EPP0196

An analysis of the prevalence and impact of obsessive-compulsive personality disorder on the course of obsessive-compulsive disorder

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Introduction: Obsessive-compulsive disorder (OCD) is a disorder diagnosed on the basis of the presence of obsessions (persistently recurring, intrusive thoughts, images, impulses) and compulsions (compulsive and transiently satisfying actions performed in response to obsessions). A separate clinical phenomenon in the broadly understood anankastic spectrum is obsessive-compulsive disorder (OCPD). OCPD is characterized by scrupulousness, over-normative morality, perfectionism and an inability to make concessions in terms of cooperation. It is assumed that the incidence of OCPD in the course of OCD is 25-32% and it is a report with an unfavorable course and a more difficult therapeutic prognosis. It also means an early onset of OCD with a greater intensity of compulsions and a predominance of symptoms related to the sphere of purity, symmetry and gathering.
Objectives: The main aims of the study were as follows:
1. To assess the prevalence of OCPD in OCD patients.
2. To compare both groups of patients for the severity, level of insight, aggression, impulsiveness and affective symptoms.
3. To verify whether the presence of OCPD depend on factors such as age, gender, treatment duration and delay in starting treatment.
Methods: The study was conducted in a group of 78 patients diagnosed with and treated for OCD. The patients were divided into two groups: patients with OCD and OCPD (group 1, n=43) and patients with OCD without OCPD (group 2, n=35). The groups were subsequently compared for the severity of anankastic symptoms, the level of insight, aggression, impulsiveness and its components and affective symptoms (depression, mania). The following tools were used for the diagnosis: Yale-Brown Obsessive Compulsive Scale (Y-BOCS), Hamilton Depression-Rating Scale (HDRS), Young Mania Rating Scale (YMRS), Buss-Perry Aggression Questionnaire (BPAQ), Barratt Impulsiveness Scale (BIS-11), Brown Assessment of Beliefs Scale (BABS) and DSM 5 criteria for OCPD.
Results: Our results confirmed that OCPD is common in OCD and occurred in 55,12% of patients with OCD (n=43; m=21; f=22). The study shows that the presence of OCPD in the course of OCD negatively affects the severity of obsessive-compulsive symptoms, the level of insight, the level of aggression and impulsiveness, and affective disorders. Patients with OCPD obtained higher scores on the YBOCS, BABS, HDRS, and YMRS scales compared to patients with OCD without OCPD. The occurrence of OCPD in the study group did not depend on gender, duration of OCD treatment, or delay in starting it.
Conclusions: The occurrence of OCPD is common in OCD and can cause delay of treatment, worse course, greater intensity of egosyntonic symptoms, and thus worse insight. The presence of OCPD can lead to more hostility and more affective disorders. Screening for OCPD in patients with OCD should be an integral part of an OCD diagnostic process.

Disclosure of Interest: None Declared

EPP0197

How do emotion regulation strategies influence the way personality affects obsessive-compulsive symptoms?

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Introduction: Obsessive-Compulsive Disorder (OCD) is a chronic disabling condition, with considerable lifetime prevalence. There are interindividual differences regarding personality dimensions and how they affect obsessive- compulsive (OC) symptomatology. Furthermore, there is a connection between OC symptoms and the use of maladaptive emotion regulation strategies (expressive suppression) instead of using more cognitive reappraisal.
Objectives: Explore the relationship between personality, emotion regulation strategies and OC symptoms by testing a path analytic model in a sample of healthy participants and in a sample of OCD patients.
Methods: Two samples of participants were utilized. Sample 1 consists of 787 healthy participants from the general Portuguese population. Sample 2 is composed of 33 OCD patients and 32 Healthy Controls (HC). Participants completed different scales: Emotion Regulation Questionnaire (ERQ), Neuroticism-Extraversion-Openness Five-Factor Inventory (NEO-FFI) and Obsessive-Compulsive Inventory-Revised (OCI-R), through online surveys (sample 1) or a clinical interview (sample 2). These questionnaires were then analyzed with a path-analytic approach.
Results: In sample 2, we found significant differences between OCD patients and HC in every OCI-R subscale, except Hoarding and Neutralizing. In the NEO-FFI, OCD patients scored higher on Neuroticism and lower on Extraversion. No significant differences were found regarding the ERQ. Relatively to sample 1: path analysis results showed that 13,4% of the variance of OC symptoms was explained by the best-fitting model. Only Neuroticism and Extraversion were directly associated with higher OCI-R Total scores, whereas Agreeableness predicted less OC symptoms. The use of Expressive Suppression was associated with more OC symptomology, but no significant connection was found with Cognitive Reappraisal. Regarding sample 2, no model was found, showing no modifying effect of emotion regulation strategies on OC Symptoms.
Conclusions: There is a deep-rooted interconnection between personality and emotion regulation regarding OC symptomatology in a sample of healthy participants but no effect of emotion regulation was seen regarding OCD patients.

