QPP-15, WDQ, 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.

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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.

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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.

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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 II 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-

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toms than those with OCD alone but not than those with comorbid Cluster B PDs ($F = 3.12$, $P < 0.05$).

Conclusions OCD with Cluster C PDs could be a subtype with more severe anxiety and depression. These findings could be explained with the fact that Cluster C PDs are characterized by behaviours, which can be seen as maladaptive attempts to cope with anxiety and depression. Tailored treatment strategies for OCD with comorbid Cluster C PDs are discussed to target co-occurring anxiety and depression.

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

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EW365

Group cognitive behavioural therapy for outpatients with obsessive-compulsive disorder in a psychiatric service in Italy

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Introduction Group Cognitive Behavioural Therapy (GCBT) is a cost-effective modality of treatment alternative to individual Cognitive Behavioural Therapy (CBT). Despite several well-controlled trials demonstrated the efficacy of GCBT for Obsessive Compulsive Disorder (OCD), few studies evaluated the effectiveness of GCBT on outpatients attending routinary psychiatric services, and in Italy this topic appears understudied.

Objectives The current study evaluated the effectiveness of a GCBT protocol on OCD symptoms and comorbid depression and anxiety in a group of outpatients attending a psychiatric service in Italy.

Method Twenty outpatients with a diagnosis of OCD were included in the study and received 20 sessions of GCBT, consisting of psychoeducation on anxiety and OCD, relaxation training, in vivo/imaginal exposure and response prevention, cognitive restructuring for obsessive beliefs, cognitive defusion, and assertiveness training. The Yale-Brown Obsessive Compulsive Scale (Y-BOCS), Beck Depression Inventory (BDI-II), Beck Anxiety Inventory (BAI) were administered at pre- and post-treatment.

Results Two outpatients had a comorbid bipolar disorder, eight had a concurrent personality disorder. Ten outpatients were on concurrent antidepressants, five on antipsychotics. Three outpatients prematurely dropped out from treatment. Among completers, GCBT produced significant changes on OCD symptoms, anxiety and depression from pre- to post-treatment. The GCBT protocol was feasible and the outpatients reported high satisfaction judgements.

Conclusions Future studies should investigate clinical predictors of best response after GCBT and assess maintenance of symptom changes at long-term follow-up.

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

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EW366

Cognitive behavioral therapy in pharmacoresistant obsessive-compulsive disorder

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Background The aim of the study was to determine whether patients with OCD resistant to drugs may improve using intensive, systematic CBT lasting six weeks and whether it is possible to predict the therapeutic effect using demographic, clinical and psychological characteristics at baseline.

Method There were 66 patients included in the study. Fifty-seven patients completed the program. The diagnosis was confirmed by a structured interview MINI. Patient were rated before the treatment using Y-BOCS (objective and subjective form), CGI (objective and subjective form), BAI, BDI, DES (Dissociative Experiences Scale), SDQ 20 (Somatoform Dissociation Questionnaire), and SDS (Sheehan Disability Scale), and at the end of the treatment using subjective Y-BOCS, objective and subjective CGI, BAI, and BDI. Patients were treated with antidepressants and daily intensive group cognitive behavioral therapy for the period of six weeks.

Results During the 6-week intensive cognitive behavioral therapy program in combination with pharmacotherapy, there was a significant improvement in patients suffering from OCD formerly resistant to pharmacotherapy. There were statistically significant decreases in the scales assessing the severity of OCD symptoms, anxiety, and depressive feelings. The lower treatment effect was achieved specifically in patients who:
- showed fewer OCD themes in symptomatology;
- showed a higher level of somatoform dissociation;
- with poor insight;
- with a higher level of overall severity of the disorder in the beginning.

The remission of the disorder was achieved more probably in patients with:
- good insight;
- the lower level of initial anxiety;
- without comorbidity with the depressive disorder.

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

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EW367

Investigation of affective temperaments and chronobiology in patients with obsessive-compulsive disorder

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Introduction Comorbid mood disorders affect negatively the prognosis of obsessive-compulsive disorder (OCD). Affective temperaments are assumed to be subsyndromal symptoms and precursors of mood disorders but its effects on OCD outcome remain unclear. There is a body of evidence, which supports the association between circadian rhythm disturbances and mood disorders in literature. In contrast, there is limited data concerning