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EPV0656

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

elderly patients with this disorder are still lacking. However, case reports support the utility of several serotonergic antidepressants in the elderly.

Conclusions: ExD is a less explored disorder in the elderly, where an extensive differential diagnosis and screening for somatic/psychiatric comorbidities are needed. Trials exploring the potential treatments for ExD in old-age patients are also required for evidence-based case management.

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Illness-Related Domestic Violence Experiences of Individuals Diagnosed with Obsessive Compulsive Disorder: A Qualitative Study

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Introduction: Obsessions and compulsions often focus on routine life actions such as consuming, bathing and living in public, so the disorder interferes with the social, family and occupational functioning of both the individual and their caregiver. In OCD, caregivers are often involved in the ritual behaviors of the individual, either by providing avoidance or by assisting in ritual behaviors. Individuals with OCD are often exposed to aggression from family members because of these behaviors. Research has shown that individuals with OCD may experience illness-related domestic violence. In the literature review on the subject, there were no qualitative studies examining the experiences of individuals diagnosed with OCD towards domestic violence caused by the symptoms of the disease. A mix-method study conducted by aimed to explore the illness-related domestic violence experiences of individuals diagnosed with OCD. The study utilized both quantitative and qualitative methods to gather data from individuals with OCD. The findings of the study revealed that a significant number of individuals with OCD reported experiencing domestic violence related to their illness. This study highlights the importance of addressing the issue of domestic violence in individuals with OCD and the need for appropriate interventions and support.

Objectives: This study was planned to examine the experiences of individuals diagnosed with OCD regarding domestic violence caused by the symptoms of the disease in Turkey.

Methods: The sample of the study was determined by purposive sampling method. The study was conducted with individuals diagnosed with OCD who were being treated in the psychiatric clinics of two university hospitals. The study used mixed methods and was planned in two phases. In the first stage, Socio-Demographic Data Form and Yale-Brown Obsession Compulsion Scale were used. After reviewing the results of these scales, individual in-depth interviews were conducted with 20 patients who had a history of domestic violence and scored above 16 on the Yale Brown Obsessions and Compulsions Scale. Data saturation was deemed to have been reached and data collection was terminated.

Results: The analysis of the data is still ongoing in detail by the researchers. The findings and relational implications of the study will be presented.

Conclusions: It is thought that the results of the study will provide a basis for further research and intervention programs and contribute to the literature by determining the types of violence experienced by individuals diagnosed with OCD from family members due to the disease, how patients feel in the face of the problems they experience and how they cope with it. In addition, the results of the study are expected to help intervention programs to be developed for families to strengthen treatment adherence.

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Old Age Psychiatry

EPV0660

Alzheimer's and Parkinson's disease drugs side effects

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Introduction: Alzheimer's and Parkinson's disease are neurodegenerative disorders with life limiting conditions. The symptomatic pharmacological therapeutic strategies unfortunately are also related to undesirable side effects. Acetylcholinesterase inhibitors administered to Alzheimer's disease patients increase cholinergic transmission in cortex and hippocampus.

Antiparkinsonian drugs increase dopaminergic system activity, to compensate for dopaminergic neurons' degeneration in *corpus striatum*, therefore supplying the imbalance of these neurotransmitters in these degenerative areas. But undesirable the increase of these neurotransmitters in other cerebral and peripheral areas brings us important side effects

Objectives: To study Alzheimer's cholinergic drugs and Parkinson's dopaminergic drugs' side effects

Methods: This retrospective study included 107 geriatric patients enrolled in a private long-term care institution. 79 patients with Alzheimer's disease had mean age of 88.11 ± 5.78 years old, mean weight of 61.62 ± 13.10 kg. 28 patients with Parkinson's disease had mean age of 84.93 ± 5.71 years old, weight mean 66.36 ± 2.83 kg.

Results: Alzheimer's disease patients 41.77% (33) received. Acetylcholinesterase inhibitors (Donepezil, galantamine and rivastigmine) Psychomotor agitation and aggressive behavior 63.666% and nausea (15%) were observed in the patients treated with these drugs. The association of L-DOPA and DOPA decarboxylase inhibitors (benserazide) were administered to 53%(15) of the Parkinson's disease patients in doses between 2.0-19.0 mg/kg/day. L-DOPA associated to catechol-O-methyltransferase inhibitor (entacapone) 3 mg/kg/day were given to 7.14% (2) patients. Bromocriptine 0.04 mg/kg/day was given to 3.57% (1) patients. Mental confusion and hallucination side effects were observed in 53.33% (8) patients treated with L-DOPA associated with the DOPA decarboxylase inhibitor (benserazide).

Conclusions: The increase of cholinergic activity due to the acetylcholinesterase inhibitors in the Nigro-striatal pathway could be