

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.

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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