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EV0080

Clinical case: Gynecological side effects caused by methylphenidate

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Introduction Methylphenidate drugs is prescribed in attention deficit disorder and hyperactivity. Among its rare side effects, include alterations in the gynecological. We report a clinical case and review current evidence regarding the tolerability this drug in this area.
Methods We performed a PubMed search of articles published in English of different types (case reports or case/controls studies). We collected the clinical practice guidelines conclusions regarding adverse drug reactions.
Case presentation Our patient is a 14-year-old male diagnosed of ADHD treated with methylphenidate (0.8–1 mg\kg). He developed bilateral and asymmetric gynecomastia under this treatment plan so a referral was made to rule out other causes of this event. After performing several work up tests, it was concluded that this clinical presentation was caused by methylphenidate. Hence, we initiated crossed titration swapping this drug to atomoxetine. Four months later, he was mentally stable and he experimented a volumetric decrease as concerns his gynecomastia.
As regards methylphenidate, in 2009 a couple of cases in which alterations in the sexual sphere presented with the oros presentation were reported. There are series of reported pharmacological side effects (gynecomastia) and also denoted an improvement of the same months after drug discontinuation.
Conclusions Gynecological clinic secondary to the use of psychotropic drugs in ADHD is uncommon. In line with our case, the current evidence suggests a drug suspension as adverse effects are usually reversible (although it may take several months to complete recovery). Further studies are needed to understand the mechanisms underlying these tolerability issues.
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EV0081

Clinical case: Phelan–McDermid and pharmacological management

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Introduction The Phelan–McDermid syndrome is a chromosomal disorder consisting of a selection on chromosome 22q13.3 associated psychiatric and emotional level, behavioral and traits of autism spectrum disorders. During the neurodevelopmental such chromosomal deletion, which associated with haplo insufficiency Shank 3 causes alterations in the synaptogenesis altering the balance of activating and inhibitory transmission. Throughout the various studies, it is considered that this syndrome has a psychiatric disorder bipolar like.
Case presentation Here, we present s 13-year-old female diagnosed with autism spectrum disorders in childhood and presented regression with catatonia features and behavioral disorders. Interestingly, she presented mutation/microdeletion of the *SHANK3* gene, inducing a premature stop codon in exon 21. Different pharmacological treatments (antipsychotics at high doses and benzodiazepines) failed to improve clinical symptoms and lead to multiple adverse events. In contrast, lithium therapy reversed clinical regression, stabilized behavioral symptoms and allowed patients to recover their pre-catatonia level of functioning. After the first menstruation there was a cycling psychiatric worsening with a similar clinical pattern so risperidone as adjunctive therapy. As a result of this, this patient recovered clinical and socio-functional stability.
Conclusions They are previous cases where there affective and behavioral improvement after use of mood stabilizer molecules such as valproate or lithium. There is also evidence of the benefit of risperidone low to have a beneficial effect on the balance of activatory and inhibitory transmission level doses of NMDA receptors.
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EV0082

Is there a relationship between Gilles de la Tourette and psychosis? A case report considering the continuum psychosis perspective and vulnerability model

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Introduction There has been no evidence so far about significant relationship between Gilles de la Tourette and psychosis. Perhaps a continuum psychosis perspective and the vulnerability model could improve the comprehension of our patients.
Objectives To describe a case in which motor and obsessive symptoms evolve to schizophreniform symptoms and important psychosocial deterioration.
Methods Single case report and literature review.
Results A 20-year-old man, with clinical record of Gilles de la Tourette, and a psychosis episode 6 months before, is brought by his family with a syndrome consistent in motor retardation, whispered speech, poor visual contact, social withdrawal, hygiene neglect, abulia, apathy and blunted affect. In the one-year tracing conceptual disorganization and poor idea association are in the first place. Within child history, we found symptoms congruent with Gilles de la Tourette, obsessive symptoms and others that may be called mild psychotic symptoms (which did not fit in any diagnosis at that moment). We also found a pathological relationship between his parents and among him, as well as a poor economic and social condition.
Conclusions According to the continuum perspective, psychotic symptoms could be found within the obsessive spectrum. Related to the vulnerability model, we found in our case external factors that affected the clinical evolution: family dynamics affected, communication deviation, social and economic impairment, social withdrawal and vital aim loss. These factors should be attended in first place, as they are not only related with the triggering of illness but they also are the main way to recovery.
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EV0083

Features of pubertal patients with schizophrenia neurocognitive profile

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