

more common among persons with OCD. OCD patients were more likely to have divorced parents. Contamination and aggressive obsessions; checking, counting and cleaning/washing obsessions, were the most common. Mean Y-BOCS obsession subscale score was 6.7 ± 4.3 ; mean compulsion subscale score was 6.4 ± 3.9 ; mean total score was 13.1 ± 5.2 . Conclusion: Although OCD is considered a relatively rare disorder, the notion based on clinical samples (0.05%-1%), epidemiological studies revealed significantly higher rates (0.2%-4). Our was to determine the prevalence of OCD in adolescent population and we found that OCD is common among adolescents. Epidemiological studies with adolescents will enable us to include persons with OCD who have not visited or been referred to psychiatry in our samples, making it possible to achieve more accurate results concerning the prevalence of OCD.

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NR3-129

OBSESSIVE-COMPULSIVE DISORDER: CLINICAL FEATURES OF EARLY AGE AT ONSET

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EDUCATIONAL OBJECTIVE:

At the conclusion of this session, the participant should be able to recognize clinical differences between early age at obsessive-compulsive disorder and late age at onset.

SUMMARY:

Background: To better understand OCD heterogeneity, more homogeneous phenotypic descriptions are necessary to delimitate clinically meaningful subgroups of patients and help in the search for vulnerability genes e para a identificação de estratégias mais eficazes de tratamento. Studies indicate that OCD patients with early age at onset presents clinical features , besides a higher rate among first degree relatives to present OCD and Tic disorders. Objective: Study clinical features of early OCD patients (EO) versus late OCD patients (LO) regarding OCD symptoms, comorbidities and history family. Method: Subjects included 330 OCD patients according to *DSM-IV* criteria. The Structured Clinical Interview for Diagnosis-IV – SCID-I; Yale Global Tic Severity Scale - YGTSS; Yale-Brown Obsessive-Compulsive Scale - Y-BOCS, Dimensional Obsessive-Compulsive Scale DY-BOCS; Sensory Phenomena Scale of Sao Paulo University – USP-SPS were used to evaluate directly the 330 patients It was considered early onset if symptoms began till 10 years (EO- n=160), and late onset after 18 years old (LO-n=95), according Geller et al., (1998) and Rosario-Campos et al., (2001). Qui-square test was used to compare groups with 5% significance level.

Results: The EO presented higher frequencies of the following comorbidities in relation to LO: tic disorder, Tourette syndrome, anxiety disorders (excluding OCD), ADHD, social phobia, t. somatoform disorders, body dysmorphic disorder, kleptomania and separation anxiety disorder. The EO presented higher OCS symptoms in first degree relatives compared to LO. Besides, a higher frequency of sensory phenomena, “tic-like” compulsions and mental ritual. Conclusion: Results reinforce the hypotheses that early age at OCD onset could be considered a distinct subgroup and present specific features.

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NR3-130

ADEQUACY OF SSRI PHARMACOTHERAPY AMONG MEDICAID-ENROLLED PATIENTS NEWLY DIAGNOSED WITH OBSESSIVE-COMPULSIVE DISORDER

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EDUCATIONAL OBJECTIVE:

At the conclusion of this session, the participant should be able to understand what constitutes appropriate pharmacotherapy for OCD and to recognize that OCD is a significantly under-treated disorder, with only one quarter of Medicaid-enrolled adults receiving appropriate pharmacotherapy over a 9-year period.

SUMMARY:

Background: The American Psychiatric Association (APA) recently published clinical practice guidelines for obsessive-compulsive disorder (OCD), specifying that at least 12 weeks of a selective serotonin reuptake inhibitor (SSRI) at an adequate dose was required to achieve a therapeutic response. However, little is known about the current quality of pharmacologic care for OCD. Introduction: We sought to examine the adequacy of psychotropic care among Medicaid-enrolled adults newly diagnosed with OCD.

Methods: We conducted a 9-year (1997-2006) retrospective analysis of Florida Medicaid-enrolled adults (age = 18 years) newly diagnosed with OCD (ICD-9 300.3) who had received psychotropics. Adequate pharmacotherapy was defined as = 12 consecutive weeks of SSRI treatment with = 14 days between medication fills and an average daily SSRI dose (excluding the first 6 weeks of psychotropic use where titration is likely) within the target range specified by recent APA guidelines. Results: Among 2,960,421 adult Medicaid enrollees, 2,921 (0.1%) were diagnosed with OCD during the 9-year period. Among these, 987 received SSRIs. Among the 987 patients receiving SSRIs, only 25% received adequate pharmacotherapy during the study period. Specifically, 23% received less than 12 weeks on an SSRI, and 77% received SSRI doses below the minimum guideline-recommended target range. Conclusion: Inadequacy of SSRI pharmacotherapy in this sample of Medicaid-enrolled patients with newly diagnosed OCD supports findings from an earlier study by Koran and colleagues, who found that less

than half (42.8%) of newly-diagnosed HMO members with OCD received adequate SRI treatment.² Findings suggest that widespread dissemination of APA guidelines and mental healthcare provider education may be critical to addressing pharmacotherapy needs of patients with OCD.

