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# Dysfunctional beliefs and cognitive performance across symptom dimensions in childhood and adolescent OCD

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Ognitive factors crucial for the aetiology and maintenance of Obsessive-Compulsive Disorder (OCD) have proved effective in prospectively predicting the disease course in children and early adolescents. However, previous investigations in youth have largely ignored the possibility that obsessive beliefs and cognitive performance may vary across the clinical subtypes. By adopting the quantitative multidimensional approach to OCD symptoms in a large cohort of children and adolescents with OCD, we investigated whether the unique patterns of dysfunctional beliefs and neuropsychological profile characterizing symptom dimensions of OCD in adults was preserved in childhood/early adolescence.

41 child-adolescents with a primary diagnosis of OCD and no major concurrent medical and/or psychiatric conditions were enrolled in the present study. The whole sample underwent the following assessment:

Children's Yale-Brown Obsessive-Compulsive Disorder Scale and the Dimensional Yale-Brown Obsessive-Compulsive Disorder Scale; b) Child-Adolescent Perfectionism Scale; c) Intolerance of Uncertainty Scale for Children; d) Penn-State Worry Questionnaire for Children; e) Children Depression Inventory and f) a multidimensional, evidence- based cognitive battery.

We found that self-oriented and socially prescribed perfectionism and intolerance to uncertainty were related to obsessions severity. Increased severity in the symptom dimension characterized by obsessions and compulsions about harm due to violence/disaster was predicted by excessive concerns with the expectations of other people (i.e. socially prescribed perfectionism). Reduced accuracy in mentally performing a problem-solving, non-verbal reasoning task predict obsessions and compulsions severity in this dimension. Likewise, increased severity of obsessions about symmetry, and compulsions to count or order/arrange was predicted by reduced accuracy in the same problem-solving task.

Our findings represent the first substantiation in childhood and early adolescence, of definite patterns of dysfunctional beliefs and neuropsychological performance in specific dimensions. This bears important clinical implications for developing specific treatment strategies to deal with unique dysfunctional cores and possibly prevent illness chronicity.

### **Biography**

Valentina Ciullo, based at Fondazione Santa Lucia, Italy, is a devoted neuropsychiatry researcher specializing in innovative biomarker identification for psychiatric disorders. Her work, spanning high-resolution multimodal magnetic resonance techniques and cognitive-behavioral therapy, reflects a commitment to advancing scientific and clinical understanding in areas like obsessive-compulsive and mood disorders.