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European Psychiatry

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Plenary

Abstract

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PL001

Psychiatry in times of crisis -quo vadis? Mental health and war: the role of Lancet Psychiatry Commission on Mental Health in Ukraine

I. Pinchuk

Institute of Psychiatry, the Taras Shevchenko National University of Kyiv, Kyiv, Ukraine
doi: 10.1192/j.eurpsy.2025.32

Abstract: With both the Russian invasion of Eastern Ukraine and Crimea in 2014, and the war that began in February 2022, Ukraine has faced extensive damage, numerous casualties, widespread displacement of people, and significant psychological trauma. These events have strained health care and, particularly, mental health care systems that were ill-equipped to handle such stresses.

The Commission was created in February 2023, coincident with the first anniversary of the Russian attacks. Prof. Irina Pinchuk was invited to lead The *Lancet Psychiatry* Commission on Mental Health in Ukraine, with Prof. Norbert Skokauskas and Prof. Bennett Leventhal as Co-chairs. The Commission brought together 40 experts in mental health, economics, law, and science from 12 countries, formed into five workgroups (Clinical Services, Clinical Training, Research, Forensics and Legal Advocacy, and Finance).

The Commission recommends a stepped-care model in which low-intensity services are provided by non-specialist personnel, with proper training, integrated in primary care, augmented by digital tools, all directed to moving individuals from institutional to community-based services; Developing a multidisciplinary mental health research infrastructure that is adequately funded and initially focused on relevant issues such as PTSD, the war's impact on Ukrainians, and innovative service models for Ukraine; Policy and legislative changes; Increase in Ukraine's mental health spending, to 4.5% of total healthcare expenditures.

The Lancet Commission supports Ukraine's goals to end the war, provide evidence-based services for its citizens and to join the global community with improved resources clinical education, research, legal structures, funding, and care.

Disclosure of Interest: None Declared

PL002

Implementing Primary Prevention into Clinical Practice

C. Arango

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doi: 10.1192/j.eurpsy.2025.33

Abstract: The increasing incidence of mental disorders poses an urgent challenge for psychiatry—one that cannot be addressed by treatment alone. The only sustainable path forward is to **prioritize mental health promotion and primary prevention** at all levels: **universal, selective, and indicated**. While often seen as a long-term investment, primary prevention is **cost-effective** and essential for reducing the future burden of mental illness. This is not science fiction; it is a necessary shift that must happen **now** within our clinical services. In this lecture, I will show how **primary prevention is already being implemented** within the **Institute of Psychiatry and Mental Health in Madrid**, showcasing real-world programs that integrate prevention into everyday psychiatric practice. By embedding prevention into mental healthcare, we can move from a reactive to a proactive model—one that truly addresses the root causes of mental disorders and ensures a healthier future.

Disclosure of Interest: None Declared

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EUROPEAN PSYCHIATRIC ASSOCIATION

European Psychiatry

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State of the Art

Abstract

Cite this article: (2025). State of the Art. *European Psychiatry* **68**(S1), S2–S3.

STA001

Community mental health in Europe: integrate science, practice and lived experience

R. Keet

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doi: 10.1192/j.eurpsy.2025.34

Abstract: Introduction: The transition from institutional to community-based mental health care has been a key policy goal for decades. Despite progress, challenges such as inadequate funding, political prioritization, and a lack of clear frameworks persist. The European Community Mental Health Services Provider (EUCOMS) Network created a shared vision.
Objectives: EUCOMS aims to outline the principles and key elements for implementing effective community-based mental health care systems. The primary goal is to bridge the gap between evidence, policy, and practice while promoting recovery-oriented, inclusive, and effective care models.
Methods: The development process involved a collaborative, multi-phase approach. Starting with expert workshops and literature reviews, the framework was refined through input from 100 stakeholders, including mental health professionals, researchers, and peer experts across Europe. Structured feedback rounds and consultation workshops further shaped the consensus.
Results: EUCOMS identifies six principles for high-quality community-based mental health care: **Human Rights:** Ensuring dignity, liberty, and equality for all individuals, with a focus on reducing stigma and discrimination. **Public Health:** Adopting a population-based approach to promote mental health and prevent illness. **Recovery:** Supporting personal, functional, and clinical recovery through individualized care. **Effectiveness:** Implementing evidence-based interventions and practices tailored to local contexts. **Community Networks:** Strengthening formal and informal support systems to enhance resilience. **Peer Expertise:** Integrating the lived experiences of service users into service design, delivery, and evaluation. In my presentation I will focus on how these principles are turned into practice in 3 countries in 3 different regions: The Netherlands, Portugal and Ukraine. The Netherlands: the nationwide implementation of the Flexible Assertive Community Treatment model, professionalization of peer expertise and the ecosystem approach on mental health. In Portugal, a nationwide guide for establishing and evaluating community mental health teams in Portugal, promoting integrated, accessible care. In Ukraine, the a nationwide All Ukraine mental Health program was launched during the war, implemented supported by all ministries supported by WHO.
Conclusions: The EUCOMS Network presents a comprehensive framework for regional implementation of community-based mental health services. These principles advocate for systems that are inclusive, recovery-oriented, evidence-based, and integrated within the community. The model requires adaptable implementation, considering cultural, economic, and systemic contexts. Future efforts should focus on stakeholder engagement, capacity building, and sustained advocacy to align policy and practice with these principles.

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STA002

Online Behavioral Addictions

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doi: 10.1192/j.eurpsy.2025.35

Abstract: Disorders due to addictive behaviors have been included in the eleventh revision of the International Classification of Diseases (ICD-11). Such conditions include gambling disorder

and gaming disorder, and each has online specifiers given the relevance of the internet to each of these conditions in modern societies. This presentation will consider problematic usage of the internet with respect to formally specified disorders (gambling, gaming) as well as other online behaviors (e.g., use of social media) for which problematic engagement may be considered as an "other specified disorder due to addictive behaviors" in the ICD-11. European and global initiatives (e.g., the Lancet Psychiatry Commission on Problematic Usage of the Internet and the development of screening and diagnostic instruments involving World Health Organization workgroups) will be discussed. Clinical, developmental and public health implications will be presented to provide an up-to-date understanding of rapid changes in this area.

Disclosure of Interest: None Declared

STA003

New conceptualization of suicidal behaviour

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doi: 10.1192/j.eurpsy.2025.36

Abstract: Suicide is a huge public health problem with 700,000 deaths per year. United Nations are aiming to reduce suicide rates with 33 percent before 2030. Some countries have experienced declining trends, especially in Asia, partly due to restrictions in access to highly lethal pesticides. USA are facing increasing trends and in many western European countries there has been declining tendencies, but most recently rates have been rather stable.
Suicide preventive strategies have focused on universal prevention, thus intervention targeting the who population, selective prevention aiming to reduce risk in different high risk groups, and indicated prevention targeting people who are already having suicidal behavior. In most cases, suicidal acts are carried out within a short period of time, and in many cases without a long period of warning signals. In a way, suicidal acts resemble heart attacks or epileptic episodes more than other complications that often develop slowly and gradually. This makes the task of creating awareness programmes even more difficult.
However, a thorough mapping of risk groups and risk situations will enable us to plan a more targeted intervention. Thus, epidemiology and clinical research can play together.
The most important task is to identify those of immediate risk of suicide and provide treatment and support. There are four distinct risk groups with a very high suicide rate. These are 1) people sent home from psychiatric emergency room visits, 2) people recently discharged from psychiatric hospitalization 3) people who were hospitalized due to attempted suicide 4) people who have called lifeline or other NGO-driven helplines because of suicidal thoughts. It can be helpful to evaluate the population attributable risk associated with different risk factors. The population attributable risk is an estimate of the proportion of the problem that could be avoided if the increased risk in a specific risk group could be reduced to the level of the general population. All these four groups have a very high risk of suicide and together they accounted for 25 - 50 percent of all suicides in Denmark, and the help they are offered are in most countries fragmented and not well organized. Coherent and assertive interventions are needed in order to reduce suicide rates. Interventions will need to involve monitoring persons in high-risk groups for longer periods.
All mental disorders are associated with increased risk of suicide, especially the first years after first hospital contact.
Safety plans have proven to be an effective tool for suicide prevention, and this concept will be presented

Disclosure of Interest: None Declared

STA004

The social determinants of mental health: new insights for mental health professionals

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doi: 10.1192/j.eurpsy.2025.37

Abstract: People exposed to more unfavourable social circumstances are more vulnerable to poor mental health over their life course, in ways that are often determined by structural factors which generate and perpetuate intergenerational cycles of disadvantage and poor health. Addressing these challenges has become an imperative matter of social justice. In this paper we provide a roadmap to address the social determinants that cause mental ill health. Relying as far as possible on high-quality evidence, we first map out the literature that supports a causal link between social determinants and later mental health outcomes. Given the breadth of this topic, we focus on the most pervasive social determinants across the life course, and those that are common across major mental disorders. We draw primarily on the available evidence from the Global North, acknowledging that other global contexts will face both similar and unique sets of social determinants that will require equitable attention. Much of our evidence focuses on mental health in groups who are marginalized, and thus often exposed to a multitude of intersecting social risk factors. These groups include refugees, asylum seekers and displaced persons, as well as ethnoracial minoritized groups; lesbian, gay, bisexual, transgender and queer (LGBTQ+) groups; and those living in poverty. We then introduce a preventive framework for conceptualizing the link between social determinants and mental health and disorder, which can guide much needed primary prevention strategies capable of reducing inequalities and improving population mental health. Following this, we provide a review of the evidence that has tested candidate preventive strategies to intervene on social determinants of mental health. These interventions fall broadly within the scope of universal, selected and indicated primary prevention strategies, but we also briefly review important secondary and tertiary strategies to promote recovery in those with existing mental disorders. Finally, we provide seven key recommendations, framed around social justice, which constitute a roadmap for action in research, policy and public health. Adoption of these recommendations would provide an opportunity to advance efforts to intervene on modifiable social determinants that affect population mental health.

Disclosure of Interest: None Declared

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Debate

Abstract

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DB001

Use of smartphone and social media under 15 year should be forbidden/ regulated - Con Speaker

T. van Amelsvoort

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doi: 10.1192/j.eurpsy.2025.38

Abstract: Worldwide, social media and touch screen device use has rapidly increased over the past decade and are particularly popular among young people. To obtain more insight in the potential negative associations with compulsive social media use and touch screen devices in Dutch children, we assessed its relation with self-reported well-being and cognitive function in primary school children. We found social media to be negatively associated with life satisfaction and increasing touch screen device use with increased reaction time. This suggests that the compulsive social media use and touch screen device use have negative consequences on mental well being and cognitive performance already at a young age. Therefore the use of social media in children under the age of 15 years should be restricted or forbidden.

Disclosure of Interest: None Declared

DB002

Do we need psychiatric asylums again? - Pro Speaker

M. Martin-Carrasco

Psychiatry, Clinica Psiquiatrica Padre Menni, Pamplona, Spain
doi: 10.1192/j.eurpsy.2025.39

Abstract: Currently, there are few affordable, high-quality long-term care options available for a significant segment of people with serious mental disorders. This population includes adults characterized as poor insight, chronically ill, lacking autonomy, consuming drugs, and severe behavioural disturbances. These individuals frequently suffer from schizophrenia, bipolar disorder, toxic psychosis, severe personality disorders and substance abuse disorder, comorbidity being common. The void is ethically unacceptable and societally costly. Progressive reformers, consumers, civil libertarians, and health economists all advocated for a similar goal—the closure of publically funded psychiatric institutions. But deinstitutionalization has actually been trans-institutionalization. As psychiatric hospitals closed, patients with chronic psychiatric illnesses who lacked family support were moved into nursing homes or other forms of non-specialized residential care, occasionally visiting the psychiatric units of general hospitals. Many became homeless and intermittently used hospital emergency services for urgent care. Most disturbingly, prisons have become the largest mental health care facilities in some countries. The number of people affected may increase as a result of the crisis of the family institution, immigration and the epidemic of drug use.
Realistically, the deployment of both private and public resources is now imperative to provide appropriate care for a number of seriously mentally ill persons. They deserve a safe place to live with proper supports—not cycling between the streets, emergency departments, and prisons. Of course, psychiatric hospitals are a necessary but not sufficient component of a reformed spectrum of psychiatric services, where palliative psychiatry should have a role. A return to asylum based long-term psychiatric care will not remedy the complex problems of the mental health system, especially for patients with milder forms of mental illness who can thrive with high quality outpatient care. However, reforms that ignore the importance of expanding the role of such institutions will fail mental health patients who cannot safely live alone or care for themselves.

Disclosure of Interest: None Declared

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EUROPEAN PSYCHIATRIC ASSOCIATION

DB003

Should we consider assisted suicide a clinically and ethically valuable option for people with mental disorders? - Pro Speaker

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doi: 10.1192/j.eurpsy.2025.40

Abstract: In some European and non-European countries assisted suicide (AS), defined as supporting a person in committing suicide by providing e.g. a lethal dose of pentobarbital, is a common practice since decades. In most of these countries, AS initially was considered legitimate only, if a person has a limited expected survival time and/or suffers in an unbearable manner. Hence, AS was implicitly or explicitly not available for persons with psychiatric disorders.
Meanwhile, however, in some countries psychiatric disorders are acknowledged to cause unbearable suffering in certain cases and, in addition, a ruling of the highest court of Germany stated in 2020 that the right to seek suicide assistance might not be restricted to certain conditions or diseases, but solely tied to the competence to freely choose to end ones own life.
Because there is no indication that psychiatric disorders in general render affected person incompetent to freely choose suicide, a general exclusion of affected individuals from AS is incompatible with the biomedical principle of justice.
Clinically, however, psychiatric disorders in persons seeking AS must be seriously taken into account when a judgement has to be made on the individuals' competence to choose freely. This kind of judgements are particularly difficult because both, the persons competence and his or her will to seek AS might be quite variable across time.

Disclosure of Interest: None Declared

DB004

Should we consider assisted suicide a clinically and ethically valuable option for people with mental disorders? Con Speaker

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doi: 10.1192/j.eurpsy.2025.41

Abstract: Several challenges exist rendering people with mental disorders particularly vulnerable to wrongful assisted suicide. Their desire to die may be a symptom of the mental illness rather than an autonomous choice; their decision-making competence may be compromised by the illness and hence more troublesome to determine; the severity of suffering may be more challenging to assess from an external perspective; the very wish to die may be variable over time; and prognostic uncertainty in mental illness may impede determining of whether severe suffering is, in fact, resistant to treatment. An ethically sound argument for excluding people with mental disorders from assisted suicide is their potential inability to make a free, autonomous decision. A person's request for assisted suicide should be considered in the context of an assessment of their capacity to make a well-informed and deliberated decision. Opponents of legalising euthanasia and assisted suicide agree that the suffering caused by mental illness can be just as severe and agonising as in cases of somatic conditions. However, one cannot with all certainty assume that the illness is incurable and that the suffering cannot be minimised to such an extent that the patient experiences relief. The task of psychiatry is to prevent suicide. What follows is that diseases such as depression should be treated, while the patients should be supported and not facilitated to part with their lives. Considering their potentially illness-affected request for suicide, it seems better to prolong their suffering than let them die. One cannot grant the right to die to all those who have the competence to make decisions. Furthermore, legalising euthanasia and assisted suicide also in the case of patients with mental illnesses risks distorting the doctor-patient relationship. Euthanasia is not a balance between the interest of the state and the benefit of the individual in terms of choosing the time and manner of their death. What happens if the interest of the state is not to protect the lives of citizens, especially the most vulnerable and defenceless, including the mentally ill? Once values are rejected, only practical 'benefits' remain, such as financial savings on psychiatric care and treatment. And this is extremely risky. Drawing a clear line in the light of the above considerations seems to be impossible. In the current situation, where many people are exposed to mental suffering, e.g. in the form of depression, the priorities are suicide prevention policies and funding programmes for psychiatric treatment. The debate will take into account arguments for and against euthanasia in patients with mental disorders.

Disclosure of Interest: None Declared

DB005

Do we need psychiatric asylums again? - Con speaker

R. Keet

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doi: 10.1192/j.eurpsy.2025.83

Abstract: The expansion of institutional long-term psychiatric care, while well-intentioned, repeats the historical failures of the 19th century answer to severe mental illness: asylums—facilities often marred by neglect, abuse, and the marginalization of individuals with mental illness. Many of the handicaps of persons living in these asylums were not the consequence of the mental health disorder but were iatrogenic damage done by living in these asylums. Though modern psychiatric institutions are more regulated, institutionalization inherently limits autonomy and reinforces stigma, undermining recovery-oriented models of care. Instead of diverting resources to rebuild large-scale facilities, investment should focus on strengthening community-based services, supportive housing, individual placement and support and integrated care models that empower individuals with serious mental illness to live fulfilling lives within society. Evidencebased outpatient programs, Flexible Assertive Community Treatment teams, peer support networks, recovery colleges, mobile crisis teams, peer farms, respite houses offer more humane, cost-effective, and person-centered alternatives. Addressing systemic challenges—such as poverty, lack of housing, lack of social connectedness and fragmented healthcare systems—can better serve this population without reverting to institutional confinement. Long-term solutions must prioritize dignity, autonomy, and inclusion rather than a return to segregated care.

Disclosure of Interest: None Declared

European Psychiatry

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Symposium

Best of 2024

Abstract

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BO2024001

Addiction

J. G. Bramness

Group of Psychiatric Research, UiT The Arctic University of Norway, Tromsø, Norway
doi: 10.1192/j.eurpsy.2025.82

Abstract: Bach et al (2024) investigated in a study published in Biological Psychiatry the effects of psychosocial stress on brain activation in individuals with alcohol use disorder (AUD), finding that stress heightened alcohol cue-induced activation in the left anterior insula, a region associated with salience attribution and goal-directed behavior. The activation correlated with alcohol craving and subsequent alcohol use, suggesting a neurobiological mechanism linking stress, cue reactivity, and relapse. Hassen et al (2024) performed a multi-center study examining cocaine use across Europe, revealing prevalence rates with a general upward trend, particularly among youth, marginalized groups, and opiate-dependent individuals. The study was published in European Addiction Research. Leonhardt et al (2024) investigated individuals with co-occurring substance use disorder and mental illness during the COVID-19 pandemic in Norway and found dramatically higher all-cause mortality rates, despite no increased risk of SARS-CoV-2 infection. This excess mortality highlights the vulnerability of this population and suggests that factors beyond the virus itself contributed to their elevated death rates. The study of Qeadan et al (2024) published in Addiction was one of many studies indicating that GIP/GLP-1 receptor agonist were effective against alcohol and other abuse. This study found lower rates of opioid overdose and alcohol intoxication. The findings support the use of these drugs at least in AUD.

Disclosure of Interest: None Declared

Joint Symposium

JS001

Public mental health: An opportunity to support collaborative action

M. Destoop[1,2]

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doi: 10.1192/j.eurpsy.2025.60

Abstract: Public mental health (PMH) involves a population-based approach to improve coverage, outcomes and coordination of PMH interventions to treat mental health conditions, to prevent associated burden, to prevent mental health conditions from arising, and promote mental well-being and resilience. Collaborative care models involve population-based care teams sharing a defined group of patients tracked in a registry to ensure no one falls through the cracks. Practices track and reach out to patients who are not improving or who do not seek help (yet).

Disclosure of Interest: None Declared

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JS002

Collaborative Care from the Family Perspective

J. Saunders

EUFAMI, Leuven, Belgium
doi: 10.1192/j.eurpsy.2025.61

Abstract: This Symposium will consider the process of collaboration from the family persective.
EUFAMI is of the view that the involvement of families in the process of care and recovery is accepted in theory but is not sufficiently practiced. concerned and involved family members are often excluded from important decisions that affect their loved ones and ultimately affect the quality of care and recvovery.
There will be a brief introduction from a representative of EUFAMI followed by a presentarion from a family member. Issues such as involvement in earlt indentivication and assessment,diagnosis, planning of interventions and supporting the recovery process will be considered.Issues such as the rights of famililies, concerns abour relapss, patiient confidentiality and the sharing of infromaton will all be considered in the context of the delivery of mentsl helth care services in the community

Disclosure of Interest: None Declared

JS003

Professional burnout in primary care workforce

F. Petrazzuoli

WONCA Europe, Ruviano, Italy
doi: 10.1192/j.eurpsy.2025.62

Abstract: The so called "silver tsunami" i.e. the unprecedented increase in the number of older patients often affected by multimorbidity is a serious health and socioeconomic concern for modern societies and the interconnected challenges of huge workload, premature burnout, and the shortage of primary care personnel represent a pressing issue for the near future. Addressing the complexity of this issue requires a comprehensive approach due to the scarcity of healthcare professionals in European primary care. The health and well-being of both the primary care workforce and the communities they serve are intrinsically intertwined. Enhancing working conditions is a priority: addressing issues like long hours, heavy workloads, bureaucratic demands, and burnout can enhance the appeal of rural primary care practice, attracting and retaining more professionals. Wonca Europe is actively involved in addressing this issue: in June 2023 at the WONCA Europe 2023 Conference in Brussels with the statement Shortage of European Primary Health Care Workforce and in October 2023 at the 73rd Session of the WHO Regional Committee for Europe, Astana, Kazakhstan. Policymakers, healthcare organizations and professional associations need to collaborate to develop tailored solutions that address the unique challenges faced in each region. By addressing the workload of primary care doctors and other professionals, we can enhance their professional satisfaction, improve patient outcomes, and strengthen primary care as a whole.

Disclosure of Interest: None Declared

JS004

The role of psychiatrists in policy forums

M. Rojnic Kuzman

Zagreb University Hospital Centre, Zagreb, Croatia
doi: 10.1192/j.eurpsy.2025.63

Abstract: On its 40th anniversary, the European Psychiatric Association (EPA) held a ceremony at the EU Parliament on December 6, 2023, and published the *Manifesto for the EU Elections* in preparation for the upcoming EU elections in June 2024.
This manifesto outlines the key goals and priorities for advancing mental health in the EU, emphasizing the vital role of psychiatrists in shaping policies and initiatives. The presentation will focus on five main topics, highlighting the involvement of psychiatrists at the European level. These include the harmonization of mental health care delivery, the improvement of working conditions and addressing the shortage of the Mental health workforce, the promotion and harmonization of ethical standards, developing new answers to an evolving World, and promotion of research and implementation of public mental health and prevention measures.
Beyond these overarching European priorities, psychiatrists are actively engaged in national policy forums, addressing a range of issues—from developing comprehensive mental health strategies to tackling specific concerns related to vulnerable populations, children, legal aspects of treatment, and more. Achieving synergy between national and international policy efforts is crucial for the successful implementation of these initiatives, which remains the core objective of this work.

Disclosure of Interest: None Declared

JS005

Reporting of psychotherapeutic methods in psychedelic treatments: on the road to ethical, professional and regulatory oversight

A. Oliveira-Maia[1,2]

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doi: 10.1192/j.eurpsy.2025.64

Abstract: The potential of psychedelic substances to treat mental illness is of significant clinical and societal interest, leading to academic and industry-based research to test their effects. Partly, such research was conducted to fulfil requirements of government agencies such as the European Medicines Agency (EMA) and the Food and Drug Administration (FDA), that have started defining requirements and pathways to regulate psychedelic treatments. It is expected that such requirements will involve elements related to psychotherapeutic components of such treatments, which will require standardized reporting of such methods. Here, I will present the results of a systematic review summarising the quality of reporting on psychological interventions in original studies on psychedelic-assisted psychotherapy. We reviewed 45 studies assessing psilocybin, 3,4-methylenedioxymethamphetamine (MDMA), lysergic acid diethylamide (known as LSD), or ayahuasca, for the treatment of mental disorders. Our findings support that psychological interventions were done heterogeneously across studies, and completeness of information reported about these interventions was mostly low, according to an adaptation of the Template for Intervention Description and Replication checklist. In studies including MDMA, psychotherapy was more homogeneous and more procedural details were provided. We thus propose that improved reporting on psychological interventions of psychedelic treatments are necessary to support replicability, generalisability,

and accurate interpretation of research. Furthermore, improved reporting practices are expected to enhance feasibility and safety of future clinical research and real-world implementation of treatments.

Disclosure of Interest: None Declared

JS006

Applications of psychedelics in small doses and alternative treatments in psychiatry

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doi: 10.1192/j.eurpsy.2025.65

Abstract: Several years ago, the first studies were conducted in which the effects of psychedelics in low doses were tested in healthy participants. These studies focused mainly on the acute effects of LSD. Questions that remained unanswered were whether low doses have lasting effects, as well as whether they can reduce symptoms of ADHD. To answer these questions, we conducted two studies, administering LSD (15 mcg) repeatedly over 2 weeks to healthy participants and administering LSD (20 mcg) repeatedly over 6 weeks to participants with ADHD. The latter study was a multicenter trial conducted by Universitatsspital (Basel) and Maastricht University. Based on the findings of both studies, we have now planned a follow-up study in 100 individuals with ADHD who also have problems with emotion regulation and/or sleep, to get closer to an "average" ADHD population. This study, which will start later this year, aims to find markers of treatment response. Lastly, plans for a study investigating high-ventilation breathwork as a novel intervention for individuals with social anxiety symptoms will be presented. High-ventilation breathwork has the potential to induce altered states of consciousness similar to those elicited by psychedelics. This research aims to explore its therapeutic potential as a non-pharmacological alternative to psychedelics in psychiatric treatment.

Disclosure of Interest: K. Kuypers Grant / Research support from: Part of the work that is presented is funded by Mindmed Inc (LSD, ADHD), the Beckley Foundation (LSD, healthy volunteers), and grants from the Dutch research organisation (LSD, ADHD, biomarkers) and the Tiny Blue Dot Foundation (Breathwork, Social Anxiety).

JS007

EPA position paper

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doi: 10.1192/j.eurpsy.2025.66

Abstract: The EPA acknowledges both the therapeutic potential of psychedelic substances and the challenges for both research and clinical implementation. Steps need to be taken towards a well-balanced policy based upon sound scientific evidence and research, aiming at safe, ethical responsible integration of psychedelic therapy available for all patients who can potentially benefit. In the EPA policy paper the importance of the psychosocial components of the treatment as well as the ethical and professional aspects playing a role in real-world implementation, are highlighted. Four recommendations are formulated for further research and clinical implementation.

Disclosure of Interest: None Declared

JS008

Using advanced neuroimaging and bioinformatics methods to study brain-behaviour relationships

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doi: 10.1192/j.eurpsy.2025.67

Abstract: Understanding the complex relationships between brain structure, function, and behavior is a central challenge in neuroscience. This presentation aims to showcase the transformative potential of neuroimaging and bioinformatics in bridging the gap between neural mechanisms and behavior, ultimately advancing our understanding of the human brain and informing precision medicine. Recent advancements in neuroimaging and bioinformatics enable researchers to explore these relationships with unprecedented precision and scale. This presentation will provide an overview of how neuroimaging modalities can be integrated with advanced bioinformatics tools, including machine learning to uncover novel brain-behavior associations. We will discuss key applications of these methods for neuropsychiatric disorders and specific examples will be used to highlight how combining neuroimaging data with bioinformatics pipelines enhances our ability to measure brain organization at the level of a single individual. Additionally, challenges such as data complexity, standardization, and interpretability will be addressed, alongside strategies to overcome them.

Disclosure of Interest: None Declared

JS009

The Precision Psychiatry Roadmap: towards a biology-informed framework for mental disorders

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doi: 10.1192/j.eurpsy.2025.68

Abstract: Measuring biology is considered the cornerstone of diagnosis in medicine. For example, we have blood tests to diagnose auto-immune diseases, such as rheumatoid arthritis or lupus. Also, cancer patients with, for example, colon cancer, will receive personalized treatments following biomarker diagnostics of their tumor. In contrast, current classification methodologies for mental

disorders are based on signs and symptoms. These classification systems provide a uniform language to assess psychiatric and neurological disorders across the globe. Clinicians use these diagnoses to communicate with their patients and with other clinicians, and to request, when applicable, reimbursement from payers. Unfortunately, currently available psychotherapies and pharmacotherapies work only in a small proportion of patients within these diagnostic categories. This clinical heterogeneity in treatment response within diagnostic categories is likely explained by biological variation between patients that is not being accounted for in the current classification system for mental disorders. In addition, there is transdiagnostic overlap allowing for novel opportunities to develop innovative quantitative biological endpoints and treatments beyond the current diagnostic framework. The European College of Neuropsychopharmacology (ECNP) New Frontiers meeting 2024 addressed these issues, and indicated a high need for a biology-informed framework to establish more precise diagnosis and treatment for mental disorders. The ECNP, following the 2024 New Frontiers Meeting, is coordinating a global initiative to design and implement a Precision Psychiatry Roadmap. By mobilizing resources and harmonizing translational methodologies and datasets, the aim is to discuss, design, and implement an iterative framework that incorporates biology-informed evidence into symptom-based syndromes, allowing for more discovery and implementation of mechanism-based effective treatments for mental disorders.

Disclosure of Interest: None Declared

JS010

The research domain criteria (RDoC) project as a biological framework for research on mental disorders

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doi: 10.1192/j.eurpsy.2025.69

Abstract: The U.S. National Institute of Mental Health (NIMH) Research Domain Criteria (RDoC) offers a framework to facilitate clinical research for psychopathology. Unique features include an emphasis on transdiagnostic dimensions spanning normal and abnormal ranges of function, novel independent variables (mechanisms, not diagnoses), and the integration of different kinds of observations (neural, psychological, self-report). In this talk, principles and pragmatics of RDoC approach are illustrated with examples from RDoC-framed clinical research, and the clinical significance is discussed.

Disclosure of Interest: None Declared

JS011

Suicide and self-harming behaviour in Europe: Current trends and prospects

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doi: 10.1192/j.eurpsy.2025.70

Abstract: Suicide and self-harming behaviors represent significant public health challenges across Europe, with profound implications for individuals, families, and communities. This presentation aims to explore current trends in suicide and self-harm, highlighting variations across different European countries and demographic groups. Recent data indicate a concerning rise in self-harming behaviors, particularly among adolescents and young adults, often linked to factors such as mental health disorders, social isolation, and the impact of the COVID-19 pandemic. Furthermore, the stigma surrounding mental health issues continues to hinder open discussions and access to care, exacerbating the problem.Looking ahead, this presentation will propose future directions for research and practice, advocating for a multidisciplinary approach that integrates psychological, social, and medical perspectives. By fostering collaboration among healthcare providers, policymakers, and community organizations, we can enhance our understanding of suicide and self-harm, ultimately leading to more effective prevention and intervention strategies. This session aims to stimulate dialogue and inspire innovative solutions to address these pressing issues in Europe, promoting mental well-being and reducing the incidence of suicide and self-harming behaviors.

Disclosure of Interest: P. Saiz Grant / Research support from: “laCaixa” Foundation, Government of the Principality of Asturias, Instituto de Salud Carlos III, Consultant of: Angelini Pharma, Ethypharm Digital Therapy, Johnson & Johnson, Rovi, and Viatris España.

JS012

The mental health of the child and youth population in Europe: Prevention as paradigm

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doi: 10.1192/j.eurpsy.2025.71

Abstract: Youth mental health is under significant strain, with long-lasting impacts on European citizens and societies. Alleviating this burden requires a preventive approach. We will review current preventive strategies for youth mental health, including school-based universal, selective, and indicated primary prevention interventions. Additionally, we will discuss novel care systems for youth mental health currently available across Europe and their potential for implementation in various settings.

Disclosure of Interest: None Declared

JS013

Drug use and abuse in Europe: Mental health consequences

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doi: 10.1192/j.eurpsy.2025.72

Abstract: Substance use is an onging public health burden. As a result all psychiatrists encounter patients with substance use and addictive disorders, either as primary mental health issue, or as co-occurring with other mental health issues. In this presentation, first trends in substance use across Europe will be presented, based on findings from the **European Union Drugs Agency (EUDA). Next, findings on co-occurring other mental health issues will be discussed, with a focus on co-occurring Attention Deficit Hyperactivy Disorder (ADHD). Recent findings from the International Colaboration on ADHD and Substance Abuse (ICASA) will be shared.** ICASA's most recent work was the longitudinal International Naturalistic Cohort Study of ADHD and Substance Use Disorders (SUD). Nearly 600 patients with both ADHD and SUD in treatment were followed for nine months. About two thirds of participants received some kind of ADHD treatment, with half receiving pharmacologic treatment, one third receiving psychological treatment, and only one-fifth receiving combined pharmacologic and psychological treatment. Higher ADHD symptom severity and sobriety at intake were associated with receiving ADHD treatment. These findings suggest that treatment of SUD and ADHD is suboptimal. The implementation of ICASA's consensus statements on diagnosis and treatment of co-occurring ADHD and SUD could help improve quality of care for these individuals.

Disclosure of Interest: None Declared

JS014

Hot topics in psychiatry/psychopharmacology

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doi: 10.1192/j.eurpsy.2025.73

Abstract: Psychiatry faces numerous challenges that significantly affect mental health of people in Europe, from climate change, wars, migration, pandemics, to rapid advance of artificial intelligence. Among the most pressing issues are deteriorating mental health of children and adolescents and the lack of trained professionals. At the same time, progress in neuroscientific research contributes to the development of new effective treatments, e.g., monoclonal antibodies for Alzheimer's disease; repurposing of drugs for psychiatric disorders, such as GLP-1 agonists, showed potential in treatment of alcohol addiction. There is also a renewed interest in psychedelics, recent studies verified their therapeutic efficacy in treatment of several mental disorders. Neurostimulation methods (rTMS, tDSC) are recognized non-pharmacological interventions; utilization of new technologies (AI, virtual reality, mobile apps, etc.) can help us in treatment and prevention of mental disorders.

Disclosure of Interest: None Declared

JS015

The inclusion of Gambling and other behavioral addictions in the addictions chapter of ICD-11

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doi: 10.1192/j.eurpsy.2025.74

Abstract: Background and relevance
Addictive behaviours have for the first time been included within the addiction spectrum. The transition to ICD-11 is a critical step in advancing mental health and addiction medicine.
The implementation of ICD-11 is expected to improve Health Records, facilitate Better Treatment, reduce Stigma, and enhance Public Health Surveillance.Testing the practical implications of these changes is key to ensure preparedness and smooth and effective implementation.
Methods: We conducted a comprehensive evaluation to assess the practical implications of these changes in Switzerland, determining the ease of implementation in clinical and public health settings.
Assessment consisted in:
Gathering Feedback through collecting insights from health professionals to identify potential challenges and areas for improvement.
Informing Training Needs by identifying the training requirements for health professionals to effectively use the new system.
The field testing involved multiple components: online survey, focus groups, expert reviews, key informant interviews, and a consensus conference.
Results: The testinginvolved 64 health professionals and covered diverse professional backgrounds and geographical locations). Respondents had a median of 15.25 years of experience in addiction medicine, 75% of them were Clinicians and 25% were Public Health Professionals.
Key findings of the diffrernt survey components included: High approval rates for the utility (89%), feasibility (92%) and ease of use (86%) of the ICD-11.
Strong support (90%) for the inclusion of Addictive behaviors, particularly Gaming disorder and Gambling disorder, In contrast, the broader clinical spectrum of Gaming disorder (hazardous gaming and harmful gaming) received limited support (5%).
The national consensus conference concluded that ICD-11 is mainly perceived to have a positive impact on Swiss health records, to enable better documentation of emerging health conditions, and to reduce stigma. Divergent views were represented and expressed their acceptance or reluctance towards including addictive behaviours.
Careful transition and preparedness at the national level, training health professionals along with effective communication to public audience, were reported to be essential to mitigate risks of stigma and over-pathologizing addictive behaviours.
Conclusion: The implementation of ICD-11 in Switzerland is anticipated to enhance the understanding of the societal and economic impacts of new categories such as Gaming disorder. The field-testing data collected from a wide variety of experts and care professionals underscores the need for investment in training, communication, and preparedness to ensure a smooth transition and maximize the benefits of the new classification system.

Disclosure of Interest: None Declared

JS016

Diagnostic glide including more drug categories and more drug induced morbidities in ICD-11 may muddle our understanding of addictive disorders

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doi: 10.1192/j.eurpsy.2025.75

Abstract: In the ICD-11 the number of drug categories as "headers" for the substance related morbidity chapters has doubled. Furthermore, the ICD-11 has rationalized the number of criteria for substance dependence from six to three, but in the process in fact the threshold for receiving a diagnosis of substance dependence has been reduced substantially. Lastly, the ICD-11 has increased substantially the number of drug induced comorbidities. The former "substance induced psychosis" has now been joined by substance induced depression, anxiety disorder and even OCD for some drugs. This talk will raise some questions regarding the functionality of these changes.

Disclosure of Interest: None Declared

JS017

Alcohol, Drugs and Addictive Behaviors in ICD-11: major changes have improved the diagnostic system

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doi: 10.1192/j.eurpsy.2025.76

Abstract: The latest revision of the International Classification of Diseases, ICD-11, was first issued by the World Health Organization in 2022 and a comprehensive account of mental and behavioural disorders, the Clinical Descriptions and Diagnostic Requirements (CDDR) was published in 2024. Within mental disorders is a new section "Disorders due to Substance Use and Addictive Behaviours", which sets out the diagnostic requirements for, and distinctions between, the accepted range of conditions related to psychoactive substance use and behaviours such as gambling and online (video-) gaming.
Considerable changes have been made to ICD-11 compared with its predecessor ICD-10, originally published in 1992. The process leading to ICD-11 began in 2005 and a work group for substance disorders was convened in 2010, and for addictive behaviours in 2014. Certain key considerations guided the development of the new section, which had to serve both public health and preventive and clinical diagnostic needs. These were:

- the importance for reporting a wide range of psychoactive substances for monitoring and prevention, which led to the expansion to 14 categories;
- the need on public health and also clinical grounds for having a spectrum of severity of substance use, which could be defined precisely in line with the evidence base;
- the recognition of the high-level psychometric performance of key diagnoses in ICD-10 including substance dependence; and:
- compatibility with the available data on the neurobiology and cognitive processes underlying addictive disorders.

Four central substance use diagnoses feature in ICD-11. They are, in order of severity, (i) hazardous substance use, (ii) episode of harmful use, (iii) harmful (pattern of) substance use, and (iv) substance dependence. When there is any form of unhealthy use, one of these four conditions should be diagnosed. In addition, there are many substance-induced disorders, including intoxication, withdrawal, substance-induced delirium, substance-induced mental disorders, and substance-induced neurocognitive disorders. In separate sections are the physical disorders related to substance use. There are currently two diagnoses available for specific behavioural conditions, namely gambling disorder and gaming disorder, together with the health risk factors of hazardous gambling and hazardous gaming. The presentation will include some of the empirical data that support the election of these diagnoses which form the basis for monitoring and healthcare provision in WHO (UN) member countries.

Disclosure of Interest: None Declared

JS018

Brain and mental: two sides of the same coin

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doi: 10.1192/j.eurpsy.2025.77

Abstract: Mental health is an integral and essential component of health. An important implication of this definition is that mental health is more than just the absence of mental disorders or disabilities. **Brain health can be defined as a life-long dynamic state of cognitive, emotional and motor domains underpinned by physiological processes. Exercise is a good model, since training the body improves Brain and Mental Health. Pathophysiological research and biomarkers are required.**

Disclosure of Interest: None Declared

JS019

No Health Without Brain Health & the Brain Health Mission: Raising Awareness & Putting the Brain on the Top of the Policy Agenda

S. Dickson and The European Brain Council

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doi: 10.1192/j.eurpsy.2025.78

Abstract: Brain health impacts everyone, in Europe and beyond. Whether it is the continued quest for cures and treatment for those living with brain conditions or the protection and fostering of healthy brains for our future generations, the challenges are unprecedented. To elevate brain health on the national, EU, and international policy agendas while making the most of existing initiatives, the European Brain Council (EBC) kicked off the No Health Without Brain Health campaign in the European Parliament during the 2024 Brain Awareness Week ahead of the 2024 European Elections.

This campaign is structured around two priority policy asks: the creation of a European Parliament Intergroup on Brain Health and Research and increased support to the creation of EU and National Brain plans. One year after the official kick-off, the campaign demonstrated that, when united, the brain community can reach a significant number of policymakers and make its voice heard to drive tangible policy changes.
The presentation "No Health Without Brain Health: Prioritising Brain Health in the European Union to Leave No One Behind" in this joint workshop will showcase success stories, address challenges and share good practices in EU-wide brain health initiatives. It will highlight the importance of collaboration and breaking down silos in preparing for the brain-healthy transition of our societies. Additionally, it will address the burden of brain disorders, neurological and mental alike, in a comprehensive and collaborative manner.

Disclosure of Interest: None Declared

JS020

Sleep and brain, physical and societal health

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doi: 10.1192/j.eurpsy.2025.79

Abstract: Sleep is essential for physical, brain (including mental) and societal health. Sleep-wake disorders are confirmed as independent risk factors and/or modulators of several neurological (such as stroke, dementia, and parkinsonism), psychiatric (depression) and other (arterial hypertension, diabetes, oncological) disorders. According to the Cost Of Illness in Neurology in Europe (COIN-EU) Study, 1.7 trillion euros cost is estimated for neurological disorders, of which 25.45% is dedicated for sleep disorders. In this talk both the socioeconomic burden of sleep disorders, and possible sleep-based interventions for improving brain and physical health, will be discussed.

Disclosure of Interest: None Declared

JS021

The Sleep Revolution – a model for other disease assessment and follow-up

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doi: 10.1192/j.eurpsy.2025.80

Abstract: In this talk, Dr. Arnardottir will summarize the main findings of the SLEEP REVOLUTION, an EU Horizon 2020 Research and Innovation Programme no. 965417. The project is an inter-disciplinary and international research and development project with 39 partner institutions and companies in Europe and Australia. SLEEP REVOLUTION aims to introduce an approach based on machine learning to assess sleep apnea severity and treatment needs as well as the use of digital health technology to measure sleep and health (app, cognitive testing, consumer sleep technology and clinically validated sleep technology for home use). Through these technological solutions , the project brings together researchers, patients and healthcare professionals to provide beyond the current state-of-the-art diagnosis and optimal treatment for sleep disorders. The approach of this project can be used as a model for other disease assessment and follow-up.

