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 ($\beta = 0.37$, $t = 2.48$, $r2 = 0.14$, $P < 0.05$). 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

(BAI), Beck Depression Inventory (BDI), dissociative experiences scale, 20-item Somatoform dissociation questionnaire and sheehan disability scale before treatment, and with subjective Y-BOCS, objective and subjective CGI, BAI and BDI at the end of treatment. Patients were treated with antidepressants and daily intensive group CBT for six weeks.

Results During 6-week intensive CBT program in combination with pharmacotherapy, there was significant improvement in patients suffering from OCD resistant to drug treatment. There were statistically significantly decreased scores of scales assessing severity of OCD symptoms, anxiety, and depressive feelings. A lower treatment effect was achieved specifically in patients who (a) showed fewer OCD themes in symptomatology, (b) showed higher level of somatoform dissociation, (c) had poor insight and (d) had a higher initial level of overall severity of the disorder. Remission of the disorder was more likely in patients who (a) had good insight, (b) had a lower initial level of anxiety and (c) had no comorbid depressive disorder.

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EV0737

Application of cognitive-behavioral therapy in a case of obsessive-compulsive disorder

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We present the case report of a 46-year-old woman who experienced obsessive-compulsive symptoms for over twenty years, with multiple relapses, severe depressive symptoms and many hospitalizations in the psychiatric Inpatient Unit. Treatment with different SSRIs, tricyclic antidepressants, atypical antipsychotics and even electroconvulsive therapy were administered with poor results.

After her last hospitalization a Cognitive-Behavioral Therapy, including exposure and response prevention and cognitive therapy, is initiated combined with medication, improving depressive symptoms, the ritual behaviors and levels of anxiety.

Modern treatments for Obsessive-Compulsive Disorder (OCD) have radically changed how the disorder is viewed. While in the past OCD was regarded as chronic and untreatable, a diagnosis of OCD may now be regarded with hope. Cognitive and behavior therapy and antidepressant medications are currently used to treat the disorder. They can be used to control the symptoms and enable people with OCD to restore normal function in their lives.

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EV0738

Misophonia: Case report

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Introduction Misophonia refers to a condition in which there is a strong aversion to certain sounds, in response to it the person reports unpleasant emotional experiences and autonomic arousal.

Objectives To present the case of misophonia carrier and discuss diagnostic features.

Methodology Case report and literature review.

Results Female, 32 years old, married, two children. In anamnesis reported obsessional symptoms (Check doors and windows, concerned with order and symmetry of objects; read all that lies ahead, pull the hand two or three times on mobile) since adolescence. Also reported triggering situations of anger: intolerance to some noises and sounds, like chewing third, mobile keyboard, click the "mouse" computer, printer and rub hands. In the presence of these noises, she tries to move away, and already tried to attack physically relatives and insulting co-workers. She was treated with escitalopram and re-evaluation after thirty days, reported partial relief misophonia and reduction of obsessional symptoms.

Conclusion The condition was first described in the early 2000s by two audiologists, and has become the focus of interest in the field of psychiatry. Some reports suggest that misophonic symptoms may be part of other conditions such as Tourette's syndrome, obsessive compulsive disorder and generalized anxiety disorder. Specifically, the characteristics shared between misophonia and OCD, as the relief of discomfort associated with avoidance behaviour suggest that the condition is part of the obsessive-compulsive spectrum, which seems to happen with the case described above.

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