

remains unknown. The optimal treatment is to establish prophylactic migraine medications like amitriptyline. In the prodromal phase, it could be used ketocorolaco or sumatriptan and in the acute phase, ondansetron or lorazepam. Because of the morbidity associated with CVS, in particular the severity of symptoms, it is necessary to conduct more studies in adults.

Disclosure of interest The authors have not supplied their declaration of competing interest.

Further readings

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Left Ortiz MJ, et al. Acute renal failure secondary to cyclic vomiting syndrome. *Nephrology (Madrid)* 2011;31(6):760–1.

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EV1376

Boderline versus personality

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Introduction Latest classifications led to an inflamed debate urging for change or validation in the way personality disorders are classified. The placement in psychiatric classifications of several personality disorders, particularly Borderline Personality Disorder (BPD), is also a matter of discussion.

Objectives and aims The present work aims to question BPDs place in classification alongside with other personality disorders, rather than focusing on the algorithms used to classify it. The authors review updated literature on core features of the disorder collected from online scientific databases.

Results Studies reveal that the stability of the diagnosis of BPD over the longer term is less than what standard general definitions of personality disorders would appear to require. It is a chronic and debilitating syndrome with severe functional and psychosocial impairment that remain relevant when comparing to other personality disorders. Additionally, these measures show further declines over time in spite of improvement in psychopathology, in contrast to what happens with other personality disorders. Several misconceptions may have led to the placement of BPD on former axis II, namely being a direct consequence of trauma and merely explained by environmental factors. However, recent research on heritability shows the contrary and several neurobiological markers suggest it has got a nature of its own.

Conclusion BPD is probably the most studied and validated personality disorder and has substantially greater empirical basis, clinical significance and public health implications, being both enduring and distinct from other personality disorders. We suggest the placement of BPD as major psychiatric disorder in classifications.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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Comorbidity of adult ADHD and obsessive-compulsive disorder

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Introduction In prospective and controlled studies followed up until adult age of patients diagnosed with ADHD in their childhood, the most frequent comorbid disorders were major depressive disorder,

personality disorder (borderline and antisocial), substance use disorder and, less frequently, panic disorder and obsessive compulsive disorder.

Objectives We report the case of a male patient aged 60, diagnosed with obsessive-compulsive disorder from his adolescence. His psychopathological progress has become aggravated over the years. Nowadays, he presents an important restlessness, which has led him to social isolation and family claustrophobia.

Methodology Our patient is admitted to the Psychiatric Day Hospital with an appropriated treatment for his OCD (sertraline and aripiprazole). After several days under observation, we used the scales ASRS-V1.1 y WURS finding results that suggested adult ADHD. Extended release methylphenidate was prescribed, with a fast improving of our patient's symptoms of restlessness, insecurity and impulsion phobia. He was discharged from the Centre for Psychosocial Rehabilitation showing a good evolution.

Results – Anankastic personality disorder (F60.5);

– Dependent personality disorder (F60.7);

– Hyperkinetic disorders (F90).

Conclusions Seventy-five percent of adults diagnosed with ADHD have comorbid disorders that should be used as severity rates, since they may cover up the ADHD symptoms or complicate the response to treatment. Adults with ADHD present high score on the scales “social maladjustment” and an often concomitant and polymorphic psychiatric pathology, object of varied diagnoses.

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Description of the activity of a psychiatric day hospital from its opening up to the present day

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Introduction Description of the most relevant data found in a Psychiatric Day Hospital opened ten months ago in the hospital complex of Ávila.

Objectives The goal is to evaluate clinical and management data in patients of the Psychiatric Day Hospital.

Methods Retrospective cross-sectional descriptive study. A data collection form where each patient is classified into: sex, age, average stay, first admission or readmission, origin, reason for discharge, destination on discharge and diagnoses (classification ICD-10) was used.

Results From the opening of the Psychiatric Day Hospital ten months ago, 58 patients have been admitted: 70.7% women and 29.3% men. Readmissions: 1.7%. Their origin was: psychiatric hospitalization (53.5%), outpatient department (31%), emergency room (13.8%) and Centre for Psychosocial Rehabilitation (1.7%). 41 out of 58 patients have been discharged. Reasons for discharge: improvement (78%), referral to other units (7.4%), voluntary discharge (4.8%) and others (9.8%). The destination on discharge was: outpatient department (90.4%), Centre for Psychosocial Rehabilitation (4.8%), and Inpatient Rehabilitation Unit (4.8%). The most frequent diagnoses on discharge were: bipolar affective disorder, adaptation, emotionally unstable personality disorder, dysthymia, persistent delusional disorders, specific personality disorders and severe depressive episode with psychotic symptoms.