

BACKGROUND

Obsessive Compulsive Disorder (OCD)

 Disorder that can cause distress to individuals through obsessions and compulsions

Obsessions

- Mentally intrusive thoughts/ideas that preoccupy the mind
- Typically, anxiety-provoking and illustrate threat
- appraisals and the reactions to them

Autogenous-Reactive obsession subtype model: ⁽¹⁾

Autogenous Obsessions (AOs)	 Unrealistic irrational thoughts EX: Sexual, aggressive, and religious intrusions
Reactive	 Realistic aversive mental intrusions EX: Germs, disarrayed objects,
Obsessions (ROs)	mistakes

Inhibitory control, N2, and EEG

- Excessive intrusive thoughts in OCD may reflect deficits in inhibitory control \rightarrow captured through stop signal task
- Individuals with primarily AOs compared to ROs have shown worse inhibitory cognitive control⁽²⁾
- N2 component of event-related potential (ERP) in OCD patients exhibit larger amplitudes elicited by stop stimuli compared to controls⁽³⁾
- Stop-signal N2 is important to measure because it has been said to be an "early mechanism of inhibitory control" ⁽³⁾
- Electroencephalogram (**EEG**) will allow us to measure neural indices during the stop signal task, specifically N2 ERP

OBJECTIVES

Understand how...

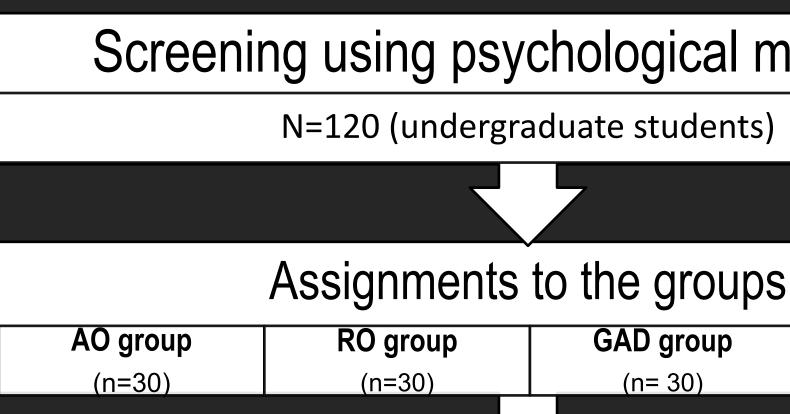
- 1) OCD symptoms are represented within EEG and ERP signals using the stop signal paradigm
- 2) AO and RO subtypes are presented within this paradigm

Assessing OCD Subtypes: Response Inhibition and Error Monitoring Through the Stop Signal Paradigm

