

neutral gestures and increased control effort during planning of meaningless gestures in schizophrenia.

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## Obsessive-compulsive disorder

EW357

### Neuroimaging correlates of insight in obsessive compulsive disorder: A fMRI study

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**Aim of the study** To study the neural substrates of insight in OCD by comparing patients with good insight, patients with poor insight and matched healthy controls using functional MRI.

**Methodology** Subjects were recruited from among patients attending OCD clinic, adult psychiatry services and psychiatry ward inpatients of National Institute of Mental Health And Neurosciences (NIMHANS), Bangalore. They were further divided into 'good insight' ( $n=30$ ) and 'poor insight' ( $n=14$ ) using Brown's assessment of belief's scale. Control subjects ( $n=30$ ) were recruited from consenting volunteers. 3 T MRI was used, mental rotation task was paradigm used for fMRI and analysis was done by SPM 8.

**Results** Poor insight patients and Good insight patients comparison revealed differential activation in Left superior/Medial frontal gyrus (corresponding to the DLPFC). A negative correlation between BABS score and activation of right inferior parietal lobule. Mental Rotation task behavioural data results: OCD patients as a group had significantly lower accuracy compared to healthy controls. Poor insight group had significantly decreased accuracy ratio compared to Good insight group and healthy controls. A negative correlation was noted between BABS score and accuracy ratio, indicating that poorer the insight, greater the errors during the active task.

**Conclusion** Insight has been important prognostic factor in OCD. Poor insight patients had specific deficits in left medial frontal gyrus and right inferior parietal lobule as compared to good insight patients and healthy controls. Together, these indicate that insight has a strong neurobiological underpinning in OCD.

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EW359

### Differential effects of coping strategies on autogenous and reactive obsessions

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**Introduction** Obsessive thoughts can be categorized into two subtypes, autogenous obsessions and reactive obsessions. Although it has been investigated that each subtype associates with different maladaptive coping strategies, no studies have yet empirically compared the effectiveness of adaptive coping strategies on autogenous and reactive obsessions.

**Objectives** It is hypothesized that acceptance, which is a core therapeutic principle of acceptance-based cognitive therapy (ACT), is more effective on autogenous obsessions, whereas response suppression as a principle of exposure and response prevention (ERP) has a stronger effect on reactive obsessions.

**Aims** To compare the effectiveness of two coping strategies (acceptance and response suppression) on autogenous and reactive obsessions.

**Methods** A total of 164 undergraduate students completed questionnaires for obsessional thoughts and coping strategies. According to the most distressing thought, sixty subjects ( $n=30$  with autogenous obsession,  $n=30$  with reactive obsession) were randomly assigned to two groups differing in treatment conditions. Individual psychoeducation and practice were performed for four different groups (2 obsessional subtypes  $\times$  2 coping strategies).

**Results** Repeated measure ANOVA demonstrated that the autogenous obsessional group showed greater distress reduction after acceptance treatment than response suppression treatment, although its effect was not statistically significant. However, the reactive obsessional group did not show the interaction effect between distress reduction and the two coping strategies.

**Conclusions** The results suggest that coping strategies have differential effects on distress reduction of obsessional subtypes. Different therapeutic approaches may need to be offered to individuals with autogenous and reactive obsessions.

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EW360

### Adjuvant treatment of resistant obsessive-compulsive disorder with memantine: A case report

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**Introduction** OCD could be a very disabling condition, implying severe impairment of social and occupational functioning and decreased quality of life. OCD is treated with a combination of psychopharmacological treatments and cognitive-behavioural therapy. Clomipramine was the first anti-obsessive drug, and was followed by selective serotonin re-uptake inhibitors (SSRIs), both modulating serotonergic transmission. Low dose atypical anti-psychotic are sometimes used to potentiate serotonergic agents. Growing evidence based on animal models and on neuroimaging shows that glutamatergic transmission could play an important role in the aetiology of OCD. Therefore, glutamate modulators such as N-methyl-D-aspartate (NMDA) receptor antagonists became the focus of the search of novel treatments for OCD. One of this drugs, memantine, already approved for Alzheimer disease treatment, was used off-label the first time ten years ago in resistant case of OCD with positive results. Besides some further successful case reports, there are a single-blind case control study and a couple of randomized, double-blind, placebo-controlled trials showing improvement of OCD symptoms with memantine adjuvant pharmacotherapy.

**Objectives and aims** To describe a case report of off-label treatment of a severe resistant case of OCD with memantine, after 15 weeks of treatment.

**Methods** Literature review and case description. Before beginning treatment with memantine, the patient made a psychological assessment (baseline) with a battery of tests (MINI Plus, Y-BOCS,

QPP-15, WDAQ, ECPAD, OP2, OAS2, MPS-H&F, MPS-F, HEXACO-PI-R, MOCI, BDI-II). This battery will be repeated after 15 weeks of treatment, to evaluate symptom improvement.

