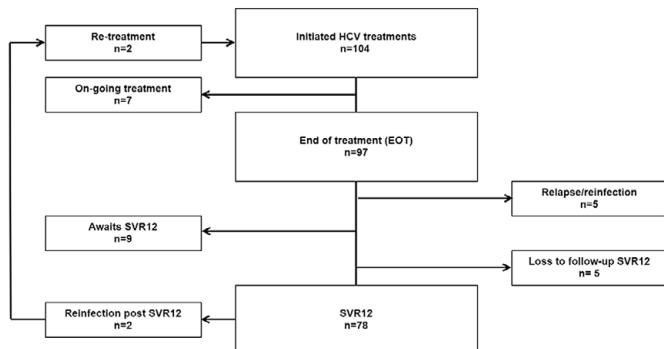


investigated through medical charts. In January 2018, psychiatrist-led HCV treatment (with consultation support from infectious diseases specialists) was introduced at the clinic. Prospective treatment results, numbers of reinfections and incidence rates between January 2018 and April 2021 were further investigated.

Results: Baseline data (n=418), showed that 46% were not tested for HCV. Of those tested (n=225), 64% had a chronic HCV infection. By January 2021, 104 HCV treatments were initiated. 97/97 (100%) were HCV RNA negative at end-of-treatment. 78/88 (89%) reached SVR12. Overall, 2 reinfections were noted after SVR12 corresponding to a reinfection rate of 3.5/100 PY. Numbers of HCV treatment did not decrease during the COVID-19 pandemic.



Conclusions: To enhance the HCV treatment cascade, targeted HCV diagnosis efforts are needed. Bringing HCV treatment to OAT clinics enhance the HCV care cascade. HCV treatment education for psychiatrists/addiction specialists makes HCV treatment more sustainable, as specifically noted during the COVID-19 pandemic.

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Keywords: Cascade of care; Opioid agonist treatment; People who inject drugs; Hepatitis C

EPP0154

Trichotillomania in adulthood, a case report.

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Introduction: Trichotillomania is a disorder (estimated prevalence 0.5-2.0%) with common onset in childhood, rarely seen in adulthood, characterized by the repetitive pulling out of one's own hair leading to hair loss and functional impairment, associated with

other comorbidities: major depression (39-65%), anxiety disorder (23-32%), SUDs (15-19%), OCD (13-27%).

Objectives: To present a case of late-onset trichotillomania in a 60-year-old woman.

Methods: The present study is a case report of a patient visited in outpatient psychiatry for trichotillomania. We also searched previously case reports, series and systematic reviews of clinical trichotillomania using a pubmed query.

Results: This is a 60-year-old morbidly obese woman diagnosed with dysthymia, binge eating disorder and histrionic personality disorder. She explained a worsening of anxiety associated with work problems of one year of evolution and, for six months, the beginning of the plucking of eyebrow hairs and scabs to decrease this symptom, with inability to avoid the behaviour and without eating the hairs. The mental evaluation highlighted psychic anxiety, hypothyroidism, low self-esteem and feelings of failure and did not suggest a delirium. We started treatment with topiramate up to 150mg/day which was not successful. After that we switched to fluoxetine up to 60mg/day associated to psychotherapy observing a slight gradual improvement.

Conclusions: The clinical presentation suggested the diagnosis of trichotillomania in the context of dysthymia. No particular medication demonstrates efficacy in the treatment of trichotillomania. Preliminary evidence suggests treatment effects of clomipramine, NAC and olanzapine based on individual trials with small sample sizes. Research findings also recommend psychotherapy based on habit reversal.

Disclosure: No significant relationships.

Keywords: Trichotillomania

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Role of nurses in the initiation and the monitoring of Lithium

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Introduction: Lithium is the oldest known treatment of bipolar disorders and remains the gold standard. Nevertheless, it remains difficult to handle, largely due to its narrow therapeutic index and its long-term side effects. Thus, it requires special initiation and monitoring measures.

Objectives: This study aims to assess nurses' knowledge and attitudes regarding lithium. A protocol on Lithium initiation and monitoring will be established.

Methods: This is a descriptive study including 20 nurses in a psychiatry department conducted from January to May 2021 based on an self-assessment questionnaire that was established to assess nurses' knowledge about Lithium, its side effects, initiation and monitoring.

Results: None of the recruited nurses had any training regarding the use of lithium. The vast majority of subject (85%) said that lithium's dosage must be individualized and adaptable to each patient throughout a specific blood test. 90% recognized renal failure as the most common contraindication of lithium. Complete Blood Count (CBC), and renal check-up were the only tests