

Aims To determine whether the choice of anesthetic drugs in the case of switching influences the effect on the Hamilton depression rating scale.

Methods We collected data of patients who received ECT for therapy resistant depression over the past five years. Choice of anesthetics, eventually switch and the score on the HDRS before and after ECT were included. The data was statistical analyzed.

Results 50 patients received ECT during past 5 years. ECT gives an improvement on the HDRS in all cases, whether there was a switch or not. Switching from methohexital to etomidate when shock duration is less than 21 seconds gives a significant difference in improvement on the HDRS (BI 1.288 to 13.538) compared to patients who did not switch.

Conclusions There are no significant differences on HDRS effect between the different anesthetics. Switching from methohexital to etomidate gives a significant improvement on HDRS compared with no switch.

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

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EW0648

Intrinsic functional connectivity of cortico-basal ganglia-thalamo-cortical circuitry underlying psychomotor retardation in major depressive disorder

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Introduction Psychomotor retardation (PMR) in depression is analogous to the hypokinesia in Parkinson's disease, which is associated with the unbalanced direct and indirect pathways of cortico-basal ganglia-thalamo-cortical (CBTC) circuitry. This study hypothesized PMR in major depressive disorder (MDD) should be associated with the hyperactivity of CBTC indirect pathways.

Objectives To substantiate the hypothesis that the PMR symptom of MDD might attribute to the hyperactivity of the cortico-basal ganglia-thalamo-cortical indirect pathway which could inhibit psychomotor performance.

Methods We investigated the intrinsic striato-subthalamic nucleus (STN)-thalamic functional connectivity (FC), three pivotal hubs of the indirect pathway, in 30 MDD patients with PMR (PMR group) and well matched 30 patients without PMR (NPMR group) at baseline, and 11 patients of each group at follow-up who remitted after antidepressant treatment.

Results The results showed increased STN-striatum FC of PMR group at baseline and no more discrepancy at follow-up, and significant correlation between PMR severity and thalamo-STN FC.

Conclusions Our findings suggested the increased STN-striatum FC should be considered as a state biomarker to distinguish MDD patients with PMR from patients without PMR at acute period, and thalamo-STN FC could be identified as the predictor of the PMR severity for MDD patients.

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

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e-Poster Walk: Ethics and psychiatry/Philosophy and psychiatry/Others-Part 1

EW0649

Is an isolation room harmful to patients with schizophrenia?: A biochemical study of salivary amylase

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Introduction Some patients with acute phase schizophrenia are too agitated to receive treatment in a normal hospital room. They must be isolated for the treatment. Although the stay in an isolation room seems harmful to patients, no study detailing the stress response to isolation with objective measures has been conducted.

Method Nine patients with schizophrenia or schizoaffective disorder were recruited (mean age = 52 years, male = 3, schizophrenic = 7). At the time of evaluation, they were staying in an isolation room. To evaluate stress response to the environment, the level of salivary amylase was tested when the patients were either in the isolation room (T1) or out of the isolation room (T2). T2 was defined as one hour after the room's door was opened. The data were analyzed by the Wilcoxon rank-sum test.

Result There is a significant difference between the median (range) levels of salivary amylase at T1 and T2 (19 [2–146] vs 44 [9–178], respectively, $P = 0.021$).

Discussion The data demonstrate that the stress response at T2 was stronger than that at T1, which suggests that the isolation room environment is less stressful to the patient compared to being outside the room. An environment that has many potential stimuli, such as the presence of other patients and a television in the lobby, may be harmful to patients with acute phase schizophrenia. Therefore, although the isolation room is apparently harmful, it could, in fact, have a positive effect on patients.

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EW0650

Outcomes of involuntary hospital admission. Satisfaction with treatment and the effect of involuntary admissions on patients

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Introduction Involuntary hospitalization in those presumed to be mentally ill has been a common practice. Although some patients are hospitalized for aggression, two-thirds of the patients are hospitalized because of the threat they pose to themselves. Although these patients require risk assessment and evaluation for possible presence of mental illness, the question is how much these patients will benefit from involuntary admission and what the long-term outcome would be.

Method All patients admitted involuntarily to the psychiatric ward in Kingston, Canada, and psychiatrists involved in their care were interviewed to see whether they think the involuntary admission was helpful. All patients were asked to fill-out MacArthur AES to assess their satisfaction with hospitalization.