Disclosure of Interest: E. Arnardóttir Consultant of: Medical Advisory Board for Philips (Feb 2022-Feb 2024) and Lille (Sept 2024), Speakers bureau of: Nox Medical, ResMed, Jazz Pharmaceuticals, Linde Healthcare, Apnimed, Wink Sleep, Vistor (Novo-Nordisk)

JS022

Sleep in Different Contexts: The Perspectives of European Psychology

J. F. Leader

European Federation of Psychologists' Assocations (EFPA), Brussels, Belgium
doi: 10.1192/j.eurpsy.2025.81

Abstract: Sleep is not something that occurs in isolation—it is embedded in a context. These contexts include biological, psychological and social factors, as well as a range of environmental considerations.
Throughout Europe psychologists engage in research and practice and collaborate with colleagues from allied professions such as psychiatry and those with lived experience on the topic of sleep.
Insights are gathered from throughout the network of the European Federation of Psychologists' Associations (EFPA). Individual examples and emergent themes are identified from a wide range of contexts including:
The role of sleep in European policy
Sleep in times of crisis
Community-oriented approaches to supporting healthy sleep patterns
The role of sleep and rest in the workplace
How concern over topics like climate change affects sleep
Competency around sleep in practitioner training and standards
The implications of digitalisation on sleep

Disclosure of Interest: None Declared

Core Symposium

CRS001

Common pathways in the neurobiology of post-COVID conditions and of Mood Disorders

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doi: 10.1192/j.eurpsy.2025.42
Abstract: Mood disorders (MD) have been consistently associated with alterations in the immune system. Evidence suggests a condition of systemic low-grade inflammation with abnormally

decreased adaptive, increased innate immunity, and with higher levels of circulating cytokines, higher macrophage/monocyte inflammatory activation patterns, and higher neutrophils to lymphocyte counts. A dynamic pattern of premature immunosenescence and partial T cell defect starting early in adolescence, involving a reduction of naïve T cells and an expansion of memory and senescent T cells, parallels lifetime recurrence of illness episodes, worsening outcomes and fostering chronicity. Consistent systematic reviews and meta-analyses affirm that COVID-19 survivors show persistent psychopathology and neurocognitive impairment, with clinical significant depressive psychopathology being reported in around 31% of patients. Psychopathological features are the same observed in MD, along the same gradient of severity, and including a typically melancholic cognitive vulnerability. Neurocognitive impairment could possibly separate from depression in the long term, but not in the first year after infection, and it is largely overlapping with persistent cognitive deficits described in MD. We will discuss pathogenetic mechanisms shared by both, MD and post-COVID depression, with a specific emphasis on: (i) spread disruption of white matter microstructure, reduced grey matter volumes in anterior cingulate cortex, and abnormal functional connectivity in the cortico-limbic circuitries; (ii) abnormal cell trafficking across the blood brain barrier, essential for brain maintenance and repair in healthy conditions; (iii) altered immuno-inflammatory setpoints as observed in the peripheral blood, known to parallel white and grey matter abnormalities in the brain, and recently shown to disrupt neurovascular coupling and spontaneous neural activity. We suggest that post viral depression provides an invaluable model illness for the study of immune-inflammatory mechanisms involved in the pathogenesis of mood disorders, to identify new targets for treatment, with the aim of restoring mental health and brain homeostasis.

Disclosure of Interest: None Declared

CRS002

The Lancet Psychiatry Commission on Transforming Mental Health Implementation Research

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The Lancet Psychiatry, London, United Kingdom
doi: 10.1192/j.eurpsy.2025.43

Abstract: Effective approaches exist to prevent and treat mental illness and to promote mental health but most people who could benefit from evidence-based interventions (policies, programmes, and individual-level practices or services) do not receive them. Too often, research produces interventions and implementation strategies that are difficult to scale owing to misalignment with the political, cultural, policy, system, community, provider, and individual realities of real-world settings. The *Lancet Psychiatry* Commission on Transforming Mental Health Implementation Research considers strategies for changing how research is done to produce more actionable evidence. It examines how to integrate research and real-world implementation; centre equity in mental health intervention and implementation research; apply a complexity science lens to mental health research; expand designs beyond the randomised clinical trial; and value transdisciplinarity across endeavours. Most mental health implementation research has been done in high-income countries but the Commission's recommendations incorporate research from low-income and middle-income countries and call for strategies to expand mental health implementation research globally.

Disclosure of Interest: J. Marsh Employee of: Elsevier

CRS003

Implementation of psychosocial treatments – who's choice and who's recovery?

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doi: 10.1192/j.eurpsy.2025.44

Abstract: Psychosocial interventions play a role in recovery and in the patient's journey. Recovery is individual and so needs individual responses from the mental health services with individual goals set. Different interventions will be useful at different stages and, of course, they only "work" for some people. Three main strategies are often referred to – reducing symptoms, reducing barriers to recovery, and extending and maintaining recovery to achieve some stable and acceptable (to the patient) optimal level of functioning. Psychosocial intervention strategies are beneficial for each of these, and they are often thought of as independent, but they are inter-related with one type of therapy leading to reductions in the need for other therapies. Even though many of these strategies are included in guidelines, the process of considering which one to start with is a choice. We need to work out how that choice is made.

Disclosure of Interest: None Declared

CRS004

Cannabis and psychosis: from the population attributable fraction to the importance of gender differences

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doi: 10.1192/j.eurpsy.2025.45

Abstract: I will present data from a range of Danish studies on both cannabis-induced psychosis and Danish epidemiological studies on the association between cannabis and psychotic disorders such as schizophrenia. A deeper understanding of these associations is important. If the consistent association that we have observed for many decades is indeed causal, then cannabis is perhaps the single most important preventable risk factor for schizophrenia that we have identified to date. The development over time of the

population attributable risk fraction, gender differences, and other novel areas will be covered in the presentation.

Disclosure of Interest: None Declared

CRS005

Incidence, mortality, and the importance of drug therapy in cannabis-induced psychosis

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doi: 10.1192/j.eurpsy.2025.46

Abstract: Introduction
Cannabis-induced psychosis (CIP) is often assumed to resolve with sustained abstinence, although recent studies report adverse long-term outcomes, such as a high risk of diagnostic transition to schizophrenia. Cannabis is also known to increase relapse rate in individuals with psychotic disorders in general, and there is a lack of knowledge on optimal treatment of this patient group.
Objectives: In this presentation, data on incidence and mortality associated with CIP, and real-world effectiveness of antipsychotics in relapse prevention in persons with CIP will be presented.
Methods: Nationwide Scandinavian registers were utilized to identify persons with first-time CIP (ICD-10 F12.5) during the years 2000-2021. Incidence and mortality of CIP were investigated with Danish, Norwegian and Swedish register-based data, and antipsychotic use with Swedish data. Annual incidence rates of CIP per 100 000 persons were calculated. For mortality study, incident cases of CIP were matched by age- and gender with comparison persons without substance-induced psychosis and hazard ratios (HRs) were calculated for all-cause and cause-specific mortality. Association between use of specific antipsychotics (oral vs. long-acting injectable, LAI, forms) and risk of hospitalization due to any psychosis relapse was investigated in within-individual design where each person acted as his/her own control to minimize selection bias, analyzed with stratified Cox models.
Results: The incidence rate of CIP increased in time in all Scandinavian countries and was the highest in Denmark throughout the study years (rate in 2016 5.6, vs. 3.0 in Norway and 2.7 in Sweden). CIP was associated with an increased risk of mortality, risk estimates (HRs) ranging from 6.6 in Denmark, to 7.6 in Sweden, and 9.0 in Norway, compared with general population controls. In within-individual models, antipsychotic use was associated with a decreased risk of hospitalization due to psychosis relapse, with an adjusted HR of 0.75 (95% Confidence Interval 0.67-0.84), compared with time periods when the same individuals did not use antipsychotics.
Conclusions: Incidence of cannabis-induced psychosis is increasing in Scandinavian countries, and it is associated with significant mortality risk. Antipsychotics are effective treatments in preventing psychosis relapses also in individuals with CIP.

Disclosure of Interest: H. Taipale Grant / Research support from: Janssen, Speakers bureau of: Gedeon Richter, Janssen, Lundbeck, Otsuka

CRS006

First-episode psychosis with comorbid cannabis use disorder: relapse prevention, prognosis, and mortality

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Abstract: Introduction: Problematic cannabis use is prevalent among individuals with first-episode psychosis (FEP), with 35.6% meeting criteria for comorbid cannabis use disorder (CUD) (1). Cannabis use is associated with poorer FEP outcomes, including higher psychosis relapse risk (2). However, evidence on effective pharmacological treatments and long-term outcomes for FEP +CUD remains limited.
Objectives: To evaluate outcomes of FEP with comorbid CUD and assess the real-world effectiveness of antipsychotic treatments in this population.
Methods: This study analyzed a Swedish nationwide cohort using longitudinal register data (2006–2021). The sample included 1,820 patients with FEP+CUD (84.7% male, mean age 26.8 years). Outcomes included hospitalizations for psychotic relapse, any psychiatric disorder, or substance use disorder (SUD). Associations between antipsychotic use and outcomes were assessed using within-individual Cox regression models. Mortality rates were compared across FEP+CUD (n=2,154, mean age 25.0 years), cannabis-induced psychosis (CIP, n=1,263, mean age 25.0), and FEP without SUD (n=17,589, mean age 27.4), adjusting for age, sex, education, other SUDs, and disability pension status.
Results: Over a mean follow-up of 6.13 years, 76% of participants were hospitalized for psychiatric diagnoses, 63% for SUD, and 61% for psychotic relapse. Antipsychotic use was associated with a 33% reduction in psychotic relapse risk. Clozapine and long-acting injectable (LAI) formulations of risperidone, aripiprazole, and paliperidone showed the greatest efficacy in relapse prevention. Clozapine reduced SUD-related hospitalizations by 86%. Within 10 years, 7.8% of FEP+CUD and 5.2% of CIP patients died, compared to 3.4% of FEP without SUD (adjusted odds ratio [aOR] 2.61, 95% CI 2.19–3.13, and aOR 1.67, 95% CI 1.28–2.17). Suicide was the leading cause of death in all groups, with higher rates in FEP +CUD (aOR 1.94, 95% CI 1.49–2.52) and CIP (aOR 1.70, 95% CI 1.21–2.37) compared to FEP without SUD.
Conclusions: Clozapine and LAI formulations of second-generation antipsychotics (excluding olanzapine) or oral aripiprazole effectively prevent hospitalizations in FEP+CUD. Targeted efforts are needed to reduce premature mortality, particularly from suicide, in FEP patients with comorbid cannabis use disorder or cannabis-induced psychosis.
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Disclosure of Interest: S. Niemelä Consultant of: Recordati, Shire-Takeda, Speakers bureau of: Dne Pharma, Lundbeck, Recordati, Shire-Takeda

CRS007

The transition from cannabis induced psychosis to primary psychosis: factors that question the validity of the diagnosis "cannabis-induced psychosis"

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doi: 10.1192/j.eurpsy.2025.48

Abstract: Background: Substance-induced psychosis is an acute psychotic condition occurring after substance use, where the psychotic symptoms are alleviated with abstinence. Some of those diagnosed with substance-induced psychosis later develop schizophrenia, and this transition occurs most often for psychosis induced by cannabis. This talk will present results from a register-based study investigating transition rates. The results will be discussed together with other factors that together question the validity of the diagnostic entity of "cannabis-induced psychosis" Method: In our study, we used data from National Patient Register in Norway from 2010 to 2015 to estimate the cumulative hazard for transition from any substance-induced psychosis (F1x.5) and cannabis-induced psychosis (F12.5) to schizophrenia spectrum disorder (F20, F22 and F23). Results: The six-year cumulative hazard for transition from substance-induced psychosis to schizophrenia was 27.6% (25.6-29.7) for any SIP, and highest for those with cannabis-induced psychosis, 36% (95% CI 31.4-41.0). Conclusion: Cannabis-induced psychosis constitutes a significant risk for later schizophrenia. This raises a question of whether the initial diagnosis of CIP was correct, or whether these may have been cases of a development of primary psychosis concealed by cannabis use. Further, the term "cannabis-induced psychosis" places a major explanatory emphasis on the substance use, ignoring other potential contributing factors such as vulnerability including genetic disposition for psychosis.

Disclosure of Interest: None Declared

CRS008

Depression in an intercultural psychotherapeutic context

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doi: 10.1192/j.eurpsy.2025.49

Abstract: Depression is widespread globally and is expected to be the leading cause of disability by 2030, according to the Global Burden of Disease study. Psychosocial factors, such as gender, life events, and migration experiences, increase the risk of depression, with migrants and asylum seekers showing particularly high depression rates. However, cultural differences and social background of individuals are often not adequately addressed in medical settings, which lead to misdiagnoses and mismanagement. Language and cultural barriers may complicate communication of subjective experiences, which consitute a critical part of the expression of symptomatology in depression. Depressed patients may have challenges in verbal expression of their symptoms and distress may be communicated through somatic symptoms, or what might be called as "organ language" or "somatic idiom", especially in the context of migration. Indeed, somatization is closely linked to the experience of migration stress and can be a form of cultural adaptation. Moreover, the degree of somatization in migrants is found to be related to their level of integration into the host culture. Therefore, the diagnosis and management of depression in the intercultural context can be challenging, as somatic complaints may obscure the recognition of underlying psychological distress. This can delay the seeking of psychiatric help, as patients are often reluctant to attribute their symptoms to psychological causes. Fear of stigma, or perceiving the patient as overly-dependent or attention-seeking might hinder processes of treatment and care. Existing treatment modalities with highest level of evidence, such as CBT, should be culturally adapted. Cultural adaptations involve modifying language, metaphors, and treatment goals to resonate with the patient's cultural context. While there is some evidence on the positive impact of culturally-adapted interventions including CBT, more research is needed to refine these approaches and address gaps in the literature. Psychotherapy in the intercultural context requires both cultural competence and time for dialogue.

Disclosure of Interest: None Declared

CRS009

Intercultural psychotherapy - needs and challenges

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doi: 10.1192/j.eurpsy.2025.50

Abstract: Intercultural psychotherapy aims at an understanding of and translating between cultural differences which may be experienced between the psychotherapist and the client. This is especially important when considering that due to crisis, conflict and war, but also due to globalisation and increased mobility, an increased number of clients with a migration background seek to undergo psychotherapy. In this presentation, current literature on needs and challenges of intercultural psychotherapy is discussed with regard to an intersectionality framework and more specifically in the context of power and privileges. These frameworks provide a useful understanding of cultural competency and sensitivity in intercultural psychotherapy.

Disclosure of Interest: None Declared

CRS010

Cultural and migration-related aspects of trauma-related disorders

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doi: 10.1192/j.eurpsy.2025.51

Abstract: Culture fundamentally influences human thinking, feeling and behaviour. The integration of cultural contexts into psychotherapeutic treatment is therefore essential, especially in light of the increasing diversity of our society. In addition, psychological stress following experiences of migration or flight requires special treatment expertise. Thus, intercultural psychotherapy is an essential approach in addressing mental health issues across diverse populations.
Life-threatening events, to which we feel helpless and at the mercy of, can inflict severe psychological trauma on us. If the event is too aversive, too horrific, and therefore cannot be autobiographically interwoven, fragments of memory are created that are not modified over time - like ordinary memories - but remain rigid, as if 'frozen'. They are activated by triggers reminiscent of the original situation and then reappear, e.g. in the form of flashbacks. The high number of people with migration and refugee backgrounds with trauma-induced secondary disorders calls for culturally sensitive, trauma-focussed psychotherapies to close the enormous gap in care. Numerous psychotherapies are available for the treatment of trauma-related disorders, some of them have yet to be evaluated - or modified for the treatment of traumatised persons in the context of migration and flight in the case of those that have already been well evaluated. This presentation will give an overview on cultural and migration-related aspects of trauma-related disorders.

Disclosure of Interest: None Declared

CRS011

AVATAR therapy: results of a phase 2/3 Clinical Trial of a blended digital therapy for auditory verbal hallucinations

T. K. J. Craig on behalf of AVATAR Therapy team and AVATAR therapy

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doi: 10.1192/j.eurpsy.2025.52

Abstract: Avatar therapy is a digital therapy supported by a therapist in which voice hearers dialogue with a digital embodiment of their most distressing voice. Our previous randomised controlled trial of AVATAR therapy showed 6 sessions had a superior and substantial reduction in the severity of voices compared to that achieved by supportive counselling. Limitations included that the study was carried out in a single site, and six sessions limited what might be achieved by an extended approach to include a greater focus on individual biographical characteristics that had a bearing on the voice hearing experience . In the latest AVATR2 trial, we aimed to replicate these early results and deliver therapy by a wider workforce across several centres in the UK. We also tested the effectiveness of two forms of therapy -AVATAR Brief 6 sessions (AV-BRF) and AVATAR-Extended 12 sessions (AV-EXT). In this presentation I report the results of this clinical trial. We hypothesised that both forms of therapy alongside treatment as usual would be effective and superior to treatment as usual alone in reducing voice related distress (the primary outcome) at 16 and 28 weeks follow up. We found that both treatmetns did indeed reduce distress at 16 weeks and that this reduction was maintained at 28 weeks though was no longer statistically significant in compoariuson to treatment as usual at this point. The frequency of voices also reduced at both time points for AV-EXT that also achieved several other important outcomes in cluding enhanced wellbeing and reductions in delusional beliefs associated with the voice. There were no related serious adverse events. A health economic analysis was also carried out that also supports AV-EXT The next phase of the development of AVATAR therapy towards release for routine use is briefly described.

Disclosure of Interest: T. K. J. Craig Grant / Research support from: Research Grants Wellcome Trust; NIHR UK

CRS012

Feasibility, acceptability and outcomes of blended care with smartphone-based ecological momentary assessment and intervention in schizophrenia spectrum disorders: A pilot single-arm trial

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doi: 10.1192/j.eurpsy.2025.53

Abstract: Delusions are one of the core symptoms of schizophrenia spectrum disorders (SSD). Traditional Cognitive Behavioral Therapy (CBT) approaches are less effective for delusions, require significant resources, and specialized staff training. Symptom-specific therapy approaches, which target factors involved in the development and maintenance of psychotic symptoms, provide a valid alternative. Digital technologies, such as ecological momentary assessment (EMA) and ecological momentary intervention (EMI), are gaining attention in mental health, providing enhanced assessment and intervention opportunities. The present single-arm trial aimed to investigate the feasibility, acceptability, and preliminary outcomes of a smartphone-based blended EMA/I psychological therapy approach - DICE - focusing on improving coping strategies for delusions in SSD. In total, $N = 10$ participants received four face-to-face therapy sessions alongside German university-level treatment-as-usual over an intervention period of four to six weeks. Feasibility was assessed by completion rates of the EMA/I questionnaires, use of the application between sessions and recruitment rates. Acceptability was assessed by a satisfaction questionnaire, open feedback, and analysis of adverse effects. Clinical outcomes included self-

rated and rater-based intensity and distress of delusions and comorbid symptoms at pre- and post-intervention. Findings supported the feasibility and acceptability of the DICE intervention, with high retention (10/13 participants; 77%) and completion rates for the EMA- (59%) and EMI-questionnaires (72%), as well as a high protocol adherence (90-97%), exceeding all predefined benchmarks. Open feedback indicated good satisfaction, with all participants using the application between sessions, reflecting a high engagement level. Clinical outcomes displayed relevant changes in ameliorating the intensity of delusions when being measured by the Psychotic Symptom Rating Scales as well as by the Green Paranoid Thought Scale, and self-rated improvements in distress and depressive symptoms. Changes in the intensity and distress of delusions might be explained by improved coping behaviour. Further research with control conditions is needed to validate findings and analyze the efficacy as well as mechanisms of actions of the DICE intervention in a fully powered trial.

Disclosure of Interest: None Declared

CRS013

Effectiveness and efficiency of Virtual Reality cognitive behavioural therapy for paranoid delusions - results from a randomized clinical trial

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doi: 10.1192/j.eurpsy.2025.54

Abstract: Background: Cognitive behaviour therapy is the main evidence-based psychological treatment for paranoid ideations in patients with psychotic disorders. Virtual reality may improve psychological treatment, because it facilitates behaviour interventions aimed at reducing avoidance and dropping safety behaviours. We investigated the effects of virtual-reality-based cognitive behaviour therapy for paranoid ideations (VR-CBTp) compared to standard CBTp.
Methods: We performed a pragmatic single-blind, randomised clinical trial in seven mental health centres in the Netherlands and Belgium. Eligible patients had a psychotic spectrum disorder and experienced paranoid ideations. Both interventions consisted of 16 sessions maximum. Treatment could be completed early when all goals had been achieved. The primary outcome was momentary paranoia, measured with the experience sampling method (ESM). Secondary outcomes included other measures of paranoid ideations, safety behaviour, social anxiety, depression, worry and self-esteem.
Findings: 103 participants were enrolled and 98 randomised to VR-CBTp (n=48) or CBTp (n=50). At post-treatment, VR-CBTp had significantly stronger effects than standard CBTp at post-treatment on momentary paranoia (interaction effect b=-0·3, 95% CI -8·4 to 7·8, n=81, p=0·04, effect size 0·62), safety behaviour, depressive symptoms and self-esteem, of which the difference in effects on self-esteem and social interaction anxiety remained at follow-up. Completers on average received 12·4 (VR-CBTp) and 15·0 (CBTp) sessions. Limited ESM compliance resulted in 43% data loss at post-treatment and 49% at follow-up.
Interpretation: CBTp and VR-CBTp are both efficacious treatments for paranoid ideations, but VR-CBTp may be somewhat more effective and more efficient than CBTp.

Disclosure of Interest: None Declared

CRS014

Findings from RCT's on virtual reality-based interventions for auditory hallucinations and paranoia

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doi: 10.1192/j.eurpsy.2025.55

Abstract: Introduction: Virtual reality (VR) has the potential to enhance current psychotherapies for psychotic symptoms by simulating virtual environments that evoke responses reflective of real-world scenarios.
Objective: This study aimed to evaluate the effectiveness of VR-based psychotherapeutic interventions through findings from two large-scale randomized clinical trials—CHALLENGE and Face Your Fears—that targeted auditory hallucinations (AH) and paranoia, respectively, in individuals with schizophrenia spectrum disorders (SSD).
Method: The CHALLENGE and Face Your Fears trials were randomized, assessor-blinded, parallel-group superiority trials that enrolled 270 and 254 patients with SSD, respectively. In the CHALLENGE trial, participants were randomized to 7 sessions of Challenge-VR therapy (Challenge-VRT) or treatment-as-usual (TAU). In Face Your Fears, participants received either 10 sessions of VR-CBT or standard CBT.
Results: Linear mixed-model analyses on primary and secondary outcomes in both trials revealed that in the CHALLENGE Trial, Challenge-VRT significantly reduced AH symptom severity, as measured by the Psychotic Symptoms Rating Scales (PSYRATS-AH total, adjusted mean difference: -2.26, 95% CI: -4.26 to -0.25, p = 0.03) and frequency (PSYRATS-Frequency, adjusted mean difference: -0.84, 95% CI: -1.53 to -0.14, p = 0.02) at treatment cessation. Face Your Fears Trial: No significant differences were observed between groups on the primary outcome at endpoint (adjusted mean difference: 1.12, 95% CI: -1.75 to 3.99; Cohen's d = 0.10; p = 0.44). However, both groups demonstrated large within-group improvements (VR-CBT: Cohen's d = 0.88; standard CBT: Cohen's d = 0.87). Standard CBT demonstrated superiority over VR-CBT on the secondary outcome measure emotion recognition latency overall at treatment cessation (adjusted mean difference -348.3, 95%CI: -696-6 to -0.04; Cohen's d = 0.25, p= 0.05), and on emotion recognition accuracy, sadness at 9 months follow-up (adjusted mean difference 0.85, 95% CI: 0.06 to 1.63; Cohen's d = 0.27, p= 0.03). No serious adverse events were reported in either trial.
Conclusion: Challenge-VRT appears to be a promising treatment for reducing the severity of AH in SSD, though further research is

required to optimize and extend its efficacy across broader aspects of schizophrenia. In contrast, VR-CBT did not demonstrate superiority over standard CBT for paranoia, suggesting that both treatments may offer comparable benefits. Future research should explore mediators and moderators of treatment efficacy, as well as patient preferences, to tailor interventions for maximum impact.

Disclosure of Interest: L. Birkedal Glenthøj Consultant of: Consultancy for Khora-VR., M. Nordentoft: None Declared

CRS015

Time trends in public stigma

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doi: 10.1192/j.eurpsy.2025.56

Abstract: Attitudes toward people with mental illness change. We present evidence of attitude change from different contries, with regard to different mental health conditions. While attitudes towads mental health problems in general, and towards depression, seem to soften, there is little positive change with regard to people with substance use disorders, and attitudes have even worsened towards people with schizophrenia. We discuss possible explanations for these diverging trends, and hypothesize on potential remedies.

Disclosure of Interest: None Declared

CRS016

Role of national psychiatric associations against pseudoscientific and misleading information and practices concerning mental health

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doi: 10.1192/j.eurpsy.2025.57

Abstract: Since their emergence as healthcare practices with scientific backgrounds, psychiatry and psychology have been criticized and attacked in different ways. Their scientific base has often been questioned, but more generally, their applications were suggested to follow alternative motives rather than the highest benefit of the suffering individuals. The antipsychiatry movement, with decades of history, on some occasions, could be considered to play an important role in optimizing psychiatric practices. However, with the increasing societal influence of antiscientific and pseudoscientific discourses, a significant section of individuals with mental health issues experience delays in their access to appropriate care and are sometimes harmed by the practices recommended as alternatives to psychiatry or medicine in general. There has been an increase in such misleading discourses following the pandemic, probably based on the uncertainty and lack of information on the nature of the infection and prevention methods, including the vaccine. In some instances, these misleading attitudes toward psychiatry and psychiatric practices are also pioneered by medical professionals. Some medical professionals deny the need and effectiveness of psychiatric practices, and some employ or recommend methods of care despite their lack of training and experience and the questionable nature of the practices. In many countries, national psychiatric associations are considered a leading source of information concerning mental health-related issues. However, without a systematic, need- and problem-focused strategy, including publicly available and acceptable information resources, it is difficult to oppose the overflow of misleading information currently available. Laws and regulations in many countries may act as a barrier against practices with no evidence base or with evidence of harmful effects. However, there are challenges in their implementation and limitations in their scope. National psychiatric associations may need to be involved in creating and implementing such regulations.

Disclosure of Interest: None Declared

CRS017

Peptide specific antibodies to Epstein Barr Virus and Toxoplasma gondii as markers of psychiatric disorders and suicide behaviors

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doi: 10.1192/j.eurpsy.2025.58

Abstract: Immunoassays such as enzyme-linked immunosorbent assays (ELISAs) provide precise measurements of class-specific antibodies to infectious agents. The application of these assays to blood and cerebrospinal fluid from individuals with psychiatric disorders has supported a role for microbial agents in these conditions. However, standard immunoassays are limited by their capacity to measure antibodies to only a single or a small number of infectious agents and epitopes, restricting the ability to identify differential immune responses.

Recent technological advances now allow for comprehensive profiling of immune responses to multiple infectious agents and their specific antigenic epitopes. These methods enable the investigation of differential immune responses as potential modulators of psychiatric disease risk.

We applied two novel serological platforms to analyze immune responses in blood samples from individuals with various psychiatric disorders and suicidal behaviors, as well as healthy controls. The first method assessed antibodies to >4200 peptides derived from >80 infectious agents immobilized onto a solid-phase surface. These peptides were incubated with small blood volumes, and antibody binding was detected via secondary reactions.

Results demonstrated significant differences in immune responses to *Toxoplasma gondii* and Epstein-Barr virus (EBV) in individuals with schizophrenia and other severe psychiatric disorders. Responses to *T. gondii* were primarily directed at dense granule (GRA) proteins, with multiple GRA peptide reactivities detected even in individuals classified as "seronegative" by standard immunoassays. For EBV, differential responses were observed to ZEBRA and other latency-associated proteins. Findings were corroborated using a phage

display system, where peptides derived from viral proteins were expressed on the phage surface.
Interestingly, immune reactivity was not uniformly increased or decreased but varied depending on the specific antigen. These findings suggest that psychiatric disorder-associated immune alterations may not merely reflect pathogen exposure but also differences in immune response patterns. Further investigation of these differential responses could inform novel diagnostic, preventive, and therapeutic strategies for severe psychiatric disorders.

Disclosure of Interest: None Declared

CRS018

Viral exposure and its effects on subsequent development of a mental illness: Results from the VIRAL-MI consortium project

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doi: 10.1192/j.eurpsy.2025.59

Abstract: Background: Infectious diseases are known to significantly increase the risk for later development of a mental disorder. Nonetheless, only few studies utilized big-data strategies to evaluate whether cumulative viral infection increases the risk of a subsequent mental illness, and whether risk and resilience factors a likely to modify theses associations. Methods: This study assessed the likelihood of mental illness development among individuals with recurrent exposure to pre-determined viruses (n = 53,416). The viral blood tests included in the analysis was based on consensus agreement of the VIRAL-MI consortium members, and was based on test validity, mandatory vaccination profiles, and the test's ability to detect acute infection. Broadly, these tests included positivity to the following viral infections: Cytomegalovirus, Epstein-Barr virus, Hepatitis, Herpes, Toxoplasma and Influenza. Data was obtained through the Clalit Health Services, the largest healthcare organization in Israel. Results: Overall, 663,231 tests were obtained from the cohort of 53,416 cases. Kaplan-Meier analyses indicated that individuals infected with more than three viruses were significantly more likely to develop a mental disorder (Log rank 14.55, p<.001). Of the investigated disorders, only anxiety disorders presented a significantly differential pattern of cumulative risk, in the same direction (Log rank 10.06, p = .007). Conclusions: Cumulative viral infections may have significant contribution to the development of a mental disorder. Limitations and integration with previous research will be discussed.

Disclosure of Interest: None Declared

Symposium

SP002

Are side effects necessary for antidepressant treatment?

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doi: 10.1192/j.eurpsy.2025.84

Abstract: The recent development of the socalled "psychedelics" reminds us that unfortunately some medications which we used in psychiatry have a large burden of side effects, like the anticholinerg side effects of the older tricyclic antidepressants as well as the extrapyramidal motoric side effects of socalled typical neuroleptics. These side effects were sometimes also related to the efficacy of these medications. Interestingly, it seems that the neglection of side effects is still an unresolved issue in clinical psychopharmacology, since there are researchers and clinicians who argue that the psychedelic experience induced with psychedelics are associated with therapeutic efficacy. Furthermore, studies in this field not even mention these side effects as such and argue, when confronted with the issue, that these are necessary for the therapeutic outcome. Even more so, there are researchers and clinicians who think that these side effects allow the patients to understand their unconscious, like in the early days of psychoanalysis. However, recent preclinical animal models demonstrated antidepressant-like behavioral effects and synaptic actions that are not only linked to the serotonergic activation (mainly via the 5HT2A receptor), but also via opioid and glutamatergic pathways which share neurobiological mechanisms of network reconfiguration likely by intracellular plasticity cascades. It seems to be important from my point of view to develop antidepressant medications devoid of the side effect of psychedelic experience in order to produce a safer, non-hallucinogenic medication that has therapeutic potential for depressed patients.

Disclosure of Interest: S. Kasper Consultant of: In the past 3 years Dr Kasper served as a consultant or on advisory boards for Angelini, Biogen, Boehringer, Esai, Janssen, IQVIA, Mylan, Recordati, Rovi, and Schwabe; , Speakers bureau of: In the past 3 years Dr. Kasper served on speakers bureaus for Angelini, Aspen Farmaceutica S.A., Biogen, Janssen, Recordati, Schwabe, Servier, and Sothema.

SP003

What about the trip? The relationship between ketamine's acute and antidepressant effect

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doi: 10.1192/j.eurpsy.2025.85

Abstract: Ketamine has been established as a rapid and potent antidepressant. However, despite its groundbreaking efficacy, it has several limitations, including the transient nature of its antidepressant effects following a single infusion, as well as the phenomenology of acute intoxication. This state is characterized by altered consciousness, manifesting as dissociative or psychotomimetic phenomena, along with cardiovascular changes, such as fluctuations in systolic and diastolic blood pressure.
The presentation explores whether these phenomena should be regarded as mere side effects or if they might play a role in ketamine's antidepressant mechanisms. Furthermore, it addresses

the ongoing challenge of identifying clinical and phenomenological predictors of a better antidepressant response.

Disclosure of Interest: None Declared

SP004

Is There a Burnout Epidemic among Medical Students?

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doi: 10.1192/j.eurpsy.2025.86

Abstract: Medical students are persistently exposed to specific conditions that may have detrimental effects on mental health, such as stressful academic routine, demanding and heterogeneous curriculum, sense of competition and daily exposure to illness and death. Accumulating evidence highlights high levels of cynicism and emotional exhaustion among these subjects. Indeed, the prevalence of burnout syndrome in medical students may reach peaks up to 88% in some studies. Thoughts of stopping medical education, negative life events, lack of support, dissatisfaction, and poor motivation represent the main predictors of burnout in this group. Such findings highlight the need to develop prevention initiatives targeting the future generation of medical doctors. Moreover, implementation of psychosocial interventions delivered from medical schools could be helpful to improve coping strategies and resilience styles of students.

Disclosure of Interest: None Declared

SP005

Importance of intercultural paradigm in affirmative clinical practice with LGBTIQ+ people

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doi: 10.1192/j.eurpsy.2025.87

Abstract: Professionals' attitudes, cultural background, and previous experiences are relatively stable and organized features of their backgrounds. They can affect the therapeutic process and provision of health care to LGBTIQ+ clients in both directions- affirmative and oppressive. Healthy development of sexual orientation and gender identity and their integration is one obvious prerequisite for healthy psycho-sexual and psychological development. Mental health care professionals should be aware of their attitudes, and cultural background, and how they can influence the therapeutic process with and provision of health care to LGBTIQ+ clients to provide culturally sensitive and LGBTIQ+ affirmative practice.
LGBTIQ+ affirmative health care can include any single or combination of several social, psychological, behavioral, or medical interventions designed to support and affirm an individual's sexual orientation and/or gender identity.
Stigma-related stressors experienced by LGBTIQ+ people across these levels can take the form of relational trauma, and thus compound general life stressors that represent an additional risk for different stress-related outcomes including poor mental health and health-risk behaviors.
Expectations of rejection might be particularly frequent experiences among transgender and gender-diverse people. Existing data depict LGBTIQ+ populations to be at a greater risk for poor health outcomes and a plethora of risk behaviors.
Transgender and gender diverse (TGD) people most often perceive available healthcare to be of inadequate quality and potentially unsafe. However, up to now healthcare systems across Europe fail to provide equal access for TGD compared to cisgender people It has been estimated that at least 27% of TGD people in Europe fail to access TGD care. Compared to cisgender people and compared to lesbian, gay, bisexual, or intersex people, TGD people are most affected by not having access to appropriate care, and they are among those reporting the highest rates of experiencing bad health.
Access to the highest standard of LGBTIQ+ affirmative health care, including LGBTIQ+ affirmative approach within psychotherapeutic practice, that respects dignity and right of self-determination, personal, physical, and psychological integrity, autonomy, and wellbeing of LGBTIQ+ people, and that relies on evidence-based practice, clinical guidelines and standards of care should be a priority across European health care systems and psychotherapeutic modalities. Education and sensitization of medical, and mental health professionals, psychotherapists, and other health care professionals on sexuality, sexual orientations, gender identities, and diversities should be implemented as core intercultural competencies through the obligatory curriculum courses of health and mental health professionals.

Disclosure of Interest: None Declared

SP006

LGBTIQ+ Specialty Care in USA: The Continuing Need for Specialty Clinics and Resources.

A. Ahuja and LGBTQ

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doi: 10.1192/j.eurpsy.2025.88

Abstract: This presentation will serve as an overview of LGBTQ+ Clinical Care in the United States and throughout the world. Using the specific example of the Los Angeles LGBT Center, Dr. Ahuja will discuss the need for an LGBTQ+-specific mental health clinic. The reasons for having specialized care are numerous, but boil down to several significant areas.
First, the LGBTQ+ community suffers from large health disparities. This often results from lack of specialized knowledge by providers and health advocates. An LGBTQ+ specific center allows for experts to exchgange and enhance information, incerased research into this population which results in better standars of care, and a chance to educate others regarding LGBTQ+ care. They can serve as a model for other clinics or any other health settings where practitioners can implement LGBTQ+-specific practices that work for them and their patients and on a scale that makes sense.

Second, there is much evidence of discrimination by healthcare providers and insurance companies regarding the LGBTQ+ community, particularly when it comes to the Transgender population. This can include rude behavior by providers, missed screenings due to not paying attention to patient anatomy or LGBTQ+ status, misgendering, harrasment, and lack of insurance coverage for procedures. An LGBTQ+ center allows for patients to have healthcare advocates who can fight for approval and ensures that patients are not harrassed for being LGBTQ+ which results in many patients forgoing necessary care. Further, screenings and patient education regarding things like Pre-Exposure Prophylaxis and Hormone Therapy are much improved as the center and its providers have the knowledge and mission to carry out large-scale educaton efforts. Finally, an LGBTQ+ center like the Los Angeles LGBT Center inevitably becomes a community hub. These centers function to not just provide medical care but also to advocate for LGBTQ+ issues, coordinate with other centers to manage population disease outbreaks, fight misinformation and disinformation with accurate research, and provide many ancillary services including housing and social community spaces.

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Disclosure of Interest: None Declared

SP007

LGBTQ+ transcultural psychiatry – the need for capacity building, specialized psychiatric services and recognizing the specific needs of LGBTIQ+ refugees in the Nordic countries

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Abstract: People within LGBTIQ+ are significantly more likely to suffer a mental health disorder and substance use disorder compared to heterosexual persons. Stigma, discrimination, and lack of social support are considered as some of the contributing factors to the higher incidence of psychiatric morbidity in this group. Simultaneously, the group's rights vary around the world, and example being that for example homosexuality is criminalized in many countries and sometimes punishable by death.

Even in countries where homosexuality and belonging to LGBTIQ+ community is not criminalized or is well accepted in the society; the studies show increased odds of poor mental health in this group. For example, a study conducted in Sweden, where same – sex marriage is legal, comparing suicide risk between heterosexual and same-sex married couples showed that same-sex married men had a was nearly three-fold greater suicide risk in comparison to their heterosexual counterparts. Accessible and evidence – based LGBTIQ+ affirmative psychiatric services are crucial for addressing the mental health care needs of the group. These services can be supported by well-structured and efficient training of mental health care professionals.

Disclosure of Interest: None Declared

SP008

E-health interventions in postpartum stress: needs assessment and developmental steps towards online interventions

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Abstract: Postpartum stress and mental disorders have a high prevalence in the population. Postpartum depressed states, for example, potentially threaten care of and bonding with the children. Although mothers face specific needs, specialized treatment options are scarce. Online programs to inform on and treat postpartum stress and depression are, to present, not widely available, but have the potential to overcome some of the obstacles of postpartum women finding treatment.

To identify needs of this specific group, we conducted an online survey on women after childbirth, asking for acceptance of e-health programs, sociodemographic, medical and psychometric data.

In a large, anonymized online survey, 453 women have participated. We investigated 1) the acceptance of tailored e-mental health programs according to the UTAUT model in the respective women and 2) characteristics and needs of the specific populations. Based on our findings, we developed an online tool for stress reduction after child-birth based on relevant topics indicated by and data from the literature on specific needs of post-partum women.

In this talk, motivation for this project, research results and ongoing research will be highlighted and discussed.

Disclosure of Interest: None Declared

SP009

BREF: the value of a short early intervention for informal carers and families for reducing stress and burden of care

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Abstract: Introduction: Informal caregivers are essential in supporting individuals facing mental health challenges, yet the demanding nature of their role can lead to significant distress and long-term psychological strain. International guidelines consistently highlight the critical importance of early caregiver support and identify psychoeducation for caregivers as one of the most effective interventions to support them. However, psychoeducational programmes for caregivers remain significantly underutilised. To address this pressing gap in mental health support, Rey et al. (2020), in collaboration with Unafam, the French national family association, developed the BREF programme. This innovative psychoeducational intervention is designed to provide early and systematic support for caregivers of people with severe mental disorders.
Objectives: This study investigated the impact of the BREF programme, focusing on its potential to mitigate depressive symptoms and alleviate the psychological burden experienced by caregivers.
Methods: This study used a single-group pre-post design. It included family caregivers who participated in the BREF programme from November 2020 to March 2022. Changes in caregiver depressive symptoms (CES-D) and burden (ZBI) measured pre-, post- and 3 months after intervention. Caregivers' satisfaction and perceived usefulness were also assessed.
Results: Data from 206 family caregivers were analysed. The depression and burden scores significantly decreased immediately after the intervention ($p<0.001$) and at the 3-month follow-up ($p<0.05$). Additionally, 98% of participants reported being satisfied to very satisfied, 95% of them deemed it very to extremely useful.
Conclusions: The BREF programme demonstrated significant benefits, notably reducing caregivers' depressive symptoms and burden. Designed for early systematic implementation this standardized, time- and resource- efficient intervention, offers à promising foundation for a structured and graduated support pathway for caregivers.

Disclosure of Interest: None Declared

SP010

The use of apps in public mental health: assessing needs and re-developing programs for integration into society

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Abstract: In the last decennium there is an explosion of medical devices to help patients in their fight against their psychiatric disorder and if possible to take more control and responsibilities over their own lives. In our research on measurement instruments it was doubted that patients were able to use computers and apps. Happell, 2009, addressed that psychiatric patients were very interested in using apps and also were positive being partners in the development of apps that could enhance their quality of life. Their attitude towards apps in clinical practice was more positive than their clinicians who were afraid of being judged on their performance and are more hesitant (Buwalda, et al., 2015). 10-15 years later millions of patients and clinicians are using applications and other medical devices to enlighten their lives.
But what about the most vulnerable citizens, our patients, in the cities in the context of urbanisation. In Amsterdam the public mental health services developed the self-sufficiency matrix (SSM) to gain insight in the peoples individual possibilities. A measure that insights the adaptation to the complex city life and how they can take care of themselves in this ever changing world. How do they feel about using apps or their professionals in daily clinical practice?
This presentation is about the history of the development of a mental health app for psychiatric patients in the city to be used by the professionals. Through a small pilot the presenter will a show the process of development of the SSM-app that gives insight in the wellbeing of the most vulnerable and their needs. We will also discuss the challenges and user-friendliness of the SSM- app in our PMH to make our work more digital proof.

Disclosure of Interest: None Declared

SP011

Patient perspectives on the development of a prescription opioid use disorder

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Abstract:
Introduction: In the past decade, prescription opioid use increased exponentially and concomitantly prescription opioid use disorders (OUD) are becoming more common. While substantial research has identified clinical risk factors, little attention has been paid to the lived experiences that contribute to the development of OUD.
Objectives: This study aimed to explore and document patients' experiences on how they developed a prescription OUD.
Methods: We conducted in-depth, semi-structured interviews with 25 adults with chronic non-cancer pain currently undergoing treatment for prescription OUD. The interviews explored their experiences with long-term opioid use, attitudes toward opioids, and access to prescriptions. Transcripts were analysed using directed content analysis to identify recurring themes.

Results: Participants identified three key themes influencing the development of OUD: (1) experiences driving initiation, (2) experiences driving continuation, and (3) experiences with prescription OUD. Beyond pain management, factors such as patient-provider communication, care coordination, provider vigilance, and environmental support significantly shaped opioid use patterns.Participants cited a lack of guidance during both initial and long-term opioid use, easy access to prescriptions, and insufficient monitoring as major contributors to OUD. Poorly controlled pain and high levels of stress were also highlighted as critical drivers of continued opioid use.
Conclusions: Patients described a distinctive pathway to prescription OUD, contrasting with other substance use disorders, with negative reinforcement playing a particularly prominent role in the early stages of opioid use. Their perspectives reveal critical gaps in guidance and monitoring during opioid therapy, highlighting opportunities for intervention and improvement.
This talk will explore how these insights can inform prevention strategies, improve care coordination, and support better outcomes for patients at risk of OUD.

