

in both groups. A stimulatory response following ISO in all subjects even without  $\alpha$ -antagonists was also observed.

**Discussion** No difference in the basal AC activity in platelet membranes of healthy subjects and OCD patients was found. Our findings showed that there is an inhibitory component of ISO effect on platelet AC, due to the agonist interaction with  $\alpha_2$  receptors, at its higher concentrations ( $>1 \mu\text{M}$ ), as well as a condition of supersensitive  $\beta$ -receptors. Our study suggests the presence of catecholamine system disturbances in OCD.

**Disclosure of interest** The authors have not supplied their declaration of competing interest.

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#### EV0731

### Antipsychotic adjuvant treatment in OCD

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Antidepressant drugs selective inhibitors of serotonin reuptake (IRS) are the drugs effective in obsessive compulsive disorder. It has not been proven more effective none of them except clomipramine. Around 40–60% of the Patients with obsessive-compulsive disorder (OCD) remain unimproved by serotonin reuptake inhibitors (SRIs). Two cases are presented in relation to this disorder and its treatment.

Twenty-three year old woman begins to present anhedonia, apathy, isolation and low mood. Treatment was initiated with escitalopram with partial improvement.

**Obsessive component traits** Thirty year old man with obsessive clinic of years of evolution, with worsening in recent months treatment with 200 mg sertraline.

In both cases treatment with oral aripiprazole it was associated with a dose of 5 mg daily with improvement in obsessive symptoms.

**Results** The efficacy of aripiprazole as adjunctive drug treatment and obsessive anxiety is observed. However, we must take into account the potential risks posed as neuroleptic malignant syndrome and QTc prolongation.

**Conclusion** Aripiprazole is an antipsychotic which has a novel mechanism of action to be a partial agonist of dopamine D2 receptors. This fact has led to its inclusion in the group of antipsychotics called third generation, also called partial dopamine agonists, dopamine stabilizers or “dopamine-serotonin modulators system.” Its most common side effects such as nausea, headaches, agitation and akathisia were observed in studies on schizophrenia, schizoaffective disorder and bipolar disorder. Unlike other atypical antipsychotics, is considered a relatively neutral drug to weight gain, hyperprolactinemia, changes in metabolic parameters and sedation.

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#### EV0732

### Ect combined with clomipramine and rTMS in an OCD patient with secondary severe depression

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**Introduction** Obsessive-compulsive disorder (OCD) has high rates of comorbidity with mood disorders, mainly major depressive

disorder (MDD). Symptoms of depression are usually secondary to severe and disabling OCD. Electroconvulsive therapy (ECT) has been an effective and well tolerated therapeutic alternative in the management of refractory MDD. Other neuromodulation techniques, such as repetitive transcranial magnetic stimulation (rTMS), have well known efficacy in MDD and also have shown positive results, in clinical trials, treating other psychiatric disorders such as OCD.

**Objectives/aims** To determine the efficacy of combining rTMS, ECT and clomipramine in the treatment of severe OCD with comorbid severe MDD.

**Methods** The authors report a case of a 54-year-old male patient diagnosed with severe OCD for 23 years. He has been submitted to several drug treatments and intensive cognitive-behavioural therapy (CBT) always with poor response. The patient was admitted in the beginning of 2016 in our inpatient unit. Besides continuing drug treatment (clomipramine IV) and CBT, he was submitted to 12 ECT sessions during one month (3 sessions per week) and to daily sessions of rTMS during the following month.

Outcome measures were obtained using Y-BOCS for OCD and HAM-D for depression.

**Results** Our patient responded to ECT with mood improvement after session 4 to full euthymic state at the final session. He also responded well to rTMS with Y-BOCS score reduction.

**Conclusion** Combined ECT and rTMS treatment with clomipramine IV and CBT was effective in our patient with a severe form of both disorders (OCD and MDD).

**Disclosure of interest** The authors have not supplied their declaration of competing interest.

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#### EV0733

### Neuroleptic-induced parkinsonism in patient with obsessive compulsive disorder: A case report

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Obsessive-compulsive disorder (OCD) is a neuropsychiatric disorder characterized by either obsessions (recurrent unwanted thoughts, images or impulses) or compulsions (repetitive behaviors often performed to relieve anxiety or distress). In some cases, it is considered antipsychotic enhancement. However, in high doses, it can exacerbate OCD symptoms and cause extrapyramidal effects such as neuroleptic-induced Parkinsonism.

Here, the authors present a clinic case of a single male patient with 50 years old, in which with the age of 42, started with a obsessive-compulsive framework about the developed task at the work place (production of fabric) followed by several verifications of the assembled pieces, which interfered with his work performance. This patient was admitted to the psychiatric hospital due to the deterioration of the symptoms with obsessive ideas of HIV contamination resulting in rigid cleaning rituals. He was medicated with several OCD medications including Clozapine 50 mg.

In the following years and complaining of insomnia, the clozapine dose was increased by the patient reaching the dose of 200 mg. In 2016 he started secondary Parkinsonism framework to antipsychotics, characterized by akinesia, facial hypomimia, stiff, coarse tremor and stooped posture. Therapeutic setting was made with a reduction of clozapine at doses of 50 mg occurring fading of extrapyramidal symptoms and decrease the symptoms of OCD.

