Conclusions: Our results suggest that OS markers in blood do not seem to be a good biomarker of disease in symptomatic adult patients with OCD, and that OCD characteristics and comorbidities do not seem to have a clear impact on OS profile. Several factors contribute to the robustness of our findings, namely the sample size, the adjustment for confounding factors, and the assessment of a representative panel of OS markers using strict experimental methods. Future studies should always control for confounding factors when assessing OS markers and study OS profile in more specific samples, such as children or treatment-naïve patients.

Disclosure of Interest: None Declared

EPV0640

Professional Tennis Players and their subsceptibility for Obsessive-Compulsive and Depressive Symptoms

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Introduction: A moderate sport activity is considered beneficial for both physical and mental health. On the contrary, different studies have shown that professional players may be more vulnerable to suffer from psychological and/or psychiatric disorders.
Objectives: Given the limited information available, the present study aimed to investigate the possible presence of depressive and obsessive-compulsive symptoms or disorders in a group of professional tennis players.
Methods: Twenty-five current or former professional tennis players (18 men and 7 women; mean age ± SD: 42.32 ± 13.45 years), were recruited within the Italian Tennis Federation during an international competition and during a master meeting of coaches. They were compared with a control group, recruited from university students, doctors and nurses. All of them underwent a psychiatric interview with a structured scale and a psychopathological assessment carried out with the Mini-International Neuropsychiatric Interview (MINI), the Yale-Brown Obsessive Compulsive Scale (Y-BOCS) and the Self Assessment Scale for Depression (SAD).
Results: The Y-BOCS total and subscale scores were significantly higher in both current and past athletes than controls. Current athletes showed higher scores at Y-BOCS total, subscales and some items. The majority of the current athletes also showed superstitions and magical thinking.
Conclusions: The present study demonstrated that professional tennis players show a relevant increase of obsessive-compulsive symptoms and supertistions than controls. Interestingly, current athletes resulted more severe than past ones. Taken together, our findings support the notion that agonistic sport activities of high level require intensive training and compliance to strict daily routines that might represent a sort of vulnerability toward the onset of full-blown obsessive-compulsive disorder (as well as other disorders) in more fragile individuals. Not suprisingly, sport psychological support experts are increasingly needed.

Disclosure of Interest: None Declared

EPV0641

Obsessive-compulsive disorder comorbid with rheumatoid arthritis: case report and review of literature

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Introduction: Obsessive-compulsive disorders are complex pathologies causing a major psychosocial handicap. However, their association with a disabling somatic pathology such as rheumatoid arthritis makes management more difficult.
Objectives: To investigate through a case analysis and a review of literature the association between obsessive-compulsive disorder (OCD) and rheumatological disorders.
Methods: We reported a case of a woman with a long history of obsessive compulsive disorder who presented rheumatoid arthritis and we conducted a review of literature through search on PubMed/MEDLINE following the terms "obsessive-compulsive disorder", "rheumatoid arthritis", "association", "inflammation".
Results: Case presentation: A 62-years old woman who had been followed at the psychiatric consultation for 20 years for OCD. She had been stabilised on clomipramin at a dose of 100 mg per day until 2012 and since then she had been lost to follow-up with the notion of poor compliance with the treatment. She re-consulted in August 2022 for worsening psychiatric symptoms such as phobic obsessions with delusional beliefs, verification compulsions, sleep disorders and multiple somatic complaints including diffuse arthralgia and chronic arthritis evolving for 6 months.
The patient was put on risperidone 2mg with anxiolytic without improvement. She was referred to the rheumatology consultation where the diagnosis of very active rheumatoid arthritis was retained, hence she was put on 20mg of prednisolone per day with methotrexate.
The evolution was marked by the accentuation of obsessions and compulsions with the appearance of depressive elements, hence the introduction of fluoxetine 40 mg per day, the increase in the dose of risperidone to 4 mg with the anxiolytic with an improvement on the somatic and psychiatric symptoms.
Conclusions: Literature had shown that patients with this OCD usually suffer from inflammatory or rheumatological comorbidities. This association could complicate the management of these patients.

