

EPV0655

Ketamine in the treatment of obsessive-compulsive disorder – a case report and literature review

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Introduction: Obsessive-compulsive disorder (OCD) is a chronic condition characterized by time-consuming and distressing obsessions and/or compulsions, often accompanied by avoidance behaviours. It is a highly prevalent and incident disorder that results in considerable disability and quality of life reduction.

Current pharmacological treatments are hindered by their delayed onset and the limited evidence on how to approach first and second line treatment-resistant patients.

Recent research showcased the involvement of glutamatergic pathways in the pathophysiology of OCD prompting research into the potential therapeutic use of ketamine, which binds to the N-methyl-D-aspartic acid receptor and acts as a non-competitive antagonist of glutamate.

Objectives: The aim of this study is to conduct a literature review on the use of ketamine and its enantiomers as a treatment for OCD and report a clinical case involving an OCD patient who experienced significant improvement following ketamine use.

Methods: A search was performed on PubMed using a combination of keywords and Medical Subject Headings terms, including “Ketamine”, “Esketamine” and “Obsessive-Compulsive Disorder”. Only studies that involved patients with OCD aged ≥ 18 years who had received ketamine or its enantiomers as an intervention and that reported treatment response using a validated scale were included.

Results: Nine studies were included, 4 case reports, 3 open-label trials and 2 randomized controlled trials, totalling 71 patients. Ketamine was administered intravenously in 7 studies and intranasally in the remaining 2. The results were heterogeneous, with some studies reporting no effect on obsessive-compulsive (OC) symptoms and others demonstrating significant and rapid improvement, albeit some only transitorily.

We present the case of a 42-year-old man who experienced OC symptoms since the age of 20 but was only formally diagnosed with OCD 3 years ago. During his first consultation, the patient described obsessive thoughts related to contamination and dirtiness, accompanied by handwashing rituals and avoidance behaviours (e.g., avoiding touching handles and switches). His Yale-Brown Obsessive Compulsive Scale (Y-BOCS) score was 29. Escitalopram was initiated with a progressive dose titration, resulting in partial improvement (Y-BOCS 23). In a follow-up appointment, the patient disclosed that he had purchased and self-administered a single intravenous dose of 2g of ketamine 2 months earlier for recreational use. This led to an immediate and significant improvement of his OC symptoms. Subsequent re-evaluation 4 months later confirmed that he remained asymptomatic (Y-BOCS 2).

Conclusions: Ketamine may be a therapeutic alternative for OCD patients who are treatment resistant due to its rapid anti-obsessional effect. Further studies with improved designs and larger sample sizes are warranted to better assess the efficacy of ketamine in OCD treatment.

Disclosure of Interest: None Declared

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Neuropsychological functions as endophenotype markers in ocd: a long term follow-up

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Introduction: Obsessive Compulsive Disorder (OCD) is characterized by impaired neuropsychological functions that are also influenced by clinical variables and aging.

According to the literature, several of these neuropsychological deficits could be potential endophenotype markers.

Objectives: The present study aimed to study what kind of cognitive deficits OCD patients have and how aging and clinical course modify their cognitive profiles compared with general population.

Methods: This study examined a sample of 60 adult outpatients with OCD diagnosis, who were matched with 70 healthy controls (HC). Cognitive performance in both groups was assessed using a neuropsychological battery including Rey-Osterrieth complex Figure (ROCF) and Digit Span Test (DGS). Based on previous research on neuropsychology of OCD, it was specified that these neuropsychological measures could be divided in two composites. The first composite, Executive function, includes Total Digit Span and the domain of organization of ROCF. The second composite, Non-Verbal Memory, includes the copy of ROCF, immediate recall, delayed recall and recognition of ROCF.

Severity of OCD symptoms was assessed by YBOCS and HDRS was used for symptoms of depression.

Both cognitive performance and clinical data were documented before and after a follow-up of 11 years.

During analysis, group differences between patients with OCD and HC regarding demographic and clinical characteristics at baseline and follow-up were calculated with independent t-tests and Pearson tests. The main analysis tested if the change in cognitive function over time differed between patients and controls. To this end, a linear mixed model was used, examining the interaction between age, gender and time in both groups.

Results: Older age, in patients with OCD and HC, was associated with poorer performance on executive function and nonverbal memory. Executive function was influenced by severity of OCD, and non-verbal memory by depressive symptoms at baseline. While, after the follow-up, as obsessive and affective symptoms improve along de follow-up, there is no significant change in the neuropsychological pattern.

