Obsessive-Compulsive Disorder

O0004

Early-onset obsessive-compulsive disorder: sociodemographic and clinical characterization of a large outpatient cohort

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Introduction: Obsessive-compulsive disorder (OCD) is a prevalent and disabling condition characterized by a wide variety of phenotypic expressions. Several studies have reinforced the hypothesis of OCD heterogeneity by proposing subtypes based on predominant symptomatology (Mataix-Cols et al., 2005), course (Tukel et al., 2007), and comorbidities (Mahasuar et al., 2011). Early-onset OCD could be considered a neurodevelopmental subtype of OCD, with evidence of distinct neurocircuits supporting disease progression (Park et al., 2022).

Objectives: The aim of the present study is to evaluate the sociodemographic and clinical differences between the early-onset and late-onset subtypes in a large patient cohort.

Methods: Two hundred and eighty patients diagnosed with OCD were consecutively recruited from the OCD Tertiary Clinic at Luigi Sacco University Hospital in Milan. Sociodemographic and clinical variables were analyzed for the entire sample and compared between the two subgroups (EO: early-onset, age <18 years [40%]; LO: late-onset, age ≥ 18 years [60%]).

Results: The EO group showed a higher frequency of male gender (65.5% vs 34.5%, p< .001, see Figure 1a), a higher presence of lifetime psychiatric comorbidities (75.7% vs 24.3%, p =.025), and higher rates of Tic and Tourette disorders (7.2% vs 0%, p=.006) compared to the LO group. Additionally, in the EO subgroup, a longer duration of untreated illness was observed (9.05 ± 10.0 vs 5 ± 7.17; p<.001, see Figure 1b), along with a lower presence of insight (33.3% vs. 66.7%, p =.024). No significant differences emerged in the Yale-Brown Obsessive-Compulsive Scale scores between the groups.

Image:

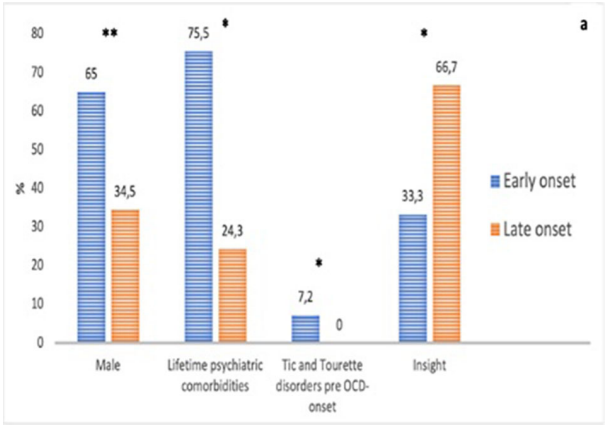
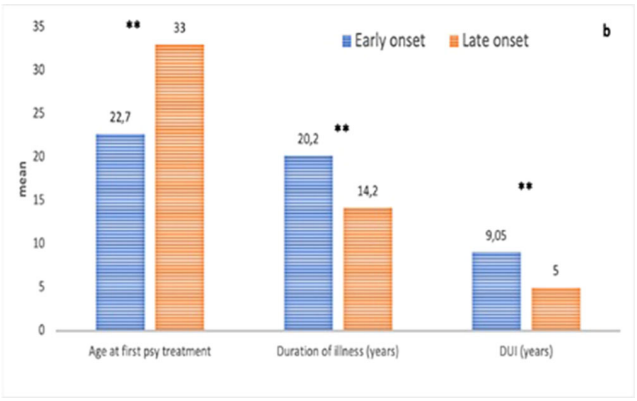


Image 2:



Conclusions: The early-onset OCD subtype highlights a more severe psychopathological profile compared to the late-onset group. Exploring distinct manifestations and developmental trajectories of OCD can contribute to a better definition of homogeneous subtypes, useful for studying risk factors and defining targeted therapeutic strategies for treatment.

Disclosure of Interest: B. Benatti Speakers bureau of: Angelini, Lundbeck, Janssen, Rovi, N. Girone: None Declared, M. Vismara: None Declared, C. Bucca: None Declared, B. Dell'Osso Grant / Research support from: Angelini, Lundbeck, Janssen, Pfizer, Otzuka, Neuraxpharm, and Livanova, Speakers bureau of: Angelini, Lundbeck, Janssen, Pfizer, Otzuka, Neuraxpharm, and Livanova.

O0005

A multivariate meta-analysis of peripheral cytokine levels in obsessive compulsive disorder

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Introduction: Obsessive-compulsive disorder (OCD) is a common psychiatric disorder. It is considered that dysregulation of cytokine levels is related to the pathophysiological mechanism of OCD. However, the results of previous studies on cytokine levels in OCD are inconsistent.

Objectives: To perform a meta-analysis assessing cytokine levels in peripheral blood of OCD patients.

