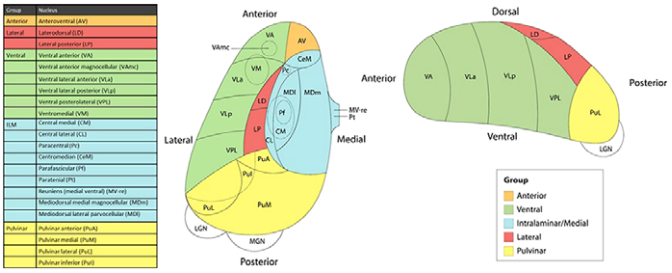
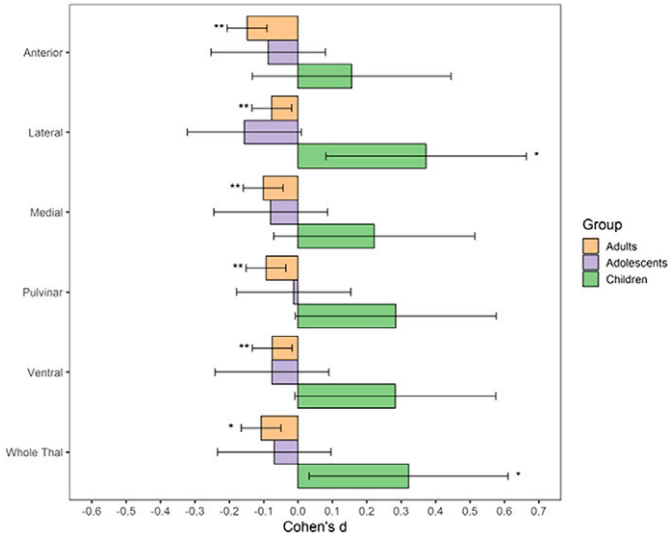
et al. 2017, Weeland et al. 2021a). Functionally distinct thalamic nuclei are an integral part of OCD-relevant brain circuitry.
Objectives: We aimed to study the thalamic nuclei volume in relation to subclinical and clinical OCD across different age ranges. Understanding the role of thalamic nuclei and their associated circuits in pediatric OCD could lead towards treatment strategies specifically targeting these circuits.
Methods: We studied the relationship between thalamic nuclei and obsessive-compulsive symptoms (OCS) in a large sample of school-aged children from the *Generation R Study* (N = 2500) (Weeland et al. 2021b). Using the data from the ENIGMA-OCD working group we conducted mega-analyses to study thalamic subregional volume in OCD across the lifespan in 2,649 OCD patients and 2,774 healthy controls across 29 sites (Weeland et al. 2021c). Thalamic nuclei were grouped into five subregions: anterior, ventral, intralaminar/medial, lateral and pulvinar (Figure 1).



Results: Both children with subclinical and clinical OCD compared with controls show increased volume across multiple thalamic subregions. Adult OCD patients have decreased volume across all subregions (Figure 2), which was mostly driven by medicated and adult-onset patients.



Conclusions: Our results suggests that OCD-related thalamic volume differences are global and not driven by particular subregions and that the direction of effects are driven by both age and medication status.

Disclosure: No significant relationships.
Keywords: OCD; thalamus; Neuroimaging; segmentation

O0038

Obsessive-compulsive Symptoms in Dementia : Scooping Review of Neurobiological and Cognitive Underpinnings

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Introduction: Obsessive-compulsive symptoms (OCS) have been described in many neurological disorders, including dementia. A meta-analysis by the authors (2021) reported a prevalence of OCS in dementia of approx. 35.8%, and a higher percentage in frontotemporal dementia (FTD) (46.7%). The literature also points that obsessive-compulsive disorder with late-life onset is rare, but those cases are frequently associated with neurologic injury, and some authors suggest a role of cognitive disfunction.
Objectives: Our main goal was to describe the neurobiologic and cognitive underpinnings of OCS in patients with dementia.
Methods: MEDLINE, CENTRAL and PsycNet databases were searched for articles about obsessive-compulsive symptoms in dementia. Search terms included “obsessive”, “compulsive”, “OCD”, “cognitive decline”, “cognitive dysfunction” and “dementia”. Titles, abstracts and full texts were screened independently by 2 reviewers.
Results: Correlations between dysfunction / lesions in various circuits in the context of dementia and OCS were found, such as (1) frontal regions (specially the orbitofrontal cortex) and anterior cingulate cortex (2) fronto-striatal-thalamic circuits (3) temporal structures; (4) cerebellar structures; (5) serotoninergic, dopaminergic, and cholinergic neurotransmission. A high proportion of studies concerned FTD. Regarding cognitive mechanisms, there is a focus on the importance subjective concerns about cognitive functioning, which could exacerbate obsessional beliefs and maladaptive responses to intrusions.
Conclusions: The main brain circuits implicated in dementia, specially FTD, and OCS are those involving frontal regions and the fronto-striatal-thalamic circuits, with areas such as the temporal and cerebellar structures algo being studied. The correlation between dysfunctional circuits in dementia and OCS could give us new hints about OCD and its treatment.

Disclosure: No significant relationships.
Keywords: frontotemporal dementia; obsessive-compulsive disorder; Obsessive-compulsive symptoms; Dementia

O0039

MDD patients with early life stress deactivate the frontostriatal network during facial emotion recognition paradigm: A functional MRI study

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