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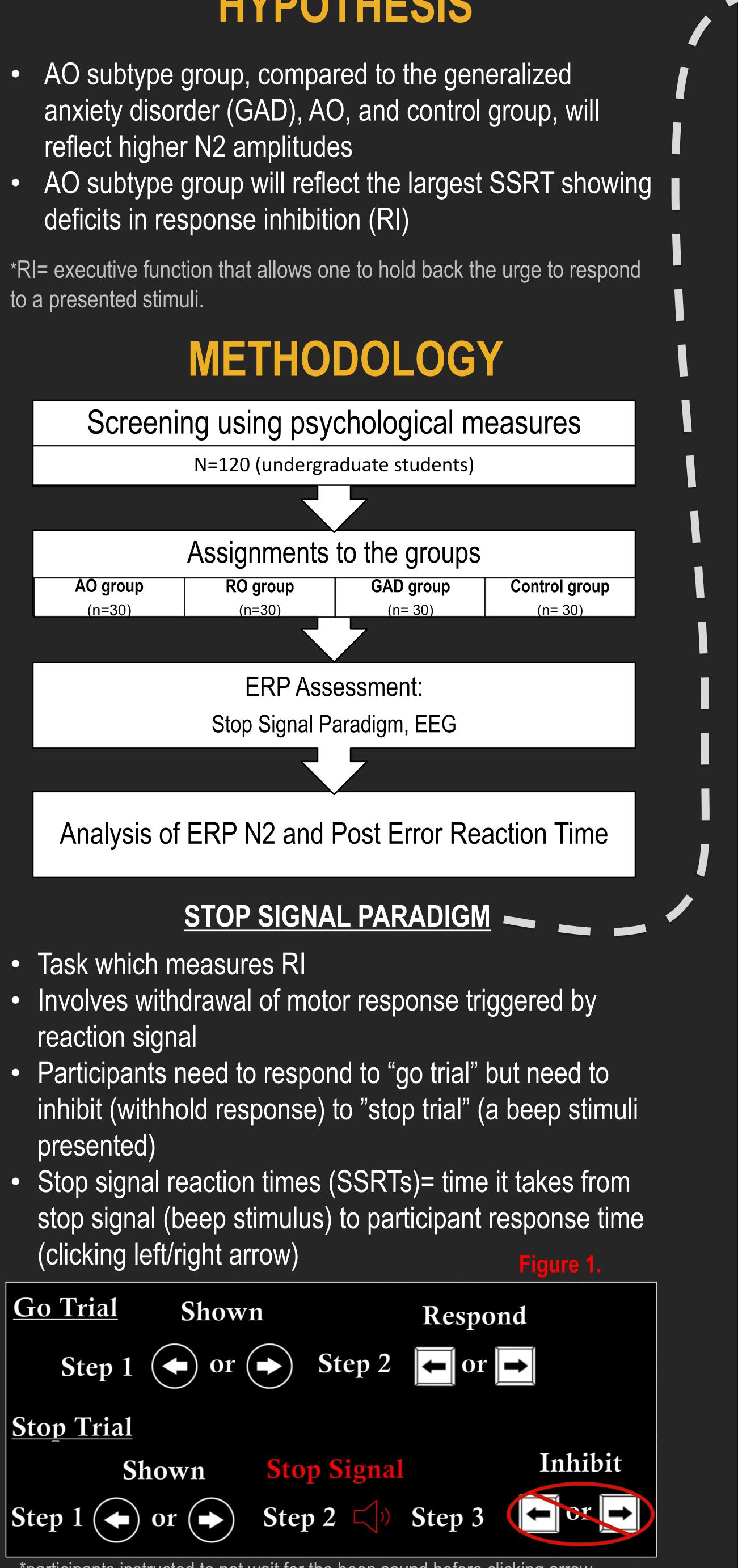
HYPOTHESIS

- deficits in response inhibition (RI)

