

HSV-1 and *Toxoplasma gondii* were similar between the two groups. Among OCD patients, those seropositive for HSV-1 had significantly lower volumes of total white-matter, total grey-matter, left and right putamen, while for HSV-1 seropositive healthy controls, only the last two were significantly smaller. In multiple regression analyses to control for age, associations between HSV-1 and brain volumes were conserved, while the effect of age was not significant. No significant differences were found in brain volumes of patients with OCD according to seropositivity for *Toxoplasma gondii*.

Conclusions: Our preliminary results suggest that in patients with OCD, seropositivity to HSV-1 is associated with smaller volumes of total white- and grey-matter in the brain.

Disclosure: No significant relationships.

Keywords: obsessive-compulsive disorder; herpes simplex 1; toxoplasma gondii; brain imaging

EPV0912

Catatonia in Obsessive-Compulsive Disorder: A case study and literature review

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Introduction: There are extremely few reported cases of OCD causing catatonia and some of those cases are possibly associated with the somewhat contentious diagnosis of Pediatric Autoimmune Neuropsychiatric Disorder Associated with Streptococcus. As there is a symptom overlap between OCD and catatonia some cases of catatonia are possibly being missed, warranting discussion regarding differential diagnosis, symptomatology, and treatment of catatonia and OCD.

Objectives: We describe a case of a 18-year-old patient who developed severe catatonia secondary to OCD, possibly related to PANDAS/PANS. We discuss the complex work-up, differential diagnosis, and treatment of this patient.

Methods: Discussion of a single case and a review of catatonia literature as it relates to OCD and autoimmune disorders.

Results: Our patient was an 18-year-old Ukrainian male who presented with sub-acute onset of decreased movement, decreased oral intake, and inability to speak. He was diagnosed with catatonia of an unclear etiology and treated with high-dose lorazepam at an outside hospital then transferred to our care. Presenting symptoms were then clarified and found to be consistent with OCD, upon which OCD treatment was initiated. The patient's sub-acute and severe onset of OCD raised the question of a PANDAS/PANS diagnosis, which was further investigated. Ultimately, his symptoms improved with ongoing lorazepam and he was transferred to another hospital for ECT treatment.

Conclusions: OCD has been observed to cause catatonia in extremely rare cases. Diagnosing catatonia associated with OCD is challenging and important as catatonia is associated with significant morbidity and mortality if left untreated. Our patient improved with concurrent treatment of catatonia and OCD.

Disclosure: No significant relationships.

Keywords: Catatonia; OCD; autoimmune

EPV0913

Assessment of obsessive and compulsive symptoms in patients with schizophrenia

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Introduction: Obsessive-Compulsive Symptoms (OCS) are common in patients with schizophrenia, with a prevalence of 3.5% to 25%.

Objectives: The aim of our study was to assess the frequency of OCS in patients with schizophrenia, and to study the clinical and evolutionary characteristics of schizophrenia and OCS comorbidity.

Methods: We conducted a cross-sectional, descriptive, and analytical study. Thirty schizophrenic patients were recruited in the department of psychiatry B of Hedi Chaker university hospital of Sfax. We used the Yale-Brown Obsession-Compulsion Scale (Y-BOCS) to assess obsessive and compulsive symptoms, at the end of hospitalization, after clinical remission of schizophrenic symptoms.

Results: The mean age of patients was 41.2, that of disease onset was 27.3. Most of patients were male (86.7%) and unemployed (81.3%). A personal history of suicide attempts was found in 16.6% of patients. The average number of hospitalizations was 8.83. OCS were noted in 36% of patients with a Y-BOCS mean score of 5.5. Patients with OCS had significantly more frequent alcohol use ($p = 0.008$), a higher number ($p = 0.03$) and longer duration of hospitalizations ($P = 0.034$) and are more frequently treated with atypical antipsychotics ($p = 0.001$).

Conclusions: Our results show that patients with schizophrenia frequently present OCS. This comorbidity has a negative impact on the evolution and the prognosis of the disease, as well as the functioning of patients. Therefore, it should be investigated in order to ensure better care and promote the socio-professional reintegration of these patients.

Disclosure: No significant relationships.

Keywords: Obsessive Compulsive Symptoms; Treatment; schizophrenia; comorbidity

EPV0914

The Role of N-Acetylcysteine in Obsessive-Compulsive (OCD) and Related Disorders

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Introduction: N-acetylcysteine is known for its uses in non-psychiatric conditions, such as paracetamol overdose and as a mucolytic. The rationale for its administration in psychiatric conditions is based on its ability reducing synaptic glutamate release, which was found to be increased in the cerebrospinal fluid of OCD patients.

Objectives: Evaluating N-acetylcysteine efficacy in OCD symptoms. Studying mechanisms underlying its action. Identifying the frequency of side effects.

