

## EPV0007

**Obsessive symptoms as first alert of psychosis: Two cases report**

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**Introduction:** Concomitant presence of obsessive-compulsive symptoms(OCS)is relatively frequent in psychotic patients and there are different hypotheses trying to explain the origin of them as pathology evolution,comorbid disorder,defence mechanism,or even a medication side-effect,but it is difficult to make a precise evaluation of these symptoms and the mechanisms involved.SometimesOCS are the first manifestation toappear without any other areas affected,and psychotic disorder comes later with initial symptoms in that domain.

**Objectives:** Evaluate the association between OCS and psychosis to document pathogenesis of both entities.

**Methods:** A bibliographic search was performed about this topic. We present two cases of patients that have been referred to our unit: A34year old man, a usual consumer of cannabis,who shows checking and organizing compulsions that interfere significantly with their life.Consumptions grew progressively until they became daily,trying to decrease partly this behaviour. He comes to an addiction unit where he achieves abstinence,but immediately shows an important functional-impairment, adding to the previous compulsions new ones,and also thought blocking,social retraction and personality change. He starts taking antidepressant and benzodiazepines to reduceOCS, and weeks later begins a manic episode with delusions as a bipolar-disorder debut. A29year old man, with a history of familiar obsessive personality,that begins to worry about physical appearance and starts compulsive behaviour focused on exercise preventing him from daily activities.No response to antidepressants, he started antipsychotics and develop referential-symptoms.

**Results:** Both are atypical presentations of bipolar and schizophreniform disorders withOCS,where the beginning of treatment causes psychosis-symptoms not previously developed.

**Conclusions:** Frequent doubts are what factors determine the eclosion.The triggers are not clear and neither the related-pathology.

**Disclosure:** No significant relationships.

**Keywords:** psychosis; obsessive compulsive symptoms

## EPV0006

**The ugliest woman un the world**

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**Introduction:** The main feature of body dysmorphic disorder (BDD) is impairing preoccupation with a physical defect that appears slight or non-existent to others.

**Objectives:** To draw an overview of BDD through a clinical case of a patient with BDD and autolytic ideation, which improved after an adequate diagnosis and an early pharmacological and psychotherapeutic approach.

**Methods:** Bibliographic review of the treatment and diagnosis of BDD, from articles published in the last 5 years in Pubmed.

**Results:** 18-year-old woman diagnosed with depression and obsessive ideation, which started at the age of 11, after a comment at school. The patient believes that she has intense under-eye bags or dark circles, this has caused her to abandon all activity and self-isolate at home. Symptoms included recurring obsessive and intruding thoughts related to the supposed defect, ritualized behaviors of hours of duration aiming to improve through makeup, and autolytic ideation. Therapeutic approach combined psychopharmacological and psychotherapeutic treatments, obtaining gradual improvement of symptomatology and disappearance of the autolytic ideation.

**Conclusions:** The disorder is severe, which is reflected in high rates of suicide attempts. Differential diagnosis between obsessive and delirious dysmorphicophobia is essential for improving outcomes; the egodystonic nature of the symptom, awareness of illness and obsessive personality traits facilitate the diagnosis. A multidisciplinary approach involving psychiatrists and clinical psychologists is necessary for a correct diagnosis and early treatment of this pathology, as well as recognition by dermatologists, surgeons and medical aesthetic professionals, where these patients go with the aim of finding solutions to their problem.

**Disclosure:** No significant relationships.

**Keywords:** Dysmorphic disorder; Obsessive ideation; autolytic ideation; Depression

## EPV0007

**Did the effect of placebo increase in rcts of panic disorder across the years?**

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**Introduction:** The curious effect of an increase of the placebo effect across year of publication has been shown for depression, schizophrenia, obsessive-compulsive disorder, as well as for some medical conditions like hypertension and pain.

**Objectives:** We aimed to observe how randomised clinical trials with a placebo control behave at this respect in panic disorder trials.

**Methods:** We searched the PubMed database using the strategy: (panic disorder OR panic attack disorder) AND placebo, which on 3 November 2020 produced 779 records. Inclusion criteria were the above stated, excluded were all studies focusing on the same patients as others and those not providing intelligible data. In our selection we used the PRISMA statement and reached agreement with Delphi rounds.