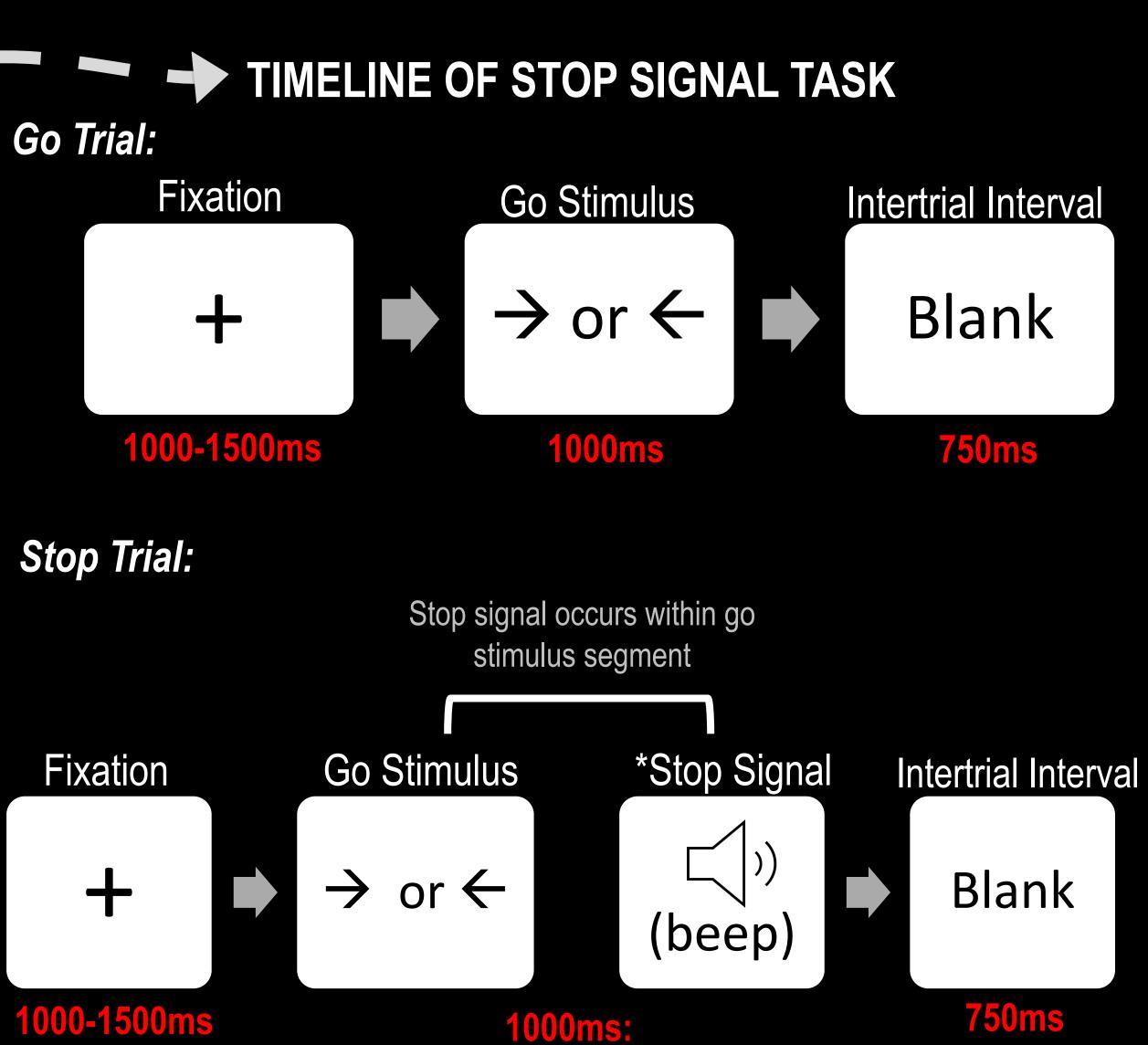


ERP Assessment:

- reaction signal
- presented)
- (clicking left/right arrow)



*participants instructed to not wait for the beep sound before clicking arrow



*Stop signal shifts around in go stimulus 1000ms window depending on if participant correct/incorrectly inhibits response

RESULTS

Due to the COVID-19 pandemic, the study has faced delay in data collection. It is planned to begin during late summer 2021 or early fall 2021.

DISCUSSION

- By examining behavioral inhibition and executive control through N2, and SSRTs, classifications of obsessions subtypes and OCD psychopathology can be better understood
- Pending results, specific clinical interventions could be utilized to address subtype related perceived threats
- Limitation: clinical population will not be used • Our study is unique in how it is the first of its kind to
- examine N2 for two subtypes (AO, RO) of OCD



(1) Lee, H. J., & Kwon, S. M. (2003). Two different types of obsession: autogenous obsessions and reactive obsessions. Behaviour research and Therapy, 41(1), 11-29. https://doi.org/10.1016/s0005-7967(01)00101-2 (2) Lee, H. J., Yost, B. P., & Telch, M. J. (2009). Differential performance on the go/no-go task as a function of the autogenous reactive taxonomy of obsessions: Findings from a non-treatment seeking sample. Behaviour Research and Therapy, 47(4),294-300. http://doi.org/10.1016/j.brat.2009.01.002

(3) Lei, H., Zhu, X., Fan, J., Dong, J., Zhou, C., Zhang, X., & Zhong, M. (2015). Is impaired response inhibition independent of symptom dimensions in obsessive-compulsive disorder? Evidence from ERPs. Scientific Reports, 5(1). https://doi.org/10.1038/srep10413



