Introduction Body Dysmophic Disorder (BDD) is relatively common disorder. Patients with delusional beliefs seem to show greater morbidity (more suicidal attempts and drug abuse or dependence) and less likelihood of receiving treatment.
Objectives and aims In this study, we intended to report a case of BDD followed in psychiatric consultation from 2 years ago, and to make a review of the literature, namely presentation, treatment and prognosis of BDD.
Methods We conducted a description of a BDD case and a research using "Body Dysmorphic Disorder" keywords on Pubmed.
Results J.F., 45 years old, unemployed, living with his father, referred to the Psychiatric consultation by his GP. The disorder started in the adolescence with an excessive preoccupation with hair loss and nose length, but in early adulthood these concerns became more important. Around 30 years old he was followed in Psychiatry but abandoned. Years later he underwent nose plastic surgery. He tried underwent other nose surgeries, but was refused. He was advised to look for psychiatric care. From the initial observation I highlight the appearance (thin, with a wig, adhesive tape connecting the tip of the nose to the forehead pulling up the nose), delusional ideas regarding the appearance of the nose, overvalued hypochondriac ideas, and no insight for the disease. The patient was reluctant in taking psychotropic drugs. He was referred to day hospital, which he attended with great irregularity.
Conclusions BDD is a disorder with poor prognosis, especially when delusional variant is present, probably in relation to the lack of insight.
Disclosure of interest The authors have not supplied their declaration of competing interest.

http://dx.doi.org/10.1016/j.eurpsy.2016.01.1816

EV832

From obsessivity to bipolarity and vice versa. A literature review

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Introduction The prevalence of obsessive symptoms in bipolar patients is currently under discussion. Last years, different cases of antidepressant-induced mania and hypomania in patients with OCD have been described.
Several authors have reported that patients with OCD and bipolar disorder have more depressive episodes than patients with only OCD.
Objective To know the relationship between OCD and other bipolar spectrum disorders.
Method Bibliographical review on comorbidity between obsessive symptoms and bipolarity.
Results Some longitudinal analysis have shown that patients firstly diagnosed with OCD have an increased risk for subsequent diagnosis of all other conditions, especially for bipolar and schizoaffective disorder, for those whose risk is of up to 13 times higher. The handling of a patient with bipolar disorder and OCD implies some difficulty, because of the main treatment of anxiety disorders, the antidepressants, alters the course of manic-depressive illness, accelerating cycles.
Conclusions OCD is etiologically related to bipolar spectrum disorders and schizophrenia. Therefore, it is necessary to continue the investigation of possible involved genes and approaches for clinical practice.
Disclosure of interest The authors have not supplied their declaration of competing interest.

Further readings
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http://dx.doi.org/10.1016/j.eurpsy.2016.01.1817

EV833

Dual target repetitive transcranial magnetic stimulation in the treatment of comorbid obsessive-compulsive disorder in patients with anorexia nervosa: Preliminary results of two case reports

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Introduction Obsessive-compulsive disorder (OCD) is a frequently reported comorbid disorder (20–30%) in patients with anorexia nervosa (AN). Increasing evidence suggests that repetitive transcranial magnetic stimulation (r-TMS) may be effective in the treatment of refractory OCD and to a lesser extent in AN. Hereby, different target areas: supplemental motor area (SMA) and orbitofrontal cortex (OFC) and dorsolateral prefrontal cortex in AN. We report two patients with enduring AN and comorbid treatment resistant OCD treated with r-TMS.
Methods Both female patients (34 and 26 years respectively) were hospitalized at the Eating Disorder Unit at the Ghent University Hospital. Treatment responses were evaluated with Yale Brown Obsessive Compulsive Scale (Y-BOCS) and weight gain. Inhibitory continuous thetaburst stimulation (cTBS) of the SMA followed by cTBS of the OFC was conducted during 20 sessions, 5 sessions a week, during 4 weeks. Stimulation intensity was respectively 100% and 80% of the motor treshold.
Results After cTBS treatment Y-BOCS score of both patients decreased (31 to 24 and 31 to 23 respectively). Only one patient showed a 10% increase of weight. The treatment was well tolerated. No significant side effects were reported.
Conclusion Treatment resistant comorbid OCD in patients with AN may be succesfully treated with cTBS.
Disclosure of interest The authors have not supplied their declaration of competing interest.

http://dx.doi.org/10.1016/j.eurpsy.2016.01.1818

EV836

Skin picking – A case report

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Introduction Compulsive skin picking and trichotillomania are both impulse control disorders, characterized by the need or urge to touch, scratch, scrub, friction, rub, bite, press or dig in the skin; it is often an answer to minimum skin defects or to mild acne. The resulting tissue damage can be moderate to severe.
Objective Case report of a woman with Skin picking resistant to treatment.
Methods Clinical observation.
Results 43-year-old woman who was admitted in emergency in June 2014 because of her skin lesions. After observation by Dermatologist she was sent to the Psychiatric due to injuries caused by her. She referring compulsion to scratch, bite and tear the skin

https://doi.org/10.1016/j.eurpsy.2016.01.1821 Published online by Cambridge University Press

since she was 3 years old. After introduction of psychotropic drugs, the patient was referred to the Psychiatric consultations. After 1 year consultation there is some clinical improvement.
Conclusion Despite clinical advances in psychiatry, the Skin Picking disease is still little known today, requiring more research and knowledgement in terms of phenomenology and of treatment.
Disclosure of interest The authors have not supplied their declaration of competing interest.

