

**Introduction:** Studies have shown that family factors affect the development, maintenance and course of major depressive disorder (MDD).

**Objectives:** The present study aimed to prospectively investigate whether dysfunctional family functioning is associated with meaningful clinical outcomes including symptom severity and quality of life (QoL) in patients with MDD.

**Methods:** A total of 114 patients with a clinical diagnosis of MDD (83.3% females, aged  $47.25 \pm 13.98$  years) participated in the study. Participants were recruited from the outpatient clinic, Department of Psychiatry and the mobile mental health unit of the University Hospital of Heraklion in Crete, Greece, and from a Greek online depression peer-support group. Family functioning was assessed in terms of cohesion, flexibility, communication and satisfaction dimensions (FACES IV) at baseline. Depression severity (BDI) and QoL (WHOQOL-BREF) were assessed about 10 months after the baseline assessment ( $9.56 \pm 2.52$ ).

**Results:** Conceptually, the cohesion dimension contains Balanced Cohesion (central area) with Disengaged (low unbalanced) and Enmeshed (high unbalanced) dimension, and the flexibility dimension contains Balanced Flexibility (central area) with Rigid (low unbalanced) and Chaotic (high unbalanced) dimension. Multivariable analysis adjusting for confounding variables such as patients' educational level, residence, family structure, pharmacotherapy, psychotherapy, and history of suicide attempts indicated that Balanced Cohesion was positively associated with increased levels of patients' psychological QoL. Moreover, two out of four unbalanced scales - Enmeshed and Chaotic - were negatively related to lower psychological QoL. The findings also demonstrated that Enmeshed scale was positively associated with higher depressive symptoms. Finally, lower family communication was related to increased depressive symptoms, whereas lower family satisfaction was associated with patients' lower psychological QoL.

**Conclusions:** Family environmental factors appear to play an important role in clinical outcomes of MDD. Family interventions targeting dysfunctional family interactions by promoting awareness of family dynamics could improve the emotional well-being of patients with MDD.

**Disclosure of Interest:** None Declared

## EPP0190

### Five-factor personality dimensions and their associations with early maladaptive schemas in individuals with major depressive disorder

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**Introduction:** Major depressive disorder (MDD) is the third leading cause of disease burden, accounting for 4.3% of the global

burden of disease. Personality traits, as described in the Five-Factor Model, are consistently associated with individual's well-being and mental health. Early Maladaptive Schemas (EMS) are self-perpetuating dysfunctional cognitive structures that have been linked with psychological health and play a significant role in developing and maintaining psychological distress. Both personality traits and EMS have been extensively studied as contributors to MDD symptoms.

**Objectives:** To our knowledge, very few studies have attempted to link personality to EMS in clinical samples. The present study aimed to investigate the association between EMS with personality traits of Five-Factor Model in a clinical sample of patients with MDD in Crete, Greece.

**Methods:** Two hundred and two patients with a clinical diagnosis of MDD (81.7% females, aged  $47.75 \pm 14.06$  years) participated in the study. The Traits Personality Questionnaire was used to measure personality traits in terms of neuroticism, extraversion, openness, agreeableness, and conscientiousness dimensions. The Young Schema Questionnaire-Short Form 3 (YSQ-SF 3) was used to evaluate 18 EMS which are grouped in five domains: disconnection and rejection, impaired autonomy and performance, impaired limits, other-directedness, and overvigilance and inhibition.

**Results:** Significant associations between EMS and personality traits were found. Specifically, a higher level of all EMS domains was found in patients with MDD scoring higher in neuroticism and lower in extraversion, conscientiousness and agreeableness (apart from the association of agreeableness with other-directedness which was non-significant). Openness was negatively related to other-directedness.

**Conclusions:** Although causal inferences cannot be made due to the cross-sectional design of the present study, our findings are in accordance with Schema Therapy that affirms a relationship between innate temperament and EMS. Future research should examine whether psychological interventions focusing at healing EMS will contribute to alteration of personality traits.

**Disclosure of Interest:** None Declared

## Obsessive-Compulsive Disorder

### EPP0191

#### A case of outpatient treatment in a 58-year-old woman with hoarding disorder and hallucinations.

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**Introduction:** In hoarding disorder the patient has a strong tendency to collect and accumulate objects with or without value and great difficulty in destroying them.

In this case, a 58-year-old woman diagnosed with a hoarding disorder 5 years ago, came to a psychiatry clinic due to frequent

auditory hallucinations related to episodes of acute stress. She received treatment in an outpatient mental health unit which consisted of psychopharmaceuticals and cognitive behavioural therapy. The patient achieved a partial remission of the hallucinations and a clinical improvement of the accumulation symptoms.

**Objectives:** The main objective of this study is to describe the psychiatric and psychological treatment of this patient. We also performed a review of the available literature on comorbidity of the symptoms of Diogenes syndrome and psychotic symptoms.

