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Introduction The simultaneous presence of temporal epilepsy and psychosis includes a careful approach to diagnosis and titration of medication.

Aim To achieve remission of comorbid diseases resistant to therapy.

Methods Psychotherapy interview and support, laboratory measurements, EEG, cerebral CT and MRI scan, psychological testing.

Results The patient was a girl 16 years of age. In 2011, she started experiencing auditory hallucinations of disturbing content, ideas of persecution, and she feared that people were going to kill her, all of which were bothering her deeply. In the family anamnesis, her grandmother and aunt both suffer from schizophrenia. In the first neurological assessment, there were no aberrations. The patient was treated with high doses of various antipsychotics, but the hallucinations became unbearable to the extent that she was about to commit suicide. Anticonvulsive therapy was planned, and in the meantime, a second neurological assessment was performed, which confirmed the coexistence of temporal epilepsy. Combined therapy consisting of anticonvulsive and antipsychotic medication markedly abated the hallucinations. However, the patient began to feel cramping of the right arm, as well as experiencing the negative symptoms of psychosis. She wasn't functioning normally anymore, she was distinctly adynamic, depressive, with a lack of initiative, and poor memory and concentration. Psychological testing confirmed significant cognitive, emotional and personality disorders (of organic source).

Conclusion Treatment of the overlapping symptoms of temporal epilepsy and psychosis is complex, along with the presence of intellectual deterioration.

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EV380

Clinical aspects of depression in Parkinson's disease

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Introduction Parkinson's disease is the most common neurodegenerative movement disorder in the elderly population. The disease is clinically characterized by major motor symptoms that include bradykinesia, rigidity, tremor and postural instability. In addition to the motor symptoms, Parkinson's disease is characterized by emotional and cognitive deficits, which reduce quality of life independently from motor manifestations.

Objectives/Aims To discuss the clinical manifestations of depression in Parkinson's disease according to the most recent scientific literature.

Methods Online search/review of the literature has been carried out, using Medline/Pubmed, concerning, "Parkinson's disease" and "depression".

Results Depression is the most frequent psychiatric disorder in Parkinson's disease. In up to 30% of the cases, the depressive symptoms precede the development of motor symptoms. Independently of the age of appearance, duration and severity of the motor symptoms, depression is generally an integral part of the disease. Depression in Parkinson's disease is generally mild or moderate, with premature loss of self-esteem and volition. Although the high rates of suicidal ideation, suicide is rare. There is also a high prevalence of panic attacks and anxiety.

Conclusions It is difficult to correctly identify depression in Parkinson's disease as some symptoms assigned to Parkinson's disease itself can in fact be the clinical manifestation of a depressive disorder. On the other hand, depressive symptoms may not be recognized as such, but considered manifestations of Parkinson's disease.

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Huntington's disease-comorbidity

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Huntington's Korea or Huntington's disease is a pathology of the nervous central system that provokes involuntary movements those who are named Korea or San Vito's evil, changes of conduct, psychiatric alterations and dementia. It thinks that it is a slightly frequent disease among the caucasian ones (1 every 100,000 or 200,000 persons), except in Venezuela that has the highest rate of the world (1 every 10,000). It is named badly of San Vito because he was the saint, the one that was evoked to treat this type of disease. It is a neurodegenerative disease and is accompanied of atrophy of the fluted body and loss of neurons on decrease of neurotransmitters. Members' spasmodic movements and facial muscles as dance, uncoordination motorboat. These movements woke fear and superstition up in an epoch. Alterations motorboats attitude, march and abnormal movements. Loss of weight for faults in swallowing besides the loss of calories (approximately 4000 daily ones for the constant movement). Not only it is a disease motorboat, the patient loses aptitude to communicate and dies in 10-15 years. There are psychiatric symptoms as the depression, changes of personality, decrease of intellectual capacity and suicide. Let's sense beforehand a clinical case of a 69-year-old patient with psychiatric depressive precedents of years of evolution with treatment psychopharmacology and worsening in last 2 years. Treatment is prescribed with antipsychotic and before a not well-taken quake, is studied by neurology who diagnoses Huntington's disease.

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Peculiarities of comorbid addictions in neurotic disorders

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