To sum up, promising results were obtained and it could be an important field for the OCD in terms of diagnostic, severity and treatment.

Disclosure of Interest: None Declared

EPP0198

Infections and obsessive-compulsive disorder - results from a systematic review and meta-analysis

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Introduction: Obsessive-compulsive disorder (OCD) is a psychiatric disorder affecting 1.3% of the population worldwide where both genetic and environmental factors, such as perinatal events and neuroinflammation, are thought to contribute to the etiology of the disorder. In the past, the description of clinical entities such as Pediatric Autoimmune Neuropsychiatric Disorder Associated with Streptococcal Infections (PANDAS), in which an acute neuropsychiatric syndrome with prominent obsessive-compulsive features emerges in children infected with *group-A beta-hemolytic streptococcus* (GABHS), sparked the hypothesis that infections may be a risk-modifying factor for the development of OCD. Along with streptococcal infections, other pathogens such as *Toxoplasma gondii* have been implicated in the pathophysiological models of the disorder, although causal associations have not been established for any of beforementioned pathogens.
Objectives: To perform a systematic review and meta-analysis about the presence of biological evidence of infection in patients diagnosed with OCD.
Methods: We conducted a systematic review and a meta-analysis (PROSPERO registration CRD42021223415) by performing a standardized electronic database search in MEDLINE/PubMed, Web of Science, Embase and Scopus. Search was conducted on 17/10/2022. Eligible papers included case-control and cohort studies using a comparator group, that tested for specific biomarkers providing evidence of infection in patients diagnosed with OCD; exclusion criteria included studies without quantitative or qualitative measures of infection, case reports, systematic or scope reviews, and animal studies. Selection process was conducted according to PRISMA 2020 statement guidelines. Study quality was assessed through Newcastle-Ottawa Quality Assessment Scale.
Results: We identified 8911 records through the search after duplicate removal. A total of 22 studies met inclusion criteria after selection process, and 15 were eligible for meta-analysis. Most evidence concerned *Toxoplasma gondii* (10 studies), and patients with OCD appear to have higher odds of being infected compared to controls, with a meta-analytic odds ratio of 2.39 (95% IC 1.60-3.58), when comparing 467 patients with 5411 controls. However, most studies were methodologically heterogeneous, which compromises the interpretation of meta-analytic results. Information regarding other agents, including GABHS, *Borna disease virus* and *Toxocara canis* was gathered but due to an insufficient number of papers it was not possible to perform a meta-analysis for each of them.
Conclusions: Our work suggests that albeit exhaustively reported in the literature, there is no strong evidence of the over-representation of biomarkers of infection in patients with OCD compared to control volunteers. Methodologically robust studies are needed to further test this hypothesis.

Disclosure of Interest: None Declared

EPP0199

fMRI neurofeedback leads to long-term symptomatic reduction in treatment-resistant patients with obsessive-compulsive disorder

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Introduction: Obsessive-compulsive disorder (OCD) is a severe condition with a profound impact on the health, social and professional functioning of the patients. More than one third of the patients do not achieve remission of the symptoms after first-line treatment with cognitive-behavioral therapy and selective serotonin reuptake inhibitor medication. Neurofeedback is a promising technique that allows the non-invasive self-regulation of neural activity associated with symptomatic manifestation. Previous literature reported preliminary evidence of positive effects of functional magnetic resonance imaging (fMRI) neurofeedback on OCD symptoms. However, these studies have small samples and/or were not controlled. Additionally, these studies did not involve treatment-resistant patients.
Objectives: We aim at developing a fMRI neurofeedback task to treatment-resistant OCD patients and to explore the underlying brain changes.
Methods: We implemented a sham-controlled double-blinded fMRI neurofeedback protocol to target hyperactivity in orbitofrontal regions in treatment-resistant OCD patients with contamination/cleaning symptoms. The protocol had two sessions of neurofeedback (72 min of total training). The patients included were under treatment-as-usual.
Results: Our preliminary results with the experimental group (n = 10 patients) demonstrated decreased OCD and stress symptoms three months after the neurofeedback sessions. Moreover, immediately after the neurofeedback sessions, we observed reduced functional connectivity between orbitofrontal and temporoparietal regions, and increased brain activity in dorsolateral prefrontal and premotor areas during symptomatic provocation. The brain functional changes might be associated with a better control over obsessions.