

in literature. More research should be done to improve our understanding of this disabling disorder.

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EV251

Hoarding disorder and obsessive-compulsive disorder

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Introduction Hoarding disorder is described in the DSM-5 as a new clinical entity whose essential characteristic is the persistent difficulty discarding or parting with possessions, regardless of their actual value, arguing reasons of utility, aesthetics, attachment or strong fear of losing information.

Objectives We present the case of an 11-year-old male patient brought to the Health Mental office when his mother found in the school bag debris that he had collected from the garbage, and useless objects in a bedroom drawer. The patient recognizes the nonsense of his behaviour but is unable to get rid of these objects but he allows his mother to do it. He had lowered school performance and showed irritable, shy and solitary, difficulties to sleep and cried often without apparent reason. They also noted since six months before, strange movements with the neck and eyes.

Methods After ruling out, underlying organic pathology, we started treatment with sertraline 50 mg, aripiprazole 2.5 mg and cognitive behavioural therapy, with complete disappearance of symptoms including the movement disorder.

Results Obsessive compulsive disorder 300.3 (F42); Hoarding disorder 300.3 (F42); Provisional Tic disorder 307.21 (F95.0).

Conclusions Hoarding behaviour of strange objects is very unusual in Hoarding Disorder but more common in the Obsessive-Compulsive Disorder. In this case report, we consider the possibility of both disorders.

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EV253

When Ockham razor's principle is not applicable: Differential diagnosis of a rare case of child and adolescent psychosis

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Introduction The diagnosis of schizophrenia in children is rare. Less than 4% of schizophrenic patients begin before age 15 being much less stable than in adults as an entity in time. It is estimated that only 50% of diagnoses of schizophrenia in patients under 15 years are maintained over time. The most frequent differential diagnoses are bipolar disorder, post-traumatic stress disorder and dissociative disorder.

Objective and methods A case of a patient of 18 years old admitted in our service with diagnosis of paranoid schizophrenia due to the presence of delusional symptoms at age of 14 and due his evolution with impaired overall performance is presented. Upon arrival he presented delusions, self-referentiality and a strange phenotype

with a pitched voice. Clinical history included presence of sexual abuse prior to debut of psychotic symptoms and rare medical comorbidity (diagnosed at age 15 of hypertension and paroxysmal sinus tachycardia). A karyotype was done in a previous admission with normal results.

Results During hospitalization symptomatic remission was achieved in just two days by decreasing antipsychotic potency of the treatment, he also presented elevated metanephrines and also elevated plasma aldosterone and renin in blood tests.

Conclusions We discuss the differential diagnosis including schizophrenia, post-traumatic stress disorder with dissociative symptoms and endocrine pathology (pheochromocytoma and hyperaldosteronism).

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EV255

Serving the underserved: Communication activities conducted at home with children of the autism spectrum

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The increase in prevalence of Autism Spectrum Disorders (ASD) demands that new strategies for delivering speech-language therapy services to them are tested and improved. Including families and familiar situations may be a way to provide more intensive stimulation. The aim of this study was to identify strategies to stimulate communication development of children with ASD that can be suggested to parents and followed-up systematically. Participants were 67 children with diagnosis within the autism spectrum that attended weekly speech-language therapy at a specialized service of a large university in São Paulo (Brazil). The study was conducted in four phases: planning of activities; four face-to-face meetings with the parents to suggest and discuss activities that should be conducted at home daily; during six weeks the parents continued to conduct the proposed activities at home, with systematic weekly follow-up by the child's therapist finally, individual the parents reported their impressions about the proposal and the outcomes regarding their child's development during individual interviews. Activities involved the main areas of disorders in ASD. They suggested that the parents used familiar situations as opportunities for games and plays involving language, cognitive and social demands. Parents reported difficulties in implementing the proposed routine of playing with their child for at least a few minutes every day. They mentioned "lack of time" and "being tired" as the main reasons for it. Nevertheless they all reported that they were more able to understand their child's needs and demands and that their child responded well to the suggestions.

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EV256

Psychiatric symptoms in patients with cystic fibrosis

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