

P-860 - BIOPSYCHOSOCIAL APPROACH TO A CASE OF SELF MUTILATION

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Introduction: Self-mutilation is a heterogeneous phenomenon. The more severe cases are usually associated with psychiatric disorders or with nervous system lesions.

Objectives: Systematic research is missing, though there are cases that could be life-threatening.

Aim: Report of a rare case of a man who was mutilating his hands by biting.

Methods: The patient was a 66-year old male who had been mutilating his fingers for six years. This behaviour started as serious nail biting and continued as severe finger mutilation (by biting), resulting in loss of the terminal phalanges of all fingers in both hands. On admission, he complained only about insomnia.

Results: The electromyography showed severe peripheral nerve damage in both hands and feet due to severe diabetic neuropathy. Cognitive decline was not established. The CT scan revealed serious brain atrophy. His behaviour was not associated with any major psychopathology or traits of personality disorder. He was diagnosed as suffering from impulse control disorder not otherwise specified. His impulsive biting improved markedly when low doses of haloperidol (1.5mg/day) were added to fluoxetine (80 mg/day). The encouragement of his social life and the use of a mouth guard, in addition to his drug regimen, helped the patient in stabilizing the therapeutic effect.

Conclusions: In our patient's case, self-mutilating behaviour was associated with severe diabetic neuropathy, impulsivity and social isolation. The administration of an antipsychotic plus an antidepressant proved to be beneficial, only when it was combined with psychosocial interventions.