

A 28-year-old patient who began three months of symptoms of low mood, apathy and anhedonia. The patient in this last month had accepted a job but the first day had left by “feeling incapable”. He asked for specialized help. He was diagnosed with severe depressive episode and antidepressant treatment. Some weeks of patient treatment did not improve. He began to voice greater feelings of hopelessness and ideas of active death secondary to his process. He was admitted a partial hospitalization for further control and evaluation. In his evolution, visual hallucinations and a mild delusional ideation of unstructured surveillance and injury were observed. The patient verbalized with little repercussion these sensor-perceptive alterations. Neuroleptic treatment was given but we could not manage high doses because of poor tolerance and side effects of treatment. The symptomatology did not improve and the patient’s anguish increased. In the moments of greater distress, the patient performed superficial cuts on his forearms that he criticized. During the following months, symptoms of an obsessive type were observed, which had already pre-entered but had been reactivated. He began to perform rituals of verification with important repercussion.

Discussion In the scientific literature the relationship between psychosis and obsession has been studied on many occasions, without reaching firm conclusions. In 2004, Poyurovsky postulated the possible diagnosis of a subgroup called “schizo-obsessive” that included both disorders.

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EV0186

Safety and efficacy of sildenafil citrate in treating erectile dysfunction in patients with combat-related post-traumatic stress disorder: A double-blind, randomized and placebo-controlled study

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To evaluate the safety and efficacy of sildenafil citrate for treating erectile dysfunction (ED) in patients with combat related post-traumatic stress disorder (PTSD).

Patients and methods In all, 266 combat-exposed war veterans with ED (aged 37–59 years) were recruited. They met the Diagnostic and Statistical Manual of Mental Disorders-IV criteria for PTSD according to the Structured Clinical Interview for Patients, Investigator Version. The patients were also evaluated with the Clinician-Administered PTSD Scale, both to establish the diagnosis of PTSD and to measure symptom severity. Only patients with psychogenic ED were included in the study. The patients were randomly divided into a group of 133 who received 100 mg of on-demand sildenafil 0.75–2 h before sexual stimulation, and 133 who received placebo. Patients were asked to use ≥ 16 doses or attempts at home.

Results Sildenafil did not produce significantly and substantially greater improvement than placebo in each of the primary and secondary outcome measures ($P=0.08$). A normal EF domain score (≥ 26) at endpoint was reported by 13 (9.8%), and 11 (8.3%) of patients on the sildenafil and placebo regimens, respectively ($P=0.09$). Patients treated with sildenafil had no statistically significantly greater improvement in the five sexual function domains of the IIEF questionnaire than those treated with placebo ($P=0.08$). The incidences of treatment-emergent adverse events were significantly greater in the sildenafil arm than in the placebo group ($P=0.01$).

Conclusions Sildenafil is no better than placebo in treating PTSD-emergent ED.

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EV0187

Resilience and risk, mental health and well-being: How do these concepts relate?

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Introduction Resilience and well-being have become commonplace and increasingly used terms in a wide range of scientific as well as mental health political contexts.

Objectives There is much confusion about the relationship of the two constructs: while some use well-being as a proxy measure of resilience, others treat one concept as a component of the other or see interchangeably one as the prerequisite of the other.

Aims To study the definition of these two concepts in relation to each other.

Methods Literature review.

Results Both ‘resilience’ as well as ‘well-being’, have so far defied universal definition and common understanding of their respective measurement. Part of the confusion around these two concepts is the overlap in their components, in particular with regard to resilience and psychological well-being, and the lack of research on these concepts both by themselves, in relation to each other and in relation to other concepts like mental health, risk or protective (or promotive) factors.

Conclusion Our critical and comparative inspection of both concepts highlights the need for more conceptual cross-sectional as well as longitudinal studies:

- to uncover the composition of these constructs and to reach agreement on their definition and measurement;
- to detect their potential neurobiological underpinnings;
- to reveal how they relate to each other;
- to determine the potential role of developmental and cultural peculiarities.

Thus, the use of the terms resilience and well-being should always be accompanied by a brief explanation of their respective meanings and theoretical framework.

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Translational inhibitors as potential therapeutic tool of human neuroblastoma through mitochondrial gene expression

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Neuroblastoma is a solid neuroendocrine tumour and most common type of cancer of infancy. It is a complex heterogeneous disease and many factors such as molecular, cellular and genetic features are involved in its development. Mitochondria play a pivotal role in neuronal cell survival or death. Neurons are highly reliant on aerobic oxidative phosphorylation (OXPHOS) for their energy needs. Defective activities of mitochondrial complexes I, II, III and IV have been identified in many neurological and neurodegenerative