

and what is just legend about Fischer. Our goal is promote chess, and also honour the great Fischer. Moreover, we wanted to explore the scientific literature published about the benefits of playing chess, especially in childhood.

Methods We made an exhaustive review of the author's life, and also testimonies of people who knew him. Moreover, we found some articles that review the relationship between chess and IQ trying to confirm or debunk some myths about this legendary game.

Results It was incomprehensible to everyone that the top of the career of Bobby Fischer at the same time meant an abrupt and complete fall. One possible explanation for this attitude would be a mentally unbalance not specified disorder throughout his lifespan.

Conclusions Not all geniuses are crazy, neither all crazy are geniuses. A genius is a person with extraordinary capabilities, that focused on a topic, has the ability to enlight new ways to explain this complex world, whether it is to create a symphony, paint masterpiece or the next move on the chessboard.

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EV1404

Evidence-based mindfulness

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Introduction Mindfulness is a form of meditation that cultivates present moment awareness in a non-judging way. It has a Buddhist origin but has been practiced in the last 40 years without relation to any religious belief. It has been proposed as a treatment for a variety of ailments.

Objectives To carry out an overview of systematic reviews of the evidence on mindfulness as a therapeutic tool.

Aims To summarize the existing evidence on the efficacy of mindfulness.

Methods We searched for systematic reviews in the Cochrane Database of Systematic Reviews (Cochrane Library).

Results We found nine Cochrane reviews (for fibromyalgia, aggressiveness in intellectually disabled people, mechanical neck disorders, reducing sedentariness at work, anxiety, somatoform disorders, and post-stroke fatigue), two Cochrane review protocols (stress reduction of patients with breast cancer, and substance use disorders), 50 non-Cochrane reviews (29 provisional abstracts and 21 structured abstracts from the Centre for Reviews and Dissemination) on the efficacy of mindfulness. The Cochrane reviews showed a lack of conclusive evidence for fibromyalgia, aggressiveness in intellectually disabled people, anxiety disorders, somatoform disorders and post-stroke fatigue. Mindfulness training induced a non-significant reduction in workplace sitting time. For chronic neck pain, mindfulness exercises minimally improved function but no global effect was perceived at short term.

Conclusions According to the existing Cochrane reviews, there is a general lack of evidence mindfulness as an effective treatment. For chronic neck pain, mindfulness exercises minimally improved function. We have detected important areas where high quality clinical trials are needed.

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EV1405

First psychotic episode on the fifth decade? Differential diagnosis of psychotic symptoms, about a case

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The postictal psychosis is a psychotic disorder that begins shortly after a crisis. Most often it affects patients with partial epilepsy and especially those with temporal lobe epilepsy. The postictal psychosis according to several publications can occur in up to 25% of patients with epilepsy. The psychotic disorder usually occurs within 24–48 hours after, be transient, with good response to treatment with antipsychotics and complete remission of psychotic symptoms. This case is for a woman of 58 years diagnosed with structural epilepsy after brain abscess left temporal intervened in childhood. The patient is being followed by neurology for complex partial seizures with secondary generalization in anti-epileptic treatment. The patient has previous studies of EEG, video EEG and brain MRI, evidence involvement of temporal lobe and hippocampus. The patient is brought to the emergency room after episode of sensory aphasia, unconsciousness and tonic-clonic limb movements, decreasing with diazepam. The patient, during the stay under observation, has auditory hallucinations, that generate anxiety must initiate being him quetiapina and clonazepam orally, yielding partially psychotic disorder, acute intracranial lesions are discarded and the patient is admitted by neurology. The evolution of psychotic disorder with antipsychotic down in a few weeks remaining asymptomatic. Epileptic psychosis is more common in refractory epilepsy. In all cases, you should make a joint approach between psychiatry and neurology, usually they have good response to antipsychotics.

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EV1406

Hypersensitivity to electricity: What place in clinical psychiatry?

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Hypersensitivity to electricity (EHS) is a self-defined syndrome where individuals experience symptoms while using or being in the proximity of equipment or devices that use electric, magnetic or electromagnetic fields. We present the case of a 45-year-old patient who received an EHS diagnosis several years ago. This patient was first sent to us for hospitalization in the psychiatric ward with mystic delusions and secondary behavior disorders. He had no remarkable psychiatric history and the thorough somatic examinations performed showed no anomaly. The EHS had first appeared 10 years ago with associated symptoms like fatigue, dizziness, headache, cognitive disturbances, as well as physically painful sensations. These symptoms had become gradually invalidating, preventing the patient from pursuing his professional activity. Nevertheless, he maintained his social and familial obligations, and, together with his wife, was still able to care for his 2 children. The patient presented, in the emergency ward, with delusions of mystical and persecuting nature of multiple mechanisms with total adherence. The initial symptomatology gradually improved under antipsychotic treatment without any real improvement of the EHS complaint. This case brought several questions. What is the place of the EHS diagnosis within the framework of a delirious episode?

