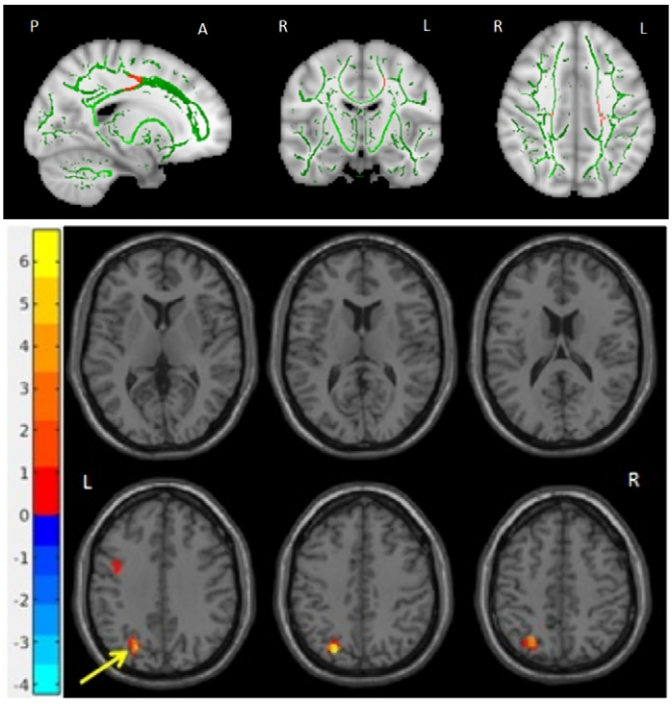

preprocessed and seed-based correlation (SBC) analysis was performed using Data Processing Assistant for Resting-State fMRI.
Results: We found decreased values of FA in the body of the Corpus Callosum bilaterally (MNI_coordinates: x= 16, y= -16, z= 33 and x= -19, y= -16, z= 42) and left superior longitudinal fasciculus in OCD patients (fig 1, left), as well as decreased rsFC of the right superior orbitofrontal seed with the left inferior frontal gyrus and left middle occipital gyrus (fig 2, right).
Conclusions: Using an exploratory multimodal approach we found evidence of abnormal structural and functional long-range connectivity of the OFC in OCD. If confirmed in a larger sample these connectivity abnormalities could be explored as potential predictors of response to OFC-targeted non-invasive neuromodulatory interventions.

Disclosure: No significant relationships.
Keywords: DTI; ocd; connectivity; orbitofrontal

O190

Neurofunctional predictive biomarkers of cognitive-behavioral therapy during fear conditioning in patients with obsessive-compulsive disorder

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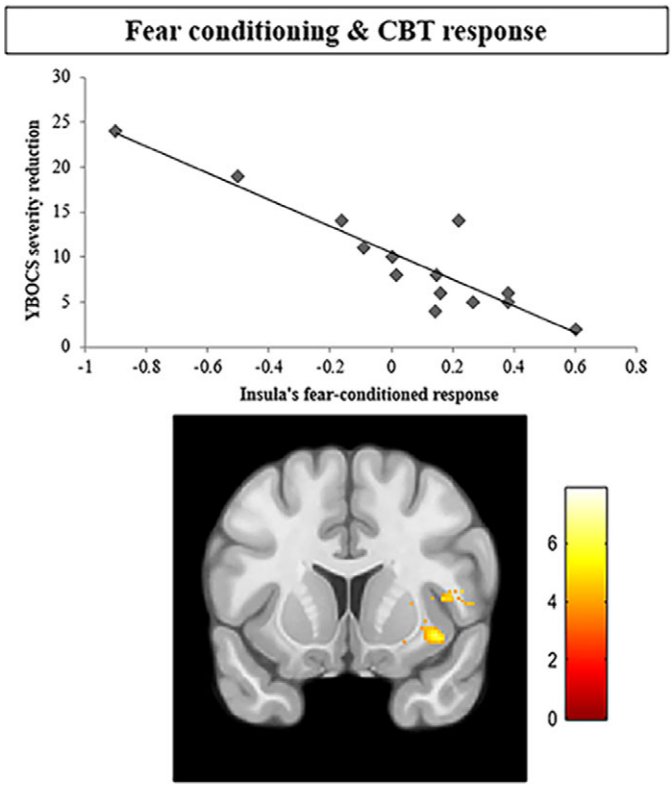
Introduction: Altered fear learning processes could be mechanistically linked to the development and/or maintenance of



