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Introduction: Obsessive Compulsive Disorder (OCD) and Tic Disorder (TD) are two highly disabling, comorbid and difficult-to-treat conditions. DSM-5 acknowledged a new “tic-related” specifier for OCD, i.e., Obsessive-Compulsive Tic-related Disorder (OCTD), which may show poor treatment response.

Objectives: The aim of the present study was to evaluate rates and clinical correlates of response, remission and resistance to treatment in a large multicentre sample of OCD patients with versus without tics.

Methods: 398 patients with a DSM-5 diagnosis of OCD with and without comorbid TD was assessed from ten psychiatric departments across Italy. Treatment response profiles in the whole sample were analysed comparing the rates of response, remission and treatment-resistance as well as related clinical features. Multivariate logistic regressions were performed to highlight possible treatment response related factors.

Results: Later ages of onset of TD and OCD were found in the remission group. Moreover, significantly higher rates of psychiatric comorbidities, TD, and lifetime suicidal ideation and attempts were associated to the treatment-resistant group, with larger degrees of perceived worsened quality of life and family involvement.

Conclusions: While remission was related to later ages of OCD and TD onset, specific clinical factors, such as early onset and presence of psychiatric comorbidities and concomitant TD, predicted a worse treatment response, with a significant impairment in quality of life for both patients and their caregivers. These findings suggest a worse profile of treatment response for patients with OCTD.

Disclosure: No significant relationships.

Keywords: psychopharmacology; obsessive compulsive disorder; tic disorder; Treatment Resistance

EPV0908

Use of aripiprazole in an obsessive compulsive disorder case with associated motor tics

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Introduction: Obsessive compulsive disorder (OCD) is a pathology represented by thoughts, images, impulses or feelings that generate great anxiety and discomfort, as well as the development of compulsive acts and rituals that cause great dysfunction.

The comorbidity of different psychiatric disorders with OCD is known, such as impulse control disorder and tic disorder.

Objectives: The objective of this study is to describe the clinical characteristics, comorbidities and the treatment used in a patient with an OCD diagnosis and motor tics.

Methods: Description of a clinical case of motor tics associated with OCD in an adult patient.

Results: A 29-year-old man begins mental health follow-up for presenting, as a result of a choking episode, obsessive thoughts with significant emotional and behavioral repercussions, to the point of restricting his diet and losing several kilos of weight. He also manifested checks and rituals in order to avoid possible choking. Treatment with sertraline and clonazepam was started, without evidence of improvement in symptoms. Months later, bucolingual and guttural tics, difficult to control by the patient and which caused bite lesions in the mouth and tongue, were added to the described clinic. Oral aripiprazole was associated to the treatment and then prolonged- release intramuscular administration was used, achieving improvement in obsessive symptoms and motor tics.

Conclusions: The usefulness of adjuvant treatment with atypical antipsychotics has been demonstrated in adults with OCD who present an insufficient response to an SSRI. Injectable prolonged-release antipsychotics can help improve long-term prognosis by ensuring adherence.

Disclosure: No significant relationships.

Keywords: obsessive compulsive disorder; tic disorder; Aripiprazole

EPV0909

Herpes Simplex-1 and Toxoplasma gondii in Obsessive-Compulsive Disorder: clinical and brain imaging correlates

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Introduction: Obsessive-compulsive disorder (OCD) is a chronic, prevalent, and highly impairing psychiatric illness. While its aetiology remains unknown, several infectious agents have been associated to obsessive-compulsive symptoms, including herpes simplex virus 1 (HSV-1) and *Toxoplasma gondii*.

Objectives: To evaluate the serostatus for HSV-1 and *Toxoplasma gondii* in sample of patients with OCD, as well as its clinical and brain imaging correlates.

Methods: Twenty-six patients with OCD and 30 healthy controls recruited in Lisbon were assessed for sociodemographic and clinical characteristics using the Yale-Brown Obsessive-Compulsive Scale-II (YBOCS-II) and the Beck Depression Inventory-II (BDI-II). Seropositivity for HSV-1 and *Toxoplasma gondii* was assessed in serum using ELISA, and volumes of cortical and subcortical structures were assessed using T1-weighted magnetic resonance imaging.

Results: YBOCS-II and BDI-II scores were significantly higher in patients, while age, sex, smoking status, and seropositivity for