

neutral gestures and increased control effort during planning of meaningless gestures in schizophrenia.

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Obsessive-compulsive disorder

EW357

Neuroimaging correlates of insight in obsessive compulsive disorder: A fMRI study

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Aim of the study To study the neural substrates of insight in OCD by comparing patients with good insight, patients with poor insight and matched healthy controls using functional MRI.

Methodology Subjects were recruited from among patients attending OCD clinic, adult psychiatry services and psychiatry ward inpatients of National Institute of Mental Health And Neurosciences (NIMHANS), Bangalore. They were further divided into 'good insight' ($n=30$) and 'poor insight' ($n=14$) using Brown's assessment of belief's scale. Control subjects ($n=30$) were recruited from consenting volunteers. 3 T MRI was used, mental rotation task was paradigm used for fMRI and analysis was done by SPM 8.

Results Poor insight patients and Good insight patients comparison revealed differential activation in Left superior/Medial frontal gyrus (corresponding to the DLPFC). A negative correlation between BABS score and activation of right inferior parietal lobule. Mental Rotation task behavioural data results: OCD patients as a group had significantly lower accuracy compared to healthy controls. Poor insight group had significantly decreased accuracy ratio compared to Good insight group and healthy controls. A negative correlation was noted between BABS score and accuracy ratio, indicating that poorer the insight, greater the errors during the active task.

Conclusion Insight has been important prognostic factor in OCD. Poor insight patients had specific deficits in left medial frontal gyrus and right inferior parietal lobule as compared to good insight patients and healthy controls. Together, these indicate that insight has a strong neurobiological underpinning in OCD.

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EW359

Differential effects of coping strategies on autogenous and reactive obsessions

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Introduction Obsessive thoughts can be categorized into two subtypes, autogenous obsessions and reactive obsessions. Although it has been investigated that each subtype associates with different maladaptive coping strategies, no studies have yet empirically compared the effectiveness of adaptive coping strategies on autogenous and reactive obsessions.

Objectives It is hypothesized that acceptance, which is a core therapeutic principle of acceptance-based cognitive therapy (ACT), is more effective on autogenous obsessions, whereas response suppression as a principle of exposure and response prevention (ERP) has a stronger effect on reactive obsessions.

Aims To compare the effectiveness of two coping strategies (acceptance and response suppression) on autogenous and reactive obsessions.

Methods A total of 164 undergraduate students completed questionnaires for obsessional thoughts and coping strategies. According to the most distressing thought, sixty subjects ($n=30$ with autogenous obsession, $n=30$ with reactive obsession) were randomly assigned to two groups differing in treatment conditions. Individual psychoeducation and practice were performed for four different groups (2 obsessional subtypes \times 2 coping strategies).

Results Repeated measure ANOVA demonstrated that the autogenous obsessional group showed greater distress reduction after acceptance treatment than response suppression treatment, although its effect was not statistically significant. However, the reactive obsessional group did not show the interaction effect between distress reduction and the two coping strategies.

Conclusions The results suggest that coping strategies have differential effects on distress reduction of obsessional subtypes. Different therapeutic approaches may need to be offered to individuals with autogenous and reactive obsessions.

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EW360

Adjuvant treatment of resistant obsessive-compulsive disorder with memantine: A case report

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Introduction OCD could be a very disabling condition, implying severe impairment of social and occupational functioning and decreased quality of life. OCD is treated with a combination of psychopharmacological treatments and cognitive-behavioural therapy. Clomipramine was the first anti-obsessive drug, and was followed by selective serotonin re-uptake inhibitors (SSRIs), both modulating serotonergic transmission. Low dose atypical anti-psychotic are sometimes used to potentiate serotonergic agents. Growing evidence based on animal models and on neuroimaging shows that glutamatergic transmission could play an important role in the aetiology of OCD. Therefore, glutamate modulators such as N-methyl-D-aspartate (NMDA) receptor antagonists became the focus of the search of novel treatments for OCD. One of this drugs, memantine, already approved for Alzheimer disease treatment, was used off-label the first time ten years ago in resistant case of OCD with positive results. Besides some further successful case reports, there are a single-blind case control study and a couple of randomized, double-blind, placebo-controlled trials showing improvement of OCD symptoms with memantine adjuvant pharmacotherapy.

Objectives and aims To describe a case report of off-label treatment of a severe resistant case of OCD with memantine, after 15 weeks of treatment.

Methods Literature review and case description. Before beginning treatment with memantine, the patient made a psychological assessment (baseline) with a battery of tests (MINI Plus, Y-BOCS,