background and suffered from intrusive, unwanted mental images of homosexual behaviour since the age of 17. He presented periods of remission from his obsessive thoughts, while showing signs of elevated mood, talkativeness, restlessness, agitation and hyperactivity that would last for a few days, with recrudescence of obsessive and depressive symptoms again afterwards. The present case showed a significant reduction in depressive symptoms and in the impact of his obsessive intrusive thoughts after prescription of Risperidone and Sodium Valproate along with Exposure and Response Prevention Therapy conducted over a period of 6 weeks.
Conclusions: The homosexual OCD comorbid with bipolar disorder can cause important distress and impairment and severely impact a person's life in multifaceted ways. Correct diagnosis, adequate medication and psychotherapy provide the effective treatment.

Disclosure of Interest: None Declared

EPV0645

Risperidone and fluvoxamine; two directions of augmentation: a case report

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Introduction: Only 40%–70% of patients have an adequate response to the first-line treatment of OCD with SSRIs. Antipsychotic augmentation is effective in the management of both obsessions and compulsions and these drugs are currently the first-line pharmacological augmenting agents for OCD. (Jaisoorya T, Thamby A. Antipsychotic augmentation in the treatment of obsessive-compulsive disorder. Indian Journal of Psychiatry. 2019;61(7):51)
Objectives: We present the cases of a 31-year-old man and a 21- year-old girl. A 31 -year old man experienced hygienic obsessive and compulsive symptoms with excessive showering for one year (YBCOS 20). First, he was treated with 100 mg of fluvoxamine daily which helped him gain partial remission of symptoms. After a stressful period at work and his showering compulsions got worse. Our female patient suffered from compulsive hand washing and disinfection with fear of getting contaminated by other people (YBCOS 24). She was also treated for anorexia nervosa. At the moment of referral to our outpatient clinic, she had already been taking 2 mg of risperidone daily, but still, her compulsions persisted.
Methods: Both patients were included in outpatient service treatment. They were followed up weekly, psychotherapeutically supported and their psychopharmacotherapy was titrated. In the case of our male patient, risperidone of 1 mg/day was added to the ongoing fluvoxamine of 100 mg/day. Our female patient was given fluvoxamine 50 mg/a day and gradually increased to 100 mg/day with an ongoing 2 mg/day of risperidone.
Results: After two weeks, the hygiene compulsions of the 31-year-old-man completely remitted (YBCOS 6). He stopped excessive showering and became fully functional at work and in family relations. Our female patient also continued to take risperidone in augmentation with fluvoxamine as recommended. Her compulsions improved, and she returned to her hobbies and her college lectures (YBCOS 8). They have both been advised to continue outpatient psychiatric treatment and to regularly use pharmacotherapy.
Conclusions: The condition of both of our patients improved after adding an augmentative agent to the therapy. In the first case, it was risperidone as a fluvoxamine augmentation, and in the second, fluvoxamine was added as a risperidone augmentation. The combination of these two drugs, rather than each other being used on its own, proved to be a powerful therapeutic tool in the treatment of OCD. Further clinical studies are required for a better understanding of the underlying neurobiological mechanism of this effective combination.

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Considering a neuropsychiatric obsessive–compulsive phenotype

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Introduction: Up to 30% of individuals with obsessive-compulsive disorder (OCD) present with a current or past history of tics. Simultaneously, OCD is one of the most frequent psychiatric comorbidities in patients with primary tic disorders (TD), such as Tourette syndrome.
Objectives: We present a literature review about the relationship between OCD and movement disorders, including its potential implications.
Methods: A literature review is performed on PUBMED, using the next keywords: "obsessive-compulsive disorder", "comorbidity", "movement disorders" and "tic disorders" We focused on data from systematic reviews, clinical trials and meta-analysis published in English on last 10 years.
Results: Goal-directed behaviour, such as compulsions, is orchestrated by the basal ganglia, through parallel but interconnected frontal–striatal circuits. Dysfunction of these circuits is known to play a role in the pathogenesis of TD and may also underlie OCD. The most common movement disorders comorbid with obsessive-compulsive disorder (OCD) are indeed TD, with obsessive-compulsive symptoms (OCS) occurring in up to 90% of Tourette syndrome cases. OCD comorbid with TD associates with higher frequencies of hoarding, counting rituals, intrusive violent and sexual thoughts/images, somatic obsessions and repetitive movement compulsions. It also associates with earlier age of onset, higher frequency of sensory phenomena, higher male prevalence and familial aggregation.
However, OCD and OCS are also highly prevalent in choreatic movement disorders, such as Huntington's disease and rheumatic fever with Sydenham's chorea. There is also evidence for a correlation between streptococcal infections, autoimmunity, tic disorders and OCD, as seen in Pediatric Autoimmune Neuropsychiatric Disorders Associated with Streptococcal infections (PANDAS).
Conclusions: Current evidence shows OCD and movement disorders may share dysfunctional brain circuits, resulting in a neuropsychiatric obsessive–compulsive phenotype, which may differ in terms of clinical characteristics and management.

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