

Introduction: Capgras syndrome, where patients have the conviction that one or more close people have been replaced by a “double,” is the most prevalent delusional misidentification syndrome. It appears in psychiatric illness and organic brain damage. It seems to be due to damage of bifrontal and right limbic and temporal regions, mainly in the right hemisphere.

Objectives: To review the pathologies associated to Capgras Syndrome and the relevance of the differential diagnosis

Methods: 53-year-old female was admitted due to great sadness, crying, social withdrawal and severe paranoid concerns over the last month. Follow-up in Mental Health since 2014, because of anxious depression. After her mother's death, she felt being followed because of old faults. Since then, low doses of antipsychotics were used. Now she is afraid of being harmed in relation to petty thefts she committed over 15 years ago. In recent days, she has been noticing small details indicating that her family members have been impersonated by strangers, showing anguish regarding their whereabouts.

Results: During her admission, high doses of antidepressants and paliperidone 6 mg/day were used with the complete disappearance of Capgras Syndrome and her anguish. Mild guilty thoughts were present after her discharge. That is why she was diagnosed with psychotic depression.

Conclusions: Capgras syndrome can be encountered in primary psychiatric diagnosis (particularly in schizophrenia and mood disorders) – where an organic element may exist in about a third of all cases – or secondary to organic disorders or medication-induced, through to overt organic brain damage, particularly in neurodegenerative disease.

Keywords: psychotic depression; Capgras syndrome; delusional misidentification; differential diagnosis

EPP1025

Impulse control disorders and dopamine agonists

D. Martins^{1*}, R. Faria¹, M. Pinho¹ and S. Rodrigues²

¹Department Of Psychiatry, Hospital de Magalhães Lemos, Porto, Portugal and ²Department Of Child And Adolescent Psychiatry, Centro Hospital e Universitário do Porto, Porto, Portugal

*Corresponding author.

doi: 10.1192/j.eurpsy.2021.1268

Introduction: Impulse control disorders (ICDs) are an adverse effect of dopamine agonists (DAAs) that affects the quality of life and can lead to legal, criminal and familiar problems.

Objectives: Presenting a review of the mechanisms, prevalence and factors associated with the development of an ICD due to DAA use.

Methods: Search on Pubmed database with combination of the following keywords were used: “Impulse control disorders”, “dopamine agonist” or “therapy”. We focused on data from studies published between 2015 and 2020. The articles were selected by the author according to their relevance.

Results: DAAs are mainly indicated in the treatment of Parkinson's Disease (PD), and are also used on symptoms of restless legs syndrome (RLS) and prolactinoma or lactation inhibition. Dopamine replacement therapy act on dopamine receptors in the nigrostriatal and the reward pathways, which plays a role in addictive behavior. The prevalence of ICDs ranged from 2.6 to 34.8% in PD patients and a lower prevalence in RLS patients. Some of the ICDs reported were pathological gambling, hypersexuality, compulsive

shopping, obsessive hobbying, punding, and compulsive medication use. The factors associated with the development include the type of DAAs, dosage, male gender, younger age, history of psychiatric symptoms, earlier onset of disease, longer disease duration, and motor complications in PD.

Conclusions: Further studies are needed to clarify the pathophysiology of the ICD in DAA therapy and determinate premorbid risk factors. The percentage of patients with ICDs is underrated, so it's important to improve the patient's evaluation, using validated and consensual assessment tools.

Keywords: Impulse control disorders; dopamine agonists; pathological gambling

EPP1027

Impact of day hospital care on adherence to psychiatric follow-up appointments and medications in patients with delusional disorder

A. González-Rodríguez^{1*}, N. Sanz¹, A. Guàrdia¹, A. Alvarez Pedrero¹, D. Garcia Pérez¹, G.F. Fucho¹, L. Delgado¹, I. Parra Uribe¹, J.A. Monreal¹, D. Palao Vidal² and J. Labad³

¹Mental Health, Parc Taulí University Hospital. Autonomous University of Barcelona (UAB). I3PT, Sabadell, Spain; ²Department Of Mental Health, Parc Taulí University Hospital. Autonomous University of Barcelona (UAB). I3PT. CIBERSAM, Sabadell, Spain and

³Mental Health, Hospital of Mataró. Consorci Sanitari del Maresme. CIBERSAM., Mataró, Spain

*Corresponding author.

doi: 10.1192/j.eurpsy.2021.1269

Introduction: Day care programs have been extensively used to treat people with acute psychiatric disorders. Day hospitals (DH) can act as an alternative to admission in patients with acute symptoms, shorten the duration of admission, be useful for rehabilitation and maintenance care or enhance treatment in patients with poor adherence to outpatient care. Few research has been conducted in delusional disorder (DD).

Objectives: To investigate whether DH care increases adherence with psychiatric appointments in patients with DD. To describe functions of partial hospitalization in DD.

Methods: Comparative study including DD patients who attended a DH (Group 1:n=12) versus patients who did not receive DH care (Group 2;n=7). Patients attending DH were classified into 3 groups according to the program function at referral. Adherence with outpatient follow-up appointments (primary outcome) and pharmacy refill data (secondary outcome) were assessed after discharge over a 6-month period (DH) and compared with group 2. For statistical analyses, non-parametric tests were performed.

Results: Program function (DH): alternative to admission (n=4); shortening of admission (n=5) and enhancing outpatient treatment (n=3). Patients receiving DH care were more frequently referred from the inpatient unit or emergency department compared to those who did not attend DH (commonly referred from primary care services). No statistically significant differences were found between both groups in adherence to psychiatric appointments. Patients who attended DH showed higher compliance with antipsychotics (89.29% vs.72.62, p<0.05).

