

(BAI), Beck Depression Inventory (BDI), dissociative experiences scale, 20-item Somatoform dissociation questionnaire and Sheehan disability scale before treatment, and with subjective Y-BOCS, objective and subjective CGI, BAI and BDI at the end of treatment. Patients were treated with antidepressants and daily intensive group CBT for six weeks.

Results During 6-week intensive CBT program in combination with pharmacotherapy, there was significant improvement in patients suffering from OCD resistant to drug treatment. There were statistically significantly decreased scores of scales assessing severity of OCD symptoms, anxiety, and depressive feelings. A lower treatment effect was achieved specifically in patients who (a) showed fewer OCD themes in symptomatology, (b) showed higher level of somatoform dissociation, (c) had poor insight and (d) had a higher initial level of overall severity of the disorder. Remission of the disorder was more likely in patients who (a) had good insight, (b) had a lower initial level of anxiety and (c) had no comorbid depressive disorder.

Disclosure of interest The authors have not supplied their declaration of competing interest.

<http://dx.doi.org/10.1016/j.eurpsy.2017.01.1066>

EV0737

Application of cognitive-behavioral therapy in a case of obsessive-compulsive disorder

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We present the case report of a 46-year-old woman who experienced obsessive-compulsive symptoms for over twenty years, with multiple relapses, severe depressive symptoms and many hospitalizations in the psychiatric Inpatient Unit. Treatment with different SSRIs, tricyclic antidepressants, atypical antipsychotics and even electroconvulsive therapy were administered with poor results.

After her last hospitalization a Cognitive-Behavioral Therapy, including exposure and response prevention and cognitive therapy, is initiated combined with medication, improving depressive symptoms, the ritual behaviors and levels of anxiety.

Modern treatments for Obsessive-Compulsive Disorder (OCD) have radically changed how the disorder is viewed. While in the past OCD

was regarded as chronic and untreatable, a diagnosis of OCD may now be regarded with hope. Cognitive and behavior therapy and antidepressant medications are currently used to treat the disorder. They can be used to control the symptoms and enable people with OCD to restore normal function in their lives.

Disclosure of interest The authors have not supplied their declaration of competing interest.

<http://dx.doi.org/10.1016/j.eurpsy.2017.01.1067>

EV0738

Misophonia: Case report

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Introduction Misophonia refers to a condition in which there is a strong aversion to certain sounds, in response to it the person reports unpleasant emotional experiences and autonomic arousal. **Objectives** To present the case of misophonia carrier and discuss diagnostic features.

Methodology Case report and literature review.

Results Female, 32 years old, married, two children. In anamnesis reported obsessional symptoms (Check doors and windows, concerned with order and symmetry of objects; read all that lies ahead, pull the hand two or three times on mobile) since adolescence. Also reported triggering situations of anger: intolerance to some noises and sounds, like chewing third, mobile keyboard, click the "mouse" computer, printer and rub hands. In the presence of these noises, she tries to move away, and already tried to attack physically relatives and insulting co-workers. She was treated with escitalopram and re-evaluation after thirty days, reported partial relief misophonia and reduction of obsessional symptoms.

Conclusion The condition was first described in the early 2000s by two audiologists, and has become the focus of interest in the field of psychiatry. Some reports suggest that misophonic symptoms may be part of other conditions such as Tourette's syndrome, obsessive compulsive disorder and generalized anxiety disorder. Specifically, the characteristics shared between misophonia and OCD, as the relief of discomfort associated with avoidance behaviour suggest that the condition is part of the obsessive-compulsive spectrum, which seems to happen with the case described above.

Disclosure of interest The authors have not supplied their declaration of competing interest.

<http://dx.doi.org/10.1016/j.eurpsy.2017.01.2259>