

marker hypothesis and enjoyable methods that utilize animated stories and games. This study adopted one of the programs for the development of self-confidence.

Objective The aim was to examine the effectiveness of the program. In addition to the direct purposes of the program, children's adjustments at school and homeroom class were evaluated as extended effects.

Methods Participants were third grade children in six public elementary schools in Japan. The final sample included 442 children (219 boys and 223 girls). The program was implemented weekly in one regular 45-minute class over 8 weeks. Participants completed a battery of three questionnaires three times, 1 month before the start of the program (T1), 1 week before the start of the program (T2), and during 1 week after the last class of the program (T3).

Results Results showed that all of the main endpoints of the program significantly improved in the intervention condition (i.e., changes from T2 to T3), compared to the control condition (i.e., changes from T1 to T2). Moreover, children's adjustment at school and homeroom class increased in the intervention condition, compared to the control condition. However, implicit affect was unchanged.

Conclusion This study suggests that the program is effective for enhancing self-confidence, along with adjustments at school and in class. Future research that examines the sustainability of the effectiveness of the program is planned.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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Psychoneuroimmunology

EV954

Isolated psychiatric presentation of anti N-methyl-D-aspartate receptor encephalitis: A case report

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Introduction Anti N-Methyl-D-Aspartate receptor (NMDAR) encephalitis is an autoimmune disorder with a presentation that includes acute behavioral changes, psychosis, cognitive impairment and autonomic instability. In some cases, there are isolated psychiatric symptoms without neurological involvement.

Aims To raise awareness of the disorder among psychiatrists, considering it a differential diagnosis in a first psychotic episode since a prompt diagnosis and treatment can dramatically affect the outcome.

Objectives To summarize the latest literature about this field and to present a case report.

Methods A brief review of the latest literature was performed on PubMed using the keywords "anti N-methyl-D-aspartate receptor encephalitis", "anti-NMDA encephalitis", "psychiatric symptoms".

Results A 20-year-old male was admitted to our inpatient unit with bizarre delusions of grandiosus and religious content, somatic hallucinations, sleep cycle inversion and strange behaviour. These symptoms had been present for 1 week and remitted after 10 days of treatment with risperidone. On follow-up, he developed anhedonia, apathy and blunt affect. Brain MRI showed multiple hyperintense changes in T2 and T2-FLAIR, highly suggestive of demyelinating lesions. The cerebrospinal fluid showed mild lymphocytic pleocytosis, mildly increased proteins, oligoclonal bands

and anti-NMDAR antibodies of intrathecal production. He was treated with corticoids and the antipsychotic was discontinued. No neurologic symptoms were ever present.

Conclusion This is an atypical case of anti-NMDAR encephalitis because of its isolated psychiatric presentation. Most patients develop neurological symptoms 2 to 3 weeks after onset of psychiatric symptoms. Monosymptomatic syndromes arise in less than 5% of patients.

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A phenotype of resiliency? Cross-sectional psychobiological differences between caregivers who are vulnerable vs. resilient to depression, and controls

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Introduction Being a caregiver of chronically ill children is a source of chronic-psychological stress affecting general physical and mental health. However, there is tremendous variance among caregivers: some may develop stress-related depression, whereas others are more "resilient". The objective of the study was to phenotypically differentiate on psychobiology caregivers who developed depressive symptoms ("vulnerable") vs. those who did not ("resilient") from each other and from age-matched controls.

Methods Forty-five mothers of chronically-ill children and 18 controls have been examined. Caregivers were divided via a median split of Center for Epidemiological Studies Depression Scale scores in "resilient" (RCs) and "vulnerable" (VCs). We assessed cognitive, affective, metabolic, neuroendocrine and oxidative markers at rest and in response to a laboratory social stressor. ANCOVAs and Bonferroni post-hoc tests were used to examine between-group differences.

Results Although RCs compared to VCs had similar levels of objective parenting-related burden ($P=0.51$), they had lower subjective distress ($P<0.01$) and higher levels of positive affect ($P=0.04$). Although RCs compared to controls had higher levels of objective parenting-related burden ($P=0.04$), they had greater cortisol suppression post-dexamethasone ($P=0.05$), lower F2-isoprostanes/vitamin E ratio ($P<0.01$) and lower fasting insulin levels ($P=0.06$).

Discussion Our results suggest that caregivers with higher resiliency demonstrate more salutary stress-related functioning in comparison with less resilient caregivers and, more surprisingly, non-caregiver controls. These findings might be interpreted in the spirit of Nietzsche's quote "What does not kill me, makes me stronger" and of the idea that successfully overcoming adversity may be more psychobiologically beneficial than not having been exposed to any adversity.

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