Is there a link between these two diagnoses and more generally is there a psychiatric profile more frequently found in EHS patients?

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EV1407

Autoimmune limbic encephalitis. A rising differential diagnosis between diseases with psychiatric symptoms

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Introduction In psychiatric clinical practice, we can face numerous organic diseases in the differential diagnosis between primary psychiatric disorders. As an example of this, we can see the autoimmune limbic encephalitis (LE), which in a significant percentage of cases begins with psychiatric symptoms. Currently, one of the theories of the origin of the LE is as a idiopathic autoimmune entity, leaving behind the idea of been generated only by a viral or paraneoplastic etiology.

Objective To achieve a better knowledge about this underdiagnosed entity, presenting a case of an anti-LGI1 limbic encephalitis.

Case A 60-year-old Caucasian woman who starts with neuropsychiatric symptoms as: behavioral disorders, manic symptoms, memory impairment and attention deficit.

Results Finally, the diagnosis was confirmed when the patient had positive results in both serum and CSF samples for anti-LGI1 antibodies. Gastric neuroendocrino tumour type I was discovered. Neither paraneoplastic syndrome nor onconeural antibodies were shown. A thin hyperintense signal was identified in the left hippocampus using a brain MRI. Despite the patient had been treated with corticosteroids, immunosuppressants and immunoglobulins, she still showed positive antibodies in CSF samples with poor clinical results, especially psychiatric symptoms. The patient required one psychiatric hospitalization due to reference and persecutory delusions and manic symptoms.

Conclusion Our patient had an unsatisfactory evolution with little response to immune treatment. Given the possible underdiagnosis of this condition, the importance of a differential diagnosis and an early treatment, we consider that there is an important need for a greater knowledge and scientific divulgation of this clinical entity.

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EV1408

Burnout and associated factors among Tunisian teachers

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Introduction Teachers are confronted with increasing difficulties and demands that make them vulnerable to burnout.

Aims To evaluate burnout among a population of Tunisian teachers and to identify factors that may be involved.

Methods It was a cross-sectional, descriptive and analytic study, involving 165 teachers working in 10 primary schools and

7 high schools in Sfax, Tunisia. The participants completed a self-questionnaire containing their socio-demographic and professional characteristics. They were explored by the scale of the burnout: Le Maslach Burnout Inventory General Survey (MBI-GS).

Results The mean age of teachers was 39.96 years. The sex ratio (M:F) was 1.32. The majority (75.2%) was married. The burnout syndrome was found in 49.7% of teachers. Moderate burnout was found in 43% of cases and severe burnout in 6.7%. The causes of burnout reported by our population were bad working conditions (71.50%), quality of working relationships (65.5%) and overload work (30.3%). Bad working conditions were associated with a high level of emotional exhaustion ($P < 0.005$) and a low level of professional efficacy ($P < 0.001$), while poor quality of work relationships and overload work were associated to a high score on cynicism ($P < 0.001$) and a low score on professional efficacy ($P < 0.001$).

Conclusion According to our study, poor working conditions, overload work and bad quality of relationships seem to be risk factors of burnout in teachers. Preventive measures should be instituted against those factors to reduce the constraints of work and improve the professional quality of life of these individuals, essential thing to optimize the educational level in our country.

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EV1409

The treatment of "shell shock" in World War 1: Early attitudes and treatments for post-traumatic stress disorder and combat stress reaction

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Combat stress reaction is a mental health disorder first documented in the latter half of the 19th century. But it was not until World War 1 when men were put through the horrific ordeals of trench warfare that the term, "shell shocked" was coined. Many soldiers with shell shock then developed what is now called post-traumatic stress disorder (though the term was not defined until 1983) or acute stress disorder. The prevailing opinion was that these men who had often not suffered from any physical trauma were sufferers of cowardice. The British army created the PIE (proximity, immediacy, and expectancy) principles to get such men back to the trenches promptly where manpower was always needed. It was rarely regarded as a real psychiatric condition, which had two consequences. Firstly, that many soldiers progressed from shell shock to post-traumatic stress disorder and secondly, over 150 soldiers were executed by the British army for, "displaying cowardice" whilst in the grip of the illness. The diagnosis of "shell shock" was to be made increasingly frequently as wars became larger and more mechanized throughout the 20th century. Psychiatrists' management of such patients initially was primitive and influenced by the zeitgeist that such servicemen were not ill, having never come across such a widespread prevalence of mental health problems until the Great War. These ranged from prescriptions of milk to lobotomies. Understanding how "shell shock" was understood, treated and learning from the mistakes made then, continues to inform management of our patients today.

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