”gluten”, ”gastrointestinal disorder”, ”treatment”, ”neurological problems”, ”anxiety”. Inclusion criteria were studies that (1) investigated anxiety levels in CD people, (2) reported gender results, (3) were written in English, and (4) were published within the last 20 years.
Results: In some cases, as main intervention in CD, gluten removal from the people's diet usually reported improvements of the present symptoms. In addition, data from literature are describing a higher level of anxiety in females compared to males diagnosed with CD. This can be a consequence of females concerns about how they can manage the CD issues and, especially, what this is bringing in their lifestyle. On the opposite, there are reports which showed that demographic parameters (gender, age, education) are not associated with CD presence.
Conclusions: The balance between CD and anxiety needs to be more investigated in order to identify and fully understand what is the background mechanism and how this can be regulated through specific interventions.

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EPV0079

Conversive and Factitious disorders: Differential diagnosis based on a case report

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Introduction: Conversive disorder is characterised by the presence of one or more involuntary neurological symptoms that are not due to a clear medical pathology. On the other hand, consciously simulated illnesses fall into two diagnostic categories: factitious disorders and malingering, which are differentiated by both the motivation for the behaviour and the awareness of that motivation. Factitious disorder behaviours are motivated by an unconscious need to assume the sick role, whereas malingering behaviours are consciously driven to achieve external secondary gains.
Objectives: Study of the differences between conversion disorder and factitious disorder and their repercussions from a case of difficult diagnosis.
Methods: Bibliographic review of scientific literature based on a relevant clinical case.
Results: We present the case of a 14-year-old male patient. Adoptive parents. Studying in high school. Social difficulties since childhood. He comes to the emergency department on several occasions referring stereotyped movements and motor tics in the four extremities with left cervical lateralization. Increase of these symptoms in the last month, so it was decided to admit him to the pediatric hospital. After observation and study of the patient's movements with normal complementary tests he should return home. The following day he returned to the emergency department after an episode of dizziness, mutism and emotional block. It was decided to admit him to Psychiatry for behavioral observation and differential diagnosis.
Conclusions: In the assessment of patients it is essential to make an appropriate diagnosis taking into account the patient's symptomatology and the patient's background and life context. Conversion disorder is the unintentional production of neurological symptom, whereas malingering and factitious disorder represent the voluntary production of symptoms with internal or external incentives. They have a close history and this has been frequently confounded. Practitioners are often confronted to medically unexplained symptoms; they represent almost 30% of neurologist's consultation. The first challenge is to detect them, and recent studies have confirmed the importance of “positive” clinical bedside signs based on incoherence and discordance. Multidisciplinary therapy is recommended with behavioral cognitive therapy, antidepressant to treat frequent comorbid anxiety or depression, and physiotherapy. Factitious disorder and malingering should be clearly delineated from conversion disorder. Factitious disorder should be considered as a mental illness and more research on its physiopathology and treatment is needed, when malingering is a non-medical condition encountered in medico-legal cases.

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Stigma of mental illness in the gypsy ethnic group

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Introduction: The Roma population constitutes the largest ethnic minority in Spain (more than 2% of the population), with our country having the third largest total population of Roma in the world. The concept of health and disease varies with the sociocultural context. It is important to know the cultural characteristics to exercise good clinical practice. The stigma surrounding mental illness is widely known, and is even stronger in the Roma community, leading to marginalization and shame.
Objectives: We present a case of a gypsy woman misdiagnosed from the age of 8 with hebephrenic schizophrenia.
Methods: Patient frequents the emergency department with symptoms of predominantly anxiety, including episodes of psychomotor agitation, self-harm, verbalization of visual hallucinations of a mystical-religious nature. In treatment with antipsychotics since diagnosis, with no therapeutic adherence. It is observed during all the episodes how the anxiolytic treatment, even, sometimes, the verbal restraint, make the symptoms subside. Psychotic symptoms over the years are ruled out.
Results: Due to the diagnosis, this patient has been relegated from the gypsy community, she has not married or had children (an important milestone in gypsy culture), this has generated an exponential increase in anxiety symptoms and home problems.

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