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doi: 10.1192/j.eurpsy.2026.11010

Introduction: Obsessive-compulsive disorder (OCD) resistant to selective serotonin reuptake inhibitors (SSRIs) remains a major clinical challenge, as many patients do not adequately respond to first-line treatments. Vortioxetine, a multimodal antidepressant approved for major depressive disorder, shows a favorable tolerability profile and potential cognitive benefits. However, evidence for its use in OCD is limited.
Objectives: This study evaluated the efficacy and tolerability of vortioxetine monotherapy in adults with SSRI-resistant OCD.
Methods: This retrospective, observational, multicentre study included 64 adults with OCD (DSM-5) who had not responded to at least one adequate SSRI trial (≥12 weeks, therapeutic dose). Patients received vortioxetine monotherapy (≥20 mg/day) for at least eight weeks. Symptom severity was measured using the Yale-Brown Obsessive-Compulsive Scale (Y-BOCS), Hamilton Depression Rating Scale (HAM-D), and Hamilton Anxiety Rating Scale (HAM-A) at baseline and weeks 2, 4, 6, and 8. Clinical response was defined as a ≥25% reduction in Y-BOCS. Adverse events were systematically recorded.
Results: At week 8, 39.1% of patients achieved response. Mean Y-BOCS scores decreased from 27.1 to 20.7 ($p<0.001$), with improvements in both obsessions and compulsions. HAM-D and HAM-A scores also significantly decreased ($p<0.001$), from 21.0 to 12.6 and 26.9 to 16.1, respectively. Vortioxetine was generally well tolerated; 59.4% reported at least one side effect, most commonly nausea (29.7%). No serious adverse events were observed.
Conclusions: These findings suggest vortioxetine monotherapy may be a promising and safe option for SSRI-resistant OCD. Controlled, prospective studies are needed to confirm its role in this population.

Disclosure of Interest: None Declared

EPP450

Exploring Serum Neutrophil Gelatinase-associated Lipocalin as a Potential Biomarker in Obsessive-Compulsive Disorder

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doi: 10.1192/j.eurpsy.2026.11009

Introduction: Obsessive-compulsive disorder (OCD) is a chronic psychiatric disorder affecting approximately 2% of the population, characterized by intrusive thoughts and repetitive behaviors that impair functioning. Although its pathogenesis remains incompletely understood, accumulating evidence implicates inflammatory mechanisms in its development. Neutrophil gelatinase-associated lipocalin (NGAL) is a pro-inflammatory glycoprotein primarily secreted by glial cells, involved in regulating neuroinflammatory responses and neuronal injury. Only a limited number of studies have assessed NGAL in OCD; the first reported elevated serum levels in patients compared with controls, with no association to symptom severity.
Objectives: This study aimed to compare serum NGAL levels in drug-naïve OCD patients and healthy controls, and to examine possible associations with sociodemographic variables and clinical severity.
Methods: In this case-control study, 29 drug-naïve patients diagnosed with OCD according to DSM-5 criteria and 28 age- and sex-matched healthy controls were included. Clinical severity was assessed using the Yale-Brown Obsessive-Compulsive Scale (Y-BOCS). Venous blood samples were collected from all participants, and serum NGAL concentrations were measured using an enzyme-linked immunosorbent assay (ELISA). Sociodemographic data were recorded through structured interviews. Statistical significance was assessed using Mann-Whitney U test, T-test and Pearson/Spearman correlation for relationships between variables.
Results: Serum NGAL levels were analyzed in OCD patients (n=29) and healthy controls (n=28). Median NGAL concentration was (103.81 (85.17-153.99)**ng/mL)** in the OCD group and (140.13 (92.61-358.72)ng/mL) in controls, with no statistically significant difference ($p=0.089$).Sex-stratified analyses also revealed no significant differences between groups. No correlation was found between NGAL levels and severity of symptoms among OCD patients. (Total Y-BOCS score $r_s = 0.041$; compulsions $r_s = 0.036$; obsessions $r_s = 0.075$, ($p > 0.05$))
Conclusions: Serum LCN2 levels did not differ between drug-naïve OCD patients and healthy controls, and no association with symptom severity was observed. Conflicting findings in the literature suggest that LCN2 alone is unlikely to serve as a reliable biomarker for OCD. The absence of significant differences may reflect sample size limitations or the complex role of LCN2 in neuroinflammation, possibly consistent with the inverted U-shaped effect described in other psychiatric disorders. Comparable smoking status and BMI between groups reduce the likelihood of major confounding. Larger longitudinal studies are warranted to clarify the role of LCN2 in the neurobiology of OCD

Disclosure of Interest: C. Selvi Grant / Research support from: SCIENTIFIC RESEARCH PROJECTS COORDINATION UNIT (BAP) / GAZI UNIVERSITY, I. Ekmekci Ertek: None Declared, Ö. Gülbahar: None Declared

EPP451

Cognitive Flexibility Training in Virtual Reality for Patients with Obsessive-Compulsive Disorder

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doi: 10.1192/j.eurpsy.2026.11008