Disclosure of Interest: None Declared

SP012

Prevention of prescription opioid use disorder

F. Fonseca[1,2*] and RD24/0003/0001 co-funded by Instituto de Salud Carlos III (ISCIII) and by the European Union

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Abstract: It is important to address the prevention and early detection of opioid addiction with a comprehensive approach. The collaboration and early attention are essential to mitigate the risks associated with opioid misuse. In this session we will review the myths associated with high risk of opioid addiction and how to address when it has been developed.
Some key strategies could be: Provide accurate and understandable information about the risks associated with opioid use, as well as the early signs of addiction. Consider alternative options for pain management, such as physical therapies, exercise, and medications non-opioids, before prescribing opioids. It is important balance pain relief with control of possible addiction risks. The appropriate and controlled indication of opioids is of vital importance to prevent and detect inappropriate use. Prescribe the lowest dose and duration shortest possible. It is important to visit frequent monitoring to detect signs of misuse and/or addiction.

Disclosure of Interest: None Declared

SP014

Tapering in patients with chronic pain and prescription opioid use

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Abstract: Opioid use disorder in patients with chronic pain poses a specific clincal challenge. Tapering opioids can initially increase pain, while continuing opioids is associated with tolerance and opioid induced hyperalgesia, resulting in inadequate analgesia. In the long run tapering of opioids or rotation to long-acting alternatives, such as buprenoprphine or methadone, have been associated with less pain and better qualtity of life. In this presentation, evidence for various tapering and rotation strategies will be presented, as well as the possiblities for integrated pain management and addiction care. After this session you will know how to prepare your patient with presciroption opioid use disorder and chronic pain for tapering of opioids, how to support your patient with tapering, including the pace of tapering and the use of supproting pharmacological and non-pharmacoligcal interventions. Finally, it will be discussed who is more likely to benefit from rotation to long-acting opioids, and why some patients might be better of without opioid tapering.

Disclosure of Interest: A. Schellekens Grant / Research support from: PI in several studies, funded by national governmental funding agencies.

SP015

Determinants of Mental Health in Europe

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Abstract: Introduction This presentation will provide an up-to-date cross-national comparison of the individual, environmental and socioeconomic determinants of the European population mental health (MH). Methods The European House & Ambrosetti-funded 2023 Headway Mental Health Index 3.0 initiative collected data on 19 Key Performance Indicators (KPIs) in individual (e.g., smoking), environmental (e.g., air pollution) and socioeconomic (e.g., poor housing conditions) determinants of MH for the European Union 27 countries and the UK. KPIs scores were standardised in a 1-10 Likert Scale (1: worst performance; 10: best performance), thus allowing between-country comparisons of the relative performance. Unadjusted bivariate correlations between KPIs scores were run. Results Finland (8.0), Sweden and Estonia (7.5) had the lowest MH risk, while France (3.1) and Romania (2.8) had the highest MH risk. Smoking ($r=-0.43$, $p=.021$), alcohol use ($r=0.57$, $p=.002$), daylight hours ($r=0.74$, $p<.001$), ecoanxiety ($r=-0.51$, $p=.005$), air pollution ($r=-0.46$, $p=.015$), commuting time ($r=0.42$, $p=.026$) and Fragile State Index ($r=-0.44$, $p=.018$) correlated with overall MH status, thus emerging as common determinants of MH across the board. Conclusions The determinants of MH varied across European countries, although the correlation between determinants-based MH risk and MH status was relatively weak, including 'low-risk, poor MH status' and 'high-risk, good MH status' countries. Further non-tested determinants of MH and/or between-country differences in their responsiveness to the population MH needs may explain this discrepancy. These results may inform future evidence-based public MH policymaking and universal preventive strategies in Europe.

Disclosure of Interest: None Declared

SP016

Responsiveness to Mental Health Needs across European countries

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Abstract: This study evaluated European countries' responsiveness to mental health (MH) needs by analyzing key performance indicators (KPIs) across healthcare, workplaces, schools, and society. Data from the 2023 Headway Initiative included 15 KPIs related to healthcare responsiveness—such as workforce availability, facilities, quality of care, and MH expenditure—and 14 KPIs assessing responsiveness in workplaces, schools, and society. KPI scores were standardized on a 1-10 Likert scale, with higher scores indicating better performance. Bivariate correlations examined associations between responsiveness and overall MH status. Sweden (10.0), Denmark (8.8), and Finland (8.3) demonstrated the highest responsiveness in healthcare, whereas Romania (1.0), Slovakia (1.1), and Latvia (1.2) ranked lowest. In non-healthcare domains, Germany (10.0), France (9.1), and Denmark (9.1) were the most responsive, while Greece and Slovakia (1.0) exhibited the poorest performance. These findings highlight significant disparities in MH support across Europe and emphasize the need for policies that address inequalities and bridge treatment gaps. Future efforts should focus on balancing MH status improvements with sustained investment in MH responsiveness.

Disclosure of Interest: C. Arango Speakers bureau of: Dr. Arango has been a consultant to or has received honoraria or grants from Abbot, Acadia, Ambrosetti, Angelini, Biogen, BMS, Boehringer, Carnot, Gedeon Richter, Janssen Cilag, Lundbeck, Medscape, Menarini, Minerva, Otsuka, Pfizer, Roche, Sage, Servier, Shire, Schering Plough, Sumitomo Dainippon Pharma, Sunovion, Takeda and Teva.

SP017

Way forward and next steps in European Mental Health Policies

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doi: 10.1192/j.eurpsy.2025.99

Abstract: The EPA Action Plan 2025-2027 aims to optimize mental health care in Europe, by focusing on several unmet needs still experienced by patients. New ways for treatment delivery and new settings of care, tailored diagnostic approaches, research on brain and on mental health, reduction of multimorbidity and mortality gap, promotion of prevention strategies in mental health and more attention on minorities' mental health represent some of the milestones on which a roadmap for mental health in Europe may be based.

Disclosure of Interest: None Declared

SP018

The neuropsychiatric approach to diagnosing and treating adults with ADHD

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doi: 10.1192/j.eurpsy.2025.100

Abstract: Background: Attention-deficit/hyperactivity disorder (ADHD) in adults often presents with nonspecific symptoms that can be obscured by years of compensatory mechanisms and comorbid conditions. Traditional diagnostic approaches may fall short in capturing the nuanced presentation of ADHD in previously undiagnosed adults, leading to potential misdiagnosis or delayed treatment. This talk presents a comprehensive clinical framework for evaluating adult ADHD that integrates structured assessment protocols with thorough clinical investigation.
Methods: Our diagnostic model employs a multi-stage evaluation process that includes: (1) comprehensive pre-interview rating scales, (2) in-depth clinical interviews focusing on lifetime symptom presentation and functional impact, (3) systematic gathering of collateral information, and (4) administration of validated assessment instruments with embedded validity scales. The evaluation protocol emphasizes the assessment of executive function, emotional regulation, and adaptive behaviors developed throughout adulthood.
Discussion: This approach represents a significant advancement in adult ADHD diagnosis by incorporating validated assessment tools with thorough clinical investigation. The model's emphasis on lifetime symptom patterns, adaptive behaviors, and compensatory mechanisms provides crucial insights into how ADHD manifests in adults who have developed various coping strategies throughout their lives. Furthermore, the integration of multiple data sources with patient insights facilitates better treatment engagement and outcomes.
Conclusion: The proposed comprehensive evaluation framework offers a more sophisticated and nuanced approach to diagnosing ADHD in previously undiagnosed adults. By combining validated assessment instruments with thorough clinical investigation and collateral information, this model enhances diagnostic accuracy and treatment planning. Our findings suggest that this approach not only improves diagnostic precision but also provides valuable insights into the developmental trajectory of ADHD, leading to more personalized and effective treatment strategies.
Keywords: Adult ADHD, clinical evaluation, executive function, compensatory mechanisms, diagnostic precision

Disclosure of Interest: None Declared

SP019

Discerning ADHD from comorbid Austim Spectrum Disorder, and using the Child and Adolescent approach when diagnosing and treating adults with ADHD

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Abstract: Although Autism Spectrum Disorder (ASD) is frequently reported as a comorbidity in adults with Attention Deficit Hyperactivity Disorder (ADHD), diagnosing this additional condition in clinical practice remains challenging. Missing this diagnosis can significantly impact treatment and reduce the quality of life for these adults. In child and adolescent psychiatry, attention is also given to the source(s) that influence the symptoms and complaints of ASD and ADHD, both in diagnosis and treatment.
This lecture highlights the importance of identifying the source(s) of symptoms and complaints in adult patients, with or without ADHD, in an outpatient urban setting. Better mapping of these source(s) helps distinguish the symptoms of ASD from those of ADHD, refining both diagnosis and treatment. Unsurprisingly, ASD is often not even considered a potential comorbid condition in adults. In this lecture, we share practical experiences with adult outpatients and discuss the source(s) that frequently emerge, which aid in differentiating ASD symptoms from those of ADHD.

Disclosure of Interest: None Declared

SP020

Cognitive impairment in psychoses and affective disorders: addressing future challenges

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Abstract: Cognitive dysfunction is well documented in patients with schizophrenia and bipolar disorder, including impairments in attention, memory, executive function and social cognition. These impairments are associated with poor social functioning and reduced activities of daily living.
Various therapeutic interventions have targeted cognitive impairment in both schizophrenic and bipolar patients. Several trials and meta-analyses are currently available. In addition to psychopharmacology, cognitive remediation programmes are available and have been shown to be applicable in clinical practice.
In conclusion, as we move towards more integrative and personalised treatment strategies for schizophrenic and bipolar patients, new assessments and therapies are available to target cognitive dysfunction. Not least because there are currently no cognitive enhancers on the market, it is hoped that new pharmacological adjunctive strategies can improve cognition in schizophrenia and bipolar disorder.

Disclosure of Interest: None Declared

SP021

Functional dysconnectivity in Schizophrenia and Bipolar Disorder: associations with cognitive impairment

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Abstract: Background: Abnormal cerebellar functional connectivity (FC) has been independently implicated in the pathophysiology of schizophrenia (SCZ) and bipolar disorder (BD). However, the relationship between cerebellar dysconnectivity patterns in these two disorders and their association with cognitive functioning and clinical symptoms have not been fully clarified. In this study, we used the state-of-the-art functional atlas of the cerebellum to examine cerebellar FC changes in the SCZ–BD spectrum and their association with cognitive and clinical variables.
Methods: Resting-state functional magnetic resonance imaging (fMRI) data of 39 individuals with SCZ, 43 BD type I and 61 healthy controls were examined. The cerebellum was parcellated into ten functional systems and we calculated seed-based FC for each cerebellar system. Cognitive abilities were investigated with the Wechsler memory scale, the California Verbal Learning test, the Stroop test, the Attentional network task, the Continuous performance test, the Task Switch task and the Stop Signal task. Psychopathological evaluation was carried out using the Scale for the Assessment of Negative Symptoms and the Scale for the Assessment of Positive Symptoms. We used principal component analyses to reduce the dimensionality of the diagnosis-related FC and cognitive variables, respectively. Multiple regression analyses were conducted to assess the relationship between FC and cognitive and clinical data.
Results: We observed lower cerebellar FC with the frontal, temporal, occipital and thalamic areas in SCZ, and a more widespread decrease in cerebellar FC in BD, involving the frontal, cingulate, parietal, temporal, occipital and thalamic regions. SCZ presented increased within-cerebellum and cerebellar-frontal FC compared to BD. Higher cortico-cerebellar FC was positively associated with memory (p-FWE=0.036) and verbal learning (p-FWE=0.043). Exploratory analyses showed a negative correlation between cortico-cerebellar FC and positive symptoms (p-FWE=0.051).
Conclusions: These findings suggest a role for shared and distinct patterns of corticocerebellar dysconnectivity in the SCZ–BD spectrum that can result in cognitive impairment and psychotic symptoms. In addition, they highlight the potential role of cerebellar stimulation as a promising intervention for individuals with SCZ and BD-I that present cognitive impairment.

Disclosure of Interest: None Declared

SP022

Multivariate Patterns of Cognitive and Socio-Cognitive Deficits in Schizophrenia, Bipolar Disorder, and related risk

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Abstract: Alterations in cognition and social cognition in bipolar disorder and schizophrenia have been largely documented. However, to which extent these alterations overlap between the disorders and how they are relevant to early stages as well as to risk conditions remains unclear. To shed light on this topic, 59 patients with Bipolar Disorder (BD), 118 patients with schizophrenia (SCZ), two independent cohorts of Healthy Controls (HC1=95, HC2=195), as well as individuals at Clinical High Risk (CHR=35) and at First Episode of Psychosis (FEP=29) were characterized for a series of cognitive and socio-cognitive features, which were entered in a machine learning analysis as a cognitive, a socio-cognitive, and a combined cognitive and socio-cognitive (stacking) classifier. Such classifiers were probed to discriminate at the single subject level BD vs. HC1 and SCZ vs. HC2. Then, those with the greatest diagnostic power in categorizing BD vs. HC1 were challenged to predict discrimination between SCZ vs. HC2, and vice-versa. Thus, decision scores for such models were compared with those obtained when they were applied to FEP and CHR. Results indicated that stacking classifiers were the best in discriminating HC1 vs. BD (Balanced Accuracy - BAC = 80%) and HC2-SCZ (BAC = 84%). Furthermore, the HC1-BD staking classifier successfully discriminated HC2 from SCZ (BAC=77.4%), and vice-versa (BAC=83.1%). Decision scores for SCZ and BD overlapped with those obtained when stacking models were applied to FEP, identifying a "patient-like" pattern. Differently, when such combined signatures were applied to CHR individuals, they were classified neither as patients nor as HC. Findings suggest an overall overlap of cognitive and socio-cognitive anomalies classifying schizophrenia and bipolar disorder, which is also relevant to early stages of disease. In this general context, disease-specific core abnormalities characterize SCZ and BD. Personalized rehabilitative programs may be oriented to primarily manage disease-related cognitive and socio-cognitive "hub" alterations, but always within a broader assessment.

Disclosure of Interest: None Declared

SP023

Genetics and other biomarkers of treatment resistance in depression

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doi: 10.1192/j.eurpsy.2025.105

Abstract: Major depressive disorder (MDD) is the most heterogeneous psychiatric disorder, as over 1400 combinations of symptoms can satisfy DSM diagnostic criteria, and understanding the underlying biological heterogeneity is fundamental in the perspective of precision psychiatry. Genetic variants are responsible for part of this heterogeneity and contribute to inter-individual differences in treatment effects. Therefore, pharmacogenetic studies can identify predictors of poor treatment response and treatment-resistant depression (TRD), aid the prescription and development of targeted treatments or the prescription of early intensive treatments in patients at risk of TRD. Previous genome-wide association studies (GWASs) had limited power to identify specific variants/genes involved in TRD, but polygenic overlap between poor antidepressant response/TRD and several other traits was demonstrated, e.g., schizophrenia, attention deficit hyperactivity disorder (ADHD), and cognitive traits. As suggested by the high clinical heterogeneity of MDD, considering specific symptom profiles can improve the power to identify genetic signals associated with TRD. Other promising strategies to identify the biological mechanisms involved in TRD include the study of large population cohorts, using proxies of TRD defined from electronic health records (EHRs), and the integration of biomarkers reflecting also environmental factors, such as proteomics. These strategies and ongoing studies will be discussed during this talk, with reference to Psych-STRATA, a project within the Horizon Europe research and innovation programme (101057454; https://psych-strata.eu).

Disclosure of Interest: None Declared

SP024

Definition and neurobiological underpinnings of treatment resistance in bipolar disorder

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doi: 10.1192/j.eurpsy.2025.106

Abstract: The pharmacological treatment strategies for bipolar disorders include both acute and maintenance treatments. However, a substantial number of patients do not respond sufficiently to pharmacotherapy. Thus far, there has been no standardized definition for treatment resistance in bipolar disorder. Studies have been using different definitions, possibly due to the clinical complexity including the episodic nature of bipolar disorder and various subtypes. The talk will discuss the definitions, neurobiological, and genetic aspects as well as ongoing initiatives to identify markers for treatment resistance in bipolar disorder.

Disclosure of Interest: None Declared

SP025

Neurobiological characteristics of treatment resistance and predictors of treatment tolerability for schizophrenia

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doi: 10.1192/j.eurpsy.2025.107

Abstract: Schizophrenia is a chronic disorder with a massive impact on quality of life. The prevalence of treatment resistance has been estimated around 30%. Treatment resistance is typically defined as non-response to 2 antipsychotics *of adequate dose and duration*. However, clinical reality often shows that the definition at an individual level is more complex and a personalised approach is needed.
We present a literature review discussing clinical, neurobiological and pharmacogenetic aspects relevant to treatment resistance.
Our overview highlights the need for indiviudalised assessement of patient needs. We discuss pharmacogenetic aspects related to treatment respons and tolerability, including Clozapine. We focus on indicators for stratification and treatment optimization in the context of personalised medicine. In addition, we present evidence for other augmenting treatment modalities in the context of treatment resistance for schizophrenia, such as neuromodulation (e.g., rTMS for acoustic hallucinations).
This talk focuses on the challenges of treatment resistance in schizophrenia and discuesses new insights in the existing treatments and pharmacogenetics, as well as opportunities for treatment augmentation that arise from emerging technologies.

Disclosure of Interest: None Declared

SP026

Clinical, RCT and real word evidence for early intensive treatment and complex multimodal treatment of treatment resistant mental disorders

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Abstract: Schizophrenia (SCZ), bipolar (BD) and major depression disorder (MDD) are severe psychiatric disorders that are challenging to treat, often leading to treatment resistance (TR). It is crucial to develop effective methods to identify and treat patients at risk of TR at an early stage in a personalized manner, considering their biological basis, their clinical and psychosocial characteristics. Effective translation of theoretical knowledge into clinical practice is essential for achieving this goal. We describe the methodology of the PROMPT project that aims at the development of a precision medicine algorithm that would help early detection of non-responder patients, who might be more prone to later develop TRD. In addition, we demonstrate other ongoing comprehensive protocols in Precision Psychiatry, such as the Horizon Europe funded PsychSTRATA consortium. To address these objectives, the PROMPT project which is organized in 2 phases will involve 300 patients with MDD already recruited in phase 1, comprising 150 TRD and 150 responders. In phase 2, a new naturalistic cohort of 300 MDD patients will be recruited to assess, under real-world conditions, the capability of the algorithm to correctly predict the treatment outcomes. Moreover, in this phase a shared decision making (SDM) process in the context of pharmacogenetic testing is explored and various needs and perspectives of different stakeholders toward the use of predictive tools for MDD treatment to foster active participation and patients' empowerment are evaluated. In addition to this effort, the Psych-STRATA consortium addresses a major research gap in Precision Psychiatry through a seven-step approach. First, transdiagnostic biosignatures of SCZ, BD and MDD are identified by GWAS and multi-modal omics signatures associated with treatment outcome and TR (steps 1 and 2). In a next step (step 3), a randomized controlled intervention study is conducted to test the efficacy and safety of an early intensified pharmacological treatment. Following this RCT, a combined clinical and omics-based algorithm will be developed to estimate the risk for TR. This algorithm-based tool will be designed for early detection and management of TR (step 4). This algorithm will then be implemented into a framework of shared treatment decision-making with a novel mental health board (step 5). The final focus of the project is based on patient empowerment, dissemination and education (step 6) as well as the development of a software for fast, effective and individualized treatment decisions (step 7). Both the PROMPT study and the PsychSTRATA project have the potential to change the current trial and error treatment approach towards an evidence-based individualized treatment setting that takes TR risk into account at an early stage.

Disclosure of Interest: None Declared

SP027

A case report about autism spectrum disorder and comorbidities: diagnostic and treatment difficulties in transition from adolescence to adulthood

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Abstract: We report the case of an 18-year-old male patient diagnosed with autism spectrum disorder at age of 12. Between the age of 12 and 18 he developed anxiety and substance use disorders.
He was acutely admitted to the Department of Psychiatry and Psychotherapy at Semmelweis University due to a severe manic episode with psychotic symptoms at the age of 18. He provided a multidisciplinary treatment, including medication, support group, individual addiction consultation and rehabilitation. He became stable, currently abstinent for six months and planning to graduate.
Our case report has practical implications for physicians by raising their awareness of comorbid mental disorders in the autism spectrum and also the difficulties in the transition between adolescence to adulthood.
Keywords: autism spectrum, comorbidity, transient psychiatry

Disclosure of Interest: None Declared

SP028

The experience of transition to adult services of young people with neurodevelopmental disorders and mental health problems

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Abstract: Background: Transitional care refers to the coordination and continuity of care between different healthcare locations or levels of care within the same facility, regardless of the patient's age. Transition planning and management is therefore a key element in the organization and delivery of health services. Unfortunately, for many young people with mental health problems, transition is poorly planned, lacks coordination, and results in discontinuity of care. This is particularly true for intellectual disability, Autism Spectrum Disorder, and ADHD: as neurodevelopmental conditions, care typically begins at a young age with attendance at Child and Adolescent Mental Health Services (CAMHS), and the transition to Community Mental Health Services (CMHS) encounters numerous challenges.
Methods: A narrative review of the literature was conducted on the topic of transition from inception to January 26th, 2025. The following search string was used through PubMed, Web of Science, Scopus, and PsychInfo: ("Transitional Care" OR "Transition to Adult Care") AND ("Neurodevelopmental Disorders" OR "Intellectual Disability" OR "Autistic Disorder" OR "Autism Spectrum Disorder") AND ("Child and Adolescent Mental Health Services" OR "CAMHS" OR "Community Mental Health Centers").
Results: A total of 202 references were identified and screened considering titles and abstracts. After excluding papers not relevant to the topic and those that were unretrievable, 31 papers were included in the review. A significant majority of the included papers were qualitative studies based on focus groups and interviews conducted with family members and caregivers.
Discussion and conclusions: Findings reveal a lack of clarity and consistency regarding service availability for the conditions studied, possibly due to different eligibility criteria between child and adult mental health services, with variable service provision for young people with neurodevelopmental conditions (specifically, ASD, ADHD and ID). While high workloads and staff shortages were perceived to influence service thresholds and eligibility criteria, the lack of perceived severity by the CMHS often led to loss of follow-up.

Disclosure of Interest: None Declared

SP029

Transition of psychiatric care from childhood to adulthood: An opportunity for adult psychiatry

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doi: 10.1192/j.eurpsy.2025.111

Abstract: According to the American Academy of Child and Adolescent Psychiatry (AACAP), 50% of all lifetime cases of mental illness begin by age 14, and 75% by age 24 (1). Development is a lifelong process, but adult development is generally more gradual and less critical than that of children and adolescents. That is why the role of development in child psychiatry is particularly important, contrary to the adult psychiatry, more focused on the categorical definition of the observed clinical situation.
Autism Spectrum Disorders (ASD) in particular, characterized by heterogeneity, may evolve to adulthood with an atypical presentation. Approximately a quarter of autistic adults reported being misdiagnosed with at least one psychiatric condition before receiving an autism diagnosis. Personality disorders, mood disorders, and anxiety disorders were most frequently perceived as misdiagnoses, according to Fusar-Poli et al (2).
The contact between adult psychiatry and child and adolescent psychiatry, may be organized in transition care settings (outpatient care, clinical discussions, …). These practices may have a major impact in adult psychiatry practice, emphasizing the importance of a developmental approach, at any given time and with each patient, going beyond the classical inquiry about clinical and personal backgrounds. It also helps adult's psychiatrists to keep in mind diagnostic hypotheses of neurodevelopmental disorders, which are usually more focused on child and adolescent psychiatry.
A clinical case will be presented to illustrate our thesis.

Disclosure of Interest: None Declared

SP030

Challenges faced by individuals with autism and intellectual disability as they prepare for adulthood

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doi: 10.1192/j.eurpsy.2025.112

Abstract: Individuals with autism and intellectual disability encounter numerous challenges as they transition into adulthood. By analyzing case studies of students in both specialized and mainstream educational settings, I aim to highlight their perspectives and experiences.
These individuals grapple with a myriad of hurdles, from difficulties in communication and social interaction to challenges in academic and vocational pursuits. Through case studies, we witness the personal and societal barriers they encounter, highlighting the need for tailored interventions and support systems.
Early intervention and specialized education play crucial roles in empowering these individuals to thrive. By providing nurturing

environments and equipping them with essential skills, we can foster independence and enhance their overall well-being. Additionally, community resources offer ongoing support beyond the school setting, further facilitating their transition into adulthood. Central to our discussion is the importance of fostering an inclusive society that embraces neurodiversity. When individuals with autism and intellectual disability are valued for their unique perspectives and talents, they can contribute meaningfully to society. Through acceptance and understanding, we can pave the way for a more equitable future for all.

Disclosure of Interest: None Declared

SP031

Digital phenotyping of stress responsive suicidal ideation in healthy individuals: an opportunity for prevention

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doi: 10.1192/j.eurpsy.2025.113

Abstract: Background: Decedents without known mental disorders constitute 5%-40% of suicides and epidemiologic studies show that 20% of those with a history of suicidal behavior (SB) may be free of psychiatric disorders. This implies that suicide ideation (SI) may occur in the psychiatrically healthy volunteers (HVs), providing an opportunity for preventing suicide and SB. Yet, studies of HVs have not focused on the occurrence of SI, nor has SI in HVs been characterized, especially in relation to the occurrence of stress. If SI is not rare in HVs, current approaches to managing suicide risk in medical settings may be too limited to identify psychiatrically healthy individuals at risk for suicide.
Aims & Objectives: We recruited HVs and major depressive disorder (MDD) patients to test two hypotheses: (1) some HVs, screened to exclude those meeting lifetime criteria for Axis I or II disorders and with no personal or family history of SB, would endorse SI on Ecological Momentary Assessment (EMA); and (2) HVs' SI scores would be lower than those of MDD patients. In addition, we investigated whether HV and MDD groups had different responses to stressors in terms of SI.
Method: HVs and MDD patients were recruited through advertisements: some patients were recruited in the emergency department. Participants provided 7 days of ecological momentary assessment (EMA) data about SI and stressors. EMA data was collected in six 2-hour epochs during a 12-hour period selected to match participant wake hours. Longitudinal mixed effects logistic regression models compared HV and patient SI scores and frequency of stressors. Mixed effects linear regression models compared HVs' and patients' SI score change from the previous epoch's SI score when each stressor occurred.
Results: HVs (n=42) reported less frequent ($p<0.001$) and less intense SI ($p<0.003$) than patients (n=80). HVs did endorse SI and/or SI-related items in 44% of EMA epochs, endorsing actual SI items, as opposed to SI related items (lack of wish to live) in 25% of epochs with non-zero SI scores. For 7 of 8 stressors, patients reported stressors more often than HVs (all $p<0.001$) and responded to them with greater SI ($0.0001<p<0.0472$). HVs reported statistically significant SI increases only in response to neglect ($p<0.0147$), indicating HVs were relatively resilient to other stressors.
Discussion & Conclusion: The occurrence of SI and SB among psychiatrically healthy individuals has been relatively neglected. However, SI does occur in this population. Although HVs demonstrated more modest SI increases than patients in response to stressors, the reports of SI in 44% of epochs by HVs suggest that focusing solely on individuals with mental disorders when screening for suicide risk may be too narrow an approach.

Disclosure of Interest: M. Oquendo, MD, PhD earned royalties from: Research Foundation for Mental Hygiene, Inc. - Columbia Suicide Scale, Conflict with: Honoraria - Alkermes - Grant Reviews, Honorarium.

SP032

Phenotyping suicidal behaviour: what could we learn from digital and experimental studies

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doi: 10.1192/j.eurpsy.2025.114

Abstract: Digital studies based on the continuous monitoring of patients in their natural environment help to refine the suicidal phenotypes. Studies using ecological momentary assessment revealed the existence of different patterns of suicidal ideation (SI) based on both their severity and variability. Specifically, variable SI may be a frequent pattern of suicidal ideation that appears to be related to some clinical features (social withdrawal, impulsive aggression, suicide attempts), rooted in childhood trauma and serotonergic dysfunction and associated with the reactivity to stressful life events. Some individuals, in response to stress could experience both psychological pain and decision-making impairment in social contexts, leading to suicide risk. Then, the description of the suicidal pattern may help to define clinically and biologically homogeneous groups of at-risk patients.
In this sense, experimental studies where patients are submitted to a social stress task reported that patients who were more sensitive to a social stress, as measured with a higher salivary cortisol response, were less depressed, more impulsive, and made suicide attempts with a higher intent. Investigating the regulation of the immune inflammatory response to the social stress task, we recently reported that suicide attempters and ideators showed less dynamic inflammatory stress responses in comparison to psychiatric controls, and that platelet activation responses to stress were blunted in individuals with suicidal ideation. Last, we will present new data of cardiovascular and emotional responses to the virtual Trier Social Stress Test in women with a history of depression and with or without a history of suicide attempt. Combining digital and experimental studies could help to refine the suicidal phenotypes and reduce the heterogeneity of suicidal behaviors that are led by different processes, in order to develop specific therapeutic approaches for a better suicide prevention.

Disclosure of Interest: None Declared

SP034

Cognitive Behavioural Therapy/Motivational Interviewing in Emergency Settings in Child and Adolescent Psychiatry

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doi: 10.1192/j.eurpsy.2025.116

Abstract: Worldwide, suicidal ideation in youth varies between 14% and 23 %. Between 5% and 16% have made a suicidal attempt. The prevalence has increased recently. However, we measure a decrease in suicide deaths (Van Meter et al., 2021). Suicide is the second cause of death after accidents. Most psychiatric disorders appear during or before adolescence (Solmi et al., 2022), which makes it a critical period to begin treatment. Development induces peculiarities like more dependence on the environment, insight difficulties, and impulsivity.

Risk factors should be assessed like previous suicidal attempt history, active suicidal ideation, trauma, alcohol misuse, and drug misuse (Pernau et al., 2024).

The management of these situations stresses several challenges. Several interventions were designed but did not show specificities on subsequent suicide prevention. However, they decreased immediate psychiatric hospitalisations, increased mental health service use, and showed mild improvement in subsequent depressive symptoms (Pitt et al., 2024).

Studies in non-specific factors and therapeutic alliance operationalized in motivational interviewing open perspectives like the importance of reflective listening, open questions, semi-directivity and shared objectives (Miller & Moyers, 2021).

Understanding of depression enlightens specific simple approaches like behavioral activation (Richard et al., 2016; Kanter et al., 2010) and problem-solving therapy (Bell & D'Zurilla, 2009).

Specific tools like joint crisis plans (Jong et al., 2016) are useful and ethical on paper or in apps (Stanley et al., 2018)

Organization of care is of paramount importance like phone and letters contact like the program Vigilans (Plancke et al., 2020).

Bibliotherapy and internet CBT tools (Linardon et al, 2024 ; Hedman-Lagerlöf, et al., 2023 ; Lewis et al., 2012) could be useful to improve mental health care accessibility with a small cost.

Disclosure of Interest: None Declared

SP035

Psychotherapeutic Interventions in Humanitarian Settings

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doi: 10.1192/j.eurpsy.2025.117

Abstract: Humanitarian crises result from various events threatening many individuals' health, safety, and well-being. The frequency of public health crises has increased within the last decades, posing significant risks to health, particularly for people in low- and middle-income countries. Social determinants such as discrimination, poverty, and violence are risk factors for mental health conditions. People living through humanitarian crises might experience mental distress, with challenging circumstances that lead to vulnerability to developing mental disorders, including depression, anxiety disorders, and post-traumatic stress disorder.

Psychotherapy in humanitarian settings mainly refers to providing psychological support and treatment to individuals affected by wars and armed conflicts, famine, and natural disasters such as earthquakes, hurricanes, or floods. Humanitarian settings pose unique challenges to the delivery of mental health services due to disrupted infrastructure, cultural differences, and the complex needs of affected individuals. Therefore, psychotherapeutic interventions in humanitarian settings should recognize the psychological and social aspects of mental well-being for prevention and treatment. The psychological components of such interventions are related to the mental and emotional state of the person. Social components include efforts to strengthen social support and interpersonal skills, promoting positive aspects of mental health.

In humanitarian settings, mental health care is often integrated with other services, such as education and social services. This holistic approach ensures that mental health is addressed with basic needs like food, shelter, and safety. Another critical aspect is ensuring the safety and mental well-being of therapists at risk in conflict zones. Although limited evidence shows their effects on better mental health outcomes, several therapeutic modalities are frequently used in humanitarian settings, adapted to unique circumstances. Those include cognitive-behavioral therapy, group therapy, trauma-focused psychotherapy, mindfulness and stress reduction, narrative therapy, and interpersonal psychotherapy.

In conclusion, psychotherapy in humanitarian settings plays a crucial role in addressing the mental health needs of individuals affected by crises. It requires flexibility, cultural sensitivity, and a multidisciplinary approach to overcome the challenges posed by these environments. Digital platforms and web-based services might offer accessible and resourceful therapy options. However, further research is needed to evaluate the effectiveness of psychosocial interventions in such settings. Efforts to expand real-world solutions in mental health services, build local capacities, and integrate psychosocial support into broader humanitarian assistance in low-resourced settings are essential to fostering recovery and resilience in affected populations.

Disclosure of Interest: None Declared

SP036

Transforming mental health implementation research

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doi: 10.1192/j.eurpsy.2025.118

Abstract: Slow and inadequate implementation causes greater inequity and reduced quality in emergency psychiatric services. This symposium is based on five recommendations to improve health intervention research and implementation, presented by Professor Emma Mcginty (PhD), the leader of the Lancet Psychiatry Commission to transform implementation in mental health. This presentation will introduce each of these recommendations: I)

integrate research into clinical practice to ease implementation II) embed equity in mental health intervention research III) use complexity science and bottom-up approaches to improve relevance of science and implementation IV) base implementation less additional methods beyond traditional RCT-based research V) use a transdisciplinary approach in development and implementation of research on new interventions.

Disclosure of Interest: None Declared

SP037

A systematic review of theories, models and frameworks used to guide or evaluate the implementation of coercion reduction programs

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Abstract: Coercive practices in mental health care can infringe upon human rights, necessitating urgent global action to eliminate them. However, inconsistencies in clinical practice, fragmented research on effectiveness, and limited understanding of barriers and facilitators hinder the real-world transformation of services. As part of the COST Action FOSTREN (Fostering and Strengthening Approaches to Reducing Coercion in European Mental Health Services), Working Group 4 Implementation Science conducted a systematic review to examine the models, theories and frameworks employed by studies in implementing programs aimed at reducing coercion in mental health settings and the reported implementation outcomes. A comprehensive search was conducted across multiple databases, resulting in the inclusion of eight studies (nine papers). The identified coercion reduction programs utilized holistic approaches, risk assessment methods, staff training, and sensory modulation interventions. All of them were conducted in inpatient settings. Eight different implementation tools were identified, but none of the studies reported all sought implementation outcomes. The most frequently reported outcomes were acceptability and adaptation, while no studies provided data on implementation costs. Overall, the quality of the studies assessed was relatively low. The review highlights the underutilization of systematic implementation models, theories and frameworks when embedding coercion reduction interventions in routine mental health care, especially in emergency psychiatry settings. Further research, incorporating the perspectives of service users and carers, is needed to address this gap and determine the costs and resources required for implementing complex interventions with implementation models, theories and frameworks guidance.

Disclosure of Interest: None Declared

SP038

Open-door policy in urban acute wards: results and implementation experiences from a five-year staff co-created in-clinic RCT

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doi: 10.1192/j.eurpsy.2025.120

Abstract: Open-door policy is a WHO-recommended framework to maximise safety, prevent coercion, and enhance recovery-based practices during admission to mental health wards. This talk will describe the open-door policy intervention, present results from our 1-year RCT and preliminary 5-year results from the Lovisenberg Open Acute Door Study (LOADS). LOADS is a 5-year in-clinic dual RCT study of open-door policy co-created with user representative and staff in our inner-city acute mental health wards in Oslo, Norway. By combining random allocation, effectiveness outcomes and implementation research, LOADS aims to address the need for faster development of clinically relevant knowledge in mental health.

Disclosure of Interest: None Declared

SP039

Excessive Alcohol Consumption, Alcohol Use Disorder and Women

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Abstract: Alcohol is a major risk factor for mortality and morbidity worldwide (Agabio et al., 2017). Women are affected by specific alcohol-related consequences, including a dose-dependent increased risk of breast cancer from relatively low levels of alcohol consumption, of which many women remain unaware (Agabio et al., 2022), and risk of foetal alcohol syndrome, in their offspring, if alcohol is consumed during pregnancy (Minozzi et al., 2024). Alcohol use disorder (AUD) is a severe and frequent mental disorder with devasting consequences (Agabio et al., 2017). In US, approximately one out of 4 women suffer for this disorder during their lifetime (MacKillop et al. 2022). Although effective treatments are available (Agabio et al., 2024), AUD is undertreated, with stigma being one of the main reasons for not seeking medical treatment (MacKillop et al. 2022) Women usually experience more severe barriers to AUD treatment than men, with pregnant women experiencing more severe barriers than non-pregnant women (Agabio et al., 2017). Another reason of the scarce use of medical treatment is constituted by the widespread belief that available medications are not effective, or rather, are not

effective for all people with AUD. Although sex and gender differences have been described in the response to medications, AUD medications have been studied almost exclusively in men (Agabio et al., 2016). In addition, the number of women with AUD is increasing and services for treatment of AUD should (a) consider women's specific needs, and (b) realize effective policies to reduce latency prior to accessing medical treatment for both men and women with AUD (Agabio et al., 2021). Nevertheless, recent studies show that only a small number of services have adopted a gender medicine approach in AUD treatment (Vignoli et al., 2024).

References: Agabio et al. Efficacy of Medications Approved for the Treatment of Alcohol Dependence and Alcohol Withdrawal Syndrome in Female Patients: A Descriptive Review. Eur Addict Res. 2016.
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Agabio et al. Alcohol Consumption Is a Modifiable Risk Factor for Breast Cancer: Are Women Aware of This Relationship? Alcohol Alcohol. 2022.
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MacKillop et al. Hazardous drinking and alcohol use disorders. Nat Rev Dis Primers. 2022.
Minozzi et al. Psychosocial and medication interventions to stop or reduce alcohol consumption during pregnancy. Cochrane Database Syst Rev. 2024.
Vignoli et al. Needs of female outpatients with alcohol use disorder: data from an Italian study. Alcohol Alcohol. 2024.

Disclosure of Interest: None Declared

SP040

Gender perspective of dual diagnosis

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doi: 10.1192/j.eurpsy.2025.122

Abstract: Dual diagnosis, the co-occurrence of substance use disorders (SUD) and mental health conditions, presents unique challenges influenced by gender-related factors. This narrative review explores the role of gender in the epidemiology, treatment access, environmental factors such as intimate partner violence, clinical features, and outcomes of dual diagnosis, highlighting structural and social determinants that exacerbate disparities. Women and gender minorities with dual diagnosis face heightened stigma, higher rates of trauma, and significant barriers to healthcare, often resulting in delayed treatment and poorer prognoses. Additionally, traditional gender roles and caregiving responsibilities influence coping mechanisms and treatment adherence. Despite increasing awareness, research on gender-responsive interventions remains limited. This review underscores the need for gender-sensitive approaches in dual diagnosis treatment, advocating for integrated, trauma-informed care that addresses the specific needs of diverse gender identities.

Disclosure of Interest: None Declared

SP041

Precision Medicine in the treatment of alcohol dependence – the role of gender

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doi: 10.1192/j.eurpsy.2025.123

Abstract: Clinically derived approaches take the different psychosocial and biological conditions into regard and thus render more homogeneous groups, than the current diagnostic criteria, like ICD-11 or DSM 5. Precision medicine, moreover, shows that the amount of drinking, the reason for drinking and thereby also gender seems to be relevant for testing different anticraving drugs. Precision medicine indicates the necessity for more homogeneous subgroups, in order to find differences in the effects of anticraving substances. Many typologies in AUD render more homogeneous subgroups (Lesch et al, 2020). They could increasingly be used for testing anticraving drugs. After presenting these basics in anticraving research, the results of two trials will be presented. First, some genetic results could only be defined in Lesch type 3 female patients (Procopio et al, 2013). Second, in a treatment trial of ondansetron the genetic conditions lead to better sobriety rates only in the not very high drinking group (less than 10 drinks per day) but not in the very high drinking group (Addolorato et al, 2024). Summarizing these research results we see that for anticraving trials we need even more carefully defined subgroups of AUD patients. References: Lesch OM, Walter H, Wetschka Ch, Hesselbrock MN, Hesselbrock V, Pombo S: Alcohol and Tobacco. Medical and Sociological Aspects of Use, Abuse and Addiction. Springer Verlag, 2nd Edition, 2020. Addolorato G, Alho H, Bresciani M, DeAndrade P, Lesch OM, Liu L, Johnson B.: Safety and compliance of long-term low-dose ondansetron in alcohol use disorder treatment. Eur.J.Intern Med, Sept. 127: 43-49; 2024. Procopio DO, Saba LM, Walter H, Lesch O, Skala K, Schlaff G, Vanderlinden L, Clapp P, Hoffman PL, Tabakoff B. Genetic markers of comorbid depression and alcoholism in women. Alc Clin Exp Res. Jun. 37 (6): 896-904, 2013.

Disclosure of Interest: None Declared

SP042

Menstrual Cycle and Progesterone as Future Treatment Targets of Alcohol Use Disorder

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doi: 10.1192/j.eurpsy.2025.124

Abstract: Alcohol use disorder (AUD) has a significant impact on the individuals affected, their relatives, and the society at large. Given the limited efficacy of currently available treatments, there is a pressing need for a more comprehensive mechanistic understanding. In particular, consideration must be given to the dynamical and real-world aspects. The objective of this study was to investigate the association of dynamic variations across menstrual cycle phases (indicative of progesterone-to-estradiol ratios) in women with AUD and progesterone-to-estradiol ratios in men with AUD with real-world problem drinking. To this end, longitudinal data from the German TRR265 cohort (comprising smartphone entries on alcohol consumption, craving, and loss of control, self-reports on menstrual cycle phases, and blood progesterone-to-estradiol ratios) were subjected to analysis. In women with AUD, the lowest levels of problem drinking, craving, and loss of control were observed during the late luteal phase, when the progesterone-to-estradiol ratios reached their peak. Similarly, in men with AUD, higher progesterone-to-estradiol ratios were associated with lower problem drinking, craving, and loss of control. Some of these effects were moderated by the severity of the AUD. The results highlight the progesterone-to-estradiol ratio as a promising future treatment target and point to the necessity of cycle phase-tailored treatments for women with AUD.

Disclosure of Interest: None Declared

SP043

Mental Health Liaison Program with Schools in Madrid

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doi: 10.1192/j.eurpsy.2025.125

Abstract: Mental health issues among children and adolescents have risen, particularly following the COVID-19 pandemic. Despite increased awareness, less than half receive necessary care, leading to long-term consequences. The World Health Organization advocates for integrated, preventive community interventions to address this gap. This paper presents the **Mental Health Clinical Liaison Programme for Schools** in the Community of Madrid, Spain, which provides school-based activities led by multidisciplinary mental health teams. The programme focuses on early detection, intervention, and prevention strategies for children and adolescents. We describe its implementation, review supporting evidence, provide preliminary data, and discuss its scope and challenges. Between 2023 and 2025, the programme has reached over 100 primary and secondary schools, identifying more than 1,700 cases, evaluating over 500 students, and referring 232 to specialized services. It has also supported interventions for more than 400 students already in mental healthcare and facilitated 45 reintegrations following psychiatric hospitalization. Additionally, anti-stigma workshops have engaged approximately 2,500 students. Ongoing research aims to assess the programme's effectiveness and cost-effectiveness to ensure continuous improvement in mental health services for young people.

