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### THE NEGLECTED RELATIONSHIP BETWEEN COMPULSIVENESS AND IMPULSIVENESS - IMPLICATIONS IN PSYCHIATRIC DIAGNOSIS

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The goal of the authors is to stimulate reflection on the distribution in *continuum* of compulsive and impulsive behaviours and highlight how important it is to constantly question psychiatric diagnoses, to avoid running the risk of dangerous categorisations.

They describe the case of a 31 year-old patient who attended the Emergency department of Coimbra University Hospitals complaining of depression and obsessive-compulsive symptoms that interfered with his daily life and with his sleep. He said that he used to attend psychiatry appointments and that he was "antisocial", but added: "I'm as impulsive as much as I'm emotional".

The patient's records show that he was always diagnosed with antisocial personality disorder, established by the first consultant he saw, specifically mentioning: "problems obeying rules", "impulsiveness", "getting into fights and brawls entailing legal action" with the obsessive-compulsive symptoms being secondary. However, the follow-up of the patient conducted by me revealed obsessive-compulsive symptoms in special compulsive checking rituals (which began in childhood), excessive concern with the size of his nose (and other parts of the body) that started in adolescence, as well as a personality marked by impulsiveness and a poor frustration tolerance, leading to highly aggressive episodes triggered by events/circumstances that he himself did not regard as particularly relevant. The results of the studies on the relationship between impulsiveness and compulsiveness could have a strong impact on reformulating the psychiatric nosology. Whenever we come across a new patient, as complete a clinical history as possible should be taken and easy diagnoses should be avoided.