EPV0409

Mechanisms linking gut microbiota to depression

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Introduction: The gut microbiota constitute the largest and most diverse community in the body which is primarily responsible for the maintenance of the intestinal wall integrity and the protection against pathogens. Besides having an important role in the regulation of host energy metabolism, the gut microbiota can also influence neurodevelopment, modulate behavioral and might contribute to the development of psychiatry disorders.
Objectives: The authors elaborated a narrative literature review to understand how gut microbiota can influence depression.
Methods: Using PubMed as the database, a research was conducted about how Gut Microbiota relates with Depression.
Results: The microbiota-gut-brain axis encompasses the strong bidirectional communication between the gut microbiota and the CNS. Multiple mechanisms may be involved in this bilateral communication, including immune, endocrine and neural pathways. Permutations in the gut microbiome composition trigger microbial lipopolysaccharides production that activates inflammatory responses. Cytokines send signals to the vagus nerve, which links the process to the hypothalamic-pituitary-adrenal axis that consequently causes behavioral effects. Beyond this, gut microbiota have the capacity to produce many neurotransmitters and neuromodulators such as serotonin and can induce the secretion of the brain-derived neurotrophic factor, an important plasticity-related protein that promotes neuronal growth, development and survival.
Conclusions: Neuroinflammatory processes like those that occur in depression are deeply modulated by peripheral inflammatory stimuli, especially those from the intestinal microbiota. However, the knowledge is currently limited and the information available is not enough to understand the exact mechanisms. Therefore, more studies are required to show how gut microbiota influences the human brain.

Disclosure: No significant relationships.
Keywords: Gut-brain axis; Gut Microbiota; Depression

Obsessive-compulsive disorder

EPV0410

Scissors and tweezers: A skin-picking disorder case report

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Introduction: Skin-Picking Disorder (SPD) is psychiatric condition characterized by recurrent and excessive picking of the skin. There are several attempts to stop the behavior and it causes negative consequences such as dermatological complications and functional impairment.
Objectives: The aim of this study is to describe a case report of SPD.
Methods: Data was collected retrospectively from case notes.
Results: A 30 year-old male, married with 2 children, currently on sick leave, was admitted to the Day Hospital at Centro Hospitalar Psiquiátrico de Lisboa (CHPL) with worsen skin-picking behaviour and functional impairment. During childhood the patient would "cut my toe nails the wrong way so that I could fix them". By adolescence the patient suffered from acne and felt the need to "solve" them and take out the pus. Over the years the skin-picking behaviour spread to other areas of the body, mainly dorsal and chest areas. Before being admitted to the Day Hospital the episodes were daily and had 2-3 hours duration, using scissors and tweezers and evolving his family, asking his wife's help with picking. He is being treated with fluoxetine 80 mg, risperidone 2 mg and N-acetylcysteine 1200 mg and Cognitive Behavioural Therapy. He is also participating in the Day Hospital activities that include occupational therapy, movement therapy, psychoeducation. After 2 months he has a few 20 minutes episodes per week, spends more time with his children and thinks about coming back to work.
Conclusions: SPD is a severe and debilitating illness that benefits from a multidisciplinary approach.

Disclosure: No significant relationships.
Keywords: skin-picking disorder; excoriation disorder; obsessive-compulsive disorders

EPV0411

Revisiting the "obsessional slowness" syndrome

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Introduction: Obsessional slowness (OS) is a rare condition of disabling slow motor performance, first described in 1974, by Rachman, who documented 10 cases of "primary obsessional slowness". Rachman argued that, although his patients with OS had Obsessive Compulsive Disorder (OCD), their motor symptoms were not related to the presence of motor-slowness-triggering obsessions/compulsions (e.g. checking and mental rituals). Whether OS truly is a distinct and "primary" entity is still a controversial issue, however.
Objectives: To present and discuss the phenomenology of OS.
Methods: Case reports of OS published in the literature, including Rachman's descriptions.
Results: The literature on OS is extremely limited, with no published, large-scale descriptive studies or randomized controlled trials. Some authors doubt that OS is a "primary" condition, pointing out the clear overlap between OS and catatonia and

emphasizing that the latter disorder also occurs in non-schizophrenic patients, for example, ones with OCD. Additionally, OCD and depression often co-occur. Thus, in severe cases, it may be challenging to disentangle the separate contribution of both disorders to psychomotor slowness. It is also crucial to exclude the possibility that a patience has juvenile parkinsonism or other causes of motor slowness before diagnosing him/her with OS, given that the diagnostic approaches and treatment strategies for OS and the aforementioned disorders differ.
Conclusions: OS seems to be a rare but often disabling motor manifestation of OCD, rather than a primary disease entity. However, some cases sit on the edge of current diagnostic criteria. Future research should help define OS more precisely.

