

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 areata. 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