Introduction: Learning from a case of a 13 year old patient with auditory hallucinations for 2 months, admitted to the hospital due to suicidal ideation. Her mother had been diagnosed with Lupus and OCD. Her mood had been low for several months, probable mild intellectual disability.
Objectives: Learn how to assess auditory hallucinations and possible new onset psychotic symptoms in teenagers. Learn about different levels of care involved. Discuss differential diagnosis and future directions and treatment.
Methods: Description of the case. Differential diagnosis: Obsessive compulsive disorder, Major depressive disorder with Psychotic features, schizophrenia spectrum disorder, epilepsy or other neurologic disease, autoimmune disease, post-traumatic stress disorder… Tests and consults conducted by Neurology team Psychopharmacology description.
Results: Differential diagnosis: Obsessive compulsive disorder, Major depressive disorder with Psychotic features, schizophrenia spectrum disorder, epilepsy, autoimmune diseases like Lupus, post-traumatic stress disorder etc. Video EEG: normal. Brain MRI: normal Blood work unremarkable with positive ANA (titer 1:80). Work up, including lumbar puncture with autoimmune encephalitis and MS panels was negative. Psychopharmacology: Fluoxetine up to 40mg, and Aripiprazol up to 20mg without a good response. Possible sexual trauma was disclosed in a second hospitalization, months later.
Conclusions: Recommendation of assessing new onset of psychotic symptoms in detail to get a good diagnosis. Psychotic symptoms in young teenagers may occur as part of different presentations and it is important to provide a good follow up of the patient in order to provide the most accurate treatment.
Conflict of interest: Alicia Koplowitz Foundation

Keywords: Hallucinations; Teenagers

EPP0195

Personality disorder not otherwise specified heterogeneity and its implication in psychiatric residential treatment.

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Introduction: Villa Ratti is a therapeutic community dedicated to the treatment of Personality Disorder with a particular focus on Borderline Personality Disorder (BPD), but this diagnosis may manifest in very different clinical conditions (Bayer & Parker, 2017; Scott, 2017).
Objectives: Since the second most common diagnosis we encounter from referring psychiatrists is Personality Disorder Not Otherwise Specified (PDNOS) (26,4%) and this diagnosis serves sometimes as a skeleton key for complex or unclear diagnostic scenarios (Verheul & Widiger, 2004), our main goal is to investigate how the variability within this category is reflected in terms of diagnostic accuracy, different development of the therapeutic and rehabilitative course, and of different outcomes at the end of the treatment.
Methods: To reach this goal, we collected data on all patients referred with a PDNOS diagnosis and compared their treatment program. scenarios.
Results: Our data showed how a PDNOS diagnosis hid in most cases complex personality disorders and comorbidities that reflected different specific difficulties and interventions during their treatment and, consequently, resulted in different outcomes.
Conclusions: Our experience led us to give additional attention to referred PDNOS diagnosis and to observe how much a clear diagnostic picture of a patient is crucial to correctly plan a treatment program and adapt local service interventions both for personality disorder and comorbidity

Keywords: PDNOS; Therapeutic Community; Diagnostic agreement

Comorbidity/dual pathologies

EPP0196

Therapeutic management of major depression and psoriazis dual diagnosis

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Introduction: Psoriazis and major depressive disorder (MDD) have a high degree of overlap, and inflammatory citokines like tumor necrosis factor alpha, interleukins 1, 2, 6 and 10, and C-reactive protein have been involved in their common pathogenesis. The prevalence of MDD in patients with psoriazis has been reported to range between 28% to 67%.
Objectives: To monitor the core symptoms evolution in patients diagnosed with psoriazis and MDD during antidepressant treatment.
Methods: Four patients diagnosed with psoriazis and MDD (according to the DSM-5 criteria) were monitored during 6 months using Physician Static Global Assessment (PSGA), Hamilton Depression Rating Scale (HDRS)-17 items, and Global Assessment of Functioning (GAF). All patients underwent specific psoriazis and antidepressant treatment (with flexible dose of sertraline 100-200 mg daily, n=2, or escitalopram 10-20 mg/day, n=2).
Results: All patients significantly improved their depressive symptoms during sertraline or escitalopram treatment (-8.7 points on HAMD at week 24, $p<0.001$), while their global functioning increased (+24.7 on GAF, $p<0.001$). The PSGA score decreased and reached a level of signifiance at week 24 (-1.2, $P<0.01$). The duration of active periods of psoriazis was less longer during the 6 months of monitoring than in the 6 months previous to the antidepressant initiation (by self-report, -10.5 days). No treatment discontinuation due to low tolerability was reported.
Conclusions: Antidepressant treatment with selective serotonin reuptake inhibitors is efficient and well tolerated in patients with MDD and psoriazis. The duration of active symptoms of psoriazis tends to be less longer than previous to the antidepressant initiation.

Keywords: dual diagnosis. psoriazis; major depressive disorder