mother developed persistent delusions in her late thirties (without disorders of perception and social disfunction).
Conclusions: The study demonstrantes genetic interconnecting between TS, tics and psychosis; hyperactivity in the dopaminergic system of the brain may be involved in all three disorders. National statistics of TS have to be reviewed and improved.

Disclosure: No significant relationships.
Keywords: family case; comorbidities; psychosis; Gilles de la Tourette's syndrome

EPV0106

Which antipsychotics can we use for obsessive-compulsive symptoms in schizophrenia?

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Introduction: Obsessive-compulsive symptoms (OCS) are common in schizophrenia, with a prevalence ranging from 12 to 25%. They affect negatively disease outcome. Patients with comorbid OCS present more frequently resistant psychotic symptoms. Besides, the appearance and aggravation of OSC are more commonly reported with atypical antipsychotics.
Objectives: To present through a clinical case and a brief literature review the treatment challenge of obsessive-compulsive symptoms in schizophrenia.
Methods: We reported the case of Mr. M.S., treated in our department since 2008 for comorbid schizophrenia and OCS, and discussed therapeutic alternatives through a literature review.
Results: Mr. M.S. a 34-year-old male diagnosed with comorbid schizophrenia and OCS at age 20. To control psychotic symptoms, the patient received several trials of anti-psychotics with little improvement. We concluded that it was resistant schizophrenia. The introduction of clozapine reaching 300 mg daily led to significant improvement of psychotic symptoms but worsened OCS. The adjunction of fluoxetine and cognitive-behavioral therapy (CBT) was unsuccessful to manage obsessive symptoms. We opted for the association of aripiprazole 20 mg daily and clozapine, the doses of which were gradually tapered down to 150 mg daily. This association has guaranteed the improvement of both psychotic and obsessive symptoms.
Conclusions: Conclusion This clinical vignette highlights the need for clinical awareness about the possible exacerbation of OCS with atypical antipsychotics in schizophrenia.

Disclosure: No significant relationships.
Keywords: comorbidity; atypical antipsychotics; Obsessive-compulsive symptoms; schizophrénia

EPV0107

Slamming sex and psychotic symptoms. A case report

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Introduction: Chemsex is the term used to describe the use of psichoactives drugs to practice sex, mostly among men who have sex with other men. When drugs are administered by intravenously it is know as slamming or slamsex. Mephedrone is drug more used to this practice, in combination with other as anfetamines. This practice has been associated with a lot of psychiatric and organic complications.
Objectives: Describe a case about one of chemsex complications such as drug- induce psychosis. Moreover, show the multiple medical complications associated with this practice.
Methods: Patient's data is obtained from medical history, psychiatric interviews carried out during his hospitalizations and his psychological follow-up in CAID.
Results: 45 year-old man patient was admitted into a psychiatric unit due to paranoid ideation, behavioral disturbances and hetero-aggressive behavior after mephedrone, amphetamines and other drugs intoxication in the context of slamsex practice. He has a history of two previous autolytic attempts but no psychotic episodes. After one week of hospitalization and antipsychotic treatment psychotic symptons disappear. Concerning his medical history, he was infected for HIV, syphilis, hepatitis A, visceral Leishmania.
Conclusions: It is necessary to be aware of the increased in chemsex and slamsex rates and therefore of the comorbilities that have associated. Rapid detection is important in order to reduce and control the severe addiction they entail (especially intravenous consumption).

Disclosure: No significant relationships.
Keywords: psychotic symptoms; chemsex; slamsex; drugs-induced psycosis

EPV0108

Emotional, personal, cognitive and other mental disorders after removal of the tumor of the diencephalic region (in the long-term period)

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Introduction: In the literature, there are conflicting data regarding the recovery of mental disorders, in particular, pathologies of the emotional, personality, behavioral and cognitive spheres, in patients after surgical treatment of tumors of the diencephalic region.
Objectives: To evaluate the dynamics of psychopathological disorders after removal of a craniopharyngioma.
Methods: 45 patients (18–68 y.o.), operated through transcranial access. The follow-up period ranged from 3 months to 9 years (on average 2.8 + 0.4). The main method is psychopathological, supplemented by rating scales and questionnaires.

