

## EW0633

**Duration of untreated illness and outcome of obsessive-compulsive disorder: A naturalistic follow-up study**

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Duration of untreated illness (DUI) is a predictor of outcome in psychotic and affective disorders. Data available on DUI and its relationship with outcome in obsessive-compulsive disorder (OCD) suggest an association between longer DUI and poorer treatment response. The present study investigated socio-demographic and clinical predictors of DUI and its association with long-term outcome in OCD patients. Eighty-three OCD outpatients were treated with serotonin reuptake inhibitors (SRIs) and prospectively followed-up for 3 years. Baseline information was collected on demographic and clinical characteristics using standard assessments. Each patient was assessed through the structured clinical interview for DSM-IV axis I disorders (SCID-I), the structured clinical interview for DSM-IV axis II personality disorders (SCID-II), the Yale-Brown obsessive-compulsive scale (Y-BOCS) and the 17-item Hamilton rating scale for depression (HDRS). The DUI was explored by interviewing patients, family caregivers and clinicians. OCD subjects had a mean DUI of 7.3 (5.8) years. A younger age at onset and a greater severity of OCD symptoms at baseline were associated with a longer DUI. The DUI of patients with a “good outcome” was shorter than that of patients with a “poor outcome”. Logistic regression analysis revealed indeed a possible association between longer DUI and “poor outcome”. In the logistic multi-variable model, the association of DUI with treatment outcome held true whilst controlling for socio-demographic and clinical variables.

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

<http://dx.doi.org/10.1016/j.eurpsy.2017.02.247>

## EW0634

**Prevalence and clinical correlates of sensory phenomena in obsessive compulsive disorder**

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*Introduction* A substantial number of patients suffering from obsessive compulsive disorder (OCD) report a subjective distressing experience prior to the repetitive behavior, known as sensory phenomena (SP).

*Objectives* Need to systematically evaluate SP and the clinical correlates in OCD.

*Aims* Assess prevalence of SP and clinical correlates in OCD.

*Methods* Subjects ( $n=71$ ) fulfilling the criteria for DSM-IV-TR OCD were recruited consecutively from a specialty OCD clinic in Southern India and were assessed using the Yale brown obsessive and compulsive scale (YBOCS), dimensional Yale-Brown obsessive compulsive scale (D-YBOCS) and the University of São Paulo Sensory Phenomena Scale (USP-SPS).

*Results* The prevalence of the SP was found to be 50.7%. Prevalence of SP is significantly greater in the patients with early age of onset ( $P=0.47$ ). In subtypes of SP, Tactile was 12.7%, “just right” for look was 26.8%, “just right” for sound was 9.9%, “just right” for feeling was 16.9%, feeling of incompleteness leading to repetitive behavior was 22.5%, “energy release” sensation leading to repetitive behavior was 4.2% and “urge only” leading

to repetitive behavior was 11.3%. SP was found to have significant correlation with symmetry/ordering/arranging/counting dimension ( $P=0.003$ ). Significant positive correlation existed between SP severity and the severity of the compulsions ( $P=0.02$ ).

*Conclusion* Considering its high prevalence in OCD, it might be useful to incorporate SP assessment during the routine clinical assessment of OCD. It might warrant a place in the phenomenological and nosological description of OCD. Additionally, the neurobiological correlates of SP need to be explored.

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

<http://dx.doi.org/10.1016/j.eurpsy.2017.02.248>

## EW0635

**Deep brain stimulation and anterior capsulotomy: The question of autonomy**

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*Introduction* In carefully selected treatment-refractory patients with obsessive compulsive disorder (OCD), deep brain stimulation (DBS) or anterior capsulotomy (AC) might be considered as a possible treatment. However, the direct intervention in the brain can raise questions about autonomy. Do patients still feel like they are in control of their actions when their behavior is changed by a surgical intervention?

*Objective/aims* To examine in both AC and DBS patients whether these intervention influenced perception of autonomy. We aimed to discover any differences in these perceptions when comparing AC and DBS patients.

*Methods* We conducted semi-structured interviews with AC and DBS patients. Interviews were recorded digitally and transcribed verbatim. We analyzed interviews in an iterative process based on grounded theory principles.

*Results* We interviewed 10 DBS patients and 6 AC patients. Sense of agency (the awareness that one is the author of his/her own actions) did not seem to be diminished by AC or DBS. However, especially DBS patients are aware of their dependency on a device for their well-being. Another important theme is authenticity (in how far patients perceive their actions and thoughts as matching their self-concept). Feelings of authenticity can be disturbed especially in cases of induced hypomania (for DBS) or apathy (for AC). OCD itself also has an impact on autonomy as patients describe a lack of freedom due to their disorder.

*Conclusion* Despite extensive changes in emotions, behavior and even personal identity after DBS or AC surgery, perceived autonomy was not greatly altered in these OCD patients.

*Disclosure of interest* Medtronic provided grants for research, education, and traveling to B. Nuttin and L. Gabriëls, who hold the Medtronic Chair for Stereotactic Neurosurgery in Psychiatric Disorders at KU Leuven. S. Raymaekers is supported by this Chair. B. Nuttin co-owns a patent on DBS in OCD.

<http://dx.doi.org/10.1016/j.eurpsy.2017.02.249>