EPV0647

Obsessive and compulsive symptoms in elderly: A litterature review

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Introduction: Obsessive compulsive symptoms may occur at any age. It was studied extensively in the youth contratry to the elderly that usually suffer for other health issues leading to misdiagnosis.
Objectives: We aim through this study to discover the particularities of OCD in elderly .
Methods: Our literature review was based on the PubMed interface and adapted for 2 databases: Science Direct and Google Scholar using the following combination (obsessive compulsive disorder [MeSH terms]) OR (OCD [MeSH terms]) AND (elderly [MeSH terms]) OR (dementia [MeSH terms]).
Results: Our review revealed 39 articles from which we selected 4 articles.
We found that in aged adults over than 50 years experience mostly somatic symptoms, religiosity, and moral scrupulosity as obsessive thoughts.
We also found that OCD can occur as a primary disorder in older women, whereas in men it either persists from, younger years or arises in the context of another psychiatric or medical disorder
The relationship between Obsessional illness, brain mechanisms and Cognitive disorders are not fully understood.
Indeed, we noted a relative Impairment in executive function in older adults with OCD stressing the link with cognitive impairment. Moreover, Obessive compulsive symptoms may worsen cognitive functioning .
Conclusions: Obsessive compulsive disorder presence in the elderly may be described as a primary health condition or be related to organic mental health issues in particular dementia. The physiopathology remains unclear therefore further studies are needed for better understanding and management.

Disclosure of Interest: None Declared

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Obsessive-compulsive disorder after traumatic brain injury: case report.

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Introduction: Although not the most prevalent clinical presentation, obsessive compulsive (OC) symptoms have been reported after TBI. Post-TBI OC disorder (OCD) cases are rare, so that OC symptoms in this setting are frequently described as OC personality disorders (OCPD).
Generally, the clinical features of post-TBI OCD are thought to be similar to those observed in idiopathic OCD, assuming the probable involvement of structures such as the orbitofrontal cortex, basal ganglia, limbic and thalamic systems in its pathophysiology, although no anatomical location clearly associated with post-TBI OCD being recognized.
Objectives: Brief systematic review of OCD post-TBI and case report.
Methods: Bibliographic research using Pubmed. Clinical interviews and file consultation, with patient informed consent.
Results: We present a case of a 63-year-old patient referred to the Psychiatry Consultation due to obsessive thoughts of dirt and contamination, accompanied by compulsive cleaning and sanitizing behaviors with at least 3 years of evolution with a history of TBI and right frontopolar hemorrhage 5 years ago. These behaviors significantly impaired his functionality (cleaning objects on average 300 to 700 times a day, spending hours in the shower). The patient had insight for the excessive behaviors and its daily impairment.
Conclusions: Psychopathology in the post-TBI context is not infrequent, however reported cases of post-TBI OCD are described as rare in the current literature. The short description of this phenomenon implies the need for more studies focused on the study of the phenomenology of post-TBI OCD. For example, while OCD and obsessive-compulsive symptoms tend to be recognizable psychiatric phenomena, neurobehavioral sequelae in a post-TBI context can present multiple manifestations and resemble OC phenomena, without actually constituting OCD.

Disclosure of Interest: None Declared

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Memantine augmentation of sertraline in the treatment of symptoms and executive function among patients with obsessive-compulsive disorder: A double-blind placebo-controlled, randomized clinical trial

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Introduction: Medications currently recommended for the treatment of Obsessive-Compulsive Disorder (OCD) usually decrease the severity of the symptoms by 20–30%; however, 40–60% of OCD patients do not achieve a satisfactory response. Our main objective was to investigate the effectiveness of memantine, a non-competitive N-Methyl-D-aspartate (NMDA) receptor antagonist, as an adjunct therapy to sertraline, a selective serotonin reuptake inhibitor (SSRI), to improve severity of symptoms and executive function among patients with obsessive-compulsive disorder.
Objectives: Our main objective was to investigate the effectiveness of memantine, a non-competitive N-Methyl-D-aspartate (NMDA) receptor antagonist, as an adjunct therapy to sertraline, a selective serotonin reuptake inhibitor (SSRI), to improve severity of

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symptoms and executive function among patients with obsessive-compulsive disorder.

Methods: Seventy patients with OCD according to the Diagnostic and Statistical Manual of Mental Disorders (DSM–5) criteria, and a Yale-Brown obsessive compulsive scale (Y-BOCS) score of more than 21 were recruited to the study. They received sertraline (100 mg daily initially followed by 200 mg daily after week 4) and either memantine (10 mg twice daily) or placebo in a placebo controlled, double-blinded, parallel-group, clinical trial of 12 weeks. The primary outcome was OCD symptoms measured by the Y-BOCS. Moreover, executive function of participants was measured by the Wisconsin Card Sorting Test (WCST).