Methods: PubMed database search, with the “N-acetylcysteine obsessive compulsive” keyword expression. The search was restricted to English-only articles, published in the last ten years. Twenty-five results among the best match correspondence were selected. Reference lists of articles were reviewed to identify additional articles.

Results: Oliver *et al.* found that a daily dose of 2.400 to 3.000 milligrams of N-acetylcysteine reduced the severity of obsessive-compulsive symptoms with minimal side effects; Smith *et al.* found inconclusive evidence on its efficacy. A clinical trial from Ghazi-nadeh *et al.* revealed N-acetylcysteine to be effective as an add-on to citalopram, reducing the score of resistance/control to obsessions after supplementing with N-acetylcysteine. Costa *et al.* found out it was superior to placebo in anxiety control as a secondary outcome. **Conclusions:** The potential efficacy of N-acetylcysteine in the treatment of psychiatric disorders attracted interest. Mixed evidence was found that N-acetylcysteine may have some benefits controlling compulsions, both as an adjunctive as and as monotherapy. Thus, larger and more robust studies are required to further investigate the clinical effectiveness of N-acetylcysteine in this area.

Disclosure: No significant relationships.

Keywords: Compulsion; obsessive-compulsive disorder; Glutamate; N-acetylcysteine

EPV0915

Adjunctive therapeutic strategies in Obsessive-Compulsive Disorder resistant to serotonin reuptake inhibitors: a literature review

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Introduction: Obsessive-Compulsive Disorder (OCD) is a common mental disorder and a major cause of disability worldwide. Typically, it has a chronic course, marked by recurrent intrusive thoughts (obsessions) and repetitive behaviors (compulsions). Its pharmacological first line of treatment has been well established for several years now, with the Serotonin Reuptake Inhibitors (SRIs). However, about half of the patients are resistant to this approach, representing a therapeutic challenge for clinicians. Evidence suggests that other medications can augment SRIs, enhancing its effects and achieving a bigger efficacy in these patients' treatment. Also, there is an increasing interest in neurosurgical interventions in these patients.

Objectives: The main goal of this work was to assess the clinical efficacy of adjunctive therapeutic strategies in patients with OCD resistant to SRIs.

Methods: A literature review was conducted searching PubMed and ScienceDirect databases from the 1st of January 2000 to the 1st of September 2021 to identify clinical trials comparing an active drug/neurosurgical intervention with placebo as an adjunctive therapeutic strategy in SRI-resistant OCD.

Results: Sixteen studies were selected for data extraction, including a total of 585 patients. Risperidone, aripiprazole, N-acetylcysteine, lamotrigine, pindolol, riluzole, memantine and methylphenidate

were efficacious for augmenting SRIs in OCD. Ablative surgery (ABL) and deep brain stimulation (DBS) were equal effective in the treatment of refractory OCD.

Conclusions: Several therapeutic options presented as potentially effective in OCD when it is resistant to SRIs, although this is still an area for further research.

Disclosure: No significant relationships.

Keywords: obsessive-compulsive disorder; Treatment-resistant; Serotonin Reuptake Inhibitors; Adjunctive therapy

EPV0916

Psychotherapeutic Treatments of Trichotillomania

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Introduction: Trichotillomania (TTM), also known as hair pulling disorder, is an obsessive-compulsive disorder characterized by the recurrent, overwhelming urge to repeatedly pull out one's hair. Hair pulling can occur anywhere on the body but is most common on the scalp, eyebrows, and eyelashes and subsequently results in bald patches. While TTM is a very prevalent, debilitating disorder, there is still no FDA approved treatment that exists.

Objectives: The main objective of this study is to explore the various forms of available psychotherapy available for the treatment of trichotillomania.

Methods: Two independent reviewers conducted title, abstract, full-text searching and data extraction among the PubMed, PsycINFO, and ResearchGate data bases. Of the 79 articles screened, five were included in this review

Results: Habit reversal therapy (HRT) is a form of cognitive behavioral therapy that is considered the first line treatment for management of TTM. Other psychotherapeutic techniques include acceptance and commitment therapy, progressive muscle relaxation, and mindfulness therapy.

Conclusions: This study supports the current data which states that HRT is the first line treatment and there is yet to be a pharmacological treatment of choice for TTM. It is also very important to note that TTM is still underdiagnosed and can be mistaken for a dermatological disorder like alopecia aerata. Furthermore, many people with trichilemmoma have underlying mental health disorders such as anxiety and depression that must first be addressed before treating the hair pulling itself.

Disclosure: No significant relationships.

Keywords: obsessive-compulsive disorder; Trichotillomania

EPV0917

OCD symptom dimensions and treatment: a new dimension?

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