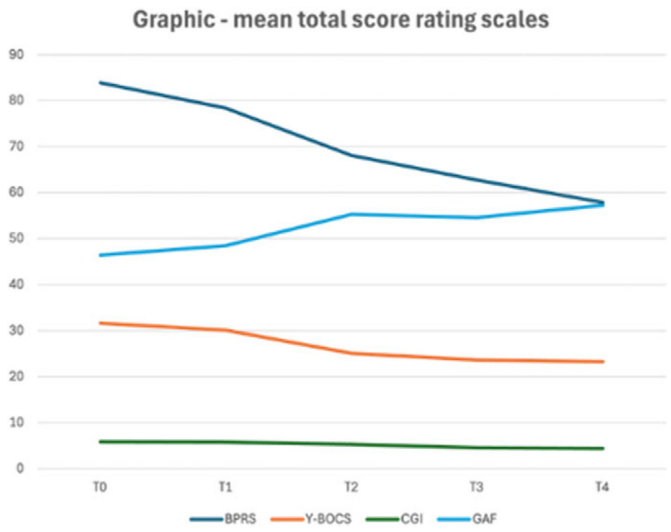
Image 3:



Conclusions: Our small observational study aimed to evaluate the efficacy of brexpiprazole in a group of patients affected by OCD with psychotic features. Despite the small sample analyzed, the results of our study point towards a possible use of brexpiprazole in this group of patients affected by OCD with psychotic features during normal routine clinical practice.

Disclosure of Interest: None Declared

EPV1109

New pharmacological therapies in pure OCD: about a case

C. Garcia Bernal

Psychiatry, Private Medical Center Dra. Cristina Garcia Bernal, Seville, Spain
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Introduction: Obsessive disorders occur in 2 to 3% of the world's population. They are very often underdiagnosed, causing great discomfort to the person.
Objectives: With this clinical case I would like us to be able to use new therapeutic strategies that, even though they are outside the technical specifications, work and improve the quality of life of patients with obsessive disorder.
Methods: I present the clinical case of a 14-year-old male who consulted for obsessive symptoms a year and a half ago.
The patient reports that he cannot stop thinking throughout the day, any type of absurd thought comes to him and he is not able to stop it, it limits his functionality to the point that a significant academic decline had occurred when previously the minor scored very good grades. He has had angry outbursts at school due to the discomfort his thoughts cause him. I treated with Clomipramine 75 mg and Clonazepam solution as a rescue anxiolytic and appointment in 3 weeks.
Results: The patient progressively improves in the organization of thought and decreases obsessive content, increasing the medication with Clomipramine up to 150 mg at night. After two months, it is the mother who consults because she sees her son very tired, he had gained a lot of weight and was complaining of dry mouth (side effects) and it continues to persist and worsen functionality. Given the patient's lack of complete improvement and the obvious side effects, I decided to first progressively change Clomipramine to Vortioxetine up to 40 mg. Upon evaluation, the patient feels better about the obsessive content and no side effects appear, but cognitive rigidity, inflexibility, and functional and academic decline persist. That is why two months later, I started Cariprazine 1.5 mg and in a few days the patient felt more animated, eager to do things and concentrated better, even so I decided to go up to 3 mg and that is when the patient reported a notable improvement, also reported by his mother and his psychologist. He is currently continuing with this treatment.
Conclusions: Neither Vortioxetine nor Cariprazine has an indication in the technical specifications for obsessive disorders, but there are publications that show that it works without having the side effects of drugs with a dirtier pharmacological profile.

Disclosure of Interest: None Declared

EPV1111

Case report: a rare case of obsessive-compulsive disorder

E. Ilgin[1]*, S. Göktaş[2], Ö. Gülerer[2] and S. T. Tabur[3]

[1]Psychiatry, Marmara University; [2]Psychology, Yeditepe University, Istanbul and [3]Psychology, Hasan Kalyoncu University, Ankara, Türkiye
*Corresponding author.
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Introduction: Obsessive-compulsive disorder (OCD) is a chronic mental health condition characterized by intrusive thoughts (obsessions) and repetitive behaviors (compulsions), which significantly impair daily functioning and quality of life. While common obsessions often revolve around contamination, symmetry, or safety, rarer forms of OCD can involve highly specific and unusual fears.
Objectives: The aim of this case analysis is to comprehensively examine the possible causes and treatment approaches of obsessive-compulsive disorder, focusing on the investigation of various obsessive conditions that are rarely observed in the literature.
Methods: The patient's history was thoroughly examined, and interviews conducted with the patient's family were also included in the evaluation. Possible causes of the disorder (from a biopsychosocial perspective) and treatment approaches such as psychotherapy and pharmacotherapy were analyzed through a literature review. Additionally, the patient was assessed using the Yale-Brown Obsessive Compulsive Scale (YBOCS), Brown Beliefs Scale, Beck Anxiety Inventory, and Beck Depression Inventory.
Results: The patient, N.C., is a 64-year-old woman whose general appearance is somewhat older than her age, with partially diminished self-care, having insight, divorced, and living with three of her six children. The patient experiences intense anger when any product containing sweets enters her home, including fruits. She feels discomfort even when using or hearing the word "sweet." The patient insists that no family member brings any sweet-containing products into their home, leading to frequent arguments on the subject. She reports high levels of anxiety, difficulties in social relationships, and significant limitations in daily life activities.

