

## EPV0286

**A Case Study of Psychogenic Non-Epileptic Seizures in a patient with Dependent Personality Disorder.**

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**Introduction:** Psychogenic Nonepileptic Seizures (PNES) refer to the dissociative condition which resembles seizures but does not involve epileptic synchronous cortical activity (Huff, 2021). 20% of people visiting epilepsy clinics have PNES (Huff, 2021). Depression, anxiety, and personality disorders predispose towards PNES (Ekanayake, 2018).

**Objectives:** To present a case of PNES in a patient with dependent personality disorder (DPD) and to discuss the sociocultural aspects.

**Methods:** A case study.

**Results:** A 23-years old, married female presented with 20 days history of episodes of 'falling down, rolling on ground, and involuntary movements of her head.' The episodes typically lasted from 20-25 minutes. During the episodes, patient closed her eyes but remained conscious and expressed her distress with gestures, and tearfulness was also observed. Her condition improved when she was offered water. The clinical picture of these episodes evolved with time. Her EEG and serum prolactin levels following the episodes were normal. Accordingly, a diagnosis of PNES was made. No acute stressor was present. The patient also fulfilled the criteria of Dependent Personality Disorder (DPD) (American Psychiatric Association, 2013). During communication with the patient, it appeared that the patient and her attendants perceived the train of questioning as investigational rather than therapeutic. Efforts were made towards a more empathetic understanding of their point of view, and the tailoring of long-term management in accordance with their sociocultural context.

**Conclusions:** The socio-cultural context is important in the management of PNES and a sensitive, and collaborative approach is recommended. Assessment of personality should be considered in patients presenting with PNES.

**Disclosure:** No significant relationships.

**Keywords:** Case study; Psychogenic Nonepileptic Seizures; Dependent Personality Disorder

## EPV0289

**Electroconvulsive therapy (ECT) in the management of a bipolar disorder with comorbid OCD: a case report and review of the literature**

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**Introduction:** Numerous clinical and epidemiological studies show an increased prevalence of anxiety disorders, including obsessive-compulsive disorder, in subjects followed for bipolar disorder. This comorbidity is not without consequence on the evolutionary course

of the mood disorder, with frequent relapse, a lower pharmacological sensitivity and an increased risk of suicide.

**Objectives:** We aim to analyze through a clinical observation and according to the data of the literature the place of ECT in the management of a bipolar disorder with comorbid OCD.

**Methods:** In this work, we reported a case of a patient in which depressive episodes of bipolar disorder and OCD comorbidity were present and the symptoms were resolved using ECT.

**Results:** Mrs. TN with family history of suicide had experienced her first depressive episode in 2005 in post-partum, when she had 31 years old. The diagnosis of bipolar disorder II with comorbid OCD was retained after she has had several depressive relapses with few hypomanic ones and reported obsessive suicidal ideation with many religious compulsions. Despite several pharmacotherapeutic combinations (Teralithe, Olanzapine and Venlafaxine) a remission of the symptoms could only be obtained after 15 sessions of ECT that she has had in 2017.

**Conclusions:** ECT can be a very good substitute for the treatment of mood disorders with comorbid OCD resistant to pharmacotherapy.

**Disclosure:** No significant relationships.

**Keywords:** bipolar disorder; ECT; OCD; comorbidity

## EPV0290

**Comorbid Opioid Use Disorder in Body Dysmorphic Disorder**J. Kim<sup>1\*</sup>, O. Alli-Balogun<sup>1</sup>, G. Gill<sup>2</sup>, P. Korenis<sup>3</sup> and S. Mitra<sup>4</sup>

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**Introduction:** Body Dysmorphic Disorder (BDD) is a severe and common disorder that consists of distressing or impairing preoccupation with nonexistent or slight flaws in one's physical appearance. People with BDD typically describe themselves as looking ugly, unattractive, deformed, or abnormal, whereas in reality they look normal or even very attractive.

**Objectives:** Case Study

**Methods:** Case Study

**Results:** Mr. X is a 31 year-old male with history of Opiate (heroin, oxycodone) use disorder currently on maintenance (Buprenorphine-Naloxone) treatment. On admission, urine toxicology was positive for opiates and other drugs. CIWA score was 11. He was started on Lorazepam taper, Mirtazapine, Fluoxetine, and was started on Suboxone soon after. His cravings decreased and he was admitted for Rehab. He reports that anxiety associated with his "body image" related to ears, shape of head, eyebrows since he was in high school which made him "feel uncomfortable" going to school and concentrating in his classes. His coping mechanism was covering his head with hats, shaving eyebrows, substance use, and receiving an otoplasty.

**Conclusions:** According to Houchins et al (2019), alcohol is the predominant substance used in BDD. It is interesting to note that only 6% of BDD patients had Opioid Use Disorder, but as this case