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**Introduction:** Obsessive Compulsive Disorder (OCD) and Tic Disorder (TD) are two highly disabling, comorbid and difficult-to-treat conditions. DSM-5 acknowledged a new “tic-related” specifier for OCD, i.e., Obsessive-Compulsive Tic-related Disorder (OCTD), which may show poor treatment response.

**Objectives:** The aim of the present study was to evaluate rates and clinical correlates of response, remission and resistance to treatment in a large multicentre sample of OCD patients with versus without tics.

**Methods:** 398 patients with a DSM-5 diagnosis of OCD with and without comorbid TD was assessed from ten psychiatric departments across Italy. Treatment response profiles in the whole sample were analysed comparing the rates of response, remission and treatment-resistance as well as related clinical features. Multivariate logistic regressions were performed to highlight possible treatment response related factors.

**Results:** Later ages of onset of TD and OCD were found in the remission group. Moreover, significantly higher rates of psychiatric comorbidities, TD, and lifetime suicidal ideation and attempts were associated to the treatment-resistant group, with larger degrees of perceived worsened quality of life and family involvement.

**Conclusions:** While remission was related to later ages of OCD and TD onset, specific clinical factors, such as early onset and presence of psychiatric comorbidities and concomitant TD, predicted a worse treatment response, with a significant impairment in quality of life for both patients and their caregivers. These findings suggest a worse profile of treatment response for patients with OCTD.

**Disclosure:** No significant relationships.

**Keywords:** psychopharmacology; obsessive compulsive disorder; tic disorder; Treatment Resistance

## EPV0908

### Use of aripiprazole in an obsessive compulsive disorder case with associated motor tics

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**Introduction:** Obsessive compulsive disorder (OCD) is a pathology represented by thoughts, images, impulses or feelings that generate great anxiety and discomfort, as well as the development of compulsive acts and rituals that cause great dysfunction.

The comorbidity of different psychiatric disorders with OCD is known, such as impulse control disorder and tic disorder.

**Objectives:** The objective of this study is to describe the clinical characteristics, comorbidities and the treatment used in a patient with an OCD diagnosis and motor tics.

**Methods:** Description of a clinical case of motor tics associated with OCD in an adult patient.

**Results:** A 29-year-old man begins mental health follow-up for presenting, as a result of a choking episode, obsessive thoughts with significant emotional and behavioral repercussions, to the point of restricting his diet and losing several kilos of weight. He also manifested checks and rituals in order to avoid possible choking. Treatment with sertraline and clonazepam was started, without evidence of improvement in symptoms. Months later, buccolingual and guttural tics, difficult to control by the patient and which caused bite lesions in the mouth and tongue, were added to the described clinic. Oral aripiprazole was associated to the treatment and then prolonged-release intramuscular administration was used, achieving improvement in obsessive symptoms and motor tics.

**Conclusions:** The usefulness of adjuvant treatment with atypical antipsychotics has been demonstrated in adults with OCD who present an insufficient response to an SSRI. Injectable prolonged-release antipsychotics can help improve long-term prognosis by ensuring adherence.

**Disclosure:** No significant relationships.

**Keywords:** obsessive compulsive disorder; tic disorder; Aripiprazole

## EPV0909

### Herpes Simplex-1 and Toxoplasma gondii in Obsessive-Compulsive Disorder: clinical and brain imaging correlates

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**Introduction:** Obsessive-compulsive disorder (OCD) is a chronic, prevalent, and highly impairing psychiatric illness. While its aetiology remains unknown, several infectious agents have been associated to obsessive-compulsive symptoms, including herpes simplex virus 1 (HSV-1) and *Toxoplasma gondii*.

**Objectives:** To evaluate the serostatus for HSV-1 and *Toxoplasma gondii* in sample of patients with OCD, as well as its clinical and brain imaging correlates.

**Methods:** Twenty-six patients with OCD and 30 healthy controls recruited in Lisbon were assessed for sociodemographic and clinical characteristics using the Yale-Brown Obsessive-Compulsive Scale-II (YBOCS-II) and the Beck Depression Inventory-II (BDI-II). Seropositivity for HSV-1 and *Toxoplasma gondii* was assessed in serum using ELISA, and volumes of cortical and subcortical structures were assessed using T1-weighted magnetic resonance imaging.

**Results:** YBOCS-II and BDI-II scores were significantly higher in patients, while age, sex, smoking status, and seropositivity for

HSV-1 and *Toxoplasma gondii* were similar between the two groups. Among OCD patients, those seropositive for HSV-1 had significantly lower volumes of total white-matter, total grey-matter, left and right putamen, while for HSV-1 seropositive healthy controls, only the last two were significantly smaller. In multiple regression analyses to control for age, associations between HSV-1 and brain volumes were conserved, while the effect of age was not significant. No significant differences were found in brain volumes of patients with OCD according to seropositivity for *Toxoplasma gondii*.

