S844 E-Poster Viewing

Image 3:

Table 1 - Mean age and age at onset of the groups studied in the 53 selected articles

	Schizophrenia	SchizoOCD	OCD	Statistics
	Mean (SD)	Mean (SD)	Mean (SD)	Test (p)
Current age ²	32,13 (8,25)	31,14 (8,82)	22,17 (5,70)	F= 0,69 (0,51)
Age at onset ^b	23,94 (4,19)	22,66 (5,18)	21,63 (4,54)	F= 0,95 (0,39)
	Minimum: 8	Minimum: 7	Minimum:15	
	Maximum: 32	Maximum: 33	Maximum:27	

Legend: a. number of studies: Schizophrenia = 25; SchizoOCD = 26; OCD = 1. b. number of studies: Schizophrenia = 36; SchizoOCD = 20; OCD = 6. SD, Standard Deviation; OCD, Obsessive Compulsive

Conclusions: Few studies in the literature used scales to discriminate psychotic and obsessive-compulsive aspects in patients with the alleged diagnosis of Schizo-OCD. Scales for measuring symptom severity such as PANSS and YBOCS were widely used in the studies, indicating that their application in clinical practice can serve as an aid during treatment management. Specific scales and instruments for Schizo-OCD were not found and we suggest as a future perspective the development of a new tool to assess symptoms and to elucidate possible symptomatic confusions.

Disclosure of Interest: None Declared

EPV1108

Brexpiprazole augmentation in patients with a resistant obsessive compulsive disorder with psychotic features: an observational study in a psychiatric rehabilitation center

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Introduction: The relationship between obsessive-compulsive disorder and psychotic disorders has been frequently observed. Subject to diagnostic and therapeutic controversies, this association is a challenge for clinicians. Several scientific studies have observed a frequency of approximately 12% of this association in patients affected by schizophrenia. The efficacy of augmentation of SGAs with antidepressants in treatment-resistant OCD is demonstrated. Several studies have shown the efficacy of some dopamine receptor partial agonists (DRPAs) (aripiprazole and cariprazine) in augmentation with SSRIs in zOCD-psychotic features treatment-resistant. Brexpiprazole is a DRPAs with serotoninergic 5-HT1A agonism and 5-HT2A receptor antagonist.

Objectives: To evaluate the efficacy of brexpiprazole in augmentation with SSRIs in OCD patients with psychotic features resistant to pharmacological treatment.

Methods: Eleven patients (6 females, 5 males; mean total age (42.818 yrs ±12.679)) were recruited into our observational study. Affected by Obsessive Compulsive Disorder with psychotic features (based on the DSM-5-TR criteria). All patients were assessed using the SCID-5-CV. Levels of insight were assigned using DSM-5-TR specifiers. A detailed interview was conducted containing information on the demographic profile of the patients. All patients were administered the following rating scales: BPRS, Y-BOCS, GAF, CGI-S, at baseline (T0), after one month (T1), two months (T2), six months (T3), and one year (T4). All patients were administered bexpiprazole, replacing other SGAs associated with SSRIs (see Table 1).

Results: Table 2 and the graphic show the results obtained with our study. A statistically significant reduction of the mean total score was observed in the BPRS, Y-BOCS scales, an increase in the mean total score with the GAF. An improvement in the mean total score was also observed with the CIG-S. In all the scales used, the ANOVA results indicate that at least two of the repeated measures differed significantly. The preliminary data also indicate adequate safety and effectiveness.

Image 1:

Table 1 - Patient's demograpich and pharmacological profiles at baseline

	Age (yrs)			Pharmacological Therapy at TO			
		sex	Illness years	SGA < TO	SSRIs	dose (mg/day)	
	28	f	8	Naive	paroxetine	40	
	56	f	21	Olanzapine	fluvoxamine	200	
	33	f	12	Aripiprazole	fluvoxamine	200	
	44	f	21	Olanzapine	escitalopram	20	
	50	f	29	Risperidone	escitalopram	20	
	48	f	25	Olanzapine	paroxetine	40	
	63	m	40	Risperidone	paroxetine	40	
	56	m	34	Olanzapine	escitalopram	20	
	26	m	6	Naive	paroxetine	30	
	34	m	12	Naive	escitalopram	20	
	33	m	11	Risperidone	fluvoxamine	200	

Mean: 42.818 yrs Std. Dev: 12.679 yrs

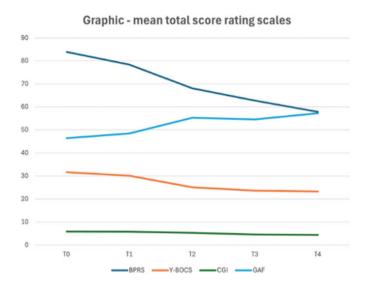
Image 2:

