HSV-1 and *Toxoplasma gondii* were similar between the two groups. Among OCD patients, those seropositive for HSV-1 had significantly lower volumes of total white-matter, total grey-matter, left and right putamen, while for HSV-1 seropositive healthy controls, only the last two were significantly smaller. In multiple regression analyses to control for age, associations between HSV-1 and brain volumes were conserved, while the effect of age was not significant. No significant differences were found in brain volumes of patients with OCD according to seropositivity for *Toxoplasma gondii.*

Conclusions: Our preliminary results suggest that in patients with OCD, seropositivity to HSV-1 is associated with smaller volumes of total white- and grey-matter in the brain.

Disclosure: No significant relationships.

Keywords: obsessive-compulsive disorder; herpes simplex 1; toxoplasma gondii; brain imaging

EPV0912

Catatonia in Obsessive-Compulsive Disorder: A case study and literature review

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Introduction: There are extremely few reported cases of OCD causing catatonia and some of those cases are possibly associated with the somewhat contentious diagnosis of Pediatric Autoimmune Neuropsychiatric Disorder Associated with Streptococcus. As there is a symptom overlap between OCD and catatonia some cases of catatonia are possibly being missed, warranting discussion regarding differential diagnosis, symptomatology, and treatment of catatonia and OCD.

Objectives: We describe a case of a 18-year-old patient who developed severe catatonia secondary to OCD, possibly related to PANDAS/PANS. We discuss the complex work-up, differential diagnosis, and treatment of this patient.

Methods: Discussion of a single case and a review of catatonia literature as it relates to OCD and autoimmune disorders.

Results: Our patient was an 18-year-old Ukrainian male who presented with sub-acute onset of decreased movement, decreased oral intake, and inability to speak. He was diagnosed with catatonia of an unclear etiology and treated with high-dose lorazepam at an outside hospital then transferred to our care. Presenting symptoms were then clarified and found to be consistent with OCD, upon which OCD treatment was initiated. The patient's sub-acute and severe onset of OCD raised the question of a PANDAS/PANS diagnosis, which was further investigated. Ultimately, his symptoms improved with ongoing lorazepam and he was transferred to another hospital for ECT treatment.

Conclusions: OCD has been observed to cause catatonia in extremely rare cases. Diagnosing catatonia associated with OCD is challenging and important as catatonia is associated with significant morbidity and mortality if left untreated. Our patient improved with concurrent treatment of catatonia and OCD.

Disclosure: No significant relationships.

Keywords: Catatonia; OCD; autoimmune

EPV0913

Assessment of obsessive and compulsive symptoms in patients with schizophrenia

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Introduction: Obsessive-Compulsive Symptoms (OCS) are common in patients with schizophrenia, with a prevalence of 3.5% to 25%.

Objectives: The aim of our study was to assess the frequency of OCS in patients with schizophrenia, and to study the clinical and evolutionary characteristics of schizophrenia and OCS comorbidity.

Methods: We conducted a cross-sectional, descriptive, and analytical study. Thirty schizophrenic patients were recruited in the department of psychiatry B of Hedi Chaker university hospital of Sfax. We used the Yale-Brown Obsession-Compulsion Scale (Y-BOCS) to assess obsessive and compulsive symptoms, at the end of hospitalization, after clinical remission of schizophrenic symptoms.

Results: The mean age of patients was 41.2, that of disease onset was 27.3. Most of patients were male (86.7%) and unemployed (81.3%). A personal history of suicide attempts was found in 16.6% of patients. The average number of hospitalizations was 8.83. OCS were noted in 36% of patients with a Y-BOCS mean score of 5.5. Patients with OCS had significantly more frequent alcohol use ($p = 0{,}008$), a higher number ($p = 0.03$) and longer duration of hospitalizations ($P = 0{,}034$) and are more frequently treated with atypical antipsychotics ($p = 0.001$).

Conclusions: Our results show that patients with schizophrenia frequently present OCS. This comorbidity has a negative impact on the evolution and the prognosis of the disease, as well as the functioning of patients. Therefore, it should be investigated in order to ensure better care and promote the socio-professional reintegration of these patients.

Disclosure: No significant relationships.

Keywords: Obsessive Compulsive Symptoms; Treatment; schizophrénia; comorbidity

EPV0914

The Role of N-Acetylcysteine in Obsessive-Compulsive (OCD) and Related Disorders

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Introduction: N-acetylcysteine is known for its uses in non-psychiatric conditions, such as paracetamol overdose and as a mucolytic. The rationale for its administration in psychiatric conditions is based on its ability reducing synaptic glutamate release, which was found to be increased in the cerebrospinal fluid of OCD patients.