The authors intend with this presented case to highlight the importance of surveillance of patients receiving antipsychotics for OCD to avoid worsening of symptoms and the development of extrapyra-

midal effects, which deeply contribute to the decrease of quality life of these patients.

**Disclosure of interest** The authors have not supplied their declaration of competing interest.

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#### EV0734

### **Efficacy of cbt plus acceptance & commitment therapy versus cbt alone for obsessive-compulsive disorder. Protocol for a randomised single-blinded superiority trial**

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**Introduction** Cognitive behavioural therapy (CBT) is the first-line psychological treatment for Obsessive-Compulsive Disorder (OCD). However, 30% of individuals have a null or partial response. Preliminary evidence suggested that Acceptance & Commitment Therapy (ACT) may be effective. No study investigated whether the association of CBT with ACT may improve outcomes of CBT alone.

**Objectives** This paper presents the protocol of a trial where individuals with OCD will be randomly assigned to CBT alone or CBT plus ACT. Primary endpoints will be the number of individuals meeting OCD diagnostic criteria at post-treatment and follow-up. Secondary endpoints will be self-reported depression, anxiety, disgust and guilt, and obsessive beliefs. It is hypothesized that CBT plus ACT is associated to fewer individuals meeting OCD criteria and greater reductions in secondary endpoints.

**Methods** A single-blinded superiority randomised design will be used. Primary/secondary outcomes will be administered at baseline, post-treatment and 6-month follow-up. Treatment duration will be 25 weekly sessions in both conditions. Individuals (age ≥ 18 years) with OCD diagnosis will be recruited at mental health services in a 60.000 inhabitants area in Italy. Chi squared will be computed to test group differences on OCD diagnosis. ANCOVAs will be calculated entering baseline scores as covariates, group allocation as random factor and primary/secondary outcomes as dependent variables.

**Results** To obtain a medium effect size, 80% power and 0.05 significance, a priori power analysis suggests inclusion for at least 34 individuals as total sample.

**Conclusions** A description of the protocol will be provided. Strengths and potential limitations will be addressed.

**Disclosure of interest** The authors have not supplied their declaration of competing interest.

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#### EV0735

### **Intolerance for uncertainty is a prognostic factor of negative response after intensive inpatient CBT for medication-resistant obsessive-compulsive disorder**

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**Introduction** Cognitive theories of Obsessive-Compulsive Disorder (OCD) have identified six types of beliefs, which have a role as vulnerability and maintaining factors: Inflated sense of responsibility, Threat overestimation, Importance of thoughts, Control of thoughts, Perfectionism and Intolerance for uncertainty. As previous research showed that strong obsessive beliefs are linked to severe OCD symptoms, it could be hypothesized that they act as prognostic factors of negative response after cognitive behavioural therapy (CBT). However, poor research investigated this aspect.

**Objectives** The aim of the current study was to examine which obsessive beliefs could predict a worse response after intensive CBT in a group of inpatients with medication-resistant OCD.

**Methods** Forty inpatients [mean baseline Y-BOCS = 26.70, SD = 7.01] with medication-resistant OCD underwent 5-week intensive CBT including daily and prolonged exposure and response prevention (2.5 hours in the morning, 2.5 hours in the afternoon). All individuals have had inadequate symptom response after prior serotonin-reuptake inhibitor trials. The Y-BOCS, BAI, OBQ-87, and BDI-II were administered at baseline and post-treatment.

**Results** Inpatients who endorsed stronger intolerance for uncertainty, measured by higher scores on the OBQ-87 Intolerance for uncertainty scale, showed worse response after CBT, measured by having still higher Y-BOCS scores at post-treatment ( $\beta = 0.37$ ,  $t = 2.48$ ,  $r^2 = 0.14$ ,  $P < 0.05$ ). No effect of the other beliefs emerged.

**Conclusions** Current data demonstrated the role of intolerance for uncertainty as predictor of negative response after intensive CBT for resistant OCD in inpatient setting. Augmentation strategies should be introduced to improve outcomes of inpatients with intolerance for uncertainty.

**Disclosure of interest** The authors have not supplied their declaration of competing interest.

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#### EV0736

### **Cognitive behavioral therapy added to pharmacotherapy in patients suffering from pharmacoresistant obsessive-compulsive disorder**

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**Background** The objective of investigation was to determine whether patients with obsessive-compulsive disorder (OCD) resistant to drug therapy may improve their condition using intensive, systematic cognitive behavioural therapy (CBT) lasting six weeks and whether it is possible to predict treatment outcome using clinical and selected psychological characteristics.

**Method** From 66 OCD patients fifty-seven completed program. The diagnosis was confirmed using the structured mini international neuropsychiatric Interview. Patients were rated using the objective and subjective forms of the Yale-Brown Obsessive Compulsive Scale (Y-BOCS), objective and subjective forms of the Clinical Global Impression (CGI), Beck Anxiety Inventory