Introduction: Obsessive-compulsive disorder (OCD) is a persistent psychiatric condition displaying a variety of symptoms, defined as obsessions - intrusive thoughts eliciting anxiety, and compulsions - repetitive actions providing temporary relief from the anxiety provoked by the obsessions (Fontenelle et al., 2006). Recent neuropsychological evaluations indicate that OCD patients may

https://doi.org/10.1192/j.eurpsy.2026.11008 Published online by Cambridge University Press

have compromised cognitive flexibility (Gruner and Pittenger, 2017), and it is plausible to use training methods to target this impairment (Zuzankova & Fajnerova, 2023).
Objectives: This feasibility study evaluates the integration of Virtual Reality-based Cognitive Training (VRCT) into inpatient cognitive-behavioral therapy (CBT) for obsessive-compulsive disorder (OCD). The primary aim is to assess participant engagement, adherence, and preliminary cognitive outcomes to determine the acceptability of VRCT in clinical settings.
Methods: Cognitive flexibility (CF) and symptom severity will be measured through cognitive tasks (Trail Making Test, Stroop Task, Verbal Fluency, Go/NoGo Task, and the Berg's Card Sorting Test (BCST) and self-report scales (CFI, Y-BOCS). Feasibility metrics include adherence rates, task completion, and subjective experience of presence and cybersickness (IPQ, SUS, SSQ). The study involves 25 participants with OCD (F42 in ICD-10; 6B20 in ICD-11) undergoing a 6.5-week CBT program with VRCT.
Results: Analyses will include descriptive statistics, correlation analyses, and thematic analysis of participant feedback.
Conclusions: This study provides insights into the acceptability and practicality of VRCT for OCD treatment, laying the groundwork for future research on its clinical efficacy.

Disclosure of Interest: None Declared

Personality and Personality Disorders

EPP452

Childhood Trauma, Borderline Personality Disorder, and Inflammation: Specific Links of Emotional Neglect with CRP and IL-6 Elevation in BPD

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doi: 10.1192/j.eurpsy.2026.11007

Introduction: Childhood trauma has been linked to low-grade inflammation, but the contribution of trauma subtypes and the role of borderline personality disorder (BPD) remain unclear.
Objectives: We assessed whether distinct trauma domains relate to inflammatory markers and whether differences between BPD patients and healthy controls (HC) shape these associations.
Methods: In this cross-sectional cohort (N=90; BPD and HC), serum levels of CRP, IL-6, IL-1β, IFN-γ and TNF-β were measured. Trauma was assessed using TEC domains and summary scores. Linear models were fitted for each marker–trauma pair after Box–Cox/log transformations selected by AIC. Model diagnostics guided inference: if assumptions were met, classical t-tests were used; otherwise robust HC3 SEs and studentized wild bootstrap (B=2000). Multiple testing was controlled with Benjamini–Hochberg FDR. Additional sensitivity analyses added covariates (Group, BMI, education, smoking).
Results: Between-group comparisons showed no differences for IL-1β, IFN-γ or TNF-β; these were not pursued further. After FDR correction, CRP was positively associated with emotional neglect (β≈0.09 on log-CRP; p=0.002; p_adj=0.018), robust to smoking adjustment. IL-6 correlated with total trauma load (p=0.005; p_adj=0.046) in simple models; however, this association attenuated after including diagnostic group, with BPD participants displaying higher IL-6 levels than HC regardless of trauma scores.
Conclusions: Emotional neglect in childhood is specifically linked to elevated CRP, suggesting a pathway from relational deprivation to chronic low-grade inflammation. Elevated IL-6 appears more characteristic of BPD patients than of trauma exposure alone. Other cytokines (IL-1β, IFN-γ, TNF-β) showed no group differences. Findings highlight the clinical relevance of assessing emotional neglect, reducing modifiable risks such as smoking, and addressing inflammation in BPD.

Disclosure of Interest: None Declared

EPP453

Preliminary results of the TREBEA program, an outpatient comprehensive treatment for borderline personality disorder, in a region of northern Spain (Basque Country)

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doi: 10.1192/j.eurpsy.2026.11006

Introduction: Personality disorders (PD) are a heterogeneous group of mental disorders characterized by maladaptive patterns of thinking, feeling, perceiving, and behaving. It is estimated that approximately 12% of the general population in Western countries meets the criteria for a PD diagnosis (Volkert *et al.*, 2018).
Borderline Personality Disorder (BPD) is a PD characterized by a persistent pattern of instability in interpersonal relationships, self-image, emotions, and behavior. PDs have been associated with higher psychiatric comorbidity, 85% of people whith PD diagnosis have at least one other mental disorder of the DSM-5. They also have higher rates of self-harm, suicidal ideation, and suicide risk (Hiroeh *et al.*, 2001).
The TREBEA outpatient program is a comprehensive treatment for patients with BPD, which has an interdisciplinary and cross-cultural approach.This program takes place in Gipuzkoa, an area in northern Spain located in the Basque Country. Most interventions are based on dialectical behavioral therapy (DBT), most validated therapy and empirical evidence for the treatment of BPD (Gale *et al.*, 2022).
Objectives: The TREBEA program would have three main objectives:
1. Clinical: Implementation of validated and effective therapeutic interventions for patients with BPD.
2. Research: Evaluation of the effectiveness of interventions implemented in our population and study of factors that influence the clinical course of patients with BPD.

https://doi.org/10.1192/j.eurpsy.2026.11008 Published online by Cambridge University Press