obsessive-compulsive disorder (OCD). From a clinical perspective, the first-line psychological treatment for OCD is cognitive-behavioral therapy (CBT), which is based on the principles of fear learning. However, no previous functional magnetic resonance imaging (fMRI) studies have evaluated the predictive capacity of regional brain activations during fear learning on CBT response in patients with OCD.
Objectives: We aimed at exploring whether brain activation during fear learning in patients with OCD are associated with CBT outcome.
Methods: We assessed 18 patients with OCD and 18 healthy participants during a 2-day experimental protocol where brain activation and skin conductance responses (SCR) where assessed during fear conditioning, extinction learning, and extinction recall within the fMRI scanner. Following the protocol, patients with OCD received CBT.
Results: We found non-significant between-group differences in SCR during fear learning. Patients with OCD showed significantly diminished activation of the dorsal anterior cingulate cortex and the right insula during fear conditioning. Importantly, our analyses revealed a significant negative association between clinical improvement after CBT and activity at the right insula during fear conditioning ($x = 39, y = 12, z = -11; t = 5.64; p<0.001; k = 928$). This finding is displayed in Figure 1 below.
Conclusions: Patients with OCD may require less fear-conditioned brain responses to achieve the same level of psychophysiological fear conditioning as healthy participants. Interestingly, insula activations during fear-conditioned responses may represent a potential predictor biomarker of response to CBT for OCD.

Disclosure: No significant relationships.
Keywords: Cognitive-behavioral therapy; Fear conditioning; Predictive biomarkers; Obsessive-Compulsive disorder

O191

Sensory experience in obsessive compulsive disorder - sensiocd: Do they think or feel differently?

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Introduction: Obsessive-compulsive disorder (OCD) is associated to a wide range of symptomatic expression and treatment response variability [1]. Sensory perception has been identified as an emerging factor in this process [2]. Sensory vulnerability and atypical sensory experience were identified as risk factors for the development of OCD [3] and a sensory subtype of the disease was proposed in which there is a positive correlation with early onset sensory symptoms, male gender and family background [4]. Adding to the atypical sensory profile, obsessions are frequently experienced as partially perceptual.
Objectives: Our main goals are to characterize the sensory perception in OCD patients; assess the prevalence and intensity of the sensory properties of the obsessive thoughts and explore the how sensory perception, obsessive thoughts and obsessive dimensions/clusters are interrelated.
Methods: Patients with OCD diagnosis, aged 18 to 65 years and no comorbid mental disorder (except depression) will be recruited. The study battery will include participant form with demographical and clinical features, assessment of depressive and anxiety symptoms (HAM-A and HAM-D) evaluation of clinical outcome measures and obsessive dimensions/clusters (Yale-Brown Obsessive-Compulsive Scale (Y-BOQS) and Obsessive Beliefs Questionnaire-44 (OBQ-44)), assessment of sensory perception and sensory properties of obsessive thoughts (Sensory Perception Quotient (SPQ 21) and Sensory Properties of Obsessive Thoughts Questionnaire (SPOQ)).
Results: The results will help us understand the interaction between perceptual and cognitive processes in OCD.
Conclusions: Better definition of OCD psychopathology and the establishment of a sensory subtype may indicate the need of specific therapeutic indications or a different escalation of treatment measures.

Disclosure: No significant relationships.
Keywords: ocd; sensory experience; obsessive spectrum; obsessive thoughts

O193

Can we reduce the stigmatisation experience with psychosocial interventions? An investigation of the meeting centre support programme impact on people with cognitive impairments

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Introduction: People living with dementia or mild cognitive impairment (MCI) experience stigmatisation and there are not many specific psychosocial interventions dedicated to help them coping with this issue, reducing its impact on their lives.
Objectives: This study aimed to a) investigate the stigmatisation level among people with dementia and MCI in Poland, Italy and the United Kingdom and b) assess the role of the Meeting Centre Support Programme (MCSP) in decreasing stigmatisation.
Methods: We investigated outcomes for 114 people with dementia and MCI living in Italy, Poland and the UK who participated 6 months in MCSP or usual care (UC) using a pre/post-test control group study design. Level of stigmatisation was assessed with the Stigma Impact Scale: neurological impairment (SIS).
Results: Stigmatisation level (SIS) among participants varied from 2 to 65 (median=33.5; Q1=27; Q3=41) with people from the UK experiencing a statistically significantly higher level of stigmatisation than people in Italy and Poland. In Italy, stigmatisation was lower (p=0.02) in the MCSP group following the intervention. In Poland, the social isolation level did not significantly change in MCSP, but increased (p=0.05) in UC. In the UK, the social rejection level raised (p=0.03) in MCSP. Overall, the combined data of the three countries did not show statistically significant differences in SIS between MCSP and UC.
Conclusions: Stigmatisation among people with dementia and MCI is complex and seems culturally dependent. There is a great opportunity in psychosocial interventions to reduce the burden of stigma among people with dementia which requires further investigation.

Disclosure: No significant relationships.
Keywords: dementia; Stigma; attitude; social isolation

O194

Rates of 1-year cognitive impairment in older adults who developed delirium due to a systemic infection

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Introduction: Delirium affects a significant proportion of hospitalized older patients with acute infections. There is growing evidence that delirium accelerates the cognitive decline at long term.
Objectives: We aimed to determine if delirium during hospitalization was independently associated with cognitive deterioration at one-year.
Methods: From a total of 22 patients (12 C, 4 Dem, 2 D, and 4 DD) delirium (D and DD groups) was associated with a worse score in MOCA of 3-points (p<.02) and 2.5-points (p<.03), respectively, at one year, follow up. Dementia patients without delirium had a