

Methods: Outpatients visited along one-year who accepts participate. Using POC-device for qualitative detection of anti-HCV-antibodies (Quickview-of-Lumiquick-Diagnostics[®])/HBsAg (Abbott-Rapid-Diagnostics[®]). Socio-demographic data; mental disorder(ICD-10); HCV/HBV risk-factors; Neurotoxicity-scale (mood/cognition/sleep/gastrointestinal/sickness/motor); SF-12; Patient-satisfaction. Subjects with positive HCV/HBV POC-test will have a on-site venopuncture to assess hemograme/liver tests, and HCV-RNA (Cobas-TaqMan-RocheDiagnostics)/HBsAg-ELISA (Atellica-Siemens). In positive HCV-RNA (active infection) the psychiatric-team will inform the hepatology-team for non-invasive liver fibrosis assessment and DAA prescription. The patient will receive 8-12-weeks on-site treatment, and assessed (Neurotoxicity/SF-12).HCV cure will be confirmed by HCV-RNA in blood. Chronic-cases will be managed at Hepatology-Unit.

Results: We will present the results of the implementation of the programme and their ability to detect viral-hepatitis-positive cases among patients with severe-mental-disorders and to treat them effectively.

Conclusions: Our results may support the generalisation of the programme in among CMHC's.

Disclosure: No significant relationships.

Keywords: viral hepatitis; HCV; Severe Mental Disorders; HBC

EPV0349

Dissociative and Epileptic seizures: how to distinguish them?

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Introduction: Dissociative seizures (DS) are classified as dissociative convulsions within the group of dissociative disorders. Although they share many features with epileptic seizures (ES), they are not a consequence of abnormal brain discharges and may be related to psychogenic causes. DS represent a common diagnostic and are often confounded with ES.

Objectives: The aim of this study is to review the current evidence about the differential diagnosis between DS and ES.

Methods: We conducted a non-systematic review on the topic, using Pubmed/Medline database.

Results: Studies emphasize a correct diagnosis before treatment of seizures. DS and ES respond differently to anticonvulsant medication and early or incorrect prescription of can even exacerbate DS. Clinical features and a neuropsychiatric history can also help. The presence of a dissociative "stigmata", such as unexplained sensory loss, may support a non-epileptic diagnosis. EEG videorecording method is the gold standard diagnosis for DS, however often displays rhythmic movement artifacts that may resemble seizure activity and confound the interpretation. The absence of ictal EEG discharges characteristic of epilepsy is a sign of DS. However, this may not be true for some partial ES, particularly those from temporal lobes, whom also tend to report shorter duration of seizures, whereas patients with DPD often describe experiences lasting for hours or longer.

Conclusions: Distinguish DS from ES can be challenging. However, there are features that can help in the differential diagnosis. A

correct diagnosis is essential for an adequate therapeutic approach, better prognosis, reduction of medical costs and also a referral to the right medical specialty.

Disclosure: No significant relationships.

Keywords: epileptic seizures; dissociative disorders; differential diagnosis; Dissociative seizures

EPV0350

Acute Ekbom's syndrome in a patient with acute urethritis

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Introduction: Delirium of parasitosis was first described by Karl Ekbom in Sweden in 1938. It is a hallucinatory monothematic delirium characterized by the unwavering conviction of having the skin infested with insects or parasites. Multiple etiologist has been described such as psychiatric and neurological disorders, substance intoxication or other medical conditions. We present a case of debut of Ekbom's syndrome in an individual recently diagnosed with acute urethritis on antibiotic treatment.

Objectives: To report a case of a patient with a debut of Ekbom's syndrome and acute urethritis.

Methods: A 40-year-old man with no previous psychiatric history is admitted psychiatric emergency room accompanied by his wife for intense anxiety and isolation at home. During the examination, the patient explains a lot of fear of a series of bugs such as bees and small parasites that invade him. The onset of symptomatology coincides with a diagnosis of chlamydia urethritis and the initiation of treatment with ceftriaxone 500mg IM + Azithromycin 1g VO. Complete physical examination is performed without alterations. Toxicological, biochemistry, hormonal and vitamin study did not show any alterations.

Results: Antipsychotic treatment was started with Olanzapine up to 10mg/day and supportive treatment with benzodiazepines. The patient showed rapid improvement. At discharge, he is asymptomatic from the urological and psychopathological point of view.

Conclusions: Ekbom's syndrome is a multifactorial disorder. The patient was diagnosed of an acute psychotic disorder due to another medical condition and/or treatment with antibiotics.

Disclosure: No significant relationships.

Keywords: urethritis; emergency room; Ekbom's syndrome

EPV0351

"Dad is feeling blue": what to know about paternal perinatal depression

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