recherche Charles-Le Moyne sur les innovations en santé, -, Longueuil, Canada; ⁴Pontificia Universidad Católica de Chile, Nursing School, Santiago, Chile; ⁵Universidad de Chile, Facultad De Ciencias Sociales,

Santiago, Chile and ⁶King's College London, Centre For Global Mental Health, London, United Kingdom

*Corresponding author.

doi: 10.1192/j.eurpsy.2022.749

Introduction: Depression treatment recommendations seldom include chronic illness comorbidity.

Objectives: To describe the rationale and methods for a clusterrandomized trial (CRT) in primary care clinics (PCC) comparing a computer-assisted psychoeducational (CAPE) intervention to usual care (UC) for depressed patients with hypertension or diabetes.

Methods: Two-arm, single-blind CRT in Santiago, Chile. Eight PCC will be randomly assigned to the intervention or UC. A total of 360 depressed individuals aged 18 or older PHQ-9 scores ≥ 15 and hypertension or diabetes will be recruited. Patients with alcohol/substance abuse; current treatment for depression, bipolar disorder, or psychosis; illiteracy; severe impairment; and residents in long-term care facilities will be excluded. Patients in the intervention will receive eight CAPE sessions by trained therapists, structured telephone calls to track progress, and usual medical care for chronic diseases. Psychologists and psychiatrists will regularly supervise therapists. To ensure continuity of care, the PCC team will meet monthly with a research team member. Patients in UC will receive standard medical and depression treatment. Three, six, and twelve months after enrollment, outcomes will be assessed. The primary outcome will be a 50% reduction in baseline PHQ-9 scores at six months. Intention-to-treat analyses will be used.

Results: A previous, small-scale pilot study provided valuable insights for study design.

Conclusions: This study will provide first-hand evidence on the effectiveness of a CAPE for depressed patients with chronic diseases at PCC in a Latin American country.

Disclosure: No significant relationships. **Keywords:** Chronic Diseases; e-mental health; Depression; Primary health care

EPP0521

Use of Lamotrigine in the pharmacological management of a lady with longstanding history of Trichotillomania

J.H. Tan* and P. Gangaram

Institute of Mental Health, West Region, Singapore, Singapore *Corresponding author. doi: 10.1192/j.eurpsy.2022.750

Introduction: Trichotillomania is characterized by recurrent pulling of one's hair despite attempts of stopping, resulting in hair loss. Previously classified as impulse control disorder, it is now considered an obsessive-compulsive related disorder in DSM-5. Firstline therapy is cognitive behavioural therapy (CBT), with strong support for habit reversal training. For pharmacological therapy, selective serotonin reuptake inhibitors (SSRIs) are commonly prescribed. Clomipramine has been used but is limited by its side effect profile. Many patients continue to experience distressing symptoms despite current treatment methods.

Objectives: Lamotrigine, an anticonvulsant medication, is frequently utilized by psychiatrists to treat conditions like Bipolar Disorder. However, its utility in treating Trichotillomania has not been explored. We are interested to find out if it could benefit patients who have not responded adequately to current available treatment.

Methods: We report a case of a lady suffering from Trichotillomania for many years with limited improvement despite active treatment. We follow her progress after being started on Lamotrigine for six months.

Results: In our case, a lady with longstanding Trichotillomania has previously been treated with SSRIs and Chlomipramine with limited response. An incidental trial of Lamotrigine after stopping her other medications has led to sustained improvement and stabilization of her condition. A possible hypothesis on how Lamotrigine's mode of action could have led to this improvement will explored in this paper.

Conclusions: This case illustrates the potential of Lamotrigine to treat Trichotillomania in someone who has not responded adequately to usual treatment and could be an area worth looking into for future research.

Disclosure: No significant relationships. **Keywords:** Trichotillomania; Lamotrigine

EPP0522

Prevalence of Body Dysmorphic Disorder Among Saudi Female Patients Seeking Cosmetic Procedures

N. Almuhanna

Imam abdulrahman bin fasial university, Psychiatry, dammam, Saudi Arabia

doi: 10.1192/j.eurpsy.2022.751

Introduction: Body dysmorphic disorder (BDD) is a psychiatric illness in which the Patients seeking cosmetic surgery are usually unsatisfied with the outcomes of the surgery. Therefore, it is essential to study this phenomenon and increase awareness among physicians to assess for the presence of BDD before any cosmetic treatment.

Objectives: To assess the presence of BDD among female patients undergoing cosmetic procedures and improve awareness among providers of cosmetic treatment.

Methods: This cross-sectional study uses the adult version of the BDD modification of the Y-BOCS (BDD-YBOCS) scale. Its consists of 12 items related to preoccupied thoughts that participants have about their appearance and the effects that these thoughts have on their lives. Questionnaires were distributed on different online platforms among females living in the eastern province of Saudi Arabia.

Results: Out of the 220 women who participated, 45 had BDD (prevalence rate of 20.5%), a significant and worrying percentage. The result indicates more among participants in the age group of 20–35 years. Also, it revealed positive correlation exists between BDD and females seeking cosmetic procedures.

Conclusions: One-fifth of the participants were diagnosed to be suffering from BDD. Higher rates were observed among women