

HC, the ERN was significantly increased in cases with generalized anxiety disorder (GAD) ($p = .008$, Cohen's $d = .60$) and cases with AD other than GAD ($p = .02$, Cohen's $d = .32$). Compared to HC, the ERN was significantly increased in cases with a DD ($p = .02$, Cohen's $d = .63$) and cases without a DD ($p = .01$, Cohen's $d = .31$).

Conclusions: The results provide further evidence of increased error-related brain activity in youth with AD, including those with AD other than GAD and those with a comorbid DD. An enlarged ERN may represent a transdiagnostic liability index for GAD and other AD in late childhood and adolescence.

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Keywords: Event-Related Potentials, Anxiety Disorders, Children, Biomarkers, Adolescents

F22. Regulation of Fear Expression by Activity-Dependent BDNF in Direct Hippocampal-To-Prelimbic Projections

To see this abstract, please see Oral Abstract #O4.

F23. Sexual Assault Characteristics Predict Peritraumatic Pain and Posttraumatic Stress Responses

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Background: The association between sexual assault (SA) characteristics on acute pain and psychological responses following SA is unknown.

Methods: Women SA survivors ≥ 18 years of age who presented for emergency care within 72 hours of SA are enrolled into a large ongoing multisite study. Acute pain (0-10 scale) is assessed at the time of presentation for emergency care, posttraumatic stress (PTS) symptoms (DSM-IV PCL) and pain outcomes are assessed at one week. Characteristics significantly associated with pain at presentation (*) and pain(¥) and PTS(#) at one week were assessed.

Results: Among women SA survivors enrolled to date ($n=656$), SA characteristics associated with acute pain and

PTS outcomes included explicit life threat*¥, use of a weapon*¥, > 1 assailant¥#, unknown assailant#, strangulation during assault*¥, absence of drugs or alcohol*¥#, and multiple forms of assault. Many of these associations persisted after adjustment for age, income, and education (e.g., association between explicit life threat and initial pain $b = 1.23$, $p = 0.0053$; association between strangulation during assault and pain severity at one week $b = 1.16$, $p = 0.0003$; association between absence of drugs or alcohol and PTS severity at one week $b = -2.17$, $p = 0.0145$). Complete and updated bivariate and multivariate associations will be presented at the conference.

Conclusions: SA characteristics influence acute pain and PTS severity after SA. Better understanding of these predictive relationships may help provide pathogenic insights and identify individuals for early intervention.

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Keywords: Sexual Assault, Pain, Posttraumatic Stress Disorder

F24. Is Tic-Related OCD a Familial Subtype of the Disorder? A Swedish Population Cohort Study

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Background: DSM-5 introduced a new tic-related subtype specifier to obsessive-compulsive disorder (OCD). This subtype is thought to constitute a particularly familial variant of the disorder, but data are limited. We investigated whether the familial aggregation of OCD differs based on the presence of a lifetime history of tics (T+OCD) at the population level.

Methods: Among all Swedish-born individuals (1973-2007; $n=4,092,078$), we identified all OCD cases ($n=22,232$), along with their monozygotic/dizygotic twin, other full siblings, maternal/paternal half siblings, and cousins. Hazard Ratios (HR) were used to estimate the risk of OCD in all biological relatives of individuals with T+OCD versus OCD only.

Results: Relatives of individuals with T+OCD had a higher risk of OCD, with HRs decreasing by degree of relatedness: 35.47 (95% CI 4.24-296.73) in monozygotic twins, 10.63 (95% CI 7.92-14.27) in full siblings, 3.72 (95% CI 1.92-7.20) and 0.30 (95% CI 0.04-2.12) in maternal and paternal half siblings, respectively, and 1.58 (95% CI 1.17-2.13) in cousins. The corresponding HR in relatives of OCD-only individuals were: 21.54 (95% CI 8.79-52.79), 4.52 (95% CI 4.06-5.02), 1.87 (95% CI 1.39-2.52), 1.80 (95% CI 1.31-2.49), and 1.43 (95% CI 1.29-1.59). The results were largely unchanged when taking age at first OCD diagnosis into account.

Conclusions: T+OCD is a strongly familial subtype of OCD. Identification of more homogeneous subgroups of OCD patients may inform future gene-searching efforts.

Keywords: Obsessive-Compulsive Disorder, Family Study, Tourette's Syndrome, Prospective Cohort