		Self-harm		No self-harm		X^2	p	C	OR	CI 95%
		n	%	n	%					
Ages	<25 years old	20	23.8	64	76.2	5.77	0.016*	0.192	3.18	1.19-8.44
	≥25 years old	6	9.0	61	91.0					
Gender	Boys	15	20.8	57	79.2	1.26	0.261	0.091	1.63	0.69-3.82
	Girls	11	13.9	68	86.1					
History of previous trauma	Yes	12	35.3	22	64.7	10.06	0.002*	0.250	4.01	1.64-9.85
	No	14	12.0	103	88.0					

Conclusion: This study reveals a significant correlation between previous psychological trauma and the incidence of self-harm behaviour among COVID-19 patients during isolation. Patients with a history of previous psychological trauma are four times more at risk of self-harming behaviour. The finding underscores the heightened risk faced by individuals with trauma histories, who may experience exacerbated mental health challenges in the context of enforced solitude and stress. Exacerbation of loneliness during isolation was associated with an increase in the odds of self-harm. Loneliness and self-harm behaviour were closely linked [1]. The enhanced stress perception may serve as a key pathway for the continuation and development of self-harm behaviour among a vulnerable population facing adverse life events. Future research should focus on the neurobiological mechanisms linking isolation and trauma to self-harm behaviour and examine the effectiveness of various pharmacological and psychological treatments in this unique circumstance.

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"WHEN IS IT LATE"? OPTIMAL THRESHOLD FOR DURATION OF UNTREATED ILLNESS (DUI) TO PREDICT SSRI-TREATMENT RESISTANCE IN OBSESSIVE-COMPULSIVE DISORDER (OCD)

L. Pellegrini [1,2,3,4], A. Paci [5], G. Di Salvo [6,7], G. Maina [6,7], U. Albert [1,4]

[1] *University of Trieste, Department of Medicine- Surgery and Health Sciences - UCO Clinica Psichiatrica, Trieste, Italy;* [2] *Imperial College London, Centre for Psychedelic Research and Neuropsychopharmacology, London, United Kingdom;* [3] *University of Hertfordshire, School of Life and Medical Sciences, Hatfield, United Kingdom;* [4] *Azienda Sanitaria Universitaria Giuliano-Isontina - ASUGI, Department of Mental Health - Psychiatric Clinic, Trieste, Italy;* [5] *University of Udine, Department of Medicine DAME, Udine, Italy;* [6] *University of Turin, Department of Neurosciences "Rita Levi Montalcini", Turin, Italy;* [7] *San Luigi Gonzaga University Hospital, Psychiatric Unit, Orbassano, Italy*

Introduction: Obsessive-compulsive disorder (OCD) is a chronic neuropsychiatric condition characterised by repetitive, recurrent and intrusive obsessional thoughts and compulsive behaviors [1], and it often manifests in childhood or adolescence [2]. While effective therapies such as selective serotonin reuptake inhibitors (SSRIs) and cognitive behavioural therapy exist, a considerable delay in initiating appropriate treatment is frequently observed. This delay, referred to as duration of untreated illness (DUI) [3][4], correlates with poor clinical outcomes, heightened symptom severity, and reduced response rates to standard pharmacological interventions [5]. Despite available evidence indicating that delayed intervention adversely affects prognosis [3], precise thresholds of DUI predictive of pharmacotherapy resistance, particularly to first-line selective serotonin reuptake inhibitors (SSRIs), remain poorly defined.

Aims: The aim of this study was to identify a clinically relevant DUI threshold predictive of resistance to the first adequate pharmacological trial with SSRI treatment in patients diagnosed with OCD.

Methods: We conducted a prospective observational study involving 220 adult patients diagnosed with OCD according to DSM-5 criteria, with moderate-to-severe symptom severity (Yale-Brown Obsessive-Compulsive Scale score ≥16). Participants were recruited from the Department of Neurosciences at the University of Turin. Data were collected through semi-structured clinical interviews. DUI was defined as the time between symptom onset and the initiation of a guideline-concordant pharmacological treatment, namely an SSRI at a moderate-to-high dosage for a minimum of 12 weeks. Treatment response was defined as a ≥35% reduction in Y-BOCS scores accompanied by a Clinical Global Impression-Improvement (CGI-I) score of 1 or 2, sustained for at least one week. The primary statistical method used to determine the optimal cut-off point for predicting SSRI treatment response was Receiver Operating Characteristic (ROC) curve analysis.

Results: The mean age of participants was 34.5 years (SD = 12.4), with 52.1% being male. The average DUI was 107.2 months (SD = 116.7). Of the total sample, 117 participants (50.4%) met the criteria for treatment response. ROC analysis revealed that the optimal cut-off point for DUI in predicting non-response to SSRI was 42 months, with an area under the curve (AUC) of 0.634 (SE = 0.037, 95% CI = 0.562-0.706, $p < 0.001$). At this threshold, sensitivity was 70.1% and specificity was 53.9%, with positive and negative predictive values of 60.7% and 70.1%, respectively.

Conclusions: These findings suggest that a DUI longer than 42 months is significantly associated with reduced likelihood of response to first-line SSRI treatment in OCD. These results underline the critical need for early detection of OCD and timely initiation of adequate pharmacological intervention to optimise outcomes. Clinical strategies aimed at reducing DUI should prioritize educational initiatives, improved diagnostic accuracy, and enhanced accessibility to specialized OCD treatments. Future studies should focus on interventions specifically designed to minimize DUI and further evaluate their long-term efficacy in mitigating treatment resistance in OCD.

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DIGIT SYMBOL TEST DIFFERENTIATES BETWEEN UNIPOLAR AND BIPOLAR DEPRESSION

S. Balaç [1,2], D. Ceylan [1,2,3,4], B. Verim [5], A. Ildız [5], A. Erdoğan [5], E. Bora [6], A. Ozerdem [3]

[1] *Koç University, Department of Neuroscience- Graduate School of Health Sciences, İstanbul, Türkiye;* [2] *Koç University, Koç University Research Center for Translational Medicine KUTTAM- Affective Laboratory, İstanbul, Türkiye;* [3] *Mayo*