Methods Clinical and literature reviews.
Results (Case report) This poster presents the case of 92-year-old woman who lives alone with no family support who was brought to the emergency room due to a fall. Consequently, she was diagnosed with small cell lung carcinoma. Instead of the proposed short term rehab to receive radiotherapy, the patient insisted that she be discharged to her home. The psychosomatic team was consulted to evaluate the patient's capacity to make a decision regarding this form of treatment. The psychiatrist who evaluated the patient felt that she lacks capacity. However, palliative care felt strongly that patient's capacity should not be challenged, arguing that she has been living independently, doing well, and is agreeing to treatment.
Conclusion We will review the most updated guidelines on how to perform a capacity evaluation, how these guidelines are incorporated in residency curriculums, and whether residents from various specialties are being trained on evaluating decisional capacity. We will also explore optimal ways to educate primary care physicians on how to evaluate decisional capacity and when to seek psychiatrists' expertise for these evaluations.
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EV0302

Polydipsia and intermittent hyponatremia

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Introduction Hyponatraemia occurs in 4% of schizophrenic patients. Dilutional hyponatraemia, due to inappropriate retention of water and excretion of sodium, occurs with different psychotropic medications and could lead to hippocampal dysfunction. This complication is usually asymptomatic but can cause severe problems, as lethargy and confusion, difficult to diagnose in mentally ill patients.
Objectives To describe a case of a patient with psychotropic poli-therapy, admitted three times due to hyponatremia and the pharmacological changes that improved his condition.
Aims To broadcast the intermittent hyponatraemia and polydipsia (PIP), a not rare condition, suffered by treated schizophrenic patients and discuss its physiopathology and treatment thorough a case report.
Methods A 56-year schizophrenic male was admitted for presenting disorganized behavior, agitation, auditory hallucinations, disorientation, ataxia, vomits and urinary retention. He was on clomipramine, haloperidol and clotiapine (recently added), quetiapine, fluphenazine and clonazepam. After water restriction his symptoms improved and he was discharged. Twenty-five days later, he was readmitted for presenting the same symptoms and after water restriction, he was discharged. Five days later, he was again admitted and transferred to the psychiatric ward.
Results Haloperidol, fluphenazine and clomipramine were replaced by clozapine. These changes lead him to normalize the hypoosmolality and reduce his water-voracity. Endocrinology team did not label this episode of SIADH due to its borderline blood and urine parameters.
Conclusions Hyponatremia is frequent in schizophrenic patients and may have severe consequences. Therefore, a prompt recognition and treatment is warranted.
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EV0303

Clozapine induced diarrhea

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Introduction Clozapine (CZP) is the only antipsychotic approved for resistant schizophrenia 1. Due to its side effects, CZP is not the first therapeutic option in a psychotic episode. Its anticholinergic effects often cause constipation, however, diarrhea have also been described in literature.
Objectives We describe a patient with two episodes of severe diarrhea after clozapine initiation, which lead to CZP discontinuation.
Aims Discuss about the differential diagnosis of diarrhea in CZP patients and the needing of a further studies for clarify the more appropriate management in CZP induced diarrhea.
Methods We present a case report of a 46 years man diagnosed with schizoaffective disorder who presented two episodes of severe diarrhea with fever, which forced his transfer to internal medicine and UCI after CZP initiation.
Results At the first episode analytical, radiological and histological findings led to Crohn's disease diagnosis, which required budesonide and mesalazine treatment. In the second episode, the digestive team concluded that the episode was due to clozapine toxicity despite the controversial findings (clostridium toxin and Crohn's compatible biopsies)
Conclusions Diarrhea caused by CZP has been controversial in the literature. However due to the severity of digestive episodes and the paucity of alternative treatments further studies for a better understanding of its physiopathology are warranted.
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EV0304

The unnoticed interictal disphoric disorder

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Introduction Psychiatric morbidity in refractory epilepsy is frequent and has a negative influence on quality of life. Treatment-refractory epileptic patients are at higher risk of developing psychiatric disturbances. The interictal dysphoric disorder (IDD) has been described as a pleomorphic pattern of symptoms claimed to be typical of patients with epilepsy. It is characterized by 3/8 symptoms: depressive mood, anergia, pain, insomnia, fear, anxiety, irritability, and euphoric mood.
Objectives To provide evidence that psychiatric morbidity is high in refractory epilepsy and to describe associations to IDD.
Aims The present study aims to show that there are typical psychiatric conditions in epilepsy that can be unnoticed.
Methods We cross-sectional analyzed the psychopathologic outcomes of patients with refractory epilepsy. The assessments methods included SCID for DSM-IV and clinical interview for epileptic specific psychiatric conditions.
Results The sample consists of 153 patients, with a mean age of 37. A total of 42.5% were males. One or more Axis I diagnoses

