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

M. Sahnoun, A. Guedria and N. Gaddour

Child Psychiatry Unit, Department Of Psychiatry, Hôpital Fattouma Bourguiba Monastir, monastir, Tunisia
doi: 10.1192/j.eurpsy.2021.1116

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

D. Duarte*

Departamento De Psiquiatria E Saúde Mental, Centro Hospitalar Universitário do Algarve, Estoi, Faro, Portugal

*Corresponding author.
doi: 10.1192/j.eurpsy.2021.1117

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

https://doi.org/10.1192/j.eurpsy.2021.1117 Published online by Cambridge University Press