

Introduction Body Dysmorphic 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 threshold.

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 successfully 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