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was seen in 38% of the patients. The most common condition was IDD (27.1%), followed by affective and anxiety disorders (22 and 15.3% respectively). Considering patients with IDD, we found differences in locus ($P = 0.001$) (present in 34.3% of non-stablished locus, 8.6% of extra-temporal locus and 57.1% of temporal locus) but not with hemisphere, sex, type of crises, treatment. We neither found correlation with age, number of crisis or number of treatments.

Conclusions Psychiatric co-morbidities as IDD do not appear in the DSM-IV but are prevalent and could be related with temporal locus.

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EV0305

Cardiovascular risk factors, anxiety symptoms and inflammation markers: Evidence of association from a cross-sectional study

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Introduction Anxiety disorders and Cardiovascular (CV) diseases, among the most common disorders in Western World, are often comorbid. A chronic systemic inflammatory state might be a shared underlining pathophysiological mechanism.

Aims To investigate the association between anxiety symptoms, CV risks factors and inflammatory markers in an outpatient sample.

Methods Cross-sectional study. Inclusion criteria: outpatients aged ≥40 years, attending colonoscopy after positive faecal occult blood test, negative medical history for cancer. Collected data: blood pressure, glycaemia, lipid profile, waist circumference, BMI, PCR (C Reactive Protein), LPS (bacterial Lipopolysaccharide). Psychometric tests: HADS, TCI, IMSA, SF36. Statistical analysis performed with STATA13.

Results Fifty four patients enrolled (27 males, 27 females). Sixteen patients (30.19%) were positive for anxiety symptoms. Thirty-three patients (61.11%) had hypertension, 14 (25.93%) hyperglycaemia and 64.81% were overweight, with frank obesity (BMI≥ 30) in 11 subjects (20.37%). Anxiety symptoms were associated with low hematic HDL values ($OR = 0.01$; $P = 0.01$) and high concentration of triglycerides ($OR = 0.023$; $P = 0.02$) at the multiple regression model. At the univariate logistic analysis, anxiety was associated with LPS ($OR = 1.06$; $P = 0.04$).

Conclusions Further evidence over the epidemiological link between common mental disorders and CV diseases was collected, with possible hints on pathophysiology and causative mechanisms related to inflammation. The importance of screening for anxiety and depression in medical populations is confirmed. Suggestions on future availability of screening tools based on inflammatory-related indicators should be the focus of future research.

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EV0306

How are personality traits and physical activity involved in colorectal carcinogenesis? A cross-sectional study on patients undergoing colonoscopy

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Introduction Inflammatory state of the large bowel is a key factor for the development of colorectal cancer (CRC). It has multifactorial aetiology, including psychological determinants. Physical activity may have a protective function against CRC via anti-inflammatory properties; on the contrary, personality traits correlate with an unhealthy and dangerous lifestyle.

Objective To measure the association between personality traits, lifestyle and colonoscopy outcome.

Methods Cross sectional study. Patients undergoing colonoscopy aged 40 or more, with a negative history for cancer or inflammatory bowel disease, were enrolled. Data collected: colonoscopy outcome, smoke, alcohol, physical activity, presence/absence of Metabolic Syndrome, personality traits assessed by the Temperament & Character Inventory (TCI).

Results In a sample of 53 subjects (females = 24, 45.3%), the mean age was 60.66 ± 9.08. At least one adenoma was found to 23 patients (43.3%). Twenty patients were smokers (37.74%), 36 (67.92%) drank alcohol at least weekly; approximately 60% reported regular physical activity. At the multivariate regression, the outcome was associated to: TCI Self Transcendence domain (ST) ($OR = 1.36$, $P = 0.04$) and physical activity ($OR = 0.14$, $P = 0.03$).

Conclusion People with ST's characteristic personality traits and sedentary life style are more likely to have precancerous colorectal lesions. This confirms the protective role of physical activity, and suggests to further explore the role of personality in cancerogenesis.

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

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EV0307

Psychiatry intervention in cerebellar cognitive affective disorder: Case report

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Background/objectives Cerebellar cognitive affective syndrome (CCAS) is a condition that arises from cerebellar lesions. CCAS can easily be overlooked by medical teams; therefore a bibliographic