

QPP-15, WDAQ, ECPAD, OP2, OAS2, MPS-H&F, MPS-F, HEXACO-PI-R, MOCI, BDI-II). This battery will be repeated after 15 weeks of treatment, to evaluate symptom improvement.

**Results and conclusions** To be announced after 15 weeks of treatment course.

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

<http://dx.doi.org/10.1016/j.eurpsy.2016.01.478>

### EW362

#### Anger is associated with aggressive, contamination, and sexual obsessions in severe OCD outpatients

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**Introduction** Despite the potential theoretical and clinical relevance of psychopathological dimensions in Obsessive-Compulsive Disorder (OCD), few studies to date have investigated their possible association with obsession subtypes.

**Objectives/Aims** We aimed to examine whether, in OCD patients, anger and other psychopathological dimensions are associated with specific obsession subtypes.

**Methods** We consecutively recruited 57 first-visit DSM-V OCD patients (females = 66.7%; age range = 18–63 years) at the Psychiatric Outpatient Clinic of our University Hospital. These patients were affected by severe OCD, as shown by a median (1st quartile–3rd quartile) Yale-Brown Obsessive-Compulsive Scale (Y-BOCS) score of 27.0 (23.0–32.5). We used the point-biserial coefficient ( $r_{pbi}$ ) to measure the correlation between psychopathological dimensions, as assessed with the Scale for the Rapid Assessment of Psychopathology (SVARAD), and obsession subtypes, as evaluated with the Y-BOCS.

**Results** We found significant correlations ( $P$ -values < 0.05) between: anger/aggressiveness dimension and aggressive, contamination, and sexual obsessions; apprehension/fear dimension and contamination, religious, and somatic obsessions; sadness/demoralization dimension and contamination and somatic obsessions; obsessiveness/iterativity dimension and all obsession subtypes; impulsivity dimension and aggressive and sexual obsessions; somatic concern/somatization dimension and contamination and somatic obsessions. We also found, by using the Mann-Whitney  $U$ -test, that OCD patients with comorbid Obsessive-Compulsive Personality Disorder—but not Schizotypal or Histrionic ones—showed higher levels ( $P$  < 0.05) of obsessiveness/iterativity and anger/aggressiveness than OCD patients without the personality disorder.

**Conclusions** Anger and other psychopathological dimensions seem to be linked with specific obsession subtypes in OCD patients, suggesting an association between these dimensions and OCD.

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

<http://dx.doi.org/10.1016/j.eurpsy.2016.01.480>

### EW363

#### Does cognitive flexibility moderate the relationship between disgust sensitivity and contamination fear?

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High disgust sensitivity and poor cognitive flexibility have been independently identified as contributing factors in the aetiology of obsessive-compulsive disorder. This study looks at the relationship between contamination fear and disgust sensitivity in a non-clinical population. In particular, at whether two moderating factors, cognitive flexibility and emotional reappraisal, have a buffering influence. One hundred participants from an undergraduate population completed a battery of questionnaires which rated their disgust and level of contamination fear. They also completed a set-shifting task to assess cognitive flexibility and an emotion regulation questionnaire. The mean age of the sample was 21.4 years with 62% of the sample population being female. SPSS 16 was used to correlate the main variables using Pearson's correlation and moderated regression, using MODPROBE, was used for analysis. Results confirmed previous findings that high disgust sensitivity is significantly associated with contamination fear ( $P$  < 0.01). In addition to this, both cognitive flexibility and emotional reappraisal reduced the influence that disgust has on an individual's contamination fear. Cognitive flexibility and emotion reappraisal were not found to be significantly correlated to each other ( $P$  = 0.511), which suggest that these variables moderate the relationship between disgust and contamination fear independently of each other. Individuals with poor cognitive flexibility and/or poor emotional reappraisal were found to have high levels of contamination fear, which suggests that these two variables may attenuate the relationship between disgust and contamination fear. Future implications of these findings have been discussed although further research is needed to confirm these conclusions in a clinical population.

**Disclosure of interest** The author has not supplied his/her declaration of competing interest.

<http://dx.doi.org/10.1016/j.eurpsy.2016.01.481>

### EW364

#### The comorbidity of cluster C personality disorders in obsessive compulsive disorder as a marker of anxiety and depression severity

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**Introduction** Comorbid Cluster C Personality Disorders (PDs) are the most prevalent PDs in Obsessive-Compulsive Disorder (OCD). Investigating clinical correlates associated to OCD with Cluster C PDs may allow identifying tailored treatment strategies.

**Objectives** The current study examined whether OCD with comorbid cluster C PDs is associated to more severe OCD symptoms, anxiety and depression relative to OCD with comorbid cluster B PDs or OCD alone.

**Methods** Two hundred thirty-nine patients with OCD were included (mean age = 35.64, SD = 11.08, 51% females). Seventeen percent had a comorbid Cluster C PD, 8% had a comorbid Cluster B PD, and 75% had OCD alone. The Structured Clinical Interview for Axis I Disorders, Yale-Brown Obsessive Compulsive Scale, Beck Anxiety Inventory, Beck Depression Inventory-II were administered.

**Results** Patients with comorbid Cluster C PDs reported more severe depression and anxiety than those with comorbid Cluster B PDs ( $F$  = 10.48,  $P$  < 0.001) or with OCD alone ( $F$  = 9.10,  $P$  < 0.001). Patients with comorbid Cluster C PDs had more severe OCD symp-