

Present days are characterized by increased level of various psychosomatic disorders among different populations in economically developing countries. Moreover every mental disease contains somatic symptoms and these symptoms may interfere in whole picture, change the diagnostic schedule. In case of mild disorders patient's reaction to somatic disease was mostly hysteric: exaggeration of pathological sensations, suggestibility and self-suggestibility. Whole picture of the neurosis was very colourful, dynamical, with instable pathological manifestations, intention to draw one's attention.

Transition to long-term variant of dynamics mental disorder was accompanied by concentration on the smallest somatic sensations, seeking benefit from a disease state, "flight into the illness", nosophilia. We identified prominent increase of hypochondriac symptoms in the group of patients with long course of dissociative disorders (33.4%) as compared with the group of acute and sub-acute course of the disorder (11.4%).

In patients with long course of dissociative disorders we observed accumulation of somatic pathology, in most cases one patient suffered from different somatic diseases. Increasing of rate of hypertension (31.33%) and different dishormonal disorders (37.5%) was the most prominent.

In psychological "portrait" of the patients with psychosomatic disorders we identified the great number of combinations of pathocharacterologic traits, creating the patient's "facade", complicating interactions and compliance with physicians and psychiatrists.

Interactions between features of mental disorders and somatic disorders, psychological stress appear to us to be rather close. Presence of the somatic process leads to chronification of the neuroses, "flight into the illness", decrease of dependence of clinical dynamics on psychogenics.

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EV0257

Irreversible silent

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Objectives Lithium is a well-known substance used in treatment of mood disorders. It has a narrow therapeutic index with recognised adverse effects on renal and thyroid function. Clinical guidelines published by the national institute for health and clinical excellence in the United Kingdom (NICE) recommend renal and thyroid function checks before lithium is prescribed, as well as ongoing monitoring of renal function, thyroid function and serum lithium levels. Lithium-induced drug toxicity is frequently seen in clinical practice. While the ongoing monitoring serves to monitor reversible side effects of Lithium provided its discontinued, rarely patients develop a persistent neurological side effect known as a syndrome of irreversible lithium-effectuated neurotoxicity (SILENT).

Method This is a case report on a patient where the patient developed SILENT syndrome after being treated with Lithium, long term for bipolar disorder.

Results This case supports the biological mechanism of SILENT syndrome. It also caused a huge implication in the patient's care.

Conclusions As clinicians, we are well aware of following treatment guidelines for Lithium. This case report was written to raise awareness regarding a "SILENT" albeit significantly debilitating syndrome of Lithium use.

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The sofa is better than Freud

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When it comes to the therapeutic dialog between doctor and patient, psychiatrist or psychotherapist and user, there are several factors that are taken into consideration, though some of these aren't of a specific psychological model, they fulfill an important role both in the management of the relationship itself as well as in the care.

Their importance in the therapeutic relationship is such that a doctor or a therapist cannot simply manage them by "common sense", or follow his own propensity for dialogue: he must know them well and he needs a training on their own management with the same precision that is needed for the specific psychological model training.

Contrary to widespread belief we think that education on non-specific factors has to be desirable and that the ability to manage them can be implemented both by a deeper understanding as well as by dedicated training tools.

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EV0259

Suspension of judgement: A tool for non-invasive therapeutic relationship

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We often refer to our ability to perceive the other mind as a gift of our experience that helps us in our work. But to use this insight as a guidance counselor in the treatment process is sometimes a harbinger of relational mistakes that affect the success of the treatment.

The specialist, psychiatrist or psychotherapist (but also other aid professionals), has to learn the process of the suspension of judgement "epochè", described in Jaspers' psychopathology.

To foster learning of "epochè" we developed some exercises that help the young therapist in training. We believe they are also particularly useful for the training of students who are undergoing specialized training to become psychiatrists.

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Neurosyphilis presenting with affective psychosis and Parkinsonism: A case report

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Introduction A 38-year-old gentleman was admitted to an inpatient psychiatric unit with a first episode of fluctuating affective psychosis. He initially presented as manic although subsequently evolved a severe depressive episode, with prominent bizarre, affect-incongruent delusions throughout this period. Upon admission, anisocoria was evident, although this was attributed to a past head injury. Over the course of his admission he developed emergent Parkinsonism, initially ascribed to prescription of aripiprazole. Given his anisocoria and worsening Parkinsonism, further investigation was undertaken. While his MRI brain scan was unremarkable, his serum and CSF specimens tested positive for