

Introduction: Obsessive–Compulsive Disorder (OCD) is a disabling and chronic illness defined by the presence of obsessions and/or compulsions. Recently it has been proposed that the perinatal period may act as a trigger in this disorder, leading to its onset or exacerbation.

Objectives: Variations in pregnancy-related hormones are believed to be one of the main etiological theories for the development of perinatal OCD (pOCD). Perhaps for that reason research has been almost exclusively focused on the development of this disorder in mothers. We aim to investigate pOCD in fathers.

Methods: A non-systematic review was conducted via electronic searches of PubMed. The keywords used were “Perinatal”, “Father”, “OCD”, “Obsessive-compulsive disorder”.

Results: Unwanted intrusive thoughts are experienced with a similar prevalence in mothers and fathers. The same seems to be true regarding compulsions. However, it does appear that mothers are more distressed by these symptoms, which tend to be baby-related, usually concerning themes of suffocation, accidents or contamination. It is hypothesized that this seemingly different impact is related to the fact that mothers are more often the primary caregivers than fathers, thus feeling more distress because they are imbued with a greater responsibility. Accordingly, pOCD symptoms tend to be more severe in fathers who consider their baby-related obsessions meaningful, often confusing them as a desire to carry out such thoughts. These findings are consistent with the Cognitive-Behavioral Theory of OCD, highlighting that purely biological theories for the development of pOCD might not suffice.

Conclusions: Research indicates a similar presence of OCD symptoms in postnatal mothers and fathers, although it seems that mothers may experience more distress. Underlying dysfunctional beliefs seem to be responsible for the negative appraisal of these symptoms, predicting the development of the disorder in question. Further research of pOCD should seek to better characterize the onset or exacerbation of this disorder in fathers.

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EPV0643

Antiandrogenic treatment of obsessive compulsive neurosis: A case review

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Introduction: Obsessive-compulsive disorder (OCD) is a mental disorder in which patients who suffer from it have repetitive and undesirable thoughts, feelings, ideas, sensations (obsessions) and behaviors that drive them to do something over and over again (compulsions).

Often the person tries to get rid of the obsessive thoughts through compulsions, but this only provides short-term relief. Not carrying out the obsessive rituals can cause enormous anxiety and suffering.

Objectives: To describe a 23-year-old male patient, who suffers from anxiety and mood symptoms, reacts to ego-dystonic obsessive ideas and sexual content, of months of evolution, and who manages

to calm down through compulsive masturbation or watching sexual videos on the internet. All this clinic negatively interferes with their quality of life, asking the patient for medical help to calm these ideas.

Methods: We carried out a review in Pubmed with the terms Antiandrogens and TOC, in order to make a better description of the clinical case.

Results: After several treatment attempts (Sertraline, Paroxetine, Clomipramine, Clomipramine + SSRI), reaching maximum doses according to clinical guidelines, and with poor therapeutic response, it was decided to discuss the case with the endocrinology department of our hospital, deciding to start treatment with anti-androgens, in order to alleviate the persistent intrusive ideas of a sexual nature. The administration of antiandrogens in men can cause a decrease or increase in the development or involution of secondary sexual characteristics in men, reducing the activity or function of accessory sexual organs, and hyposexuality, with decreased sexual desire or libido.

After several weeks, there was improvement in the obsessive symptoms with a decrease in compulsive rituals. However, after the 3rd mo, some symptoms reappeared, but not with the same severity and intensity as before treatment. In addition, we cannot ignore the adverse effects that have occurred, such as involution of secondary sexual characteristics. However, and taking into account the negative repercussion that this clinic had on the patient’s quality of life, the benefit obtained exceeded the risk, having noted clear improvement with this therapy, and maintaining evolutionary controls by both psychiatry and endocrinology.

Conclusions: Patients suffering from obsessive-compulsive disorder can be effectively treated with anti-androgenic pharmacological agents with various modes of action. The most effective group of such agents is the long-acting analogues of the gonadotropin-releasing hormone. The objective of this review is to elucidate the possibility of using such powerful anti-androgenic agents in the treatment of obsessive-compulsive disorder.

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Homosexual Obsessive–compulsive Disorder Comorbid with Bipolar Disorder: A Rare Case report

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Introduction: While bipolar disorder–obsessive compulsive disorder overlap is quite common, sexuality remains a largely unexplored area of this clinical entity.

Objectives: Illustrate through a clinical vignette the case of a patient with diagnosed homosexual obsessive –compulsive disorder (OCD) comorbid with bipolar disorder (BD).

Methods: The clinical case report was prepared through the review of the patient’s clinical record.

