psychiatric history. He had been out of school for 4 months. The patient began to develop a fear of pathogen contamination. He maintained cleaning and checking rituals. He ate only packaged food and spent hours, and slept, in the same corner of the bed. Medication with sertraline up to 150 mg was started with progressive improvement. During the admission a history of evolutionary development was taken, observing a difficulty in the mentalization of other people's emotions. Very adult and literal speech with difficulty in abstract thinking. He revealed presence of restricted interests throughout his history such as rare languages. Finally, the diagnosis of Autism Spectrum Disorder and comorbid obsessive compulsive disorder was made.

Conclusions: The comorbidity between autism spectrum disorder and OCD occurs between 37%. This comorbidity can make it difficult to perform psychotherapeutic interventions. This work shows on the one hand an already diagnosed autistic patient who develops an OCD, and on the other hand, how the initial diagnosis is an OCD on which an autism spectrum disorder is detected. This highlights the importance of knowing the comorbidity in order to detect both diagnoses.

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EPV1107

Instruments and scales for assessing schizo-obsessive disorder: a systematic review

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Introduction: Recent evidence suggest the nosological entity called Schizo-Obsessive Disorder (SchizoOCD), similar to Schizoaffective Disorder. Some authors argued that obsessions and delusions would be on a continuum, which justify the difficulty in distinguishing obsessive from delusional thoughts, and compulsions from stereotypical behaviors. In order to assist in the screening, monitoring or treatment of such disorders, instruments as scales and questionnaires may be important tools in psychiatric practice.

Objectives: This systematic review investigated the most frequent instrumentsused to assess SchizoOCD.

Methods: We systematically reviewed articles up to 2015 in English, Portuguese and Spanish at PubMed, Scielo and Embase databases. We included studies with humans, no age limitation, with OCS or diagnosis of OCD and schizophrenia or psychotic symptoms. Systematic review articles, meta-analysis, letters to the editor and case reports were excluded, as well as articles that did not use assessment instruments for the diagnosis of schizophrenia comorbid with OCD. The methodological and clinical data extracted from the articles are described at the results.

Results: A total of 9,833 articles were selected, but 53 were read. Cross-sectional studies were the most frequent (n=39; 73.6%), followed by cohort studies (n=9; 17.0%).The total sample size of Schizo-OCD patients was 2,605 patients (in 44 studies), of which 44.7% (n=1,164) were female. The mean age and the age of onset of the disorders are described in Table 1. Only 23 (44.4%) of the studies described the psychiatric comorbidities (2 (3.8%) studies reported that the patients had no comorbidities). The most frequent comorbidities were Major Depression (n=18; 34%) and Substance Use Disorder (n=9; 17.0%). The used diagnostic instruments or interviews are listed in Table 2. Table 3 describes the scales used to assess the severity of Schizophrenia and/or OCD symptoms. From a psychopathological point of view, only 9 (17.0%) of the articles described psychotic symptoms in more detail. For OCD, 15 (28.3%) of the articles detailed the obsessive-compulsive symptoms.

Image:

Table 3 – Scales used to assess the severity of psychotic and/or obsessive-compulsive symptoms in the 53 selected articles.

Schizophrenia		OCD	
Scales	**n (%)**	**Scales**	**n (%)**
PANSS	41 (77,4)	YBOCS	40 (75,5)
CGI-SCH	4 (7,5)	OCI	10 (18,9)
BPRS	3 (5,7)	DOCS	1 (1,9)
CAPE	2 (3,8)		
OPCRIT	1 (1,9)		
EASE	1 (1,9)		
BSABS	1 (1,9)		
EAFI	1 (1,9)		
WEMWBS	1 (1,9)		
SIS-R	1 (1,9)		
SPQ	1 (1,9)		
SADS-L	1 (1,9)		