At baseline, patients with OCD showed a poorer performance than HC in areas of nonverbal memory and executive function. After de follow-up, there is a poorer performance in the cognitive function in both groups, as they get older. However, there is no significant difference in this change between patients and HC.

Conclusions: Results suggest that OCD is characterized by the existence of dysfunction in several neuropsychological areas that are influenced by time and clinical variables.

Nevertheless, this alteration is no solely attributable to these factors, as they remain stable through time compared to the general population. Therefore, certain neuropsychological functions might be endophenotype traits of the disorder.

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Use of vortioxetine in treating obsessive-compulsive disorder: a case report

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Introduction: Obsessive-compulsive disorder (OCD) is a chronic disorder with a wide range of manifestations but primarily intrusive thoughts (obsessions) and/or ritualized actions (compulsions) that can cause a huge distress in patients' life. First-line treatment for OCD are selective serotonin reuptake inhibitors (SSRIs). Tricyclic antidepressants are used as second-line treatment due to secondary effects. Also antipsychotics such as aripiprazole are approved for treating OCD. Vortioxetine is has 5-HT₃, 5-HT₇ and 5-HT_{1D} antagonists, 5-HT_{1B} partial agonist and a 5-HT_{1A} agonist and serotonin transporter inhibitor property. It is used in major depressive and anxiety disorders. A male 48 years old patient with an OCD diagnosis since he was 21, was referred to psychiatry department. Previously, he had no response with SSRIs at full dosage and clomipramine 75mg was effective. At 46 years old, he had an acute myocardial infarction. He also admitted not taking the medication regularly due to sexual dysfunction and having affective symptoms related to the distress caused by OCD.

Objectives: To evaluate efficacy of vortioxetine in treating OCD in a patient with contraindications for tricyclic antidepressants and no response to SSRIs.

Methods: Clomipramine dose was reduced until discontinuation. After one week without treatment, basal scores for Hamilton Scale and Dimensional Yale-Brown Obsessive-Compulsive Scale (DY-BOCS) were collected. Same data was collected again after 10 weeks treatment.

Results: The dosage of vortioxetine was progressively titrated until 20mg daily in 3 weeks lapse. Diazepam 5mg was added in case of insomnia or anxiety. Aripiprazole 5mg was added in the third week of treatment as adjunctive treatment due to the recurrence of some intrusive thoughts (discontinued by himself because of akathisia). Finally, the patient reported an improvement in affective and OCD symptoms in the sixth week of treatment that was sustained until the tenth week, when data was recollected. The patient did not refer sexual dysfunction.

The pre and post results are summarized in tables 1 and 2. Dimensional Y-BOCS (0-15)

Table 1. Hamilton Depression Rating Scale (0-52)

Basal	Post 10-week treatment
21	4

	Basal	Post 10-week treatment
Aggressive-related obsessions and compulsions	10	2
Religious-related obsessions and compulsions	5	1
Symmetry and order	7	1
Pollution and cleaning	0	0
Collecting and accumulation	2	0
Miscellaneous	10	3

Conclusions: Vortioxetine might be a promising molecule for treating OCD in patients with contraindications for first and second-line treatments.

Disclosure of Interest: None Declared

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Skin picking disorder in the elderly- What is the available evidence?

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Introduction: Excoriation disorder (ExD) is a pathology recognized by DSM-5, and it is considered a part of the obsessive-compulsive spectrum. ExD is associated with a high rate of psychiatric comorbidity (e.g., depression, ADHD, substance use disorders, etc.).

Objectives: The main objective of this review was to explore the available evidence to support the diagnosis and treatment of skin picking in elderly population.

Methods: A literature review of the available sources reporting on ExD in elderly patients, realized by searching three electronic databases (PubMed, Cochrane, Clarivate/Web of Science) but also the grey literature. All papers published between January 1990 and July 2023, including the terms "excoriation disorder", "compulsive skin picking", "dermatillomania" and "elderly" or "old-age patients" were reviewed.

Results: The information about ExD was extracted almost exclusively from reports on elderly patients with neurocognitive disorders. Tactile hallucinations, delusions of contamination, social isolation and focusing on own bodily sensations, and organic causes- dehydration, allergies, renal insufficiency, hepatic and pancreatic diseases, as well as toxic causes- e.g., adverse events of certain drugs should be investigated in elderly patients exhibiting signs of ExD. A differential diagnosis is very important in this population in order to find the most adequate treatment. Behavioral treatments, serotonergic antidepressants, and glutamatergic modulators have been explored in patients with ExD, although specific trials for