when the onset of the disease is insidious and subthreshold. However, there are severe early-onset forms of OCD in which the request for help is anticipated due to the severity of the symptoms, the DUI is shorter, but the prognosis is still negative.

**Conclusions:** The present review confirms that longer DUI has a negative impact on the long-term outcome of patients with OCD. Furthermore, it is reasonable to hypothesize that cultural factors, such as the perception of the disease and the ability to access treatment, may result in a prolongation of the DUI. All these elements cannot be evaluated in our review due to the paucity of studies on the topic. Future studies could be useful to better understand the causes of a longer DUI, to guide and to promote the dissemination of early interventions with a specific focus on OCD symptoms.

**Disclosure of Interest:** None Declared

## EPP0632

### Habit Learning in OCD: Preliminary Data from a Spanish Sample

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doi: 10.1192/j.eurpsy.2024.734

**Introduction:** Instrumental learning involves goal-directed and habitual systems. The Slips-of-Action Task (SOAT) is extensively used to measure habit tendencies and the likelihood of making erroneous responses for devalued outcomes. The SOAT provides a Devaluation Sensitivity Index (DSI), a measure of the balance between relative goal-directed and habitual learning. Individuals with Obsessive-Compulsive Disorder (OCD) often engage in repetitive actions, suggesting a potential deficit in goal-directed control and an increased reliance on habitual learning. Previous literature has shown that medicated OCD adults performed worse on the SOAT task than healthy controls.

**Objectives:** To compare habit learning performance in an unmedicated sample:

- **Goal 1:** Between OCD and Healthy Controls (HC)
- **Goal 2:** Across four groups: adult OCD, adult HC, children OCD, and children HC

**Methods: Participants:** Eighty-three participants (44 OCD patients and 38 healthy controls) completed the study with usable task data. The 44 OCD patients comprised 17 adults (mean age: 26.76 years, SD: 8.61 years) and 27 children/adolescents (mean age: 12.84 years, SD: 2.59 years). The 38 healthy controls included 17 adults (mean age: 30 years, SD: 7.49 years) and 21 children/adolescents (mean age: 14.1 years, SD: 2.19 years). All participants were unmedicated. **Measures:** Participants completed an adapted version of the "Fabulous Fruit Game", which included an instrumental training phase to learn Stimulus-Response-Outcomes (S-R-O) associations and a SOAT to assess the strength of learned S-R-O associations. DSI was calculated by subtracting the percentage of responses made toward devalued outcomes from the percentage of responses made toward still valuable outcomes. **Behavioral Analyses:** Student's t-test comparing individuals with OCD to HC and a ONEWAY ANOVA to examine group differences across multiple categories.

**Results: Goal 1:** DSI comparison between individuals with OCD and HC revealed a significant difference, with HC demonstrating superior performance ($t (60.9) = 2.60$, $p = .012$, Cohen's d = .546). **Goal 2:** The overall DSI comparison across adult OCD, adult HC, children OCD, and children HC showed a non-significant difference ($F(3) = 3.407$, $p = 0.22$). However, post hoc analysis revealed significant differences between Adult HC and Youth OCD (I-J Scheffe = 28.82, $p = .033$), indicating superior performance in adult HC.

**Conclusions:** This study highlights altered Habit Learning in unmedicated OCD individuals, supported by significant DSI differences compared to HC. Age-related distinctions were observed, emphasizing the need for age-sensitive interventions in understanding and addressing habit-related challenges in OCD.

**Disclosure of Interest:** None Declared

## EPP0633

### Acute obsessive symptoms: case report of a PANDAS-like syndrome in an adult patient.

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doi: 10.1192/j.eurpsy.2024.735

**Introduction:** Neuropsychiatric disorders can develop following a group A β-hemolytic streptococcal infection, through autoimmune inflammation of the nervous system. Sydenham's chorea and PANDAS (Pediatric Autoimmune Neuropsychiatric Disorders Associated with Streptococcal Infection) are the two most well-known syndromes, primarily affecting children but rarely observed in adults.

**Objectives:** Our aims are to contribute to the scientific understanding of adult PANDAS-like syndrome and provide a comprehensive literature review on the subject.

**Methods:** Case report using clinical records and a non-systematic literature review.

**Results:** A 24-year-old female presented to the emergency department with profound emotional distress triggered by intrusive thoughts of existential dread, accompanied by compulsive praying. She reported that these symptoms had commenced five days earlier. Two days prior to the onset of her obsessions, she had experienced a high fever, odynophagia, cough, and chills and received an empirical diagnosis of tonsillitis following a physical examination. She was prescribed antibiotics with good response. She revealed that she had experienced two prior episodes of similar anxiety and obsessions when she was approximately seven years old.

She developed acute obsessive thoughts, including doubts about the meaning of her life, and engaged in compulsive prayer and seeking reassurance from relatives. Notably, there were no signs of affective, dissociative, or psychotic disorders during her admission to the ED or in the preceding months. She reported suffering from anxiety, insomnia, and loss of appetite in the past five days but did not express any suicidal ideation.

