Results and discussion: On the basis of this study, we wish to develop a blended E-Learning tool for professionals in psychiatry and primary health care that help to detect and treat people with gambling and suicidal behaviour.

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Venlafaxine extended release as a treatment option after SSRI-s non-response and intolerance in obsessive-compulsive disorder:Case report

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Growing body of evidence suggests that serotonin-norepinephrine reuptake inhibitor (SNRI) (venlafaxine) may represent a valid alternative to the serotonin reuptake inhibitors (SSRIs), in a treatment of OCD patients, especially in the cases after SSRIs nonresponse and/or intolerance. Dosing strategies for venlafaxine is important, because, as a data from studies show, in «low» doses venlafaxine acts as a selective 5-HT reuptake inhibitor, whereas in higher doses (225 and 375 mg/d) acts as a dual 5-HT and NE reuptake inhibitor. We report the case of the patient diagnosed of severe OCD (DSM-IV-TR), who failed to respond on two SSRIs treatment trials (fluoxetine and sertraline) and showed a intolerance on one SSRI (fluvoxamine) treatment trial. As a augmentation for all previous SSRIs treatment trials in our case was used dopamine antagonist risperidone (mean dose=2 mg/d).After eight weeks of treatment with venlafaxine extended release, (150 mg/d) and risperidone (2 mg/d) as coadjuvant treatment, the patient had clinically significant improvement (measured by decrease in the score of the Yale-Brown Obsessive Compulsive (Y-BOCS) and the Clinical Global Impression (CGI) scales), with no clinically significant side-effects. Further improvement was subsequently maintained. In treatment- resistant OCD, or specific OCD patients with SSRIs intolerance,venlafaxine extended release may be the treatment of choice, but we emphasize the importance of venlafaxine dosing strategies.

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Atypical antipsychotics and obsessive compulsive symptoms in schizophenia: Literature review

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Background: Atypical antipsychotics are actually the first-line treatment in schizophrenia. Obsessive–compulsive symptoms (OCS) are common in patients suffering from schizophrenia and seem to worsen prognosis. Whilst atypical antipsychotics can be a useful augmentation strategy in refractory Obsessive Compulsive Disorder (OCD), their efficacy in case of comorbid obsessive compulsive symptoms in schizophrenia remains unclear.

Aims: The purpose of this literature review was to examine the relationships between atypical antipsychotics, Obsessive Compulsive Symptoms (OCS) in schizophrenia.

Method: A systematic MEDLINE database was run using the following key-words: atypical antipsychotics, obsessive compulsive symptoms and schizophrenia (27 articles).

Results: Clozapine, risperidone,olanzapine and quietiapine may induce or exacerbate OCS in patients with schizophrenia due to their anti-serotoninergic properties. There was no study with ziprazidone,aripiprazole nor amisulpiride. For schizophrenic patients with comorbid OCS, the first line strategy appears to be combination therapy with clomipramine or an Selective Serotoninergic Reuptake Inhibitors (SSRIs)(fluvoxamine, sertraline, fluoxétine) and an atypical antipsychotic. Moreover, in these cases, cognitive behavioural therapy should also be considered.

Conclusions: Obsessive Compulsive symptoms and schizophrenia are an ongoing matter of debate in terms of comorbidity or constitution of a specific "schizo-obsessive" subtype. Nevertheless, according to the worsening prognosis of this phenomenon, combination therapy (atypical antipsychotics and SSRIs) remains the most relevant therapeutic approach. Moreover, cognitive behavioural therapy studies in this area are required.

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Clinical characteristics and treatment response in obsessive-compulsive disorder (OCD) with poor insight: A 3-year prospective follow-up study

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The aim of this study was to evaluate the clinical characteristics of OCD patients with poor insight, and the predictive value of poor insight with respect to response to treatment with serotonin reuptake inhibitors (SRIs). One hundred ten patients fulfilling DSM-IV criteria for OCD were included in the study and assessed by standardized instruments. Seventy-nine patients were treated with SRIs and followed prospectively for 3 years. During the follow-up period, the clinical status of each patients was evaluated monthly during the first year and bimonthly thereafter by means of the Yale-Brown Obsessive Compulsive Scale (Y-BOCS) and the Hamilton Rating Scale for Depression (HDRS). Twenty-one percent of the patients did not recognize obsessive-compulsive symptoms as unreasonable or senseless. Patients with poor insight had a earlier age at onset, a greater severity of obsessive-compulsive symptoms at intake, a higher rate of schizophrenia spectrum disorders in first-degree relatives and a higher comorbidity rate of schizotypal or obsessive-compulsive personality disorders. At the end of the study, 62% percent of the patients with normal insight responded to SRIs, whereas none of the patients with poor insight was found to be responder. The study provides evidence that poor insight is associated with specific clinical characteristics and treatment failure in OCD. Further studies should aim at identifying additional treatment strategies that are effective in OCD patients with poor insight.

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Topiramate in OCD comorbid with impulsive behaviour disorders

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Background and aims: Impulsive behaviours (impulse control deficit) and compulsive behaviours (over control) have been considered at the core of different disorders, but patients often present with mixed features of impulsive and compulsive behaviours (i.e. patients with OCD and borderline personality disorder). Therefore, a clinical spectrum from impulsivity to compulsivity could exist, in which obsessive compulsive disorder (OCD) and impulsive personality disorders (borderline personality disorder, antisocial personality disorder…) would be the endpoints.

Regarding treatment, SSRI have demonstrated high efficacy in the treatment of both impulsive and obsessive-compulsive symptoms. On the other hand, topiramate has been described as an effective agent in treating impulsive behavior.

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