http://dx.doi.org/10.1016/j.eurpsy.2016.01.1821

EV837

Obsessive-compulsive disorder in childhood and adolescence

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Obsessive-compulsive disorder (OCD) is a severe mental illness that causes significant stress in children and adolescents. It is possible to infer three distinct etiologies – neurobiology, environment and dysfunctional interpretative patterns. Certain characteristics are attributable to OCD with onset in childhood or adolescence as higher prevalence in males, increased frequency of isolated compulsions (more cleaning, repeating and checking), higher rate of aggressive obsessions and more common accumulation behaviors. There are several psychiatric comorbidities associated with OCD like anxiety disorder and major depression. The first-line treatment in OCD is the association of a selective serotonin reuptake inhibitor (SSRI) and individual psychotherapy.
The authors reviewed the clinical records of patients diagnosed with OCD observed in a child and adolescence psychiatry liaison consultation between April and September 2015, inclusive, aiming to characterize the sample, to describe the typical clinical picture and to evaluate the existence of physical and/or psychiatric comorbidities, comparing the results with those expected in literature.
The typical patient profile found was a 12-year-old male, living with relatives, with no neonatal complications, with stable home environment, without family psychiatric history, with associated medical comorbidities, with age of onset symptoms at 10.5 years-old, with only an obsession (contamination), with only a compulsion (cleaning or checking), with psychiatric comorbidities, treated with SSRI and without psychologyaccompaniment.
There are some limitations that must be taken into account because the sample was taken from a liaison psychiatry consultation, but in general terms, the results were similar to those described in the literature.
Disclosure of interest The authors have not supplied their declaration of competing interest.

http://dx.doi.org/10.1016/j.eurpsy.2016.01.1822

EV838

An approach to comorbidity between obsessive-compulsive disorder and schizophrenia

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Introduction An association has been observed between obsessive symptoms in Obsessive Compulsive Disorder (OCD) and psychotic symptoms in schizophrenia, being sometimes difficult to establish a clear limit between them. The term "schizo-obsessive disorder" was proposed to describe the resulting disorder of comorbidity of OCD and schizophrenia, although it has not been definitely settled.
Objective To analyze the incidence of coexistence of OCD and schizophrenia symptoms and the way it modifies the treatment and prognosis of the illness.
Method Review of some articles published in Mental Health journals such as "Salud Mental" and "Actas Españolas de Psiquiatría".
Results Some studies about psychotic patients have determined 15% as the average of comorbidity of OCD and schizophrenia. The probability of having OCD is six times bigger if there is psychotic pathology associated.
The fact that obsessive and psychotic symptoms get together in some patients shades the prognosis bringing more negative symptoms, more depressive humor, a larger cognitive impairment, more resistance to treatment and more relapses than we can observe in OCD and schizophrenia isolated.
The pharmacological treatment usually consists in neuroleptic plus anti-obsessive drugs, together with cognitive-behavioral therapy. Sometimes, when there is a very bad evolution, it is required to consider psychosurgery as one necessary option, even though its use in this context is not much widespread.
Conclusions The simultaneous presence of OCD and schizophrenia is more common than we could expect only by chance and makes the prognosis worse, being difficult to find a truly effective treatment.
Disclosure of interest The authors have not supplied their declaration of competing interest.

http://dx.doi.org/10.1016/j.eurpsy.2016.01.1823

EV839

Childhood OCD: The importance of an integrated approach

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Introduction OCD is one of the most frequently diagnosed disorders during childhood. A prevalence of 1% is estimated, but according to the literature is an underdiagnosed pathology.
Aims To differentiate pathological rituals from those that children can have as normal behavior during their natural development. To perform a differential diagnosis and a current review of the literature.
Methods Descriptive analysis of a patient's medical record diagnosed of OCD and Tourette syndrome.
Case report Eight years old male diagnosed of Tourette syndrome (vocal and motor tics). Obsessive thoughts cancer related, self-examinations with compulsive pattern and anxiety with social and academic interference. Family history of tics in both parents during childhood. Currently, father with order rituals and mother with an Anxiety Disorder in treatment. Treatment with Sertraline 25 mg/day was tested with poor tolerance. Currently, the patient is being treated with Aripiprazole 1 mg/day with an important improvement of his symptoms and quality of life. OCD has comorbidity with affective and anxiety disorders, as well as Tourette syndrome. It's essential to differentiate pathology from certain behaviors considered normal during a child's development. For example, some children can have certain level of meticulousness, insecurity or a lucky object, but these behaviors shouldn't be confused with OCD symptoms. The treatment of choice is a combination of CBT with pharmacological therapy.
Conclusions An early diagnosis during childhood together with an appropriate comorbidity detection can reduce the tendency