Physical examination indicated mild laryngeal erythema, and laboratory tests showed non-specific signs of infection with no further significant findings. Symptoms were alleviated within a week, aided by treatment with benzodiazepines (lorazepam 1 mg/8h), and she did not require further psychiatric counselling.

**Conclusions:** It is worth noting that adult patients can experience a PANDAS-like reaction after a streptococcal infection and may also undergo symptom relapse following new immunological challenges upon reinfection. The existence of a PANDAS spectrum has been postulated, encompassing various manifestations. Thus, when presented with acute obsessive symptoms, healthcare providers should consider this diagnosis, inquire about previous episodes, and conduct a comprehensive medical history and etiological assessment.

**Disclosure of Interest:** None Declared

## EPP0634

## Avoidance of Negative Emotional Contrasts as a Diagnostic Feature of OCD: A Receiver-Operator Characteristic Curve Analysis of the Contrast Avoidance Questionnaires

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**Introduction:** The Contrast Avoidance Model (CAM) was developed to explain pathological worry in generalized anxiety disorder (GAD). The CAM posits that those with GAD are sensitive to sharp increases in emotions, and use worry to maintain heightened states of negative arousal to avoid these emotional shifts. Research has widely supported the CAM in the conceptualization of GAD, and has extended these findings to other disorders, including major depressive disorder (MDD) and social anxiety disorder (SAD). Despite the utility of the CAM model in informing the etiology of these conditions, research has yet to expand these findings beyond GAD, MDD, and SAD. Specifically, obsessive-compulsive disorder (OCD), which co-occurs with GAD, MDD, and SAD in adults at a rate of 15.0%, 40.7%, and 14.7%, respectively, and shares many of their etiological features, has yet to examined in the context of the CAM. Thus, examining CA as a relevant mechanism and therapeutic target for OCD is an unstudied conceptual framework that may offer meaningful clinical utility.

**Objectives:** The present study used receiver operator curve (ROC) analyses to examine the predictive utility of the CAQ-W and CAQ-GE in detecting probable OCD in a large undergraduate sample. We hypothesized that the CAQ-W and CAQ-GE would be higher in participants with probable OCD and would offer sufficient sensitivity and specificity in predicting probable OCD.

**Methods:** 1259 undergraduates were recruited for a mass University screening. Participants were included in the OCD group (N = 291) if they met diagnostic criteria for OCD (DOCS total score > 20). Participants were included in the nondisordered group (n = 249) if they did not meet diagnostic criteria for any of the screened disorders (SAD, MDD, GAD, OCD, panic disorder, post-traumatic stress disorder, OCD, borderline personality disorder), denied suicidality, and denied receiving mental health treatment in the last 12 months. ROC analyses were used to examine the accuracy of the CAQ-W and the CAQ-GE in detecting probable OCD.

**Results:** Results of ROC analyses are reported in Table 1. AUC values for the CAQ-W and CAQ-GE were significantly different from the null hypothesis (AUC = .50, p < .001), and demonstrated excellent (.89) to outstanding (.91) accuracy in predicting probable OCD (Figure 1), respectively. Optimal sensitivity and specificity to detect probable OCD (Table 2) was achieved at a cut off score of 67.5 for the CAQ-W (Sensitivity = 81.4%; Specificity = 82.3%) and a cutoff score of 43.5 for the CAQ-GE (Sensitivity = 84.9%; Specificity = 85.5%).

**Image:**

Table 1
*ROC analyses of the CAQ-W and CAQ-GE in detecting probable OCD*

|  | AUC (SE) | AUC [95% CI] | Optimal cut-off score | Sensitivity % | Specificity % |
|---|---|---|---|---|---|
| CAQ-W | .89 (.01) | [.87,.92] | 67.5 | 81.44% | 82.33% |
| CAQ-GE | .91 (.01) | [.89,.94] | 43.5 | 84.88% | 85.54% |

*Note.* CAQ-W = Contrast Avoidance Questionnaire – Worry;
CAQ-GE = Contrast Avoidance Questionnaire – General Emotion;
AUC = Area Under the Curve

**Image 2:**

Table 2
*Sensitivity, Specificity, and Cutoff Scores of the CAQ-W and CAQ-GE*

|  | Cutoff Score | Sensitivity % | Specificity % |
|---|---|---|---|
| CAQ-W | 63.5 | 85.57 | 77.11 |
|  | 64.5 | 84.54 | 78.71 |
|  | 65.5 | 83.85 | 79.52 |
|  | 66.5 | 82.13 | 81.53 |
|  | **67.5** | **81.44** | **82.33** |
|  | 68.5 | 81.10 | 83.13 |
|  | 69.5 | 80.07 | 85.14 |
| CAQ-GE | 39.5 | 89.00 | 75.50 |
|  | 40.5 | 87.63 | 77.91 |
|  | 41.5 | 86.60 | 81.53 |
|  | 42.5 | 84.88 | 83.94 |
|  | **43.5** | **84.88** | **85.54** |
|  | 44.5 | 83.16 | 86.35 |
|  | 45.5 | 80.41 | 87.95 |

*Note.* CAQ-W = Contrast Avoidance Questionnaire – Worry;
CAQ-GE = Contrast Avoidance Questionnaire – General Emotion