stablished. Diagnosis of OCD increases the risk of a later diagnosis of ASD, and vice versa. Moreover, a recent combined genome-wide association study identified a shared polygenic risk between the two disorders. Our preliminary results also indicate that OCD patients have higher levels of autistic traits than individuals from the community.
Objectives: To determine which autistic dimensions (social skill, communication, attention switching, attention to detail imagination) are predictors of OC symptoms.
Methods: 39 OCD patients (52,5% female; 19 to 64 years old) answered the Portuguese versions of the Autism-Spectrum Quotient for Adults and Obsessive Compulsive Inventory – Revised (OCI-R). Spearman correlation and linear multiple regression tests were performed using SPSS.
Results: The OCI-R global score showed positive correlations with some AQ dimensions (attention switching, attention to detail and communication). The regression model showed that attention to detail ($\beta = .43$, $p = .01$) and attention switching ($\beta = .33$, $p = .038$) explained 36% of obsessive-compulsive symptoms variance.
Conclusions: Our results are in line with a dimensional perspective of psychopathological continua and indicate that the overlap between OCD and ASD occurs through shared neurocognitive processes. We suggest that, besides being a predisposing factor for social difficulties (e.g.: facial/emotion recognition) in ASD, attention to detail and deficits in attention switching may also lead to difficulties to dismiss repetitive thoughts or extinguish behaviours in OCD. Future studies should investigate the distinctive features and underlying processes between OCD/ASD.

Keywords: neurocognitive processes; Obsessive-Compulsive disorder; autism spectrum disorder

EPP0827

Profile of patients consulting in child psychiatry for trichotillomania

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Introduction: Trichotillomania is a disorder characterized by the compulsive pulling out of one's own hair. It usually starts just before or after puberty, and about 1 to 2% of people have this disorder. But its incidence is variable over the years and socio-demographic data.
Objectives: Describe the profile of children and adolescents consulting for trichotillomania.
Methods: An incidence survey was carried out among children and adolescents followed for trichotillomania at the out-patient unit of child psychiatry (Monastir - Tunisia) from January 2003 to September 2020.
Results: Among the 11000 patients who were followed during the study period, 47 patients presented trichotillomania, corresponding to a rate of 0.42%. Three of them presented with associated trichophagia and two were operated on in pediatric surgery for trichobezoar. A female predominance was noted with a sex-ratio of 0.37. The average age was 9.3 years with extremes ranging from 2 to 15 years. Almost all of the patients were in school. Most of the patients were referred by dermatologists. We retained in these patients: 17% presented an attachment disorder, 14.8% had a depressive disorder, 6.3% had anxiety elements, 6.3% had an intellectual disability, 4.2% had an associated enuresis and one case had a GAD. The treatment was to undergo behavioral measurements or CBT in 91.4%. Pharmacological management was carried out in 46.8% of patients and was mainly based on antidepressants.
Conclusions: Trichotillomania is a disorder that can be stressful for patients as well as their families. Better knowledge of the profile of these patients is necessary in order to better therapeutic efficacy.

Keywords: trichotillomania; Antidepressants; trichophagia; CBT

EPP0828

Cognitive behavioral therapy in obsessive-compulsive disorder: A review

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Introduction: Obsessive-compulsive disorder (OCD) is characterized by the presence of obsessive thoughts and recurring compulsive acts. The prevalence is 1-3% in the general population. The treatment consists of Cognitive Behavioral Therapy (CBT) alone, or in combination with antidepressants.
Objectives: Provide an overview of the elements of CBT in this disease and the techniques used.
Methods: The authors did a non-systematic review in Pubmed with the words: "Obsessive-Compulsive Disorder" and "Cognitive Behavioral Therapy".
Results: According to the cognitive-behavioral model model, in this disease intrusive thoughts arise spontaneously, normally and universally, interrupting the normal flow of thought. They are usually neutral and form the basis for vulnerable people to develop obsessive problems. CBT uses techniques that aim to correct dysfunctional thoughts and beliefs, as well as behavioral techniques that aim to change compulsive behaviors. It aims to help people to come to the conclusion that the problem is not in the intrusive thoughts, but in the meaning they attribute to them, and in the various strategies they adopt to try to control them. It basically follows the following steps - patient assessment, through one or more semi-structured interviews; initial phase that includes the assessment of motivation for treatment and psychoeducation; intermediate phase, with the continuation of monitored exercises and reinforcement of cognitive and behavioral techniques; discharge, with discharge preparation working on relapse prevention and maintenance therapy.
Conclusions: Currently, CBT is considered the first-line therapy for the treatment of this disorder, however some patients are still refractory, and very little is known about its predictors of response.