**Methods:** A close follow-up of the psychopathology of this patient was carried out and we did a database search in PubMed to document the case, with the keywords: “hoarding disorder”, “psychotic disorder”, “comorbidity”, “hallucination”, with the inclusion criteria: In the last ten years, Spanish and English language.

**Results:** The patient, who was being treated with sertraline 100 mg, started treatment with olanzapine 10 mg and with a psychotherapeutic plan with different objectives: stabilization of symptoms, reduction of hoarding behaviours, letting go of objects, as well as coping with stressful situations. Cognitive behavioural techniques such as psychoeducation, exposure with response prevention and cognitive therapy were included in the psychological treatment.

After one year of treatment the hallucinatory symptoms have remitted and the patient’s daily functioning has improved. The most resistant symptoms are those of accumulation that are slowly decreasing but the patient has stopped collecting objects from the street.

**Conclusions:** More studies of the treatment of hoarding disorder and more investigation of its possible comorbidities are needed.

**Disclosure of Interest:** None Declared

## EPP0192

### Obsessive-compulsive disorder as a comorbidity, risk factor or predictor of dementia

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**Introduction:** Although there is sparse evidence about patients with obsessive-compulsive disorder (OCD) that develop dementia, some case reports have suggested an association between these two clinical entities. There have also been descriptions that point to a possible link between late onset OCD and an increased risk or prediction of dementia. Dementia is a common public health problem, exacerbated by the aging of the population, and, without significant improvement in prevention and treatment, its adverse consequences will continue to increase. On the other hand, OCD is a chronic and impairing condition, that typically initiates in adulthood, with variable clinical presentation, impact and prognosis, that can be optimized depending on the therapeutical approach.

**Objectives:** We propose to review, select and schematize the existing evidence about the association between OCD and dementia. Information about this correlation is considered useful to improve clinical practice in both entities.

**Methods:** We will analyze the existing literature linking OCD and dementia, considering the articles available in PubMed, published since 2010.

**Results:** A recent study showed that patients with OCD had increased risk of developing dementia, including Alzheimer’s

disease and vascular dementia, compared with control. However, another study on the theme concluded that OCD had no impact in Alzheimer’s disease onset or cognitive impairment. A different study correlated late onset OCD with dementia with Levy bodies, highlighting the importance of testing secondary causes of late onset OCD. There is also a study that correlates OCD with progressive supranuclear palsy, suggesting that dysfunction of the fronto-caudate-thalamus-cerebellum circuit may be involved. Obsessive-compulsive behaviors are also documented symptoms in frontotemporal dementia, existing studies of this overlapping that may elucidate about its neural networks.

**Conclusions:** Important questions remain unanswered and, to establish an effective correlation between OCD and dementia, clinical investigation in this area should be amplified, mainly with longitudinal studies. Research on the pathogenic and molecular mechanisms potentially common to OCD and dementia may lead to the development of promising therapeutics. Moreover, given its clinical relevance, we consider it pertinent to study the impact of treating properly OCD in reducing the risk of dementia or attenuate its symptoms and progression.

**Disclosure of Interest:** None Declared

## EPP0193

### Open-label: the clinical effects of adding cannabidiol to usual care of patients with residual symptoms in the diagnosis of Obsessive Compulsive Disorder

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**Introduction:** Obsessive-compulsive disorder (OCD) is a heterogeneous and debilitating neuropsychiatric disorder. First-line antidepressants with Selective Serotonin Reuptake Inhibitors (SSRIs) and Clomipramine (a tricyclic antidepressant) are unresponsive or partially responsive in 40% of treated patients. Preclinical studies have shown that cannabidiol (CBD) can reduce compulsive behavior in animals, and considering that the release of glutamate in the action of CBD can inhibit terminal axons of neurons in the corticostriatal-thalamo-cortical circuit, we chose for testing CBD, a drug with few side effects and low toxicity, as an adjuvant in treating OCD.

**Objectives:** To evaluate the clinical effects of CBD add-on to the usual pharmacological treatment of outpatients diagnosed with OCD.

**Methods:** Methods: This is an open-label study in which patients received CBD 300mg-day for 30 days in addition to their usual treatments and CBD 600mg-day for an additional 30 days if they have not reduced at least 25% of symptoms compared to the baseline evaluated by the Yale-brown obsessive-compulsive scale (Y-BOCS). Psychometric scales were used to assess the effects of CBD: Y-BOCS, General Anxiety Disorder 7 (GAD-7), Clinical Overall Impressions-Severity (CGI-S), Clinical Global Impressions-Improvement (CGI-I), Patient Health Questionnaire-9 (PHQ-9), Epworth Sleepiness Scale and Udvalg Scale for Kliniske Undersogelser (UKU) scale.