Introduction: Background: Obsessive-compulsive disorder (OCD) is a condition that includes distressing obsessions and repetitive compulsions. Usually presents with a wide range of symptons normally grouped into different clusters or dimensions. clinical impression and some empirical data suggest that certain groups of symptoms or clusters are more responsive to treatment than others, thus it can help clinicians to better guide initial treatment choices and management of individual patients
Objectives: Objetictive: to describe the symptom dimensions in a clinical database that includes patients accompannied in an obssessive conpulsive disorder consultation in a tertiary hospital in Portugal and to point out some differences in treatment outcomes.
Methods: We searched Pubmed and Cochrane Library database for english language articles.
Results: To date it appears that pharmacotherapy and CBT are an effective treatment for the various OCD dimensions, although not all dimensions have been adequately studied or respond well to treatment. Knowing a specific symptom profile may have implications in treatment components that clinicians should be aware of.
Conclusions: More research will be needed to determine the best tailor treatments to each patient's profile and Modifications to treatment may be needed. Clinical implications and directions for future research are discussed.

Disclosure: No significant relationships.
Keywords: OCD; clusters; Treatment; symptom dimensions

EPV0918

Unhealthy fantasizing of a loved person who does not exist in reality

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Introduction: Obsessive-compulsive disorder is a disorder in which recurring, intrusive, unwanted thoughts, ideas or sensations cause them to feel driven to do something repetitively. The repetitive behaviors can significantly interfere with a person's daily activities and social interactions. Not performing the behaviors commonly causes great distress.
Objectives: Clinical trials are required for proper assessment and management of this group of patients.
Methods: Mrs. X, a 28 year old female coming for psychiatric consultation with the complaints of self talking, irritability and aggression, insomnia.She fantasizes a man publicly, whom she loves but he has no existence in reality. She tries to solve all kinds of problems by talking to that fantasy man. If anyone interrupts her, she becomes irritable, shouts and breaks things. But for the last 3 months she realized that its a problem. Because, she can't eat, sleep and concentrate on her household chores for this fantasy. Even she can't take care of her child and feeling low sexual affection for her husband. On personal history, she said that she had poor attachment with her parents.
Results: After thorough assessment, her consultant Psychiatrist told that she was sufering from unhealthy fantasy obsession or Obsessive Compulsive Disorder.
Conclusions: It is very important and urgent to assess and manage this group of patients, because this has a devastating impact on relationships, specially on the conjugal life. Psychoeducation about the ilness and Psychotherapy along with pharmacotherapy should be the mode of treatment.

Disclosure: No significant relationships.
Keywords: Self talking; Unhealthy fantasizing

EPV0919

Augmentation strategy fluoxetine and lurasidone in the treatment of OCD with comorbid Restrictive Anorexia: a case report

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Introduction: Obsessive-Compulsive Disorder (OCD) is characterized by the presence of intrusive thought (obsessions) and ritualistic behaviour (compulsions). First-choice psychopharmacological treatment is based on serotonin reuptake inhibitors (SRIs). However, about half of OCD do not or partially respond to SRIs (TR-OCD) and need an augmentation strategy with second-generation antipsychotics (SGAs).
Objectives: We report a case of severe OCD with comorbid anorexia nervosa, restrictive type (AN-r) treated with fluoxetine (up to 40 mg daily) and lurasidone (37 mg daily bedtime) augmentation.
Methods: At baseline and monthly 4-months-follow-up were administered Y-BOCS-II (Yale-Brown Obsessive Compulsive Scale), CGI-S (Clinical Global Impression-Severity), SCL-90 (Symptom Checklist-90 items) and EDI-3 (Eating Disorder Inventory-3).
Results: Compared to the baseline, a clinically significant clinical response was observed on OC at Y-BOCS-II (≥35% Y-BOCS reduction) and eating symptomatology at EDI-3 after 1 month of augmentation treatment, while a full remission after 3 months (Y-BOCS scoring ≤ 14)($p<0.01$). We also noticed, throughout clinical follow up interviews, improvement in patient's social skills and life satisfaction.
Conclusions: Further longitudinal and real-world effectiveness studies are needed to confirm these preliminary findings and investigate the potential of lurasidone augmentation strategy in attenuating OC symptomatology in TR-OCD and whereas a comorbid AN-r is present.

Disclosure: No significant relationships.
Keywords: obsessive-compulsive disorder; Anorexia nervosa; lurasidone