

**Conclusions:** Our results suggest that OS markers in blood do not seem to be a good biomarker of disease in symptomatic adult patients with OCD, and that OCD characteristics and comorbidities do not seem to have a clear impact on OS profile. Several factors contribute to the robustness of our findings, namely the sample size, the adjustment for confounding factors, and the assessment of a representative panel of OS markers using strict experimental methods. Future studies should always control for confounding factors when assessing OS markers and study OS profile in more specific samples, such as children or treatment-naïve patients.

**Disclosure of Interest:** None Declared

## EPV0640

### Professional Tennis Players and their susceptibility for Obsessive-Compulsive and Depressive Symptoms

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**Introduction:** A moderate sport activity is considered beneficial for both physical and mental health. On the contrary, different studies have shown that professional players may be more vulnerable to suffer from psychological and/or psychiatric disorders.

**Objectives:** Given the limited information available, the present study aimed to investigate the possible presence of depressive and obsessive-compulsive symptoms or disorders in a group of professional tennis players.

**Methods:** Twenty-five current or former professional tennis players (18 men and 7 women; mean age  $\pm$  SD:  $42.32 \pm 13.45$  years), were recruited within the Italian Tennis Federation during an international competition and during a master meeting of coaches. They were compared with a control group, recruited from university students, doctors and nurses. All of them underwent a psychiatric interview with a structured scale and a psychopathological assessment carried out with the Mini-International Neuropsychiatric Interview (MINI), the Yale-Brown Obsessive Compulsive Scale (Y-BOCS) and the Self Assessment Scale for Depression (SAD).

**Results:** The Y-BOCS total and subscale scores were significantly higher in both current and past athletes than controls. Current athletes showed higher scores at Y-BOCS total, subscales and some items. The majority of the current athletes also showed superstitions and magical thinking.

**Conclusions:** The present study demonstrated that professional tennis players show a relevant increase of obsessive-compulsive symptoms and superstitions than controls. Interestingly, current athletes resulted more severe than past ones. Taken together, our findings support the notion that agonistic sport activities of high level require intensive training and compliance to strict daily routines that might represent a sort of vulnerability toward the onset of full-blown obsessive-compulsive disorder (as well as other disorders) in more fragile individuals. Not surprisingly, sport psychological support experts are increasingly needed.

**Disclosure of Interest:** None Declared

## EPV0641

### Obsessive-compulsive disorder comorbid with rheumatoid arthritis: case report and review of literature

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**Introduction:** Obsessive-compulsive disorders are complex pathologies causing a major psychosocial handicap. However, their association with a disabling somatic pathology such as rheumatoid arthritis makes management more difficult.

**Objectives:** To investigate through a case analysis and a review of literature the association between obsessive-compulsive disorder (OCD) and rheumatological disorders.

**Methods:** We reported a case of a woman with a long history of obsessive compulsive disorder who presented rheumatoid arthritis and we conducted a review of literature through search on PubMed/MEDLINE following the terms “obsessive-compulsive disorder”, “rheumatoid arthritis”, “association”, “inflammation”.

**Results:** Case presentation: A 62-years old woman who had been followed at the psychiatric consultation for 20 years for OCD. She had been stabilised on clomipramin at a dose of 100 mg per day until 2012 and since then she had been lost to follow-up with the notion of poor compliance with the treatment. She re-consulted in August 2022 for worsening psychiatric symptoms such as phobic obsessions with delusional beliefs, verification compulsions, sleep disorders and multiple somatic complaints including diffuse arthralgia and chronic arthritis evolving for 6 months.

The patient was put on risperidone 2mg with anxiolytic without improvement. She was referred to the rheumatology consultation where the diagnosis of very active rheumatoid arthritis was retained, hence she was put on 20mg of prednisolone per day with methotrexate.

The evolution was marked by the accentuation of obsessions and compulsions with the appearance of depressive elements, hence the introduction of fluoxetine 40 mg per day, the increase in the dose of risperidone to 4 mg with the anxiolytic with an improvement on the somatic and psychiatric symptoms.

**Conclusions:** Literature had shown that patients with this OCD usually suffer from inflammatory or rheumatological comorbidities. This association could complicate the management of these patients.

**Disclosure of Interest:** None Declared

## EPV0642

### Perinatal obsessive-compulsive disorder in fathers

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