

until August 2015. The lack of improvement led to her admission. We stopped antipsychotic treatments and prescribed her vitamin E (900 mg/day), clonazepam (6 mg/day) and vitamin B6. The follow-up led to the decline of the Abnormal Involuntary Movement Scale (AIMS) score of 7 points over 6 weeks.

Conclusion TD remains a serious side effect that worsens the prognosis and affects the quality of life of patients. Cluster randomised trial should be done in order to develop practice recommendations for prevention and management of TD.

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A psychiatrist's poll on their methods to treat schizoaffective disorder

L. Aguado^{1,*}, B. Girela², P. Calvo¹, J.E. Muñoz-Negro¹, J.A. Cervilla¹

¹ San Cecilio University Hospital, Mental Health Unit, Granada, Spain

² Santa Ana Hospital, Mental Health Unit, Motril, Spain

* Corresponding author.

Introduction Schizoaffective disorder (SAD) is the second most frequent psychotic disorder after schizophrenia. There is a relative scarcity of specific studies looking into SAD treatment and evidence on drug treatment of SAD is patchy. We aimed to study naturalistically, interviewing psychiatrists systematically, what do they think is most useful in SAD treatment.

Objectives/aims To know the actual management of SAD in real clinical practice and provided data for effective clinical studies.

Methods We administered an online poll to 65 psychiatrists (52% male, 48% female), 75% of which described themselves as having a holistic background. The poll was completed using a Google doc's questionnaire. The three main questions made were:

- what is your first treatment choice for SAD;
- do you tend to use mono- vs. poly-therapy;
- provide a level of utility for each drug between 1 (little use) to 4 (maximum use).

Results Atypical antipsychotics were considered the most common first choice in the treatment of SAD according to 66.2% of psychiatrists. The second most selected first choice answer was combining drugs and psychotherapy, which was answered by 20% of the sample. Monotherapy was preferred (60%) to polytherapy (40%). Finally, the most useful drug for SAD according to the sample was aripiprazole followed by mood stabilizers, olanzapine and paliperidone.

Conclusions Real practice in SAD treatment may differ grossly to what is advocated for in clinical guidelines and seem to also deviate from officially approved indications of some drugs.

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Erotomania: A case and review

A. Almada*, A. Luengo, P. Casquinha, M.J. Heitor
Hospital Beatriz Ângelo, Psychiatry, Loures, Portugal

* Corresponding author.

Introduction Erotomania (“Clérambault’s syndrome”) is a rare syndrome characterized by a delusional belief of being loved by another person, usually of higher social status.

Objective This case report aims to describe and discuss a case of erotomania, providing an updated review on this disorder.

Methods Regular clinical interviews were performed during admission period to collect information about the clinical case and to promote an intervention approach to the patient. A literature

review in Science Direct database, with the keyword “erotomania”, was also conducted.

Results A 51-year-old woman was admitted in Beatriz Ângelo Hospital psychiatric ward with delusional beliefs of being loved by the ex-boss. Positive misperceptions and persecutory delusions regarding her husband as the obstacle for the love were manifested. The lack of insight for the situation and the necessity of treatment created some difficulties. A clinical report and a bibliographic review were made to allow a better understanding about the case and to orient the case evidence based.

Conclusions Despite the evidence about the good response of atypical antipsychotics (e.g. risperidone) in erotomania, in our case study, the partial remission was only achieved with high dose of the old typical antipsychotic, pimozide.

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

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Pregabalin augmentation in the treatment of borderline personality disorder with partial therapeutic response – case report

D. Duisin^{1,*}, S. Milovanovic², B. Batinic³

¹ Institute of Psychiatry Clinical Center of Serbia, Day Hospital, Belgrade, Serbia

² Clinic of Psychiatry, Clinical Centre of Serbia, Serbia School of Medicine, University of Belgrade, Day Hospital, Belgrade, Serbia

³ Clinic of Psychiatry, Clinical Centre of Serbia, Faculty of Philosophy, Department of Psychology, University of Belgrade, Belgrade, Serbia

* Corresponding author.

Introduction Emotional dysregulation is one of the core problems of borderline personality disorder (BPD). Forty-one year-old married female diagnosed with BPD at the age of 21, was admitted to the partial hospitalization unit due to a depressive symptoms and emotional dysregulation and poor overall functioning.

Objective Patient was previously treated with numerous psychotropic agents: antipsychotics (AP) – fluphenazine, levomepromazine, risperidone, clozapine; antidepressants (AD) sertraline, mirtazapine, maprotiline, amitriptyline; psychostabilizers – carbamazepine/valproate) without achieving the full therapeutic response. After switching to combination of clomipramine and aripiprazole, we have reached partial clinical response.

Aim The aim of this treatment was to improve clinical response and achieve emotional stability by augmentation with neuromodulator pregabalin.

Method Augmentation strategy was realized by gradual titration and tapering of pregabalin (300 mg/d) over a two-week period. We started with pregabalin dose of 75 mg/d, followed by gradual increase to the dose of 300 mg/d. The Beck Depression Scale (BDS) and the Emotional Dysregulation Scale-short form (EDS) have been used for efficacy monitoring.

Results Mental state before augmentation therapy: the BDS (score 30-moderate depression) and the EDS-short form (score 127). Parameter status after augmentation with pregabalin: BDS score 16-mild mood disturbance, EDS score 87.

Conclusions Augmentation strategy with pregabalin have improved emotional control, maintained affective and behavioral stability, with significant reduction of feelings of emptiness, as well as the achievement and maintaining of emotional attachment.

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