Disclosure of Interest: None Declared

SP044

Mental Health Interventions in Special Education Schools

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doi: 10.1192/j.eurpsy.2025.126

Abstract: Children in special education schools are particularly susceptible to developing mental health issues. Specifically, it is estimated that 40% of individuals with intellectual disabilities have a comorbid mental disorder diagnosis (1). However, access to mental health services for patients with intellectual disabilities remains far below expectations. Numerous barriers impede this access, including a lack of coordination between professionals and service providers responsible for their care (2).

Therefore, interventions within special education schools, promoting early detection and intervention for psychopathology and facilitating coordination between educational and healthcare services, are critically important.

We present an innovative mental health care resource designed for special education schools in the Community of Madrid, Spain. This initiative combines multi-disciplinary expertise with flexible, hybrid care delivery to ensure accessibility for students across 14 public schools. The team consists of a psychiatrist, a clinical psychologist, and a mental health nurse who provide both in-person and remote assistance, addressing the psychopathology exhibited by their students.

Preliminary results suggest that this intervention has the potential to improve early detection rates of mental health issues and foster better coordination between education and healthcare systems. This model could serve as a blueprint for similar programs worldwide, addressing significant gaps in mental health care for children with intellectual disabilities.

References: (1) Cooper, S. A., Smiley, E., Morrison, J., Williamson, A., & Allan, L. (2007). Mental ill-health in adults with intellectual disabilities: prevalence and associated factors. The British Journal of Psychiatry, 190, 27–35. https://doi.org/10.1192/bjp.bp.106.022483

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Disclosure of Interest: None Declared

SP045

Cost-effectiveness of Mental Health Interventions in Schools

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Abstract: Children and young people spend much time in school and therefore the school setting provides an important setting in which to intervene to promote, protect and enhance mental health. This presentation will provide an overview of the importance of making an economic case for action within schools. A scoping review has been undertaken to map the types of interventions that have been subject to cost-effectiveness evaluation. Aspects of the strengths and weakness of the existing evidence are presented. Implementation and sustainability challenges are also discussed, given the need for collaboration between the health and education sectors.

Disclosure of Interest: None Declared

SP046

Do No Harm: Potential Iatrogenic Harm of School Mental Health Interventions

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doi: 10.1192/j.eurpsy.2025.128

Abstract: In this talk I will discuss current findings related to therapeutically informed (e.g., Mindfulness and CBT based) universal school-based interventions for mental health. For example, I will highlight the evidence showing that many of these interventions often lead to null or unstained positive effects, have the potential to elicit negative effects and are not well liked by young people themselves. I will end by suggesting the field moves away from these universal interventions, towards more effective alternatives such as targeted, indirect and 1:1 interventions

Disclosure of Interest: None Declared

SP047

How can we improve the access of forcibly displaced people to mental health care in Europe?

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doi: 10.1192/j.eurpsy.2025.129

Abstract: A growing body of literature report, that vulnerable groups eg refugee, asylum seeker and forcibly displaced groups across Europe face social and psychological challenges linked to their minority status, often involving discrimination and racism. Moreover, they have to overcome many other barriers to accessing healthcare and preventive interventions. There is increasing evidence that a large proportion of refugees or forcibly displaced persons suffer from the consequences of traumatic events and exhibit psychological problems or develop mental disorders, including post-traumatic stress disorder, depressive and anxiety disorders, and relapses in psychotic episodes. European countries are aware that psychosocial and health services face major challenges and need to develop or expand strategies to overcome them. The direct and indirect consequences of humanitarian catastrophes cannot be estimated at present. In this presentation, strategies to improve the access of forcibly displaced people to mental health care services will be presented and discussed.

Disclosure of Interest: None Declared

SP048

Long-Term Outcomes in First-Episode Psychosis: Insights from a 20-Year Cohort Study to Inform Recovery-Oriented Care Models

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doi: 10.1192/j.eurpsy.2025.130

Abstract: Background: Cohort studies in first-episode psychosis (FEP) provide crucial insights into the diverse trajectories of clinical and functional recovery. These studies are invaluable for evaluating the effectiveness of new intervention models and informing resource allocation and policy development.
Objectives: To synthesize quantitative and qualitative findings on mortality and clinical outcomes and to explore their interrelations in a multi-modal investigation of long-term outcomes in FEP. Specific objectives include appraising how this study's findings have influenced the development of new models of care.
Methods: Data were drawn from the iHOPE-20 study, comprising cohort analyses and qualitative interviews with 171 FEP participants diagnosed between 1995–1999 in Dublin, Ireland. Participants with lived experience contributed to the design of the 20-year follow up assessments. Mortality rates were calculated; symptoms, functionality and quality of life trajectories were analyzed using mixed models; and personal recovery themes were derived through thematic analysis. Ongoing analyses are addressing predictors of the number, timing and sequencing of relapses/readmissions among baseline variables as foci for service development.
Results: The study revealed substantial variation in long-term outcomes among individuals with FEP. Shorter DUP was consistently associated with better outcomes across all of the follow-up points. Mortality rates highlighted the importance of interventions to address physical health morbidity. Diagnostic instability over time underscored the dynamic nature of psychosis management. Employment status at follow-up highlighted the importance of strategies to support a return to education or employment after a first presentation.
Conclusions: Findings emphasize the enduring impact of DUP and the need for tailored interventions. Data from this cohort highlight the value of longitudinal insights as a benchmark for comparing the effectiveness of new intervention models. In such studies, addressing ethical and data protection challenges, incorporating the expertise of those with lived experience and harmonising outcome measures remain vital to advance recovery-oriented care models.

Disclosure of Interest: None Declared

SP049

Early development of physical co-morbidity and premature death in long-term first-episode psychosis cohorts

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Abstract: People with psychosis present a significantly higher premature death, leading to a reduction of life expectancy of up to 15-20 years.
To a high extent, this premature mortality is due to a higher incidence of common physical conditions, appearing earlier than in the general population. Traditionally, the focus has been put on the cardiovascular diseases. However, more recently, there ir mounting evidence of the contribution of other conditions to this premature mortality, such as repiratory (e.g.: chronic obstructive pulmonary disease) and liver (MAFLD) conditions.
We are presenting results from PAFIP and ITPCan early intervention programs (Cantabria, Spain), regarding the early impact of psychosis on physical health, observing early alterations at the organic level (e.g.: liver, lung), which precede the development of chronic organic pathology causing premature mortality in the general population.

Disclosure of Interest: None Declared

SP050

Long-term prognosis of schizophrenia in a Danish context

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Abstract: The Danish OPUS trial was originally a randomized controlled trial testing Early Intervention Services among individuals diagnosed with schizophrenia spectrum disorders between the years 1998-2002. Today, the OPUS trial includes a unique cohort of individuals (n=578) longitudinally followed and clinically assessed for more than two decades after a first diagnosis within the schizophrenia spectrum. Using longitudinal Danish register data and clinical data from the Danish OPUS cohort, we explored the effects of early intervention services including symptom remission, use of antipsychotics, hospitalization, global functioning and other aspects of life including social relations, parenthood, and mortality.
Results: Investigating modern-era treatment facilities in 20 years of follow-up of the OPUS trial, we found no evidence for long-term disease-modifying effects from two years of Early Intervention Services compared to Treatment as Usual. While a majority of participants experienced a reduction and stabilization of psychotic symptoms over time it seems half of all the participants experienced no significant improvements in negative symptoms. Still, 17% were in clinical recovery, and 40% were in symptom remission. Combining clinical data from the Danish OPUS cohort with the Danish registers, we found that 29% (n=120) of individuals were in current treatment with antipsychotic medication after 20 years of follow-up. A total of 36% (n=51) of the clinical sample were in remission of psychotic symptoms and off antipsychotics with better clinical outcomes compared to individuals in non-remission off/on medication. Additionally, a substantial proportion of 38% (219 out of 578) of individuals in the OPUS cohort had become parents over two decades, and on average, they had better functional and clinical outcomes than their counterparts without children. A mortality rate of 14.2 was found. Suicide was the single most common cause of death, but death due to natural causes and death due to unnatural causes made of roughly half of all deaths each.
Conclusions: While many patients may achieve remission of psychotic symptoms, our findings suggest negative symptoms are of a much more chronic nature. Investigating the use of antipsychotics over 20 years a substantial proportion were in remission and off medication. Since an observational study design cannot differentiate between cause and effect, these individuals still set a benchmark for good outcomes in schizophrenia. Also, 38% of individuals had become parents over two decades, and cross-sectionally, they had better illness prognosis and lifetime course than their counterparts without children. Finally, one in seven of the participants in the OPUS trial had died during follow-up. Suicide is a vital problem even many years after diagnosis and suicide-preventive measures are needed in the later course of illness.

Disclosure of Interest: None Declared

SP051

Twenty-year follow up of the TIPS study

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Abstract: Background: Comparing long-term outcomes in psychosis can be challenging due to widely differing definitions, measures, and populations. The remission working group led by Andreasen et al. suggested remission criteria based on positive symptoms and duration. However, there is no internationally agreed definition of functional recovery. The TIPS study is one of very few with very long-term follow-up, and this presents a unique opportunity both to investigate outcomes as well as use findings to develop valid definitions for the future.
Objective: In this longitudinal study, we explore remission patterns and functional status with regards to social contacts, living situation and employment status over 20 years.

Methods: A representative sample originally consisting of 201 first episode psychosis patients from two Norwegian well defined catchment areas in the Scandinavian TIPS study have been followed for more than 20 years with symptom and functional measures. Assessments have taken place at inclusion, one, two, five, ten and twenty years. At the 20-year follow-up, 43% of living participants were retained; 15% had died.
Results: Data analysis is in progress, and symptoms and function results will be presented.

Disclosure of Interest: None Declared

SP052

Brain developmental trajectories in offspring of parents with severe mental illness

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Abstract: Early diagnosis and intervention are essential for managing and improving long-term outcomes of severe mental illness, highlighting the need for reliable early biomarkers. This longitudinal study explores whether there are sex differences in the development of the brain during childhood and adolescence differs between offspring of parents with and without a diagnosis in the mood-psychosis spectrum.
We obtained 286 T1-weighted and diffusion weighted MRI scans of 184 offspring (aged 8–18 years at baseline) of at least one parent diagnosed with bipolar disorder (n=78) or schizophrenia (n=52) and offspring of parents without severe mental illness (n=54); 102 offspring underwent a follow-up scan (on average 3.9 years between scans). Global brain measures, regional cortical thickness and surface area, gyrification and sulcul morphology were computed. Anatomical brain networks were reconstructed into structural connectivity matrices. Network analysis was performed to investigate anatomical brain connectivity. Group comparisons and the interaction with age were analysed with (non)linear mixed-effects models. Explorative analyses will be done on the interaction with sex. To correct for multiple comparisons, we applied a Benjamini-Hochberg false discovery rate (FDR) correction (q=0.05).
A significant effect of age was found on most of the included brain features, with suggestive evidence for subtle deviations in trajectories in the cortical thickness and network metrics, but not in the gyrification index and sulcul morpholoy in offspring of parents with schizophrenia. Sex effects will be discussed during the meeting. Our findings suggest the brain development in familial high-risk youngsters is associated with being at familial risk for schizophrenia.

Disclosure of Interest: None Declared

SP053

Integrating Biological Sex in Precision Psychiatry: The advantage of Using Machine Learning for Personalized Care

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Abstract: Sex differences in psychiatric disorders are well-documented, yet clinical diagnoses remain primarily symptom-based, overlooking underlying neurobiological distinctions. Despite evidence of sex-specific symptomatology leading to similar diagnostic labels, treatment paradigms often follow a one-size-fits-all approach, contributing to misdiagnosis, suboptimal treatment, and delayed functional recovery. Women, in particular, are disproportionately affected, as psychiatric research has historically prioritized male cohorts to control for hormonal fluctuations and reproductive events (e.g., menarche, pregnancy, menopause), resulting in a gap in sex-specific interventions.
With the advancement of precision psychiatry, integrating sex-informed, multimodal approaches into clinical decision-making is imperative. Machine learning (ML) provides a promising avenue for improving diagnostic accuracy and individualized risk prediction, moving beyond conventional categorical diagnoses.
Here I will highlight findings from two studies leveraging ML to analyze sex-related neuroanatomical patterns:

Neuroanatomical Sex Differences in Early-Phase Psychiatric Disorders – Investigating grey matter volume alterations in individuals at clinical high risk for psychosis (CHR), recent-onset psychosis (ROP), and recent-onset depression (ROD) using a Support Vector Machine (SVM) model.
Sex Differences and Neuroanatomical Classification in Transgender Individuals – Exploring whether ML classifiers trained on cisgender populations accurately reflect neurobiological patterns in transgender individuals, considering sex assigned at birth, gender identity, and hormone therapy.

This research does not seek to exclude individuals with Differences in Sex Development (DSD) but rather aims to establish biological sex as a critical, yet underutilized, variable in psychiatric research. Recognizing sex-specific neurobiological mechanisms is a necessary step toward developing targeted risk calculators (e.g., for postpartum depression, suicide risk) and advancing personalized mental health interventions. By refining ML-based models and integrating sex-informed frameworks, this work contributes to the broader goal of precision psychiatry—tailoring psychiatric care to the diverse biological and psychological realities of individuals.

Disclosure of Interest: None Declared

SP054

Interplay among sex, environment, and heart-brain function in the onset of psychiatric disorders

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Abstract: Despite the crucial need for objective diagnostic procedures in psychiatry, the research of the quantitative neural bases of mental disorders is in its infancy, and currently there are no well-validated markers that could be translated into clinical practice. Candidate brain markers for neurodevelopmental, psychotic, and mood disorders have been proposed, but confounding factors and low statistical power leave most of these markers at the very early stage of development. Increasing evidence suggests a crucial role of biological, especially including sex, and environmental factors in shaping behavioral development and psychopathological risk. Moreover, such risk seems associated with greater susceptibility to cardiovascular problems, possibly mediated by alterations in the brain-heart axis. In this context, the study of brain maturation trajectories and brain-heart interactions in relation to sex and environment can provide key insights on the etiology of complex mental illnesses.
This lecture will provide an overview of our recent research on the interactions among biological factors, in particular sex, environmental risk, brain morphology and function, and cardiac autonomic regulation in affective and psychotic disorders using multivariate analysis approaches. Evidence obtained from juvenile cohorts, including samples of twins, will be presented to provide useful information on the genetic and environmental determinants of behavioral developmental trajectories, and on sex differences in these trajectories. The complex relationships among sex, environmental risk, autonomic regulation, brain morphology and connectivity, and mental and physical health will be explored in transdiagnostic samples of young adults and elders. Special focus will be given to sex-shared and sex-specific brain and autonomic mechanisms affected by social stressors, including discrimination, bullyism, and chronic stress, and their possible role in determining the heterogeneous clinical dimensions of psychotic and affective disorders.

Disclosure of Interest: None Declared

SP055

Update Gender Affirming Care in Adolescents with Gender Incongruence – Evidence Review and Clinical Implications Considering new Guidelines in different European Countries

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Abstract: Recently, there have been wide-ranging debates about gender affirming treatment for young people with gender incongruence. The ethical principle of self-determination of young people must be reconciled with a careful assessment and weighing up of the risks and benefits of medical treatment steps. The focus is on psychosocial support for young people struggling with gender incongruence in adolescence. The evidence for the effectiveness of medical interventions in adolescence is still limited. Nevertheless, there is a great need among affected adolescents. In a literature review and based on international debates, guidelines and treatment recommendations, a cautious and balanced approach to the question of the right support for adolescents with gender dysphoria is recommended.

Disclosure of Interest: None Declared

SP056

Difficulties in implementing best standards in transgender mental health care in different European countries

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doi: 10.1192/j.eurpsy.2025.138

Abstract: For decades, the standards of gender-related healthcare provided to trans and gender-diverse people have been prepared by international professional associations. These standards are often expected to rely on research evidence, but when the research evidence is not conclusive, an expert consensus is sought. In addition to the standards and guidelines updated with intervals, such as the Standards of Care for the Health of Transgender and Gender Diverse People, Version 8, and the Endocrine Treatment of Gender-Dysphoric/Gender-Incongruent Persons: An Endocrine Society Clinical Practice Guideline of the Endocrine Society, there are several national guidelines developed by the professionals in some European countries. There are significant similarities among these care principles concerning practical recommendations. However, the practice may vary depending on the differences in healthcare delivery systems and, more importantly, legal regulations. In general, international guidelines provide room for flexibility in practical applications. Yet, in recent years, there has been a significant change in many European countries with respect to the public appreciation of gender diversity and gender-related healthcare, mainly resulting from a politicized debate triggered by more conservative arguments rather than evidence. This backlash, which has also had a profound impact on the medical professional sphere, is a cause for concern. In this climate, it is becoming more challenging to develop and implement the standards of care for trans and gender-diverse individuals in many countries. Similarities of challenges in the implementation of standards also exist in the means of handling these challenges.

Disclosure of Interest: None Declared

SP057

Necessity and Problems of Cooperation of Mental Health Professionals and Somatically Oriented Doctors in Gender-affirmative Healthcare

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Abstract: Multidisciplinary cooperation is an imperative prerequisite for good clinical practice in general, and for healthcare of gender-variant people in particular. Although self-determination of one's gender identity is regarded a human right and self-medication in the trans community widespread, gender-affirmative treatment (GAT) with its far-reaching consequences (including reimbursement by social insurances) still is based upon diagnostics – and more importantly – by indication of mental health professionals (MHP). Empathy and affirmative encounter cannot detract from the fact that medical interventions in general cannot be carried out without a diagnosis. It is the assignment and duty of MHPs to make a diagnosis of gender incongruence or gender dysphoria prior to GAT carried out by somatically oriented doctors. This mutual dependency is a constituent of transgender healthcare, not only at the beginning of a transition trajectory but life spanning. Mental and somatic health care are interdependent. Gender affirmative hormonal treatment and its potential side-effects as well as surgical intervention and its potential complications may have large impact on mental health, and vice versa mental health disorders impact medical conditions. MHPs and somatically oriented doctors are socialized and trained in different ways, sometimes complicating understanding. This presentation deals with the needs, peculiarities and obstacles of joint mentoring gender-variant patients from a medical perspective, not only at the beginning of transition but also in times of crisis or in the course of getting older.

Disclosure of Interest: None Declared

SP058

Mental Health of Adolescents Exposed to the War in Ukraine

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doi: 10.1192/j.eurpsy.2025.140

Abstract: This presentation will provide an overview of our original studies focusing on the mental health impact of the ongoing war in Ukraine on adolescents. Our studies address critical areas such as posttraumatic stress disorder (PTSD), anxiety, depression, suicidality, and the prevalence of psychiatric conditions, alongside resilience factors among war-affected youth. By synthesizing findings from the studies , the presentation will hilight the substantial psychological burden of the conflict on Ukrainian adolescents and emphasizes the pressing need for targeted mental health interventions. These studies contribute essential insights into the long-term implications of trauma, resilience, and mental health outcomes in conflict-affected populations, informing both research and clinical practice.

Disclosure of Interest: None Declared

SP059

Current research school activities and strategies for the future

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doi: 10.1192/j.eurpsy.2025.141

Abstract: It is important to support the Ukrainian mental health research and practice in time of war and after the war has ended. Norwegian universities engage in this by collaboration in psychiatric research and mental health initiatives.
With a grant from the University of Oslo and in collaboration with the Taras Shevchenko National University Kyiv, the Ukrainian Psychiatric Association, and the Norwegian Psychiatric Association, we launched a research school for young psychiatry and psychology researchers who are based in the Ukraine and who can travel outside the country. The research school and training class was held in Warsaw 2023, Krakow 2023 and in Oslo 2024. It offered scientific lectures, interaction with international researchers, and clinical site visits. The young Ukrainian researchers present their projects from early to completed phase to be openly discussed. Networking and scientific exchange is encouraged. The Oslo university library has opened their doctoral educational programs for Ukrainian doctoral students and the University of Oslo sponsors participation in international conferences.
We now aim for a renewed strategy to help meet the needs of mental health and clinical research in the Ukraine also after the end of the war.

Disclosure of Interest: None Declared

SP060

Mental Health of University Students During and After the War: Battle for Ukrainian Future

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doi: 10.1192/j.eurpsy.2025.142

Abstract: Objective: The study aims to analyze the mental health conditions of Ukrainian university students during and after the war and to examine the impact of these conditions on their academic productivity.
Methods: The research combines methods of cross-sectional surveys and regression analysis. The survey includes a demographic section, a mental health screening, and the "Work Productivity and Activity Impairment: Specific Health Problem" (WPAI: SHP) section, adapted for the study's purposes. The sample consists of 1,398 respondents.
Results: Among all respondents, 85.8% exhibited symptoms of depression, 66.1% of anxiety disorder, 56.9% of sleep disorders, and 48.1% of post-traumatic stress disorder (PTSD). Econometric modeling results confirm the devastating impact of mental health issues on students' academic productivity during the war: moderate to severe symptoms of mental disorders, such as

depression, anxiety disorder, and sleep disorders, are associated with a decline in students' productivity by 17.4%, 12.2%, and 11.0%, respectively.
Conclusion: The prevalence of mental health issues among university students during and after the war highlights an urgent need for interventions to support their well-being and academic performance. These efforts are critical for fostering a resilient and capable generation essential for Ukraine's postwar recovery and future development.
Keywords: Mental health, mental conditions, war, academic productivity, students.

Disclosure of Interest: None Declared

SP061

Inflammatory Factors in Early Stages of Psychosis

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doi: 10.1192/j.eurpsy.2025.143

Abstract: Growing evidence suggests that inflammation plays a critical role in the early stages of psychosis, potentially contributing to disease onset and progression. Several studies have identified elevated levels of pro-inflammatory cytokines, such as interleukin-6 (IL-6) and tumor necrosis factor-alpha (TNF-α), in individuals at clinical high risk (CHR) for psychosis and in those with first-episode psychosis (FEP). However, inconsistencies across studies highlight the need for further research to clarify the relationship between immune dysregulation and psychosis onset.
This talk reviews the current literature on inflammatory markers in early psychosis and their potential implications for pathophysiology, early detection, and treatment strategies. Notably, inflammation may serve as a promising biomarker for identifying individuals at risk and monitoring disease progression. Additionally, anti-inflammatory interventions are being explored as potential adjunctive treatments for psychosis.
Beyond the review of existing evidence, we will present **original data** from the **PREGAP study** conducted at the **Early Intervention \Service (EIS) of Basurto University Hospital**. This dataset includes inflammatory marker assessments in CHR and FEP individuals, providing novel insights into immune alterations in early psychosis. Understanding the role of inflammation in psychosis could open new avenues for personalized medicine, early intervention, and improved treatment outcomes. Future research should focus on large-scale longitudinal studies to confirm the clinical utility of inflammatory markers and identify potential therapeutic targets.

Disclosure of Interest: None Declared

SP062

Compulsivity and Treatment Resistant Schizophrenia

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doi: 10.1192/j.eurpsy.2025.144

Abstract: Obsessive-compulsive symptoms (OCS) are a prevalent and under-recognized complication of clozapine treatment in schizophrenia, with significant implications for clinical practice and patient outcomes. This synthesis of four longitudinal studies explores the interplay between psychosis, clozapine dose, and OCS, emphasizing their phenomenology, prevalence, and impact.
OCS, particularly checking compulsions, affect up to 47% of clozapine-treated patients, with risk factors including psychosis severity, duration of clozapine therapy, and antiserotonergic properties of the drug. A two-phase model of OCS development is proposed: during active psychosis, compulsions emerge as goal-directed responses to hypervigilance, while post-remission, they persist as maladaptive habits mediated by clozapine's serotonergic effects. While clozapine improves psychotic symptoms, its dose and plasma levels are positively correlated with OCS persistence after psychosis remission, suggesting a dose-dependent effect.
Notably, OCS significantly reduce subjective well-being independently of depressive and psychotic symptoms but do not impair general functioning, highlighting the ego-syntonic nature of compulsions. Screening for and addressing OCS in clinical practice is critical for optimizing therapeutic outcomes.
This integrated perspective advances our understanding of the nuanced relationship between schizophrenia, clozapine treatment, and OCS, with implications for personalized treatment strategies.

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SP063

Mind Altered, or calmed down: the enigma of substance use and psychosis

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doi: 10.1192/j.eurpsy.2025.145

Abstract: Cannabis use is highly prevalent among individuals at risk for psychosis, yet its role remains paradoxical—offering both temporary relief and potential harm. In this session, we present preliminary results from a study examining cannabis perception, use patterns, and motivations in cannabis users with and without psychosis. Findings reveal that cannabis users with psychosis consume over three times more THC but do not perceive significantly greater risks. They also exhibit a higher risk of cannabis addiction, which may influence their risk assessment and experience of cannabis effects. Both groups reported similar reasons for use and quitting, though individuals with psychosis were more likely to cite cost as a reason for quitting. These insights suggest that financial concerns could be a target for intervention.

Understanding why individuals vulnerable to psychosis turn to substances is crucial for refining treatment strategies, as addressing these underlying motivations may enhance therapeutic outcomes.

Disclosure of Interest: None Declared

SP064

Recent progress in women's mental health research and future priorities

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doi: 10.1192/j.eurpsy.2025.146

Abstract: Introduction: Women face a greater incidence of mental health issues than men, stemming from societal expectations, gender stereotypes, organizational structures that prioritize male leadership, and the need to balance work responsibilities with home life. Research indicates that women are twice as likely to suffer from depression, generalized anxiety disorder, and post-traumatic stress disorder (PTSD) compared to men. They are also more likely to battle eating disorders.
Methods: The authors will review the current literature on this topic.
Results: 43% of female executives experience burnout, compared to 31% of their male counterparts (Mc Kinsey 2024). Research is definitely needed to better understand the pathophysiology and socioeconomic mechanisms that drive sex-specific risk factors of psychological disorders in women. There is also an urgent need for studies that addressed the specific needs of women including insights around: the biological, life stage, socioeconomic, political and cultural factors associated with being female that have a significant impact on women's mental health.
Conclusion: A mental health reform is necessary to prevent mental illnesses in women, provide specific care to vulnerable women and increase the overall well-being of women living with existing mental health conditions.

Disclosure of Interest: None Declared

SP065

Health records 'big data' in mental health research – should 'Clinical Informatics' be considered a discipline within Epidemiology?

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doi: 10.1192/j.eurpsy.2025.147

Abstract: Background: Traditionally, the discipline of Epidemiology, regardless of clinical specialty, has tended to focus on public health in community populations, although its study designs are widely applied in more clinically oriented research. The emergence and rapid accumulation of digital health records have resulted in data resources that are both large in sample size and granular in detail presenting unprecedented opportunities for understanding course and outcome in mental health.
Methods: Drawing on over 15 years of experience in building and achieving research output from electronic mental health records data in south London, this presentation will consider the role of Epidemiology as a discipline in this field.
Results: There is no fundamental difference between studying disease incidence in community populations and using healthcare data to study disease course and outcome in clinical populations, and there are similar considerations of sample representativeness and cohort cohesion. Psychometrics principles are also strongly applicable to measurement issues in clinical data, although computer science collaborations particularly underpin the natural language processing and m-health advances required to improve information availability in routine data. Clinical Informatics and Epidemiology face common analytic challenges from data density and complexity, as well as in realising novel clinical trials opportunities.
Conclusions: Clinical Informatics does benefit from the public health focus that Epidemiology brings, as well as its methodological frameworks. However, multiple disciplines are key to setting up and maintaining data resources and achieving research output, so it is equally important to flatten hierarchies and enable a genuine cross-cutting team science approach.

Disclosure of Interest: R. Stewart Grant / Research support from: GSK, Takeda

SP066

Anxiety and depression in young people in the UK: demographic differences and growing treatment gaps

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doi: 10.1192/j.eurpsy.2025.148

Abstract: Background: Rates of common mental disorders (CMD), such as anxiety and depression, treated in primary care have increased among young adults in the UK. However, it remains unclear whether this increase reflects a greater tendency to seek help for CMD or a rise in CMD symptoms over time. Additionally, it is not clear if these increases are more pronounced in specific sociodemographic groups. This research examined the temporal trends of primary care-recorded CMD and self-reported CMD symptoms in young adults.
Methods: We included participants born between 1980 and 2003 in two datasets: UK primary care records from the *Clinical Practice Research Datalink*, and longitudinal cohort data from *Understanding Society*. We estimated the annual incidence of primary care-recorded CMD overall and by sex, age, birth cohort, ethnicity, country, region, and deprivation from 2009 to 2019, and explored changes over time using incidence rate ratios. We compared these trends to annual estimates of self-reported CMD symptoms from longitudinal cohort data between 2009-10 and 2019-20, calculating ratios to explore changes in CMD symptoms over time by sociodemographic group.

Results: Between 2009 and 2019, the incidence of recorded CMD increased by 9·90% and CMD symptoms increased by 19·33%. The sharpest increases for both recorded CMD and CMD symptoms were observed in older adolescents (ages 16-19) and those born after 1995. Recorded CMD increased more in males (20·61%, increase) than in females (7·65%), despite similar increases in CMD symptoms. Recorded CMD increased the most in the least deprived areas of England (16·34%) compared to the most deprived areas (3·55%), despite similar increases in CMD symptoms across all levels of deprivation.
Conclusions: Both primary care-recorded CMD and self-reported CMD symptoms in young adults increased between 2009-19, suggesting that the rising rates of CMD treated in primary care may reflect heightened symptoms of CMD. However, differences in the patterns of recorded CMD and CMD symptoms across sociodemographic groups highlight potential misalignment between mental health care provision and underlying population need, suggesting that the groups with the highest burden of CMD symptoms may not be the groups most likely to receive care.

Disclosure of Interest: None Declared

SP067

Psychosocial functioning in offspring of parents with bipolar and unipolar mood disorders assessed across 15 years of follow-up

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doi: 10.1192/j.eurpsy.2025.149

Abstract: Objective: High-risk studies have shown significant parent-child transmission of bipolar disorders (BPD) and major depressive disorder (MDD), which was stronger when parents had a mood disorder with an early onset. However, less studies have focused on functional outcomes of these offspring across development and most studies have not adjusted for the effect of offspring psychopathology. Our goal was to assess 1) psychosocial functioning in offspring of parents with mood disorders, and 2) the role of emerging mood psychopathology in offspring on the association between the parental mood disorder and psychosocial functioning in offspring.
Methods: We have collected clinical information on 32 patients with early-onset BPD (prior to age 21), 54 with later-onset BPD, 23 with early-onset MDD, 51 with later-onset MDD, 74 controls and their 425 offspring assessed for a mean duration of 14.9 (s.d: 5.3) years. Current Global Assessment of Functioning (GAF) scores for offspring were rated by trained interviewers after administering diagnostic interviews. Multilevel models adjusting for intra-familial correlation (several offspring per family) assessed the impact of parental mood disorders on the last rated GAF scores for offspring, with and without adjustment for offspring mood disorders over the follow-up.
Results: An initial model showed an association between early-onset BPD and a trend level association between early-onset MDD in parents with lower GAF scores in offspring. However, these associations disappeared after adjustment for emerging offspring mood disorders.
Conclusion: Our data suggest that the frequently reported lower psychosocial functioning in high-risk offspring is essentially mediated by emerging offspring mood psychopathology.

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SP068

Alcohol and nicotine: quitting both or keep smoking?

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Abstract: people with alcohol- and substance use disorders have disproportionally high levels of tobacco use compared with the general populations. This concerns not only the prevalence of nicotine dependence but also the intensity of their smoking behaviour. Importantly, regarding the negative consequences the combined effects of alcohol and smoking are exponentially. Efforts to include smoking cessation treatment within the treatment programs for AUD and other SUD patients need to be intensified.

Disclosure of Interest: None Declared

SP069

Implementation of feasible health care services for smoking cessation in persons with mental illness – barriers and facilitators

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Abstract: Introduction: Smoking remains a significant cause of mortality and morbidity, with a higher prevalence among those with severe mental illness compared to the general population. Patients with psychotic disorders are the most frequent smokers, which contributes to increased somatic diseases and cardiovascular

risk. Existing guidelines for smoking cessation are not well-suited for patients with mental disorders, and these patients often lack confidence in their ability to quit. An effective intervention must therefore be comprehensive and interdisciplinary to increase motivation. As part of the national, Norwegian multicenter project "Preventing Multimorbidity in Severe Mental Disorders with a Multidisciplinary Approach (CVD-MENT), the subproject *User-Driven Smoking Cessation Group* has been launched. The idea of users' active participation as co-leaders of a smoking cessation group comes from patients and is based on their experiences with their own smoking cessation attempts.

Objective: To investigate whether a new, tailored treatment specifically targeted at patients with severe mental disorders affects smoking behaviour in a patient group known to have a very high risk of cardiovascular disease.

Materials and methods: The program for the User-Driven Smoking Cessation Group is based on the existing template for smoking cessation groups described by the Norwegian Directorate of Health, but is adapted to the patient group. The study is conducted at three Norwegian hospitals. International recommendations for smoking cessation counselling describe the approach to unmotivated and ambivalent participants in five R's, all of which are emphasized in the project:

- Relevance - Help the patient reflect on whether tobacco cessation might be relevant
- Risks - Discuss personally related health risks
- Rewards - Help the patient articulate potential benefits of quitting tobacco
- Roadblocks - Identify barriers preventing the patient from attempting to quit
- Repetition - Prepare the patient for discussing this again at the next meeting

The project has developed a program for open smoking cessation groups specifically tailored for individuals with severe mental disorders. Patients who have successfully quit smoking actively participate in leading the group alongside healthcare professionals. The content focuses on smoking cessation, but other factors known to impact cardiovascular risk are addressed in the semi-structured teaching over seven sessions. Training is provided for users who are co-leaders.

Conclusion: Experiences from a pilot study and preliminary experiences and results from the first groups will be presented and discussed.

Disclosure of Interest: None Declared

SP070

The Lancet Psychiatry Commission on Transforming Mental Health Implementation Research

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doi: 10.1192/j.eurpsy.2025.152

Abstract: While many evidence-based mental health prevention, promotion, and treatment interventions exist, they are poorly and inequitably scaled across populations. Too often, research produces interventions and implementation strategies that are difficult to scale due to misalignment with culture, policy, system, community, provider, and individual realities. This presentation will introduce the Lancet Psychiatry Commission on Transforming Mental Health Implementation Research, which makes five recommendations to transform the research enterprise to produce more actionable evidence and address the mental health implementation gap. These recommendations focus on strategies for integrating research and real-world implementation; centering health equity in mental health intervention and implementation research; using a complexity science lens to study strategies for scaling effective interventions; expanding research designs beyond the traditional randomized clinical trial; and using transdisciplinary approaches. The Commission also made cross-cutting recommendations related to elevating work on mental health systems and policy and the importance of strengthening mental health implementation research globally.

Disclosure of Interest: None Declared

SP071

Implementing Cognitive Remediation Therapy (CRT) in the routine treatment of schizophrenia

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doi: 10.1192/j.eurpsy.2025.153

Abstract: ***Background:*** Despite rigorous evidence of the benefits, costs and savings and mentions in treatment guidance, cognitive remediation access is still sparse. Providers are often confused by disagreements about the strength of the benefits evidence, some think it is a game not a treatment and others do not consider that cognition should be a treatment target. These are all issues that were present in the literature at least ten years ago.

Aim: To identify the steps to widespread implementation of this beneficial intervention

Method: Drawing on the literature and data from a large UK adaptive randomised control trial, we describe three: (i) the barriers and facilitators for the implementation into first episode services, (ii) cost effectiveness and (iii) training rollout and competency.

Results: (i) Clinicians need to understand the relevance of cognition and be aware of effective interventions, (ii) Despite evidence of efficacy a therapist seems important for engagement and leads to cost effective therapy and (iii) online therapy can improve competencies for delivering cognitive therapy and but commitment to completing therapy is related to management commitment.

Conclusion: All the implementation issues can be overcome but we still need to understand the non-specific effects of cognitive remediation as well as the specific if we are to provide a formulation-based approach. Clinicians need to know that cognitive remediation is not "brain training" but is a holistic therapy that involves an active therapist providing motivation support, and who helps to mitigate the impact of cognitive difficulties through metacognition to develop awareness of cognitive approaches to problems.

Disclosure of Interest: T. Wykes Grant / Research support from: NIHR grant 2.2m

SP072

Assessment and Management of PTSD Among Children and Adolescents with ADHD as a Preventive Strategy for Suicidal Behaviours

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Abstract: Children and adolescents with Attention-Deficit/Hyperactivity Disorder (ADHD) are at an increased risk of experiencing traumatic events and developing Post-Traumatic Stress Disorder (PTSD). The interplay between ADHD and PTSD presents unique diagnostic and therapeutic challenges, as symptoms such as emotional dysregulation, impulsivity, and attentional difficulties may overlap, complicating early identification and intervention. Notably, the presence of both ADHD and PTSD significantly heightens the risk of suicidal spectrum behaviors, underscoring the need for targeted clinical strategies. This presentation will explore current evidence on the association between ADHD, PTSD, and suicidal behaviors in youth, highlighting the neurobiological, cognitive, and psychosocial mechanisms that contribute to this heightened vulnerability. We will discuss practical approaches for screening PTSD in children and adolescents with ADHD, considering both clinical and psychometric tools tailored to this population. Additionally, we will examine intervention strategies that integrate trauma-focused care within ADHD management, including psychoeducation, cognitive-behavioral therapy (CBT), parent training, and pharmacological considerations.

Disclosure of Interest: None Declared

SP073

The interplay between ADHD comorbid bipolar disorder and suicide behavior

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doi: 10.1192/j.eurpsy.2025.155

Abstract: This presentation examines the complex relationship between Attention-Deficit/Hyperactivity Disorder (ADHD) and bipolar disorder in the context of suicide risk. A comprehensive literature review will first explore existing studies on the interplay between ADHD, bipolar disorder, and suicidal behavior in youth. In addition, a retrospective analysis of clinical data extracted from a large database at Hôtel-Dieu de France Hospital in Beirut will be presented. The ongoing study includes approximately 700 patient files and aims to evaluate the suicide risk over the past three years, specifically assessing the role of ADHD vulnerability and a history of hospitalization for mood disorders. The analysis will explore whether the increased suicide risk in individuals with ADHD is primarily attributed to comorbidity with bipolar disorder or inherent aspects of ADHD itself. The presentation will provide insights into the underlying pathophysiology, offering a deeper understanding of these critical associations, and will discuss implications for clinical risk assessment and intervention strategies.

Disclosure of Interest: None Declared

SP074

Emotional dysregulation and Non Suicidal Self Injury in adolescents with ADHD transitioning to young adulthood

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doi: 10.1192/j.eurpsy.2025.156

Abstract: Non-suicidal self-injury (NSSI) is a significant public health issue, particularly among adolescents with attention-deficit/hyperactivity disorder (ADHD). Characterized by inattention, hyperactivity, and impulsivity, ADHD is strongly linked to emotional dysregulation (ED) and psychiatric comorbidities, exacerbating vulnerability to self-injurious behaviors. This presentation examines the relationship between ADHD, ED, and NSSI, emphasizing clinical strategies for assessment and intervention during adolescence and the transition to adulthood.

Adolescents with ADHD often struggle with heightened emotional sensitivity and impaired emotion regulation, which can lead to NSSI as a maladaptive coping mechanism. ED mediates the connection between ADHD symptoms and NSSI. Evidence suggests that individuals with persistent ADHD and ED are at increased risk of psychiatric comorbidities such as depression, anxiety, and borderline personality disorder—factors independently associated with NSSI and suicidal behaviors (SB). Key findings include:

- ED and impulsivity contribute to risk-taking behaviors, poor decision-making, and increased vulnerability to NSSI.
- NSSI often begins in early adolescence and can escalate to severe SB, especially in individuals with co-occurring depression or adverse childhood experiences (ACE).
- Girls with ADHD show higher rates of NSSI, often mediated by comorbid conditions such as depression and substance use disorders, underscoring the need for gender-specific interventions.

Cheng et al. (2024) demonstrated that ADHD subtypes marked by inattention were more associated with NSSI than hyperactivity/impulsivity, with anxiety as a significant mediator, especially for females. Ojala et al. (2022) found that childhood inattention predicts mid-adolescent NSSI, underscoring the importance of early detection. Balázs et al. (2018) highlighted the mediating roles of affective and psychotic disorders, with alcohol abuse uniquely influencing girls. Thornton et al. (2024) emphasized the role of cognitive disengagement syndrome (CDS) in predicting self-injurious behaviors.
These findings support integrating emotional regulation therapies into ADHD treatment frameworks. Interventions such as Dialectical Behavior Therapy (DBT), emotion-focused therapies, and ADHD medications addressing ED can mitigate risks of NSSI. Early identification and tailored care strategies targeting inattention and comorbid conditions are critical. Clinicians should screen for ADHD in adolescents presenting with NSSI and vice versa to ensure comprehensive treatment.
This presentation highlights the urgent need for developmentally sensitive approaches to mitigate NSSI risks in adolescents with ADHD, particularly during the vulnerable transition to adulthood. Addressing ED offers a promising avenue for reducing self-injury and improving psychosocial outcomes.

Disclosure of Interest: None Declared

SP075

Catching met- and unmet care needs in real-world catchment area: the Antwerp experience

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doi: 10.1192/j.eurpsy.2025.157

Abstract: Increasingly the collection and use of clinical data is considered as extremely important. These data may allow, among other targets, a better profiling of patients and as such help to develop better and more targeted care-pathways. Often these type of data collections are implemented on large, national levels. Although this already provides an important source of information, often the regional specifics are missed on these larger scales. Within the Antwerp region we developed a program allowing a deeper, smaller grained, level analyses of populations mental health care needs and their regional differences. The aim is to use these data to steer changes in the care pathways as offered by the different locally active care-providers.

Disclosure of Interest: None Declared

SP076

From efficacy to effectiveness of pharmacological and psychosocial interventions

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doi: 10.1192/j.eurpsy.2025.158

Abstract: European citizens suffering from mental disorders still experience several obstacles in achieving functional recovery. Integration of pharmacotherapy and psychosocial interventions represents an optimal strategy in mental health care, but implementation of psychosocial interventions is rarely available in many European countries. Data from efficacy findings in pharmacological and psychosocial trials to effectiveness in real-world studies will be provided, alongside with a focus on the main barriers and obstacles for implementing psychosocial interventions in clinical practice.

Disclosure of Interest: None Declared

SP077

Dealing with Dementia: Insights from the Latest German Guidelines

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doi: 10.1192/j.eurpsy.2025.159

Abstract: The management of Behavioral and Psychological Symptoms of Dementia (BPSD) remains a key challenge in clinical practice. This presentation will provide an overview of the latest German guidelines, highlighting evidence-based recommendations for pharmacological and non-pharmacological interventions. Key updates emphasize a patient-centered approach, focusing on prevention, risk assessment, and the integration of innovative care strategies. By examining these guideline revisions, the session aims to equip healthcare professionals with practical insights to optimize dementia care and improve patient outcomes in line with current best practices in Germany.

