EPP0831

Glutamatergic dysfunction in resistant obsessive-compulsive disorder: An auditory mismatch negativity study

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Introduction: Obsessive-compulsive disorder (OCD) patients with poor response to serotonin reuptake inhibitors (SRIs) may have dysfunction involving other neurotransmitters, including glutamate. Mismatch negativity (MMN), an event-related potential dependent on glutamatergic functioning, has not been studied in the adult OCD population and SRI non-responders.
Objectives: To compare the amplitude of MMN between OCD subjects who have responded(R) and not responded(NR) to SRIs, with healthy volunteers(HV).
Methods: MMN was measured in 15 OCD subjects fulfilling DSM-IV criteria (8 non-responders and 7 responders) and 22 healthy volunteers. Auditory MMN was measured using a multi-feature paradigm consisting of two variants each in frequency, duration, and intensity domains. EEG was recorded using 64 channel electrodes at 1000Hz. Epochs of 700 ms were extracted for each stimulus. MMN was evaluated as peak difference between the deviant and standard stimulus. MMN amplitudes at Fz were used for comparison between the groups using Kruskal-Wallis test followed by posthoc analysis, with significance set at $p<0.05$.
Results: There was no significant difference in age/gender distribution between the three groups and duration of illness between the two OCD groups. There was a significant difference in MMN amplitude of a frequency deviant between the three groups ($H=7.312, P=0.026$). Post-hoc pairwise analyses revealed a significant reduction in MMN amplitude in NRs as compared to the HV group ($H=10.9, P=0.04$).
Conclusions: The results are suggestive of glutamatergic dysfunction in OCD subjects with poor response to SRIs. The findings have to be replicated in larger samples employing other paradigms to evaluate glutamatergic functioning and have future potential in understanding treatment response to SRIs.

Keywords: Obsessive-Compulsive disorder; glutamate in OCD; mismatch negativity; resistant OCD

EPP0830

Impaired emotion regulation in obsessive-compulsive disorder and hoarding disorder.

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Introduction: There is suggestive evidence linking hoarding with several problems in emotional regulation, and though this is shared with OCD patients, it may not correlate to the presence of obsessive symptoms.
Objectives: The present study aimed to examine self-reported deficits in emotion regulation (ER) and obsessiveness among individuals with hoarding disorder (HD) in comparison with others with obsessive compulsive disorder (OCD) and healthy controls
Methods: Twenty-two adult outpatients with HD, twenty-two with OCD and twenty-two age and gender matched healthy control (HC) participants completed the Emotion Regulation Questionnaire (ERQ) which measures respondents tendency to regulate their emotions in two ways: Cognitive Reappraisal and Expressive Suppression. They fulfilled as well the OCI-R which evaluates six groups of OCD symptoms: Washing, Checking, Ordering, Obsessing, Hoarding, and Neutralizing.
Results: The HD and OCD groups scored higher, (p 0.04), on Cognitive Reappraisal than did the HC group. There was no significant difference between groups in Expressive Suppression. HD and HC groups scored significantly lower, ($p < 0.001$), in OCI-R than OCD patients.
Conclusions: Results suggest that OCD and HD are characterized by self-reported deficits in ER, but this relationship in HD patients is not solely attributable to obsessive symptoms.

Keywords: Obesessive Compulsive Disorder; Hoarding Disorder; Emotional Regulation; Obsessiveness

Old age psychiatry

EPP0831

Alcohol-related dementia – an overlooked entity?

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Introduction: The relationship between alcohol use and dementia is complex. There is a J-shaped relationship between alcohol use and cognitive impairment and evidence shows that one-quarter of the dementia population have alcohol related problems. It is estimated that alcohol-related dementia (ARD) contributes for about 10% of all cases of dementia, especially early-onset dementia, but is largely overlooked or seen as a comorbid factor.
Objectives: To clarify the relationship between alcohol use, alcohol-related brain damage and dementia; to review the clinical features, neuropathology, nosology and neuropsychology of ARD and alcohol-induced persisting amnestic syndrome (Wernicke-Korsakoff syndrome- WKS).
Methods: We performed a review of systematic reviews from the last 10 years. A total of 28 systematic reviews were identified.
Results: Heavy alcohol use has been shown to be a contributory factor and necessary factor in the development of multiple brain diseases. It may cause brain damage in multiple ways: direct neurotoxic effect of acetaldehyde; thiamine deficiency. It is also a risk factor for other conditions, such as hepatic encephalopathy, epilepsy and head injury.
Conclusions: Clinical observation favors the diagnosis of ADR as a distinct entity, but broader evidence reflects significant commonality between ARD and WKS, tough neuropsychological studies