Table 2 - EZAnalyze Results Report - Repeated Measures ANOVA

		TO	T1	T2	T3	T4	P	Eta Squared
BPRS	Mean:	83.909	78.364	68.091	62.727	57.818	0.000	0.871
	Std. Dev:	14.046	15.048	15.852	13.595	15.542		
	The ANOVA re	sults indica	ete that at lea	ast two of the	repeated me	easures differed	significantly	
GAF	Mean:	46.364	48.455	55.273	54.545	57.273	0.000	0.439
	Std. Dev:	7.775	7.828	8.026	7.568	7.862		
	The ANOVA re	esults indica	ete that at lea	est two of the	repeated me	easures differed	significantly	
CGI-S	Mean:	5.818	5.727	5.273	4.545	4.364	0.000	0.556
	Std. Dev:	0.751	0.647	0.647	0.522	0.505		
	The ANOVA re	esults indica	ete that at lea	ast two of the	repeated me	easures differed	significantly	
Y-BOCS	Mean:	31.636	30.091	25.091	23.636	23.273	0.000	0.797
	Std. Dev:	3.906	3.448	4.277	3.906	2.573		
	The ANOVA re	sults indica	ate that at lea	est two of the	repeated m	easures differed	significantly	

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Image 3:



Conclusions: Our small observational study aimed to evaluate the efficacy of brexpiprazole in a group of patients affected by OCD with psychotic features. Despite the small sample analyzed, the results of our study point towards a possible use of brexpiprazole in this group of patients affected by OCD with psychotic features during normal routine clinical practice.

Disclosure of Interest: None Declared

EPV1109

New pharmacological therapies in pure OCD: about a case

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Introduction: Obsessive disorders occur in 2 to 3% of the world's population. They are very often underdiagnosed, causing great discomfort to the person.

Objectives: With this clinical case I would like us to be able to use new therapeutic strategies that, even though they are outside the technical specifications, work and improve the quality of life of patients with obsessive disorder.

Methods: I present the clinical case of a 14-year-old male who consulted for obsessive symptoms a year and a half ago.

The patient reports that he cannot stop thinking throughout the day, any type of absurd thought comes to him and he is not able to stop it, it limits his functionality to the point that a significant academic decline had occurred when previously the minor scored very good grades. He has had angry outbursts at school due to the discomfort his thoughts cause him. I treated with Clomipramine 75 mg and Clonazepam solution as a rescue anxiolytic and appointment in 3 weeks.

Results: The patient progressively improves in the organization of thought and decreases obsessive content, increasing the medication with Clomipramine up to 150 mg at night. After two months, it is

the mother who consults because she sees her son very tired, he had gained a lot of weight and was complaining of dry mouth (side effects) and it continues to persist and worsen functionality. Given the patient's lack of complete improvement and the obvious side effects, I decided to first progressively change Clomipramine to Vortioxetine up to 40 mg. Upon evaluation, the patient feels better about the obsessive content and no side effects appear, but cognitive rigidity, inflexibility, and functional and academic decline persist. That is why two months later, I started Cariprazine 1.5 mg and in a few days the patient felt more animated, eager to do things and concentrated better, even so I decided to go up to 3 mg and that is when the patient reported a notable improvement, also reported by his mother and his psychologist. He is currently continuing with this treatment.

Conclusions: Neither Vortioxetine nor Cariprazine has an indication in the technical specifications for obsessive disorders, but there are publications that show that it works without having the side effects of drugs with a dirtier pharmacological profile.

Disclosure of Interest: None Declared

EPV1111

Case report: a rare case of obsessive-compulsive disorder

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Introduction: Obsessive-compulsive disorder (OCD) is a chronic mental health condition characterized by intrusive thoughts (obsessions) and repetitive behaviors (compulsions), which significantly impair daily functioning and quality of life. While common obsessions often revolve around contamination, symmetry, or safety, rarer forms of OCD can involve highly specific and unusual fears

Objectives: The aim of this case analysis is to comprehensively examine the possible causes and treatment approaches of obsessive-compulsive disorder, focusing on the investigation of various obsessive conditions that are rarely observed in the literature.

Methods: The patient's history was thoroughly examined, and interviews conducted with the patient's family were also included in the evaluation. Possible causes of the disorder (from a biopsychosocial perspective) and treatment approaches such as psychotherapy and pharmacotherapy were analyzed through a literature review. Additionally, the patient was assessed using the Yale-Brown Obsessive Compulsive Scale (YBOCS), Brown Beliefs Scale, Beck Anxiety Inventory, and Beck Depression Inventory.

Results: The patient, N.C., is a 64-year-old woman whose general appearance is somewhat older than her age, with partially diminished self-care, having insight, divorced, and living with three of her six children. The patient experiences intense anger when any product containing sweets enters her home, including fruits. She feels discomfort even when using or hearing the word "sweet." The patient insists that no family member brings any sweet-containing products into their home, leading to frequent arguments on the subject. She reports high levels of anxiety, difficulties in social relationships, and significant limitations in daily life activities.