Disclosure of Interest: None Declared

SP078

How to manage Depression in Dementia and Parkinson's Disease: A Spanish Consensus

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doi: 10.1192/j.eurpsy.2025.160

Abstract: Psychological and behavioural symptoms are an inherent part of neurodegenerative diseases such as Alzheimer's disease and other dementias or Parkinson's disease. Despite the growing research on the subject, there are still large gaps in knowledge about their origin, pathophysiology, diagnosis and treatment. In recent years, various initiatives have been carried out in Spain to improve knowledge, especially on the most controversial issues, of various

aspects such as Alzheimer's disease from the point of view of Psychiatry, the use of antipsychotic drugs or depression in neurodegenerative diseases. The presentation will include data on these national initiatives and will address in more detail two studies using Delphi methodology referring to depression in neurodegenerative diseases. The first one addressed depression in the context of Alzheimer's disease and other dementias in 53 controversial items regarding risk factors, signs and symptoms, diagnosis and treatment. The second one addresses depression in Parkinson's disease in 49 controversial issues about the aetiopathological mechanisms, clinical features and connections with motor and non-motor symptoms, diagnostic criteria, and therapeutic options. In both cases, in addition to trying to shed light on etiological and clinical aspects, specific advice is provided on the choice of antidepressant treatment and the particularities linked to its prescription.

Disclosure of Interest: None Declared

SP079

Are New Technologies suitable for Real-World Management of Dementia?

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doi: 10.1192/j.eurpsy.2025.161

Abstract: The management of dementia presents significant challenges due to the multifaceted nature of major neurocognitive disorders, encompassing cognitive impairments, behavioral and psychological symptoms, and loss of autonomy. Current strategies, including pharmacological and non-pharmacological approaches, have shown limited success, often hindered by adverse effects, lack of efficacy, and insufficient human resources. In this context, emerging technologies offer promising solutions for improving dementia care. Their potential benefits and limitations will be presented: Digital Solutions • Serious Games and Smart Apps: Digital tools can enhance cognitive function and support social engagement for individuals with dementia. Studies show that structured use of these technologies in home settings improves well-being and reduces isolation. Internet of Things (IoT) • Applications: IoT devices such as sensors, GPS trackers, cameras, and wearable technologies are increasingly used to monitor aspects of dementia care. These include activities of daily living (ADLs), sleep patterns, medication adherence, vital signs, and safety concerns like fall detection and wandering.

Disclosure of Interest: None Declared

SP080

Inflammation in Bipolar depression: triggers and targets

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doi: 10.1192/j.eurpsy.2025.162

Abstract: Repeated reports of association of low-grade inflammation in bipolar disorder led to exploration of the causes and consequences of this inflammatory background, now thought to be due to interaction between environmental factors such as infections, stress, pollution, unhealthy life style with immune-genetic background.

Association with functional gene variants of Toll-Like Receptor genes (TLR, NOD), possibly explain diminished response to infections observed in bipolar disorder (rev in Oliveira et al, 2017) association while mitochondrial genes (Angrand et al, BBI, 2021), HLA-E and HLA-G (Boukouaci et al, 2021) contribute to maintenance of inflammation. Association with particular HLA haplotypes very likely explains pro inflammation and auto-immune induction observed particulary in bipolar patients with suicidal behavior and/or with rapid cycling (Tamouza et al, 2020). While HLA haplotypes, in particular when they are associated to anti-inflammatory effect have also been found to be associated with good lithium response (Leclerc et al, 2021).

Systemic inflammation and persistent infections activate different pathways paving the way to biomarker-guided personalized medicine. For example the identification of "autoimmune psychosis" defined by presence of anti-neuronal antibodies in psychosis and in bipolar disorder (Jezequel et al, 2017). Systemic inflammation induced by microbial infection and/or psychosocial factors can also be at the origin of the activation of human endogenous retrovirus (HERV-W) in patients with bipolar disorder (Tamouza et al, 2021).

One last example can be found in the immune-metabolic abnormalities that pave the way to metabolic syndrome associated with psychiatric disorders. Various mitochondrial dysfunctions have recently been reported including deregulated bioenergetics and mitochondrial DNA alterations in bipolar disorder, underlying depressive and manic episodes and their association with metabolic syndrome.

Findings accumulated so far favour the consideration of cellular and molecular targets for the treatment of specific subgroups of bipolar disorders. This is the case for clinical trials of the efficacy of anti-inflammatory treatment in patients with blood auto-antibodies against brain receptors. Or for low dose IL-2 therapy in bipolar depression based on the hypothesis that IL-2 is a differentiation factor for T cells and low dose IL-2 combats premature T cell aging and induce the production of new naïve T cells from the thymus particularly T regulator cells (Leboyer et al, 2025). Another example comes from drugs that boost mitochondrial function in bipolar depression (Khandra et al, 2023).

Disclosure of Interest: None Declared

SP081

Immunometabolic function in depression: From etiology to treatment

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doi: 10.1192/j.eurpsy.2025.163

Abstract: Background: Major depressive disorder is a common, disabling mental disorder characterized by extensive etiological and phenotypic heterogeneity. This heterogeneity makes treatment approaches imprecise and often ineffective. Insight into the underlying biological mechanisms underpinning depression and its subtypes may enable more personalized treatments.
Methods: A review of the literature as well as data analyses from 2981 individuals from the Netherlands Study of Depression and Anxiety (NESDA), of whom ˜1900 persons have or lifetime or current Major Depressive Disorder and 650 were healthy controls.
Results: Significant immuno-metabolic dysregulations are present in about 20-30% of people with depression. Such immuno-metabolic depression is characterized by the clustering of 1) atypical, energy-related depressive symptoms such as hypersomnia, fatigue, hyperphagia, and possibly anhedonia, 2) systemic low-grade inflammation with elevated levels of e.g. C-reactive protein, cytokines and glycoprotein acetyls, and 3) metabolic abnormalities involving e.g. obesity, dyslipidaemia, insulin and leptin resistance. Evidence for such clustering is confirmed in large-scale proteomic, metabolomic, gene expression as well as genome-wide data analyses. Persons with immuno-metabolic depression are at a higher risk for cardiometabolic diseases and – from pooled analyses of 4 RCTs in over 1000 individuals - seem to respond less well to standard antidepressant treatment.
Discussion: Interventions targeting inflammation, metabolism or lifestyle may be more effective treatment options for individuals with immuno-metabolic depression, in line with principles of precision psychiatry.

Disclosure of Interest: None Declared

SP082

Advancing Biomarker Research in Depression: The role of neuroprotective and inflammatory markers

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doi: 10.1192/j.eurpsy.2025.164

Abstract: The search for biomarkers to diagnose depression is an endeavor being pursued in psychiatric research since the 1980s, but hasn't resulted in clinical application. This remains challenging since the symptomatology of depression is very heterogeneous and because there is no diagnostic gold standard that focuses on an underlying biological mechanism. Despite knowing about the metabolic, endocrine, inflammatory as well as autonomous dysregulation that has been observed in depressed patients, none of these are broadly used to stratify patients. A novel area of research involves the insulin-like growth factor (IGF) system, which plays a vital role in brain development, neurogenesis, and neuroprotection. The insulin-like growth factor (IGF) system, encompassing IGF-I, IGF-II, IGFBPs (1-6), and their receptors, is critical for brain development, neurogenesis, neuroplasticity, and neuroprotection. Insulin-like growth factor binding protein-2 (IGFBP-2), the predominant IGFBP in the central nervous system, regulates IGF-I and IGF-II bioavailability, half-life, localization, and receptor interactions. Serum levels of IGFBP-2 inversely correlate with DTI-derived myelin integrity measures, especially in anterior brain regions.
In a data-driven clustering analysis of a depressed cohort, elevated IGFBP-2 levels delineated a healthier subgroup within a hospitalized cohort of patients with unipolar depression. Additionally we discovered, that patients with higher IGFBP2 levels at inclusion were more likely to remit faster concerning their depressive symptoms, in contrast to an inflammatory marker-defined subgroup. These findings suggest IGFBP-2 as a biomarker for stratifying patients and tailoring interventions in depression. Future research should explore IGFBP-2 and inflammatory markers to better stratify patients and develop targeted therapies, advancing precision medicine for depression and related disorders.

Disclosure of Interest: J. Eder: None Declared, P. Falkai Consultant of: Peter Falkai is on the advisory boards of Janssen, Lundbeck, Otsuka, Servier, and Richter, Speakers bureau of: Peter Falkai receives speaker fees from Janssen, Lundbeck, Otsuka, Servier, and Richter

SP083

State- versus trait- dependent immune alterations in major depression: Exploring CRP, numerical and functional changes in neutrophils and monocytes

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doi: 10.1192/j.eurpsy.2025.165

Abstract: Background: Inflammatory processes and innate immune system activation have been implicated in psychiatric disorders. While our prior research highlighted elevated neutrophils, monocytes, and C-reactive protein (CRP) associated with symptom severity in schizophrenia, this study investigates whether similar immune alterations characterize major depression (MD).
Methods: Differential blood counts, CRP levels, depression severity (HAMD-21), and psychosocial functioning (GAF) were assessed in controls (n = 129) and patients with first-episode (FEMD: n = 82) or recurrent (RMD: n = 47) MD at hospital admission (T0) and after 6 weeks of treatment (T6). Functional immune parameters, including the phagocytic activity of neutrophils and monocytes, were also measured in a subset of patients with MD (n = 16) and healthy controls (n = 27).
Results: At T0, both FEMD and RMD patients exhibited increased neutrophils ($p = 0.034$) and CRP levels (FEMD: $p < 0.001$, RMD: $p = 0.021$) and decreased eosinophils (FEMD: $p = 0.005$, RMD: $p = 0.004$) compared with controls, adjusted for covariates (smoking, BMI, gender). Baseline lymphocyte counts were elevated in RMD ($p = 0.003$) but not FEMD. Functional analyses revealed significantly increased phagocytic activity of neutrophils in MDD

patients compared to controls, both at baseline and T6. Changes in monocyte phagocytic activity correlated with ΔHAMD, indicating a link between immune cell function and symptom improvement.
At T6, eosinophils increased in FEMD (p = 0.011) without significant changes in RMD. Improvement in depression severity correlated with changes in neutrophil counts in FEMD (r = 0.364, p = 0.024). Comparatively, immune alterations in MD showed smaller effect sizes than those observed in schizophrenia. Notably, lymphocyte elevations were specific to recurrent MD, suggesting potential involvement of adaptive immunity in chronic MD.
Conclusions: These findings highlight state- and trait-dependent immune alterations in MD, including heightened neutrophil activity in early stages and adaptive immune involvement in recurrent cases. Functional data further support the role of innate immune activation in MD, with phagocytic activity potentially serving as a biomarker for treatment response. Future studies may inform stage-specific immune-targeted interventions in MD.

Disclosure of Interest: None Declared

SP084

The Association Between Childhood Maltreatment and Somatic Symptoms in Adulthood

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doi: 10.1192/j.eurpsy.2025.166

Abstract: Background: Childhood maltreatment (CM) encompasses various forms of abuse and neglect before age 18 and frequently manifests in somatic symptoms (SS) such as chronic pain or fatigue. Despite growing recognition of this connection, the relationship between specific CM types and SS, as well as the mechanisms underlying this link, remains incompletely understood.
Objective: To examine the current understanding of the association between CM and SS, to highlight gaps in the literature, and propose directions for future research.
Method: A state-of-the-art review searching a range of different databases was performed to explore the interplay between CM (exposure) and SS (outcome) in adults (over age 18).
Results: Identified literature gaps include 1) inconsistency regarding the specific impact of subtypes of CM, specifically of neglect, on the development of SS; 2) narrowing the focus to specific functional syndromes (e.g., fibromyalgia), or selected health outcomes (e.g., respiratory disease) rather than SS as a broad category; and 3) underexploring the impact of culture.
Discussion: Key recommendations for future research include adopting standardized WHO definitions for CM subtypes, expanding SS diagnostic criteria (e.g. through using comprehensive ICD-11 coding), and integrating cultural moderators (e.g. different health beliefs) into research methodologies. By adopting these recommendations, research could significantly improve patient care and mitigate the broader societal consequences of childhood trauma.

Disclosure of Interest: None Declared

SP085

Psychotherapy training in Turkey and Europe, similarities and differences

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doi: 10.1192/j.eurpsy.2025.167

Abstract: Evidence for efficacy of various modalities of psychotherapies is growing and such therapies are increasingly recommended in international guidelines for the treatment of psychiatric disorders. Psychiatrists with strong psychotherapy skills are better positioned to provide individualized and multidisciplinary care. Training in psychotherapy also fosters the development of reflective practice, empathy, and cultural competence, all of which are vital in addressing the diverse needs of patients. Accessibility of psychotherapeutic treatment for the patients can be improved through integrating psychotherapy training in psychiatric training, together with continuous medial education activities. European and other international organisations have published guidelines requiring programs to promote psychotherapeutic competences among psychiatry trainees. However, psychotherapy education and supervision can often become a luxury rather than being a mandatory component of training; and resources are heterogenous. In this presentation, psychotherapy training availabilities and limitations in Turkey will be discussed, with a focus on the psychotherapy courses of Psychiatric Association of Turkey among other initiatives.

Disclosure of Interest: None Declared

SP086

Legal, professional, and practical aspects of psychotherapy education of psychiatrists in Germany

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Abstract: In Germany there are about 40.000 licensed psychological psychotherapists, 4.000 physicians who work as psychotherapists only, 8.000 psychiatrists who also are specialised in psychotherapy, 4.000 physicians specialised in psychosomatic medicine and psychotherapy, 1.000 physicians of child psychiatry, 35.000 somatic physicians with a training in psychosomatic basic care. This accounts for about 1 therapist for 1.000 inhabitants or 1 per 200 persons with mental problems in ambulatory care. All these therapists are fully reimbursed by health insurance. About 60% of all persons with mental problems have been treated in specialised outpatient psychotherapy.
There are furthermore 900.000 patients per year who are treated for 30 days on average in inpatient departments of psychiatry,

psychosomatic medicine and psychotherapy, and another 30.000 patients who are treated in about 300 psychosomatic rehabilitation hospitals for about four weeks.
Given these numbers and costs for psychotherapy, there are multiple regulations for the education and professional practice of therapists. Therapists must undergo three years of training either in cognitive behavior therapy or psychodynamic psychotherapy or systemic psychotherapy, while other forms of psychotherapy, such as Gestalt or Logotherapy are not allowed in training nor patient care. There are detailed requirements in regard to the number of theory lessons, therapeutic self-experience, and treatment with qualified supervision after four sessions. Psychotherapy practice is also restricted to these "scientifically accepted psychotherapies", which is overseen by two state committees. Depending on the psychotherapy school, health insurance reimburses up to 36 sessions for systemic psychotherapy, 80 for cognitive behavior therapy, 100 for psychodynamic psychotherapy and 300 for analytical psychotherapy.
In summary, psychotherapy in Germany is part of regular patient care and therefore submitted to all respective regulations.

Disclosure of Interest: None Declared

SP087

Can network analysis inform diagnostic and treatment procedures? Evidence and perspectives in eating disorders

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doi: 10.1192/j.eurpsy.2025.169

Abstract: Introduction: The network theory of psychopathology has recently provided a novel view of mental disorders. A growing number of studies employing this methodology has been conducted in eating disorders (ED).
Objectives: Clinical implications of network approach to ED will be discussed spanning diagnosis and classification, comorbidity, prognosis, and treatment.
Methods: Evidence from literature studies and reviews exploring ED psychopathology and treatment through the use of network analysis will be provided. Limitations related to the employment of the network approach will be discussed along with recommendations for future directions.
Results: Overvaluation and concerns about body shape and weight and desire to lose weight are the most central symptoms across patients' ages and ED diagnoses. Internalizing symptoms, ineffectiveness, and low interoceptive ability play a central role in the psychopathology of ED and promote psychiatric comorbidity. The main issues of network analysis are the selection of network items and the use of cross-sectional data. Prognosis and mechanisms of treatment-induced changes are under-investigated areas.
Conclusions: Network analysis supports a description of ED psychopathology as including eating specific and general psychological symptoms. Treatments designed to improve the most central symptoms and their connections will be essential to explore assumptions of network theory. Longitudinal data from multilevel assessment will allow exploring within person trajectories of psychopathology, observing the dynamic nature of psychopathology and identifying risk and vulnerability factors. This approach will contribute to describe a staging model of EDs, that is essential to improve prognosis formulation and individualize treatment approaches.

Disclosure of Interest: None Declared

SP088

Usefulness of severity criteria in DSM Eating Disorders and existing gaps

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Abstract: Anorexia nervosa (AN), bulimia nervosa (BN) and Binge Eating Disorders (BED) are diagnosed using the DSM-5 (American Psychiatric Association [APA] 2013) and its revised text (DSM-5-TR; APA 2022) or the ICD-11 (World Health Organization [WHO] 2019). While both systems use a severity indicator for AN based on body mass index (BMI), only the DSM-5 proposes a severity indicator for BN, based on the weekly frequency of purging behaviours, and, in the case of BED, based on the weekly frequency of binge episodes. These severity scores aim to index the level of general and eating disorder (ED) psychopathology, and thus, if valid, should serve as a crucial tool for tailoring treatment decisions, including duration, frequency and type of treatment. However, the current literature is contradictory with regard to the appropriateness of the criteria used and their validity. Therefore, alternative criteria have been proposed (e.g. drive for thinness, duration of the disorder…), especially when exploring chronicity and long-lasting EDs. Furthermore, few studies have directly examined the relationship between severity ratings and treatment outcome. In this presentation, we will discuss current gaps in severity indicators and potential alternatives. Data from existing longitudinal cohorts will be described.

Disclosure of Interest: F. Fernandez-Aranda Consultant of: Novo Nordisk. It has no conflict of interest in the current talk. Nothing about pharmacological prescription will be discussed in my talk., S. Jimenez-Murcia Consultant of: Novo Nordisk. It has no conflict of interest in the current talk. Nothing about pharmacological prescription will be discussed in my talk.

SP089

What do we know about illness stages in anorexia nervosa?

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doi: 10.1192/j.eurpsy.2025.171

Abstract: Clinical stageing models are well-established in many areas of medicine, most notably in oncology. These models are used to determine personalised treatment options and indicate prognosis. In psychiatry, staging models have been developed most prominently for psychosis and mood disorders. These models are being used to guide treatment and service provision, e.g. through development of high-risk and early intervention services and stage-appropriate treatment delivery. Clinical staging models for obesity, incorporating medical history, clinical and functional assessments and routine diagnostic investigations also exist and appear to show improved clinical utility in assessing obesity- related risk and prioritising treatment. Recent generic frameworks for staging in mental health have highlighted that there is much individual variability in people's progression through different illness stages, and therefore there is a need to also specify stage modifiers (disease progression factors (e.g. cognitive or neural factors) and extension factors (e.g. physical complications)). Several staging models for eating disorders have been developed. Most of these focus on anorexia nervosa (AN). Criteria for stage differentiation are mostly based on combinations of cognitive, behavioural and physcial features, and illness duration. As yet most of these models are untested. In my talk I will summarise the available evidence on illness stages, stage modifiers and extension factors and their utility in AN and present evidence on what is known about stage-appropriate interventions. I will discuss implications for research and clinical practice.

Disclosure of Interest: None Declared

SP090

ADHD and the Inflammatory Pathway: from infections to inflammations

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doi: 10.1192/j.eurpsy.2025.172

Abstract: Attention-Deficit/Hyperactivity Disorder (ADHD) has been reported as a risk factor for COVID-19 infection and severity of illness. This presentation outlines the research trajectory that began during COVID-19 studies and has since demonstrated that ADHD is not only associated with an increased risk of infection but also with long-term COVID-19 syndrome (LCS). The chain of studies supporting these findings includes the association of ADHD with infections and inflammatory/autoimmune disorders, such as Glucose-6-Phosphate Dehydrogenase (G6PD) deficiency and Familial Mediterranean Fever (FMF). These links, alongside globally reported associations between ADHD and other autoimmune disorders, such as Systemic Lupus Erythematosus (SLE), underscore the potential involvement of inflammatory and immune dysregulation in the pathophysiology of ADHD. The emerging data linking ADHD with inflammatory conditions—at both clinical and genetic levels—represents a significant new direction in ADHD research. Further investigation into these connections may provide deeper insights into the underlying mechanisms of ADHD and contribute to developing novel therapeutic strategies.

Disclosure of Interest: I. Manor Consultant of: Last three years: Teva Israel Ltd., Madison Israel Ltd., Takeda Israel Ltd., Peri Ltd., Mindtension Ltd.,

SP091

Immune mechanisms and medical comorbidity in ADHD: a narrative review

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doi: 10.1192/j.eurpsy.2025.173

Abstract: Introduction: The potential role of inflammatory and immune pathways in ADHD pathophysiology and pathogenesis has received considerable recent attention. Some of these pathways are long-studied in ADHD because of known or suspected mechanisms of high frequency comorbidities, such as obesity, sleep disorders, cardiovascular system disorders/migraine, atopic illnesses, and several autoimmune diseases. Aberrant cellular functioning, aberrant glial functioning, and/or aberrant mitochondrial dysfunction have all been implicated in mechanistic studies. While we separate these mechanisms conceptually, in reality they are intertwined and communicate with each other in a multi-directional complex of mechanisms.
Objectives: To introduce the relationships among inflammation, immune mechanisms and ADHD, and provide a high level overview of current and cutting edge research in this area. We will review data linking ADHD with inflammation and immunologic mechanisms, recent findings on the genetic underpinnings of medical comorbidity in ADHD, and the relationship between maternal inflammation and genetic risk for ADHD in offspring.
Methods: This is a focused, narrative review of recent literature in the field.
Results: Epidemiological, genetic, and biomarker data converge to illuminate the pleiotropic role of immune mechanisms in the pathophysiology of ADHD. Suspected mechanisms include both innate and adaptive pathways. Epigenetic vulnerabilities interact with environmental factors to confer greater risk for health problems among individuals with ADHD. Likewise, many of these same risk factors also carry increased risk for ADHD.
Conclusion: This information exemplifies the close relationship between psychiatric and medical conditions and/or their risk factors. The high heritability of the immune system and associated immunological dysfunctions provides a novel approach to understand the mechanisms through which gene-environment interactions may contribute to the occurrence and clinical presentation of ADHD.

Disclosure of Interest: None Declared

SP092

Typical clinical manifestations of anxiety and depression in patients with medical illness and general notions about their treatment

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doi: 10.1192/j.eurpsy.2025.174

Abstract: Anxiety and depression are common psychiatric comorbidities in chronic medical illnesses, such as cardiovascular, endocrine, and neurological diseases. These conditions are associated with greater disease severity, poorer functional outcomes, and reduced quality of life for patients and their families. Despite their significant global burden, they are often underdiagnosed due to overlapping symptoms with primary medical conditions. Symptoms in medically ill patients may differ from classic psychiatric presentations, often involving heterogeneous (psycho)somatic phenomena like fatigue, autonomic irregularities, gastrointestinal symptoms, sleep disturbances, and cognitive impairments. Anxiety typically manifests as hypervigilance, excessive worry, and irritability, while depression presents with persistent sadness, psychomotor slowing, and loss of motivation, pleasure, and interest. Subsyndromal symptoms, though often untreated, can exacerbate functional decline and disease progression. Effective management requires a multimodal approach, with modern psychopharmacotherapy as a cornerstone. Selective Serotonin Reuptake Inhibitors (SSRIs) and Serotonin-Norepinephrine Reuptake Inhibitors (SNRIs) are recommended first-line treatments due to their safety and efficacy. In case of insufficient response, add-on strategies may include second-generation antipsychotics, lithium, esketamine, or pregabalin for predominant anxiety. Emerging evidence supports the use of phytotherapeutics as Silexan and Rhodiola rosea for subsyndromal symptoms. Non-pharmacological interventions also play an important role. Cognitive Behavioral Therapy remains the first-line psychotherapeutic option, complemented by mindfulness techniques, psychoeducation, biofeedback, and relaxation strategies, particularly for anxiety. Chronobiological treatments like bright-light therapy and sleep deprivation have proven effective for depression, especially in seasonal patterns. Brain stimulation methods, including transcranial magnetic stimulation and electroconvulsive therapy, may also be considered based on individual needs. Importantly, successful physician-patient interactions, directly and promptly addressing emotional and psychological concerns during consultations and daily rounds, are crucial in fostering treatment adherence and improving outcomes. In conclusion, anxiety and depression in medically ill patients present unique diagnostic and therapeutic challenges. Early recognition and individualized, multimodal treatment strategies can enhance adherence and outcomes. Integrating pharmacological and non-pharmacological approaches within collaborative care models and recommended treatment algorithms is essential for effectively addressing individual clinical presentations.

Disclosure of Interest: None Declared

SP093

Psychopharmacological treatment of anxiety and depression in patients with diabetes. Pharmacodynamics and pharmacokinetic considerations, drug interactions

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doi: 10.1192/j.eurpsy.2025.175

Abstract: Anxiety and depression are prevalent mental health conditions in patients with diabetes, significantly impacting their quality of life and complicating glycaemic control. The interplay between psychopharmacological agents and diabetes medications presents unique challenges in managing both mental health and metabolic conditions. This presentation reviews of psychotropic drugs commonly used to treat anxiety and depression in diabetic patients, with a focus on their efficacy, safety, and potential adverse effects. Special attention will be given to drug interactions between antidepressants, anxiolytics, and antidiabetic medications, which can influence treatment outcomes. Key considerations include the effects of psychotropic agents on insulin sensitivity, glucose metabolism, and the risk of hypoglycaemia. The presentation will also discuss personalized treatment strategies, adjusting for individual patient profiles and comorbidities. By integrating both psychiatric and endocrinological perspectives, we aim to improve clinical outcomes through optimized pharmacological management and minimize the risk of adverse drug interactions in this vulnerable patient population.

Disclosure of Interest: None Declared

SP094

Psychopharmacological treatment of anxiety and depression in patients with liver and/or kidney disease. Pharmacodynamics and pharmacokinetic considerations, drug interactions.

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doi: 10.1192/j.eurpsy.2025.176

Abstract: Psychopharmacological treatment of anxiety and depression in patients with liver and/or kidney disease is complex, primarily due to the differences in pharmacokinetics compared to healthy individuals. Most medications are excreted via the kidney and/or liver, so dose adjustments are often necessary in these patients. Drug-drug interactions are also a significant clinical concern in liver and/or kidney disease, making regular monitoring essential. These factors may contribute to treatment relapse and severe adverse drug reactions associated with psychotropic medications and comedications. Medication selection is, therefore, based on these considerations. Clinicians must regularly monitor kidney and liver function,

although there are no clear global recommendations. A summary of product characteristics is the primary guideline for dose adjustments related to kidney and liver function, though it has limitations and is updated slowly. The most important monitoring parameters for these patients are liver enzymes and serum creatinine levels.
Patients with liver and/or kidney disease are often excluded from randomized controlled trials, meta-analyses, and clinical guidelines, resulting in a lack of data specific to this population. This issue is even more relevant in elderly patients treated with polypharmacy, as many somatic medications can worsen liver and/or kidney function in patients with anxiety and depression. In this context, some medications, such as vortioxetine, trazodone, agomelatine, quetiapine, and sertraline, are less affected by kidney disease in terms of pharmacokinetics.
Several tools are available for prudent medication selection and monitoring in these patients, including medication lists (e.g., Beers, Priscus), therapeutic drug monitoring (TDM), and collaboration with clinical pharmacists and/or pharmacologists. In this presentation, the presenter will discuss this topic from both pharmacological and clinical perspectives. Participants will learn the fundamental pharmacokinetic aspects necessary for medication selection in these patients, which are valuable for daily practice.

Disclosure of Interest: None Declared

SP095

Psychopharmacology for depression and anxiety in the medically ill patient

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doi: 10.1192/j.eurpsy.2025.177

Abstract: Anxiety and depression are prevalent mental health conditions in patients with diabetes, significantly impacting their quality of life and complicating glycaemic control. The interplay between psychopharmacological agents and diabetes medications presents unique challenges in managing both mental health and metabolic conditions. This presentation reviews of psychotropic drugs commonly used to treat anxiety and depression in diabetic patients, with a focus on their efficacy, safety, and potential adverse effects. Special attention will be given to drug interactions between antidepressants, anxiolytics, and antidiabetic medications, which can influence treatment outcomes. Key considerations include the effects of psychotropic agents on insulin sensitivity, glucose metabolism, and the risk of hypoglycaemia. The presentation will also discuss personalized treatment strategies, adjusting for individual patient profiles and comorbidities. By integrating both psychiatric and endocrinological perspectives, we aim to improve clinical outcomes through optimized pharmacological management and minimize the risk of adverse drug interactions in this vulnerable patient population.

Disclosure of Interest: None Declared

SP096

Basic symptoms in the community: prevalence, clinical significance and course

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doi: 10.1192/j.eurpsy.2025.178

Abstract: Objectives: The subtle, subjective nature of basic symptoms (BS) has often led to doubt regarding their clinical significance. **Methods:** We therefore examined the prevalence, clinical significance and course of BS over three years in a large sample (N = 2684) of 16- to 40-year-old residents of the Swiss canton of Bern (response rate: 64%). At follow-up, persons with a lifetime risk symptom at baseline were compared with control subjects (N = 834; response rate 66%). Fourteen criteria-relevant BSs were assessed by trained clinical psychologists over the telephone, along with information on symptomatic ultra-high-risk symptoms, mental disorders and functioning.
Results: At baseline, 18% of the participants reported any lifetime BS, 10% had still experienced one in the three months prior to the interview. In general, BS were rare, and only 2% of the participants met any BS criteria, which was significantly associated with non-psychotic mental disorders (OR = 5) and especially with functional deficits (OR = 16). At follow-up, five individuals had developed psychosis, one with BS criteria and three more with BS at baseline. In addition, 95% of the participants no longer met the BS criteria, while 3% reported new BS criteria.
Conclusions: Although BS are not rare phenomena in the community, they rarely persist and rarely occur frequently enough to meet the requirements of the risk criteria. Furthermore, they do not appear to occur randomly, but are restricted to a subpopulation of vulnerable individuals – possibly occurring in times of stress and/or low mood and functional difficulties in these individuals.

Disclosure of Interest: None Declared

SP097

Basic symptoms – lessons from Spanish-speaking countries

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doi: 10.1192/j.eurpsy.2025.179

Abstract: The main contributions of Spanish and Hispano-American authors to the study of basic symptoms, either published in Spanish and English, will be briefly presented. Former publications mainly included translation and validation of different versions of the Frankfurt Complaint Questionnaire, transversal and longitudinal studies, and their role for psychosocial rehabilitation, also in a Penitentiary Psychiatric Hospital. More recent research includes the network analysis of basic, attenuated, and frank psychotic symptoms on 460 subjects attending a German early detection service, where disorganized communication, delusions and hallucinations were the most

central symptoms. Interestingly, cognitive and perceptual disturbances, included in basic symptom criteria, appeared to develop across attenuated symptoms to frank positive psychotic symptoms. Concerning the finding of three clusters of symptoms, "subjective disturbances", "positive symptoms and behaviors", and "negative and anxious-depressive symptoms", the predominately attenuated hallucinations of both SIPS and PANSS joined the basic symptoms in "subjective disturbances", therefore underlining the importance of insight in separating true psychotic hallucinations from other hallucinatory experiences and not justifying antipsychotic medication.

Disclosure of Interest: None Declared

SP098

The phenomenology of dysphoric mood: exploring the lived experience

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doi: 10.1192/j.eurpsy.2025.180

Abstract: Dysphoria is a complex phenomenon, which must be defined in the framework of different forms of affections. It belongs to the broader field of emotions, which are characterized by some essential features: i.e. movement, passiveness, transitoriness, and reference to the others. All these four essential features of emotion are specifically altered in depression. In discussing dysphoria, a first distinction is made between particular and global affections. The first type encompasses emotions and feelings, while the second one includes humor, mood and temper. Dysphoria belongs to one of these global affective states: the humor, which has to do with the spatial dimension of existence. In dysphoria, the patient experiences the world as oppressive and invasive of his/her intimacy; the others are lived as persons demanding answers or actions he/she is not able to fulfill. Finally, the phenomenology of dysphoria is analyzed through the four essential features described above and examples are given. Irritability – as Kraepelin taught us more than 100 years ago- is the most frequent psychic condition of these patients. The humor is very instable and depending, above all, on the interpersonal relationships. It is a typical humor of premenstrual disorder, but also of the borderline personalities, as Stanghellini and Rosfort (2013) have so clearly showed. We have also observed dysphoria in two other conditions, depression and mania, though with different nuances in the form of presentation. Finally, we would like to show how the different features characterizing emotion in general, which are derived from the etymology of the word, are present in dysphoria. First, the movement appears in dysphoria as a corporal restlessness always accompanying irritability. The dysphoric state is the opposite of being in peace with oneself and with the world. It is being under pressure, urgency, loss of control, impulsivity. Second, passivity: the subject cannot decide to be in one state or the other: dysphoria happens without notice and invades the subject, who is unable to defend himself against it. Borderline patients are unable to take distance from their emotional states and particularly from dysphoria, blaming others for the consequent discomfort. The third element is transitoriness. This feature is particularly observed in premenstrual disorder. Menstruation begins and the state disappears. Something similar occurs with pre-depressive dysphoria. In manias, by contrast, dysphoria only diminishes with the treatment. The last element we infer from the etymology of emotion is commotion, that is, its permanent reference to the other. The active participation of the other in the dynamic of dysphoria is particularly evident in borderline personalities, but also in depressive and manic dysphoria, but not in premenstrual syndrome.

Disclosure of Interest: None Declared

SP099

Decoding dysphoria and violence: phenomenological insights to diagnosis and therapeutic interventions

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doi: 10.1192/j.eurpsy.2025.181

Abstract: Aggressive emotions—such as anger, rage, envy, and resentment—play a complex role in human experience, spanning personal, social, and psychopathological dimensions. While anger can serve as a protective, communicative, or motivational force, it can also escalate into destructive emotions such as revenge, hatred, or resentment. This talk explores the phenomenology, psychology, and psychopathology of aggressive emotions, drawing from philosophical, psychoanalytic, and neuroscientific perspectives. These have a bodily-affective nature, shaping perception, behavior, and interpersonal dynamics (Schmitz, 2019; Landweer, 2020). While anger is often a reaction to a perceived transgression, it also functions as a regulatory mechanism for social norms and personal boundaries (Berkowitz, 1962; Bandura, 1973). I examine the ontological independence of emotions, showing how their spatial and embodied qualities influence their regulation and transformation (Fuchs, 2005). A key focus will be the transformation of anger into resentment and revenge, using Nietzsche and Scheler's theories of ressentiment to explore how powerlessness fuels hostility (Nietzsche, 1887; Scheler, 1912). We discuss how pathological resentment differs from normative anger, leading to chronic hostility, ideological fixation, and moral superiority complexes. Finally, I analyze the role of aggressive emotions in psychopathology, considering their manifestations in personality disorders, trauma-related disorders, and psychotic states (Novaco, 1979; Cameron, 1943). From paranoia's persecutory anger to the dysregulated aggression of borderline and antisocial personalities, the keynote explores how anger-related emotions are structured, experienced, and acted upon across clinical categories.

Disclosure of Interest: None Declared

SP100

Phenomenology of Gender Dysphoria

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doi: 10.1192/j.eurpsy.2025.182

Abstract: Introduction: Gender dysphoria (GD) is defined by the presence of clinically significant suffering associated to the marked incongruence between the experienced gender and the one which was assigned at birth. The inherent duplicity to the human condition forces us to reflect on the fact that, in some cases, the body may be the most intimate piece of the Self, whilst also being the most foreign one. The experience of feelings of shame and hatred for oneself and the importance of the Other's gaze are pressing in GD, which presents as deeply impactful in the individual's functioning.
Objectives: This review aims to identify and explore the phenomenology of the suffering so often mentioned by GD patients, but which has been ignored and remains mainly unidentified in the psychopathology realm.
Methods: Through the exploration of both the PubMed database and publications by philosophers who have been, throughout the years, approaching the gender theme and distinguishing its evolution along the years, I aim to review the qualitative literature available of the dissection of the different domains of GD.
Conclusions: GD is an ever growing psychiatric diagnostic, frequently presenting with psychiatric comorbidities. Its treatment poses as highly effective, while its consequences may be pervasive and affecting different domains of the individual's functioning. The exploration of gender identity may be a never ending journey, which makes the acknowledgement of the associated psychopathology fundamental in the design of a truly empathic relationship with these patients.

Disclosure of Interest: None Declared

SP101

Impulsiveness and dysphoria as pharmacological targets: Can we aim at a phenomenologically informed therapeutic intervention?

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doi: 10.1192/j.eurpsy.2025.183

Abstract: Dysphoria and impulsivity are embodied experiences that pervade numerous psychiatric conditions and evade easy categorization within traditional diagnostic boundaries. Phenomenological approaches are needed in order to clarify underlying experiential structures. Psychopharmacology has traditionally been perceived as a "biological intervention", where success is measured by its impact on symptom clusters outlined in the ICD and DSM frameworks, ignoring the specific impact of medication on lived bodies and existential states. An embodied approach to psychopharmacology integrates phenomenology, neuroscience, and physiology, moving beyond traditional reductive perspectives. By examining how medications influence not only symptoms but also the lived experience and embodied sense of self, we can develop a more nuanced understanding of their effects, and possibly strive towards development of distinct phenomenological profiles of medication, which would enhance our understanding of dysphoria and impulsivity.

Disclosure of Interest: None Declared

SP102

Physical health in subjects with Schizophrenia: where are we?

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doi: 10.1192/j.eurpsy.2025.184

Abstract: People living with schizophrenia (PLWS) face one of the most significant health equality gaps in Europe. Their life expectancy is 15–20 years shorter than that of the general population, mainly because they are affected at an earlier age by preventable physical illnesses, but encounter barriers in accessing adequate care. PLWS did not benefit from prevention campaigns for cardiovascular, oncologic, or metabolic risk. Antipsychotics might add to the cardiometabolic risk and represent a further reason for monitoring and treating emergent conditions. Notwithstanding international guidance papers or national guidelines, PLWS do not receive adequate screening and treatment. This presentation will summarize national and international efforts to reduce this health equality gap, illustrating the minimum screening procedures and several interventions that can be integrated into schizophrenia treatment to improve health outcomes of PLWS.

Disclosure of Interest: A. Mucci Consultant of: Angelini, Gedeon. Richter Bulgaria, Janssen Pharmaceuticals, Lundbeck, Otsuka Pharmaceutical, Pfizer, Pierre Fabre, Rovi. Pharma and Boehringer Ingelheim

SP103

The association between glucose 6-phosphate dehydrogenase (G6PD) deficiency and attention deficit/hyperactivity disorder (ADHD)

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doi: 10.1192/j.eurpsy.2025.185

Abstract: Introduction: Glucose-6-phosphate dehydrogenase (G6PD) deficiency is an X-linked genetic enzymopathy that impacts 4.9% of the population, with greater prevalence among Mediterranean, East Asian, and African populations. G6PD deficiency results in levels of nicotinamide-adenine dinucleotide phosphate (NADPH) and glutathione (GSH) that are insufficient for maintaining the balance of oxidation-reduction in the body. This results in elevated production of reactive oxygen species (ROS), oxidative stress on proteins and lipids, damage to DNA, and potential activation of chemokine and cytokine pathways by astrocytes and microglia. We propose that these direct and indirect effects of G6PD deficiency are associated with development of ADHD.
Objectives: This study investigated the association between G6PD deficiency and Attention Deficit/Hyperactivity Disorder (ADHD).

Methods: The study involved 7,473 G6PD-deficient patients and 29,892 matched case-controls (selected at a 1:4 ratio) from a cohort of 1,031,354 within the Leumit Health Services database. Clinical characteristics were analyzed using Fisher's Exact Tests for categorical variables and Mann-Whitney U tests for continuous variables.
Results: The average age of patients was 29.2 ± 22.3 years, with 68.7% being male. The mean follow-up duration was 14.3 ± 6.2 years. Individuals with G6PD deficiency showed a significant 16% higher risk of being diagnosed with ADHD (Odds Ratio (OR) = 1.16 [95% CI, 1.08-1.25], $p < 0.001$) on follow up. Furthermore, G6PD deficiency was associated with a 30% greater likelihood of seeking care from adult neurologists (OR = 1.30 [95% CI, 1.22-1.38], $p < 0.001$) and a 12% higher probability of consulting adult psychiatrists (OR = 1.12 [95% CI, 1.01-1.24], $p = 0.048$). The use of stimulant medications among G6PD deficient individuals was 17% higher for methylphenidate class drugs (OR = 1.17 [95% CI, 1.08, 1.27], $p < 0.001$), and use of amphetamines elevated by 16% (OR = 1.16 [95% CI, 1.03, 1.37], $p = 0.047$).
Conclusion: This study establishes a significant association between G6PD deficiency and an increased risk of ADHD diagnoses. These findings suggest potential opportunities for the development of culturally sensitive interventions.

Disclosure of Interest: None Declared

SP105

Smoking and mental health - impacts and implementation opportunities

J. Campion

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doi: 10.1192/j.eurpsy.2025.187

Abstract: Jonathan will present the impacts of smoking on physical and mental health, the impact of smoking cessation on mental health and the need to reduce doses of some psychotropic medications after cessation in order to prevent toxicity. He will set out the low population coverage of evidence-based interventions for smoking cessation and prevention uptake particularly for people with mental health conditions, and the reasons for this. He will then outline implementable opportunities to scale up coordinated coverage of interventions by different sectors

Disclosure of Interest: None Declared

SP106

Public mental health: Required actions to support implementation

J. Campion

South London and Maudsley NHS Foundation Trust, London, United Kingdom
doi: 10.1192/j.eurpsy.2025.188

Abstract: Jonathan will begin by outlining the impact of mental disorder and wellbeing. He will summarise effective public mental health interventions to treat mental disorder, prevent associated impacts, prevent mental disorder, and promote mental wellbeing and resilience. He will outline the scale of implementation failure of such interventions and the reasons for this. He will then set out required actions and real-world solutions to support scale implementation of public mental health interventions leading to sustainable reduction of the impact of mental disorder and the promotion of mental wellbeing.

Disclosure of Interest: None Declared

SP107

Hypermobility, immune dysfunction and dysautonomia cluster in ADHD

J. Kustow

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doi: 10.1192/j.eurpsy.2025.189

Abstract: Emerging research reveals a striking overlap between ADHD, hypermobility syndromes, immune dysfunction, and autonomic dysregulation. Studies suggest that approximately half of individuals with ADHD are hypermobile, while ADHD is significantly over-represented in those with hypermobility syndromes, such as Hypermobile Ehlers-Danlos Syndrome (hEDS) and Hypermobility Spectrum Disorder (HSD). Unlike benign joint hypermobility, these syndromes involve multisystem pathology, often accompanied by dysautonomia (e.g., postural orthostatic tachycardia syndrome, POTS), mast cell activation disease (MCAD), and autoimmune conditions.
This 'somatic super-syndrome' encompasses many of ADHD's under-recognised somatic comorbidities, including hypermobility, allergy and autoimmunity, POTS, fatigue and pain syndromes (Chronic Fatigue Syndrome and Fibromyalgia Syndrome), and sensory processing issues, amongst others. A small but growing body of evidence suggests that mast cells - 'first responder' immune cells involved in allergic and inflammatory responses - play a critical role in neurocognitive function and that their excessive activation has been associated with a range of neurological and psychiatric/neurodevelopmental conditions. Could a similar issue with aberrant mast cell activation be contributing to the pathophysiology of ADHD.
Dr. James Kustow, consultant psychiatrist and adult ADHD specialist, will present the latest insights into this complex interplay between connective tissue dysfunction, chronic low-level inflammation, and autonomic dysregulation. He will explore how these factors may, in some, drive an ADHD-like syndrome and discuss emerging research on neuroimmune mechanisms linking ADHD with inflammatory disorders such as infections, asthma, rhinitis, and food allergies.
By illuminating these connections and reviewing the available evidence, this presentation will encourage a broader, integrative approach to understanding and managing ADHD. It will also consider how future research might inform novel therapeutic strategies targeting immune dysregulation and autonomic dysfunction in ADHD.

