

Case report Mrs. W. is a 28-year-old mother of three children. In her medical history, she was diagnosed with gestational diabetes and treated briefly with insulin. She was hospitalized several times for hypoglycemia and she was diagnosed with factitious disorder. Lately, her youngest daughter aged 2 years old was hospitalized in the pediatric department for repeated unexplained loss of consciousness. The hospitalization lasted 2 months with recurrence of severe hypoglycemia. A full metabolic screen revealed no abnormalities. The mood of the mother appeared quite discordant with the situation. Strict monitoring of maternal behavior showed that the mother gives insulin injections to her daughter. She denied deliberately injecting insulin, and then she accused the health workers. She was referred to our psychiatric department and we diagnosed the MSBP.

Conclusion MSBP should be considered particularly in patients who have been evaluated by more than one hospital and have discordant test results.

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EV0915

Which one is the best anaesthetic agent for Ect?

H. Saiz Garcia^{1,*}, L. Montes Reula¹, A. Portilla Fernandez¹, V. Pereira Sanchez², N. Olmo Lopez³, E. Mancha Heredero¹, A.S. Rosero Enriquez¹, M.E. Martinez Parreño¹

¹ Complejo Hospitalario Navarra, Psychiatry, Pamplona, Spain

² Clinica Universidad Navarra, Psychiatry, Pamplona, Spain

³ CSM Salburua, Psychiatry, Vitoria, Spain

* Corresponding author.

Introduction The most frequently used anesthesiologic agents are methohexital, thiopental, etomidate, propofol, ketamine, and sevoflurane. The objective is to clarify the differences on recovery, cardiovascular variables, cognitive functions, and response to treatment showed by these drugs.

Methods A review was conducted aiming to clarify the differences between anaesthetic agents used in ECT. The literature search was conducted in PubMed data reviewing articles dating between 2015 and 2016.

Results – Propofol seems to have better hemodynamic effects in comparison with etomidate in patients with schizophrenia and depression;

– The seizure duration was significantly shorter with propofol, but this did not cause a difference regarding clinical improvement;

– The seizure duration was longer with etomidate in many studies. It did not decrease in a dose-dependent fashion with etomidate in a study comparing methohexital, etomidate, and propofol;

– The most frequently observed adverse effects were arrhythmias and nausea and they occurred more frequently in patients who were given thiopental. The pain at the injection site was more frequent in patients who were given propofol;

– Etomidate seems to have better clinical improvement than thiopental. Thiopental seems to have better results than propofol, which has an anticonvulsant feature effects.

Conclusions In order to figure out which anaesthetic agent was the most indicated for undergoing ECT, we found that both EEG-based seizure duration and motor seizure duration showed the sequence etomidate>methohexital>thiopental>propofol. These items are directly related with clinical improvement. When a drug is chosen, it is important to individualize the treatment according to the patients' comorbidity.

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Neuroacanthocytosis syndromes and neuropsychiatry symptoms associated

H. Saiz Garcia^{1,*}, L. Montes Reula¹, A. Portilla Fernandez¹, V. Pereira Sanchez², N. Olmo Lopez³, E. Mancha Heredero¹, A.S. Rosero Enriquez¹

¹ Complejo Hospitalario Navarra, Psychiatry, Pamplona, Spain

² Clinica Universidad de Navarra, Psychiatry, Pamplona, Spain

³ CSM Salburua, Psychiatry, Vitoria, Spain

* Corresponding author.

Introduction Neuroacanthocytosis is an infrequent cause of both neurological and psychiatric manifestations, and acanthocytes, which are a special form of spiculated red blood cells. Clinically significant psychopathology, ranging from behavioural disturbance to frank psychiatric illness, has been reported to occur in up to 60% of ChAc patients.

Methods A review was conducted aiming to clarify the physiopathology of this illness and its clinical features in order to distinguish neuroacanthocytosis from other neurological or psychiatric diseases. The literature search was conducted in PubMed data reviewing articles dating between 2010 and 2016.

Results – Neuroacanthocytosis autosomal recessive disorder associated with mutations or deletions in the VPS13A gene on chromosome 9q, which codes for the membrane protein chorein. Chorein is strongly expressed in the brain. Chorein loss particularly affects the basal ganglia, especially the caudate nucleus and putamen;

– Dysexecutive syndromes, OCD, depression and possibly psychosis, which may precede the frank motor and cognitive impairment;

– The most recently developed treatment for neuroacanthocytoses is the use of deep-brain stimulation (DBS), with stimulation of the globus pallidus internus.

Conclusions While conducting a neurological exam, secondary causes of psychosis have to be included in the differential diagnosis. It is important to notice the possible confusion between tardive dyskinesia and a primary movement disorder. It should be necessary to investigate all de novo movement disorders in psychotic patients in order to eliminate etiologies other than iatrogenic ones.

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A review about comorbidity between obsessive-compulsive symptoms and huntingong disease and a case report

L. Sánchez Blanco^{1,*}, M. Juncal Ruíz¹, G. Pardo de Santayana Jenaro¹, M. Gómez Revuelta², R. Landera Rodríguez¹, O. Porta Olivares¹, D. Abejas Díez¹, N.I. Núñez Morales¹

¹ Hospital Universitario Marqués de Valdecilla, Psychiatry, Santander, Spain

² Hospital Universitario de Álava-sede Santiago, Psychiatry, Vitoria-Gasteiz, Spain

* Corresponding author.

Introduction The concept of obsessive-compulsive disorder (OCD) as a disorder that affects the basal ganglia arising to the phenomenological similarities found between idiopathic OCD and other conditions associated with basal ganglia disease such as Huntington's disease (HD) and Sydenham's chorea. Huntingong's disease is characterized by cognitive, motor and neuropsychiatric symptoms.

Aims A review of articles published from 1989 to 2016 in PubMed and UpToDate about relationship between HD and obsessive-compulsive symptoms.