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NR3-131

DOES FLUVOXAMINE CR REDUCE DISABILITY IN SOCIAL ANXIETY DISORDER?

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EDUCATIONAL OBJECTIVE:

At the conclusion of this session, the participant should be able to: 1) appreciate the magnitude of disability associated with Social anxiety Disorder; and 2) evaluate evidence relating to the use of Fluvoxamine CR in the treatment of disability in Social Anxiety Disorder.

SUMMARY:

Background: Generalized Social Anxiety Disorder (GSAD) is associated with significant disability. Methods: The Sheehan Disability Scale (SDS) was administered to 579 subjects with a primary diagnosis of GSAD in two similarly designed 12-week randomized, double-blind, placebo-controlled, studies with flexible dosing of controlled release (CR) fluvoxamine. A last-observation-carried-forward (LOCF) analysis from the first on-treatment visit (week 2) was used to examine the effect of medication on disability for the intent-to-treat (ITT) population. Results: Fluvoxamine CR was superior to placebo in reducing social disability on the raw score analysis from week 6. It was superior in reducing work and total disability from week 8. On the mean change score analysis, improvements on fluvoxamine CR compared to placebo were statistically significant starting at week 2 for work disability ($p < 0.05$), at week 6 for social disability ($p < 0.03$) and total disability ($p < 0.04$) and at week 8 for family disability. This Abstract was supported in part by a grant from Jazz Pharmaceuticals, Inc.

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NR3-132

ARIPIPRAZOLE AUGMENTATION OF SEROTONIN REUPTAKE INHIBITOR-REFRACTORY OBSESSIVE-COMPULSIVE DISORDER

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EDUCATIONAL OBJECTIVE:

At the conclusion of this session, the participant should be able to: 1) understand the utility of using atypical antipsychotics for the treatment of refractory obsessive compulsive disorder; 2) identify the rationale for aripiprazole as a potential augmenting agent for obsessive-compulsive disorder management; and 3) discuss preliminary findings of using aripiprazole as an augmenting agent in refractory obsessive-compulsive disorder.

SUMMARY:

Intro: Atypical antipsychotic medications have been effective in augmenting selective serotonin reuptake inhibitors (SSRI's) for the treatment of obsessive-compulsive disorder (OCD). Aripiprazole has not been studied in this regard, though has shown some promise as monotherapy. Given its 5-HT_{1A} partial agonist activity, aripiprazole may be particularly effective as an augmenting agent. Methods: 10 consecutive patients meeting *DSM-IV* criteria for OCD and not responsive to current treatment with an SSRI were enrolled. Aripiprazole was added to their current SSRI in an open-label manner. The starting dose was 10mg per day, which could be increased or decreased as tolerated. Improvement was assessed using the Yale-Brown Obsessive-Compulsive Scale (YBOCS). Response was defined as = 25% improvement at 3 months. Results: 2 of the 10 patients enrolled in the study never actually started the aripiprazole despite consenting to the study. Both of them cited anxiety over new medication as the reason. 4 of the remaining 8 patients completed 3 months of treatment. 2 patients discontinued aripiprazole prematurely due to adverse effects (anxiety and restlessness) while 2 others discontinued for lack of efficacy. All 4 completers met response criteria. The responders did not differ from non-responders in age, baseline YBOCS score, or baseline GAF ($p > 0.05$). The mean aripiprazole dose in the responders group at endpoint was 13.75mg (± 2.5). The mean YBOCS change in responders was from 21.25 (± 5.12) at baseline to 10.25 (± 5.74) at endpoint. Percent YBOCS improvements from baseline in the 4 responders were 31%, 36%, 62%, and 77%. Patients completing the study tolerated the aripiprazole well. Conclusion: Aripiprazole shows promise in augmenting response to SSRI's in patients with OCD. Lower starting doses may help prevent premature discontinuation and enhance long-term compliance. This study was funded through a research grant from Bristol-Myers Squibb.

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NR3-133

A 12-WEEK OPEN-LABEL TRIAL OF ADJUNCTIVE LEVETIRACETAM FOR TREATMENT REFRACTORY POST-TRAUMATIC STRESS DISORDER (PTSD)

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