

been provided only for a pediatric comorbidity. High rates of co-occurrence may be mediated by the existence of tic disorders, and evidence of impaired neuronal maturational processes in OCD pediatric population may lead to probably transitory phenotypical expressions that look like ADHD symptomatology. Thus, it is possible that ADHD-like symptoms resulting from OCD-specific symptomatology may be misdiagnosed as ADHD. This may explain the lower co-occurrence rates reported in adolescents and adults.

**Conclusion** OCD and ADHD are very different disorders in terms of pathophysiology, phenomenology, and treatment strategies. Several methodological concerns have been identified in our review. Future studies on OCD-ADHD comorbidity should try to mitigate these biases.

**Disclosure of interest** The authors have not supplied their declaration of competing interest.

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#### EV0244

### Other ways for the treatment of alcohol dependence: A patient treated with nalmefene

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**Introduction** Alcohol dependence belongs to one of the major risk factors to health worldwide. Alcohol consumption is a significant factor for mortality in the world: 6.3% in men and 1.1% in women. The alcohol use disorder is also very common: 5.4% in men, 1.5% in women. Despite its high frequency and severity of this disorder, only 8% of all alcohol dependents are treated once.

**Aims** An interesting treatment option is geared toward reducing alcohol intake. Some patients in treatment for alcohol use disorder prefer an initial target of reducing consumption. Nalmefene, an antagonist naltrexone associated with opioid receptors, has been authorized in the European Union to help alcohol-dependent patients reduce their consumption. Antagonists' opiate receptors are associated with reduced reward in relation to alcohol consumption, thus helping patients in reducing energy consumption.

**Methods** A man of 39 years old, with a diagnosis of alcohol use disorder and depressive disorder and poor outcome despite different types of treatment (as aversive agents) was treated with nalmefene.

**Results** After a few months, nalmefene had a beneficial effect on the patient, with a significant reduction in the number of days of excessive alcohol consumption and total consumption in the sixth month. In addition, treatment was well tolerated, with no observed secondary effects.

**Conclusions** Nalmefene appears to be effective and safe in reducing heavy drinking. Drugs such as nalmefene have demonstrated efficacy in association with a biopsychosocial approach to help patients achieve their personal objectives for this disorder.

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#### EV0245

### Rehabilitation program: Results of a clinic in Lisbon

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**Introduction** Modern psychiatry includes within its purposes to reintegrate patients into society. Our work's goal is to evaluate in terms of outcome, the current status of patients that underwent the rehabilitation program in a clinic in Centro Hospitalar Psiquiátrico de Lisboa, in Lisbon.

**Methods** The methods consisted of retrospective evaluation of the sample of patients that successfully completed the rehabilitation program between 2012 and 2015. Gender, age, provenience, previous and current socio-economic situations were taken into account.

**Discussion** Twelve patients concluded the program in the time-frame studied: 64 % males and 36 % between the ages of 36 and 40 and more than half were in homelessness situations. They progressed in increasing levels of autonomy and by the program's end, ten were dismissed and two were still waiting for housing. Ten of the patients are now living with their families or have been integrated in social housing program. Two await conditions to leave the hospital.

**Conclusion** The program had a positive impact on the life of all patients that have engaged in it. Only two remain waiting social housing responses. Although the results are satisfactory, the number of patients admitted must improve in coming years.

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#### EV0246

### From alcohol to delusional jealousy

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**Purpose** With this clinical case we want to show an example of diagnosis and treatment of a frequent psychiatric comorbidity in alcohol dependence: delusional jealousy.

**Methods** We analyzed a clinical case of a 52-year-old man who has a voluntary drug intake promoted by a delusional jealousy to his wife in a context of chronic alcohol consumption. A bibliographic search is made about the comorbidity of delusional jealousy in alcoholism.

**Results** A 52 year-old man is brought to the hospital after to have a voluntary drug intake. He has not got medical history of mental health. As personal antecedents, the harmful alcohol consumption of the last 6 years in which he is unemployed is highlighted. After the clinical interview with the patient and with direct relatives (woman and daughter), we have the suspicion that it is a case of cellotopia induced by alcohol, in which the patient has made an autolytic attempt fomented by a delusion of jealousy. In this moment treatment is started. After a few weeks in which the patient starts treatment and leaves alcohol consumption, delusional clinic of jealousy refers progressively.

**Conclusions** The alcoholic etiology of cellotopia has not been specifically confirmed. However, clinical experience shows this association is extremely frequent. It's a chronic delusional disorder with content of jealousy, providing interpretations and suspicions unfounded. Is added hostility to his partner, with potential risk of heteroagresivity. The most important thing is to assess the

emotional and behavioral resonance of delirium. The treatment consists of indicating abstinence from alcohol and administration of neuroleptics.