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have largely attempted to differentiate these syndromes. Repeated episodes of WKS may cause cognitive deterioration. In contrast to other common causes of dementia, the decline in cognitive functioning in ARD is relatively non-progressive if abstinence is maintained, or even partially reversible, as supported by neuroimaging evidence. Given the increase in per capita consumption, it is expected a disproportionate increase in ARD.

Keywords: alcohol neurotoxicity; dementia; korsakoff's syndrome

EPP0833

Cognitive decline and psychotropic drugs use in elderly people with mental disorders.

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Introduction: The growth in the number of aged people in the population is considered a worldwide phenomenon, with direct consequences in health systems. The literature indicates an increase in the diagnosis of mental disorders and the use of psychotropic drugs for that population, as well as frequent complaints regarding to cognition.
Objectives: To analyze the possible relationship between cognitive decline and use of psychiatric drugs in elderly with mental disorders, assisted by psychiatric outpatient clinics, city of Campo Grande, state of Mato Grosso do Sul, Brazil.
Methods: Quantitative, exploratory, descriptive and cross-sectional research, with 59 participants.Sociodemographic and clinical variables were collected through semi-structured clinical interviews and medical records. To screen for cognitive decline, the Mini Mental State Examination was used.
Results: Majority of females, with a mean age of 66.75 $\pm$ 0.63 years, married, up to 8 years of completed studies and living with family members. The prevalence of depressive disorders was higher (52.54%), with selective serotonin reuptake inhibitor antidepressant use in 67.8%. Most were using 2 or more psychotropics the most prevalent combination being benzodiazepines and antidepressants. 52.5% of the elderly reported cognitive complaints and 45.8% presented Mini Mental scores, suggesting cognitive decline. It was associated with depressive disorders and the consumption of 2 or more psychotropics.
Conclusions: Although there is evidence that psychotropic drugs represent effective strategies for the treatment of mental disorders, the use for this group of elderly should be carefully analyzed, due to the predisposition or worsening of cognitive decline, with impairment to the quality of life of this population.

Keywords: Cognitive decline; Psychotropic drugs; Elderly people; Mental disorders

EPP0834

Psychotherapies for neurocognitive disorder due to alzheimer's disease- the current level of evidence

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Introduction: Psychosocial interventions for Alzheimer's dementia (AD) may increase patients quality of life and overall functioning, while it decreases caregivers burden. Therefore psychotherapies represent an important component of the case management, beside pharmacological approaches.
Objectives: To review the current psychotherapeutic options available for patients diagnosed with AD, that may be added to their ongoing pharmacological treatment.
Methods: A literature review was conducted through main electronic databases, and papers published between January 2000 and August 2020 were included in the analysis.
Results: Cognitive stimulation therapy is based on general cognitive abilities training, with an accent over the social interaction, and it has been associated with significant improvement when compared to wait list or standard care. Reminiscence therapy, usually administered in a group format, focuses on past experinces, triggered by photos, newspaper fragments, music tunes etc., and according to a meta-analysis it may increase communicational, cognitive, and affective abilities. Validation therapy is based on a very empathic communication and tries to acknowledge patients perspective over the world, but the data to support its efficacy is limited for AD. Multisensorial stimulation is based on the assumption that stimuli deprivation is involved in the onset of anxiety, restlessness, insomnia etc, and may lead to short-term non-cognitive symptoms. Music therapy, art therapy, and animal-assisted therapy are also indicated, but more trials are needed to confirm their efficacy.
Conclusions: A large number of psychotherapeutic interventions are explored for AD patients, but most of them have low levels of evidence.

Keywords: Alzheimer's disease; neurocognitive disorder; psychotherapy

EPP0835

Phenocopy syndrome of frontotemporal dementia

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Introduction: Frontotemporal dementia (FTD) is a group of neurodegenerative disorders characterized by behavioral or language changes with progressive executive dysfunction. It´s subdivided into two variants, the behavioral and language variants. The phenocopy syndrome of frontotemporal dementia (phFTD) mimics the