Methods: We searched in PubMed, Web of Science, and Embase from inception to March 31, 2023 for eligible studies. We conducted multivariate meta-analysis in combined proinflammatory cytokines (interleukin-6 [IL-6], IL-1β, IL-2, tumor necrosis factor-α [TNF-α], and interferon-γ [IFN-γ]) and combined anti-inflammatory cytokines (IL-10 and IL-4) respectively, and calculated the same meta-analysis in each cytokine. We also performed sensitivity analysis and publication bias tests, as well as subgroup

analysis (i.e. different age groups, varied cytokine measurement methods, medication treated or naïve, and presence of psychiatric comorbidities) and meta-regression analysis (variables including patients' sex ratio, age, age at symptom onset, illness duration, scores of Y-BOCS, family history of psychiatric disorders, and BMI).
Results: 17 original studies (13, 13, 10, 5, 4, 3, 2 studies for IL-6, TNF-α, IL-1β, IL-10, IL-2, IL-4, and IFN-γ, respectively), 573 patients (mean age, 25.2; 50.3% female) and 498 healthy controls (HC; mean age, 25.3; 51.4% female) were included. The results showed that the levels of combined pro- or anti-inflammatory cytokines and each signle cytokine were not significantly different between OCD patients and HC (all $P>0.05$), with significant heterogeneities in all analyses (I^2 from 79.1% to 91.7%). We did not find between-group differences in cytokine levels in all subgroup analyses. Meta-regression analysis suggested that age at onset ($P=0.0003$) and family history ($P=0.0062$) might be the source of heterogeneity in TNF-α level. Sensitivity analysis confirmed that all results were stable, except for IL-4 where different cytokine measurement methods may be the contributing factor. Egger test did not find publication bias.
Conclusions: Our study showed no difference in cytokine levels between OCD patients and HC, but age at onset and family history may affect TNF-α level. Confounding factors such as age at onset, family history, and cytokine measurement methods should be controlled in future studies to further explore the immune mechanism of OCD.

Disclosure of Interest: None Declared

Post-Traumatic Stress Disorder

O0007

Exploring predictors of Treatment Attendance in Patients with PTSD and Comorbid Personality Disorders: Secondary Analysis of a Randomized Controlled Trial

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Introduction: Posttraumatic stress disorder (PTSD) and personality disorders (PD) often co-occur and treatment dropout remains a challenging problem for both disorders. The literature on predictors of treatment dropout is highly mixed and few reliable predictors have been identified for both PTSD and PD treatments separately, let alone for concurrent PTSD and PD treatment.
Objectives: The aim of the present study was to identify predictors of treatment attendance among a wide range of variables in patients with PTSD and comorbid PD who received trauma-focused treatment with and without concurrent PD treatment.
Methods: Data were used from the prediction and outcome study in comorbid PTSD and personality disorders (PROSPER), a study consisting of two randomized clinical trials (RCT) testing the effectiveness of trauma-focused treatment (eye movement desensitization and reprocessing or imagery rescripting) with versus without concurrent PD treatment (dialectical behavior therapy or group schema therapy). 256 patients with PTSD and comorbid personality disorder participated in the study. The potential predictors included demographic (e.g. work status), patient severity (e.g. PTSD severity), patient-therapist (e.g. working alliance) and therapist (e.g. therapist experience) variables. The ordinal outcome variable was treatment attendance (0, 1-7, 8-11, 12+ trauma-focused treatment sessions). Relevant predictors were identified by a series of ordinal regression analyses (threshold for inclusion $p < .10$). Relevant predictors were then entered together in a final ordinal regression model. Multiple imputation was used to handle missing data.
Results: The final model included ten predictor variables and provided a good fit for the data (pooled $R^2_{Nagelkerke} = .29$). Higher education level (OR = 1.22, p = .009), self-rated PTSD severity (OR = 1.04, p = .036) and working alliance (OR = 1.72, p = .047) were associated with a larger number of attended sessions. Higher levels of inadequate social support from a friend (OR = 0.90, p = .042) and being randomized in the concurrent treatment condition (OR = 0.52, p = .022) were associated with a smaller number of attended sessions.
Conclusions: In terms of treatment attendance rates, the results suggest that trauma-focused treatment is preferred over concurrent trauma-focused and personality disorder treatment for patients presenting with PTSD and PD. Clinicians should further be aware of the risk of lower treatment attendance for patients with a lower educational background and those reporting inadequate social support. Enhancing working alliance may protect against early treatment termination. Finally, patients with higher levels of PTSD severity at baseline may need a larger number of treatment sessions.

Disclosure of Interest: None Declared

Psychophysiology

O0009

Assessment of Cognitive Performance and Psychophysiological Signals in Mental Patients by a Novel Method

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Introduction: Mental disorders often manifest broad cognitive deficits that detrimentally affect daily functioning. Stress indicated by heart rate variability (HRV) has been linked to these cognitive functions.