**EPV0007**

**Obsessive symptoms as first alert of psychosis: Two cases report**

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**Introduction:** Concomitant presence of obsessive-compulsive symptoms (OCS) is relatively frequent in psychotic patients and there are different hypotheses trying to explain the origin of them as pathology evolution, comorbid disorder, defense mechanism, or even a medication side-effect, but it is difficult to make a precise evaluation of these symptoms and the mechanisms involved. Sometimes OCS are the first manifestation to appear without any other areas affected, and psychotic disorder comes later with initial symptoms in that domain.

**Objectives:** Evaluate the association between OCS and psychosis to document pathogenesis of both entities.

**Methods:** A bibliographic search was performed about this topic. We present two cases of patients that have been referred to our unit: A 34-year-old man, a usual consumer of cannabis, who shows checking and organizing compulsions that interfere significantly with their life. Consumptions grew progressively until they only daily, trying to decrease partly this behaviour. He comes to an addiction unit where he achieves abstinence, but immediately shows an important functional impairment, adding to the previous compulsions new ones and also thought blocking, social retraction and personality change. He starts taking antidepressants and benzodiazepines to reduce OCS, and weeks later begins a manic episode with delusions as a bipolar-disorder debut. A 29-year-old man, with a history of familiar obsessive personality, that begins to worry about physical appearance and starts compulsive behaviour focused on exercise preventing him from daily activities. No response to antidepressants, he starts antipsychotics and develops referential-symptoms.

**Results:** Both are atypical presentations of bipolar and schizoaffective disorders with OCS, where the beginning of treatment causes psychosis–symptoms not previously developed.

**Conclusions:** Frequent doubts are what factors determine the escalation. The triggers are not clear and neither the related-pathology.

**Disclosure:** No significant relationships.

**Keywords:** Obsessive-compulsive symptoms

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**EPV0006**

**The ugliest woman on the world**


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**Introduction:** Delusional dysmorphophobia is an obsessive-compulsive personality trait, characterized by the belief of a severe physical defect, which is not perceived by others. The triggers are not clear and neither the related-pathology.

**Objectives:** To draw an overview of BDD through a clinical case of a patient with BDD and autolytic ideation, which improved after an adequate diagnosis and early pharmacological and psychotherapeutic approach.

**Methods:** Bibliographic review of the treatment and diagnosis of BDD, from articles published in the last 5 years in PubMed.

**Results:** 18-year-old woman diagnosed with depression and obsessive ideation, which started at the age of 11, after a comment at school. The patient believes that she has intense under-eye bags or dark circles, this has caused her to abandon all activity and self-isolate at home. Symptoms included recurring obsessive and intruding thoughts related to the supposed defect, ritualized behaviors of hours of duration aiming to it through makeup, and autolytic ideation. Therapeutic approach combined psychopharmacological and psychotherapeutic treatments, obtaining gradual improvement of symptomatology and disappearance of the autolytic ideation.

**Conclusions:** The disorder is severe, which is reflected in high rates of suicide attempts. Differential diagnosis between obsessive and delusional dysmorphism is essential for improving outcomes; the egodyanic nature of the symptom, awareness of illness and obsessive personality traits facilitate the diagnosis. A multidisciplinary approach involving psychiatrists and clinical psychologists is necessary for a correct diagnosis and early treatment of this pathology, as well as recognition by dermatologists, surgeons and medical aesthetic professionals, where these patients go with the aim of finding solutions to their problem.

**Disclosure:** No significant relationships.

**Keywords:** Dyssomorphic disorder; Obsessive ideation; Autolytic ideation; Depression

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**EPV0007**

**Did the effect of placebo increase in rcts of panic disorder across the years?**

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**Introduction:** The curious effect of an increase of the placebo effect across year of publication has been shown for depression, schizophrenia, obsessive–compulsive disorder, as well as for some medical conditions like hypertension and pain.

**Objectives:** We aimed to observe how randomised clinical trials with a placebo control behave at this respect in panic disorder trials.