Disclosure: No significant relationships.
Keywords: obsessional slowness; obsessive compulsive disorder

EPV0412

Boundaries between compulsive buying and hoarding regarding the obsessive-compulsive spectrum

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Introduction: It has long been theorized that Obsessive-Compulsive Disorder (OCD) and Compulsive Buying Disorder (CBD) may share important characteristics, increasing the likelihood of the cooccurrence of these two psychiatric disorders. On the other hand, Hoarding Disorder (HD) were originally conceptualized to exist only within the context of OCD, despite hoarding symptoms presenting in less than 5% of OCD cases.
Objectives: This study aims to provide an overview of impulsive-compulsive spectrum, regarding the similarities and differential diagnosis between compulsive buying and hoarding.
Methods: The authors performed a non-systematic literature review, using PubMed search terms "compulsive buying", "hoarding" and "obsessive-compulsive spectrum".
Results: Obsessive-compulsive spectrum disorders are a group of similar psychiatric disorders characterized by repetitive thoughts, distressing emotions and compulsive behaviors. Compulsive buying is defined by a preoccupation with buying and shopping, by frequent buying episodes or overpowering urges to buy that are experienced as irresistible and senseless. These episodes are accompanied by relief and pleasure, but followed by remorse and guilt. A sub-group compulsively hoard the items they have bought. Hoarding disorder is characterized by persistent difficulty discarding items regardless of value, urges to save items and distress associated with discarding, and the accumulation of possessions which compromise use of the home.
Conclusions: Empirical evidence suggests that both OCD and CBD display high levels of impulsivity and compulsivity. However, given the phenomenology, CB may not fit well in OCD related disorders. It may be also misleading to classify HD as part of OCD, since hoarding has the lowest specificity and predictive criteria for OCD.

Disclosure: No significant relationships.
Keywords: compulsive buying; hoarding; obsessive-compulsive spectrum

EPV0415

Obsessive-compulsive disorder onset and COVID-19 pandemic: Is there a relation between both?

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Introduction: Obsessive-Compulsive Disorder (OCD) is a disorder in which a person has uncontrollable, reoccurring thoughts (obsessions) and/or behaviors (compulsions). Since the COVID-19 pandemic started, a lot of people developed fears of contamination or being infected.
Objectives: To describe a clinical case and discuss the diagnosis of Obsessive-Compulsive Disorder in context of COVID-19 pandemic.
Methods: The data was achieved through patient's and his family. For the literature review we searched the terms: "OCD" and "COVID-19 Pandemic".
Results: 45 years-old, male, single. He has a generalised anxiety disorder since 2010. At July 2020, the patient asked for help due to worsening of symptoms. Before the appointment, he was waiting outside because he didn't feel comfortable in the waiting room. When he touch anything unintentionally, he wash his hands immediately. Since the COVID-19 pandemic began, he stopped working because he was too afraid of being infected. He started to think a lot about SARS-COV2 contamination, avoiding all public places, depending on his mother and friends to do basic daily tasks. His thoughts led to cleaning and hand-washing rituals, spending a lot of time. Those symptoms are egodystonic, have a huge impact on global functioning and are not explained by normative fear or protection measures. During 10 years of psychiatric follow-up he never showed obsessive-compulsive symptoms.
Conclusions: This case is an example of OCD onset during the COVID-19 pandemic in a patient with an anxiety disorder (without previous obsessive-compulsive symptoms). He has improved after paroxetine 60mg and risperidone 1mg daily, as well as cognitive behaviour therapy weekly.

Disclosure: No significant relationships.
Keywords: Obsessive-compulsive Disorder; COVID-19 pandemic

EPV0416

Comparative study of caregiver stress between patients of obsessive compulsive disorder and chronic medical illness, without any physical disability

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