

since she was 3 years old. After introduction of psychotropic drugs, the patient was referred to the Psychiatric consultations. After 1 year consultation there is some clinical improvement.

**Conclusion** Despite clinical advances in psychiatry, the Skin Picking disease is still little known today, requiring more research and knowledge in terms of phenomenology and of treatment.

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#### EV837

### Obsessive-compulsive disorder in childhood and adolescence

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Obsessive-compulsive disorder (OCD) is a severe mental illness that causes significant stress in children and adolescents. It is possible to infer three distinct etiologies – neurobiology, environment and dysfunctional interpretative patterns. Certain characteristics are attributable to OCD with onset in childhood or adolescence as higher prevalence in males, increased frequency of isolated compulsions (more cleaning, repeating and checking), higher rate of aggressive obsessions and more common accumulation behaviors. There are several psychiatric comorbidities associated with OCD like anxiety disorder and major depression. The first-line treatment in OCD is the association of a selective serotonin reuptake inhibitor (SSRI) and individual psychotherapy.

The authors reviewed the clinical records of patients diagnosed with OCD observed in a child and adolescence psychiatry liaison consultation between April and September 2015, inclusive, aiming to characterize the sample, to describe the typical clinical picture and to evaluate the existence of physical and/or psychiatric comorbidities, comparing the results with those expected in literature.

The typical patient profile found was a 12-year-old male, living with relatives, with no neonatal complications, with stable home environment, without family psychiatric history, with associated medical comorbidities, with age of onset symptoms at 10.5 years-old, with only an obsession (contamination), with only a compulsion (cleaning or checking), with psychiatric comorbidities, treated with SSRI and without psychology accompaniment.

There are some limitations that must be taken into account because the sample was taken from a liaison psychiatry consultation, but in general terms, the results were similar to those described in the literature.

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#### EV838

### An approach to comorbidity between obsessive-compulsive disorder and schizophrenia

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**Introduction** An association has been observed between obsessive symptoms in Obsessive Compulsive Disorder (OCD) and psychotic symptoms in schizophrenia, being sometimes difficult to establish a clear limit between them. The term “schizo-obsessive

disorder” was proposed to describe the resulting disorder of comorbidity of OCD and schizophrenia, although it has not been definitely settled.

**Objective** To analyze the incidence of coexistence of OCD and schizophrenia symptoms and the way it modifies the treatment and prognosis of the illness.

**Method** Review of some articles published in Mental Health journals such as “Salud Mental” and “Actas Españolas de Psiquiatria”.

**Results** Some studies about psychotic patients have determined 15% as the average of comorbidity of OCD and schizophrenia. The probability of having OCD is six times bigger if there is psychotic pathology associated.

The fact that obsessive and psychotic symptoms get together in some patients shades the prognosis bringing more negative symptoms, more depressive humor, a larger cognitive impairment, more resistance to treatment and more relapses than we can observe in OCD and schizophrenia isolated.

The pharmacological treatment usually consists in neuroleptic plus anti-obsessive drugs, together with cognitive-behavioral therapy. Sometimes, when there is a very bad evolution, it is required to consider psychosurgery as one necessary option, even though its use in this context is not much widespread.

**Conclusions** The simultaneous presence of OCD and schizophrenia is more common than we could expect only by chance and makes the prognosis worse, being difficult to find a truly effective treatment.

**Disclosure of interest** The authors have not supplied their declaration of competing interest.

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#### EV839

### Childhood OCD: The importance of an integrated approach

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**Introduction** OCD is one of the most frequently diagnosed disorders during childhood. A prevalence of 1% is estimated, but according to the literature is an underdiagnosed pathology.

**Aims** To differentiate pathological rituals from those that children can have as normal behavior during their natural development. To perform a differential diagnosis and a current review of the literature.

**Methods** Descriptive analysis of a patient’s medical record diagnosed of OCD and Tourette syndrome.

**Case report** Eight years old male diagnosed of Tourette syndrome (vocal and motor tics). Obsessive thoughts cancer related, self-examinations with compulsive pattern and anxiety with social and academic interference. Family history of tics in both parents during childhood. Currently, father with order rituals and mother with an Anxiety Disorder in treatment. Treatment with Sertraline 25 mg/day was tested with poor tolerance. Currently, the patient is being treated with Aripiprazole 1 mg/day with an important improvement of his symptoms and quality of life. OCD has comorbidity with affective and anxiety disorders, as well as Tourette syndrome. It’s essential to differentiate pathology from certain behaviors considered normal during a child’s development. For example, some children can have certain level of meticulousness, insecurity or a lucky object, but these behaviors shouldn’t be confused with OCD symptoms. The treatment of choice is a combination of CBT with pharmacological therapy.

**Conclusions** An early diagnosis during childhood together with an appropriate comorbidity detection can reduce the tendency