subtitle: PANSS, Positive and Negative Symptom Scale; BPRS, Brief Psychiatric Rating Scale; CGI-SCH, Clinical Global Impression Schizophrenia Scale; CAPE, Community Assessment Psychic Experiences; OPCRIT, Operational Criteria Checklist for Psychotic Illness and Affective Illness; EASE, Examination of Anomalous Self-Experience; BSABS, Bonn Scale for the Assessment of Basic Symptoms; WEMWBS, Warwick-Edinburgh Mental Wellbeing Scales; SIS-R, Structured Interview for Schizotypy-Revised; SPQ, Schizotypal Personality Questionnaire; SADS-L, Schedule for Affective Disorders and Schizophrenia; OCI, Obsessive-Compulsive Inventory; YBOCS, Yale-Brown Obsessive-Compulsive Scale; DOCS, Dimensional Obsessive-Compulsive Scale; OCD, Obsessive Compulsive Disorder.

Image 2:

Table 2 – Instruments and interviews used to make or confirm diagnoses of Schizophrenia and/or Obsessive-Compulsive Disorder in the 53 selected articles.

Schizophrenia			OCD		
Diagnosis	**Interviews**	**Instruments**	**Diagnosis**	**Interviews**	**Instruments**
DSM-IV (n=37; 69,8%)	SCID (n=5; 9,4%)	PANSS (n=1; 1,9%)	DSM-III (n=1; 1,9%)	SCID (n=3; 5,7%)	OCI (n=4; 7,5%)
DSM 5 (n=8; 15,1%)	MINI (n=7; 13,2%)	CASH (n=9; 17,0%)	DSM-IV (n=16; 30,2%)	MINI (n=1; 1,9%)	YBOCS (n=11; 20,8%)
ICD-10 (n=5; 9,4%)	SCAN (n=10; 18,9%)	OPCRIT (n=1; 1,9%)	DSM 5 (n=2; 3,8%)		
			ICD-10 (n=2;3,8%)		

Legend: DSM, Diagnostic and Statistical Manual of Mental Disorders; ICD, International Statistical Classification of Diseases and Related Health Problems; SCID, Structured Clinical Interview for DSM Disorders; MINI, International Neuropsychiatric Interview; PANSS, Schedules for Clinical Assessment in Neuropsychiatry Positive and Negative Symptom Scale; CASH, Comprehensive Assessment of Symptoms and History; OPCRIT, Operational Criteria Checklist for Psychotic Illness and Affective Illness; OCI, Obsessive-Compulsive Inventory; YBOCS, Yale-Brown Obsessive-Compulsive Scale.

Image 3:

Table 1 - Mean age and age at onset of the groups studied in the 53 selected articles

	Schizophrenia	SchizoOCD	OCD	Statistics
	Mean (SD)	Mean (SD)	Mean (SD)	Test (p)
Current age[a]	32,13 (8,25)	31,14 (8,82)	22,17 (5,70)	F= 0,69 (0,51)
Age at onset[b]	23,94 (4,19)	22,66 (5,18)	21,63 (4,54)	F= 0,95 (0,39)
	Minimum: 8	Minimum: 7	Minimum:15	
	Maximum: 32	Maximum: 33	Maximum:27	

Legend: a- number of studies: Schizophrenia = 25; SchizoOCD = 26; OCD = 1. b- number of studies: Schizophrenia = 36; SchizoOCD = 20; OCD = 6. SD, Standard Deviation; OCD, Obsessive Compulsive

Conclusions: Few studies in the literature used scales to discriminate psychotic and obsessive-compulsive aspects in patients with the alleged diagnosis of Schizo-OCD. Scales for measuring symptom severity such as PANSS and YBOCS were widely used in the studies, indicating that their application in clinical practice can serve as an aid during treatment management. Specific scales and instruments for Schizo-OCD were not found and we suggest as a future perspective the development of a new tool to assess symptoms and to elucidate possible symptomatic confusions.

