

midal effects, which deeply contribute to the decrease of quality life of these patients.

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#### EV0734

### **Efficacy of cbt plus acceptance & commitment therapy versus cbt alone for obsessive-compulsive disorder. Protocol for a randomised single-blinded superiority trial**

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**Introduction** Cognitive behavioural therapy (CBT) is the first-line psychological treatment for Obsessive-Compulsive Disorder (OCD). However, 30% of individuals have a null or partial response. Preliminary evidence suggested that Acceptance & Commitment Therapy (ACT) may be effective. No study investigated whether the association of CBT with ACT may improve outcomes of CBT alone.

**Objectives** This paper presents the protocol of a trial where individuals with OCD will be randomly assigned to CBT alone or CBT plus ACT. Primary endpoints will be the number of individuals meeting OCD diagnostic criteria at post-treatment and follow-up. Secondary endpoints will be self-reported depression, anxiety, disgust and guilt, and obsessive beliefs. It is hypothesized that CBT plus ACT is associated to fewer individuals meeting OCD criteria and greater reductions in secondary endpoints.

**Methods** A single-blinded superiority randomised design will be used. Primary/secondary outcomes will be administered at baseline, post-treatment and 6-month follow-up. Treatment duration will be 25 weekly sessions in both conditions. Individuals (age  $\geq$  18 years) with OCD diagnosis will be recruited at mental health services in a 60.000 inhabitants area in Italy. Chi squared will be computed to test group differences on OCD diagnosis. ANCOVAs will be calculated entering baseline scores as covariates, group allocation as random factor and primary/secondary outcomes as dependent variables.

**Results** To obtain a medium effect size, 80% power and 0.05 significance, a priori power analysis suggests inclusion for at least 34 individuals as total sample.

**Conclusions** A description of the protocol will be provided. Strengths and potential limitations will be addressed.

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

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#### EV0735

### **Intolerance for uncertainty is a prognostic factor of negative response after intensive inpatient CBT for medication-resistant obsessive-compulsive disorder**

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**Introduction** Cognitive theories of Obsessive-Compulsive Disorder (OCD) have identified six types of beliefs, which have a role as vulnerability and maintaining factors: Inflated sense of responsibility, Threat overestimation, Importance of thoughts, Control of thoughts, Perfectionism and Intolerance for uncertainty. As previous research showed that strong obsessive beliefs are linked to severe OCD symptoms, it could be hypothesized that they act as prognostic factors of negative response after cognitive behavioural therapy (CBT). However, poor research investigated this aspect.

**Objectives** The aim of the current study was to examine which obsessive beliefs could predict a worse response after intensive CBT in a group of inpatients with medication-resistant OCD.

**Methods** Forty inpatients [mean baseline Y-BOCS = 26.70, SD = 7.01] with medication-resistant OCD underwent 5-week intensive CBT including daily and prolonged exposure and response prevention (2.5 hours in the morning, 2.5 hours in the afternoon). All individuals have had inadequate symptom response after prior serotonin-reuptake inhibitor trials. The Y-BOCS, BAI, OBQ-87, and BDI-II were administered at baseline and post-treatment.

**Results** Inpatients who endorsed stronger intolerance for uncertainty, measured by higher scores on the OBQ-87 Intolerance for uncertainty scale, showed worse response after CBT, measured by having still higher Y-BOCS scores at post-treatment ( $\beta = 0.37$ ,  $t = 2.48$ ,  $r^2 = 0.14$ ,  $P < 0.05$ ). No effect of the other beliefs emerged.

**Conclusions** Current data demonstrated the role of intolerance for uncertainty as predictor of negative response after intensive CBT for resistant OCD in inpatient setting. Augmentation strategies should be introduced to improve outcomes of inpatients with intolerance for uncertainty.

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#### EV0736

### **Cognitive behavioral therapy added to pharmacotherapy in patients suffering from pharmacoresistant obsessive-compulsive disorder**

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**Background** The objective of investigation was to determine whether patients with obsessive-compulsive disorder (OCD) resistant to drug therapy may improve their condition using intensive, systematic cognitive behavioural therapy (CBT) lasting six weeks and whether it is possible to predict treatment outcome using clinical and selected psychological characteristics.

**Method** From 66 OCD patients fifty-seven completed program. The diagnosis was confirmed using the structured mini international neuropsychiatric Interview. Patients were rated using the objective and subjective forms of the Yale-Brown Obsessive Compulsive Scale (Y-BOCS), objective and subjective forms of the Clinical Global Impression (CGI), Beck Anxiety Inventory