**Results:** We identified through other sources further 3 studies. The finally eligible studies were 82, excluded were 700 studies, mainly consisting of reviews (176), challenge studies (173), not dealing with panic disorder (67), studies with unsuitable designs to detect placebo effect (53), studies using same populations as others (36), those with misfocused outcomes (57), those lumping diagnoses and not allowing to separate data for panic disorder (22), and those not using placebo at all (21). Mean response to placebo in included panic disorder studies was  $36.01 \pm 19.812$ , ranging from 0 to 76.19%; the correlation with year of publication was positive and significant (Pearson's  $r = 0.246$ ;  $p = 0.026$ ).

**Conclusions:** The effect of placebo in randomised control trials has increased across the years, but this field of research appears to be idle in recent years.

**Disclosure:** No significant relationships.

**Keywords:** drugs; panic attack; panic disorder; Placebo

## EPV0008

### Dermatitis artefacta and psychiatric illness: Brief review and case report

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**Introduction:** Psychodermatologic disorders are conditions involving an interaction between the mind and the skin. Dermatitis artefacta (DA), also known as factitial dermatitis, is a frequently unrecognized psychocutaneous illness, in which the patient creates skin lesions to satisfy the unconscious need to presume a sick role. It is more common in women and in patients with a diagnosis of psychiatric illness. This is an exclusion diagnosis and organic causes should be ruled out. Treatment of DA can be challenging and it needs to involve a multidisciplinary approach consisting of dermatologists and mental health professionals.

**Objectives:** From a case report the authors intend to present a literature review of dermatitis artefacta.

**Methods:** Observation the patient and review the clinical file. Consultation published and referenced scientific articles on PubMed.

**Results:** 60 year old man, diagnosed with Bipolar Disorder, was admitted for manic decompensation of his pathology. During physical examination he had sparse erythematous lesions, more exuberant in the neck, scalp, belly and upper limbs. The diagnosis of artifact dermatitis was made after excluding other possible causes.

**Conclusions:** Treatment of DA can be challenging and it needs to involve a multidisciplinary approach. Dermatitis artefacta is a long-

term disorder, and patients need regular follow up with a dermatologist and a psychiatrist because relapses are common. These doctors must be aware of this possible pathology in order to make a correct diagnosis and treatment of psychiatric disorders that sometimes coexist with skin lesions. The prognosis for most patients is poor leading to self-injury, scarring and poor cosmesis.

**Disclosure:** No significant relationships.

**Keywords:** Dermatitis artefacta; factitial dermatitis; psychodermatology; psychocutaneous illness

## EPV0009

### Narcolepsy and anxiety. Is this association possible?

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**Introduction:** Excessive daytime sleepiness, hypnagogic-hypnopompic hallucinations, sleep paralysis, and cataplexy are symptoms associated with narcolepsy. It is not uncommon to occur co-morbidly between narcolepsy and psychiatric disorders. This association is poorly understood. Recent findings indicate that anxiety disorders also are associated with typical symptoms of narcolepsy.

**Objectives:** Study of the comorbidity between narcolepsy and psychiatric disorders, like anxiety, through a clinical case.

**Methods:** A 21-year-old female patient with no psychiatric history who consulted due to anxiety and panic attacks related to poor narcolepsy control. Debut of the neurological disease during adolescence with frequent cataplexy attacks that condition their daily activity and generate avoidance behaviors and agoraphobia.

**Results:** The patient complained of poor quality of sleep and reported a large number of different types of situations (eg, surprise, embarrassment) associated with cataplectic events. Treatment with SSRIs first and bupropion with pregabalin later was partially effective. Recent studies suggest efficacy of vagus nerve stimulation.

**Conclusions:** Anxiety disorders, especially panic attacks and social phobias, often affect patients with narcolepsy. Anxiety and mood symptoms could be secondary complications of the chronic symptoms of narcolepsy. Recent studies have shown that narcolepsy is caused by defective hypocretin signaling. As hypocretin neurotransmission is also involved in stress regulation and addiction, this raises the possibility that mood and anxiety symptoms are primary disease phenomena in narcolepsy. Recent studies suggest that vagus nerve stimulation could be potentially useful in the treatment of resistant depressive and anxiety disorder and it is not a contraindication in patients with narcolepsy.

**Disclosure:** No significant relationships.

**Keywords:** Anxiety; narcolepsy; drowsiness; hypocretin