Disclosure of Interest: J. Kustow Consultant of: I have done some consultancy work for a couple of pharmaceutical companies but not for over 3 years, Speakers bureau of: I have previously spoken at and chaired events organised by pharmaceutical companies (but I dont speak on the subject of ADHD medication).

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Workshop

Case-based Workshop

Abstract

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CBS001

Artificial Intelligence-based Psychotherapy Practices

F. H. Kraxner and EPA Section of Psychotherapy

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doi: 10.1192/j.eurpsy.2025.220

Abstract: Artificial Intelligence (AI) is revolutionizing the field of psychotherapy by introducing innovative, accessible, and efficient methods for mental health care. AI-based psychotherapy practices leverage machine learning algorithms, natural language processing (NLP), and predictive analytics to provide personalized therapeutic interventions, support mental health practitioners, and enhance patient outcomes. These systems, including virtual therapists and chatbot platforms, are designed to simulate human empathy, analyze user inputs, and deliver evidence-based therapeutic techniques such as cognitive-behavioral therapy (CBT).
Moreover, AI systems assist clinicians by offering diagnostic support, monitoring patient progress through behavioral data analysis, and optimizing treatment plans. The integration of AI into psychotherapy practices has shown promise in addressing barriers such as stigma, geographic limitations, and therapist shortages. However, ethical challenges related to data privacy, algorithmic bias, and the therapeutic efficacy of AI-driven interactions remain significant concerns. This abstract explores the potential, applications, and limitations of AI-based psychotherapy, emphasizing the need for rigorous research and ethical considerations to ensure its effective and responsible integration into mental health care.

Disclosure of Interest: None Declared

CBS002

Artificial intelligence and psychotherapy interventions

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doi: 10.1192/j.eurpsy.2025.221

Abstract: This presentation explores the intersection of psychotherapy interventions and AI, focusing on how AI can be leveraged to augment traditional therapeutic methods. AI-powered tools such as chatbots, virtual therapists, and predictive analytics will be covered. Additionally, the talk will address the ethical implications, challenges, and opportunities posed by the use of AI in mental health care, emphasizing the importance of maintaining the human element in therapy. Drawing on current research and case studies, possible opportunities of AI assisted therapists in identifying patterns in patient behavior, improving treatment efficacy, and reducing barriers to mental health care, especially in underserved populations will be explored. The presentation will conclude with a forward-looking perspective on how AI and psychotherapy can collaboratively evolve to shape the future of mental health care.
Keywords: Artificial Intelligence, Psychotherapy, Mental Health, Chatbots, Virtual Therapy, Ethical Considerations, Personalized Treatment.

Disclosure of Interest: None Declared

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CBS003

Limitations of Artificial Intelligence-Based Tools in Psychotherapy

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Abstract: Artificial intelligence (AI) tools have gained attention for their potential to transform mental health care. However, in the context of psychotherapy, these tools reveal fundamental limitations that warrant critical analysis.

Psychotherapy is deeply rooted in relational dynamics, cultural sensitivity, and the ability to engage with the complex emotional landscapes of individuals. Current AI-based tools often struggle to address these dimensions adequately. While language models can generate coherent and seemingly empathetic responses, their inability to genuinely understand and respond to nuanced human emotions and interpersonal subtleties presents a significant barrier (Floridi & Chiriatti, 2020).

Ethical concerns also pose considerable challenges. The use of AI in psychotherapy raises questions about data privacy, algorithmic transparency, and the potential perpetuation of biases within AI systems. Such issues not only risk undermining the therapeutic process but may also erode trust in these technologies.

The therapeutic alliance—a critical factor in psychotherapy—represents another area of concern. Effective therapy relies heavily on building trust, mutual understanding, and a genuine connection, all of which are difficult to replicate with AI-based tools. Current research suggests that while AI can support certain therapeutic tasks, its capacity to maintain and enhance the therapeutic alliance remains unproven (Linardon et al., 2019).

This presentation will critically examine these limitations through case-based discussions and clinical reflections. By highlighting the inherent challenges of integrating AI into psychotherapy, it aims to encourage thoughtful and cautious exploration of its applications, emphasizing the importance of preserving the relational and ethical foundations of psychotherapeutic practice.

Disclosure of Interest: None Declared

CBS004

How to start medication for ADHD?

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doi: 10.1192/j.eurpsy.2025.223

Abstract: Starting medication for attention deficit and hyperactivity disorder (ADHD) in adults begins with a thorough evaluation. Diagnostic evaluation should involve a careful investigation of the psychiatric and medical comorbidities and an interview with the patient and family members or partners. The next step is to assess the severity of ADHD symptoms, comorbidities and their impact on functioning. This will help guide the order in which targeted treatments are introduced. When selecting the medication, considerations such as the presentation of ADHD symptoms, the patient's medical history, previous responses to ADHD treatments, and preferences about the effect onset are crucial. This choice typically lies between stimulant and non-stimulant options. The initial dose prescribed should be low enough to mitigate potential side effects while still effectively alleviating symptoms and gradually improving functioning. Treating comorbid psychiatric disorders, such as depression, anxiety, and substance use disorders, is equally important alongside ADHD treatment. The dosage should be slowly adjusted based on the patient's response and any side effects that arise. Regular follow-up appointments are essential during this phase to monitor the medication's effectiveness, identify side effects, and make necessary dosage adjustments. Dr Ozge Kilic will discuss key tips related to assessment, medication selection, titration, adjusting dosages, and managing side effects through clinical case vignettes.

Disclosure of Interest: None Declared

CBS005

Female-specific pharmacotherapy in ADHD: premenstrual adjustment of psychostimulant dosage

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Abstract: Objective: Attention-Deficit/Hyperactivity Disorder (ADHD) is a common neurodevelopmental condition which is underdiagnosed and undertreated in women. For decades, the ADHD field has called for more insight into female-specific therapy. Preliminary findings postulate that changes in sex hormones during the menstrual cycle may influence the effectiveness of psychostimulant medication. Yet, pharmacotherapeutic interventions tailored to women with ADHD remain scarce. Previously, our group showed an increase in mood symptoms in the premenstrual week in women with ADHD. Premenstrual worsening of depressive and ADHD symptoms represent a treatment challenge.

In our adult ADHD clinic, we noted several women describing exacerbation of their ADHD and depressive symptoms in the premenstrual week and/or insufficient effect of their established dosage of psychostimulant. We responded to the need expressed by these women by increasing their stimulant dosage in the premenstrual week, while monitoring the response and side effects.

Methods: This community case study of nine consecutive women being treated for ADHD and co-occurring conditions (including depression and premenstrual dysphoric disorder), reports our local experience of increasing the individually prescribed psychostimulant dosage during the premenstrual period. We methodically monitored the effect of this increased dosage on ADHD symptoms, mood and somatic symptoms for the following 6-24 months.

Results: With premenstrual dose elevation, all nine women experienced improved ADHD and mood symptoms with minimal adverse events. Premenstrual inattention, irritability and energy levels improved, and now resembled the other non-premenstrual

weeks more closely. All women decided to continue with the elevated premenstrual pharmacotherapy.
Discussion: Our preliminary results demonstrate potential benefits of increasing premenstrual psychostimulant dosage in women with ADHD, experiencing premenstrual worsening of ADHD and mood symptoms. The results concur with previous findings of diminished response to amphetamines in the late luteal phase. Increased dosage may help combat premenstrual worsening of cognitive and emotional symptoms in women with ADHD, with significant clinical implications. Better management of premenstrual ADHD and mood symptoms in vulnerable women can improve treatment outcome and meet an unmet need. However, implementation should be individually explored. Further investigation of luteal phase psychostimulant dose adjustment is required for safe, optimal and individualised treatment for women with ADHD. Specifically, we are currently applying for funding to set up the ADAPT-trial (Adjusting Premenstrual Psychostimulant Dosage for Women with ADHD: Enhancing Efficacy).

Disclosure of Interest: None Declared

CBS006

How to manage non-response using stimulants?

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doi: 10.1192/j.eurpsy.2025.225

Abstract: Introduction/background: Psychiatrist working with ADHD-patients since 2007.
Method: I have diagnosed and treated more than a 1000 patients with ADHD. I have always, when it has been possible, given one medication at a time to be able to evaluate how it works, and what gives side effects.
Results: When stimulants suddenly don't work anymore, I have searched for physical and psychological problems that could explain it. By solving these problems, the stimulants work again.
Conclusion: By working this way, we have noticed that patients have a high compliance, and there are a lot less cases of relapse with ADHD symptoms.

Disclosure of Interest: None Declared

CBS007

Therapeutic drug monitoring for mood stabilizers in elderly: a case report

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doi: 10.1192/j.eurpsy.2025.226

Abstract: The management of elderly patients receiving polypharmacy presents significant clinical challenges due to age-related physiological changes, the prevalence of chronic conditions, and the potential for drug-drug interactions and adverse drug reactions (ADRs). Blood level assessments of medications provide a critical tool for optimizing pharmacotherapy in this population. Here we present the benefits of therapeutic drug monitoring (TDM) and pharmacokinetic assessments in the personalized management of elderly patients with polypharmacy. Regular monitoring of blood drug concentrations can identify drug-drug interactions, related toxicity risks, and adherence issues, thereby informing dosage adjustments to achieve optimal therapeutic outcomes.

Disclosure of Interest: G. Schoretsanitis Consultant of: Dexcel, Saladax, HLS Therapeutics, Speakers bureau of: Saladax, HLS Therapeutics, Lundbeck, Thermo Fisher.

CBS008

Pharmacokinetic background of therapeutic drug monitoring in this case

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doi: 10.1192/j.eurpsy.2025.227

Abstract: The pharmacological effect is the result of both pharmacokinetic (e.g., how the body affects the medication) and pharmacodynamic (e.g., how the medication affects the body) processes occurring simultaneously. Pharmacokinetics includes the processes of liberation, absorption, distribution, metabolism, and elimination (LADME). These processes govern the steady-state plasma concentration (Css). Therapeutic drug monitoring (TDM) is a pharmacological tool used to select and adjust medications. TDM enables Css measurements and dose adjustment calculations. In this presentation, the presenter will cover the main pharmacokinetic issues related to TDM in this clinical case, including Css determination, therapeutic range, dose adjustment, and pharmacokinetic calculations. Participants will learn the fundamental pharmacokinetic aspects necessary for understanding the case.

Disclosure of Interest: None Declared

CBS009

Therapeutic drug monitoring in clozapine treatment

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doi: 10.1192/j.eurpsy.2025.228

Abstract: Although still somewhat reluctantly used (and thus underutilized) by many clinicians, it is the well-evidenced fact that clozapine is an effective drug for treatment-resistant schizophrenia. In order to optimize its therapeutic potential and to minimize side effects, therapeutic drug monitoring (TDM) of plasma clozapine and N-desmethylclozapine is an essential clinical tool. TDM can also help to reveal insufficient adherence or individual differences in the rates of metabolism. Moreover, clozapine plasma levels can

be affected by other factor, such as smoking or concomitant medication (fluvoxamine). In our study sample, we were able to demonstrate the relationship between the dosage and clozapine plasma levels and their impact on clinical efficacy and safety.

Disclosure of Interest: None Declared

CBS010

How to Use Therapeutic Drug Monitoring for Comorbidities Management in This Case

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doi: 10.1192/j.eurpsy.2025.229

Abstract: Therapeutic Drug Monitoring (TDM) plays a crucial role in optimizing treatment for patients with psychiatric disorders and comorbid medical conditions, particularly in the elderly. This talk will focus on the practical application of TDM in managing polypharmacy and drug-drug interactions in a geriatric patient with mood disorders. Using a case-based approach, the discussion will highlight how TDM can guide dose adjustments, improve treatment efficacy, and minimize adverse effects in patients with multiple comorbidities.
Emphasizing real-world clinical challenges, this session will provide practical insights into integrating TDM into psychiatric practice, ensuring safer and more effective pharmacotherapy. Audience interaction will be encouraged through live voting and discussion to enhance learning and application in daily clinical settings.

Disclosure of Interest: None Declared

CBS011

Mosè Barabba: A case study between forensic and cultural psychiatry

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Abstract: The presentation gives a narrative account of a case of ethnopsychiatry and criminology from the standpoint of the care network, with personal details supplied by the patient himself. The person involved, Mosè Barabba, was born in Sierra Leone where he was kidnapped and forced to become a child soldier at a very early age. He was brainwashed, brutalized and taught to admire and practice violence. He arrived in Italy at 16 years of age after a traumatic journey through North Africa, homeless and alone. At 19 years old, he was hospitalized for drug abuse, and then cared for by various associations (NAGA, CPS, SPDC). The presentation outlines his descent into substance abuse-induced violence and the first encounter with the law when he was twenty-five years old, followed by a return to a criminal environment after a first experience in a community. He was diagnosed with PSTD, NOS psychosis, behavioral issues related to substance abuse and chronic multifactorial hepatopathy. By the time he was 28 his violence had spiraled out of control and he was hospitalized by TSO, where the violence continued. He was committed to a two-year period in a REMS 1 , for psychopharmacological therapy with mood stabilizers. On his release from the REMS, he was placed in a rehabilitation program in AS.FRA 2 where positive results were obtained: his pathology was stabilized, with support he was able to abstain from substances and alcohol and he was receptive to therapy and rehabilitation. In 2021, then 31 years old, Mosé was considered to be well integrated into the community and was transferred to a CPA (a high protection residence for patients with psychiatric diagnosis).

Disclosure of Interest: None Declared

CBS012

Crime: between symptom and trauma

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doi: 10.1192/j.eurpsy.2025.231

Abstract: Exposure to Adverse Childhood Experiences (ACEs) represents a significant, dose-dependent risk factor for the development of numerous psychiatric and physical disorders (including diabetes, myocardial infarction, obesity, alcoholism, drug addiction, etc.), as well as for poorer social outcomes (dropping out of school, unemployment, economic decline, unwanted pregnancies) and violent behaviour.
A history of maltreatment is found in 80–90% of young offenders, and about one quarter of individuals with a history of severe maltreatment receive criminal convictions. Among the forensic psychiatric patients admitted to the REMS (Residential Facilities for the Enforcement of Security Measures), we have likewise observed a high prevalence of maltreatment, abuse, neglect, and other traumatic events, including those related to war and migratory pathways.
We have treated some patients showing psychotic-spectrum symptoms (delusions, hallucinations) that did not respond to pharmacological treatment (including clozapine and clozapine–first-generation antipsychotic combinations). Their condition improved only when trauma-oriented psychotherapy, such as EMDR or Narrative Exposure Therapy for Forensic Offender Rehabilitation (FORNET), was added to antipsychotic treatment.
This observation raises critical questions about the overlap between psychotic and post-traumatic symptoms in offending patients with severe early victimization histories, and hence about the link between schizophrenia spectrum disorders and complex post-traumatic stress disorder. In light of ongoing conflicts, rising geopolitical tensions, and their impact on migration, the early diagnosis and effective treatment of these conditions are of paramount importance from both a public health perspective and from the standpoint of security and the prevention of violent offenses

Disclosure of Interest: None Declared

CBS013

Ethnoterritorial features of paranoid schizophrenia with comorbid dependence on synthetic cannabinoids: Description of cases

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doi: 10.1192/j.eurpsy.2025.232

Abstract: Introduction: it is indisputable that against the backdrop of the popularity of various addictions among patients with schizophrenia, a joint study of the clinical and pathomorphological deformation of two nosologically phenomena of paranoid schizophrenia and, depending on modern drugs that are gaining popularity, synthetic cannabinoids in various ethnoterritorial groups is relevant.
Objectives: to study the ethnoterritorial features of paranoid schizophrenia, comorbid with the abuse of synthetic cannabinoids, clinical dynamics, behaviour, and adaptation.
Methods: follow-up, clinical-psychopathological methods (PANS, SANS, CGI, MMPI, CGI, STAI, LSI, TPA, ICD-10), statistical (Python 3.11.0).
The results: of the examination of 193 patients (aged from 18 to 35 years): 142 – patients with paranoid schizophrenia dependent on synthetic cannabinoids F20.xx+F12.2xx and 51 – F20.xx without drug addiction. The study took place from 2018 to 2024 in the database of psychiatric institutions in Russia - Tomsk region, St. Petersburg, Noyabrsk and Nizhnevartovsk.
Conclusions: The leading position among patients with schizophrenia who use synthetic cannabinoids in the temperate continental climate zone of Russia was occupied by such ethnic groups as the hierarchy: Russians, Tatars; Uzbeks; Germans; Azerbaijanis, and Armenians.
The phenomenon of abuse of synthetic cannabinoids leads to the development of diseases. Persistent exogenous visual and delirious disorders are included in the complex of symptoms of exacerbation of schizophrenia; A new symptom of pseudohallucinoids appears - thought disorders of an associative (fantasy) disease that arose against the background of long-term exogenous (toxic) effects of the drug on the subject type, usually against the background of a primary endogenous schizophrenic process

Disclosure of Interest: None Declared

CBS014

Violent behaviour as a psychopathological symptom: phenomenological distinction from general violence

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Abstract: Violence is commonly conceptualized as a behavioural act, yet its phenomenological underpinnings reveal significant distinctions between its manifestations in psychopathological conditions and in the general population. This presentation explores how violent behaviour, when emerging as a symptom of psychiatric disorders, differs in its affective structure, intentionality, and embodiment from other forms of aggression. Drawing from phenomenological theories of emotions, we will examine how emotions such as anger, rage, resentment, and hatred manifest differently in psychopathology, particularly in psychotic states, mood disorders, and personality disorders. Emotions are not merely internal states but are lived experiences embedded in bodily spatiality, affecting contraction, expansion, and relationality. In psychopathological contexts, these emotions frequently exhibit disturbances in their anchoring point (what triggers them) and condensation area (where they settle), often leading to dysregulated, disproportionate, or delusionally overdetermined expressions of violence. By contrasting normative anger—typically goal-directed, normatively regulated, and socially embedded—with its pathological counterparts, we uncover crucial distinctions. In conditions such as paranoid psychosis, anger is fused with persecutory delusions, altering its structure from a transient reaction to an entrenched, self-perpetuating stance. Similarly, borderline personality disorder presents dysregulated anger as a core feature, where affective instability fosters reactive aggression that lacks modulation. In psychotic disorders, violent outbursts may emerge in a dissociative or hallucinatory framework, leading to actions detached from conventional interpersonal dynamics. Through a phenomenological analysis, we emphasize how aggressive emotions in psychopathology lack the typical integration of selfhood and social intelligibility, contributing to a distinct kind of violence —one that challenges legal and ethical frameworks regarding responsibility, intentionality, and treatment. By refining our understanding of these differences, we improve both clinical assessment and therapeutic interventions for patients at risk of violent behaviour.

Disclosure of Interest: None Declared

CBS015

Disturbance of Interaffectivity as a Precursor for Violence in Schizophrenia

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doi: 10.1192/j.eurpsy.2025.234

Abstract: Schizophrenia is associated with impaired mentalizing abilities, often conceptualized through Theory of Mind (ToM) paradigms, which highlight deficits in understanding cognitive and affective mental states. Empirical findings suggest that affective ToM impairments reduce the likelihood of violence, while deficits in cognitive ToM may increase its propensity. However, phenomenological approaches challenge the primacy of ToM, suggesting that schizophrenia's core disturbance lies in the embodied self, specifically in the domain of interaffectivity—the pre-reflective, affective resonance between self and others.
Interaffectivity, rooted in early embodied interactions, forms the foundation of social and emotional connectedness. In schizophrenia, disruptions in this fundamental capacity result in a disconnection from the social environment and a breakdown in shared affective states. This disturbance may contribute to violence by

impairing empathic resonance and fostering misinterpretations of social cues.
Phenomenological approaches offer a critical lens for understanding these disturbances, emphasizing the embodied and relational aspects of schizophrenia. By shifting the focus from purely cognitive deficits to fundamental disruptions of interaffectivity, these approaches may provide a roadmap for developing interventions that address the precursors of violence, fostering a multifaceted understanding and management of schizophrenia.

Disclosure of Interest: None Declared

CBS016

Nosological problems in psychiatric diagnosis – Factitious disorder, Conversion, and Simulation

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doi: 10.1192/j.eurpsy.2025.235

Abstract: Diagnosing psychiatric conditions that involve the intentional or unconscious production of symptoms remains a significant challenge in clinical practice. This presentation examines a clinical case that highlights the difficulties in distinguishing between Factitious Disorder, Conversion Disorder, and Simulation. A 34-year-old woman was admitted with sudden onset of neurological symptoms, including pseudo epileptic crises. Her symptoms fluctuated inconsistently with clinical observation and failed to correlate with established neurological patterns, raising the suspicion of Conversion Disorder. However, further investigation revealed inconsistencies in her medical history and a pattern of seeking unnecessary treatments, suggesting the possibility of Factitious Disorder. Additionally, external incentives, such as the potential for financial compensation, prompted consideration of Simulation. The case presents a diagnostic dilemma that underscores the overlapping features of these conditions.
Neuroimaging may provide valuable insights into the case, supporting the exclusion of neurological pathologies but also subtle changes in brain activity in the areas involved in emotional regulation and self-representation, which may suggest the involvement of underlying psychological factors common in both Conversion and Factitious Disorder.
This case exemplifies the critical nosological challenges in differentiating between Factitious Disorder, Conversion Disorder, and Simulation. It highlights the importance of a comprehensive clinical approach, including neuroimaging, thorough psychological assessment, and consideration of psychosocial factors. The discussion aims to deepen understanding of these complex disorders and promote more accurate and nuanced diagnostic practices in psychiatry.

Disclosure of Interest: None Declared

CBS017

Neuronal synaptic autoantibodies and PsycHosis: Prognostic factors for the diagnosis of autoimmune encephalitis in patients with psychotic spectrum disorders -The PHLAMES Study

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doi: 10.1192/j.eurpsy.2025.236

Abstract: Background: The recent years witnessed an increase in the knowledge regarding autoimmune encephalitis (AE). These autoimmune entities often present with mixed psychiatric and neurologic features and in up to 4% of the cases the presentation is purely psychiatric. The diagnosis can be made only through the discovery of Neuronal Surface Autoantibodies (NSAbs) in the Cerebro Spinal Fluid, but symptoms and signs of possible and probable diagnosis have been described (Pollack et al., 2020). However, NSAbs can be found also in peripheral blood in various percentage of patients. The role of these antibodies in psychiatric patients is yet not known.
The PHLAMES study aims at evaluating first episode psychosis (FEP) patients for signs and symptoms of AE in a psychiatric setting, with the double objective of assessing the diagnosis of AE and the role of circulating NSAbs in psychiatric patients, through clinical evaluation, biological samples, and neuroimaging.
Methods: In the PHLAMES study, all patients with FEP (<6 months from the onset) were tested with a diagnostic algorithm for signs or symptoms of AE. A complete psychiatric and neurologic assessment was performed; cognitive tests were administered. All patients underwent blood sample to test for circulating autoantibodies against SNC structures.
A subsample also underwent MRI, including gadolinium contrast. Analyses compared patients testing positive for serum NSAbs (NSAbs-POS) to those tested negative (NSAbs-Neg).
Results: 12.8% of the patients tested positive for serum NSAbs (NSAbs-POS). No difference in terms of age, sex, BMI, years od education, and ethnicity was found between groups.
Regarding the neurologic variables, NSAbs-POS significantly showed more memory deficits, parkinsonism signs, and speech disorders ($p<0.001$), compared to NSAbs-NEG patients. Similarly, NSAbs-POS patients presented a significant in TMT-A, Raven, and RAVLT scores ($p<0.05$) compared to NSAbs-NEG. Finally, NSAbs-POS patients presented an increased score at PANSS "Somatic implication" item and a reduced score at PANSS "Insight" ($p<0.05$) items, suggesting a higher concern of these patients regarding their help and a greater awareness of their condition.
Regarding MRI, differences are present between groups, both on structural and on contrasted images.
Discussion: Our preliminary findings suggest the possibility that NSAbs-POS patients might represent a subpopulation of FEP with specific characteristics. These results are preliminary and need a confirmation in bigger samples, but they might represent a step towards the identification of clinically meaningful subgroups in FEP defined through an easy and not invasive test, helping to dissect the heterogeneity of psychiatric disorders and moving towards precision psychiatry.

Disclosure of Interest: None Declared

CBS018

Differential diagnosis between somatic and psychiatric disorders based on laboratory tests integrated with neuroimaging

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doi: 10.1192/j.eurpsy.2025.237

Abstract: The differentiation between somatic and psychiatric disorders presents a significant challenge in clinical practice due to overlapping symptomatology and complex etiologies. This abstract proposes an integrated approach utilizing laboratory tests and neuroimaging techniques to enhance diagnostic accuracy and improve patient outcomes. Somatic disorders, characterized by physical symptoms with identifiable organic causes, often mimic psychiatric conditions, leading to misdiagnosis and inappropriate treatment. Laboratory evaluations play a crucial role in ruling out medical conditions that may present with psychiatric-like symptoms. Thyroid function tests, vitamin B12 level assessments, and screening for infections are vital in this process. Routine blood tests further aid in detecting systemic conditions contributing to psychiatric presentations. Neuroimaging techniques offer visual insights into brain structure and function, facilitating the differentiation between psychiatric and neurological conditions. Structural imaging modalities like MRI and CT scans can reveal abnormalities such as tumors or lesions. Functional imaging, including PET and SPECT scans, assesses cerebral metabolism and blood flow, identifying anomalies associated with specific psychiatric disorders. Integrating laboratory tests with neuroimaging significantly enhances diagnostic precision. In suspected dementia cases, for instance, laboratory tests can exclude metabolic or infectious causes, while neuroimaging can identify characteristic patterns of Alzheimer's disease or vascular dementia. This combined approach ensures a thorough evaluation, reducing misdiagnosis and facilitating targeted treatment strategies. Clinical studies have demonstrated the efficacy of this integrated approach in improving diagnostic accuracy for conditions like major depressive disorder and bipolar disorder. Functional neuroimaging has also proven instrumental in distinguishing between psychiatric disorders and neurological conditions such as epilepsy. Despite its advantages, this approach faces challenges, including cost, availability, and the need for standardized interpretation protocols. Future directions include advancements in neuroimaging accessibility, research into novel biomarkers, and the integration of artificial intelligence for enhanced diagnostic accuracy and personalized treatment planning. In conclusion, integrating laboratory tests with neuroimaging represents a significant advancement in the differential diagnosis of somatic and psychiatric disorders. This comprehensive approach facilitates accurate diagnosis, ensuring patients receive appropriate and effective treatment, ultimately leading to improved patient outcomes.

Disclosure of Interest: None Declared

CBS019

History and definitions of AI

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doi: 10.1192/j.eurpsy.2025.238

Abstract: Artificial Intelligence (AI) has evolved from philosophical musings to a crucial component of modern technology. The concept of using computer technology to simulate thinking and intelligent behavior was first described by Alan Turing in 1950. The Dartmouth Conference in 1956 marked a pivotal moment, coining the term "artificial intelligence" and fostering interdisciplinary collaboration. Further contributions to the development of AI theory were made by scholars such as John McCarthy, Valerie Barr, Edward Feigenbaum, Claude Shannon and others. The concept of creating AI is to form a system that would be able to operate autonomously, solving intellectual tasks in a manner similar to human cognitive processes. This is achieved by using algorithms that are translated into computer code containing instructions for quickly analyzing and transforming data into conclusions, information, or other outputs. Throughout the subsequent decades, AI experienced cycles of optimism and disillusionment, known as "AI winters," primarily due to unmet expectations regarding computational capabilities and practical applications. The resurgence of AI in the 21st century can be attributed to breakthroughs in machine learning, especially deep learning, and the availability of vast datasets and increased computational power. Today, AI is defined broadly as the capability of a machine to imitate intelligent human behavior, encompassing a range of subfields including natural language processing, robotics, and computer vision. As AI continues to evolve, its definitions are adapted to address ethical considerations and the implications of autonomy in decision-making systems. Current discourse often examines AI not only as a technological phenomenon but also as a sociocultural force, raising questions about accountability, bias, and the future of work. This presentation will reflect the complex path of AI development and the shifting paradigms that define its scope and impact on modern society.

Disclosure of Interest: None Declared

CBS020

What can AI do for mental health care

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doi: 10.1192/j.eurpsy.2025.239

Abstract: Artificial intelligence (AI) is reshaping mental health care by improving diagnosis, treatment, and patient support. AI-driven tools streamline administrative tasks, enhance clinical documentation, contribute to medical education, and enable continuous symptom monitoring. Additionally, AI augments text-based support programs, offering accessible psychological interventions. However, while AI applications have been assessed for perceived

empathy, their impact on clinical outcomes remains uncertain, highlighting the need for evidence-based implementation.
AI can immediately enhance efficiency in routine clinical tasks. Automation optimizes billing processes and reduces clerical burdens, allowing clinicians to focus more on patient care. In clinical documentation, AI-powered transcription and natural language processing (NLP) help generate structured medical records. AI also supports medical education by offering adaptive learning, personalized training, and real-time feedback through large-scale data analysis.
Beyond administrative support, AI plays a role in patient monitoring and early intervention. AI algorithms analyze speech, facial expressions, and behavioral data from smartphones and wearables, detecting mood fluctuations and early psychiatric symptoms. This real-time analysis can facilitate timely interventions and improve overall mental health care. Additionally, AI-powered chatbots and virtual therapists are increasingly used in digital mental health services, providing immediate, text-based psychological support. However, rigorous studies are needed to assess their effectiveness in improving clinical outcomes. A well-established framework for technology evaluation in mental health highlights five key areas for development: equity, privacy, evidence, clinical engagement, and interoperability. Addressing these factors is crucial to ensuring AI-driven solutions are accessible, secure, scientifically validated, clinically integrated, and capable of working across diverse health systems. By prioritizing these advancements, AI can move from theoretical promise to practical application, meaningfully improving mental health care delivery.

Disclosure of Interest: None Declared

CBS021

AI solutions for adolescent psychiatry

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doi: 10.1192/j.eurpsy.2025.240

Abstract: There is a potential for new technologies in mental health and psychiatry. Artificial intelligence enables the design models that categorize different groups and predict different prognosis trajectories.
Natural language processing enables to use classical text data from electronic health records, for instance, to detect suicide trends and their risk factors (Bey et al., 2024). This opens new perspectives in the analysis of large Electronic Health Records databases.
Artificial intelligence can extract and combine new features, like posture, physiological signal of stress and facial expression. This could be particularly important to bypass insight development in children of adolescents (Bourvis et al., 2021) while taking the opportunity of early management. This could help to optimize exposure therapy (Mahmoudi-Nejad et al., 2024), detect tantrums in non-verbal children (Cano et al., 2024) or even improve motivation for physical activity (Nuss et al., 2020).
In motion assessment, we could detect motor assessment difficulties in children with autism from typical counterparts (Gargot et al., 2022). We can also automatically detect writing difficulties (Agarwal et al, 2023).
However, AI struggles with an interpretability problem (black box). Their model are complex, the features extracted are not always obvious (Minh et al, 2021 ; Linardatos et al, 2020) .
Fine motor skills classic signal processing allows to tailor specific exercises to reeducate children with writing difficulties (Gargot et al., 2021).
Digital psychiatry however is impeded by poor user experience (Witteman et al., 2011), complex market models (Gollier-Briant et al., 2024).

Disclosure of Interest: None Declared

CBS022

AI for psychiatric training and education

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doi: 10.1192/j.eurpsy.2025.241

Abstract: Artificial intelligence (AI) is transforming psychiatric training and education by enhancing diagnostic accuracy, improving therapeutic decision-making, and personalizing learning experiences for trainees. AI-driven simulations, virtual patients, and natural language processing (NLP)-based assessments allow for more effective skill development in psychiatric diagnosis and psychotherapy. Machine learning models provide evidence-based guidance, reinforcing clinical reasoning and treatment strategies. Ethical considerations, including patient confidentiality and bias mitigation, remain central to AI implementation in training. This session explores the latest advancements in AI-driven psychiatric education, discussing practical applications, challenges, and future directions for integrating AI into clinical training programs.
Keywords: AI, psychiatry, education, machine learning, clinical training
References: 1. Ahmed, M., & Rush, A. J. (2023). Artificial intelligence in psychiatry: Current applications and future directions. *Journal of Psychiatric Research*, 157, 106-121.
2. Ryu, S., & Kim, H. (2022). AI-based learning tools for medical education: A systematic review. *Medical Teacher*, 44(5), 512-520.
3. Luxton, D. D. (2021). Ethical implications of AI in mental health care. *Journal of Ethics in Mental Health*, 12, 1-14.

Disclosure of Interest: None Declared

CBS023

Cultural competence in forensic psychiatry

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Abstract: In this paper several issues about cultural competence will be addressed, such as assumptions, Mason's five progressive steps and learning needs of professionals. The notion of cultural

competence combines an understanding of different belief systems, good communication skills (including highly specialist skills such as the communication of internal emotional states, and the cultural adaptation of treatment models and therapies. Professionals can measure theircompetence on a continuum developed by James Mason. His five progressive steps are: cultural destructiveness, incapacity, blindness, pre-competence, and competence. Next, the mental health needs of refugees will be discussed, especially for those who are at risk to become violent offenders. For example, some types of environmental and psychosocial stressors that refugees may experience day-to-day. Some of the cultural and attitudinal factors should be taken into account when working with refugees and wider communities. Finally, educational needs for trainees in (forensic) psychiatry and (forensic) psychiatrists will be highlighted. Knowledge about culture, ethnicity, race, religion, and identity is hereby crucial. Reflections will be made on the presented case.

Disclosure of Interest: None Declared

CBS024

How to manage sleep in women with ADHD during (peri)menopause?

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doi: 10.1192/j.eurpsy.2025.243

Abstract: For women navigating both ADHD and the (peri)menopausal transition, sleep problems are a common and significant hurdle. This presentation explores effective ways to improve sleep for (peri)menopausal women with ADHD, drawing on research into hormonal, non-hormonal, and behavioural approaches. ADHD can make sleep difficult, contributing to issues like delayed sleep phase, insomnia, and restless legs syndrome/periodic limb movement disorder (RLS/PLMD), with roughly 60% of adults with ADHD screening positive for a sleep disorder. Research indicates that adults with ADHD often take longer to fall asleep and experience more sleep-related challenges than those without ADHD. Similarly, (peri)menopausal women often struggle with sleep disturbances, including poor sleep quality and increased restless legs symptoms. Considering that (peri)menopausal symptoms can also impact cognitive function, addressing these symptoms may lead to better sleep. Menopausal Replacement Therapy (MRT) may be beneficial, especially for women with vasomotor symptoms, as it can improve sleep quality and reduce nighttime awakenings. In addition, multiple studies suggest that bioidentical progesterone can improve sleep quality in perimenopausal women. We will also discuss non-hormonal options and behavioural strategies like cognitive behavioural therapy, exercise, and mindfulness techniques. With a significant percentage of women with ADHD diagnosed with a sleep disorder and prescribed sleep medication, and a similar percentage of perimenopausal women experiencing sleep disturbances, a personalised, integrated approach is key. This includes fine-tuning ADHD medication, managing any co-existing mood issues, and customising treatments to fit individual needs.

Disclosure of Interest: None Declared

CBS025

Ethical tensions created by AI in the mental health sector

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Abstract: Artifical Intelligecne is sold as a magic solution, and yet its inscrutability poses a major problem. Who is the source of the knowledge? Who is accountable? Who is responsible? Who can edit or train it? Has it been trained on copyrighted material? If so, have the owners been compensated? If not, is it culturally relevant? Has the 'black box' aspect been addressed? Whether a provider of knowledge, a clinical decison aid or a decsion maker, troubling issues arise that as yet have not been solved by legisaltion or the market. We shall explore potential benefits, solutions, and actual problems with real world cases that shed light on where AI may take us, and where we may need constarints that lie beyond medical ethics.

Disclosure of Interest: None Declared

Workshop

WS001

Attention-Deficit/Hyperactivity Disorder (ADHD)

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doi: 10.1192/j.eurpsy.2025.190

Abstract: Attention-Deficit/Hyperactivity Disorder (ADHD) In my talk, I will present the latest evidence, mainly based on previous meta-analyses, network meta-analyses, dose-response meta-analyses, and umbrella reviews, that can inform clinical decision-making in the field of pharmacological treatment for ADHD, including the choice of initial medication, titration, treatment of stimulant-refractory cases, management of cases with comorbid conditions, and management of adverse event.

Disclosure of Interest: None Declared

WS002

Early Onset Psychosis

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doi: 10.1192/j.eurpsy.2025.191

Abstract: Early onset psychosis and, especially, early-onset schizophrenia (EOS), defined as the onset of psychotic symptoms before

the age of 18, represent severe and frequently disabling conditions with adverse long-term functional consequences. Effective pharmacological treatment is critical to mitigating symptom progression, reducing relapse, and improving long-term outcomes. This presentation provides an update on current evidence-based pharmacological strategies for EOS, with a focus on efficacy, safety, and emerging treatments.

Second-generation antipsychotics (SGAs), such as aripiprazole, quetiapine, paliperidone, and risperidone, remain the mainstay of treatment, with lurasidone and brexpiprazole showing positive results in more recent studies. While olanzapine is clearly an effective SGA, its more pronounced cardiometabolic side effects have relegated olanzapine more to a second-line antipsychotic when other SGAs are ineffective. Thus, comparative efficacy, side effect profiles, and long-term metabolic risks are relevant when choosing among individual agents. The role of clozapine for treatment-resistant EOS and considerations regarding polypharmacy are relevant, given that EOS is one of the most reliable risk factors for treatment-resistant schizophrenia .

Long-acting injectable antipsychotics (LAIs) have not been explored in randomized trials so far, but are an important treatment tool, given the widespread non-adherence risk, which is even higher earlier in the illness. Novel mechanisms, including cholinergic muscarinic agonist treatments, recently approved for the first time for adults with schizophrenia, which address presynaptic hyperdopaminergia and in a highly selective fashion, need to be explored in EOS in the future. Additionally, the importance of early intervention strategies and adjunctive nonpharmacological and pharmacological treatments, e.g., mood stabilizers, antidepressants for specific domains of schizophrenia and for comorbid conditions, as well as best practices for transition into the adult psychiatry sector require further study.

In summary, treatment selection for youth with EOS should balance short-term as well as long-term efficacy considerations and safety concerns. While pharmacological advancements in EOS generally lag behind advances in adults, innovations are hoped to also reach EOS. More individualized and measurement-based approaches needed to be explored in both research settings and clinical care aiming at optimizing the pharmacological management for individuals living with EOS.

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WS003

French psychiatrists' concerns about assisted death

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doi: 10.1192/j.eurpsy.2025.192

Abstract: A bill on euthanasia and assisted suicide is currently under discussion in France. It proposes that only competent adults suffering from a serious and incurable condition that threatens their life in the medium term, or who are in an advanced or terminal phase, and experiencing unbearable physical or psychological suffering—either refractory to treatment or considered unbearable in the absence of treatment—may request medical assistance in dying (MAiD). However, French psychiatrists have expressed concerns about the bill, as it does not mandate a psychiatric evaluation, despite the high prevalence of mental disorders, including depression, in the general population. These disorders are even more frequent in end-of-life conditions and can significantly impact decision-making capacity and the wish to die. Depression, a common comorbidity in cancer—the leading cause of MAiD requests—affects approximately 15% of cancer patients but is often underdiagnosed and undertreated. The bill also raises concerns regarding its implications for suicide prevention. Some MAiD requests may stem from treatable psychiatric conditions rather than a well-considered end-of-life choice. Furthermore, a proposed obstruction offense could potentially criminalize suicide prevention efforts, complicating the role of mental health professionals. Uniquely, the French bill allows a third party chosen by the patient to administer the lethal substance, a provision not found in any other country. This raises significant ethical and psychological concerns regarding the emotional burden on the designated individual, who may experience distress, guilt, or long-term psychological repercussions from actively participating in assisted dying. Finally, the possibility of future expansion to include psychiatric-only indications, as seen in other countries, remains a critical issue requiring careful ethical and medical scrutiny.

Disclosure of Interest: None Declared

WS004

What forms of framing can be found in the Flemish media in a jury trial about euthanasia for psychological suffering?

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doi: 10.1192/j.eurpsy.2025.193

Abstract: The Flemish Association of Psychiatry developed due care guidelines for medical assisted dying in cases of severe and unbearable psychiatric suffering, which were adopted by the Order

of Physicians. In principle, there are therefore more than enough well-known recommendations on how to handle a request for termination of life from a patient with psychiatric issues.
Nevertheless, occasionally something goes wrong due to misinterpretation of the legal criteria or due to careless actions by the consulting or performing physician.
In 2010, a female patient died by euthanasia because of unbearable mental suffering, which was unacceptable for her family. The family decided to initiate a court case to have the inaccuracies in the decision-making process and the execution of the euthanasia evaluated by a judge. In 2020, three involved doctors, including a psychiatrist, were prosecuted for this euthanasia. An analysis of the court case and the media coverage of this case will be discussed.

Disclosure of Interest: None Declared

WS005

Euthanasia and assisted death from a Spanish perspective

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doi: 10.1192/j.eurpsy.2025.194

Abstract: Medical assistance in dying is an increasingly available option for people suffering (solely) from psychiatric disorders. Initially promoted to alleviate the suffering of terminally ill people, a growing number of jurisdictions are adopting it for any cause of intractable and severe suffering, including mental disorders. Today, the BENELUX countries, along with Spain and Switzerland, explicitly authorise it or allow it de facto. Other countries, such as Canada, are considering implementing it. Although in jurisdictions where it is permitted it is argued that it is discriminatory not to consider mental suffering as sufficient cause, there are reasons for concern. The procedure is likely to be used as an alternative to care, that is, as a gentler form of suicide, more commonly used by women. The long-term impact of this practice must be considered, as it sends the message that mental illnesses may not be curable, and that it is not worth the effort to treat them, or to demand the necessary care. Furthermore, all of these factors must be considered in the context of highly stigmatized disorders to which clearly scarce resources are allocated.

Disclosure of Interest: None Declared

WS006

Lessons from Belgium: Physician-assisted dying for (neuro)psychiatric suffering after 23 years of Belgian euthanasia legislation

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Abstract: In 2002, the euthanasia law was voted in Belgian parliament, depenalising physician-assisted dying under certain conditions for irremediable physical or mental suffering caused by an incurable condition for which all therapeutic options have been exhausted. The euthanasia request needs to be repeated, well-considered and voluntary and the patient should be competent. If the patient is not in a terminal condition, there should be at least one month between the written request and the euthanasia and three independent physicians have to be involved in the evaluation. Psychiatric suffering was not excluded in the law, but there is discussion whether the possibility of psychiatric euthanasia was intended by the legislator. In the first years after the euthanasia law, psychiatric euthanasia was limited to a few cases, but then rose to a mean of 25 cases per year. There was a peak in 2013 of 54 cases, but after 2013 there was no more increasing trend.
In 2017, the Flemish Association for Psychiatry issued an advice regarding due diligence in psychiatric euthanasia. Controversy regarding psychiatric euthanasia kept stirring the public debate, especially after one court case in which a psychiatrist and general physician were accused and acquitted after a psychiatric euthanasia. Another prominent topic in the public debate in Belgium is broadening the euthanasia law for advanced dementia based on an advance directive. Now euthanasia is only possible in the earlier stages of neurodegenerative disease, when competence is still sufficiently intact.