Results: We report a rare case of a 22 year-old man who was diagnosed with Homosexual Obsessive–compulsive Disorder comorbid with Bipolar Disorder, admitted to our department for a suicide attempt. He came from a religious and conservative

background and suffered from intrusive, unwanted mental images of homosexual behaviour since the age of 17. He presented periods of remission from his obsessive thoughts, while showing signs of elevated mood, talkativeness, restlessness, agitation and hyperactivity that would last for a few days, with recrudescence of obsessive and depressive symptoms again afterwards. The present case showed a significant reduction in depressive symptoms and in the impact of his obsessive intrusive thoughts after prescription of Risperidone and Sodium Valproate along with Exposure and Response Prevention Therapy conducted over a period of 6 weeks.

Conclusions: The homosexual OCD comorbid with bipolar disorder can cause important distress and impairment and severely impact a person's life in multifaceted ways. Correct diagnosis, adequate medication and psychotherapy provide the effective treatment.

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EPV0645

Risperidone and fluvoxamine; two directions of augmentation: a case report

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Introduction: Only 40%–70% of patients have an adequate response to the first-line treatment of OCD with SSRIs. Antipsychotic augmentation is effective in the management of both obsessions and compulsions and these drugs are currently the first-line pharmacological augmenting agents for OCD. (Jaisooriya T, Thamby A. Antipsychotic augmentation in the treatment of obsessive-compulsive disorder. *Indian Journal of Psychiatry*. 2019;61(7):51)

Objectives: We present the cases of a 31-year-old man and a 21-year-old girl. A 31-year-old man experienced hygienic obsessive and compulsive symptoms with excessive showering for one year (YBCOS 20). First, he was treated with 100 mg of fluvoxamine daily which helped him gain partial remission of symptoms. After a stressful period at work and his showering compulsions got worse. Our female patient suffered from compulsive hand washing and disinfection with fear of getting contaminated by other people (YBCOS 24). She was also treated for anorexia nervosa. At the moment of referral to our outpatient clinic, she had already been taking 2 mg of risperidone daily, but still, her compulsions persisted.

Methods: Both patients were included in outpatient service treatment. They were followed up weekly, psychotherapeutically supported and their psychopharmacotherapy was titrated. In the case of our male patient, risperidone of 1 mg/day was added to the ongoing fluvoxamine of 100 mg/day. Our female patient was given fluvoxamine 50 mg/a day and gradually increased to 100 mg/day with an ongoing 2 mg/day of risperidone.

Results: After two weeks, the hygiene compulsions of the 31-year-old-man completely remitted (YBCOS 6). He stopped excessive showering and became fully functional at work and in family relations. Our female patient also continued to take risperidone in augmentation with fluvoxamine as recommended. Her compulsions improved, and she returned to her hobbies and her

college lectures (YBCOS 8). They have both been advised to continue outpatient psychiatric treatment and to regularly use pharmacotherapy.

Conclusions: The condition of both of our patients improved after adding an augmentative agent to the therapy. In the first case, it was risperidone as a fluvoxamine augmentation, and in the second, fluvoxamine was added as a risperidone augmentation. The combination of these two drugs, rather than each other being used on its own, proved to be a powerful therapeutic tool in the treatment of OCD. Further clinical studies are required for a better understanding of the underlying neurobiological mechanism of this effective combination.

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Considering a neuropsychiatric obsessive–compulsive phenotype

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Introduction: Up to 30% of individuals with obsessive-compulsive disorder (OCD) present with a current or past history of tics. Simultaneously, OCD is one of the most frequent psychiatric comorbidities in patients with primary tic disorders (TD), such as Tourette syndrome.

Objectives: We present a literature review about the relationship between OCD and movement disorders, including its potential implications.

Methods: A literature review is performed on PUBMED, using the next keywords: "obsessive-compulsive disorder", "comorbidity", "movement disorders" and "tic disorders" We focused on data from systematic reviews, clinical trials and meta-analysis published in English on last 10 years.

Results: Goal-directed behaviour, such as compulsions, is orchestrated by the basal ganglia, through parallel but interconnected frontal–striatal circuits. Dysfunction of these circuits is known to play a role in the pathogenesis of TD and may also underlie OCD. The most common movement disorders comorbid with obsessive-compulsive disorder (OCD) are indeed TD, with obsessive-compulsive symptoms (OCS) occurring in up to 90% of Tourette syndrome cases. OCD comorbid with TD associates with higher frequencies of hoarding, counting rituals, intrusive violent and sexual thoughts/images, somatic obsessions and repetitive movement compulsions. It also associates with earlier age of onset, higher frequency of sensory phenomena, higher male prevalence and familial aggregation.

However, OCD and OCS are also highly prevalent in choreatic movement disorders, such as Huntington's disease and rheumatic fever with Sydenham's chorea. There is also evidence for a correlation between streptococcal infections, autoimmunity, tic disorders and OCD, as seen in Pediatric Autoimmune Neuropsychiatric Disorders Associated with Streptococcal infections (PANDAS).

Conclusions: Current evidence shows OCD and movement disorders may share dysfunctional brain circuits, resulting in a neuropsychiatric obsessive–compulsive phenotype, which may differ in terms of clinical characteristics and management.

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