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EV0698

Cannabidiol's role as a potential target in the treatment for schizophrenia

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Objectives Schizophrenia is a debilitating psychiatric disorder which places a significant emotional and economic strain on the individual and society-at-large. Unfortunately, currently available therapeutic strategies do not provide adequate relief and some patients are treatment-resistant. Therefore there is urgent need for the development of mechanistically different and less side effect prone antipsychotic compounds. Recently, the endocannabinoid system has emerged as a potential therapeutic target for pharmacotherapy that is involved in a wide range of disorders, including schizophrenia. Modulation of this system by the main psychoactive component in cannabis, Δ^9 tetrahydrocannabinol (THC), induces acute psychotic effects and cognitive impairment. However, the non-psychoactive, plant-derived cannabinoid agent cannabidiol shows great promise for the treatment of psychosis, and is associated with fewer extrapyramidal side effects than conventional antipsychotic drugs.

Methods The aim of this review is to analyse the involvement of the endocannabinoid system in schizophrenia and the potential role of cannabidiol in its treatment.

Results and conclusions There is still considerable uncertainty about the mechanism of action of cannabidiol as well as the brain regions which are thought to mediate its putative antipsychotic effect. Further data is warrant before this novel therapy can be introduced into clinical practice.

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Psychotic symptoms in patients with nmda antibodies

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Introduction This paper is a review of literature about the relation in some cases between psychotic symptoms and NMDA antibodies. Most of these cases are early observed and treated by psychiatry, observing torpid evolution and symptoms that are rarely observed in Psychiatry patients, like visual hallucinations or rapid fluctuations of symptoms.

Objectives Make a review of psychotic symptoms and NMDA antibodies, to think about other options when we are in front of some unusual cases in psychiatry, and it seems that “nothing is working”

Methods Systematic review of pub med literature, applying the keywords: “psychotic” and “NMDA antibodies” of last 5 years.

Results We found that in most of cases the patients presents Opisthotonus, catatonia, and rhythmic and non-rhythmic involuntary movements of the mouth and jaw, and most of them had a

psychiatric evaluation for those symptoms. There was no response to antipsychotic treatment. The treatment with corticoids and rituximab was effective.

Conclusions In psychiatry we have to think in some cases that maybe “the patient could have something else than a psychiatric disease”, most when we found that the symptoms has a rare presentation and the treatment is not effective.

We encourage our colleagues to “think outside the box” when something like this occurs, and hesitate about our own valuations of the patients, when the case is atypical strange.

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Charles-bonnet syndrome: Hallucinations are in the eye of the beholder

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Introduction Charles-Bonnet Syndrome (CBS) is a clinical entity characterized for visual hallucinations in patients with severe vision impairment and preserved cognitive state. Its pathogeny is still unknown, limiting management options. For diagnosis neurological and psychiatric disorders must be discarded. Treatment is based in three pillars: explaining to the patient the origin and nature of the symptoms, treating the visual deficit when possible, and pharmacotherapy with anti-psychotics.

Objectives and aims To outline the main characteristics and etiopathogenic theories of the CBS, so as to improve diagnosis and treatment.

Methods Basing on a case followed in mental health consults, we made a systematic review of the articles published in Medline (PubMed) in the last 5 years, with the following keywords, Charles-Bonnet Syndrome, hallucinations, deafferentation, visual impairment.

Results We found that all our case and the reported ones had in common the nature and characteristics of the hallucinations, the presence of a trigger, usually a new medicament, and the functional MRI patrons of activity; those patrons located the loss of input prior to the association cortex, which appeared hyper-excitability in functional MRI.

Conclusions Although the aetiology and pathogeny of CBS is still unclear, present data suggests that the key mechanism may be a dysregulation in the homeostatic adaptation of the neural pathway when it is left without external input, traducing a hyper-function of a physiological process, probably mediated by acetylcholine, as opposed with other neuropsychiatric pathologies, in which the cortex is the primary affected area.

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EV0701

Is borderline personality disorder a neuroendocrine disease?

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Introduction Borderline personality disorder (BPD) is a disabling heterogeneous psychiatric disorder characterized by poor affect