(17–24, 25–45, 46–65 years). The records of patients aged 65–85 years old were also examined but showed significantly less presence of GAD in comparison to other age groups. Temperament was assessed using the activity specific 12-trait structure of temperament questionnaire. Consistent with the hypotheses of the FET, patients with GAD reported lower mean scores on the traits of social-verbal endurance, mental endurance, plasticity and sensation seeking and higher mean scores in the trait of impulsivity, than healthy individuals. GAD was associated with significantly lower self-confidence in women than in men. The results suggest that new versions of the DSM should consider an increase of impulsivity and a decrease in plasticity of behavior as criteria symptoms of anxiety. Moreover, the results suggest that the current criterion of fatigue should be specified as more related to social-verbal and mental aspects and less to physical aspects of endurance.

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O012

Predictors of remission at 1-year follow-up among ocd patients: Findings from The Netherlands obsessive-compulsive disorder association (NOCDA) study

L. Tibi[1,*], P. van Oppen[2], A. van Balkom[2], M. Eikelenboom[2], G. Anholt[1]
[1] Ben Gurion University, Psychology, Be'er Sheva, Israel
[2] VU University Medical Center, Psychiatry, Amsterdam, The Netherlands
* Corresponding author.

Introduction Obsessive-compulsive disorder (OCD) is described as a chronic condition. However, relatively little is known about predictors affecting its long-term outcome.

Objective To examine the contribution of clinical and interpersonal determinants in predicting remission status of 254 OCD patients at one-year follow-up (FU1).

Methods We used the baseline and FU1 data of The Netherlands obsessive-compulsive disorder association (NOCDA) study. Clinical predictors were chronicity level, depressive and obsessive-compulsive symptom severity. Suspected interpersonal factors included attachment style, social support and expressed emotion. Remission status was defined using the Yale-Brown obsessive-compulsive symptom (Y-BOCS) scale. χ^2 tests and ANOVAs were used for bivariate analyses, followed by multivariate multinomial logistic regression analyses to assess main effects and interactions in predicting remission status at FU1.

Results Bivariate tests demonstrated significant differences in remission status as a function of chronicity level, depressive and obsessive-compulsive symptom severity and social support. Regression analyses revealed that increased baseline OCD severity reduced the odds for both partial and full remission at FU1 (OR = .87, 95%CI = .82–93, $P < 0.001$). Increased depressive severity at baseline reduced the odds for partial remission at FU1 (OR = .95, 95%CI = .91–.98, $P < 0.01$). Interactions analyses demonstrated that the adverse effects of OCD severity on partial remission disappeared at the presence of secure attachment (IOR = 1.11, 95%CI = 1.05–1.24, $P < 0.05$) and high social support (IOR = .88, 95%CI = .78–98, $P < 0.05$).

Conclusions The contribution of clinical severity is critical for understanding the prognosis of OCD. The interpersonal context of OCD patients may mitigate the unfavorable effect of severity on outcome, thus should be addressed in treatment.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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O013

The effectiveness of the inference based approach to treating obsessive-compulsive disorder with poor insight; a randomized controlled multicentre trial

H. Visser[1,*], H. van Megen[1], T. van Balkom[2]
[1] GGZ centraal, psychiatry, Amersfoort, The Netherlands
[2] GGZ ingeest, psychiatry, Amsterdam, The Netherlands
* Corresponding author.

Background There is an urgent need for an effective psychological treatment for patients with obsessive compulsive disorder (OCD) with poor insight, since this disorder is associated with severe suffering and a low quality of life. The inference based approach (IBA), a new psychotherapy for OCD specifically targets insight in OCD. In a randomized controlled multicentre trial, the effectiveness of IBA was compared to the effectiveness of CBT for treating patients with OCD with poor insight. In this study, 24 sessions of IBA were tested versus 24 sessions of CBT. Ninety patients with a main diagnosis of OCD with poor insight according to the DSM-IV criteria participated in the study. The primary outcome was reduction of the obsessive-compulsive symptoms.

Results In both conditions, a significant OCD symptom reduction was reached, but no condition effects were established. Post hoc, in a small subgroup of patients with the worst insight ($n = 23$), it was found that the patients treated with the IBA reached a significantly higher OCD symptom reduction than patients treated with CBT [estimated marginal mean = –7.77, t(219.45) = –2.4, $P = 0.017$]. Of patients treated with IBA, 41.9% were responder and 20.9% completely recovered. Of the patients treated with CBT, 42.6% were responder and 12.8% recovered.

Conclusion Patients with OCD with poor insight improve significantly after psychological treatment. The results of this study suggest that both CBT and the IBA are effective treatments for OCD with poor insight. The IBA might be more promising than CBT for patients with more extreme poor insight.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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Oral communications: Bipolar disorders

O014

Thyroid profile and its relationship with response to treatment with lithium in bipolar mood disorder patients

P. Avinash[1,*], K. Pathak[2]
[1] Himalayan Institute Of Medical Sciences, Psychiatry, Motihari, India
[2] Lgb Regional Institute Of Mental Health, Psychiatry, Tezpur, India
* Corresponding author.

Introduction There is substantial evidence that even minor perturbation of thyroid function plays a significant role in clinical course and treatment outcome in depressive disorder; however the same is not yet clear in bipolar disorders.

Aims and objectives To study the relationship between pretreatment thyroid profile and response to treatment with lithium along with other predictors of response to treatment with lithium in cases of bipolar mood disorder.

Methods This study was conducted in the indoor facilities of a regional Institute of Mental Health, Tezpur, India in the year of