

**Results** A 35-year-female was referred to a psychiatrist for her depressive symptoms and persistent cutaneous abdominal pain for months. There she was diagnosed with a depression and possible somatization disorder and she received psychotherapy. Through Internet search, the patient found ACNES as a possible cause for her persistent abdominal pain. Since administration of anesthetic agents only shortly relieved her symptoms, a surgeon decided to remove the nerve end twigs. After surgery, her somatic problems and depressive mood disappeared.

**Conclusion** The awareness of ACNES is still very limited in medicine. This may lead to incorrect diagnoses, including psychiatric disorders such as somatization disorder.

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#### EV410

### Speechless soma: The trauma's language in the psychosomatic

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The study begins by approaching the psychological traumatism concept, recognizing it as an important precipitating of psychosomatic disorders. Based on studies of anthropologists, psychiatrists and psychoanalysts, we present trauma as a consequence of an unexpected event from where is originated intense fear, an abruption, which disorganizes and incapacitates the victim. The Institut Psychosomatique de Paris (IPSO) works with the theory that trauma is an excessive disorganization in the mental apparatus and the psychosomatic disease is the alternative that the body finds to discharge excitation, is an attempt to resolve a conflict. The psychosomatic patient is characterized by difficulty to qualify his affections, it is observed in his super adapted speech and his linear thought, which, together, differ him from neurotic and psychotic patients. Considerations about the child development and the affects qualification are made to introduce the importance of this primitive period, but we pretend to demonstrate that they are not determinants to produce psychosomatic symptoms. When the psychological pain is intense and constant, it provokes a split between mind (psyche) and body (soma) and, in the place of the elaboration and representation about the experience, explodes psychosomatic disorders.

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#### EV412

### Anxiety and depression in haemodialysis patients in relation to dialysis adequacy and nutritional status

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**Introduction** Anxiety and depression are distinct clinical entities associated with mortality in haemodialysis (HD) patients.

**Aims** This study aims to identify the prevalence of anxiety and depression in HD patients and uncover the association of anxiety and depression in relation to the dialysis adequacy and nutritional status.

**Objective** This would help reinforce early detection and treatment to improve quality of life and patient's outcome in HD treatment.

**Method** Forty HD patients were assessed for anxiety and depression with the Generalised Anxiety Disorder Assessment (GAD-7) and Patient Health Questionnaire [PHQ-9]. The scores of GAD-7 and PHQ-9 were correlated with the demographic, clinical and laboratory variables and nutritional status assessed by a dietician through the Subjective Global Assessment (SGA).

**Results** Out of the 40 HD patients, 7 (17.5%) were anxious and 15 (37.5%) were depressed. Patients were more anxious and less depressed with better nutrition. They were less anxious and depressed with increasing albumin levels, Charlston comorbidity index based on combined condition and age-related score and Kt/V. The univariate logistic regression analysis showed only a significant inverse correlation between depression and albumin level ( $P=0.041$ ,  $OR=0.88$  [95%  $CI=0.78$  to  $0.99$ ]) and Kt/V ( $P=0.054$ ,  $OR=0.03$  [95%  $CI=0.01$  to  $1.07$ ]).

**Conclusion** Depression is more prevalent than anxiety in HD patients. The risk of depression also increases with poorer dialysis adequacy and nutritional status. Thus, by improving dialysis adequacy and nutritional status, we can reduce the incidence of depression. However, a significant correlation cannot be drawn for anxiety.

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

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#### EV414

### Liasion psychiatry–1 year review in psychiatry department of centro hospitalar Trás-os-Montes e Alto Douro, Portugal

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**Introduction** Liasion psychiatry is a clinical area of psychiatry that includes psychiatric assistant activities in other medical and surgical areas of a general hospital. In Portugal, it has developed as a result of psychiatry integration in general hospitals. Historically, it started at the beginning of 1930s in USA. In Portugal, the law 413 of 1971 defined the articulation of mental health services with other health services–liasion psychiatry.

**Objective** We aim to define patients evaluated in the context of liasion psychiatry, as well as other medical and surgical areas needs of psychiatry collaboration.

**Methods** Retrospective analyses of collaboration requests realized to psychiatry department of centro hospitalar Trás-os-Montes e Alto Douro–Vila Real, between October 2014 and October 2015.

**Discussion** Most of collaboration requests came from Internal Medicine Service. Authors systematize the reasons for the requests, the time of response to those, the existence of psychiatric history, the type of intervention, the number of observations in the same patient, the most frequent diagnosis and treatment. This psychiatric service consists of four specialists and activity evaluated in this article is one of the clinical areas where these professionals