Introduction: Capgras syndrome, where patients have the conviction that one or more close people have been replaced by a "double," is the most prevalent delusional misidentification syndrome. It appears in psychiatric illness and organic brain damage. It seems to be due to damage of bifrontal and right limbic and temporal regions, mainly in the right hemisphere.
Objectives: To review the pathologies associated to Capgras Syndrome and the relevance of the differential diagnosis
Methods: 53-year-old female was admitted due to great sadness, crying, social withdrawal and severe paranoid concerns over the last month. Follow-up in Mental Health since 2014, because of anxious depression. After her mother's death, she felt being followed because of old faults. Since then, low dosis of antipsychotics were used. Now she is afraid of being harmed in relation to petty thefts she committed over 15 years ago. In recent days, she has been noticing small details indicating that her family members have been impersonated by strangers, showing anguish regarding their whereabouts.
Results: During her admission, high doses of antidepresants and paliperidone 6 mg/day were used with the complete disappearance of Capgras Syndrome and her anguish. Mild guilty thoughts were present after her discharge. That is why she was diagnosed with psychotic depression.
Conclusions: Capgras syndrome can be encountered in primary psychiatric diagnosis (particularly in schizophrenia and mood disorders) – where an organic element may exist in about a third of all cases – or secondary to organic disorders or medication-induced, through to overt organic brain damage, particularly in neurodegenerative disease.

Keywords: psychotic depression; Capgras syndrome; delusional misidentification; differential diagnosis

EPP1025

Impulse control disorders and dopamine agonists

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Introduction: Impulse control disorders (ICDs) are an adverse effect of dopamine agonists (DAAs) that affects the quality of life and can lead to legal, criminal and familiar problems.
Objectives: Presenting a review of the mechanisms, prevalence and factors associated with the development of an ICD due to DAA use.
Methods: Search on Pubmed database with combination of the following keywords were used: "Impulse control disorders", "dopamine agonist" or "therapy". We focused on data from studies published between 2015 and 2020. The articles were selected by the author according to their relevance.
Results: DAAs are mainly indicated in the treatment of Parkinson's Disease (PD), and are also used on symptoms of restless legs syndrome (RLS) and prolactinoma or lactation inhibition. Dopamine replacement therapy act on dopamine receptors in the nigrostriatal and the reward pathways, which plays a role in addictive behavior. The prevalence of ICDs ranged from 2.6 to 34.8% in PD patients and a lower prevalence in RLS patients. Some of the ICDs reported were pathological gambling, hypersexuality, compulsive shopping, obsessive hobbying, punding, and compulsive medication use. The factors associated with the development include the type of DAAs, dosage, male gender, younger age, history of psychiatric symptoms, earlier onset of disease, longer disease duration, and motor complications in PD.
Conclusions: Further studies are needed to clarify the pathophysiology of the ICD in DAA therapy and determinate premorbid risk factors. The percentage of patients with ICDs is underrated, so it's important to improve the patient's evaluation, using validated and consensual assessment tools.

Keywords: Impulse control disorders; dopamine agonists; pathological gambling

EPP1027

Impact of day hospital care on adherence to psychiatric follow-up appointments and medications in patients with delusional disorder

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Introduction: Day care programs have been extensively used to treat people with acute psychiatric disorders. Day hospitals (DH) can act as an alternative to admission in patients with acute symptoms, shorten the duration of admission, be useful for rehabilitation and maintenance care or enhance treatment in patients with poor adherence to outpatient care. Few research has been conducted in delusional disorder (DD).
Objectives: To investigate whether DH care increases adherence with psychiatric appointments in patients with DD. To describe functions of partial hospitalization in DD.
Methods: Comparative study including DD patients who attended a DH (Group 1:n=12) versus patients who did not receive DH care (Group 2;n=7). Patients attending DH were classified into 3 groups according to the program function at referral. Adherence with outpatient follow-up appointments (primary outcome) and pharmacy refill data (secondary outcome) were assessed after discharge over a 6-month period (DH) and compared with group 2. For statistical analyses, non-parametric tests were performed.
Results: Program function (DH): alternative to admission (n=4); shortening of admission (n=5) and enhancing outpatient treatment (n=3). Patients receiving DH care were more frequently referred from the inpatient unit or emergency department compared to those who did not attend DH (commonly referred from primary care services). No statistically significant differences were found between both groups in adherence to psychiatric appointments. Patients who attended DH showed higher compliance with antipsychotics (89.29% vs.72.62, $p<0.05$).
Conclusions: DH care may be a useful alternative to increase adherence with antipsychotics in DD patients with poor awareness of illness.

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