

mother developed persistent delusions in her late thirties (without disorders of perception and social disfunction).

Conclusions: The study demonstrates genetic interconnecting between TS, tics and psychosis; hyperactivity in the dopaminergic system of the brain may be involved in all three disorders. National statistics of TS have to be reviewed and improved.

Disclosure: No significant relationships.

Keywords: family case; comorbidities; psychosis; Gilles de la Tourette's syndrome

EPV0106

Which antipsychotics can we use for obsessive-compulsive symptoms in schizophrenia?

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Introduction: Obsessive-compulsive symptoms (OCS) are common in schizophrenia, with a prevalence ranging from 12 to 25%. They affect negatively disease outcome. Patients with comorbid OCS present more frequently resistant psychotic symptoms. Besides, the appearance and aggravation of OSC are more commonly reported with atypical antipsychotics.

Objectives: To present through a clinical case and a brief literature review the treatment challenge of obsessive-compulsive symptoms in schizophrenia.

Methods: We reported the case of Mr. M.S., treated in our department since 2008 for comorbid schizophrenia and OCS, and discussed therapeutic alternatives through a literature review.

Results: Mr. M.S. a 34-year-old male diagnosed with comorbid schizophrenia and OCS at age 20. To control psychotic symptoms, the patient received several trials of anti-psychotics with little improvement. We concluded that it was resistant schizophrenia. The introduction of clozapine reaching 300 mg daily led to significant improvement of psychotic symptoms but worsened OCS. The adjunction of fluoxetine and cognitive-behavioral therapy (CBT) was unsuccessful to manage obsessive symptoms. We opted for the association of aripiprazole 20 mg daily and clozapine, the doses of which were gradually tapered down to 150 mg daily. This association has guaranteed the improvement of both psychotic and obsessive symptoms.

Conclusions: Conclusion This clinical vignette highlights the need for clinical awareness about the possible exacerbation of OCS with atypical antipsychotics in schizophrenia.

Disclosure: No significant relationships.

Keywords: comorbidity; atypical antipsychotics; Obsessive-compulsive symptoms; schizophrenia

EPV0107

Slamming sex and psychotic symptoms. A case report

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Introduction: Chemsex is the term used to describe the use of psychoactive drugs to practice sex, mostly among men who have sex with other men. When drugs are administered by intravenously it is known as slamming or slamsex. Mephedrone is drug more used to this practice, in combination with other as amfetamines. This practice has been associated with a lot of psychiatric and organic complications.

Objectives: Describe a case about one of chemsex complications such as drug-induced psychosis. Moreover, show the multiple medical complications associated with this practice.

Methods: Patient's data is obtained from medical history, psychiatric interviews carried out during his hospitalizations and his psychological follow-up in CAID.

Results: 45 year-old man patient was admitted into a psychiatric unit due to paranoid ideation, behavioral disturbances and hetero-aggressive behavior after mephedrone, amphetamines and other drugs intoxication in the context of slamsex practice. He has a history of two previous autolytic attempts but no psychotic episodes. After one week of hospitalization and antipsychotic treatment psychotic symptoms disappear. Concerning his medical history, he was infected for HIV, syphilis, hepatitis A, visceral Leishmania.

Conclusions: It is necessary to be aware of the increased in chemsex and slamsex rates and therefore of the comorbidities that have associated. Rapid detection is important in order to reduce and control the severe addiction they entail (especially intravenous consumption).

Disclosure: No significant relationships.

Keywords: psychotic symptoms; chemsex; slamsex; drugs-induced psychosis

EPV0108

Emotional, personal, cognitive and other mental disorders after removal of the tumor of the diencephalic region (in the long-term period)

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Introduction: In the literature, there are conflicting data regarding the recovery of mental disorders, in particular, pathologies of the emotional, personality, behavioral and cognitive spheres, in patients after surgical treatment of tumors of the diencephalic region.

Objectives: To evaluate the dynamics of psychopathological disorders after removal of a craniopharyngioma.

Methods: 45 patients (18–68 y.o.), operated through transcranial access. The follow-up period ranged from 3 months to 9 years (on average 2.8 + 0.4). The main method is psychopathological, supplemented by rating scales and questionnaires.