in 2012, blind left eye, retaining 33% vision in the right eye. She comes to the emergency room feeling really anxious, she says that for a year now she has had the feeling that her husband is cheating on her with another woman, and she claims with certainty that she sees a woman in her bed at night, as well as flashes of light evidencing her presence. She has also begun to hear voices through the telephone wires. She and her family deny memory loss or other cognitive impairments. We performed a Nuclear Magnetic Resonance with normal results. Family claims good conygal relation until these synthoms began and no signs of cognitive impairment.
Results: The patient lives as real these hallucinations which haven´t appeared during admission. We started treatment with an antipsychotic and a benzodiazepine, with great improvement of anxiety and development of some insight. Executive impairment was observed.
Conclusions: The results obtained, make us think that, although our patient has an important visual loss, it is more a psychiatric pathology. Here lies the importance of a multidisciplinary approach among ophthalmologists, neurologists and psychiatrists in order to avoid misdiagnosis and that the patient can benefit from proper treatment.

Disclosure: No significant relationships.
Keywords: Charles Bonnet; Hallucinations; retinal detachment

EPV0503

Reduced sensitivity to situational change in individuals with autism spectrum condition

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Introduction: Individuals with autism spectrum condition (ASC) frequently report difficulties in detecting changes in social situations, which considerably hinder interpersonal communications.
Objectives: To better understand the features of detecting changes in social situations among individuals with ASC.
Methods: Individuals with ASC (N=24) and typical development (TD) (N=24) were included. To examine participants' sensitivity to situational contexts, we conducted an economic-game task: a modified computer version of the ultimatum game (mod-UG). In UG, two players were offered a chance to win 10 coins after dividing it amongst themselves. The proposer suggests how to split the sum and the responder can accept or reject the deal. After practice, all participants played the role of responders with an imaginary proposer. Participants had to decide whether to accept or reject proposers' fair/unfair offers. In our mod-UG, additional condition was included that involved intentionality considerations: Unfair offers were displayed with another identical unfair offer. This emphasized the proposers' inevitable situation of unfair offers. Subsequently, we conducted a 2×2 repeated-measures ANOVA (unfair offers with/without additional cues)×(ASC/TD).
Results: Participants indeed accepted unfair offers significantly more frequently when the other player's unfair proposal was unavoidable in cue-added conditions, when compared to unfair offers in no-cue conditions. This suggested that participants considered their opponent's perspective more attentively in cue-added conditions. However, this effect was significantly decreased in the ASC-group ($p<0.05$; group-condition interaction).
Conclusions: Decreased sensitivity to situational changes among ASC-individuals may be partly due to diminished or inflexible shifting of perspective. Whether this systematized decision-making associates with attentional-bias and stereotyped-behaviors requires further investigation.

Disclosure: No significant relationships.
Keywords: flexibility; autism; ultimatum game; Attention

EPV0504

Delusional infestation: Two case reports

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Introduction: Delusional infestation (DI), also known as delusional parasitosis or Ekbom syndrome, is a rare disorder, characterised by fixed belief that the skin, body or immediate environment is infested by small pathogens, despite the lack of any medical evidence for it.
Objectives: To describe and discuss two clinical cases of DI, in order to show two different ways of presenting in this entity.
Methods: Two case report and non-systematic review.
Results: We present the case of a 76-year-old woman, without psychiatric history, with an DI with 5 years of evolution, referred to a psychiatric consultation by a dermatologist. The second case, is a 41-year-old woman with a history of multiple substance use disorder, with an DI with a month of evolution, who resorted to the emergency department. DI is not a single diagnostic entity. The classic form, as represented in the first case,is a primary form, which develops without any known cause or underlying disease, corresponding to a persistent delusional disorder. However, about 60% of patients have secondary forms of DI, in the context of substance misuse, some medications or in the course of physical or psychiatric diseases (e.g. stroke, delirium, dementia, depression, schizophrenia).
Conclusions: DI can occur as a primary delusional disorder or secondary to several other medical conditions. An in-depth clinical history is essential in order to make the correct diagnosis. A multidisciplinary approach is also important, to exclude any possible organic etiology, not forgetting that many patients may turn to other medical specialities first.

Disclosure: No significant relationships.
Keywords: Delusional Infestation; Delusional parasitosis; Ekbom syndrome

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