

**Conclusion** In order to attain a sustainable long term effects of the proposed treatment, it is recommended that patients be reminded on their next schedule of treatment.

**Disclosure of interest** The authors have not supplied their declaration of competing interest.

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#### EW0630

### Who did it? Exploring gaze agency in obsessive-compulsive (OC) checkers

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**Introduction** Clinically, OC-checkers often report staring compulsions and “lack of action completion” sensations, which have been linked to self-agency alterations. Belayachi and Van der Linden (2009) theoretically proposed that “abnormal” checkers self-agency could be due to an over-reliability on environmental cues and to a tendency to specify actions in a procedural and inflexible way, conceiving them as “low-level” agents. Currently, no studies have experimentally address this issue.

**Objectives** To investigate self-agency in OC-checkers subtype, measuring gaze agency (the ability to understand that we can cause events through our eye movements) and taking into account both agency beliefs and agency feelings.

**Methods** 13 OC-checkers and 13 healthy controls underwent two tasks. “Discovery” task, a completely novel task used to examine causal learning abilities. Subjects watched bouncing balls on a computer screen with the aim of discovering the cause of concurrently presented acoustical beeps. “Detection” task, a two-alternative forced choice task that required subjects to tell whether or not the beeps were generated by their own eye movements.

**Results** Checkers exhibit:

- lower performance scores and confidence ratings when they have to self-attribute the beep cause, but not eye behavioral differences, during discovery task;

- lower confidence ratings, but a level of accuracy similar to that of controls, during detection task.

**Conclusions** Checkers do not show an altered self-agency per se, but what we have called a “doubtful” self-agency: indeed, we argue that agency beliefs alterations found during Discovery task can be due to pathological doubt, rather than to altered agency feelings.

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#### EW0631

### Paroxetine concentrations in obsessive-compulsive disorder: Support for a therapeutic interval

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**Introduction** Previous studies of concentrations of serotonin reuptake inhibitors (SRIs) versus therapeutic efficacy have yielded

inconsistent results. Even if the relationships between the individual's serotonergic system and the clinical symptoms of obsessive-compulsive disorder (OCD) are poorly understood, the SRIs are consistently effective in OCD. However, studies on SRI concentrations in OCD treatment are rare.

**Objectives/aims** To identify possible links between paroxetine concentrations and anti-obsessive response.

**Methods** In a randomised, double-blind trial, comparing clomipramine, paroxetine and placebo in OCD treatment, serum paroxetine levels were measured after 1 week and after 4 weeks of treatment in 18 patients. Anti-obsessive response was assessed with Yale-Brown obsessive compulsive scale (Y-BOCS) and patients' global evaluation (PGE), after 12 weeks of treatment.

**Results** Serum paroxetine concentrations after 4 weeks suggested a therapeutic interval between 50 and 240 nmol/L (13–63 ng/mL). The mean Y-BOCS decrease was 54% inside versus 7% outside this interval ( $t=3.96$ ;  $P=0.0011$ ).

**Conclusions** Paroxetine levels seemingly predicted clinical outcome. Studies with a greater number of patients are necessary in order to confirm this finding and to discern whether it is useful in clinical practice.

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#### EW0632

### Augmentation in profound, SRI-refractory OCD: Is aripiprazole superior to other dopamine blockers?

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**Introduction** OCD is a common disorder, affecting 1% of the population and usually responds to treatment with serotonin reuptake inhibitors (SRIs) or exposure and response prevention (ERP) and to augmentation with antipsychotics. However, some patients fail to respond. The national inpatient unit for obsessive compulsive disorder (OCD) and body dysmorphic disorder (BDD) (i) is the only 24-hour staffed inpatient facility for OCD in the UK and treats patients with profound, treatment-refractory OCD. There is evidence of efficacy of aripiprazole in augmenting SRI in severe OCD (ii).

**Objectives** To compare the efficacy of aripiprazole versus other antipsychotics as SRI augmentation.

**Methods** One hundred and nine patients admitted to the unit between March 2006 and September 2011 and discharged on an antipsychotic and an SRI were included. The Yale-Brown obsessive compulsive scale (YBOCS) was administered at admission and at discharge. Data were analysed using SPSS version 23 using analysis of variance (ANOVA). Two groups were compared: those receiving SRI + aripiprazole versus those receiving SRI + another antipsychotic.

**Results** sixty-two patients received SRI with aripiprazole and 47 SRIs with another antipsychotic. Overall, patients showed improvement, with an average YBOCS reduction of 11.7 (33% reduction). Patients taking aripiprazole improved by an average of 13 (36% reduction,  $P<0.05$ ).

**Conclusions** Patients of the national unit with severe, treatment refractory OCD treated with aripiprazole augmentation showed a greater improvement than those on other antipsychotics. Further research into aripiprazole in OCD is warranted.

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