

EV315

Ganser syndrome: Review and case report

R. Faria*, D. Brandão, T. Novo, L. Quintela, A. Fonte
 Unidade Local de Saúde do Alto Minho, Departamento de Psiquiatria e Saúde Mental, Viana do Castelo, Portugal

* Corresponding author.

Introduction First described by Sigbert Ganser in 1887, Ganser syndrome consists in a rare condition, characterized by the following four clinical features: approximate answers, dulling of consciousness, conversion symptoms and hallucinations.

Objectives To present a case suggestive of Ganser Syndrome and to review the literature with particular regard to the aetiology of this condition.

Methods Literature review, using computerized databases (MEDLINE®, Medscape®). Articles were selected based on the content of their abstract and their relevance.

Results A 58-year-old woman was admitted to a Psychiatric Unit of a General Hospital for presenting behavioural abnormalities of acute onset. During hospitalization, the patient displayed indifference, incoherent speech with approximate answers, motor abnormalities and auditory pseudohallucinations. The patient was evaluated by a neurologist and various exams were performed (blood tests, CT, MRI, EEG) that showed no significant abnormalities. Pharmacological treatment consisted of antidepressant and antipsychotic medications. During the follow-up, there was a slow but gradual improvement of symptoms. Six months after hospitalization the patient decided to end up the follow-up.

Conclusions Little is still known about Ganser Syndrome. The four aetiological perspectives consider: hysterical origin, malingering or factitious disorder, psychotic origin and organic origin. The lack of reports and information about Ganser syndrome made it worthwhile reporting this case.

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

<http://dx.doi.org/10.1016/j.eurpsy.2016.01.1300>

EV316

Evolution of diagnostic frequency in schizophrenia spectrum disorders in Acute Psychiatric Unit in Barcelona

M. Grifell^{1,*}, L. Galindo¹, M. Campillo¹, L. Gonzalez¹, A. Palomo¹, C. Diez-aja¹, A. Grau¹, L. San-Emeterio¹, M. Ibarra¹, R. Sanchez¹, L.M. Martín¹, L. García¹, O. Orejas¹, T. Salvador¹, H. Manteca¹, V. Pérez^{1,2}

¹ Parc de salut mar, Institut de neuropsiquiatria i addiccions, Barcelona, Spain

² Centro de investigación Biomédica en Red de Salud Mental CIBERSAM G21, Psychiatry, Barcelona, Spain

* Corresponding author.

Introduction Several studies have suggested variations in the prevalence of schizophrenia spectrum disorders diagnosis across time. This could be due to a change in diagnostic practice motivated either for changes in DSM criteria as for local culture factors. The aim of this study is to explore the evolution of the schizophrenia spectrum disorders. We hypothesize that we would observe a transference from the schizophrenia diagnosis to psychosis not otherwise specified.

Methods A retrospective review of all psychiatric discharges in acute unit in the INAD of Parc de Salut Mar of Barcelona, between 2002 and 2014 was performed, relating each discharge to its axis I psychiatric diagnosis. An ANOVA analysis was used to calculate the differences between the months and the frequency of the diagnosis.

Conclusion We have not been able to observe any transference between diagnoses across years. We observe a decrease of the proportion of schizophrenic spectrum disorders in its prevalence

at discharge from 2012 to 2014. The proportion of not otherwise specified psychosis remains quite constant as a third of the schizophrenia diagnoses.

Disclosure of interest The authors report no conflict of interest in this study. LG is funded by the Instituto.de.Salud.Carlos.III (CM14/00111).

Further readings

Castagnini, A., Berrios, G. E. (2009). Acute and transient psychotic disorders (ICD-10 F23): a review from a European perspective. *Eur Arch Psychiatry Clin Neurosci* 259(8):433–43. <http://dx.doi.org/10.1007/s00406-009-0008-2>.

Mundt, A. P., Fakhridinov, S., Fayzirahmanova, M., Aichberger, M. C., Ivens, S., Schouler-Ocak, M., Ströhle, A. (2011). Use of psychiatric inpatient capacities and diagnostic practice in Tashkent/Uzbekistan as compared to Berlin/Germany. *Soc Psychiatry Psychiat Epidemiol* 46(12), 1295–302. <http://dx.doi.org/10.1007/s00127-010-0299-7>.

<http://dx.doi.org/10.1016/j.eurpsy.2016.01.1301>

EV317

Disruptive mood dysregulation disorder in adults: A case report

O. Kilic^{1,*}, E. Demirbas Cakir², A.E. Tufan²

¹ Beykent University, Psychology, Istanbul, Turkey

² Abant İzzet Baysal University İzzet Baysal Mental Health Research and Training Hospital, Child and Adolescent Psychiatry, Bolu, Turkey

* Corresponding author.

Introduction Disruptive mood dysregulation disorder (DMDD) defined by DSM-V is characterized by severe and recurrent temper outbursts and persistently irritable or angry mood.

Objectives Our aim is to attract attention to an adult case with DMDD since the literature is lacking adult manifestations.

Case report A 18-year-old boy have been on follow-up in our outpatient clinic since he was 12 with complaints of being increasingly irritable and angry during most of the day. He had temper tantrums six or seven times per week involving verbal rages, physical aggression and throwing things to friends and family members. There had never been a distinct period lasting more than one day during which the full symptom criteria, for a manic, hypomanic or a depressive episode had been met. He was also reported to be hyperactive, impulsive, and had difficulty concentrating and focusing since he was seven. Laboratory evaluations were within normal limits. Results of screening forms provided by parents and teachers supported the presence of attention deficit and hyperactivity disorder (ADHD). ASRS, YMRS, STAXI, SCID-I, Diagnostic Interview for Adult ADHD (DIVA) were the psychometric evaluations carried out in order better to characterize the clinical situation.

Results He was considered as fulfilling DSM-5 criteria for ADHD and DMDD, and started on sertraline 50mg/day and OROS methylphenidate 36 mg/day. At the following visits, temper tantrums were much reduced and there were moderate improvement in ADHD symptoms.

Conclusions By defining the adult manifestations of DMDD accurately, clinicians will be able to improve diagnosis and care.

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

<http://dx.doi.org/10.1016/j.eurpsy.2016.01.1302>

EV318

Clinical manifestations in patients with acute and transient psychosis

Á. López Díaz^{1,*}, A. Soler Iborte², S. Galiano Rus¹,

J.L. Fernández González¹, J.I. Aznarte López²

¹ Hospital San Juan de la Cruz, Mental Health Services, Úbeda, Spain

² Hospital San Agustín, Mental Health Services, Linares, Spain

* Corresponding author.