% were men. The mean age of patients was 38.01 years. Distribution of clinical diagnoses based on ICD-10 coding: 30.23% F60 personality disorder ( $n=289$ ), 19.56% diagnosed with F31 bipolar disorder ( $n=187$ ) and 14.02% F20 schizophrenia. Regarding the clinical characteristics of the episode, 49.47% of patients had an agitation/violent state and in 23.11% risk of impulsive self-injury was evident, 13.47% had confusional syndrome.

**Conclusion** Data analyzed shows differences in frequency distribution because of patient profile and clinical diagnosis. Otherwise, organizational factors and appropriate amendments to this level appear to play a key role in minimizing the use of such coercive measures.

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#### EV1417

### **New data of the theory of self-medication**

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**Objective** The theory of self-medication in patients with severe mental illness has been exposed for years but to date has not been confirmed or ruled out. With this study, we intend to show the latest available evidence regarding this context.