Cultural psychiatry

EPV0218

Culture and personality disorders-a case series

I. Cuevas Iñiguez[1]*, M.D.C. Molina Lietor[1] and I. Moreno Alonso[2]

[1]Psiquiatría, Hospital Universitario Príncipe de Asturias, Alcalá de Henares, Spain and [2]Psychiatry, Hospital Universitario Infanta Leonor, Madrid, Spain

*Corresponding author.
doi: 10.1192/j.eurpsy.2021.1801

Introduction: Personality disorders comprise a set of diagnosis characterized by inflexible, pervasive and enduring patterns of cognition, affect, behavioural and social interaction. The status of research on the personality among different cultures implies the universality of traits and disorders, as well as, their measuresacross cultures.
Objectives: To study the prevalence of personality disorders in foreigner patients.
Methods: In this retrospective case series, clinicaldata was collected from 40 patients who were hospitalized at the short-stay inpatient psychiatric service of the Príncipe de Asturias University Hospital during 2018.
Results: Nineteen (47.5%) patients were European, ten (25%) were from South America, nine (22.5%) were Africanand two (5%) were Asian. Eight patients were diagnosed of diverse personality disorders. Seven (87.5%) of them were European, and only one (12.5%) was from South America.
Conclusions: This case series suggests various directions for future research. The fact that patients diagnosed with personalitydisorders were mainly European could indicate diverse conclusions. It would question the universality of personality disorders out of a Euro-american frame of reference. It would also point out the difficulty of diagnosing personality disorders, taking into consideration language, awareness of cultural values,traditions, interactional patterns, and social norms. More studies of traits and personality are needed, taking into account the culture and the society in which patients have grown and in which they currently live.

Disclosure: No significant relationships.
Keywords: Culture; personality disorders

EPV0217

To fast or not to fast

G. Marinho[1]*, C. Cotta[2], S. Vieira[1], J. Peta[3] and M. Marguilho[4]

[1]Clinica 6, CHPL, Lisbon, Portugal; [2]Psiquiatria De Ligação, CHLC, Lisboa, Portugal; [3]Psychiatry, Centro Hospitalar Psiquiátrico de Lisboa, Lisboa, Portugal and [4]Clínica 5, Centro Hospitalar Psiquiátrico de Lisboa, Lisboa, Portugal

*Corresponding author.
doi: 10.1192/j.eurpsy.2021.1802

Introduction: Ramadan happens in the ninth month of the Muslim lunar calendar. The cycle of the sun marks the beginning and the end of fasting. Its duration varies depending on the season: approximately 18 h in the summer to approximately 12 h during winter. The obligation to eat only during the night leads to an important change in the circadian rhythm There are certain psychiatric illnesses wherein people are very sensitive to this circadian disruption, bipolar disorder in particular. We know that a regulated circadian rhythm with adequate sleep are essential for symptom regulation and mood stability, with the risk of relapse or worsening symptoms. Additionally, some medications have to be maintained at a specific therapeutic index, namely lithium, a common mood stabilizer used to treat bipolar disorder.
Objectives: To review the impact of Ramadan on patients with bipolar disorder
Methods: Pubmed and Google Scholar search using the keywords Bipolar disorder, Ramadan, circadian rhythm, fasting, sleep deprivation
Results: All physiologic parameters are influenced by the circadian rhythm, which is influenced in its turn by the food rhythm. Studies on the effects of Ramadan on mood and mental health in the general population provide contradicting evidence. The inability to take medications during the day, dehydration and other somatic changes that necessitate dosing modification may lead to psychiatric symptom exacerbation.
Conclusions: Patients with bipolar disorder might be particularly sensitive to circadian rhythm disturbances and could require increased monitoring of their symptoms during this month.

Disclosure: No significant relationships.
Keywords: Circadian rhythm; bipolar disorder; ramadan; fasting

EPV0218

A review for the definition of the concept and symptoms of Hwa-Byung

E. Kang, S. Lee* and S. Choi

Clinical Psychology, Duksung Women's University, seoul, Korea, Republic of

*Corresponding author.
doi: 10.1192/j.eurpsy.2021.1803

Introduction: Hwa-Byung is a unique syndrome based on social-cultural background of South Korea. However, the definition of Hwa-Byung has not been established. For example, Hwa-Byung Diagnostic Interview Schedule(Kim, Kwon, Lee & Park, 2004) and Hwa-Byung Scale(Kwon et al., 2008) that are generally used in clinical practices defined Hwa-Byung differently. According to this, there is a slight difference in the symptoms that are measured.
Objectives: The purpose of our study is to establish the concept and symptoms of Hwa-Byung.
Methods: First, we review DSM-4, previous literatures and concept of Hwa-Byung in assessment tools. Through this, core features and characteristic symptoms are consisted. Second, a concept of Hwa-Byung that this study constructed is reviewed by clinical psychologists and Korean oriental psychiatrists. Finally, concepts and symptoms are defined.
Results: Comprehensive definition of Hwa-Byung is established. Hwa-Byung was identified as a syndrome with symptoms that exploded in the form of anger because emotions such as anger could not be resolved. psychological symptoms include resentment, the baggage of mind, or a representative symptom of han. And physical symptoms include feeling heavy, heat, rush, lumps in the neck or chest. Finally, these physical and psychological symptoms are associated with distinct stressful events.

https://doi.org/10.1192/j.eurpsy.2021.1802 Published online by Cambridge University Press