Disclosure of Interest: None Declared

WS007

Current situation in Europe – different perspectives from Poland

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Abstract: The presence of large numbers of Ukrainians looking for refuge in Poland is a new experience for Poles. The ongoing war and the uncertainty of the situation of those displaced may cause anxiety and lead to stressful reactions, exacerbated by endlessly circulating information on hostilities. Therefore, the sense of security may be threatened not only among Ukrainians who have fled to Poland, but also among people who support Ukrainians, who offer them help and shelter. Prolonged support, if not accompanied by proper selfcare can increase the risk of burnout as well as lead to distressful emotional states, such as a feeling of helplessness, reluctance to provide further help, or even demonstrate hostility. The Polish government and polish NGO's have pledged to help refugees from Ukraine, including the provision of mental health care. Raising awareness of the whole society and training employees from sectors other than medical may help in the proper protection of mental health of refugees and the people supporting them. Dividing the organization of mental health care into the four levels (Intervention Pyramid (Inter Agency Standing Committee, 2007)and offering support depending on the needs, ranging from building a basic sense of security, acceptance, and support for meeting the needs of refugees, to the level of highly specialized psychological and psychiatric assistance, enables the use of the resources of the entire society and specialists in an appropriate manner. By activating refugees themselves and training employees and volunteers of

various sectors and fields of support, the goal of mental health promotion is spread across many environments, which mental health professionals themselves cannot cope with in these new, difficult conditions.

Disclosure of Interest: None Declared

WS008

Workshop of the Task Force on Migration and Mental Health

S. -.- Bäärnhielm on behalf of Task Force on Migration and Mental Health and Workshop of the Task Force on Migration and Mental Health

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doi: 10.1192/j.eurpsy.2025.197

Abstract: Introduction: Sweden has a long history as a host country for refugees. In recent years there has been a shift from being one of the most generous host countries in Europe to one of the most restrictive. In Sweden, refugees with a residence permit have a full right to care, but asylum seekers and undocumented migrants only have a right to care that cannot be deferred. Despite relatively good formal access to mental health care, and so far, the availability of free language interpreters, refugees face barriers to and within mental health care.
Aims: To give a brief overview of the current challenges for mental health care in Sweden and the work on solutions for people on the move.
Research methods: Ongoing research and clinical development are summarised in parallel with the identification of challenges.
Findings: A complex picture of the development and challenges of mental health care for people on the move in a situation of increasing social pressure on refugees is described.
Conclusions: There is a need for equal treatment of people on the move without discrimination and exclusion.

Disclosure of Interest: None Declared

WS009

Current situation in Europe – different perspectives

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doi: 10.1192/j.eurpsy.2025.198

Abstract: Germany is one of the countries that has taken in a large number of refugees. Around 2.25 million now have recognised protection status in Germany. In addition, Germany has taken in over 1,215,048 refugees from Ukraine. All of these people are very vulnerable refugees who are exposed to many risk and stress factors before, during and after their migration. As a result, they have a high prevalence of mental disorders such as post-traumatic stress disorder (PTSD), depression, anxiety, substance use and persistent grief disorder. At the same time, refugees face numerous barriers to accessing medical care, such as language and cultural barriers, administrative barriers, structural, institutional and interpersonal discrimination and racism. There is also unequal treatment in Germany between refugees from Ukraine and other regions of the world. In addition, healthcare provision has recently been tightened due to changes in the Asylum Seekers' Benefits Act. This presentation will focus on the sitaution in Germany and discuss üossible solutions.

Disclosure of Interest: None Declared

WS010

Seeing Affective and Psychotic Disorders through Addictions: Case Studies to Review the Challenges for the Survival of both "the Patient on the Edge" and "Therapeutic Alliance"

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doi: 10.1192/j.eurpsy.2025.199

Abstract: Comorbidities in addiction: It is a rule rather than an exception. The story starts in childhood; even before, in infancy, and may be in prenatal life. The dimensional traits have already been there, existing obviously far before any DSM-5 diagnosis. Among these traits, the developmental features named as stress sensitivity, impulsivity and emotion dysregulation are the leading ones. Comorbidity research addressed childhood abuse, neglect or other childhood adverse experiences as a definite risk factor for adolescence and adult mental disorders, particularly substance use disorders. Developmental and environmental adversities in a mutually amplifying pattern make a vicious cycle in which the individual finally finds an illusionary exit, a pathway to addiction. This presentation aims to discuss the complexities and challenges for the diagnosis and treatment of cases presenting with ASUD (alcohol and substance use disorders) and comorbid neurodevelopmental and affective or psychotic disorders . The history as well as the life and the management charts of the patients are reviewed in the light of information collected during the follow-up years revealing significant alterations with regard to diagnoses and therapeutic approaches. A specific focus of the case studies will be the missed or mis-diagnoses, and the impact of them on the treatment courses and the outcomes. One of the case studies with an eight year follow-up period, shows ADHD traits, alcohol use disorder, affective disorder and a later emerging severe stimulant use disorder. The second case with a similar ADHD history, presents with a stimulant use disorder, co-occuring with a severe psychotic disorder, that has been mis-diagnosed as schizophrenia. The life and management charts of the studied cases convey the drawbacks of the diagnostic difficulties, the treatment failures and the implication of efficient therapeutic strategies.
The challenges faced by clinicians due to co-occuring disorders that have become a common practice for addiction professionals. should be managed by transdiagnostic and integrative modalities. While big data or empirical large datasets can have their own limitations to help the practitioner for overcoming such complexities of real world situations, as stated in Stein's article (2022, Psychiatric diagnosis and treatment in the 21st century: paradigm

shifts versus incremental integration) "the age-old single-case studies, may sometimes provide clinical insights that outweigh those from big data analyses."

Disclosure of Interest: None Declared

WS011

Neurodevelopmental Challenges: Dealing with ADHD and Addictions

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doi: 10.1192/j.eurpsy.2025.200

Abstract: Attention Deficit Hyperactivity Disorder (ADHD) and Substance Use Disorders (SUD) frequently co-occur. Patients with this comorbidity report poorer qualtiy of life, and have worse treatment outcomes for both disorders, including high relapse rates of the SUD. In this case based discussion, clinical dilemma's in the diagnosis and treatment of patients with this comorbidity will be discussed. Recent findings of the International Collaboration on ADHD and Substance Abuse (ICASA) will be used as background, including findings from ICASA's most recent work: the longitudinal International Naturalistic Cohort Study of ADHD and SUD (INCAS), where nearly 600 patients with both ADHD and SUD in treatment were followed for nine months. In addition, ICASA's consensus statements on diagnosis and treatment of co-occurring ADHD and SUD in youths and adults will be shortly discussed.

Disclosure of Interest: None Declared

WS012

Discussion on the case from neurodevelopmental and transdiagnostic perspectives

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doi: 10.1192/j.eurpsy.2025.201

Abstract: During the workshop about this complex case, I will discuss aspects of the case and the challenges the individual has faced from a neurodevelopmental and transdiagnostic perspective. It is the norm that those presenting for treatment or support with problematic drug/alcohol use will also have co-occurring neurodevelopmental, mental and physical health traits or disorders. Their relationships are often complex and ingrained. It is generally unhelpful to consider such complexity in terms of 'primary' vs 'secondary' as this may lead to exclusion from some services. For instance, someone with depression and problematic alcohol use may not be seen by psychiatric services or psychologists due to their drinking and an 'addiction' service may not have sufficient mental health expertise for managing their depression. Such 'silos' are common and need to be addressed through better understanding of the relationships between problematic drug/alcohol use and co-occurring neurodevelopmental, mental and physical health traits or disorders, through better training of health and social care staff and reducing stigma.

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WS013

Neurostimulation in Addictions: a retrospective study in patients with Cocaine Use Disorder undergoing a rTMS protocol

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Abstract: There are clear unmet medical needs in the treatment of Cocaine Use Disorder (CUD), since there are no pharmacological treatments approved. The neurobiological circuitry of addiction has been described in recent years, and it provides a solid rationale to target specific brain regions to treat addictive behaviors, including CUD. The stimulation of the left Dorsolateral Prefrontal Cortex (DLPFC) with repetitive transcranial magnetic stimulation (rTMS) has proved to reduce craving for various drugs, including cocaine. We present the results of a retrospective study performed in a private setting with 93 patients with CUD, who were treated with rTMS following the protocol from Terraneo et al. In 12 weeks patients received 32 sessions of 2400 pulses (100% MT; 10 Hz; 60 pulses per train, 15 seconds interval; 40 trains per session), for a total of 76800 pulses.

The main outcome was total abstinence of cocaine (self-reported plus urinalysis). Abstinence rates at days 30, 60 and 90 were 55,9%; 40,8%; and 34,4% respectively.

Psychiatric comorbidities (insomnia, depression and anxiety) were also assessed with validated questionnaires. Drop-out was directly related to recent cocaine use, but initial levels of psychological distress did not predict drop-out.

No relevant side effects were reported. Mild and transient headache was reported by a few patients after the first session.

In conclusion rTMS was well tolerated, drop out rates were high and 34% of the patients remained abstinent after the 90 days treatment period.

Disclosure of Interest: None Declared

WS014

A transdiagnostic approach to addiction: possible targets for tDCS

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doi: 10.1192/j.eurpsy.2025.203

Abstract: Transcranial Direct Current Stimulation (tDCS) has already been proven to be an effective modality in substance use disorder (SUD), often targeting the dorsolateral prefrontal cortex bilaterally. However, addiction is a very broad concept, comprising many different neurocognitive defects.
To better guide and investigate the potential benefits of tDCS for people who suffer from SUD, we shall take a transdiagnostic approach to SUD to see which other targets for tDCS might lead to additional clinical use, paving the way for personalised neurostimulation.

Disclosure of Interest: None Declared

WS015

Connectivity-guided iTBS versus rTMS for treatment-resistant depression: Results from the BRIGhTMIND Study

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doi: 10.1192/j.eurpsy.2025.204

Abstract: Treatment-resistant depression (TRD) remains a major clinical challenge, necessitating novel and more effective therapeutic approaches. The BRIGhTMIND study is the largest transcranial magnetic stimulation (TMS) clinical trial conducted in the UK. This multicentre, randomised controlled trial compares the efficacy of connectivity-guided intermittent theta burst stimulation (iTBS) with standard repetitive transcranial magnetic stimulation (rTMS) in patients with TRD. This talk will present key findings from the study, including response and remission rates, reported side effects, and key differences between the novel iTBS protocol tested and the conventional rTMS protocol used as the control condition. Additionally, we will explore the clinical implications of using functional connectivity to optimise stimulation targets. The results contribute to the growing evidence supporting TMS as an effective intervention for TRD and offer insights into the future of precision psychiatry in brain stimulation.

Disclosure of Interest: None Declared

WS016

Transmagnetic Stimulation in Special Situations: Is Its Use Safe During Pregnancy?

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doi: 10.1192/j.eurpsy.2025.205

Abstract: Transcranial Magnetic Stimulation (TMS) is a non-invasive procedure that uses magnetic fields to stimulate nerve cells in the brain. It is primarily used to treat depression and other mental health conditions. When it comes to the safety of TMS during pregnancy, the current evidence is limited but generally suggests that it may be a safer alternative to medications that could potentially harm the fetus. Several small studies and case reports have indicated that TMS does not appear to pose significant risks to the pregnant woman or the fetus. However, the data is not extensive, and more research is needed to fully understand the implications. The procedure is typically avoided in the first trimester unless absolutely necessary, as this is a critical period for fetal development. In summary, while TMS is considered relatively safe during pregnancy, especially compared to some pharmacological treatments, it should only be used when the potential benefits outweigh the risks, and under the close supervision of a healthcare provider. Pregnant women considering TMS should discuss their specific situation with their doctor to make an informed decision.

Disclosure of Interest: None Declared

WS017

The Portrayal of Psychosis and Delusion in Film History (1895–1930)

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doi: 10.1192/j.eurpsy.2025.206

Abstract: The turn of the century was an important era for the field of psychiatry. Influential physicians such as Sigmund Freud (1856-1939) or Eugen Bleuler (1857-1939) made headlines and new theories on the pathogenesis of psychological disorders emerged with the psychoanalytic approach – the whole field seemed in a state of transition. But did this modern image correspond to how two of psychiatry's most famous conditions – psychoses and delusions – where framed in the mass media of film? Surprisingly, there are no systematic works on these question, neither by medical nor film historians. This lecture tries to close this gap and, for the first time in international research, provides a systematic overview of the representation of the theme in silent cinema. With the aim of sketching a representative image, 36 works portraying psychoses and / or delusions were identified and, among other things,

historically classified, analyzed and evaluated for medical correctness. In summary, it is shown that the early film depicts the condition in a highly ambivalent way, from dangerous and untreatable Insanity to curable illness, thereby reflecting one of the most significant transitions in the history of the understanding delusional symptoms. The presented therapy methods – e. g. psychoanalysis, hypnotherapy, electrotherapy, water therapy and even music therapy –, thus rarely utilized, appear highly modern, while the depiction of the patients seems more influenced by the shadows of the past. Accompanied by scenes from representative works such as *The Other* (1913), *Wolf Blood* (1925), *Shadows* (1923) or the German classic *The Cabinet of Dr. Caligari* (1920), the presentation aims to illustrate all these characteristics of the early 'psychosis und delusion film' and explores the important role of cinema as a source of medical history.

Disclosure of Interest: None Declared

WS018

Cinema Therapy: From the Silent Film Era to the Present Day

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doi: 10.1192/j.eurpsy.2025.207

Abstract: Under the rubric of cinema therapy, or movie therapy, research has been undertaken for some time to test the effect of films in different therapeutic settings and with different patient groups. Taking a closer look at the history of film therapy, it becomes apparent that at the time of the silent film, there was already a medical discourse on the effect of films in a therapeutic context. In this lecture, principal philosophical-therapeutic elements of consideration regarding cinema therapy are presented along with historical and current discourses; the most important publications are indicated; and the author's own cinema-therapeutic models, experiences and reflections are reported. In addition, selected case studies show how films can be utilized in a clinical context and which effects and unwanted side effects result from film therapy. The final focus of the lecture is on films that depict psychotherapy, love films, and films that address the phenomena of intoxication, ecstasy, and addiction, and how these have been applied by the author in the inpatient treatment of addicts.
Publication: Martin Poltrum (2025) Cinema Therapy—The Film as a Medicine. From the Silent Film Era to the Present Day. In: Martin Poltrum et al. (eds.) The Oxford Handbook of Mental Health and Contemporary Western Aesthetics, Oxford: Oxford University Press.

Disclosure of Interest: None Declared

WS019

'Film is psychosis': filmmakers with lived experience

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doi: 10.1192/j.eurpsy.2025.208

Abstract: The presentation juxtaposes the practice of psychiatry with the creative processes involved in filmmaking. It proposes a correlation between the representation of reality in film, and the processing of visual information. It is informed by autobiographical case study films written and directed by individuals with experience of psychosis. In-depth analysis of film conventions employed by filmmakers with experience of psychosis indicate the potential benefits of further research into collaboration with, and contributions from, those filmmakers.

Disclosure of Interest: None Declared

WS020

The EPA guidance publications on neurocognition in schizophrenia

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doi: 10.1192/j.eurpsy.2025.209

Abstract: Introduction: Although cognitive impairment is a core symptom of schizophrenia related to poor outcome in different functional domains, it still remains a major therapeutic challenge. To date, cognition is still poorly assessed in both research and clinical settings and no comprehensive treatment guidelines for assessment and treatment of cognitive impairment in schizophrenia are implemented.
Objectives: The aim of the European Psychiatric Association (EPA) guidance paper was to provide a comprehensive meta-review of the current available evidence for the assessment of cognitive functions in schizophrenia both in research settings and in real-world clinical practice and for treatment of cognitive impairment, structured into three sections: pharmacological treatment, psychosocial interventions, and somatic treatments.
Results: Based on the reviewed evidence, the EPA guidance recommends a comprehensive and systematic assessment of neurocognitive and social cognitive domains in schizophrenia, in all phases of the disorder, as well as in subjects at risk to develop psychosis. It is recommended not only the use of observer reports, but also of self-reports and interview-based cognitive assessment tools. As for treatment, the EPA guidance recommends an appropriate pharmacological management as a fundamental starting point in the treatment of cognitive symptoms in schizophrenia. Among psychosocial interventions, cognitive remediation and physical exercise, and some variables have been confirmed as core elements for cognitive remediation effectiveness.

Conclusion: The dissemination of the EPA guidance papers may promote the development of shared guidelines concerning the assessment and treatment of cognitive functions in schizophrenia, with the purpose to improve the quality of care and to achieve clinical recovery in this population.

Disclosure of Interest: None Declared

WS021

Negative symptoms and social cognition as mediators of the relationship between neurocognition and functional outcome in schizophrenia

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doi: 10.1192/j.eurpsy.2025.210

Abstract: The presentation will summarize recent findings on the role of the two domains of negative symptoms (motivational impairment and expressive impairment) and social cognition as mediators of the impact of neurocognitive impairment on functional outcomes in people living with schizophrenia (PLWS).
One hundred and fifty subjects from 8 different European centers were recruited. Our data showed that the expressive impairment predicted global functioning and together with motivational impairment fully mediated the effects of neurocognition on the same outcome. Motivational impairment was a predictor of personal and social functioning and fully mediated neurocognitive impairment effects on the same outcome. Both motivational and neurocognitive impairments predicted socially useful activities, and the emotion recognition domain of social cognition partially mediated the impact of neurocognitive deficits on this outcome.
Our results indicate that pathways to functional outcomes are specific for different domains of real-life functioning and that negative symptoms and social cognition mediate the impact of neurocognitive impairment on different domains of functioning. Our results suggest that psychosocial interventions should target both negative symptoms and social cognition to enhance the functional impact of cognitive remediation.

Disclosure of Interest: A. Mucci Consultant of: Angelini, Gedeon Richter Bulgaria, Janssen Pharmaceuticals, Lundbeck, Otsuka Pharmaceutical, Pfizer, Pierre Fabre, Rovi Pharma and Boehringer Ingelheim.

WS022

Assessing CIAS in clinical routine

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Abstract: Cognitive impairment associated with schizophrenia (CIAS) is a relevant problem and can be well assessed in different ways, as described in an EPA guidance paper (1). In routine clinical practice, the clinician usually relies on targeted questions to elicit psychopathological findings, as described in the AMDP system (2), for example. If there is a need for a more precise assessment of cognitive dysfunction, also in a transdiagnostic way, the Screen for Cognitive Impairment in Psychiatry (SCIP) (3) has recently been used by several working groups.
In a recent pilot study (4), we used the German version of the SCIP (SCIP-G) (5,6) to assess cognitive impairment in acute psychiatric inpatients diagnosed with psychotic disorders, bipolar disorder and depression.
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Disclosure of Interest: None Declared

WS023

The role of add-on strategies (cognitive enhancers, cognitive remediation)

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Abstract: Cognitive impairments are present from the first manifestations of the disorder, including social cognition in individuals at ultra-high risk for psychosis (UHR). While advances in psychopharmacology in recent decades have significantly altered the course of the illness, antipsychotic therapy is more effective in treating positive symptoms than negative symptoms, comorbid depression, and cognitive and social cognitive dysfunction. Again, cognitive impairment has a significant impact on functional outcome, more so than symptom severity.

Due to the particular significance of cognitive deficits, it is very important to identify them accurately at an early stage. Strategies for identifying cognitive deficits are presented in an EPA guidance paper. To improve cognition in patients with schizophrenia, it has been suggested to combine pharmacotherapy with neuropsychological training. A meta-analysis showed the positive effect of cognitive remediation programmes in schizophrenia. While the strategies available today for the treatment of cognitive dysfunction are useful and should be implemented, it is hoped that pharmacological add-on strategies will come onto the market to have a greater effect on cognitive impairments.

Disclosure of Interest: None Declared

WS024

Crisis support in practice

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doi: 10.1192/j.eurpsy.2025.213

Abstract: An experienced practitioner describes the fundamentals of crisis support and Psychological First Aid – the knowledge base for the ongoing work in Västra Götalandsregionen, Sweden, using VR to practice crisis support. How is crisis support defined and what is the difference between crisis support and psychological treatment? What is the aim of crisis support? The presentation includes current knowledge about how humans react in a crisis, in the acute phase as well is in the longer term. What are the guidelines for providing Psychological First Aid and how can we implement them in practice?

Disclosure of Interest: None Declared

WS025

Crisis Support VR: Bridging the Gap in Psychological First Aid Training -from initial idea to real virtual training

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doi: 10.1192/j.eurpsy.2025.214

Abstract: This presentation will explore the development and implementation of the Crisis Support VR project, funded by the VGR Innovation Fund and involving five hospitals and primary care. In today's society, the need for crisis support is more pressing than ever. However, we identified a significant gap in opportunities to practice Psychological First Aid. To address this, Region Västra Götaland collaborated with VirtualSpeech to create a system that has been tested by hospital staff, emergency services, and crisis support teams. This presentation will detail the project's journey from its inception to its current state, highlighting the challenges and successes encountered along the way.

Disclosure of Interest: None Declared

WS026

Overview of Existing Research on Crisis-Support Training in Virtual Reality

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doi: 10.1192/j.eurpsy.2025.215

Abstract: This presentation will provide an overview of existing research on crisis-support training in virtual reality, highlighting both the opportunities and challenges of utilizing this training method. It will review current research trends in the field, identify gaps in knowledge, and propose directions for future research initiatives. Studies on crisis-support training that utilize a virtual reality training approach for professionals working with children and adolescents will also be presented.

Disclosure of Interest: None Declared

WS027

Attitudes towards generative-AI based Virtual patient systems in crisis support training

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doi: 10.1192/j.eurpsy.2025.216

Abstract: While generative AI (genAI) has made significant advances, millions of people are facing humanitarian crises, resulting in the denial of their basic human rights. One humanitarian response to addressing humanitarian crises is crisis support teams with knowledge of psychological first aid (PFA). In humanitarian crises, skilled practice in PFA by crisis support teams can strengthen the mental health of affected individuals, which can be crucial to ensuring societal well-being. At the same time, there are major challenges in training crisis support teams in PFA. With advancements in genAI, there are opportunities to develop virtual patient systems to enhance PFA training for crisis support teams. This presentation will share preliminary data collected through the genAI-agents survey, which explores technological openness, attitudes and learning through genAI and genAI-based virtual patient systems in healthcare education as well as specifically targeted questions to the genAI-based VP system Crisis Support-VR. This survey is a part of a larger project focusing a central research question Does Crisis Support-VR enhance the skills and ability of crisis support teams to deliver effective PFA, thereby strengthening the mental health of individuals affected by humanitarian crises with two interconnected sub-goals; • to empirically explore health and medical staff within children, youth and adult services learning in Crisis Support-VR, • to develop an educational module for training and practice opportunities in PFA to support and help national and international organizations train crisis support teams in applying PFA to children, youths an adults affected by humanitarian crises.

Disclosure of Interest: None Declared

WS028

Practical application of VR in crisis-support training

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doi: 10.1192/j.eurpsy.2025.217

Abstract: Psychological First Aid is (thankfully) not something most people use daily – yet it's crucial for responders to be trained, confident and fully prepared for unexpected emergencies. So how can we ensure this readiness? The answer is AI avatars in virtual reality! At VirtualSpeech, in partnership with Region Västra Götaland, we've developed AI roleplay simulations that enable crisis and emergency teams to not only practice their psychological support skills but also receive personalized feedback on their performance and tips for improvement.

Disclosure of Interest: None Declared

WS029

Open questions in ethics of virtual training

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doi: 10.1192/j.eurpsy.2025.218

Abstract: In recent years, developments in Generative artificial intelligence (genAI) have opened new possibilities for continuous education that were recently only science fiction. However, genAI introduces several ethical considerations and ethical issues continue to appear. These include privacy, ownership, accuracy, bias, psychological impact, and environmental impact. In this workshop we will consider where these ethical issues might specifically intersect with the development and implementation of genAI in training professional conversational skills in the context of professional mental health support. Understanding these ethical issues is important for ensuring positive and sustainable impact on society and individual health. As a part of this workshop, we consider theoretical issues, but we will also look at methods to ensure the development of ethical and trustworthy genAI systems, including transparency and human-in-the-loop methods, along with quality and risk management systems. Moreover, when considering worker health, it is will be important that future work empowers workers to continue to develop in their field, without introducing additional harms such as accessibility problems or exposure to harmful imagery or interactions.

Disclosure of Interest: None Declared

WS030

Current situation in Europe: different prospective

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doi: 10.1192/j.eurpsy.2025.219

Abstract: Introduction. Previous evidence showed significant discrepancies in psychiatric services utilization between migrants and reference populations in Europe. An important barrier for migrants to Europe is the lack of adequate legal entitlements. Sometimes these barriers are mistakenly attributed to cultural differences and misunderstandings because the term 'culture' may be used as a putative politically correct expression reifying social differences and neglecting discrimination. Our study aims were to evaluate incidence and characteristics of psychiatric hospitalizations of migrant patients compared with reference populations and to assess how the COVID-19 pandemic affected admissions. Methods. All patients admitted to the psychiatric ward "SPDC-Malpighi" of the Bologna Mental Health Department, Italy, from 01/01/2018 to 31/12/2020 were included. Differences in sociodemographic and clinical characteristics were tested by migrant status. Incidence rate ratios of hospital admissions by migrant status were estimated via Poisson regression considering population-at-risk, gender, and age-group. Results. Migrants had higher hospitalization rates due to any psychiatric disorder (IRR=1.16). The risk was especially pronounced among women (IRR=1.25) and within the youngest age-group (IRR=3.24). Young migrants had also a greater risk of compulsory admission (IRR=3.77). Regarding admissions due to a specific diagnosis, we found relevant differences in hospitalization rates for psychosis, mood disorders, and personality disorders. Finally, migrants were more likely to be admitted via the Emergency Department and less likely to be referred from a specialist. Discussion. During the year of pandemic (2020) we observed an increase in the proportion of migrants admitted voluntarily or compulsorily. Migrants, especially those from the youngest age-group, had higher hospitalization rates for any disorder. Younger migrants were also at higher risk of compulsory treatment. The distribution of psychiatric admissions during the pandemic period seemed to have further increased discrepancies in mental healthcare needs and provision between migrants and the reference population. Tailored interventions and policies are urgently needed to address this issue. Keywords Psychiatric admissions · Migrants · Pandemic · Compulsory treatments References: Tarricone I, D'Andrea G, Galatolo M, Carloni AL, Descovich C, Muratori R; Bo-East Psychiatric Admissions Study Group. Psychiatric Admission Among Migrants Before and During Pandemic: a Retrospective Study in Acute Psychiatric Ward in Bologna, Italy. J Immigr Minor Health. 2023 Jun;25(3):507-521. doi: 10.1007/s10903-023-01464-7. Epub 2023 Mar 23. PMID: 36952152; PMCID: PMC10034892.

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Abstract

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ECP Programme

ECP001

Mental health disorders and the risk of abuse of prescribed opioids

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doi: 10.1192/j.eurpsy.2025.245

Abstract: Chronic (non-cancer) pain is a rising problem within Western population. Importantly, people with mental illness have disproportionally high levels of (chronic) pain. Prescription opioid medications are frequently initiated for the treatment of chronic pain. This, despite the growing evidence showing a lack of effectivity and an increased risk of complications such as the development of substance use disorders. Specifically, people with MH problems appear to be more vulnerable to lose control and develop opioid use disorders.

Disclosure of Interest: None Declared

ECP002

Intersecting paths: exploring the link between neurodevelopmental disorders and chronic pain

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doi: 10.1192/j.eurpsy.2025.246

Abstract: Individuals with neurodevelopmental disorders, such as ADHD and autism spectrum disorder, often experience higher rates of chronic pain compared to the general population. Potential shared mechanisms could be central sensitization, muscular dysregulation and altered pain experiences. Individuals with ADHD and chronic pain frequently have a lower health-related quality of life, including higher pain interference and depressed symptoms. Psychological inflexibility, insomnia and hypermobility are identified as mediators in the relationship between neurodevelopmental symptoms and chronic pain. Understanding these connections can aid in developing targeted interventions to improve the quality of life for individuals with neurodevelopmental disorders experiencing chronic pain.

Disclosure of Interest: None Declared

ECP003

Psychiatric management of fibromyalgia

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doi: 10.1192/j.eurpsy.2025.247

Abstract: Fibromyalgia is not a primarily psychogenic disorder, however due to high levels of comorbidity with psychiatric disorders and shared therapeutic targets, psychiatrists can play an important role in the diagnosis and treatment of fibromyalgia.
Fibromyalgia is a chronic pain syndrome affecting around 2-5% of the general population. Fibromyalgia's core symptom is the persistent generalized pain, its other symptoms include fatigue, stiffness, depressed mood, anxiety and sleep disturbance. Although some psychiatric symptoms are an integral part of fibromyalgia clinical presentation, in a significant part of patients their severity warrants a specific psychiatric diagnosis and management. Available data shows high rates of psychiatric comorbidity in fibromyalgia, with lifetime prevalence reaching 9-33% for anxiety disorders, 16% for post traumatic stress disorder, 63% for depression, 26% for bipolar disorders. Psychiatric comorbidity in fibromyalgia is associated with the severity of fibromyalgia, its impact on

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patients functioning, quality of life and socioeconomic status. Moreover, the works of our team have also shown that some psychopathological symptoms such as depression, anxiety, anhedonia, chronobiological preferences and circadian rhythm disruptions as well as some psychological traits are linked to lack of response to pharmacological treatment in fibromyalgia.
The current knowledge on fibromyalgia etiopathogenesis is incomplete and does not warrant a comprehensive description. There are no biomarkers or objective tests, which would verify the fibromyalgia diagnosis, which is therefore based primarily on the physician's history-taking and fulfillment of criteria. In effect, the group of patients diagnosed with fibromyalgia is most likely heterogeneous, regarding the biological basis of its symptoms, clinical presentation and susceptibility to treatment. This also means treatment is symptomatic and characterized by limited effects.
Fibromyalgia management requires a multidisciplinary approach, with emphasis on non-pharmacological interventions such as physical activity, cognitive–behavioral/mindfulness psychotherapy, physical therapies. For a large number of fibromyalgia patients these interventions are not sufficiently effective and there is a need for pharmacotherapy. The use of selective serotonin and noradrenaline reuptake inhibitors (SNRI) and pregabalin, which are commonly used to manage depression and anxiety, is supported by best scientific evidence. Also other drugs used for psychiatric disorders such as amitriptyline, gabapentin, quetiapine or naltrexone (in low doses) were proven useful in fibromyalgia management.
This presentation will sum up current knowledge on psychiatric comorbidity in fibromyalgia and treatments which psychiatrists can offer to fibromyalgia patients.

Disclosure of Interest: None Declared

ECP004

Optimizing Psychopharmacotherapy in Special Populations: Educating Language Models for Tailored Treatment Approaches

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doi: 10.1192/j.eurpsy.2025.248

Abstract: In recent years, artificial intelligence has increasingly demonstrated its potential to transform healthcare, particularly in the domain of psychopharmacotherapy. This workshop explores the integration of language models into the personalization of treatment strategies for special populations, including those with complex comorbidities or unique pharmacokinetic profiles. By educating language models with domain-specific data, we can enhance their capacity to support clinicians in decision-making processes, optimize treatment outcomes, and reduce the risk of adverse drug reactions. Attendees will gain insights into the methodologies for training AI models on tailored datasets, addressing challenges in bias mitigation and ethical considerations, and leveraging these tools for real-world clinical applications. This session aims to foster a deeper understanding of how cutting-edge AI can reshape psychopharmacological practices and empower clinicians with data-driven insights.

Disclosure of Interest: None Declared

ECP005

Psychopharmacological treatment in elderly patients

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doi: 10.1192/j.eurpsy.2025.249

Abstract: Mental disorders in the elderly occur much more often than in young adults, and their prevalence increases significantly with age and in the case of people receiving institutional care. Psychopharmacotherapy in an elderly patient is much more challenging and requires more restrictive safety strategies than in younger patients. The significantly increased risk of interactions, side effects and complications resulting from: comorbidities, systemic changes due to aging and, as well as their pharmacotherapy, are a serious problem in the treatment of elderly patients. It should be emphasized that the safety profile may be different in the elderly compared to the young adults - some complications that are rare in younger patients, e.g. bleeding complications, fractures and bone loss, cataract progression, hyponatremia, falls, QT prolongation, stroke, pneumonia and others, are a much more common problem among seniors and their risk should be considered at the initial stage of pharmacotherapy selection. In the case of some drugs (e.g. antipsychotics), the accumulation of serious complications may significantly increase the risk of premature mortality, if they are used incorrectly. Moreover, it should be remembered that certain side effects, e.g. orthostatic hypotension, may occur with drugs for which these side effects are unlikely in younger patients. During the treatment process, it is also necessary to monitor the presence and severity of side effects, such as: constipation, dry mouth, tremors, urination problems, excessive sleepiness or cognitive impairment, which may reduce the quality of life, particularly in an elderly patient. This presentation will provide a brief and practical clinical guide to safe and effective pharmacotherapy in the elderly patients.

Disclosure of Interest: None Declared

ECP006

Mental health treatment for people with dual diagnosis

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doi: 10.1192/j.eurpsy.2025.250

Abstract: In this presentation I will show that mental health treatment for people with dual diagnosis is not very different from treatment of mental disorders without addiction problems. There are a few points that will be raised like interactions with the drug of choice for the patients and the problem arising from compliance.
The most important point that will be presented is the fact that too many people with dual disorders go untreated. There is a need to rise awareness of this problem within our profession.
The main aim of treatment is often to replace some of the effects that the patients experience using drugs like depression, irritability, fluctuating thoughts and sleep problems.

Disclosure of Interest: None Declared

ECP007

A revised biopsychosocial model for explaining complexity to mental disorders

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doi: 10.1192/j.eurpsy.2025.251

Abstract: The biopsychosocial model was first conceptualized by George L. Engel in 1977 in order to explain the contribution of biological, social and psychological factors in determining mental (and physical) illnesses. This model gained new attention in recent years: while many authors consider it as a complete framework, others highlight its clinical, scientific and theoretic vagueness. A revised biopsychosocial model is being proposed, including causal interactions within and between biological, social and psychological factors as the benchmarks of the complexity of mental disorders.

Disclosure of Interest: None Declared

ECP008

Are neuroinflammation and citokines possible novel targets for therapeutic treatments?

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doi: 10.1192/j.eurpsy.2025.252

Abstract: Schizophrenia is a serious mental illness with positive, negative and cognitive dysfunctions and a significant deterioration in psychosocial functioning. Interactions between genetic predisposition and environmental stressors at the early stages of life, and subsequently a molecular level neurodegeneration process are important in the development of schizophrenia. Current approaches suggest that cytokines-induced neuroinflammation might have a role in the development of several psychiatric disorders, including schizophrenia.

Disclosure of Interest: None Declared

ECP009

The exposome paradigm for severe mental disorders: is it useful for clinical practice?

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doi: 10.1192/j.eurpsy.2025.253

Abstract: In this presentation, I will explore how the exposome paradigm can be leveraged to advance clinical practice in psychiatry. Specifically, I will highlight the potential of cumulative environmental risk scores to predict outcomes in severe mental disorders, such as the exposome score for schizophrenia (ES-SCZ). Numerous socio-environmental factors have been linked to mental disorders, including childhood adversities, stressful life events, substance use, obstetric complications during pregnancy and childbirth, and urban living. Environmental factors do not exist in isolation; they form complex networks of interrelated and interactive elements. In this regard, the exposome represents the totality of an individual's environmental exposures throughout their lifetime. The exposome framework introduces a holistic approach to embrace this complexity and a theoretical framework to investigate the poly-gene and poly-environment etiology of psychiatric disorders.
Guided by the exposome framework, we have recently estimated the ES-SCZ, a cumulative environmental exposure score for schizophrenia, including cannabis use, winter-birth, hearing impairment, bullying, and five domains of childhood adversities (emotional and physical neglect, along with emotional, sexual, and physical abuse). The ES-SCZ successfully differentiated individuals with schizophrenia, accounting for 28% of the variance in an independent case-control sample. Subsequently, we have tested the risk stratification properties and the predictive performance of the exposome score for schizophrenia in the general population. The ES-SCZ had strong discriminative performance for schizophrenia (AUC = 0.84) and was associated with the degree of psychosis risk in the general population. Finally, we tested the performance of ES-SCZ for dissecting the functional and symptomatic outcome heterogeneity in patients with psychosis in four different cohorts (EUGEI, GROUP, Athens FEP, and HAMLETT-OPHELIA). ES-SCZ was associated with poor overall functioning and cognitive impairment at baseline and follow-up visits. ES-SCZ was also temporally associated with poor symptomatic improvement from baseline to follow-up assessments, particularly the negative symptom dimension. Furthermore, models that included the polygenic risk score for schizophrenia and clinical features showed that the relationship between ES-SCZ and functional outcomes cannot be explained by genetic or clinical risk factors alone.
Overall, our findings demonstrate the potential benefits of the exposome score for schizophrenia, which can be integrated for early detection, outcome prognostication, clinical staging, and risk stratification in the future.

Disclosure of Interest: None Declared

ECP010

Should cannabis be legalised?

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doi: 10.1192/j.eurpsy.2025.254

Abstract: Legalizing cannabis can yield significant benefits for public mental health by fostering harm reduction, promoting medical access, and mitigating societal stigma. While concerns about misuse exist, a well-regulated cannabis policy can outweigh these risks and provide a balanced approach to mental health promotion.
1. Harm Reduction through Regulation Prohibition often drives cannabis use into unregulated markets, where the lack of quality control increases risks of contamination with harmful substances. Legalization allows governments to regulate cannabis production, ensuring product safety and controlled potency. This can reduce

incidents of adverse reactions, particularly those exacerbated by high-potency strains or toxic additives. A regulated market also discourages illicit activity, reducing exposure to dangerous drugs often sold alongside cannabis in black markets. 2. Promoting Medical Access and Mental Health Treatment Legalization enhances access to cannabis for therapeutic purposes, particularly for mental health conditions such as chronic pain and opens the door to explore the potential benefor for patents with anxiety and post-traumatic stress disorder (PTSD), and. Studies indicate that cannabinoids can alleviate symptoms of stress and anxiety when used responsibly and under medical supervision. By integrating cannabis into healthcare systems, individuals struggling with mental health disorders can benefit from a natural and potentially less addictive alternative to pharmaceuticals like opioids or benzodiazepines, which carry significant risks of dependency. 3. Addressing Stigma and Encouraging Open Dialogue Legalization reduces societal stigma associated with cannabis use, enabling more individuals to openly discuss their experiences and seek help for misuse if needed. Public health campaigns can then focus on education about responsible use, mental health implications, and support systems. Decriminalizing cannabis also reduces the disproportionate criminalization of marginalized groups, fostering a more inclusive and equitable approach to public health. 4. Potential to Reduce Alcohol and Opioid Use Research has suggested that legal cannabis availability is associated with reductions in alcohol and opioid consumption, substances that are more harmful to both physical and mental health. By providing a less harmful alternative for relaxation or pain management, cannabis legalization could mitigate the societal burden of these substances, including addiction and overdose crises. Conclusion While cannabis legalization requires careful regulation to mitigate risks like overuse or dependence, its potential benefits for public mental health are substantial. By reducing harm, enhancing medical access, and promoting a more informed and equitable societal approach, legalization represents a forward-thinking public health policy that prioritizes well-being over punitive enforcement.

Disclosure of Interest: None Declared

ECP011

Does Cannabis Legalization Contribute to an Increase in the Incidence and Prevalence of Psychotic Disorders?

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doi: 10.1192/j.eurpsy.2025.255

Abstract: Cannabis legalisation has undergone a rapid global transformation, with varying policy approaches and public health implications across different geographic areas and social contexts. Several arguments have been proposed to support cannabis legalisation, ranging from control of the quality and potency of the market products, harm reduction, addressing the black market activities, reducing crime, and economic benefit. However, cannabis use has been associated with public health concerns, and it has been established as the most preventable risk factor for psychotic disorders.

This work aims to dissect the key arguments supporting cannabis legalisation through the following objectives: 1) reviewing the relationship between cannabis legalisation and the incidence and prevalence of psychotic disorders in countries where cannabis has been legalised, as well as changes in incidence rates over time in those countries where legalization is currently under debate; 2) examining the relationship between cannabis use and psychopathological outcomes using a syndemic approach; and 3) presenting original data from the epidemiological branch of the EC-1 study, aiming to identify risk factors for psychopathology, violence, and aggression in South London.

Disclosure of Interest: None Declared

ECP012

Marrying up new trends in clinical research: AI and -omics

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doi: 10.1192/j.eurpsy.2025.256

Abstract: Artificial intelligence (AI) and -omics techniques (genomics, proteomics, metabolomics) represent two rapidly evolving fields that are increasingly intersecting to transform clinical research and healthcare.

AI, aiming to mimic human intelligence through computational modelling, possesses extraordinary capabilities for big data analysis. -Omics, offering quantifiable and dynamic readouts of the molecular state of the subject, can generate large databases covering hundreds to thousands of molecules with complex relationships.

Combining AI-driven insights with the wealth of data generated by genomics, transcriptomics, proteomics, and metabolomics can help uncovering complex biological networks, with the potential to revolutionize our understanding of disease mechanisms, improve patient stratification, and optimize therapeutic interventions.

In this presentation, the concepts of AI and -omics and their combined application to clinical research will be discussed, summarizing the strengths and limitations of these approaches. Studies leveraging AI across various -omics domains will be presented. Key advances, ongoing challenges, and future perspectives in this rapidly evolving field will be debated.

While still in the early stages, the synergistic partnership between metabolomics and AI represents an exciting frontier that holds great promises for groundbreaking advancements in clinical research and human health, paving the way toward a new era of precision medicine.

Disclosure of Interest: None Declared

ECP013

Speech analysis in psychiatric disorders: experiences from the CALIBER study

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doi: 10.1192/j.eurpsy.2025.257

Abstract: Bipolar disorder (BD) is characterized by mood and cognitive fluctuations that manifest in speech patterns. Current assessments rely on subjective clinical evaluation, but advances in natural language processing (NLP) offer new opportunities for objective monitoring. This study analyzes speech from BD patients across different mood states—euthymia, mania, and depression—using structured tasks, spontaneous speech, and standardized text reading. Key acoustic, linguistic, and emotional features are extracted and correlated with clinical scales. Machine learning models are being developed to predict symptom severity and mood phase. This approach could provide reliable digital biomarkers, enhancing diagnosis, monitoring, and early relapse detection in BD. Standardized speech protocols may pave the way for international collaboration and large-scale validation.

