Methods: We searched the PubMed database using the strategy: (panic disorder OR panic attack disorder) AND placebo, which on 3 November 2020 produced 779 records. Inclusion criteria were the above stated, excluded were all studies focusing on the same patients as others and those not providing intelligible data. In our selection we used the PRISMA statement and reached agreement with Delphi rounds.
Results: We identified through other sources further 3 studies. The finally eligible studies were 82, excluded were 700 studies, mainly consisting of reviews (176), challenge studies (173), not dealing with panic disorder (67), studies with unsuitable designs to detect placebo effect (53), studies using same populations as others (36), those with misfocused outcomes (57), those lumping diagnoses and not allowing to separate data for panic disorder (22), and those not using placebo at all (21). Mean response to placebo in included panic disorder studies was 36.01±19.812, ranging from 0 to 76.19%; the correlation with year of publication was positive and significant (Pearson's r= 0.246; p=0.026).
Conclusions: The effect of placebo in randomised control trials has increased across the years, but this field of research appears to be idle in recent years.

Disclosure: No significant relationships.
Keywords: drugs; panic attack; panic disorder; Placebo

EPV0008

Dermatitis artefacta and psychiatric illness: Brief review and case report

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doi: 10.1192/j.eurpsy.2021.1628

Introduction: Psychodermatologic disorders are conditions involving an interaction between the mind and the skin. Dermatitis artefacta (DA), also known as factitial dermatitis, is a frequently unrecognized psychocutaneous illness, in which the patient creates skin lesions to satisfy the unconscious need to presume a sick role. It is more common in women and in patients with a diagnosis of psychiatric illness. This is an exclusion diagnosis and organic causes should be ruled out. Treatment of DA can be challenging and it needs to involve a multidisciplinary approach consisting of dermatologists and mental health professionals.
Objectives: From a case report the authors intend to present a literature review of dermatitis artefacta.
Methods: Observation the patient and review the clinical file. Consultation published and referenced scientific articles on PubMed.
Results: 60 year old man, diagnosed with Bipolar Disorder, was admitted for manic decompensation of his pathology. During physical examination he had sparse erythematous lesions, more exuberant in the neck, scalp, belly and upper limbs. The diagnosis of artifact dermatitis was made after excluding other possible causes.
Conclusions: Treatment of DA can be challenging and it needs to involve a multidisciplinary approach. Dermatitis artefacta is a long-term disorder, and patients need regular follow up with a dermatologist and a psychiatrist because relapses are common. These doctors must be aware of this possible pathology in order to make a correct diagnosis and treatment of psychiatric disorders that sometimes coexist with skin lesions. The prognosis for most patients is poor leading to self-injury, scarring and poor cosmesis.

Disclosure: No significant relationships.
Keywords: Dermatitis artefacta; factitial dermatitis; psychodermatology; psychocutaneous illness

EPV0009

Narcolepsy and anxiety. Is this association possible?

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doi: 10.1192/j.eurpsy.2021.1629

Introduction: Excessive daytime sleepiness, hypnagogic-hypnopompic hallucinations, sleep paralysis, and cataplexy are symptoms associated with narcolepsy. It is not uncommon to occur co-morbidly between narcolepsy and psychiatric disorders. This association is poorly understood. Recent findings indicate that anxiety disorders also are associated with typical symptoms of narcolepsy.
Objectives: Study of the comorbidity between narcolepsy and psychiatric disorders, like anxiety, through a clinical case.
Methods: A 21-year-old female patient with no psychiatric history who consulted due to anxiety and panic attacks related to poor narcolepsy control. Debut of the neurological disease during adolescence with frequent cataplexy attacks that condition their daily activity and generate avoidance behaviors and agoraphobia.
Results: The patient complained of poor quality of sleep and reported a large number of different types of situations (eg, surprise, embarrassment) associated with cataplectic events. Treatment with SSRIs first and bupropion with pregabalin later was partially effective. Recent studies suggest efficacy of vagus nerve stimulation.
Conclusions: Anxiety disorders, especially panic attacks and social phobias, often affect patients with narcolepsy. Anxiety and mood symptoms could be secondary complications of the chronic symptoms of narcolepsy. Recent studies have shown that narcolepsy is caused by defective hypocretin signaling. As hypocretin neurotransmission is also involved in stress regulation and addiction, this raises the possibility that mood and anxiety symptoms are primary disease phenomena in narcolepsy. Recent studies suggest that vagus nerve stimulation could be potentially useful in the treatment of resistant depressive and anxiety disorder and it is not a contraindication in patients with narcolepsy.

Disclosure: No significant relationships.
Keywords: Anxiety; narcolepsy; drowsiness; hypocretin