**Results and conclusions** To be announced after 15 weeks of treatment course.

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### EW362

#### Anger is associated with aggressive, contamination, and sexual obsessions in severe OCD outpatients

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**Introduction** Despite the potential theoretical and clinical relevance of psychopathological dimensions in Obsessive-Compulsive Disorder (OCD), few studies to date have investigated their possible association with obsession subtypes.

**Objectives/Aims** We aimed to examine whether, in OCD patients, anger and other psychopathological dimensions are associated with specific obsession subtypes.

**Methods** We consecutively recruited 57 first-visit DSM-V OCD patients (females = 66.7%; age range = 18–63 years) at the Psychiatric Outpatient Clinic of our University Hospital. These patients were affected by severe OCD, as shown by a median (1st quartile–3rd quartile) Yale-Brown Obsessive-Compulsive Scale (Y-BOCS) score of 27.0 (23.0–32.5). We used the point-biserial coefficient ( $r_{pbi}$ ) to measure the correlation between psychopathological dimensions, as assessed with the Scale for the Rapid Assessment of Psychopathology (SVARAD), and obsession subtypes, as evaluated with the Y-BOCS.

**Results** We found significant correlations ( $P$ -values < 0.05) between: anger/aggressiveness dimension and aggressive, contamination, and sexual obsessions; apprehension/fear dimension and contamination, religious, and somatic obsessions; sadness/demoralization dimension and contamination and somatic obsessions; obsessiveness/iterativity dimension and all obsession subtypes; impulsivity dimension and aggressive and sexual obsessions; somatic concern/somatization dimension and contamination and somatic obsessions. We also found, by using the Mann-Whitney  $U$ -test, that OCD patients with comorbid Obsessive-Compulsive Personality Disorder—but not Schizotypal or Histrionic ones—showed higher levels ( $P$  < 0.05) of obsessiveness/iterativity and anger/aggressiveness than OCD patients without the personality disorder.

**Conclusions** Anger and other psychopathological dimensions seem to be linked with specific obsession subtypes in OCD patients, suggesting an association between these dimensions and OCD.

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### EW363

#### Does cognitive flexibility moderate the relationship between disgust sensitivity and contamination fear?

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High disgust sensitivity and poor cognitive flexibility have been independently identified as contributing factors in the aetiology of obsessive-compulsive disorder. This study looks at the relationship between contamination fear and disgust sensitivity in a non-clinical population. In particular, at whether two moderating factors, cognitive flexibility and emotional reappraisal, have a buffering influence. One hundred participants from an undergraduate population completed a battery of questionnaires which rated their disgust and level of contamination fear. They also completed a set-shifting task to assess cognitive flexibility and an emotion regulation questionnaire. The mean age of the sample was 21.4 years with 62% of the sample population being female. SPSS 16 was used to correlate the main variables using Pearson's correlation and moderated regression, using MODPROBE, was used for analysis. Results confirmed previous findings that high disgust sensitivity is significantly associated with contamination fear ( $P$  < 0.01). In addition to this, both cognitive flexibility and emotional reappraisal reduced the influence that disgust has on an individual's contamination fear. Cognitive flexibility and emotion reappraisal were not found to be significantly correlated to each other ( $P$  = 0.511), which suggest that these variables moderate the relationship between disgust and contamination fear independently of each other. Individuals with poor cognitive flexibility and/or poor emotional reappraisal were found to have high levels of contamination fear, which suggests that these two variables may attenuate the relationship between disgust and contamination fear. Future implications of these findings have been discussed although further research is needed to confirm these conclusions in a clinical population.

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### EW364

#### The comorbidity of cluster C personality disorders in obsessive compulsive disorder as a marker of anxiety and depression severity

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**Introduction** Comorbid Cluster C Personality Disorders (PDs) are the most prevalent PDs in Obsessive-Compulsive Disorder (OCD). Investigating clinical correlates associated to OCD with Cluster C PDs may allow identifying tailored treatment strategies.

**Objectives** The current study examined whether OCD with comorbid cluster C PDs is associated to more severe OCD symptoms, anxiety and depression relative to OCD with comorbid cluster B PDs or OCD alone.

**Methods** Two hundred thirty-nine patients with OCD were included (mean age = 35.64, SD = 11.08, 51% females). Seventeen percent had a comorbid Cluster C PD, 8% had a comorbid Cluster B PD, and 75% had OCD alone. The Structured Clinical Interview for Axis I Disorders, Yale-Brown Obsessive Compulsive Scale, Beck Anxiety Inventory, Beck Depression Inventory-II were administered.

**Results** Patients with comorbid Cluster C PDs reported more severe depression and anxiety than those with comorbid Cluster B PDs ( $F$  = 10.48,  $P$  < 0.001) or with OCD alone ( $F$  = 9.10,  $P$  < 0.001). Patients with comorbid Cluster C PDs had more severe OCD symp-