

practice it can be seen as a symptom in other psychiatric conditions as well. Hoarding Disorder follows a chronic and progressively deteriorating course. In adults, prevalence of hoarding is estimated to be 2%–6%. Hoarding symptoms tend to be poor indicator of treatment response. As there was very limited Indian literature available on hoarding in OCD, we took up this study.

**Objectives.**– To study and compare the Prevalence and Phenomenology of Hoarding Behavior in patients of OCD & relatives of patients who don't have any psychiatric disorders.

**Methods.**– A cross-sectional, observational study. 100 patients were randomly divided in two groups. Control Group- no diagnosed psychiatric illness. Study Group diagnosed with OCD. Data was collected through semistructured proforma, Yales Brown Obsessive-compulsive scale (YBOCS), Hoarding rating scale (HRS), Saving inventory–revised (modified format), clutter image rating scale (CIRS).

**Results.**– No statistically significant difference was observed in both the groups in the demographic profile. The prevalence of hoarding in cases was 14%. The phenomenology data revealed most common item hoarded was newspaper, scrap (28.6%) as it was important item (57.1%) showing increased relation with OCD (71.4%), showing irritable reaction on discarding (57.1%) with mild socio-occupational impairment (57.1%).

**Conclusion.**– Hoarding symptom have early onset than OC symptoms with poor predictor to treatment response and socio-occupational functioning. The complaint of hoarding is neglected by the treating doctor. So this study implies that enquiring into hoarding behaviour and treating it can improve the quality of life of these patients.

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

EV0494

### **Compulsive self-harm behavior in obsessive compulsion disorder: A case report**

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**Objectives.**– Obsessive-compulsive disorder (OCD) represents a complex entity, comprising several different kinds of rituals. Self-harm in the context of OCD is very rare; however a few cases have been reported. Herein is reported a case of a man with OCD who developed a ritualized self-harm compulsive behaviour.

**Methods.**– Case report description and additional review of the literature using Pub Med database (Keywords: self-harm, obsessive-compulsive, compulsive self-harm, self-injury).

**Results.**– A 41-year-old man, previously diagnosed with OCD, started with self-mutilation compulsions, consisting of repeatedly cutting symmetrical and geometrical forms, as a way of relieve tension and anxiety, firstly on his legs and then also on the arms. He maintained these rituals for about a year, while maintaining frequent visits and medication adjustments. Clomipramine (titrated to 150 mg/day) and lamotrigine (titrated to 300 mg/day) were added to his medication (he was initially medicated with sertraline, pregabalin and diazepam). The self-harm compulsive behaviour led to medical complications, namely severe anemia (hemoglobin of 8.5 g/dL) requiring treatment with iron reposition. Over that period the behaviours became scarcer until they finally stopped. There are a few reports of self-inflicted eye injuries in OCD, trichotillomania and two cases of auto castration but, to the authors' knowledge, there are no descriptions of compulsive ritualized self-harm behaviour in the context of OCD.

**Conclusions.**– We concluded that this was a rare form of compulsive rituals and a challenging case. Further investigation seems necessary in order to establish the actual epidemiology of self-harm compulsive behaviour in OCD.

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

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### **Coimbra obsessive inventory – Short version (COI-SV): Development, factor structure and psychometric properties**

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**Introduction.**– The Coimbra Obsessive Inventory (COI) is a self-report instrument encompassing two scales of frequency and degree of emotional disturbance of obsessive-compulsive symptoms (50 items each). The COI would benefit from being shortened to facilitate assessment.

**Objectives.**– The current study sought out to develop a COI short version (COI-SV) and study its factor structure and psychometric properties.

**Methods.**– The COI-SV was developed based on psychometric criteria. This study was conducted in the original sample (604 participants from the general population). Subsequently, in another sample of 338 subjects a 5-factor model was tested through confirmatory factor analysis. Cronbach alpha and composite reliability (CR) were calculated. Convergent and divergent validity were addressed through correlations with the Padua Inventory (PI) and the Depression, Anxiety and Stress Scales (DASS-21). Test-retest reliability was studied in a subsample of 23 participants.

**Results.**– The emotional disturbance subscale was maintained. A 19-items and 5-factor (“contamination/washing”, “indecisiveness/slowness”, “repeated checking/hoarding”, “immoral content”, and “magic thinking”) version was achieved. The COI-SV showed a good model fit (CFI = 0.937; GFI = 0.901; RMSEA = 0.067; MECVI = 1.374). Regarding internal consistency, Cronbach alpha was .93 and the CR was .97. Correlation results between the COI and the COI-SV was .97. The COI-SV revealed a correlation of .75 with the PI and correlations of .44, .46, and .49 with the DASS-21. Test-retest reliability showed to be .66.

**Conclusion.**– The COI-SV showed to be a valid and reliable measure of obsessive-compulsive symptoms among the general population. These results substantiate the use of this scale in research and clinical practice.

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

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### **Mind the gap in OCD: From good to poor insight**

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**Objectives.**– The author shows how insight became a miller-stone concept in OCD research, how it can explain OCD variability and the limitations one can find in insight research.

**Methods.**– The author evaluated 60 OCD patients and measured insight (apart from other clinical and laboratory variables). A revision about when we can expect from it and how insight changed OCD research is done.

**Results.**– Many authors studied insight in OCD. More studies are needed in order to fully understand why insight is so important for