

## 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