

Results Concepts like identity clarity and identity value attributions are closely related to psychological well-being and may influence vulnerability or resilience to severe mental illness. Simultaneously, these concepts are also regarded as closely linked to social and cultural identity. Feelings of uncertainty between multiple existential positions that may arise for migrants (especially if hierarchical and unequal relationships of power are established) could compromise the sense of meaning and coherence of the self and compromise identity structure, thereby predisposing to psychotic experiences.

Conclusions Even taking into account the heterogeneity of the reviewed articles, there seems to be some consensus regarding the importance of culture on how individuals experience themselves and others and that preservation of a solid and coherent cultural identity may be a crucial aspect to take into account when studying resilience against severe mental diseases.

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

<http://dx.doi.org/10.1016/j.eurpsy.2017.01.1015>

e-Poster viewing: Neuroimaging

EV0686

Major depressive disorder comorbid severe hydrocephalus due to Arnold Chiari malformation in an apathetic patient

A. Kandeger¹, H.A. Guler^{2,*}, O. Guler³

¹ Selcuk University, Psychiatry, Konya, Turkey

² Selcuk University, Department of Child and Adolescent Psychiatry, Konya, Turkey

³ Selcuk University, Department of Psychiatry, Konya, Turkey

* Corresponding author.

Objective Arnold Chiari Malformation (ACM) is a disorder of embryologic development that is characterized of herniation of the cerebellar structures through the foramen magnum by four types. ACM type 1 (ACM 1) consists in cerebellar tonsil herniation, which is sometimes associated with other abnormalities, including syringohydromyelia, hydrocephalus and skull base alterations. To date, five cases of psychiatric disorders comorbid with ACM-I have been reported. We here present an apathetic patient have delayed diagnosis ACM-I and severe hydrocephalus and comorbid major depressive disorder.

Case A 36-year-old, male patient who is married and two children, was admitted to hospital with don't want to make anything, despondency, thoughts of have an incompetency, uselessness and want to death, tiredness, weakness complaints which are increased day by day last 2 months. He was diagnosed with major depression after the psychiatric evaluation and hospitalised. He has unwillingness, tiredness and headache complaints which are started when he was 20 years old and he used antidepressant, anxiolytic, and low dose antipsychotic drugs under psychiatrist control at this years. In radiologic evaluation, Arnold Chiari type 1 and severe hydrocephalus was detected in brain magnetic resonance imaging.

Discussion ACM 1 is related to hydrocephalus as a result of posterior fossa hypoplasia and causes spinal injury by obstruction to cerebrospinal fluid (CSF) flow at the foramen magnum. Apathy is a common yet often overlooked symptom in hydrocephalus. This symptom may be a significant obstacle for cognition and quality of life and is associated with increased level of depression.

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

<http://dx.doi.org/10.1016/j.eurpsy.2017.01.1016>

EV0687

Perfusion SPECT in the differential diagnosis of dementia

D. Brigadeiro*, J. Nunes, T. Ventura Gil, P. Costa

Hospital Sousa Martins-ULS Guarda EPE, Departamento de Psiquiatria e Saúde Mental, Guarda, Portugal

* Corresponding author.

Dementia is a syndrome—usually of a chronic or progressive nature—in which there is deterioration in cognitive function beyond what might be expected from normal ageing (WHO). As the world population ages, the number of people afflicted with dementing illnesses will increase. This neurodegenerative disease is one of the major causes of disability and dependency among older people worldwide. Brain single-photon emission computed tomography (SPECT) allows the study of regional cerebral blood flow, providing functional information. Each of the different types of dementia has a distinct blood flow pattern that is revealed with SPECT imaging and which can be used for differential diagnoses. This imaging technique can also be used to differentiate dementia from pseudodementia. The use of SPECT has been recommended in various guidelines to help in differential diagnosis of dementia. The National Institute for Health and Clinical Excellence in the UK recommend the use of SPECT or positron emission tomography (PET) to help differentiate Alzheimer's disease (AD) from frontotemporal dementia and vascular dementia when there is diagnostic doubt (NICE, 2006). The European Federation of the Neurological Societies guidelines for diagnosis also supports the use of FDG-PET (18F fluorodeoxyglucose positron emission tomography) or perfusion SPECT when clarifying a diagnosis of AD. This review describes the utility of perfusion SPECT in differential diagnosis of neurodegenerative dementias.

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

<http://dx.doi.org/10.1016/j.eurpsy.2017.01.1017>

EV0688

Examining the clinical utility of neuroimaging on an inpatient psychiatric unit

L. Gonzalez*, M. Mashayekh, W. Gu, P. Korenis, A. Khadivi

Bronx Lebanon Hospital Center, Psychiatry, Bronx, USA

* Corresponding author.

Introduction Recent developments in neuroimaging have revolutionized medicine and aided in our understanding of how biological abnormalities may contribute to clinical presentation. While such advances have begun to enhance our knowledge about the timing of abnormalities, it remains unclear at this time how neuroimaging impacts the clinical course of the patient. In addition, much debate exists regarding the clinical necessity of neuroimaging for psychiatric conditions, and there are contradictory reports and guidelines for the application of conventional brain imaging (MRI and CT) in the evaluation of patients with mental illness.

Objective We aim to review the clinical utility of neuroimaging in an acute psychiatric setting, and hypothesize that there will be no significant differences between the outcome of neuroimaging and clinical course for patients.

Method We conducted a retrospective chart review of adult patients who were diagnosed and treated for psychiatric conditions on an inpatient psychiatric service over a period of 36 months July 1, 2013–June 30, 2016.

Conclusions While imaging advances have added to our understanding of biological abnormalities and can aid in ruling out organic causes of psychiatric illness, at this time it is not guiding clinical management for patients.