

6.42—6.44

= 15.9, $p < .001$). There were no significant differences in symptom severity (CY-BOCS, $p = .749$) at baseline, or remission status posttreatment ($p = .078$). The CBCL-DP level decreased to 7.1% posttreatment, with a further reduction to 4.6% and 1.4% at the 2- and 3-year follow-up.

Conclusions: This study highlights that dysregulation is common in youth with OCD and is significantly associated with greater impairment, depressive, autistic and anxiety symptoms, and comorbid ADHD, ODD, and tics. Dysregulation levels decreased after treatment.

OCD, LONG

<https://doi.org/10.1016/j.jaac.2024.08.438>

6.41 PEDIATRIC OCD PROBANDS WITH ORDERING SYMPTOMS AND ASD TRAITS AND OBSESSIVE-COMPULSIVE PERSONALITY TRAITS IN ADULT RELATIVES

Catherine Chen, BA, Johns Hopkins University, chencatherine33@gmail.com; Alperen Ozturk, MS, Istanbul Medipol University, dr.ozturkalperen@gmail.com; Varnika B. Bhadoriya, MS, Ayse Buse Melik, MS, Midechelle Avril, Marco A. Grados, MD

Objectives: The ordering symptom, or the strong need for order, symmetry, and exactness, in pediatric OCD youth confers higher rates of adult OCD in relatives, whereas the effect of ASD traits in youth with OCD on the phenotype of relatives remains unstudied. In this vein, pediatric OCD probands are categorized for OCD symptoms (ordering) and ASD traits (median split) to determine their influence on obsessive-compulsive personality disorder (OCPD) traits in adult relatives.

Methods: Pediatric OCD probands were ascertained using the K-SADS with the exclusion of ASD. First- and higher-order relatives were interviewed using the Structured Clinical Interview for DSM Disorders (SCID) to diagnose anxiety disorders. Youth with OCD were administered the parent self-report Social Responsiveness Scale (SRS) for autistic traits. The Structured Interview for DSM-IV Personality (SIDP-IV) characterized 8 DSM-5 OCPD symptoms and indecision in adult relatives. Given the nonnormal distribution of OCPD scores, the rank sum tested for relatives' OCPD scores based on: 1) probands with/without ordering; 2) probands with low/high ASD trait (SRS) scores.

Results: A total of 38 pediatric OCD probands (71% male, 12 ± 3.4 years, range 5-17 years) and 126 extended relatives (57 first-degree, 40% male, 49 ± 15 years) comprise the sample. A total of 21 probands were ordering (+) (80 relatives) and 17 probands were ordering (-) (46 relatives). Ordering in probands did not determine higher OCPD scores in relatives ($z = 0.31$); however, adult relatives of ordering (+) probands had more "need for control" ($p = .04$) and "moralistic tendencies" ($p = .02$). High-SRS relatives were more perfectionistic (P) ($p = .02$), more orderly (O) ($p = .01$), and more indecisive (I) ($p = .04$). A composite P+O+I score tested with anxiety disorders showed a strong association with generalized anxiety disorder ($p = .003$), specific phobia ($p = .04$), and to a lesser extent, social phobia ($p = .07$).

Conclusions: OCD proband ordering and ASD traits are associated with OCPD traits in relatives: control and moralistic tendencies (proband ordering symptom) and perfectionism, orderliness, and indecision (proband ASD traits) being implicated. There is a familial phenotypic continuity between proband OCD youth ordering symptom/ASD traits and OCPD traits in adult relatives.

OCD, PED, ASD

<https://doi.org/10.1016/j.jaac.2024.08.439>

6.42 EVERYDAY EXECUTIVE FUNCTIONING DURING TREATMENT FOR PEDIATRIC OCD

Melanie Ritter, MSc, University of Copenhagen, Mental Health Services, melanie.ritter@regionh.dk; James Blair, PhD

Objectives: Executive functioning deficits are suggested to interact with psychotherapeutic treatment response in childhood OCD. However, few

studies investigated the impact of psychotherapy on executive functions in this group. This study examines the psychotherapy impact on parent- and child-reported executive functioning deficits in pediatric OCD and the association with therapy-induced symptom change.

