

**Objectives:** To review critically whether there is a robust basis for the concept of an obsessive-compulsive (OC) spectrum of disorders, and if so, which disorders should be included.

**Methods:** Literature review performed on PubMed and Google Scholar databases, using the keywords “obsessive-compulsive disorder”, “obsessive-compulsive spectrum”, “body dysmorphic disorder”, “hypochondriasis”, “trichotillomania”, “psychiatry”.

**Results:** Obsessive-compulsive disorder (OCD) itself is a heterogeneous condition or group of conditions, and this needs to be appreciated in any articulation of a ‘spectrum’ of OC disorders. The basis for ‘membership’ of the spectrum is inconsistent and varied, with varying level of support for inclusion in the putative spectrum.

**Conclusions:** A more fruitful approach may be to consider behaviours and dimensions in OCD and OC spectrum disorders, and that this should be encompassed in further developments of the OC spectrum model.

**Disclosure of Interest:** None Declared

## EPV0651

### The Fear of Smell: The Relationship Between Obsessive Traits and Self-odor Concern

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**Introduction:** DSM-5’s framing of Obsessive-Compulsive and Related Disorders (OCDs) paved the way for the increasingly structured definition of obsessive-compulsive spectrum disorders. The spectrum would include, among others, body dysmorphia, hair-pulling, skin-picking, obsessional jealousy, and olfactory reference syndrome (ORS). ORS – i.e., persistent concern about emitting a foul or offensive body odor – causes clinically significant distress or impairment in several areas of functioning.

**Objectives:** This study aimed to investigate the relationship between obsessive traits and self-odor concern in a clinical sample that did not meet the diagnostic criteria for either OCDs or ORS.

**Methods:** In a sample of 220 adults referring to an outpatient Mental Health Service in Bologna, Northern Italy, we measured (1) self-odor concern through two specific items – sweat hatred (SH) and body odor hatred (BOH) – on the Body Uneasiness Test (BUT) and (2) obsessive traits through the total score of the Obsessive-Compulsive Inventory-Revised (OCI-R). Therefore, we performed correlation and regression analysis to examine the relationship between obsessive-compulsive traits and self-odor concern.

**Results:** We found a positive correlation between OCI-R and SH scores ( $r = 0.330$ ) and OCI-R and BOH scores ( $r = 0.188$ ). Linear regression analysis demonstrated that OCI-R score significantly predicted SH score [ $F(1, 218) = 26.455, R^2 = 0.109, p < 0.001$ ] and BOH score [ $F(1, 218) = 8.017, R^2 = 0.035, p = 0.005$ ], highlighting that obsessive-compulsive traits predict both sweat and body odor hatred.

**Conclusions:** These results demonstrate that obsessive traits and self-odor concern are strictly connected. This knowledge may allow

us, even in the absence of an overt diagnosis of OCDs or ORS, to better identify an at-risk population before it suffers impairment in functioning. Overall, further research is needed to help characterize obsessive-compulsive spectrum disorders before symptom exacerbation.

**Disclosure of Interest:** None Declared

## Old Age Psychiatry

### EPV0655

#### Involvement of the intestinal microbiota in the formation of neurodegenerative disorders

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**Introduction:** Increased life expectancy, increased prevalence of neurocognitive disorders, various aspects of the concept of “age” and pathogenic the influence of late age on the formation of cognitive deficit was the basis for this study. Bi-directional communication between the brain and the intestine is continuous and supported by the mechanisms that carry out the work of the axis “brain-gut”. Increased life expectancy, increased prevalence of neurocognitive disorders, various aspects of the concept of “age” and pathogenic the influence of late age on the formation of cognitive deficit was the basis for this study. Bi-directional communication between the brain and the intestine is continuous and supported by the mechanisms that carry out the work of the axis “brain-gut”

**Objectives:** Studied relationships between microbiota of the gastrointestinal tract and CNS diverse and dynamic, including in relation to to age and the aging process. Studied relationships between microbiota of the gastrointestinal tract and CNS diverse and dynamic, including in relation to to age and the aging process.

**Methods:** Microbiotic a person’s profile is age-specific. Changes in microbial middle age increase mental, cognitive problems in the elderly and senile age.

**Results:** Dysbiosis of the intestinal microbiota in AD triggers neuroinflammation, which contributes to the accumulation of A $\beta$  in brain structures and pathological cleavage of the tau protein, which leads to disruption of the functions of microglia, hippocampus, and synaptic transmission. The emergence of a two-way connection through the vagus nerve system between the formations of the digestive tract containing microbiota and the CNS with the formation of a “vicious circle” with the development of age-related pathological processes in the CNS. The diverse and multilevel process of aging in its pathological form embraced the active participation of mental adaptation.

