

symptoms and executive function among patients with obsessive-compulsive disorder.

Methods: Seventy patients with OCD according to the Diagnostic and Statistical Manual of Mental Disorders (DSM-5) criteria, and a Yale-Brown obsessive compulsive scale (Y-BOCS) score of more than 21 were recruited to the study. They received sertraline (100 mg daily initially followed by 200 mg daily after week 4) and either memantine (10 mg twice daily) or placebo in a placebo controlled, double-blinded, parallel-group, clinical trial of 12 weeks. The primary outcome was OCD symptoms measured by the Y-BOCS. Moreover, executive function of participants was measured by the Wisconsin Card Sorting Test (WCST).

Results: The total score, and obsession and compulsion subscales of Y-BOCS significantly dropped in both groups with no significant difference between the two groups. However, memantine group showed a greater response in the number of completed categories subscale of the WCST (p value<0.001). We did not observe any major adverse effects in any of the groups.

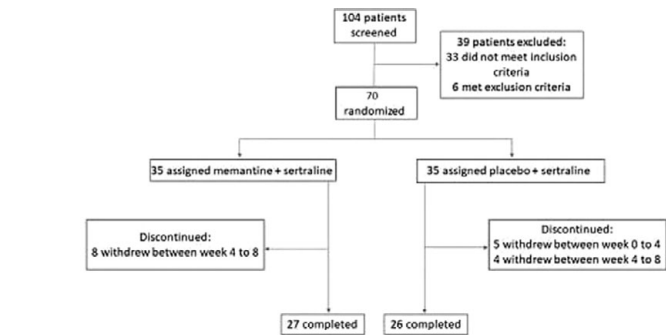
Image 1:

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228 Table 1. Baseline characteristics of participants in first 4 weeks

		Treatment Group		P value
		memantine+sertraline (n=35)	placebo+sertraline (n=30)	
		Mean±SD	Mean±SD	
Age (years)		35.03±11.35	33.83±10.30	
Gender	Female	27 (77.1%)	17 (56.7%)	0.07
	Male	8 (22.9%)	13 (43.3%)	
Education	Illiterate	0 (0.0%)	1 (3.3%)	0.30
	Primary	1 (2.9%)	2 (6.7%)	
	Secondary	9 (25.7%)	5 (16.7%)	
	High school diploma	9 (25.7%)	13 (43.3%)	
			9	

Image 2:



05 Figure 1. Trial participants' flow-diagram.

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Image 3:

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279 Table 2. Comparison of Yale-Brown obsessive-compulsive scale (Y-BOCS) subscales score change from baseline for treatment groups

Y-BOCS subscale score reduction		Treatment group					
		memantine+sertraline			placebo+sertraline		
		Mean±SD	MD (95% CI)	p-Value	Mean±SD	MD (95% CI)	p-Value
Total	Week 4	23.03±6.42	4.85 (1.77-7.92)	<0.001	22.23±6.88	7.88 (4.48-11.27)	<0.001
	Week 12	11.22±6.26	16.66 (13.62-19.69)	<0.001	9.5±6.34	20.61 (17.35-23.86)	<0.001
Obsession	Week 4	12.55±3.01	2.62 (1.20-4.03)	<0.001	11.73±3.67	3.80 (2.13-5.46)	<0.001
	Week 12	6.29±3.33	8.88 (7.38-10.37)	<0.001	5.3±2.76	10.23 (8.82-11.63)	<0.001
Compulsion	Week 4	10.37±4.16	2.33(0.15-4.50)	0.03	10.42±4.15	4.15 (2.01-6.28)	<0.001
	Week 12	4.90±3.42	7.80 (5.77-9.82)	<0.001	4.15±3.92	10.42 (8.34-12.49)	<0.001

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Conclusions: Memantine has an acceptable safety and tolerability in patients with OCD and might have a positive effect on their executive function. Nevertheless, the current results don't support the efficacy of memantine as an adjunctive agent to sertraline for symptoms in patients with OCD.

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Disclosure of Interest: None Declared

EPV0650

Obsessive-compulsive spectrum – review of the construct

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Introduction: Obsessive-compulsive disorder (OCD) is a clinical syndrome whose hallmarks are excessive, anxiety-evoking thoughts and compulsive behaviours that are generally recognized as unreasonable, but which cause significant distress and impairment. OCD may also occur in the context of other neuropsychiatric disorders, most commonly other anxiety and mood disorders. The question remains as to whether these combinations of disorders should be regarded as independent, cooccurring disorders or as different manifestations of an incompletely understood constellation of OCD spectrum disorders with a common aetiology.

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