

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.

<http://dx.doi.org/10.1016/j.eurpsy.2016.01.482>

### 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 routine 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.

<http://dx.doi.org/10.1016/j.eurpsy.2016.01.483>

### 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.

<http://dx.doi.org/10.1016/j.eurpsy.2016.01.484>

### 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