Results: The total score, and obsession and compulsion subscales of Y-BOCS significantly dropped in both groups with no significant difference between the two groups. However, memantine group showed a greater response in the number of completed categories subscale of the WCST (p value<0.001). We did not observe any major adverse effects in any of the groups.

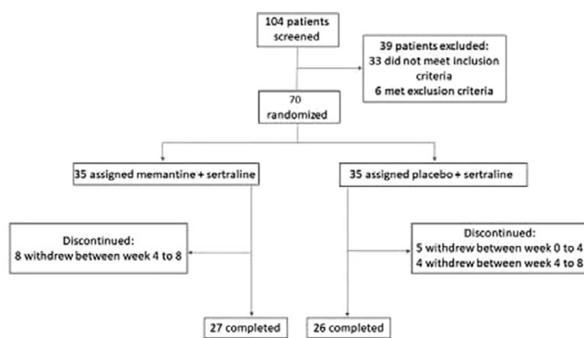
Image:

227

228 Table 1. Baseline characteristics of participants in first 4 weeks

		Treatment Group				
		memantine+sertraline (n=35)		placebo+sertraline (n=30)		P value
		Mean±SD	Count (%)	Mean±SD	Count (%)	
Age (years)		35.03±11.35		334.83±10.30		
Gender	Female		27 (77.1%)		17 (56.7%)	0.07
	Male		8 (22.9%)		13 (43.3%)	
Education	Illiterate		0 (0.0%)		1 (3.3%)	0.30
	Primary		1 (2.9%)		2 (6.7%)	
	Secondary		9 (25.7%)		5 (16.7%)	
	High school diploma		9 (25.7%)		13 (43.3%)	
					9	

Image 2:



05 Figure 1. Trial participants' flow-diagram.
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Image 3:

278 *Table 2.* Comparison of Yale-Brown obsessive-compulsive scale (Y-BOCS) subscales score
279 change from baseline for treatment groups

Y-BOCS subscale score reduction		Treatment group					
		memantine+sertraline			placebo+sertraline		
		Mean±SD	MD (95% CI)	p-Value	Mean±SD	MD (95% CI)	p-Value
Total	Week 4	23.03±6.42	4.85 (1.77-7.92)	<0.001	22.23±6.88	7.88 (4.48-11.27)	<0.001
	Week 12	11.22±6.26	16.66 (13.62-19.69)	<0.001	9.5±6.34	20.61 (17.35-23.86)	<0.001
Obsession	Week 4	12.55±3.01	2.62 (1.20-4.03)	<0.001	11.73±3.67	3.80 (2.13-5.46)	<0.001
	Week 12	6.29±3.33	8.88 (7.38-10.37)	<0.001	5.3±2.76	10.23 (8.82-11.63)	<0.001
Compulsion	Week 4	10.37±4.16	2.33(0.15-4.50)	0.03	10.42±4.15	4.15 (2.01–6.28)	<0.001
	Week 12	4.90±3.42	7.80 (5.77–9.82)	<0.001	4.15±3.92	10.42 (8.34–12.49)	<0.001

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Conclusions: Memantine has an acceptable safety and tolerability in patients with OCD and might have a positive effect on their executive function. Nevertheless, the current results don`t42 43 44 45 46 47 48 49 50 51 52 53 54 55 56 57 58 59 60 support the efficacy of memantine as an adjunctive agent to sertraline for symptoms in patients with OCD.

Memantine has an acceptable safety and tolerability in patients with OCD and might have a positive effect on their executive function. Nevertheless, the current results don`t support the efficacy of memantine as an adjunctive agent to sertraline for symptoms in patients with OCD.

Disclosure of Interest: None Declared

EPV0650

Obsessive-compulsive spectrum – review of the construct

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Introduction: Obsessive-compulsive disorder (OCD) is a clinical syndrome whose hallmarks are excessive, anxiety-evoking thoughts and compulsive behaviours that are generally recognized as unreasonable, but which cause significant distress and impairment. OCD may also occur in the context of other neuropsychiatric disorders, most commonly other anxiety and mood disorders. The question remains as to whether these combinations of disorders should be regarded as independent, cooccurring disorders or as different manifestations of an incompletely understood constellation of OCD spectrum disorders with a common aetiology.

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