Conclusions: DH care may be a useful alternative to increase adherence with antipsychotics in DD patients with poor awareness of illness.

Conflict of interest: AGR has received honoraria, registration for congresses and/or travel costs from Janssen, Lundbeck-Otsuka and Angelini.

Keywords: Day hospital; Delusional disorder; adherence; psychosis

EPP1028

An insight on psychiatric insight

T. Coelho Rocha*, J. Cunha, S. Torres and A. Lopes

Psychiatry And Mental Health Department, Centro Hospitalar Barreiro-Montijo, Barreiro, Portugal

*Corresponding author.

doi: 10.1192/j.eurpsy.2021.1270

Introduction: Insight is a complex and multidimensional phenomenon. Metacognition, awareness of illness or anosognosia are some of the terms used to designate this feature of the mental state exam.

Objectives: To attempt to explore the evolution of the concept of insight as a psychiatric symptom over the years and to bring up some up-to-date features on this theme.

Methods: Literature review, using the most relevant papers, with the keywords “psychiatric insight”, “awareness of illness”, “metacognition” and “phenomenology”.

Results: The term ‘insight’ has been described since 1896 when Kraepelin had noticed that patients with dementia praecox were unaware of their condition. Nowadays, it is recognized in several psychiatric disorders, with different meanings in each one. Overall, insight in psychiatry involves an attempt to see one’s thinking and behaviour ‘objectively’ and comparing it to some representation of mental health. Impaired insight has been linked to poor treatment compliance and outcomes, overall symptom severity, higher relapse, lower self-esteem, and impaired psychosocial functioning. White matter and connectivity problems may be related to poorer insight, as well as impaired frontal lobe functioning. In psychotic disorders, lack of insight is a primary symptom with poorer outcomes. Regarding affective disorders, the lower the mood the better the insight. Neuroimaging has been correlating insight with the inferior frontal gyrus, anterior insula, inferior parietal lobule, and ventromedial prefrontal cortex. In everyday practice, there are scales used to assess insight.

Conclusions: Inferences about patients’ insight are important to evaluate severity of illness, suicidal risk, compliance, and response to treatment.

Keywords: psychiatric insight; metacognition; phenomenology; awareness of illness

EPP1030

Lying in psychiatry: A review

M.T. Valadas^{1*} and R. Mota Freitas²

¹Serviço De Psiquiatria, Unidade Local de Saúde do Baixo Alentejo, Beja, Portugal and ²Departamento De Psiquiatria E Saúde Mental, Hospital do Espírito Santo de Évora, Évora, Portugal

*Corresponding author.

doi: 10.1192/j.eurpsy.2021.1271

Introduction: Lying can be defined as stating a deliberate falsehood with the intent to deceive. It is part of our everyday life but it can be pathological, without motivation and a symptom of psychiatric

illness. Although pathological lying has been debated for a century, it remains a controversial issue in Psychiatry.

Objectives: We aim to perform a review regarding pathological lying and related issues.

Methods: We performed an updated review in the PubMed database and GoogleScholar using the terms “pathological lying”, “compulsive lying”, “mythomania” and “pseudologia fantastica”. The included articles were selected by title and abstract. We also consulted reference textbooks.

Results: We described the difference between normal and pathological lying and debated the different types of pathological lying, such as compulsive lying, mythomania and pseudologia fantastica.

Conclusions: Recognizing lying is crucial for a skilled patient interview and distinguishing between pathological and non pathological lying may be decisive for an accurate differential diagnosis.

Keyword: Lying

EPP1031

Clinical case of animal hoarding – characterization and management of a new disorder

L. Lopes*, A. Certo, S. Pereira and Â. Venâncio

Department Of Psychiatry And Mental Health, Centro Hospitalar de Vila Nova de Gaia e Espinho, Vila Nova de Gaia, Portugal

*Corresponding author.

doi: 10.1192/j.eurpsy.2021.1272

Introduction: Animal hoarding is characterized by hoarding of a large number of animals without providing minimum conditions of nutrition and sanitation, accompanied by lack of insight for the behavior and by social isolation. Despite studies detecting an increasing incidence, the behavior is still poorly understood.

Objectives: To review clinical evidence on animal hoarding and to report a clinical case.

Methods: We report a clinical case based on patient’s history and clinical data, along with a review of the literature on animal hoarding. The terms “Noah syndrome” and “animal hoarding disorder” were searched on PubMed® database.

Results: We present the case of a 51-years-old woman, living alone, with higher education. Her first contact with psychiatry was in August 2019 upon aggravated self-neglect and behavioral disorganization. She was living with around 40 cats, her home was extremely deteriorated. In December 2019 she was admitted to a psychiatric unit. A schizophrenia diagnosis was established and pharmacological treatment was initiated. She was discharged to a chronic psychiatric institution. Studies found out that animal hoarders are typically middle age/older women living alone in squalid conditions. Animal hoarding is characterized by a chronic course and intense emotional attachment to animals. It seems to be associated with traumatic situations, as well as mental disorders such as schizophrenia or dementia. Published data on intervention and treatment is still limited.

Conclusions: Animal hoarding phenomenon requires further investigation, regarding developmental risk factors and co-morbid mental disorders. Comprehensive approaches to clinical intervention and management strategies in animal hoarding are necessary.

Keywords: Animal hoarding disorder; psychopathology; schizophrenia; Comorbid symptoms