

**Objectives:** We aimed to review the efficacy of ketamine in the management of mental disorders.

**Methods:** We conducted a literature review through pubmed database, using the following keywords: “mental illness”; “ketamine”; “depression”; “anxiety disorders”; “eating disorders”; “substance use disorders”.

**Results:** Ketamine has primarily been used in psychiatry for people with treatment-resistant depression. Its efficacy in reducing suicidal ideation has been previously reported. Furthermore, Ketamine may be a potential therapeutic option for patients with treatment-resistant anxiety disorders, especially obsessive compulsive disorder (OCD) and post-traumatic stress disorder. It has recently been reported a rapid onset anxiolytic activity in treatment-resistant social anxiety disorder and generalized anxiety disorder. Besides, Ketamine use in subjects suffering from eating disorders was associated with a complete remission of severe anorexia nervosa with a return to normal weight and a decrease in body preoccupations. The use of ketamine alone or in combination with other therapies was effective in reducing alcohol and substance use, prolonging abstinence, reducing craving and enhancing motivation. ketamine in combination with motivational enhancement therapy may be an effective pharmacotherapy for initiating and sustaining abstinence from alcoholics

**Conclusions:** ketamine shows great promise as a treatment for several mental disorders. However, its possible side effects and short duration of efficacy limit its use. Further studies exploring longer-term outcomes and administration protocols are needed.

**Disclosure:** No significant relationships.

**Keywords:** Ketamine; Mental Disorders; resistant

## EPV1715

### Concomitant diagnosis of bipolar disorder and tuberous sclerosis - a case report

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**Introduction:** Tuberous sclerosis is a multisystem genetic disorder. It is associated with significant psychiatric comorbidity mainly autistic disorders, hyperkinetic disorders, depression and anxiety. It is rarely associated with psychosis and bipolar disorder.

**Objectives:** To describe the case of a 34-year-old male with concomitant diagnosis of bipolar disorder and tuberous sclerosis.

**Methods:** Case report based on clinical records. Brief literature review using articles searched in the PubMed/MEDLINE database using the terms “tuberous sclerosis”, “bipolar disorder” and “neuropsychiatric”.

**Results:** The patient presented at our Emergency Department 3 years ago with a mixed episode with psychotic symptoms with 1 month of duration. Prior history of two hypomanic episodes, but no depressive episodes. High baseline functionality. Sporadic use of alcohol and cannabis. No family history of psychiatric or neurological diseases. Diagnostic work-up showed no relevant results, aside from small calcifications in brain CT. He was admitted to our

ward and medicated with aripiprazol (titrated up to 30 mg), leading to full remission of the clinical picture. The patient was referred to our outpatient clinic and stayed with medication for 1,5 years. One year after, he presented a sudden episode of mutism and perplexity with quick remission. The EEG yielded no relevant results. New brain CT showed signs of tuberous sclerosis. He was referred to Neurology and subsequent assessments, including brain MRI, led to the fulfilment of clinical criteria for tuberous sclerosis.

**Conclusions:** This case illustrates the possibility of concomitant diagnosis of bipolar disorder and tuberous sclerosis. The possible association between these disorders is discussed.

**Disclosure:** No significant relationships.

**Keywords:** Tuberous sclerosis; Neuropsychiatry; bipolar disorder

## EPV1716

### BIG LITTLE THIEFS - Kleptomania Treatment

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**Introduction:** Kleptomania is characterized by recurrent failure to resist the impulse to steal items of little value despite the ego-dystonic impulse and awareness of the wrongfulness of the act. Its prevalence is considered to be 0.6–0.8% in the general population and it is mostly comorbid with other psychiatric disorders. Kleptomania is a disabling disorder since patients suffer from emotional distress and impaired functioning.

**Objectives:** Although there is no cure, treatment may help prevent Kleptomania worsening and its negative consequences. We propose a review of the therapeutic approach to this disease.

**Methods:** Non-systematic literature review.

**Results:** No effective treatment is available for Kleptomania. Better efficacy can be achieved by combining psychotherapy with pharmacotherapy. Different treatment interventions can be selected based on clinical similarities to other disorders, co-occurring conditions or behavioral core features. Patients with significant mood symptoms may benefit from mood stabilizers or antidepressants. For patients with shoplift cravings and/or family history of substance use disorders, Naltrexone may reduce symptoms. Stimulants may be useful for Kleptomania associated with Attention Deficit Hyperactivity Disorder impulsivity. Benzodiazepines are effective in tension relief when used as adjuvants, at the beginning of treatment. Electroconvulsive therapy should be reserved for patients with treatment-resistant symptoms and comorbid depression. Cognitive-behavioral therapy has replaced Psychoanalytic and Psychodynamic psychotherapies.

**Conclusions:** Treatment helps decrease disruption to the person's life, preventing the intense shame, legal, social, family, and occupational repercussions of Kleptomania. Although pharmaceutical and psychosocial interventions are available, we still lack specific treatments for Kleptomania.

**Disclosure:** No significant relationships.

**Keywords:** Kleptomania; Psychotherapy; Electroconvulsive therapy; Pharmacotherapy