

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

P. Regueira^{1*}, S. Hall² and J. Cerejeira²

¹Centro Hospitalar e Universitário de Coimbra, Psychiatry, Coimbra, Portugal and ²University of Coimbra, Faculty Of Medicine, Coimbra, Portugal

*Corresponding author.

doi: 10.1192/j.eurpsy.2022.1654

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

N. Mhaimeed^{1*} and P. Sinha²

¹Weill Cornell Medicine Qatar, Medical Education, Education City, Qatar and ²Weill Cornell Medicine - Qatar, Qatar Foundation - Education City, Doha, Qatar

*Corresponding author.

doi: 10.1192/j.eurpsy.2022.1655

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?

I. Soares Da Costa* and R. Moreira

CHUSJ, Psychiatry, Porto, Portugal

*Corresponding author.

doi: 10.1192/j.eurpsy.2022.1656

Introduction: Background: Obsessive-compulsive disorder (OCD) is a condition that includes distressing obsessions and repetitive compulsions. Usually presents with a wide range of symptoms normally grouped into different clusters or dimensions. Clinical impression and some empirical data suggest that certain groups of symptoms or clusters are more responsive to treatment than others, thus it can help clinicians to better guide initial treatment choices and management of individual patients

Objectives: Objective: to describe the symptom dimensions in a clinical database that includes patients accompanied in an obsessive compulsive disorder consultation in a tertiary hospital in Portugal and to point out some differences in treatment outcomes.

Methods: We searched Pubmed and Cochrane Library database for English language articles.

Results: To date it appears that pharmacotherapy and CBT are an effective treatment for the various OCD dimensions, although not all dimensions have been adequately studied or respond well to treatment. Knowing a specific symptom profile may have implications in treatment components that clinicians should be aware of.

Conclusions: More research will be needed to determine the best tailor treatments to each patient's profile and Modifications to treatment may be needed. Clinical implications and directions for future research are discussed.

Disclosure: No significant relationships.

Keywords: OCD; clusters; Treatment; symptom dimensions

EPV0918

Unhealthy fantasizing of a loved person who does not exist in reality

S. Nahar

National Institute of Mental Health, Dhaka, Bangladesh., Adult Psychiatry, Dhaka, Bangladesh
doi: 10.1192/j.eurpsy.2022.1657

Introduction: Obsessive-compulsive disorder is a disorder in which recurring, intrusive, unwanted thoughts, ideas or sensations cause them to feel driven to do something repetitively. The repetitive behaviors can significantly interfere with a person's daily activities and social interactions. Not performing the behaviors commonly causes great distress.

Objectives: Clinical trials are required for proper assessment and management of this group of patients.

Methods: Mrs. X, a 28 year old female coming for psychiatric consultation with the complaints of self talking, irritability and aggression, insomnia. She fantasizes a man publicly, whom she loves but he has no existence in reality. She tries to solve all kinds of problems by talking to that fantasy man. If anyone interrupts her, she becomes irritable, shouts and breaks things. But for the last 3 months she realized that it's a problem. Because, she can't eat, sleep and concentrate on her household chores for this fantasy. Even she can't take care of her child and feeling low sexual affection for her husband. On personal history, she said that she had poor attachment with her parents.

Results: After thorough assessment, her consultant Psychiatrist told that she was suffering from unhealthy fantasy obsession or Obsessive Compulsive Disorder.

Conclusions: It is very important and urgent to assess and manage this group of patients, because this has a devastating impact on relationships, specially on the conjugal life. Psychoeducation about the illness and Psychotherapy along with pharmacotherapy should be the mode of treatment.

Disclosure: No significant relationships.

Keywords: Self talking; Unhealthy fantasizing

EPV0919

Augmentation strategy fluoxetine and lurasidone in the treatment of OCD with comorbid Restrictive Anorexia: a case report

L. Orsolini¹, S. Bellagamba^{2*}, S. Tempia Valenta¹, V. Salvi³ and U. Volpe¹

¹Unit of Clinical Psychiatry, Polytechnic University of Marche, Ancona, Italy, Department Of Neurosciences/dimsc, Ancona, Italy;

²Polytechnic University of Marche, Department Of Clinical Neurosciences/dimsc, School Of Medicine, Unit Of Psychiatry, Ancona, Italy and ³Unit of Clinical Psychiatric, Polytechnic University of Marche, Ancona, Italy, Department Of Neurosciences/dimsc, Ancona, Italy

*Corresponding author.

doi: 10.1192/j.eurpsy.2022.1658

Introduction: Obsessive-Compulsive Disorder (OCD) is characterized by the presence of intrusive thought (obsessions) and ritualistic behaviour (compulsions). First-choice psychopharmacological treatment is based on serotonin reuptake inhibitors (SRIs). However, about half of OCD do not or partially respond to SRIs (TR-OCD) and need an augmentation strategy with second-generation antipsychotics (SGAs).

Objectives: We report a case of severe OCD with comorbid anorexia nervosa, restrictive type (AN-r) treated with fluoxetine (up to 40 mg daily) and lurasidone (37 mg daily bedtime) augmentation.

Methods: At baseline and monthly 4-months-follow-up were administered Y-BOCS-II (Yale-Brown Obsessive Compulsive Scale), CGI-S (Clinical Global Impression-Severity), SCL-90 (Symptom Checklist-90 items) and EDI-3 (Eating Disorder Inventory-3).

Results: Compared to the baseline, a clinically significant clinical response was observed on OC at Y-BOCS-II ($\geq 35\%$ Y-BOCS reduction) and eating symptomatology at EDI-3 after 1 month of augmentation treatment, while a full remission after 3 months (Y-BOCS scoring ≤ 14) ($p < 0.01$). We also noticed, throughout clinical follow up interviews, improvement in patient's social skills and life satisfaction.

Conclusions: Further longitudinal and real-world effectiveness studies are needed to confirm these preliminary findings and investigate the potential of lurasidone augmentation strategy in attenuating OC symptomatology in TR-OCD and whereas a comorbid AN-r is present.

Disclosure: No significant relationships.

Keywords: obsessive-compulsive disorder; Anorexia nervosa; lurasidone