

Introduction / Objectives: FAP is also known as Paramyloidosis or common sense as "Foot Disease". It was described for the first time in Portugal (1952), and from there it began to be recognized in other countries.

It is a rare, autosomal dominant disease. It occurs by deposition of amyloid in tissues with multisystemic and progressive involvement. It is associated with the development of dementia.

The first symptoms appear at 22-38 years and have a reduced average Life expectancy (4 - 14 years).

This disease has a great impact on the emotional and relational life of the patients, making them more vulnerable emotionally, and psychological decompensations may occur due to the characteristics associated with the evolution of the disease and the elements of uncertainty present in their lives. This vignette intends to highlight the psychological implications of Familial Amyloid Polyneuropathy (FAP), namely the emergence of progressive dementia.

Methodology: Presentation of clinical vignette and non-systematic review in Pubmed.

Case Report: F, 57 years old, with FAP (liver transplantation in 1994). No psychiatric history prior to 2016, when he began to suffer from a loss of autonomy with relative stability until January 2018, when he had the first contact with Psychiatry with hospital admission, after 2 previous visits to the Emergency Department per change table (with disorganization, psychomotor restlessness, confusion, soliloquies, delusional and hallucinatory activity, distractibility, confabulations, as well as behavioral disinhibition). Performed Mini-Mental State Exam (MMSE) 13. High with diagnosis of Psychotic for consultation of Psychiatry of connection.

New hospital admission in December 2018 by context similar to the previous one. High with hypothesis of diagnosis of Dementia Syndrome and medicated with Anti-demential. She remained stable until January 2019 when she is admitted again, this time in the department of psychogeriatrics. He performed a new neurocognitive evaluation whose results were compatible with moderate-stage dementia (MMSE 11). High for consultation of Psychiatry with the most probable diagnostic hypothesis of Dementia Syndrome secondary to the deposition of leptomeningeal amyloid with secondary behavioral changes.

Discussion / Conclusion: PAF is a rare disease and is associated with early death, however, liver transplantation allows longer survival to these patients, which does not always mean quality of life.

The emergence of patients with dementia associated with FAP is thus a reality to consider.

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P137: Interaction between psychosocial and biological factors: insight from the stress model

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Both the onset and the progression of dementia are influenced by different, interactive factors (genetic, epigenetics, biological, psychological, social and environmental). However, their influence manifest itself along the entire life span, even far before the disease onset.

The way the factors interact offers useful insights to explain the individual variability in the onset and in the trajectories of disease.

A literature synthesis regarding the role of stress and trauma as a risk factors across the life span and its impact on brain. The potentiality of psychological and social intervention in moderating stress impact and reducing biological consequences on the brain will be discussed.

The research has already outlined the importance of taking into account early life events and trauma as risk factors for the onset of dementia. Stress and trauma have direct influence upon the plasticity of the brain by modulating both synapsis connectedness and neurogenesis in different brain area, and indirectly, by modulating the development and the progression of other, often related diseases (e.g., depression, inflammation and cardiovascular disease).

On the other hand, the disease onset can be considered as a trauma itself: so that the coping strategies the person with dementia can deploy modulate the course of disease, its progression, the impact of the disease itself and related distress in turn.

Further, complementary, evidence shows that interventions targeted to support stress management and to promote social health- through social support and social inclusion- are capable to modulate the biological impact by acting on physiological as well psychological consequences.

In the light of these reports, the role of stress offer a functional framework from where to develop models for research and intervention capable to reconcile the complex etiological aspects featuring dementia, by adopting broaden, multifactorial, approaches.

P140: Korsakoff syndrome, vascular dementia and chronic subdural hematoma: a case report.

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