auditory hallucinations related to episodes of acute stress. She received treatment in an outpatient mental health unit which consisted of psychopharmaceuticals and cognitive behavioural therapy. The patient achieved a partial remission of the hallucinations and a clinical improvement of the accumulation symptoms.
Objectives: The main objective of this study is to describe the psychiatric and psychological treatment of this patient. We also performed a review of the available literature on comorbidity of the symptoms of Diogenes syndrome and psychotic symptoms.
Methods: A close follow-up of the psychopathology of this patient was carried out and we did a database search in PubMed to document the case, with the keywords: "hoarding disorder", "psychotic disorder", "comorbidity", "hallucination", with the inclusion criteria: In the last ten years, Spanish and English language.
Results: The patient, who was being treated with sertraline 100 mg, started treatment with olanzapine 10 mg and with a psychotherapeutic plan with different objectives: stabilization of symptoms, reduction of hoarding behaviours, letting go of objects, as well as coping with stressful situations. Cognitive behavioural techniques such as psychoeducation, exposure with response prevention and cognitive therapy were included in the psychological treatment.
After one year of treatment the hallucinatory symptoms have remitted and the patient's daily functioning has improved. The most resistant symptoms are those of accumulation that are slowly decreasing but the patient has stopped collecting objects from the street.
Conclusions: More studies of the treatment of hoarding disorder and more investigation of its possible comorbidities are needed.

Disclosure of Interest: None Declared

EPP0192

Obsessive-compulsive disorder as a comorbidity, risk factor or predictor of dementia

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Introduction: Although there is sparse evidence about patients with obsessive-compulsive disorder (OCD) that develop dementia, some case reports have suggested an association between these two clinical entities. There have also been descriptions that point to a possible link between late onset OCD and an increased risk or prediction of dementia. Dementia is a common public health problem, exacerbated by the aging of the population, and, without significative improvement in prevention and treatment, its adverse consequences will continue to increase. On the other hand, OCD is a chronic and impairing condition, that typically initiates in adulthood, with variable clinical presentation, impact and prognosis, that can be optimized depending on the therapeutical approach.
Objectives: We propose to review, select and schematize the existing evidence about the association between OCD and dementia. Information about this correlation is considered useful to improve clinical practice in both entities.
Methods: We will analyze the existing literature linking OCD and dementia, considering the articles available in PubMed, published since 2010.
Results: A recent study showed that patients with OCD had increased risk of developing dementia, including Alzheimer's disease and vascular dementia, compared with control. However, another study on the theme concluded that OCD had no impact in Alzheimer's disease onset or cognitive impairment. A different study correlated late onset OCD with dementia with Levy bodies, highlighting the importance of testing secondary causes of late onset OCD. There is also a study that correlates OCD with progressive supranuclear palsy, suggesting that dysfunction of the fronto-caudate-thalamus-cerebellum circuit may be involved. Obsessive-compulsive behaviors are also documented symptoms in frontotemporal dementia, existing studies of this overlapping that may elucidate about its neural networks.
Conclusions: Important questions remain unanswered and, to establish an effective correlation between OCD and dementia, clinical investigation in this area should be amplified, mainly with longitudinal studies. Research on the pathogenic and molecular mechanisms potentially common to OCD and dementia may lead to the development of promising therapeutics. Moreover, given its clinical relevance, we consider it pertinent to study the impact of treating properly OCD in reducing the risk of dementia or attenuate its symptoms and progression.

Disclosure of Interest: None Declared

EPP0193

Open-label: the clinical effects of adding cannbidiol to usual care of patients with residual symptoms in the diagnosis of Obsessive Compulsive Disorder

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Introduction: Obsessive-compulsive disorder (OCD) is a heterogeneous and debilitating neuropsychiatric disorder. First-line antidepressants with Selective Serotonin Reuptake Inhibitors (SSRIs) and Clomipramine (a tricyclic antidepressant) are unresponsive or partially responsive in 40% of treated patients. Preclinical studies have shown that cannabidiol (CBD) can reduce compulsive behavior in animals, and considering that the release of glutamate in the action of CBD can inhibit terminal axons of neurons in the corticostriatal-thalamo-cortical circuit, we chosefor testing CBD, a drug with few side effects and low toxicity, as an adjuvant in treating OCD.
Objectives: To evaluate the clinical effects of CBD add-on to the usual pharmacological treatment of outpatients diagnosed with OCD.
Methods: Methods: This is an open-label study in which patients received CBD 300mg-day for 30 days in addition to their usual treatments and CBD 600mg-day for an additional 30 days if they have not reduced at least 25% of symptoms compared to the baseline evaluated by the Yale-brown obsessive-compulsive scale (Y-BOCS). Psychometric scales were used to assess the effects of CBD: Y-BOCS, General Anxiety Disorder 7 (GAD-7), Clinical Overall Impressions-Severity (CGI-S), Clinical Global Impressions-Improvement (CGI-I), Patient Health Questionnaire-9 (PHQ-9), Epworth Sleepiness Scale and Udvalg Scale for Kliniske Undersogelser (UKU) scale.