Methods: We aimed to include all 130 patients and 90 nonpsychiatric control children (matched on age and sex) enrolled in the Danish "TECTO" randomized controlled trial (ClinicalTrials.gov: NCT03595098). Patients were assessed before and after 16 weeks of either CBT or an active control treatment of psychoeducation and relaxation therapy. Executive functioning deficits were assessed with the Behavior Rating Inventory of Executive Function, Second Edition (BRIEF-II) questionnaire, and OCD symptom severity was assessed with the Children's Yale-Brown Obsessive-Compulsive Scale (CY-BOCS) total score. Statistical tests were carried out as complete-case analyses.

Results: A total of 72 patients (age 8-17) and 70 controls had complete data and thus participated in this study. Patients (≥ 11 years) and their parents reported elevated BRIEF total scores (MD = 6.98, $p < .001$; MD = 13.32, $p < .001$) and subscale scores at intake relative to controls. The symptom level dropped significantly after both treatments, but more for CBT (MD = 3.89, $p = .010$) than the active control treatment. BRIEF total scores also dropped (MD = 5.90, $p < .001$; MD = 3.84, $p < .001$) along with most subscale scores, yet with no differential response by treatment type and no correlation with symptom change.

Conclusions: Results point to improvement of self- and parent-reported executive functioning deficits during psychotherapy, possibly reflecting stabilization of the underlying dorsal cortico-striatal brain circuits involved in cognitive control. We did not find differential response by treatment type or correlation with symptom change. Notably, the study is limited by small sample sizes and potential self-report and nonresponse biases.

OCD, CBT, COG

<https://doi.org/10.1016/j.jaac.2024.08.440>

6.43 THE PREVALENCE AND CLINICAL SIGNIFICANCE OF ENURESIS AS A PRESENTING SYMPTOM OF PANDAS IN CHILDREN IN THE UNITED KINGDOM

Fiona N.Q. Dang, BS, MBBS, The Children's e-Hospital, fiona@e-hospital.co.uk; Maria V. Zulli, BS, MSc, Ying Wong, MBBS, Tim Ubhi, BS, FRCP, MBChB, MD, The Children's e-Hospital, tim.ubhi@e-hospital.co.uk

Objectives: This study aims to determine the prevalence of enuresis in children in the United Kingdom diagnosed with PANDAS according to the DSM-5 and NIMH diagnostic criteria. It explores enuresis as a potential presenting symptom of PANDAS and examines the effect of standard PANDAS treatment on children exhibiting enuresis, focusing on additional neuropsychiatric symptoms such as OCD, tics, and anxiety. While enuresis is commonly perceived to be a behavioral problem in children, this study investigates it as a behavioral change secondary to an underlying organic problem.

Methods: A retrospective clinical review was performed on 109 children aged 4 to 19 years diagnosed with PANDAS over a 13-month period. All participants met the NIMH criteria for a PANDAS diagnosis. Treatment consisted of antibiotics and anti-inflammatory drugs (corticosteroids and ibuprofen), and treatment response was evaluated through parent assessment and interviews.

Results: Among the 109 children with confirmed PANDAS, 56 (51%) presented with enuresis in addition to PANDAS symptoms. Of these, 94% reported "good," "very good," or "excellent" improvement with PANDAS treatment, whereas only 7% reported a "poor" response to treatment.

Conclusions: Enuresis is a common symptom in children with PANDAS, with a prevalence of 51%. This supports the existing literature linking these conditions to basal ganglia dysfunction. These patients respond well to standard PANDAS treatment. Therefore, clinicians, including primary care doctors, pediatricians, and psychiatrists, should consider PANDAS in children presenting with enuresis and explore the possibility of additional