**Conclusions:** Our preliminary results suggest that in patients with OCD, seropositivity to HSV-1 is associated with smaller volumes of total white- and grey-matter in the brain.

**Disclosure:** No significant relationships.

**Keywords:** obsessive-compulsive disorder; herpes simplex 1; toxoplasma gondii; brain imaging

## EPV0912

### Catatonia in Obsessive-Compulsive Disorder: A case study and literature review

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**Introduction:** There are extremely few reported cases of OCD causing catatonia and some of those cases are possibly associated with the somewhat contentious diagnosis of Pediatric Autoimmune Neuropsychiatric Disorder Associated with Streptococcus. As there is a symptom overlap between OCD and catatonia some cases of catatonia are possibly being missed, warranting discussion regarding differential diagnosis, symptomatology, and treatment of catatonia and OCD.

**Objectives:** We describe a case of a 18-year-old patient who developed severe catatonia secondary to OCD, possibly related to PANDAS/PANS. We discuss the complex work-up, differential diagnosis, and treatment of this patient.

**Methods:** Discussion of a single case and a review of catatonia literature as it relates to OCD and autoimmune disorders.

**Results:** Our patient was an 18-year-old Ukrainian male who presented with sub-acute onset of decreased movement, decreased oral intake, and inability to speak. He was diagnosed with catatonia of an unclear etiology and treated with high-dose lorazepam at an outside hospital then transferred to our care. Presenting symptoms were then clarified and found to be consistent with OCD, upon which OCD treatment was initiated. The patient's sub-acute and severe onset of OCD raised the question of a PANDAS/PANS diagnosis, which was further investigated. Ultimately, his symptoms improved with ongoing lorazepam and he was transferred to another hospital for ECT treatment.

**Conclusions:** OCD has been observed to cause catatonia in extremely rare cases. Diagnosing catatonia associated with OCD is challenging and important as catatonia is associated with significant morbidity and mortality if left untreated. Our patient improved with concurrent treatment of catatonia and OCD.

**Disclosure:** No significant relationships.

**Keywords:** Catatonia; OCD; autoimmune

## EPV0913

### Assessment of obsessive and compulsive symptoms in patients with schizophrenia

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**Introduction:** Obsessive-Compulsive Symptoms (OCS) are common in patients with schizophrenia, with a prevalence of 3.5% to 25%.

**Objectives:** The aim of our study was to assess the frequency of OCS in patients with schizophrenia, and to study the clinical and evolutionary characteristics of schizophrenia and OCS comorbidity.

**Methods:** We conducted a cross-sectional, descriptive, and analytical study. Thirty schizophrenic patients were recruited in the department of psychiatry B of Hedi Chaker university hospital of Sfax. We used the Yale-Brown Obsession-Compulsion Scale (Y-BOCS) to assess obsessive and compulsive symptoms, at the end of hospitalization, after clinical remission of schizophrenic symptoms.

**Results:** The mean age of patients was 41.2, that of disease onset was 27.3. Most of patients were male (86.7%) and unemployed (81.3%). A personal history of suicide attempts was found in 16.6% of patients. The average number of hospitalizations was 8.83. OCS were noted in 36% of patients with a Y-BOCS mean score of 5.5. Patients with OCS had significantly more frequent alcohol use ( $p = 0,008$ ), a higher number ( $p = 0,03$ ) and longer duration of hospitalizations ( $P = 0,034$ ) and are more frequently treated with atypical antipsychotics ( $p = 0,001$ ).

**Conclusions:** Our results show that patients with schizophrenia frequently present OCS. This comorbidity has a negative impact on the evolution and the prognosis of the disease, as well as the functioning of patients. Therefore, it should be investigated in order to ensure better care and promote the socio-professional reintegration of these patients.

**Disclosure:** No significant relationships.

**Keywords:** Obsessive Compulsive Symptoms; Treatment; schizophrénia; comorbidity

## EPV0914

### The Role of N-Acetylcysteine in Obsessive-Compulsive (OCD) and Related Disorders

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**Introduction:** N-acetylcysteine is known for its uses in non-psychiatric conditions, such as paracetamol overdose and as a mucolytic. The rationale for its administration in psychiatric conditions is based on its ability reducing synaptic glutamate release, which was found to be increased in the cerebrospinal fluid of OCD patients.