Disclosure of Interest: None Declared

EPV0642

Perinatal obsessive-compulsive disorder in fathers

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Introduction: Obsessive–Compulsive Disorder (OCD) is a disabling and chronic illness defined by the presence of obsessions and/or compulsions. Recently it has been proposed that the perinatal period may act as a trigger in this disorder, leading to its onset or exacerbation.
Objectives: Variations in pregnancy-related hormones are believed to be one of the main etiological theories for the development of perinatal OCD (pOCD). Perhaps for that reason research has been almost exclusively focused on the development of this disorder in mothers. We aim to investigate pOCD in fathers.
Methods: A non-systematic review was conducted via electronic searches of PubMed. The keywords used were "Perinatal", "Father", "OCD", "Obsessive-compulsive disorder".
Results: Unwanted intrusive thoughts are experienced with a similar prevalence in mothers and fathers. The same seems to be true regarding compulsions. However, it does appear that mothers are more distressed by these symptoms, which tend to be baby-related, usually concerning themes of suffocation, accidents or contamination. It is hypothesized that this seemingly different impact is related to the fact that mothers are more often the primary caregivers than fathers, thus feeling more distress because they are imbued with a greater responsibility. Accordingly, pOCD symptoms tend to be more severe in fathers who consider their baby-related obsessions meaningful, often confusing them as a desire to carry out such thoughts. These findings are consistent with the Cognitive-Behavioral Theory of OCD, highlighting that purely biological theories for the development of pOCD might not suffice.
Conclusions: Research indicates a similar presence of OCD symptoms in postnatal mothers and fathers, although it seems that mothers may experience more distress. Underlying dysfunctional beliefs seem to be responsible for the negative appraisal of these symptoms, predicting the development of the disorder in question. Further research of pOCD should seek to better characterize the onset or exacerbation of this disorder in fathers.

Disclosure of Interest: None Declared

EPV0643

Antiandrogenic treatment of obsessive compulsive neurosis: A case review

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Introduction: Obsessive-compulsive disorder (OCD) is a mental disorder in which patients who suffer from it have repetitive and undesirable thoughts, feelings, ideas, sensations (obsessions) and behaviors that drive them to do something over and over again (compulsions).
Often the person tries to get rid of the obsessive thoughts through compulsions, but this only provides short-term relief. Not carrying out the obsessive rituals can cause enormous anxiety and suffering.
Objectives: To describe a 23-year-old male patient, who suffers from anxiety and mood symptoms, reacts to ego-dystonic obsessive ideas and sexual content, of months of evolution, and who manages to calm down through compulsive masturbation or watching sexual videos on the internet. All this clinic negatively interferes with their quality of life, asking the patient for medical help to calm these ideas.
Methods: We carried out a review in Pubmed with the terms Antiandrogens and TOC, in order to make a better description of the clinical case.
Results: After several treatment attempts (Sertraline, Paroxetine, Clomipramine, Clomipramine + SSRI), reaching maximum doses according to clinical guidelines, and with poor therapeutic response, it was decided to discuss the case with the endocrinology department of our hospital, deciding to start treatment with antiandrogens, in order to alleviate the persistent intrusive ideas of a sexual nature. The administration of antiandrogens in men can cause a decrease or increase in the development or involution of secondary sexual characteristics in men, reducing the activity or function of accessory sexual organs, and hyposexuality, with decreased sexual desire or libido.
After several weeks, there was improvement in the obsessive symptoms with a decrease in compulsive rituals. However, after the 3rd mo, some symptoms reappeared, but not with the same severity and intensity as before treatment. In addition, we cannot ignore the adverse effects that have occurred, such as involution of secondary sexual characteristics. However, and taking into account the negative repercussion that this clinic had on the patient's quality of life, the benefit obtained exceeded the risk, having noted clear improvement with this therapy, and maintaining evolutionary controls by both psychiatry and endocrinology.
Conclusions: Patients suffering from obsessive-compulsive disorder can be effectively treated with anti-androgenic pharmacological agents with various modes of action. The most effective group of such agents is the long-acting analogues of the gonadotropin-releasing hormone. The objective of this review is to elucidate the possibility of using such powerful anti-androgenic agents in the treatment of obsessive-compulsive disorder.

Disclosure of Interest: None Declared

EPV0644

Homosexual Obsessive–compulsive Disorder Comorbid with Bipolar Disorder: A Rare Case report

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Introduction: While bipolar disorder–obsessive compulsive disorder overlap is quite common, sexuality remains a largely unexplored area of this clinical entity.
Objectives: Illustrate through a clinical vignette the case of a patient with diagnosed homosexual obsessive –compulsive disorder (OCD) comorbid with bipolar disorder (BD).
Methods: The clinical case report was prepared through the review of the patient´s clinical record.
Results: We report a rare case of a 22 year-old man who was diagnosed with Homosexual Obsessive–compulsive Disorder comorbid with Bipolar Disorder, admitted to our department for a suicide attempt. He came from a religious and conservative

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