Disclosure of Interest: None Declared

EPV1108

Brexpiprazole augmentation in patients with a resistant obsessive compulsive disorder with psychotic features: an observational study in a psychiatric rehabilitation center

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Introduction: The relationship between obsessive-compulsive disorder and psychotic disorders has been frequently observed. Subject to diagnostic and therapeutic controversies, this association is a challenge for clinicians. Several scientific studies have observed a frequency of approximately 12% of this association in patients affected by schizophrenia. The efficacy of augmentation of SGAs with antidepressants in treatment-resistant OCD is demonstrated. Several studies have shown the efficacy of some dopamine receptor partial agonists (DRPAs) (aripiprazole and cariprazine) in augmentation with SSRIs in zOCD-psychotic features treatment-resistant. Brexpiprazole is a DRPAs with serotoninergic 5-HT1A agonism and 5-HT2A receptor antagonist.
Objectives: To evaluate the efficacy of brexpiprazole in augmentation with SSRIs in OCD patients with psychotic features resistant to pharmacological treatment.
Methods: Eleven patients (6 females, 5 males; mean total age (42.818 yrs ±12.679)) were recruited into our observational study. Affected by Obsessive Compulsive Disorder with psychotic features (based on the DSM-5-TR criteria). All patients were assessed using the SCID-5-CV. Levels of insight were assigned using DSM-5-TR specifiers. A detailed interview was conducted containing information on the demographic profile of the patients. All patients were administered the following rating scales: BPRS, Y-BOCS, GAF, CGI-S, at baseline (T0), after one month (T1), two months (T2), six months (T3), and one year (T4). All patients were administered bexpiprazole, replacing other SGAs associated with SSRIs (see Table 1).
Results: Table 2 and the graphic show the results obtained with our study. A statistically significant reduction of the mean total score was observed in the BPRS, Y-BOCS scales, an increase in the mean total score with the GAF. An improvement in the mean total score was also observed with the CIG-S. In all the scales used, the ANOVA results indicate that at least two of the repeated measures differed significantly. The preliminary data also indicate adequate safety and effectiveness.

Image 1:

Table 1 - Patient's demograpich and pharmacological profiles at baseline

			Pharmacological Therapy at T0		
Age (yrs)	sex	Illness years	SGA < T0	SSRIs	dose (mg/day)
28	f	8	Naive	paroxetine	40
56	f	21	Olanzapine	fluvoxamine	200
33	f	12	Aripiprazole	fluvoxamine	200
44	f	21	Olanzapine	escitalopram	20
50	f	29	Risperidone	escitalopram	20
48	f	25	Olanzapine	paroxetine	40
63	m	40	Risperidone	paroxetine	40
56	m	34	Olanzapine	escitalopram	20
26	m	6	Naive	paroxetine	30
34	m	12	Naive	escitalopram	20
33	m	11	Risperidone	fluvoxamine	200

Mean: 42.818 yrs
Std. Dev: 12.679 yrs

Image 2:

Table 2 - EZAnalyze Results Report - Repeated Measures ANOVA

		T0	T1	T2	T3	T4	*p*	*Eta Squared*
BPRS	Mean:	83.909	78.364	68.091	62.727	57.818	0.000	0.871
	Std. Dev:	*14.046*	*15.048*	*15.852*	*13.585*	*15.542*		
	The ANOVA results indicate that at least two of the repeated measures differed significantly							
GAF	Mean:	46.364	48.455	55.273	54.545	57.273	0.000	0.439
	Std. Dev:	*7.775*	*7.828*	*8.026*	*7.568*	*7.862*		
	The ANOVA results indicate that at least two of the repeated measures differed significantly							
CGI-S	Mean:	5.818	5.727	5.273	4.545	4.364	0.000	0.556
	Std. Dev:	*0.751*	*0.647*	*0.647*	*0.522*	*0.505*		
	The ANOVA results indicate that at least two of the repeated measures differed significantly							
Y-BOCS	Mean:	31.636	30.091	25.091	23.636	23.273	0.000	0.797
	Std. Dev:	*3.906*	*3.448*	*4.277*	*3.906*	*2.573*		
	The ANOVA results indicate that at least two of the repeated measures differed significantly							