

Results: RESULTS: Ten clinical clerkship students attended as clinicians two cases of Standard Patients of DM2. They reported their reflections toward the role they should sustain: being doctor in front of the patient and their colleagues; difficulty to play the leading and show skills and knowledge in a scenario full of surprises and fantasies; an existential and professional gains in simulation activity; and considerations about responsible in conduct so impacting situations to patients.

Conclusions: FINAL CONSIDERATIONS: The themes translate moments during their simulated attending experience in which they have not sustained their semblance – the intended rule. These could be enriched through group reflecting, supervisor discussion, and patient dialog in the process of developing Medical Psychology skills.

Disclosure: No significant relationships.

Keywords: Medical Education; type 2 diabetes mellitus; medical psychology; Qualitative Research

EPV0122

Assessment of quality of life in patients with primary hypothyroidism - the main criterion of treatment effectiveness

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Introduction: Current research suggests that the assessment of the quality of life of patients with somatic and mental pathology should be one of the main criteria for assessing the quality of treatment. Given this view, one of the valid assessment of the performance of integrated mental health and the effectiveness of treatment should be considered as quality of life, defined by WHO. Leading mental health criteria based on such factors as adaptation, socialization and individualization.

Objectives: The aim was to investigate the quality of life of patients with hypothyroidism with non-psychotic mental disorders. We examined 132 patients with hypothyroidism. The age of patients ranged from 25 to 55 years. The main group included 108 patients with non-psychotic mental disorders, which are dominated asthenia (27.78 %), asthenic- depressive (32.41%) and asthenic-anxiety disorders (18.52%). The control group consisted of 24 patients with hypothyroidism without mental disorders.

Methods: Quality of life was assessed using a questionnaire developed by Mezzich, Cohen, Ruyper, Liu & Yoon (1999), covering the three main components of quality of life: subjective wellbeing/satisfaction, fulfillment of social roles, external living conditions.

Results: Found a significant difference in quality of life in patients with main and control group. The average in the overall perception of life (sense of satisfaction and happiness in general) in the main group was 5.19±1.15, in the control group 7.50±2.25.

Conclusions: The main conclusion is that patients with hypothyroidism really need psychiatric consultation and treatment should include not only endocrinological influence but neuropsychopharmacological and psychological too.

Disclosure: No significant relationships.

Keywords: quality of life; hypothyroidism; nonpsychotic mental disorders

EPV0123

A blank slate – apropos a clinical case

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Introduction: Dissociative Amnesia remains an enigmatic and controversial entity. It is classically described as responsible for autobiographic amnesia associated with a traumatic event.

Objectives: To report a clinical case and review the literature.

Methods: We collected data from the patient's clinical file with his informed consent. We conducted a non-systematic review of the literature.

Results: A 46-years-old patient presents to the emergency department for sudden global retrograde amnesia, with multiple domain amnesic syndrome (impairing verbal and visual memory, processing speed, mental flexibility, calculus, executive functions and language). He was initially admitted for a suspected infectious meningoencephalitis, which was not confirmed. Later an autoimmune encephalitis was pursued. Brain MRI showed a nonspecific left temporal and hippocampal hyperintensity and the EEG a mild left temporal dysfunction. The autoimmune encephalitis panel was negative and the formal diagnostic criteria were not met. The neurologic examination at discharge presented only with autobiographical and semantic amnesia. On the mental state examination, he presented with depressive symptoms reactive to the situation. There was no evident traumatic event apart from a promotion received the day before the amnesia started. He was prescribed escitalopram 10 mg/day. The amnesia was maintained at 9 months follow-up.

Conclusions: Our case report illustrates a case of amnesia without evident organic or psychogenic cause, assumed as a dissociative amnesia. Further studies are necessary to clarify the pathophysiology of this condition and develop specific treatments.

Disclosure: No significant relationships.

Keyword: dissociative amnesia

EPV0124

Implementation of balint group for a team who care patients with head and neck cancer in a service in Brazil: A proposal post qualitative research

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