

genu valgum, and 29.3% had genu varum). Radiological assessment showed that most of our patients were at Kellgren-Lawrence (KL) stage 3 (50%). All patients received analgesics, with 92.7% receiving NSAIDs, 67.1% local corticosteroid infiltrations, and 18.3% hyaluronic acid injections. The mean visual analog scale (VAS) score was 6.9 out of 10 [1-10]. The mean anxiety score was 7.5 [4-16], with 25.4% of patients exhibiting no anxiety symptoms (score ≤ 7), 40.3% displaying doubtful anxiety symptomatology (score between 8 and 10), and 34.3% having certain anxiety symptomatology (score ≥ 11). The mean depression score was 9.6 ± 4 [0-19]. 40% of patients had no depressive symptoms (score ≤ 7), 53.3% had doubtful depressive symptoms (score between 8 and 10), and 6.7% had certain depressive symptoms (score ≥ 11). The statistical analysis revealed a significant association between anxiety scores and KL stage, but no association with age, sex, mobility limitation, or VAS. Regarding depression, there was no significant association with epidemiological, clinical, or radiological parameters of knee osteoarthritis.

Conclusions: Although knee osteoarthritis may appear to be a benign pathology, its impact can be severe, including depression and anxiety. These mood disorders are primarily influenced by the disease stage. Therefore, psychological care is sometimes necessary in the management of these chronic degenerative diseases.

Disclosure of Interest: None Declared

Obsessive-Compulsive Disorder

EPP0630

Obsessive-compulsive symptoms in professional tennis players

R. Gurrieri^{1*}, A. Arone², E. Parra², S. Palermo², D. Marazziti^{2,3} and A. Gemignani¹

¹Department of Surgical- Medical and Molecular Pathology and Critical Care Medicine; ²Department of Clinical and Experimental Medicine, University of Pisa, Pisa and ³Saint Camillus International University of Health and Medical Sciences, Unicamillus, Roma, Italy
*Corresponding author.
doi: 10.1192/j.eurpsy.2024.732

Introduction: Engaging in moderate physical activity holds a vital role in our daily lives, serving as both a means of social recreation and a fundamental contributor to physical and mental wellbeing. It is also worth noting that such activity can potentially produce mood-enhancing effects by promoting neurogenesis and neuronal adaptability. Intriguingly, certain individual psychological traits such as rituals, compulsions, obsessional thinking, and superstitious beliefs, as well as inflexibility in daily routines, appear to serve a purpose in competitive athletic endeavors.

Objectives: The aim of our study was to investigate the possible presence of obsessive-compulsive symptoms or disorders, as well as of superstitions or magical thinking, in a group of professional tennis players, by means of standardized assessment scales, as compared with healthy subjects who did not professionally perform any kind of sport activity.

Methods: Twenty-five current or former professional tennis were recruited within the Italian Tennis Federation during an

international competition and during a master meeting of coaches. All of them underwent a psychiatric interview with a structured scale and a psychopathological assessment carried out with the Mini-International Neuropsychiatric Interview (MINI) and the Yale-Brown Obsessive-Compulsive Scale (Y-BOCS). Data were analyzed and compared. analysis was performed by means of contingency tables, χ^2 tests, group statistics, paired, independent and Mann Whitney's tests.

Results: The Y-BOCS total score was significantly higher in both current and retired athletes than control subjects (5.96 ± 5.76 versus 1.24 ± 2.65 , $p = 0.001$, $t = 3.72$). Current athletes showed more frequently current aggressive obsessions ($\chi^2 = 0.041$, $r = 5.24$) and current miscellaneous compulsions ($\chi^2 = 0.030$, $r = 5.94$) than past athletes. The Y-BOCS ($t = 3.4$, $p = 0.002$) obsessions ($t = 3.48$, $p = 0.002$), and compulsions subscale ($t = 3.11$, $p = 0.005$) scores were higher in current players than in the other group.

Conclusions: Our results support the hypothesis that high-level competitive sports activities, which suppose compliance with strict daily routines and extensive training, could constitute a risk factor for the onset of full-blown obsessive-compulsive disorder in more vulnerable subjects. Similarly, there is a growing demand for sport psychological support experts in order to prevent high stress in training and competitions.

Disclosure of Interest: None Declared

EPP0631

Does duration of untreated illness impact long-term outcome in obsessive-compulsive disorder?

S. Cipolla^{1*}, P. Catapano¹, S. Pascolo¹, M. Luciano¹, G. Sampogna¹, F. Perris¹, V. Giallonardo¹, V. Del Vecchio¹, M. Fabrazzo¹, A. Fiorillo¹ and F. Catapano¹

¹Psychiatry, University of Campania "L. Vanvitelli", Naples, Italy

*Corresponding author.

doi: 10.1192/j.eurpsy.2024.733

Introduction: The time period between the onset of a mental disorder and its first adequate treatment (duration of untreated illness - DUI) influence long-term prognosis and outcome in patients with severe mental disorders. The relationship between DUI and outcome was originally found in people affected by schizophrenia spectrum disorders, however in patients with Obsessive-Compulsive Disorder (OCD) DUI is significantly longer compared with that of patients with other severe mental disorders, such as schizophrenia and bipolar disorder.

Objectives: Aims of the present study is to assess the impact of DUI on long-term outcomes in OCD patients across published studies.

Methods: A systematic review was carried out by selecting relevant articles on the topic present in three common on-line databases, such as PubMed, APA PsycInfo, and Scopus, up to June 2023.

