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Use of vortioxetine in treating obsessive-compulsive disorder: a case report

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Introduction: Obsessive-compulsive disorder (OCD) is a chronic disorder with a wide range of manifestations but primarily intrusive thoughts (obsessions) and/or ritualized actions (compulsions) that can cause a huge distress in patients' life. First-line treatment for OCD are selective serotonin reuptake inhibitors (SSRIs). Tricyclic antidepressants are used as second-line treatment due to secondary effects. Also antipsychotics such as aripiprazole are approved for treating OCD. Vortioxetine is has 5-HT₃, 5-HT₇ and 5-HT_{1D} antagonists, 5-HT_{1B} partial agonist and a 5-HT_{1A} agonist and serotonin transporter inhibitor property. It is used in major depressive and anxiety disorders. A male 48 years old patient with an OCD diagnosis since he was 21, was referred to psychiatry department. Previously, he had no response with SSRIs at full dosage and clomipramine 75mg was effective. At 46 years old, he had an acute myocardial infarction. He also admitted not taking the medication regularly due to sexual dysfunction and having affective symptoms related to the distress caused by OCD.

Objectives: To evaluate efficacy of vortioxetine in treating OCD in a patient with contraindications for tricyclic antidepressants and no response to SSRIs.

Methods: Clomipramine dose was reduced until discontinuation. After one week without treatment, basal scores for Hamilton Scale and Dimensional Yale-Brown Obsessive-Compulsive Scale (DY-BOCS) were collected. Same data was collected again after 10 weeks treatment.

Results: The dosage of vortioxetine was progressively titrated until 20mg daily in 3 weeks lapse. Diazepam 5mg was added in case of insomnia or anxiety. Aripiprazole 5mg was added in the third week of treatment as adjunctive treatment due to the recurrence of some intrusive thoughts (discontinued by himself because of akathisia). Finally, the patient reported an improvement in affective and OCD symptoms in the sixth week of treatment that was sustained until the tenth week, when data was recollected. The patient did not refer sexual dysfunction.

The pre and post results are summarized in tables 1 and 2. Dimensional Y-BOCS (0-15)

Table 1. Hamilton Depression Rating Scale (0-52)

Basal	Post 10-week treatment
21	4

	Basal	Post 10-week treatment
Aggressive-related obsessions and compulsions	10	2
Religious-related obsessions and compulsions	5	1
Symmetry and order	7	1
Pollution and cleaning	0	0
Collecting and accumulation	2	0
Miscellaneous	10	3

Conclusions: Vortioxetine might be a promising molecule for treating OCD in patients with contraindications for first and second-line treatments.

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Skin picking disorder in the elderly- What is the available evidence?

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Introduction: Excoriation disorder (ExD) is a pathology recognized by DSM-5, and it is considered a part of the obsessive-compulsive spectrum. ExD is associated with a high rate of psychiatric comorbidity (e.g., depression, ADHD, substance use disorders, etc.).

Objectives: The main objective of this review was to explore the available evidence to support the diagnosis and treatment of skin picking in elderly population.

Methods: A literature review of the available sources reporting on ExD in elderly patients, realized by searching three electronic databases (PubMed, Cochrane, Clarivate/Web of Science) but also the grey literature. All papers published between January 1990 and July 2023, including the terms "excoriation disorder", "compulsive skin picking", "dermatillomania" and "elderly" or "old-age patients" were reviewed.

Results: The information about ExD was extracted almost exclusively from reports on elderly patients with neurocognitive disorders. Tactile hallucinations, delusions of contamination, social isolation and focusing on own bodily sensations, and organic causes- dehydration, allergies, renal insufficiency, hepatic and pancreatic diseases, as well as toxic causes- e.g., adverse events of certain drugs should be investigated in elderly patients exhibiting signs of ExD. A differential diagnosis is very important in this population in order to find the most adequate treatment. Behavioral treatments, serotonergic antidepressants, and glutamatergic modulators have been explored in patients with ExD, although specific trials for