

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.

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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

towards chronicity of this disorder leading to a better quality of life in these patients.

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EV840

Koro syndrome in an obsessive-compulsive disorder patient

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Introduction Koro syndrome is a culturally related disorder characterized by intense anxiety that the penis (vulva or nipples in females) is shrinking or retracting and will recede into the body. Usually it occurs in epidemics in Southeastern Asia, being extremely rare in western countries. The condition is more common in males and is classified within Obsessive Compulsive and Related Disorders.

Case report A 27-year-old single man was referred to the psychiatric department. By the age of 23, he began worrying that his penis was shrinking and retracting into the abdomen. He described these thoughts as intrusive, ridiculous and repetitive. During the first months the thoughts were not very disturbing but he progressively developed an urge to verify the length of his penis several times a day. To diminish the anxiety provoked by the obsessive doubts on penis length, he started to have repetitive thoughts and mental images about sexual acts, to consume pornography compulsively and to increase his masturbatory behaviors (from some times a week to several times a day). He described those thoughts and behaviors as unpleasant and uniquely driven to reduce anxiety provoked by obsessions.

He was prescribed fluvoxamine 200 mg/day and initiated cognitive behavioral therapy with good response. Y-BOCS score decreased from 30 at initial evaluation to 18 after 3 months of treatment.

Conclusions Koro syndrome is a very rare condition in psychiatry in western countries, usually presenting secondarily to other psychiatric disorders. Awareness of this diagnosis and knowledge on its management are critical to provide optimal care to patients.

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EV841

Exploring the role of dissociation dimensions in obsessive compulsive disorder

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Introduction In the last decade, accumulating evidence has been produced on the role of dissociation in Obsessive Compulsive Disorder (OCD). Understanding which dissociation dimensions are specific to OCD could suggest the integration of therapeutic strategies for dissociation in the treatment of patients with OCD.

Objectives The current study explored the role of dissociation in a sample of patients with OCD, patients with anxiety disorders and healthy controls with the aim to understand which dissociation dimensions could be specific to OCD.

Method One hundred seventy-one participants were included in the study (56% females, mean age = 35.96, SD = 12.61), of which 52 were patients with primary OCD, 59 were patients with Anxiety Disorders (AD), and 60 were healthy controls. The Dissociative Experiences Scale (DES), Beck Depression Inventory-II (BDI-II), Beck Anxiety Inventory (BAI), Yale-Brown Obsessive Compulsive Scale (Y-BOCS) were administered.

Results Patients with OCD had significantly higher dissociative amnesia symptoms than patients with AD and health controls ($F = 6.08, P < 0.01$) and higher depersonalization/derealization symptoms than healthy controls but not than patients with AD. Patients with OCD did not report significantly higher dissociative absorption than healthy controls and patients with AD.

Conclusions Strategies targeting dissociative amnesia and depersonalization/derealization symptoms in OCD are discussed. Future studies should examine which OCD subtypes are more strongly associated to dissociation dimensions.

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EV842

Mindfulness skills deficits in pathological skin picking behaviours

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Introduction Pathological Skin Picking (SP) is a psychiatric condition with a 2–5% prevalence in the community and consists of repetitive picking behaviours associated to marked distress, which can cause significant skin damage. Research has evidenced a Focused SP subtype, typically occurring in response to negative emotions, an Automatic subtype, occurring without awareness during activities not related to the picking behavior, and a Mixed one. Mindfulness skills have been studied as a protective factor involved in the treatment of several psychiatric disorders. Studying Mindfulness deficits in SP might help to identify interventions tailored for specific subtypes of SP behaviours.

Objectives The current study examined the relationship between Mindfulness skills and pathological SP behaviours.

Aims The study aimed to investigate whether Mindfulness skills deficits uniquely predicted SP subtypes behaviours after controlling for general distress in a community sample.

Methods Ninety-seven community individuals (mean age = 39.71, SD = 16.37, 59% females) completed measures of SP, Mindfulness skills and general distress (anxiety and depression).

Results Lower Mindfulness skills of Describing Internal Experiences ($B = -0.12, P < 0.05$) and higher anxiety ($B = 0.08, P < 0.05$) predicted more severe Automatic SP. Lower Mindfulness skills of Non-judging Inner Experiences ($B = -0.12, P < 0.05$), higher anxiety ($B = -0.12, P < 0.05$) and higher depression ($B = -0.12, P < 0.05$) predicted more severe Mixed SP. Focused SP was not associated to Mindfulness skills and general distress.

Conclusions Mindfulness skills deficits could be associated to Automatic and Mixed but not Focused SP. Future studies should investigate whether Mindfulness programs are effective for individuals reporting Automatic or Mixed SP behaviours.

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