Her relatives have also observed and reported these challenges. The patient mentions feeling a sticky sensation on her hands when she sees sweets and experiences a compulsion to wash her hands when this sensation occurs. Her symptoms are consistent with the classical symptoms of obsessive-compulsive disorder, including obsessions (persistent thoughts about sweets and associated anger) and compulsions (the need to wash her hands). The diagnosis was made by Dr. Ece Ilgın.She has been started on fluvoxamine 50 mg/day, which will be titrated. She will return for a follow-up appointment at the clinic in one month.
Conclusions: The symptoms of obsessive-compulsive disorder in patient N.C. include obsessions related to sweets, fruits, a sense of 'stickiness' that cannot be clearly identified, and avoidance obsessions linked to these. These symptoms significantly impact the patient's quality of life and family relationships. It is believed that a combination of psychotherapy and pharmacotherapy will be effective in alleviating the patient's symptoms and improving their quality of life.

Disclosure of Interest: None Declared

EPV1112

Relationship obsessive compulsive disorder: The hidden struggle in romantic relationships

A. Karmous[1], H. Ktari[2]*, H. Ghabi[3], A. Hajri[1], E. Khelifa[1], A. Maamri[1] and H. Zalila[1]

[1]Emergency and outpatient department, Razi hospital, Manouba; [2]Psychiatry department, Tahar Maamouri hospital, Nabeul and [3]Department G, Razi hospital, Manouba, Tunisia
*Corresponding author.
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Introduction: Obsessive-compulsive disorder (OCD) is a psychiatric disorder that presents a wide variety of clinical features and obsessional themes. A particular form of OCD has received growing attention from researchers and clinicians. Called relationship OCD (ROCD), this form concerns obsessive-compulsive symptoms arising around the romantic relationship and the partner.
Objectives: The aim of this work was to explore ROCD through a case report and a systematic review.
Methods: We report the case of a patient who visited the outpatient department of the Razi hospital (Tunisia) for obsessive thoughts evolving over 11 months. Moreover, a systematic review was conducted. PubMed via Medline, Google Scholar and Semantic Scholar were used as search engines. The keywords used were « Relationship obsessive compulsive disorder » or « ROCD » or « Relationship centered obsessive compulsive symptoms » or « Partner focused obsessive compulsive symptoms ». The publication period of the articles searched was from inception to December 2023. The language of the articles searched was either English or French.
Results: Mr M.A, 25 years old, was in a relationship with a girl since two years. He was repeatedly wondering if he was in the right relationship and if he would be happier with another girl. He often sought reassurance from his friends and visualized photos of his girlfriend to ensure his feelings for her and to reduce these thoughts. The diagnosis of ROCD had been made. Cognitive behavior therapy sessions were carried out with the patient, with a clear decrease in obsessive thoughts and compulsive behaviors of checking and seeking reassurance.
The systematic review performed identified a total of 14 studies that were included in the final analysis. The mean age of patients was 30 years, with extremes of 19 and 84 years. In all the reviewed studies, ROCD symptoms were assessed using the "ROCD Inventory" and the "Partner-Focused Obsessive-Compulsive Inventory". Study results suggest that obsessive symptoms linked to romantic relationships negatively affect the functioning of patients. Several cognitive distortions have been identified such as perfectionism and intolerance of uncertainty. Cognitive-behavioral therapy was the most used therapy in ROCD with a better understanding of one's feelings and an improved decision-making ability.
Conclusions: ROCD is a particular form of OCD that impacts on interpersonal relationships, particularly romantic or marital ones. A better understanding of this pathology by therapists would enable partners to overcome challenges and maintain healthy and fulfilling relationships.

Disclosure of Interest: None Declared

EPV1113

Trait and State Differences in OCD Patients with Comorbid Mood Disorders: A Comparative Analysis of Demographic and Clinical Scales

S. Y. Lee[1]* and C. H. K. Park[1]

[1]Asan medical center, Seoul, Korea, Republic Of
*Corresponding author.
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Introduction: Obsessive-compulsive disorder (OCD) is a chronic condition that frequently co-occurs with mood disorders such as major depressive disorder (MDD) and bipolar disorder (BD), complicating both prognosis and treatment. The presence of MDD or BD in OCD patients is associated with more complex clinical presentations and worse outcomes.
Objectives: Despite the high prevalence of these comorbidities, few studies have thoroughly compared the traits and states of OCD patients with comorbid mood disorders. This study aims to explore the differences in traits and states among OCD patients with comorbid mood disorders, including MDD, bipolar disorder I (BD1), and bipolar disorder II (BD2).
Methods: The study included 114 OCD patients: 21 without mood disorders, 32 with MDD, 47 with BD2, and 14 with BD1. Demographic variables such as family history of psychiatric disorders and history of pharmacological treatment for OCD were analyzed. Participants were evaluated using standardized tools such as the Patient Health Questionnaire-9 (PHQ-9), Generalized Anxiety Disorder-7 (GAD-7), Temperament Evaluation of Memphis, Pisa, Paris, and San Diego Autoquestionnaire (TEMPS-A), Obsessive-Compulsive Inventory (OCI), Depressive Symptom Inventory Suicidality Subscale (DSI-SS). Statistical analyses including one-way analysis of variance (ANOVA) and chi-squared tests were conducted to identify significant differences between groups.
Results: Patients with comorbid bipolar disorder (BD), particularly those with BD1, had a significantly higher prevalence of psychiatric family history (85.7%, $p = .031$). Pharmacological treatment for OCD was less frequent in patients with BD, with the lowest rate in the BD2 group (61.7%, $p = .008$). Compared to patients without mood disorders or those with MDD, OCD patients with BD showed higher scores in several temperament dimensions, including cyclothymic temperament ($p < .001$), depressive temperament ($p = .007$),