Disorders (may be a combination)	Before surgery (n,%)	2 weeks after (n,%)	18 months after (n,%)
Emotional and volitional	27 (60%)	27 (60%)	15 (33%)
Cognitive - Korsakov syndrome	18 (40%) 4 (9%)	27 (59%) 8 (18%)	18 (40%) 7 (15%)
Personality	21 (46%)	25 (55%)	23 (51%)

Results: In the late postoperative period, mental disorders were detected in 75% of patients (Table 1). Table 1. Dynamics of the main psychopathological symptom complexes (n = 45).
The table shows that emotional-volitional disorders have a clear positive dynamics by 18 months after surgery compared with the preoperative level. Korsakov's syndrome and personality disorders are less favorable. 23 patients (52%) returned to their previous profession; 22 (48%) stopped working due to a severe degree of disability, of which 7 (15%) need constant supervision.
Conclusions: The positive dynamics of psychopathological symptoms is observed only within 1.5 years after the removal of the craniopharyngioma, in the future they remain without a tendency to improve. 22 patients (48%) stopped working. The most severe degree of disability is 15% patients.

Disclosure: No significant relationships.
Keywords: Mental disorders; emotional and personality disorders; craniopharyngioma; postoperative period

EPV0110

Huntington's disease- a case of early psychiatric symptoms and suicide

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Introduction: Huntington's disease is typically an inherited neurodegenerative disorder with autosomal dominant transmission. Early disease symptoms can include depression and behavioral changes, while physical and cognitive symptoms become evident later. Suicide and suicidal ideation are more frequent in these patients than on the general population. We present the case of a 50-year-old female patient with a history of depression and suicidal intents previous to her diagnosis. The patient committed suicide approximately 20 years after the beginning of her psychiatric symptoms.
Objectives: To report a clinical case of early psychiatric symptoms and suicide in Huntington's disease; To raise awareness for these comorbidities and for an adequate intervention in suicide prevention.
Methods: The information was obtained by interviewing the patient and her family and by reviewing past medical reports. A brief literature review using the keywords "suicide", "Huntington´s disease" and "psychiatric symptoms" was performed on PubMed.
Results: The patient had a history of depression and five hospital admissions for suicidal intents during the ten years prior to the diagnosis. After the diagnosis and the beginning of physical symptoms, she maintained suicidal ideation until she committed suicide ten years later.
Conclusions: This clinical case underlines the importance of being alert for early psychiatric symptoms of Huntington's disease, especially if considering the patients' probability of developing it. It also reinforces the need for suicidal ideation regular assessment and for pharmacological and non-pharmacological targeted therapy. Further investigation should be taken to understand which factors increase the risk for suicidal behavior and which moments during disease progression are crucial for prevention.

Disclosure: No significant relationships.
Keywords: huntingtons; huntingtonsdisease; Depression; Suicide

EPV0112

Let's talk about it: An atypical case

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Introduction: Cross-sectional studies report the high comorbility of substance use (SUD) with eating disorders (ED). This case report aims to describe a case of anorexia nervosa and alcohol use disorder in a 18 year old male.
Objectives: Based on the need to formulate protocols, we aim to conduct a systematic review on the recent literature research on this coexisting psychiatric disorders.
Methods: Relevant studies were sourced from published literature and reviewed.
Results: The prevalence of ED is higher in women than in men, with a ratio of 7:1; however it is the latter that present the most serious clinical pictures. It should be also noted that no all types of ED present the same comorbility, but rather those with bulimic symptoms are the ones that most resort to substance abuse, so the distinction between subtypes is highly relevant.
Conclusions: It is important that clinicians are aware of the severity of this combination and the need for a specific and careful management. Also important to taking into account the limited bibliography on the subject, it is especially important to expand research.

Disclosure: No significant relationships.
Keywords: alcohol use disorder; eating disorders; Addiction; Dual pathology

EPV0113

Relationship between suicide attempts of repetition and dependence to the cocaine: Report of clinical case

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