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#### EV0247

### A Clinical review about differential diagnosis and comorbidities on premenstrual dysphoric disorder

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*Introduction* Symptoms of premenstrual dysphoric disorder (PMDD) recur during the premenstrual phase of the cycle and disappear to the beginning or after last menstruation. The main symptoms are emotional lability, dysphoria and anxiety.

*Objectives* To review PMDD for helping in the differential diagnosis between this disease and classical anxiety disorders.

*Methods* It was made a clinical review about differential diagnosis and comorbidities on PMDD in specialized literature and Pub-Med.

*Results* PMDD causes significant distress and impairment in social or occupational functioning the first week following menstruation. In relation with differential diagnosis on PMDD, on the one hand, several organic diseases could produce the same symptoms than PMDD: for example gynecological pathology as dysmenorrhea or menopausal transition, endocrinological diseases as hypothyroidism and hyperthyroidism and some hormonal treatment including hormonal contraceptives. In addition, a variety of medical disorders are concomitant pathologies that could be associated with PMDD (eg, migraine; epilepsy, asthma, allergies, systemic exertion intolerance disease, chronic fatigue syndrome; irritable bowel syndrome). These pathologies are exacerbated just before or during menstruation. On the other hand, several psychiatric disorders as bipolar disorder, major depression, dystimia, and anxiety disorders could get worse on the premenstrual phase.

*Conclusions* In relation with the diagnosis of PMDD, it seems necessary to consider various differential diagnosis such as psychiatric, gynecological and endocrine disorders because of all of them share like symptoms. For this purpose it is very important to make both a good clinical history and a comprehensive physical examination to offer the most accurate diagnosis and treatment.

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#### EV0248

### Adult ADHD diagnosis and binge eating disorder

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The association between attention deficit hyperactivity disorder (ADHD) and eating disorders has not been yet clarified. The presence of ADHD was significantly correlated with more severe binge eating, bulimic behaviors, and depressive symptomatology. The

aim of this work is to study the relationship between ADHD subtypes in adults and the risk of food addiction (binge eating disorder). The sample was collected on a specific program for adults with ADHD diagnosis in Madrid (Spain). In total, the sample was 110 patients, and we collected information about socio-demographic factors. All patients met DSM-5 criteria for ADHD in different subtypes. We used the conner's Adult ADHD rating scales and the Barrat impulsiveness scale. Also we used the Shorter Promise Questionnaire. This is a 16 scale self-report instrument to measure an individual's level of addictive tendency.

The 36.4% were at high risk of developing a food addiction. For binge eating disorder (BE), no statistically significant differences were found by gender within patients with ADHD.

Binge eating was significantly related to the impulsivity and emotional lability subscale of the CAARS ( $P < 0.05$ ). The risk of develop BE in ADHD was 4.7 (CI 95% 1.8–12.07). Binge eating was significantly related to the total score on the Barrat scale ( $P < 0.05$ ) Risk of 3,5 (CI 95% 1.5–7.9) and within the subtypes of impulsivity, motor impulsiveness was the one that was significantly related to BE ( $P < 0.001$ )

There is a clear relationship between impulsiveness symptoms and BE in patients with ADHD. It's important to note that there are no gender differences within ADHA patients to develop a BE disorder.

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#### EV0249

### From psychiatric to critical care: Patient profile and predictive transfer elements

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*Introduction* Patients with mental illness have an increased risk of morbidity and mortality from somatic complications, with a reduction in life expectancy of 15 to 30 years. During hospitalization in a psychiatric setting multiple risk factors can combine and contribute to a severe deterioration in the general condition of patients who may require reanimation.

*Aim* Describe the profile of patients admitted to Razi who required transfer to an intensive care setting during hospitalization to more precisely determine the predictors of severe somatic decompensation.

*Methodology* A descriptive retrospective study of patients transferred from the Razi hospital to the emergency medical assistance center (CAMU) during the period between 1 January 2014 and 31 December 2015.

*Results* The average age of patients was 39.5 years; 64.2% of the patients were men, 60% had a low socio-economic level, 34.7% had a comorbid disease. Forty-one percent (41%) of the patients transferred had been diagnosed with schizophrenia, and 27% had bipolar disorder. Antipsychotics were the most prescribed psychotropic drugs. High doses were used with therapeutic combinations in 85% of the cases. A toxic cause was identified in 58% of cases, including neuroleptic malignant syndrome in 18%. Dehydration and ionic disorders are among the most frequent causes in 27% of cases. Conclusion; Identifying risk factors for deaths in psychiatric hospitals highlights needed changes in psychiatric management strategies taking into account the patient's characteristics as well as the drugs' safety profile.

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