

### **Inclusion and exclusion criteria**

The inclusion criteria for participants with OCD were: 1- age between 18 and 65 years; 2- to have a primary diagnosis of OCD according to DSM-IV-TR, confirmed by the Structured Clinical Interview for DSM-IV Axis I disorders (SCID) (SCID-I; First et al., 1995); 3- Yale-Brown Obsessive-Compulsive Scale (Y-BOCS) (Goodman et al., 1989) score greater than 16; 4- if medicated, medication should be stable for the last twelve weeks. Exclusion criteria were: comorbidity with schizophrenia or bipolar disorder.

### **Gender, comorbidities and medication**

Although the proportion of male participants was almost half of female's in our sample, this difference was not statistically significant (chi-square = 3.00, p-value = 0.083). Moreover, psychiatric comorbidity was a factor that did not affect our results: having comorbid depression, an anxiety disorder (other than GAD) or ADHD (most frequent comorbidity of this sample) did not contribute to AB scores. Finally, medication status could also influence our results, but patients were stable for at least 12 weeks.

### **Task - Dot Probe Paradigm**

Each trial began with a fixation cross (“+”) that was presented in the center of the screen for 500 milliseconds (ms). Next, two facial stimuli were shown at the same time (500 ms) and then pursued by a probe (< or >). The participants needed to press the right bottom of the mouse when the probe indicated “>” and left bottom when appeared “<”. The probe aroused in the location occupied by one of the faces stimuli, at the top or bottom of the screen. The task varied randomly between congruent (probe location behind threat stimuli), incongruent (probe location behind neutral stimuli) and neutral trials (probe location appeared behind any of two neutral stimuli). Of the 120 trials presented, 80 were threat-neutral (40 congruent and 40 incongruent) and 40 neutral-neutral. Response time (RT) was measured in ms and the existence of attentional bias (AB) was calculated by the difference between the RT on congruent and incongruent trials for each participant.

The response latencies provide a ‘snapshot’ of the distribution of the participants’ attention, with faster responses to probe evidently in the attended location to the unattended location. Thus, AB toward angry faces is revealed when participants were faster to respond to probes that replace the threat-related stimuli rather the neutral stimuli. To this end, AB was calculated by subtracting the average congruent RT from the average incongruent stimuli RT from each individual.

### **Statistical analysis (preprocessing of the data)**

Regarding AB scores we have ran habitual steps for cleaning the data, as further described. Initially, we removed trials with incorrect responses; response-times (RT) shorter than 150ms or higher than 2000ms and  $RT \pm 2.5$  standard deviations (SDs) from participant’s mean. Neutral-neutral pairs were not included in the analysis. Probes appear with equal probability at the location of threat and neutral stimuli (congruent and incongruent, respectively) and, to measure AB, we subtract congruent from incongruent trials.

**Table IS** Psychiatric Comorbidities Among 48 Patients with Obsessive-Compulsive Disorder (OCD)

<b>Comorbidities</b>	<b>n (%)</b>
Mood disorders	
Depression disorder	27 (56.3%)
Dysthymic disorder	18 (37.5%)
Bipolar disorder	0 (0%)
Psychotic disorder	0 (0%)
Alcohol or drugs use disorder	
Alcohol	2 (4.2%)
Drugs	1 (2.1%)
Anxiety disorders	
Panic disorder	5 (10.4%)
Social phobia	13 (27.1%)
Specific phobia	7 (14.6%)
PTSD	8 (16.7%)
GAD	36 (75%)
Eating disorders	
BDD	1 (2.1%)
Anorexia	0 (0%)
Bulimia	0 (0%)
Binge eating	0 (0%)
Impulse control disorder	
Trichotillomania	1 (2.1%)
Skinpicking	5 (10.4%)
Tic disorder	5 (10.4%)
ADHD	17 (35.4%)

PTSD = post-traumatic stress disorder; GAD = generalized anxiety disorder; BDD = body dysmorphic disorder; ADHD = attention deficit hyperactivity disorder.

## References

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- Goodman, W. K., Price, L. H., Rasmussen, S. A., Mazure, C., Fleischmann, R. L., Hill, C. L., ... Charney, D. S. (1989). The Yale-Brown Obsessive Compulsive Scale. I. Development, use, and reliability. *Archives of General Psychiatry*, *46*(11), 1006–11. Retrieved from <http://www.ncbi.nlm.nih.gov/pubmed/2684084>
- SCID I; First, Michael B., Spitzer, Robert L, Gibbon Miriam, and Williams, J. B. W. (1995). Structured Clinical Interview for DSM-IV Axis I Disorders, Clinician Version (SCID-CV). *American Psychiatric Press, Inc., Washington*.