genu valgum, and 29.3% had genu varum). Radiological assessment showed that most of our patients were at Kellgren-Lawrence (KL) stage 3 (50%). All patients received analgesics, with 92.7% receiving NSAIDs, 67.1% local corticosteroid infiltrations, and 18.3% hyaluronic acid injections. The mean visual analog scale (VAS) score was 6.9 out of 10 [1-10]. The mean anxiety score was 7.5 [4-16], with 25.4% of patients exhibiting no anxiety symptoms (score ≤7), 40.3% displaying doubtful anxiety symptomatology (score between 8 and 10), and 34.3% having certain anxiety symptomatology (score ≥11). The mean depression score was 9.6 ± 4 [0-19]. 40% of patients had no depressive symptoms (score ≤ 7), 53.3% had doubtful depressive symptoms (score between 8 and 10), and 6.7% had certain depressive symptoms (score ≥11). The statistical analysis revealed a significant association between anxiety scores and KL stage, but no association with age, sex, mobility limitation, or VAS. Regarding depression, there was no significant association with epidemiological, clinical, or radiological parameters of knee osteoarthritis.

Conclusions: Although knee osteoarthritis may appear to be a benign pathology, its impact can be severe, including depression and anxiety. These mood disorders are primarily influenced by the disease stage. Therefore, psychological care is sometimes necessary in the management of these chronic degenerative diseases.

Disclosure of Interest: None Declared

Obsessive-Compulsive Disorder

EPP0630

Obsessive-compulsive symptoms in professional tennis players

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Introduction: Engaging in moderate physical activity holds a vital role in our daily lives, serving as both a means of social recreation and a fundamental contributor to physical and mental wellbeing. It is also worth noting that such activity can potentially produce mood-enhancing effects by promoting neurogenesis and neuronal adaptability. Intriguingly, certain individual psychological traits such as rituals, compulsions, obsessional thinking, and superstitious beliefs, as well as inflexibility in daily routines, appear to serve a purpose in competitive athletic endeavors.

Objectives: The aim of our study was to investigate the possible presence of obsessive-compulsive symptoms or disorders, as well as of superstitions or magical thinking, in a group of professional tennis players, by means of standardized assessment scales, as compared with healthy subjects who did not professionally perform any kind of sport activity.

Methods: Twenty-five current or former professional tennis were recruited within the Italian Tennis Federation during an

international competition and during a master meeting of coaches. All of them underwent a psychiatric interview with a structured scale and a psychopathological assessment carried out with the Mini-International Neuropsychiatric Interview (MINI) and the Yale-Brown Obsessive-Compulsive Scale (Y-BOCS). Data were analyzed and compared.analysis was performed by means of contingency tables, χ^2 tests, group statistics, paired, independent and Mann Whitney's tests.

Results: The Y-BOCS total score was significantly higher in both current and retired athletes than control subjects (5.96 ± 5.76 versus 1.24 ± 2.65, p = 0.001, t = 3.72). Current athletes showed more frequently current aggressive obsessions ($\chi2 = 0.041$, r = 5.24) and current miscellaneous compulsions ($\chi2 = 0.030$, r = 5.94) than past athletes. The Y-BOCS (t = 3.4, p = 0.002) obsessions (t = 3.48, p = 0.002), and compulsions subscale (t = 3.11, p = 0.005) scores were higher in current players than in the other group.

Conclusions: Our results support the hypothesis that high-level competitive sports activities, which suppose compliance with strict daily routines and extensive training, could constitute a risk factor for the onset of full-blown obsessive-compulsive disorder in more vulnerable subjects. Similarly, there is a growing demand for sport psychological support experts in order to prevent high stress in training and competitions.

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EPP0631

Does duration of untreated illness impact long-term outcome in obsessive-compulsive disorder?

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Introduction: The time period between the onset of a mental disorder and its first adequate treatment (duration of untreated illness - DUI) influence long-term prognosis and outcome in patients with severe mental disorders. The relationship between DUI and outcome was originally found in people affected by schizophrenia spectrum disorders, however in patients with Obsessive-Compulsive Disorder (OCD) DUI is significantly longer compared with that of patients with other severe mental disorders, such as schizophrenia and bipolar disorder.

Objectives: Aims of the present study is to assess the impact of DUI on long-term outcomes in OCD patients across published studies.

Methods: A systematic review was carried out by selecting relevant articles on the topic present in three common on-line databases, such as PubMed, APA PsycInfo, and Scopus, up to June 2023.

Results: Among included studies, DUI ranged from 7,0±8,5 to 20,9 ±11,2 years. Patients reporting a longer DUI have a poor long-term outcome, in terms of greater symptom severity and lower level of treatment response, whether pharmacological treatment or psychotherapy or a combination of these two. This is particularly true