Results Although psychiatrists frequently reported that the admission was justified, only 29 out of 81 patients reported being

explained to why they had been admitted involuntarily. Also, there was a significant difference in AES scores between those who were and were not given an explanation for admission. In addition, psychiatrists more often reported that the involuntary admission worsened the therapeutic relationship which was significantly associated with involuntary admission that was not explained to patients.

Discussion The results of our study shows that patients admitted involuntarily often feel disappointed with staff and mental health system. It could lead to feeling of hopelessness, frustration and low self-esteem. If explained, some patients who present with risk to self might accept voluntary admissions, that will improve therapeutic alliance with psychiatrists and increase satisfaction from hospitalization. Result of this study could improve the decision making process for involuntary admissions.

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EW0651

Genetic counselling in patients with bipolar disorder—ethical challenges

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Background Genetic counselling in psychiatric patients is almost always a challenge on multiple levels of communication, because the mental health specialist is situated between the need to validate the freedom of procreation, and the duty to inform patients about the risk of transmitting their disease to off-springs. Bipolar disorder (BPD) is reputed to be one of the most heritable psychiatric disorder, a factor that complicate even more the ethical situation.

Objectives To assess how psychiatrists and psychologists conducted genetic counseling for patients with BPD and the challenges that mental health professionals consider important when they need to make this type of counseling.

Methods Standardized interviewing of 15 psychiatrists and psychologists who experienced during their clinical practice aspects of genetic counseling in patients with BPD.

Results The most commonly reported problems related to the genetic counseling in bipolar patients were: lack of reliable data on family history (53.3%), amplification of patient stigmatization (46.6%), controversies in the literature on the assessment of the disease risk (40%), difficulties in maintaining a nondirective attitude (33.3%), lack of genetic counseling follow-up (33.3%), disproportionate interest from the partner without mental disorder, when compared to patients, in terms of aspects of genetic counseling (26.6%), alteration of the therapeutic relationship and patients interest in treatment (26.6%).

Conclusions Genetic counseling is a challenge for mental health professionals, who must cope with the lack of reliable data on the pathogenesis of BPD, negative reactions from the patients' partners, patient disinterest or hostility and possible negative effects on the therapeutic relationship.

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EW0652

Psychology feminine holiness

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Feminine holiness is a subject as complex as it is interesting—not least because of the very definition of the term—, in many occasions extraordinary and many others bitter, which has sparked interest throughout history, especially after the progress made on modernity.

Objective The main objective is less to show whether there is a psychiatric, infectious, neurological or any other form of pathological disorder linked to the behaviour of female saints, rather to evaluate all the psychological and social aspects that result in holiness as a mental state being largely a female attribute.

Material and methods For this, we have tested from birth to death, in what is possible, the lives of sixty religious women, through biographies and autobiographies since they were servants, pious or holy according to ecclesiastical terminology. This set was unavoidable to select twelve cases, which are set out exhaustively in this study.

Results and discussion Limiting ourselves to a purely psychiatric view, we can show the presence of psychopathology associated with exceptional states of consciousness, as would be ecstatic and mystical experience itself, present in most cases. We also found common psychological profiles, out of the sixty biographies and autobiographies of religious women analyzed: e.g. pain is used as a means of atonement and a way of removing the guilt of sin. We rule out major psychiatric disorders in the Santas we have analyzed. The behaviors they presented, even sometimes excessive, cannot be included in any of the current major psychiatric disorders.

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EW0653

Mental illness is an inevitable consequence of the singular diversity of human beings

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Nowadays, cosmopolitan populations increasingly applaud the broad physical, ethnic, racial, and cultural diversity of human beings. So long as we behave within sanctioned norms. This presentation will focus upon the above paradox: In contrast to delighting in physical, ethnic and cultural expressions of human diversity, present-day cosmopolitan societies increasingly call for conformity in behavioral and experiential realms. For example, at meetings such as this, we can freely express and celebrate racial, ethnic, and culturally differences, but we must communicate—within remarkably narrow ranges—cordiality, spontaneity, agreeableness, respectful disagreement and tact. And if we cannot?? We propose that the phenomenon of mental illness arises as a consequence of the phenomenon of human diversity coming up against constraints and limitations in mental and behavioral realms. This presentation will focus upon evolutionary, genetic, biological, anthropological, historical and cultural aspects of the primary role that human diversity plays in mental illness. We will discuss the adaptive origins and strengths associated with the extraordinary diversity of humans (and our pets/domestic animals) as well accompanying vulnerabilities. For example, diversity of skin pigmentation has enabled humans to extend across the globe. A consequence however, is enhanced vulnerability to skin cancer for some with fair skin and