

regulation and impulse control, with a high reactivity and vulnerability to stress. It has been hypothesized that these patients may have a dysregulation of the neuroendocrine system.

**Aims** The goal of this work is to systematically review the scientific knowledge regarding the role of the neuroendocrine system in the pathophysiology of BPD.

**Methods** The literature was reviewed by online searching using PubMed®. The authors selected scientific papers with the words “borderline personality disorder” and “neuroendocrine”/“endocrine” in the title and/or abstract, published in English.

**Results and discussion** There is scientific evidence for an enhanced cortisol release and HPA axis hyperactivity in BPD. The dexamethasone suppression test has been used in BPD, finding high rates of non-suppressors in that sample. There also seems to be a reduced volume of the amygdala and anterior cingulate cortex, suggesting an involvement of those regions in the emotional disturbances in BPD. Symptoms of impulsivity, aggression and suicidal behavior seem to be strongly mediated by the serotonergic system. The available research suggests a serotonergic dysfunction in BPD, with lower levels of serotonin in those patients.

**Conclusions** There seems to be several neuroendocrine changes related to BPD, namely a hyperactivity of the HPA axis with stimulated cortisol release together with disturbances of the serotonergic system. Also some brain structural alterations in BPD are scientifically depicted. Further studies are needed to clarify the neurobiology of BPD improving both psychotherapeutic and psychopharmacological treatment in these patients.

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

<http://dx.doi.org/10.1016/j.eurpsy.2017.01.1031>

## EV0702

### Zoophilia in a patient with Parkinson's disease

A. Fornelos\*, M. Roque

Centro Hospitalar Trás-os-Montes e Alto Douro, Psiquiatria e Saúde Mental, Vila Real, Portugal

\* Corresponding author.

**Introduction** Parkinson's disease (PD) is a neurodegenerative brain disorder characterized by Bradykinesia, muscle rigidity and resting tremor. Non-motor symptoms like neuropsychiatric manifestations can also cause significant morbidity. Common medications used in anti-Parkinsonian treatment such as dopaminergic agonists, may help motor symptoms but can also cause or contribute to adverse behavioral manifestations. These include dementia, depression, anxiety, insomnia, psychosis and paraphilic disorders. There are sporadic reports of zoophilia in association with dopaminergic therapy.

**Objectives** Report of a clinical case of PD and zoophilia.

**Aims** clinicians must be aware of paraphilic disorders, namely zoophilia, in patients with dopaminergic medication.

**Method** Search of the Pubmed database was conducted for articles published that had “zoophilia [All Fields] and Parkinson [All Fields]”, resulting in 3 eligible articles through October 2016. The patient's clinical records were also reviewed.

**Case Report** A 77-year-old man, living in a rural area and with a low educational background, with akinetic-rigid PD in an advanced stage and followed by neurology since 2003. His family physician sent him to a psychiatric assessment for hyper-sexuality with zoophilia. The psychiatrist found that these behaviors had begun a week after levodopa was increased along with the introduction of selegiline. The psychiatrist has introduced quetiapine with significant decrease of the hyper-sexuality and the end of zoophilic episodes.

**Conclusion** Despite hyper-sexuality is found in just 2–6% of PD patients in connection with dopaminergic treatment. This case report emphasizes how crucial it is to evaluate PD patients' sex-

uality as well as to explain these adverse effects to the families involved.

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

<http://dx.doi.org/10.1016/j.eurpsy.2017.01.1032>

## EV0703

### Association between multiple sclerosis and depression

A. Fornelos<sup>1,\*</sup>, V. Espírito Santo<sup>2</sup>, M. Silva<sup>1</sup>, M. Roque<sup>1</sup>

<sup>1</sup> Centro Hospitalar Trás-os-Montes e Alto Douro, Psiquiatria e Saúde Mental, Vila Real, Portugal

<sup>2</sup> Centro Hospitalar Trás-os-Montes e Alto Douro, Neurologia, Vila Real, Portugal

\* Corresponding author.

**Introduction** Multiple Sclerosis (MS) is considered an autoimmune inflammatory disease and it is the most common demyelinating disease of the central nervous system. Although its aetiology remains unknown, it has been considered to be multifactorial. MS tends to be more commonly diagnosed in young Caucasian women. It has been described four clinical courses: relapsing-remitting MS, primary progressive MS, secondary progressive MS and progressive relapsing MS based on the temporal sequence in which the symptoms arise. Clinic is also very different because it depends on the sites where the lesions occur. The most frequent signs and symptoms are motor and visual deficits, paraesthesia, gait ataxia, diplopia, dizziness and bladder dysfunction. Depressive symptomatology is also among the most common symptoms of MS.

**Objectives** Show the importance of depressive symptomatology in patients with MS.

**Aims** Evaluation the connection between MS and depression.

**Methods** Search for articles concerning MS and depression on Pubmed and Scielo databases from July 2014 through October 2016.

**Results** Psychiatric manifestations, and especially depressive symptoms, affect almost 40% of MS patients in remission, and about 90% of those in a flare-up. This may be due to the diagnosis itself, with its large amount of symptoms and its variable progression, but also due to side effects of therapy. It gives a major contribute to suicidality (7.5%) when compared to the general population.

**Conclusion** A combined approach and treatment is in order to diminish the incapacity caused by both these illnesses in every single patient.

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

<http://dx.doi.org/10.1016/j.eurpsy.2017.01.1033>

## EV0704

### Case report of progressive supranuclear palsy (PSP)

B. Garcia

Benito Menni, Psychiatry, Barcelona, Spain

This is a case of an old man, affected by progressive supranuclear palsy (PSP), admitted due to behavioral alteration in long-term home. Medical background PSP's diagnosis in 2008. Debuts in the form of lower limb tremor, Bradykinesia and tendency to fall. Hypomimia, hypotonia, rigidity and slight postural tremor in upper limbs. Partial response to anti-Parkinson drugs. Psychiatric background, premorbid personality prone to cognitive rigidity, dichotomous thinking and impulsiveness. Join in acute unit from February to May 2012, where it is oriented as a depression of adaptive features. Several antidepressants were tested with partial response (venlafaxine, reboxetine, mirtazapina, bupropion, sertraline). Current episode patient, who comes presenting behavioral alteration with poor tolerance to the limitations imposed by the disease and passive aggressive behaviors. His wife reports dif-