Keywords: Obsessive-Compulsive disorder; Cognitive Therapy Behavioral; psychotherapy

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EPP0829

Glutamatergic dysfunction in resistant obsessive-compulsive disorder: An auditory mismatch negativity study

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Introduction: Obsessive-compulsive disorder (OCD) patients with poor response to serotonin reuptake inhibitors (SRIs) may have dysfunction involving other neurotransmitters, including glutamate. Mismatch negativity (MMN), an event-related potential dependent on glutamatergic functioning, has not been studied in the adult OCD population and SRI non-responders.
Objectives: To compare the amplitude of MMN between OCD subjects who have responded(R) and not responded(NR) to SRIs, with healthy volunteers(HV).
Methods: MMN was measured in 15 OCD subjects fulfilling DSM-IV criteria (8 non-responders and 7 responders) and 22 healthy volunteers. Auditory MMN was measured using a multi-feature paradigm consisting of two variants each in frequency, duration, and intensity domains. EEG was recorded using 64 channel electrodes at 1000Hz. Epochs of 700 ms were extracted for each stimulus. MMN was evaluated as peak difference between the deviant and standard stimulus. MMN amplitudes at Fz were used for comparison between the groups using Kruskal-Wallis test followed by posthoc analysis, with significance set at $p<0.05$.
Results: There was no significant difference in age/gender distribution between the three groups and duration of illness between the two OCD groups. There was a significant difference in MMN amplitude of a frequency deviant between the three groups ($H=7.312, P=0.026$). Post-hoc pairwise analyses revealed a significant reduction in MMN amplitude in NRs as compared to the HV group ($H=10.9, P=0.04$).
Conclusions: The results are suggestive of glutamatergic dysfunction in OCD subjects with poor response to SRIs. The findings have to be replicated in larger samples employing other paradigms to evaluate glutamatergic functioning and have future potential in understanding treatment response to SRIs.

Keywords: Obsessive-Compulsive disorder; glutamate in OCD; mismatch negativity; resistant OCD

EPP0830

Impaired emotion regulation in obsessive-compulsive disorder and hoarding disorder.

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Introduction: There is suggestive evidence linking hoarding with several problems in emotional regulation, and though this is shared with OCD patients, it may not correlate to the presence of obsessive symptoms.
Objectives: The present study aimed to examine self-reported deficits in emotion regulation (ER) and obsessiveness among individuals with hoarding disorder (HD) in comparison with others with obsessive compulsive disorder (OCD) and healthy controls
Methods: Twenty-two adult outpatients with HD, twenty-two with OCD and twenty-two age and gender matched healthy control (HC) participants completed the Emotion Regulation Questionnaire (ERQ) which measures respondents tendency to regulate their emotions in two ways: Cognitive Reappraisal and Expressive Suppression. They fulfilled as well the OCI-R which evaluates six groups of OCD symptoms: Washing, Checking, Ordering, Obsessing, Hoarding, and Neutralizing.
Results: The HD and OCD groups scored higher, (p 0.04), on Cognitive Reappraisal than did the HC group. There was no significant difference between groups in Expressive Suppression. HD and HC groups scored significantly lower, ($p < 0.001$), in OCI-R than OCD patients.
Conclusions: Results suggest that OCD and HD are characterized by self-reported deficits in ER, but this relationship in HD patients is not solely attributable to obsessive symptoms.

Keywords: Obesessive Compulsive Disorder; Hoarding Disorder; Emotional Regulation; Obsessiveness

Old age psychiatry

EPP0831

Alcohol-related dementia – an overlooked entity?

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Introduction: The relationship between alcohol use and dementia is complex. There is a J-shaped relationship between alcohol use and cognitive impairment and evidence shows that one-quarter of the dementia population have alcohol related problems. It is estimated that alcohol-related dementia (ARD) contributes for about 10% of all cases of dementia, especially early-onset dementia, but is largely overlooked or seen as a comorbid factor.
Objectives: To clarify the relationship between alcohol use, alcohol-related brain damage and dementia; to review the clinical features, neuropathology, nosology and neuropsychology of ARD and alcohol-induced persisting amnestic syndrome (Wernicke-Korsakoff syndrome- WKS).
Methods: We performed a review of systematic reviews from the last 10 years. A total of 28 systematic reviews were identified.
Results: Heavy alcohol use has been shown to be a contributory factor and necessary factor in the development of multiple brain diseases. It may cause brain damage in multiple ways: direct neurotoxic effect of acetaldehyde; thiamine deficiency. It is also a risk factor for other conditions, such as hepatic encephalopathy, epilepsy and head injury.
Conclusions: Clinical observation favors the diagnosis of ADR as a distinct entity, but broader evidence reflects significant commonality between ARD and WKS, tough neuropsychological studies