**Conclusions:** Involvement of the microbiota in the pathogenesis of the disease Alzheimer’s suggests that the correction intestinal microflora may have potential value for the prevention of cognitive damage and / or be included in the therapeutic complex, which requires further study and analysis. Involvement of the microbiota in the pathogenesis of the disease Alzheimer’s suggests that the

correction of intestinal microflora may have potential value for the prevention of cognitive damage and / or be included in the therapeutic complex, which requires further study and analysis

**Disclosure of Interest:** None Declared

## EPV0656

### Frontotemporal dementia – a catastrophic form of dementia praecox

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**Introduction:** Frontotemporal dementia (FTD) is a devastating neurodegenerative condition with several clinical presentations for which there is currently no effective treatment. Although much less common than Alzheimer's disease, the impact of FTD is high thanks to its relatively early onset and high heritability. This subtype of brain atrophy production decided the frontal and temporal lobes. Clinical heterogeneity and overlap with other neurodegenerative and psychiatric syndromes complicate diagnosis. Three different subtypes are recognized: behavioral variant, non-fluent aphasia, and progressive semantic dementia.

**Objectives:** Clinical review of frontotemporal dementia including the clinics, determination of diagnosis, treatment, and prognosis with a clinical case report.

**Methods:** Bibliographic research with the terms dementia, frontotemporal dementia.

**Results:** The current clinical case follows a patient in her fifties, born in Brazil, who has a child and a poor social support network. No significant history, celebrating at least two years marked by an evolution framework of progressive change in verbal memory, increase in verbal influence, change in executive functions, namely, and definition of verbal decision.

**Conclusions:** In general terms, behavioral and language alterations are the dominant aspects of this type of dementia and as characteristics common to the various subgroups of FTD.

FTD is a catastrophic clinical entity thanks to its beginning, the exuberance of the clinical picture, and mainly the lack of treatment with guidance aimed at relieving symptoms and improving the patient's quality of life.

**Disclosure of Interest:** None Declared

## EPV0657

### Optimization of antipsychotic use in the elderly with severe mental illness; a review of three cases.

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**Introduction:** A descriptive study is presented on three cases in which the adjustment of antipsychotic treatment has led to an improvement in the patients' quality of life.

**Objectives:** The objective is the description of the process of treatment optimization in elderly people, with the secondary improvement in the quality of life.

**Methods:** These are three female patients, with an average age of 73 years, institutionalized in the ORPEA Puerta de Hierro Specialized Mental Health Center for the Elderly. Two of them have a diagnosis of paranoid schizophrenia, and the third has a diagnosis of delusional disorder. The average age at the onset of symptoms was 21 years old.

All three were receiving treatment with biweekly zuclopenthixol, 200mg DMD together with haloperidol at a mean dose of 7.5mg of haloperidol. For the extrapyramidal side effects presented they were on treatment with biperiden 4mg DMD.

In addition to psychopathological examinations and subjective impressions, previous and current status were compared with the Barthel Scale, GDS and family satisfaction scale.

**Results:** The treatment of the three patients was modified, in a period of three months, replacing the treatment with zuclopenthixol 200mg DMD to paliperidone extended release 150mg every 21 days, as well as with oral paliperidone, at an average dose of 10mg DMD. Also, biperiden treatment could be completely withdrawn and the dose of haloperidol could be reduced to 2.25mg.

In addition to the reduction of polypharmacy doses, an overall improvement is observed in relation to psychotic symptoms, without presenting exacerbations and improvement in the control of chronic psychotic symptoms. Likewise, they have improved at the affective level, presenting less negative symptoms, improvement of the affective flattening, being more resonant in the interaction with peers and with increased participation in joint activities. On the other hand, at a cognitive level, a significant improvement has been observed.

**Conclusions:** First generation antipsychotics produce a high rate of side effects, such as prolactin increase, affective blunting and extrapyramidal symptoms. In contrast, second-generation antipsychotics, in addition, act as 5HT<sub>2A</sub> antagonists, thus reducing the rates of unwanted effects.

Some studies have shown that paliperidone increases prolactin to a lesser extent than risperidone and causes fewer extrapyramidal and cognitive effects. Furthermore, because of its safety profile, paliperidone may be a first-choice strategy in psychosis in the elderly, even in its intramuscular extended-release form in nonadherent patients.

In conclusion, the elderly are a vulnerable population and to a greater extent when they suffer from a severe mental disorder. The aim of any treatment must be directed not only to control positive symptoms, but also to slow down the deterioration of the disease itself, as well as to improve quality of life and functionality.

**Disclosure of Interest:** None Declared