Results: Among included studies, DUI ranged from 7.0 ± 8.5 to 20.9 ± 11.2 years. Patients reporting a longer DUI have a poor long-term outcome, in terms of greater symptom severity and lower level of treatment response, whether pharmacological treatment or psychotherapy or a combination of these two. This is particularly true

when the onset of the disease is insidious and subthreshold. However, there are severe early-onset forms of OCD in which the request for help is anticipated due to the severity of the symptoms, the DUI is shorter, but the prognosis is still negative.

Conclusions: The present review confirms that longer DUI has a negative impact on the long-term outcome of patients with OCD. Furthermore, it is reasonable to hypothesize that cultural factors, such as the perception of the disease and the ability to access treatment, may result in a prolongation of the DUI. All these elements cannot be evaluated in our review due to the paucity of studies on the topic. Future studies could be useful to better understand the causes of a longer DUI, to guide and to promote the dissemination of early interventions with a specific focus on OCD symptoms.

Disclosure of Interest: None Declared

EPP0632

Habit Learning in OCD: Preliminary Data from a Spanish Sample

M. Prime Tous^{1*}, C. Lopez Solà², L. Hermida² and M. A. Fullana²

¹Child and Adolescent Psychiatry and Psychology Department, Institute of Neurosciences and ²Adult Psychiatry and Psychology Department, Institute of Neurosciences, Hospital Clínic, Barcelona, Spain

*Corresponding author.

doi: 10.1192/j.eurpsy.2024.734

Introduction: Instrumental learning involves goal-directed and habitual systems. The Slips-of-Action Task (SOAT) is extensively used to measure habit tendencies and the likelihood of making erroneous responses for devalued outcomes. The SOAT provides a Devaluation Sensitivity Index (DSI), a measure of the balance between relative goal-directed and habitual learning. Individuals with Obsessive-Compulsive Disorder (OCD) often engage in repetitive actions, suggesting a potential deficit in goal-directed control and an increased reliance on habitual learning. Previous literature has shown that medicated OCD adults performed worse on the SOAT task than healthy controls.

Objectives: To compare habit learning performance in an unmedicated sample:

- **Goal 1:** Between OCD and Healthy Controls (HC)
- **Goal 2:** Across four groups: adult OCD, adult HC, children OCD, and children HC

Methods: Participants: Eighty-three participants (44 OCD patients and 38 healthy controls) completed the study with usable task data. The 44 OCD patients comprised 17 adults (mean age: 26.76 years, SD: 8.61 years) and 27 children/adolescents (mean age: 12.84 years, SD: 2.59 years). The 38 healthy controls included 17 adults (mean age: 30 years, SD: 7.49 years) and 21 children/adolescents (mean age: 14.1 years, SD: 2.19 years). All participants were unmedicated. **Measures:** Participants completed an adapted version of the “Fabulous Fruit Game”, which included an instrumental training phase to learn Stimulus-Response-Outcomes (S-R-O) associations and a SOAT

to assess the strength of learned S-R-O associations. DSI was calculated by subtracting the percentage of responses made toward devalued outcomes from the percentage of responses made toward still valuable outcomes. **Behavioral Analyses:** Student’s t-test comparing individuals with OCD to HC and a ONEWAY ANOVA to examine group differences across multiple categories.

Results: Goal 1: DSI comparison between individuals with OCD and HC revealed a significant difference, with HC demonstrating superior performance ($t(60.9) = 2.60, p = .012, \text{Cohen's } d = .546$).

Goal 2: The overall DSI comparison across adult OCD, adult HC, children OCD, and children HC showed a non-significant difference ($F(3) = 3.407, p = 0.22$). However, post hoc analysis revealed significant differences between Adult HC and Youth OCD (I-J Scheffe = 28.82, $p = .033$), indicating superior performance in adult HC.

Conclusions: This study highlights altered Habit Learning in unmedicated OCD individuals, supported by significant DSI differences compared to HC. Age-related distinctions were observed, emphasizing the need for age-sensitive interventions in understanding and addressing habit-related challenges in OCD.

Disclosure of Interest: None Declared

EPP0633

Acute obsessive symptoms: case report of a PANDAS-like syndrome in an adult patient.

Á. de Vicente Blanco^{1*}, B. Orgaz Álvarez¹, P. Ibáñez Mendoza¹ and M. Velasco Santos¹

¹Hospital Universitario La Paz, Madrid, Spain

*Corresponding author.

doi: 10.1192/j.eurpsy.2024.735

Introduction: Neuropsychiatric disorders can develop following a group A β -hemolytic streptococcal infection, through autoimmune inflammation of the nervous system. Sydenham’s chorea and PANDAS (Pediatric Autoimmune Neuropsychiatric Disorders Associated with Streptococcal Infection) are the two most well-known syndromes, primarily affecting children but rarely observed in adults.

Objectives: Our aims are to contribute to the scientific understanding of adult PANDAS-like syndrome and provide a comprehensive literature review on the subject.

Methods: Case report using clinical records and a non-systematic literature review.

Results: A 24-year-old female presented to the emergency department with profound emotional distress triggered by intrusive thoughts of existential dread, accompanied by compulsive praying. She reported that these symptoms had commenced five days earlier. Two days prior to the onset of her obsessions, she had experienced a high fever, odynophagia, cough, and chills and received an empirical diagnosis of tonsillitis following a physical examination. She was prescribed antibiotics with good response. She revealed that she had experienced two prior episodes of similar anxiety and obsessions when she was approximately seven years old.