

cinosis. True hallucinations are different from the others due to incapacity of insight of the unreal and pathologic character of the phenomenon.

**Objectives** This study reports a case initially diagnosed as psychotic depression that after a rigorous psychopathologic investigation revealed to be an unspecified dissociative disorder.

**Case presentation** Twenty-four-year-old female, with a past of psychiatric treatment since 18-years-old, reports brief dysphoric episodes associated with visions of bleeding clowns and skulls that were always connected to a psychosocial stressor. At the interview she asserts that she understands those symptoms as pathological and caused by her mind, and associate them with external stressors. These episodes were brief and remitted spontaneously. The mental state examination did not show any psychopathological disturbance. The reduction and suspension of antipsychotics did not result in worsening of these symptoms.

**Results** The psychopathological disturbances reported by the patient did not represent a true hallucination. The presence of insight, the evolution and duration of the symptoms, and the association with psychosocial stressors has shown that the phenomena and symptoms are associated to a dissociative disorder. Therefore, the prescription of antipsychotics involves unnecessary pharmacological and clinical risks for this patient at the moment.

**Conclusion** Despite the use of psychopathology is considered by some as outdated, it is still an important semiological instrument for an accurate diagnosis and planning therapeutic conduct.

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

<http://dx.doi.org/10.1016/j.eurpsy.2016.01.1983>

## EV999

### Atypical cognitive dysfunction due to brain damage: A case report

C.A. Welte-Santana\*, A.F. Macedo de Queiroz, N. Merola Fontoura, C. Lima de Melo, M. Ribeiro Garcia de Rezende, P.C. Ferreira da Silva, L. Oliveira, L. Carvalho de Toledo

Hospital Municipal Jurandyr Manfredini, Ambulatório de Psiquiatria, Rio de Janeiro, Brazil

\* Corresponding author.

**Introduction** The diagnosis of a primary psychiatric disorder requires the exclusion of an organic etiology. However, Brazilian public hospitals commonly lack resources. Diagnostic precision requires also the congruence of the clinical history and the natural history of the investigated disorder.

**Objectives** This study reports a rare case of hallucinations and retrograde amnesia, due to organic brain lesion but without other cognitive impairments.

**Case presentation** Fifty-three-years-old male Brazilian, was evaluated after one year in Brazil after being missing for 25 years in USA. Encountering his family, he did not recognize his mother, did not remember his life in Brazil, including his infancy, nationality and mother language. He was found as a homeless in poor hygiene. In the exam, he only presented retrograde amnesia, without any disturbances of fixation memory, intelligence, formal thought, affect or psychomotor function. Patient reported hallucinations. Blood tests showed no abnormalities. EEG showed diffuse slow rhythms. Brain MRI showed cortical and hippocampal atrophy. After weekly evaluations for 5 months, he remained stable despite lack of prescription. Some weeks after MRI, patient reported frequent alcohol and inhalant use when missing. No hints of secondary gain were found until present.

**Discussion** Organic etiology was suspected due to atypical presentation: hallucinations, evocative amnesia, with no further cognitive and affect disturbances. This is not compatible with schizophrenia, dementia or dissociative disorder. The brain

abnormalities and recent data highly suggest this etiological hypothesis.

**Conclusion** Since this clinical presentation does not fit into any specific psychiatric category, the case will continue to be studied.

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

<http://dx.doi.org/10.1016/j.eurpsy.2016.01.1984>

## Psychopharmacology and pharmacoeconomics

### EV1000

#### Atypical antipsychotic switching versus atypical antipsychotic combination in schizoaffective disorder – A clinical case

A. Ballesteros<sup>1,\*</sup>, B. Cortés<sup>2</sup>, A. Petcu<sup>3</sup>, L. Montes<sup>4</sup>, W. Jaimes<sup>5</sup>, F. Inchausti<sup>6</sup>

<sup>1</sup> Red de Salud Mental Gobierno de Navarra, CSM Estella, Estella, Spain

<sup>2</sup> Consulta Dr. B. Cortés, Psychiatry, Salamanca, Spain

<sup>3</sup> Greater Manchester West Mental Health NHS Foundation Trust, Psychiatry, Manchester, United Kingdom

<sup>4</sup> Red de Salud Mental Gobierno de Navarra, Complejo Hospitalario de Navarra, Pamplona, Spain

<sup>5</sup> Hospital de Donostia Osakidetza, Psychiatry, Donostia, Spain

<sup>6</sup> Proyecto Hombre de Navarra, Comunidad terapéutica Proyecto Hombre de Estella, Estella, Spain

\* Corresponding author.

**Introduction** Recent studies suggest that aripiprazole (ARP) shows a better profile in terms of mental state and extrapyramidal symptoms (EPS) in psychosis. However, other studies consider that a combination of atypical antipsychotics (AAP) may also be an option for some refractory patients. We present a case of a schizoaffective disorder, manic type (SAFM) (F25.0, ICD-10 criteria) that improved in terms of EPS adverse effects after switching from long-term fluphenazine (LTF) to Long-acting injectable aripiprazole (LAIA) but showed relapse symptoms.

**Objective** We present a clinical case of SAFM that improved clinically in our outpatient clinic after 1 month of bi-therapy with low doses of oral risperidone and standard dose of LAIA. We study oral AAP-LAIA drug combination utility in this clinical setting.

**Aims** To study "oral AAP-LAIA combo" benefits in refractory SAFM cases.

**Methods** Our patient is a 68-year-old female diagnosed of SAFM clinically stable with a combination of lithium and LTF. She presented severe cogwheel stiffness in the upper limbs and postural tremor. We switched from long-term fluphenazine to LAIA and 4 weeks later, she showed discrete cogwheel stiffness but also persecutory delusions and dysphoria.

**Results** We maintained LAIA (400 mg/28 days) and lithium (800 mg/day) doses and added-on risperidone 1 mg/day. She presented clinical relapse 1 month later. She kept her better EPS tolerance as she only had discrete cogwheel in upper limbs only by using attention distraction techniques.

**Conclusions** Oral risperidone-LAIA drug combination appears as an effective and well-tolerated treatment in refractory SAFM cases.

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

<http://dx.doi.org/10.1016/j.eurpsy.2016.01.1985>