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**Introduction** The discovery of mirror neurons, considered to be responsible for empathy, intrigued researchers all over the world. Many studies have been developed associating mirror neurons to the incidence of Autism Spectrum Disorder (ASD).

**Objective** Identifying a possible influence of mirror neuron in autism.

**Aims** Reviewing the recent trajectory of neuroscience in relation to the connection of impaired mirror neurons in autism.

**Method** Bibliographical review of studies in English, published in SciELO and LILACS databases, between 2008 and 2013. The keywords used were: autism, brain, cortex and mirror neuron.

**Results** Different subjects explored the influence of mirror neurons in autism as shown below (Fig. 1). Among 17 studies, 12 were bibliographical reviews and 5 involved experiments. Seventy-six percent of the studies were favorable to the influence of these neurons, while 24% were not.

**Conclusion** There was a balance in the distribution of themes explored in the articles and few studies exploring the role of mirror neurons in autism. Even though the current research may not be conclusive, it can be said that currently neuroscientists tend to agree that mirror neurons significantly influence ASD. Recent studies suggest that, if properly stimulated, ASD individuals can develop their social skill and, consequently, be socially inserted. According to most author studied, technological development is needed in order to enable scientific advances involving mirror-neurons and ASD.

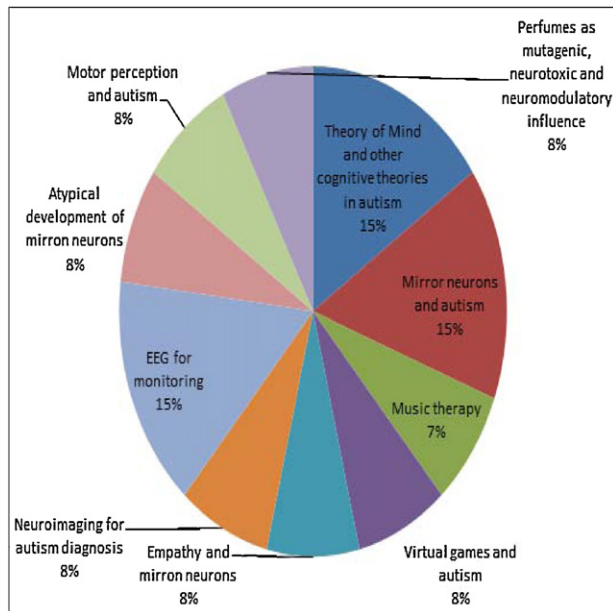


Fig. 1 Percentage of themes explored in the studies.

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## Comorbidity/Dual pathologies

EV362

### Tardive dyskinesia: When one should suspect of another diagnosis?

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**Introduction** Tardive dyskinesia is a collection of symptoms related to the side effects of neuroleptic medications that can mimic other types of disorders. Accurate diagnosis can be challenging, as there is no single test for tardive dyskinesia.

**Case report** Female patient, 64 years old, with personal history of Chronic Myeloid Leukaemia and psychosis since fourth decade, currently medicated with quetiapine 350 mg/day, risperidone IM 50 mg 15/15 days and trazodone 150 mg/day (previously medicated with haloperidol, amisulpride and olanzapine). She started with involuntary movements interpreted as tardive dyskinesia after 2 years on neuroleptic treatment. The difficult control of involuntary movements motivated the reference to ambulatory Neurology department. The review of personal history suggested a family history of involuntary movements and psychiatric illness. Physical examination showed generalized choreic movements. The analytical and imagiologic study was unremarkable. The presence of family history and involuntary movements atypical to be classified as tardive dyskinesia supported a genetic test for Huntington's disease who detected a CAG expansion with 43 repetitions in *HTT* gene. Despite treatment with amantadine and riluzole she maintains disease progression and evident cognitive deterioration.

**Conclusion** The diagnostic process of involuntary movements may involve more than one physician and requires the review of a detailed medical history, a physical examination and a neuropsychological evaluation in order to determine whether one is indeed suffering from tardive dyskinesia or a different neurological disorder.

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### Toxic consumption among patients suffering delusional disorder

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**Introduction** Several epidemiological studies describe the association between substance abuse and appearance of psychotic symptoms. There is a higher prevalence of psychotic symptoms among cannabis and cocaine consumers compared to the general population.

The cannabinoid receptors regulate the release of dopamine and cocaine has a strong inhibitory action on reuptake of the same. This may explain the greater proportion of subjects moderately or heavily dependent on cocaine or cannabis experience symptoms of psychotic sphere.

**Objectives/Aims** Describing the profile of drug consumption among a group of patients diagnosed with delusional disorder.

**Methods** Our data come from a case register study of delusional disorder in Andalucía (Spanish largest region). By accessing digital