Disclosure of Interest: None Declared

ECP014

Burnout and mental health issues in the psychiatry training and career pathway

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doi: 10.1192/j.eurpsy.2025.258

Abstract: Burnout and mental health issues have become increasingly prevalent among psychiatry trainees and early career psychiatrists, posing significant challenges to their well-being. This presentation explores the multifaceted relationship between psychiatry training environment and the occurrence of burnout, characterized by emotional exhaustion, depersonalization, and a diminished sense of personal accomplishment. Factors contributing to the severe burnout in psychiatry trainees include long working hours, lack of supervision, and not having regular time to rest (Jovanović N. et al., 2016). Other potential factors described include the high demands of clinical responsibilities, emotional strain from patient interactions, and inadequate support systems. Encountering possible suicidal patients and coping with patients' violence are other factors that can have a strong influence on psychiatry trainees and early career psychiatrists' clinical activity, especially in the absence of appropriate training in the field and supervision (Chumakov E. et al., 2022; Longo G. et al., 2023). Studies indicate that a significant proportion of psychiatry residents experience symptoms of mental distress (Pitanupong J. et al., 2024; Toni F. et al., 2024) with depression being an important source of impaired mental well-being. Furthermore, the stigma surrounding mental health within the medical community often discourages trainees from seeking help, exacerbating feelings of isolation and distress. There's no question that poor mental health can affect not only psychiatry trainees and early career psychiatrists' personal health but also their professional development and patient outcomes. In this presentation the implications of these issues for the psychiatry field will be discussed. There's a growing demand for advocacy for comprehensive training programs that integrate wellness strategies, enhance supervision, and promote open conversations about mental health. By fostering a supportive environment and prioritizing self-care, the psychiatry community can mitigate the risks of burnout and mental disorders among peers, ultimately leading to a more resilient workforce and improved patient care. This presentation underscores the need to support the mental health of future psychiatrists and ensure the integrity of mental health services.

Disclosure of Interest: None Declared

ECP015

Burnout in doctors

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doi: 10.1192/j.eurpsy.2025.259

Abstract: Burnout is a set of experiences and symptoms which occurred in the context of stress and high ideals in the helping professions who feel drained, exhausted, tired, listless and unable to cope. Burnout leads to disengagement, blunted emotions, helplessness and hopelessness with feeling trapped causing detachment and depression. Prevention of burnout is important and includes interventions at policy, institutional and personal levels. These resources must include financial and human resources where appropriate; prompt and culturally acceptable help is available and easily accessible. Institutions must allocate sufficient funds for well-being of its staff. Various steps can be taken but perhaps most important is accessibility of services in a non-stigmatising manner. These services must be confidential, fit for purpose and widely advertised and accessible. Physical space to rest and access to affordable nutritious food are important. Access to occupational heath services or primary care are important.
Dinesh Bhugra

Disclosure of Interest: None Declared

ECP016

Prevention strategies in stress coping and life crisis in trainees and early career psychiatrists

D. Gurrea Salas* and ECP Task Force on Communication and Publications

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Abstract: The current post-covid situation and the increase of violent situations in the ward within another risk factors flourished

within the last years. With this input is aimed, the change of culture into the active implementation of stress and therefore mental health prevention strategies in the workplace and in safe spaces after the shift. Coping Strategies have to be implemented to improve the resilience and the ability to act (empowerment) in the early career stages of trainees and early career psychiatrists, as they are at risk of life crises and suicidal behaviors.

Disclosure of Interest: None Declared

ECP017

Wellbeing as antidote against burnout: interventions and actions

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Abstract: Background: Burnout among mental health professionals poses a significant threat to personal wellbeing, patient care, and healthcare systems. Addressing this challenge aligns with the broader mission of the European Academy of Neurology (EAN) to promote brain health not only for patients but also for clinicians. This presentation highlights education, collaboration, and systemic interventions, integrating neurological and psychiatric perspectives.
Methods: This initiative stems from the EAN Task Force for Wellbeing (TFW), in collaboration with the European Psychiatric Association (EPA). A multipronged strategy was designed to enhance awareness, build resilience, and foster systemic reforms:

- Educational Media: A podcast series exploring burnout's conceptualization, its neurobiological and psychological aspects, gender disparities, and practical solutions.
- Interactive Webinars: Interdisciplinary sessions combining insights from neurology and psychiatry, showcasing evidence-based strategies and technological innovations.
- Public Debates: Open forums to engage professionals across career stages, raising awareness and encouraging action to tackle burnout.

These initiatives were supplemented by systematic reviews, case studies, and suggestions of novel tools to monitor mental health and stress factors.
Results: The combined educational and intervention efforts yielded significant outcomes:

- Advancing Brain Health for Clinicians: Awareness initiatives emphasized the vital link between clinician brain health and professional resilience
- Skill Development and Resilience: Practical strategies for time management, mentorship, and self-care were disseminated through case studies and interactive discussions.
- Collaborative Solutions: Webinars and public debates highlighted shared challenges and fostered interdisciplinary advocacy for systemic reform.

Discussion: Burnout is not just an individual issue but a systemic challenge requiring collective action. By prioritizing clinician brain health as a mission, the EAN and EPA collaboration provides a unifying framework to tackle burnout. Educational initiatives bridged the gap between theory and practice, while public debates fostered community engagement and systemic advocacy. Interdisciplinary collaboration underscored the shared nature of burnout and the need for unified, brain-health-centric strategies.
Conclusion: Promoting wellbeing through education, collaboration, and innovative tools aligns with the broader goal of achieving brain health for clinicians. These initiatives provide a sustainable pathway to counteract burnout and foster a resilient and thriving workforce. Continued investment in education, public discourse, and systemic reform is essential to realizing this mission.
Keywords: burnout, brain health, wellbeing, education, interdisciplinary collaboration, neurology, psychiatry, systemic reforms

Disclosure of Interest: None Declared

ECP018

Global advances and challenges in perinatal psychiatry

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Abstract: Perinatal psychiatry is a rapidly evolving subspecialty focused on diagnosing, recognising early, and treating mental disorders in pregnant and postpartum individuals, up to two years after childbirth (timeframes vary globally). The field has gained attention as governments around the world work to meet the United Nations Sustainable Development Goals (SDGs), particularly SDG 3 (health and well-being) and SDG 5 (gender equality), aiming to improve maternal, infant, and child health outcomes.
In most countries, perinatal mental illness is managed by family doctors, midwives, and general adult psychiatrists, although some countries have developed specialist community and inpatient perinatal mental health services. The goal is effective treatment to improve pregnancy outcomes, parental mental health, social functioning, and child development. Studies show that infants of mothers with untreated perinatal depression and psychosis are at higher risk of long-term mental health disorders and poor social and educational outcomes. Early detection and efffective and acceptable interventions are key to breaking this cycle.
This presentation will address global advances and ongoing challenges. Significant progress includes increased awareness, emerging specialist services, novel pharmacological treatments with improved safety profiles, expanded evidence-based psychosocial interventions, and a focus on maternal suicide prevention, a key driver of maternal mortality. However, major challenges remain: perinatal suicide is a leading cause of maternal death, poor quality of evidence for prescribing in pregnancy and lactation, long-term morbidity due to untreated mental illness is often overlooked, and access to care is limited especially in low- and middle-income countries. Social stigma and structural barriers also prevent many from seeking help. Addressing these issues requires a global, multidisciplinary approach, integrating public health initiatives, policy changes, workforce training, and research innovations to ensure equitable access to high-quality perinatal mental health care worldwide.

Disclosure of Interest: None Declared

ECP019

Diagnostics and treatment of female ADHD in the perinatal period

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Abstract: Pregnancy-related hormonal fluctuations, such as changes in estrogen and progesterone, can exacerbate ADHD symptoms, complicating the diagnostic process. Overlap with symptoms of pregnancy-related conditions, such as fatigue and mood instability, further obscures ADHD identification.
Non-pharmacological interventions, including cognitive-behavioral therapy (CBT) and psychoeducation, are first-line recommendations. For patients requiring pharmacological treatment, stimulant and non-stimulant medications must be considered cautiously, weighing risks such as low birth weight or preterm labor against the potential impact of untreated ADHD on maternal functioning. Emerging data suggest that atomoxetine and certain stimulants may be relatively safe under close monitoring.
Untreated ADHD in pregnant women is associated with higher risks of prenatal stress, inadequate prenatal care, and postpartum depression, highlighting the need for tailored management strategies.
Keywords: ADHD, pregnancy, diagnosis, treatment, pharmacological safety, maternal mental health.

Disclosure of Interest: None Declared

ECP020

Mastering Therapeutic Drug Monitoring: Essential Strategies for Pregnancy and Breastfeeding

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Abstract: Measuring medication levels in blood and/or milk of psychotropic-treated women during pregnancy and lactation provides significant benefits for optimizing maternal mental health while minimizing risks to the developing fetus or breastfeeding infant. This approach supports individualized treatment plans by addressing the unique pharmacokinetic and pharmacodynamic changes that occur during these physiological states. Among key benefits monitoring blood levels ensures that psychotropic medications remain within therapeutic ranges, thereby reducing the likelihood of relapse while avoiding toxicity. Moreover, measuring drug levels aids in balancing maternal benefits against fetal risks by enabling dose adjustments to minimize unnecessary fetal exposure while maintaining efficacy. It is particularly relevant for medications with narrow therapeutic indices or significant placental transfer. Additionally, pregnancy induces changes in drug absorption, distribution, metabolism, and excretion, which can lead to subtherapeutic levels. Monitoring essentially helps clinicians anticipate and adjust for these alterations, ensuring consistent drug efficacy. Further, postpartum, measuring drug levels in maternal blood and, when appropriate, in breastmilk provides data on infant exposure risks. This information is crucial for determining the safety of breastfeeding while continuing psychotropic therapy.
Last, drug level data allow clinicians to assess adherence, which is a major aspect during pregnancy and lactation.
Incorporating medication level assessments into risk management frameworks during pregnancy and lactation ensures that women receive evidence-based, safe, and effective psychotropic treatment while supporting fetal and neonatal well-being.

Disclosure of Interest: None Declared

ECP021

How to do research and be a researcher

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Abstract: There's a lot of advice and written material available on research methods but much less on 'how to be a researcher'. However, understanding this is as much a part of carrying out research as understanding a particular methodology. Having delivered countless teaching sessions on research design, I thought it would be interesting to consider (and attempt to write about) the origins of research principles, how these have developed over time, and what's common across different fields. As well as this, there are the more mundane realities of attracting funding and publishing output, and the common challenges of achieving career progression and success in complicated political structures. There are great opportunities in research, and few careers that are as continuously interesting and engaging, but it's wise to keep as clear a perspective as possible of the road behind and ahead.

Disclosure of Interest: R. Stewart Paid Instructor of: Oxford University Press

ECP022

Nine rules to follow in collaborative research

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Abstract: Introduction: After the exploration of factors relevant to the conduct of collaborative research it is possible to formulate a set of rules which vastly increase the probability of success in the study conducted collaboratively.
Methods: A systematic exploration of the manners in which collaborative research has been organized and of the relation between the method or organization and the successful completion of the study.
Objectives: The goal of this exploration was to formulate a set of rules which should be followed in conducting multicenter collaborative research to enhance the probability of its success.

Results: The examination of the experience in the conduct of the studies organized and lead by the author it was possible to formulate certain rules which, when followed, not only led to a successful completion of the studies but also led to a number of additional benefits for the centres in which the study was conducted. The nine principal rules which were formulated in this way will be presented.
Conclusions: Collaborative research is more likely to have useful results if it is developed bearing certain rules in mind.

Disclosure of Interest: None Declared

ECP023

ADHD in adulthood: Why should we not give up on getting the diagnosis right

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Abstract: ADHD in adulthood is still an orphan diagnosis in many countries in Europe. This is due to lack of knowledge in the education of psychiatrists in adult psychiatry about the research findings on adult ADHD of the past 30 years. Why is this important?
ADHD is prevalent in about 3-5% of adults in the general population, but in at least 20% of patients in psychiatry, whether anxiety, depression, bipolar disorder, substance abuse disorders and many more. In adults with borderline personality disorder, ADHD symptoms in childhood precede the development of this personality disorder later in life even in the majority of cases. Not recognising and treating ADHD in adulthood means that this condition impacts the treatment outcomes of any other psychiatric comorbidity due to impairing inattention, impulsivity and hyperactive behaviour. Psychotherapy for instance is hard to comply to when ADHD is not treated first. Also compliance to medication often fails in case of untreated ADHD, leading to high relapse rates. Also the treatment of physical diseases for instance for astma, obesity and diabetes may fail in case of untreated ADHD. In fact, not treating ADHD may lead to chronicity of any other comorbid condition; one of the reasons that ADHD can be found in chronic therapy-resistent patients.
ADHD is comorbid with 34 of 35 investigated disorders and diseases in a Swedish registry study, of which many have in part a genetic background. Allergies, astma, migraine, irritable bowel syndrome, hypermobility and weak connective tissue seem to play a role in many of these diseases. Psychiatric comorbidities are also broad: anxiety, depression, bipolar disorder, autism, sleep disorders, substance abuse disorders, personality disorders, severe hormonal moodchanges across the lifespan in women, and PSTD. This summary points to the systemic nature of ADHD across the lifespan, that urgently needs more research and understanding.
The good news is that ADHD is a well treatable condition in about 80% of patients using psycho-education, stimulant and other medication, CBT and other psychotherapies. Comorbid conditions must be diagnosed and treated as well, and often first. Treatment offers stability for patients who have never experienced this from childhood. As such, the diagnosis of ADHD in adults is often a game changer, enabling patients for the first time to persevere to a better lifestyle, to prevent further damage due to sleep loss, substance abuse and obesity.
Training about diagnostic assessment and treatment is available via books, (online) training and webinars.
In this presentation, all resources will be discussed followed by Q and A.

Disclosure of Interest: None Declared

ECP024

Overlap between personality disorders and neurodevelopmental conditions

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Abstract: We all have a personality, whether or not we also have a mental health disorder, and for some people parts of our personality lead to problems with others, or in getting on in our lives. Indeed the same might be said of neurodevelopmental conditions, autism, intellectual disability, ADHD, of which we understand there to be a spectrum of degree, and which in unfavourable circumstances produces difficulty and dysfunction. The combination of personality and neurodevelopmental pathology is common, so too is misdiagnosis between them. This talk will describe the key theories to understand the overlap, tackle diagnostic uncertainty, and outlines the ways in which support can be offered for the combination of the two.

Disclosure of Interest: None Declared

European Psychiatry

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Oral Communication

Obsessive-Compulsive Disorder

Abstract

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O001

Dissecting the Phenomenon of Suicidality in Patients with Obsessive-Compulsive Disorder: A Descriptive Psychopathological Study

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Introduction: There are conflicting and inconclusive results regarding suicidality in patients with obsessive-compulsive disorder (OCD).

Objectives: To describe the different psychopathological aspects of suicidality (suicidal ideation, suicide attempts, completed suicide, family history, etc.) in OCD.

Methods: In this case-control study we compared 114 patients with OCD and 127 controls (no OCD general hospital inpatients). The psychopathological aspects of suicidality were obtained through a 24 questions specific suicidality inventory (DETEC-S). Other instruments/data (Beck Depression and Anxiety Inventories, family history of psychiatric disorders, symptom severity scale, and psychiatric comorbidities) will be described in another study.

Results: Patients with OCD reported: less will to live (p=0.005); greater will to die (p<0.001); more reasons to die (p=0.022); greater lifetime history of suicidal ideation (SI) (p<0.001); accept the idea of dying (p<0.001); admit death as an escape from problems (p<0.001); suicidal plan in the past (p=0.019); admit courage and ability to commit suicide (p=0.003); no organization for the afterlife (p=0.021); have already talked to other people about SI (p<0.001); access to a lethal method (p=0.047); higher rates of family members, close people or friends who have already attempted suicide (p=0.008). They did not differ from the controls: would save themselves in case of an accident; current intention to commit suicide; able to control suicidal desire; would not commit suicide because of family, friends or religion; absence of current suicidal plan; suicidal desire or plan in the near future; writing a suicide note; prevalence of lifetime suicide attemp (SA); when they had SA, there was no need for medical care; and suicide success rates of family members, close people or friends. There was no significant difference in the total DETECT-S score (p=0.086). There was a moderate and direct correlation of suicidality scores with: the current severity of OCD and (r=0.32; p=0.001), especially at the expense of the severity of compulsions (r=0.35; p<0.001); and with the severity of depressive symptoms (r=0.43; p<0.001); average rate of lifetime improvement of symptoms (r=0.36; p=0.007). We found a moderate and indirect correlation with total quality of life scores (r=-0.47; p<0.001), especially at the expense of aspects related to the physical (r=-0.47), psychological (-0.47) and environmental (r=-0.42) domains (all with p<0.001).

Conclusions: Suicidality appears to be markedly present in patients with OCD (of the 24 psychopathological aspects of the DETECT-S questionnaire, patients had higher scores in 13 items) even when compared to patients admitted to a general hospital. A detailed approach to suicidality in patients with OCD may help in therapeutic planning and reduce patient suffering.

Disclosure of Interest: None Declared

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Epidemiology and Social Psychiatry

O002

Anxiety and Mood Disorders on the Rise: Exploring Clinical Profiles and Risk Factors in the Netherlands

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Introduction: While an increase in mental disorders has been suggested, the role of societal changes, such as sociodemographic, vulnerability, or health-lifestyle factors, on this increase is scarce. This information is however crucial for health care policy and planning.

Objectives: We examined trends in the 12-month prevalence of anxiety and mood disorders, their clinical profiles, and how sociodemographic, vulnerability, and health-lifestyle risk factors may have contributed to these trends.

Methods: We used data from 11,615 respondents (mean age= 43.5, 53.5% female) of the Netherlands Mental Health Survey and Incidence Study, examining the general population in 2007-2009 (NEMESIS-2, n= 6,646) and 2019-2021 (NEMESIS-3, n= 4,969). The Composite International Diagnostic Interview 3.0 was used to determine DSM-IV diagnoses. Logistic regression and interaction analyses were then conducted to assess the association between risk factors and the prevalence of anxiety and mood disorders, while also evaluating changes over time between the two cohorts.

Results: The 12-month prevalence of all types of anxiety and mood disorders significantly increased from 2007–2009 to 2019–2022, with increases ranging from 56% to 125%. Clinical profiles of those with disorders were not milder in 2019-2022; there was greater mental health care use, a higher number of disorders, and an earlier age of onset. There was no consistent evidence that sociodemographic, vulnerability, or health-lifestyle risk factors became more prevalent over time or had a greater relative impact over time.

Conclusions: Our study showed a consistent increase in 12-month prevalence across all anxiety and mood disorders over the past decade. This rise in prevalence could not be explained by an increase in the absolute or relative impact of specific risk factors, nor were there significant differences in clinical profiles over time.

Disclosure of Interest: None Declared

Anxiety Disorders and Somatoform Disorders

O003

The Relationship between Kynurenine Metabolites and Executive Functions in Patients with Generalized Anxiety Disorder

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Introduction: Generalized anxiety disorder (GAD) is a common psychiatric condition characterized by excessive worry, concentration issues, and insomnia. Despite numerous studies, its neurometabolic mechanisms remain unclear.

Objectives: This study aims to compare the levels of kynurenine pathway metabolites between GAD patients and healthy control groups, and to investigate the relationship between kynurenine metabolism products, executive functions, and disease severity in GAD patients.

Methods: The study included 41 GAD patients and 41 healthy controls. Participants were enrolled after ruling out major depressive disorder using the Beck Depression Inventory. They then completed the Sociodemographic and Clinical Data Form, the Wisconsin Card Sorting Test (WCST), the Trail Making Test (TMT) A and B, the Digit Span Test (DST), the Verbal Fluency Test (VFT), the Stroop Test, and the State-Trait Anxiety Inventory. Venous blood samples were collected for serum metabolite measurements. Levels of kynurenic acid (KYNA), quinolinic acid (QUIN), tryptophan (TRP), 3-hydroxykynurenine (3-HK), kynurenine (KYN), and 3-hydroxyanthranilic acid (3-HAA) were measured using liquid chromatography-mass spectrometry (LC-MS).

Results: We found that GAD patients performed significantly worse in terms of the number of categories completed on the WCST ($p=0.014$), TMT-A ($p<0.001$), TMT-B ($p=0.015$) and Stroop Test sub-scores ($p<0.001$) compared to the healthy control group. GAD patients had significantly higher QUIN levels and a lower KYNA/QUIN ratio ($p<0.001$) than the healthy control group, while the control group had a higher 3-HK/KYN ratio ($p=0.008$). A negative correlation was found between DST scores and 3-HAA ($r = -0.311$, $p = 0.048$), as well as between the KYNA/KYN ratio and the stroop test subscore ($r = 0.368$, $p = 0.019$). In the GAD group, we found a positive correlation between kynurenine levels and state anxiety scores ($r=0.34$; $p=0.032$). In regression analysis, the KYNA/QUIN ratio significantly reduced GAD risk ($p=0.001$; OR: 0.531), independent of test performance.

Conclusions: Our study suggests that neurotoxic metabolites in the kynurenine-tryptophan metabolism may explain the executive function impairments observed in GAD. A key finding is that higher KYNA/QUIN ratios significantly reduce GAD risk, which

is etiologically important and provides valuable guidance for future research.

Disclosure of Interest: None Declared

Obsessive-Compulsive Disorder

O005

Effectiveness of Repeated Ketamine Infusions in Treatment Non-Responding Obsessive Compulsive Disorder: a Randomised Controlled Trial

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Introduction: Though glutamate modulators have been increasingly used with some success in cases of OCD resistant to SRIs, there is limited data on the use of ketamine in OCD. There is one study on the use of multiple ketamine infusions in SRI-resistant OCD, but no studies have yet compared the effectiveness of multiple infusions of ketamine with multiple infusions of an active comparator agent. Benzodiazepines are commonly prescribed for OCD despite the lack of recommendations. The current study was a hospital-based prospective, single-blind, randomised controlled trial conducted over a period of one and a half years to compare the effectiveness of multiple infusions of ketamine with those of midazolam.

Objectives: To look into the immediate effects of ketamine infusion in terms of reduction in illness severity in OCD treatment non-responders in comparison to midazolam infusion.

To determine the time-point associated with the largest change in symptom severity in patients receiving repeated ketamine infusions in comparison to midazolam infusions.

To determine the overall proportion of response of OCD treatment non-responders to ketamine infusions in comparison to midazolam infusions.

Methods: In a hospital setting, we compared the effectiveness of 6 sessions of ketamine infusions (0.5 mg/kg body weight) with that of 6 sessions of midazolam infusions (0.045 mg/kg body weight), given on alternate days on a Monday-Wednesday-Friday schedule, in 30 patients with treatment non-responding OCD. Assessments were made using rating scales: DY-BOCS, MADRS, HAM-A, CADSS and SAFTEE.

Results: At 1 hour and 4 hours after the 1st ketamine infusion, 26% of patients achieved treatment response, while none in the midazolam group did so at these time points (Figures 1 and 2). Maximum symptom reduction occurred after the 1st infusion. By the 6th infusion, 40% of ketamine patients achieved treatment response, compared to 20% in the midazolam group. At 4 weeks after the last infusion, only 1 patient (6%) in the ketamine group maintained treatment response, with none in the midazolam group. Overall, the result indicates that the ketamine group showed significant improvement compared to the midazolam group (F=1.541, p=0.048) with a medium effect size (η2=0.056) (Fugure 3). There were no statistically significant differences between the two groups in terms of overall reductions in MADRS.

Image 1:

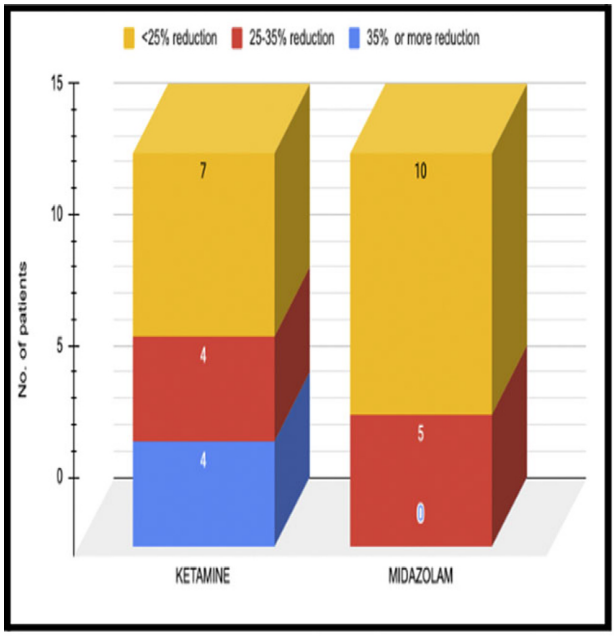


Figure 1: Stacked column chart showing the distribution of degrees of % reductions in DY-BOCS Global Score in ketamine and midazolam groups at 1 hour after 1st infusion.

Image 2:

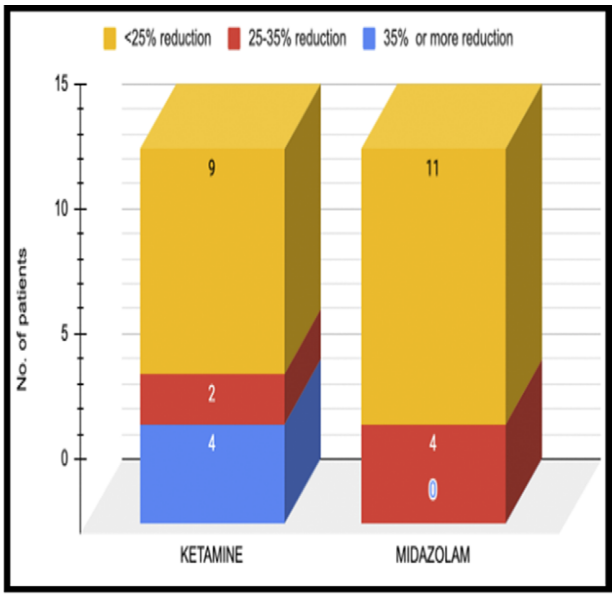


Figure 2: Stacked column chart showing the distribution of degrees of % reductions in DY-BOCS Global Score in ketamine and midazolam groups at 4 hours after 1st infusion.

Image 3:

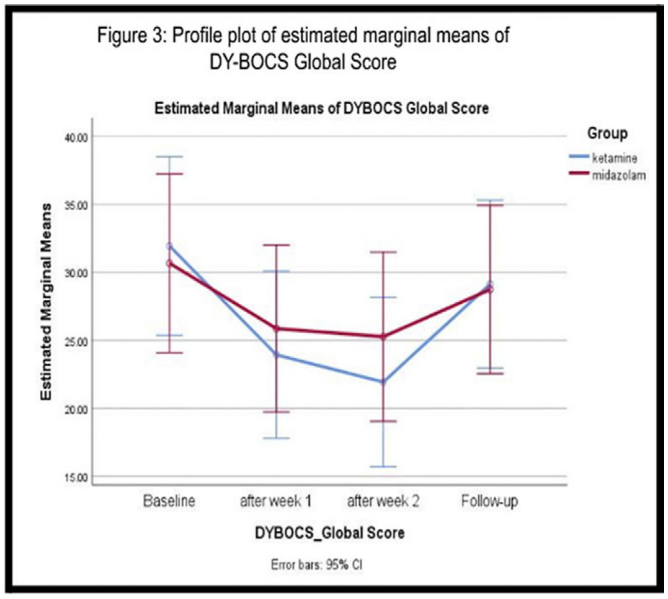


Figure 3: Profile plot of estimated marginal means of DY-BOCS Global Score

Conclusions: Ketamine, though modest in action, is superior to midazolam. Our findings lie between those of 2 prior studies—that by Bloch et al. (2012), who showed it to be largely ineffective, and that of Rodriguez et al. (2013), who found that half of their participants continued to show response even 1 week after the infusion. The differential overall improvement in DY-BOCS in the ketamine group over the midazolam group was independent of the reductions in depressive symptoms.

Disclosure of Interest: None Declared

O006

Deep brain stimulation (DBS) in patients with obsessive-compulsive disorder – a two-year follow-up on quality of life

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Introduction: Deep brain stimulation (DBS) is a neurosurgical procedure in which thin electrodes connected to a neuro-pacemaker are implanted into deep brain structures to modulate pathological neuronal activity with electrical current. DBS is used for symptom relief in Parkinson´s disease (Groiss *et al.* TAN Disord 2009; 2 79–91) and is under investigation for several psychiatric conditions (Naesström *et al.* NJP 2016; 70 483–91). Severe and treatment-resistant obsessive-compulsive disorder (OCD) may be treated with DBS to achieve reduced OCD symptoms, ultimately aiming for an improved quality of life.
Objectives: Our objective is to present preliminary data on OCD patients' self-reported quality of life related to the development of OCD symptoms, before DBS surgery, and up to two years after surgery.
Methods: Patients with severe OCD (n=12) were enrolled in an open-label clinical trial on DBS delivered into the brain area of the bed nucleus of stria terminalis (BNST), as previously described (Naesström *et al.* W Neurosurg 2021; 149 e794-e802). The patients completed the EuroQOL five dimensions questionnaire (EQ-5D-3L) and were assessed with the Yale-Brown Obsessive Compulsive Scale (YBOCS) before DBS surgery and after six, 12, and 24 months. The paired *t-test* was used to analyze for group differences.
Results: The mean age at DBS surgery was 39.2 years (standard deviation [SD] 15.5) and the baseline YBOCS score corresponded to severe to extreme OCD (mean 33, SD 3.0). The mean EQ-5D index score was 0.62 (SD 0.11) at baseline and had improved to 0.74 (SD 0.13) at the two-year follow-up and the difference was statistically significant ($t = 2.8$, $df = 7$, $p\text{-}value = 0.025$). The EQ-5D VAS scores measured pre-surgery were low (mean 35.9, SD 22.2) and had increased two years post-surgery (mean 54.4, SD 21.0), but with no statistically significant difference ($t = 1.9$, $df = 8$, $p\text{-}value = 0.093$).
Conclusions: Quality of life in OCD patients two years after DBS surgery measured with the EQ-5D-3L showed an improvement two years following surgery for the EQ-5D index but not for the VAS scale. These preliminary data show that self-assessment with the EQ-5D-3L scale may be used to follow up on patients' quality of life after DBS and longer follow-up periods are warranted.

Disclosure of Interest: None Declared

Post-Traumatic Stress Disorder

O007

Effect of Nurse-Led Interventions in Reducing Post-Traumatic Stress Disorder Symptoms in Inpatients: A Systematic Review and Meta-Analysis

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doi: 10.1192/j.eurpsy.2025.275

Introduction: Psychologically, traumatic incidents often involve physical injuries that threaten a person's survival and sense of security. After a sudden health problem or other kind issues, hospital admission can be an experience that negatively affects psychological health and recovery, often including symptoms of post-traumatic stress disorder, anxiety, and depression. Nurses who spend a longer

time with patients can determine the initial changes in individuals and play a crucial role in the decision-making process.
Objectives: This systematic review aimed to investigate the effect of nurse-led interventions in reducing post-traumatic stress disorder symptoms in inpatients.
Methods: In this review, we investigated studies from Pubmed, Cochrane Library, Medline (OVID), Scopus, Web of Science, CINAHL, Dergipark and TR Dizin (a directory) databases that met the inclusion criteria. The methodological quality of the studies was assessed using the Cochrane Risk of Bias 1 tool. This study was performed based on the Guidelines of Systematic Reporting of Examination presented in the PRISMA checklist. The search protocol has been registered at the PROSPERO International Prospective Register of Systematic Reviews.
Results: This systematic review included seven studies with a total sample size of 736 inpatients (intervention group: 350 participants; control group: 345 participants). The meta-analysis revealed that nurse-led interventions showed no statistically significant impact on post-traumatic stress disorder symptoms (SMD: -4,08, Z = .79, p = .43), anxiety (SMD: .28, Z = .18, p = .86) and depression (SMD: -.60, Z = .87, p = .38) in inpatients.
Conclusions: Out of seven studies, five of them indicated that these interventions were not effective in reducing PTSD symptoms while in two studies, the interventions were found to be effective in alleviating PTSD symptoms. To effectively reduce or prevent post-traumatic stress symptoms in inpatients, it is recommended to integrate a comprehensive range of therapeutic, evidence-based practices into clinical settings, facilitated by a multidisciplinary team approach within a educative and collaborative working environment.

Disclosure of Interest: None Declared

Sleep Disorders and Stress

O008

Sleep debt in adolescence as a risk factor for depression in young adulthood

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Introduction: Adolescence is a crucial stage, during which sleep undergoes significant maturation. Among the sleep changes that characterise adolescence, sleep debt is particularly relevant. Although existing evidence indicates that sleep debt is very prevalent in adolescents, little is known about its impact on adolescents' mental health.
Objectives: To explore the cross-sectional and longitudinal associations between sleep debt in adolescence and depression in adolescence and young adulthood.
Methods: This study is based on the Avon Longitudinal Study of Parents and Children. Here, we used data from 4,993 participants with information on sleep and depression at 15-16 years, and 3,962 on depression at 24 years. Self-reported information on amount of sleep hours per night during weekdays and weekends (i.e., actual sleep) and amount of sleep hours per night they felt they needed (i.e., sleep need) was collected at 15-16 years. Sleep debt at 15-16 years was calculated as the difference between sleep need minus actual sleep, with higher scores indicating higher sleep debt. Depression symptoms at 15-16 years were self-reported using the Short Mood and Feelings Questionnaires and the cut-off of total scores ≥ 8 was used as a criterion for depression. Moderate depressive disorder at 24 years old was measured using the self-administered computerised version of the Clinical Interview Schedule revised. To test the cross-sectional and longitudinal associations between exposures and outcomes, a series of logistic regression analyses (unadjusted and adjusted) were conducted.
Results: The results from the cross-sectional logistic regression analyses showed that the three measures of sleep debt (weekday, weekend and average) were significantly associated with the outcome, indicating that adolescents with higher sleep debt were at higher risk of concurrent depression at 15-16 years (weekday: OR=1.15, CI 95%=1.11-1.19, p<0.001; weekend: OR=1.04, CI 95%=1.01-1.07, p=0.010; average: OR=1.11, CI 95%=1.07-1.15, p<0.001). Regarding the longitudinal associations, only adolescents with higher sleep debt during weekdays were at higher risk of moderate depression at 24 years (OR=1.12, CI 95%=1.05-1.20, p<0.001), despite sleep debt on average being close to significant (OR=1.07, CI 95%=0.99-1.16, p=0.052).
Conclusions: Higher sleep debt is associated with higher risk of depression in adolescents and constitutes a risk factor for depression in young adulthood, particularly when the sleep debt occurs during weekdays. Our results contribute to the debate on early school times in adolescents and how these can impact their sleep patterns and consequently negatively affect their mental health. Further efforts to understand sleep debt in adolescence are needed, to prevent the development of future mental health problems.

Disclosure of Interest: None Declared

Post-Traumatic Stress Disorder

O009

The role of psychosocial stressors in PTSD development among medical staff in Ukraine

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doi: 10.1192/j.eurpsy.2025.277

Introduction: Prevalence of posttraumatic stress disorder (PTSD) has been documented in war-affected populations. A third of Ukrainians met diagnostic requirements for PTSD according to the UN, but the information on the mental health of medical staff is still insufficient. Well-known increased risk of mental disorder is

the result of traumatic experiences in healthcare workers as part of their professional duties.
Objectives: Based on this we aimed to analyze the potential sources of traumatic experience at work and the severity of PTSD and depression symptoms among medical staff in war condition.
Methods: The online and paper-pencil survey was conducted in November 2023 - January 2024. The study included a sample of 96 health care workers (doctors, nurses and paramedics). We used the structured interview on work characteristics of physical and psychosocial factors and standardized questionnaires on PTSD (Posttraumatic Stress Disorder Checklist; PCL-5) and depression (Patient Health Questionnaire; PHQ-9) symptoms. Additionally the needed source of support to cope with stress at work has been investigated.
Results: The correlation and regression analysis allowed revealing patterns between potential sources of traumatic experience at work and the severity of PTSD and depression symptoms among Ukrainian medical staff. The results of the correlation analysis of physical and psychosocial stressors, depression and PTSD symptoms indicated that psychosocial stressors define PTSD development. There were detected job-related specific psychosocial stressors among medical staff in Ukraine leaded to PTSD and depression development: "Conflict in organization/community", "Being threatened/abused", "Lack of appreciation by the organization/community in which you work".
Conclusions: The analysis identified the most important factors (psychosocial stressors) determining levels of PTSD in medical personnel at war. These data contribute to a significant debate on the negative role of job conditions at war for health care workers.

Disclosure of Interest: None Declared

Cultural Psychiatry

O010

Open-label study: Exploring Culturally Adapted Psychosocial Programs for Haredi (Jewish Ultra-Orthodox) Parents of Children Exhibiting ADHD Symptoms

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Introduction: Parent-focused interventions are an important part of the treatment plan for children with Attention-deficit/hyperactivity disorder (ADHD). Minority families tend to be less involved in psychosocial treatments and are more likely to discontinue the intervention. The Haredi community in Israel is a cultural-religious minority of 1.2 million people
Objectives: We aimed to assess the feasibility and potential efficacy of culturally adapted psychosocial programs for attention-deficit/hyperactivity disorder (ADHD) within the Haredi community in Israel.
Methods: This was an open-label non-randomized study conducted within the Haredi community in Israel between 2018 and 2021. The participants (N=265) were parents of children aged 8-12 years who had been diagnosed with ADHD or exhibited ADHD symptoms. Three culturally adapted programs were compared: 1. A program involving only the parents (N=46), 2. A program involving both children and parents (N=155) and 3. Only recorded video lectures with no interaction (N=38). Parents completed questionnaires to assess their self-efficacy using the Parenting Self-Efficacy tool (TOPSE) and their child's ADHD symptom severity, using the Vanderbilt ADHD Diagnostic Parent Rating Scale (VADPRS) both before and after the intervention.
Results: The programs demonstrated high feasibility. Of 335 referrals, 265 parents were recruited. Participation rates differed significantly between the video lectures program (60%) and the two interactive programs (80%, $p<0.001$). A significant interaction was found between time and program type for both parental efficacy ($F(2,213)=5.65$, $p=0.004$) and for ADHD symptomatology ($F(2, 213)=5.65$, $p=0.004$). Post hoc analysis revealed that the video lectures program showed no benefit, whereas both interactive programs (parents-only and parent-child) exhibited improvement in parental self-efficacy and reduction in reported ADHD symptom severity.
Conclusions: Despite certain limitations, this study suggests that culturally adapted psychosocial programs for ADHD in the Haredi community are feasible and that including an interactive component is crucial for effectiveness.

Disclosure of Interest: None Declared

O011

Public Attitudes Towards Mental Health Stigma in Moldova: A Comparative Study

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Introduction: Mental health stigma remains a significant challenge in Moldova despite ongoing progress in mental health services. The negative perception and stereotypes about mental disorders have been socially ingrained, resulting in negative attitudes, fear, or even humor directed towards affected individuals. Addressing this stigma is essential to improve mental health outcomes and integrate services effectively.
Objectives: The study aimed to evaluate public perceptions and attitudes towards mental health stigma in Moldova, identify common stereotypes, and suggest actions to reduce stigma.
Methods: The research employed a comparative study design using a structured questionnaire across two different time points: 2018 and 2022. Data were collected through face-to-face interviews utilizing the Computer-Assisted Personal Interviewing (CAPI) method, ensuring data accuracy and consistency. The study covered eight districts, with a total sample of 2973 participants stratified by geographic region and demographic characteristics.
Results: The findings highlighted that the level of acceptance towards individuals with mental health issues was moderate, with participants showing more acceptance at a distance, indicating

persistent stigma. Notable differences between urban and rural areas were observed, with urban areas showing a higher level of openness. Furthermore, stigma was significantly influenced by the level of education and age of the respondents.
Conclusions: Mental health services are currently available across all districts of Moldova, but there remains a need for ongoing improvements to ensure equal access to high-quality care and to minimize both geographical and stigma-related barriers. Ongoing training programs for healthcare professionals are vital for effectively reducing stigma and improving the quality of care for those facing mental health challenges, with a specific focus on non-discriminatory practices and empathetic approaches. To achieve successful mental health care, a collaborative approach that involves healthcare professionals, policymakers, and community stakeholders is essential. This multidisciplinary coordination is key to establishing a supportive and comprehensive care environment. Additionally, public awareness campaigns and educational initiatives targeting both the general population and healthcare providers are critical in reducing stigma and changing attitudes towards mental health, thereby encouraging more people to seek care. Finally, integrating mental health services into primary healthcare should be prioritized to enhance accessibility and continuity of care. This integration will also facilitate early diagnosis and timely intervention, leading to improved outcomes for patients.

Disclosure of Interest: None Declared

Suicidology and Suicide Prevention

O012

Suicide-related features in migrant people with a recent suicide attempt: Results from the SURVIVE Study

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doi: 10.1192/j.eurpsy.2025.280

Introduction: Migrant people may constitute a vulnerable population with an increased risk of suicide-related behaviour due to the accumulation of multiple risk factors, such as migration-related stress, the history of traumatic experiences and socioeconomic situation in the country of immigration.
Objectives: To study the prevalence of suicide attempts from migrant population in hospital emergency departments. Moreover, it aimed to study suicide-related outcomes, according to migration status.
Methods: Data from 754 patients (73.1% female; m= 40.23, sd= 15.72) with a recent suicide attempt from 10 Spanish hospitals were included. Assessment protocols were delivered within the 15 days after the index attempt. Suicide-related outcomes, clinical and sociodemographic factors were assessed by administering a wide range of clinical tools (C-SSRS, MINI, BIS-21, BSI, ACSS-FAD, CTQ).
Results: One in four patients was foreign-born, mostly being from Latin American countries (74% of foreign-born patients). Foreign-born patients were younger, higher psychopathology symptom severity, child trauma scores (Figure 1), than their counterparts ($p < .01$). Higher proportion of employed people and lower amount of people receiving pension benefits, were found in the foreign-born group. No between-group differences were observed regarding suicide-related outcomes. Finally index attempt in foreign-born group was featured by using more lethal methods ($p < .05$) (Figure 2).

Image 1:

Figure 1. Group differences in child trauma scales. Between-group differences were significant (p < .01), except for the Emotional neglect scale ('ns').

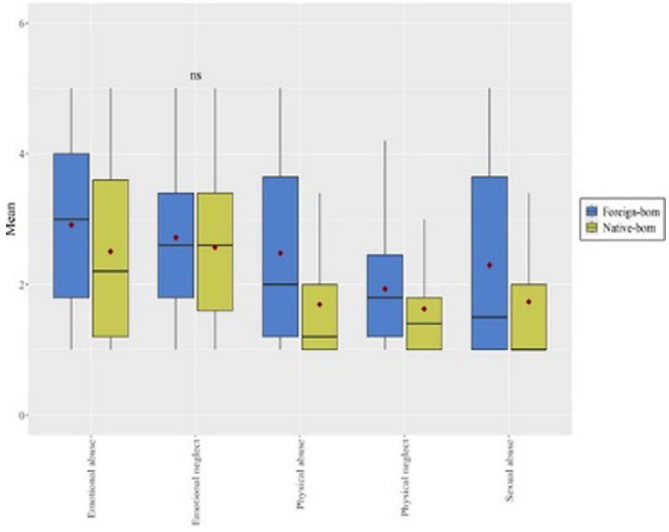
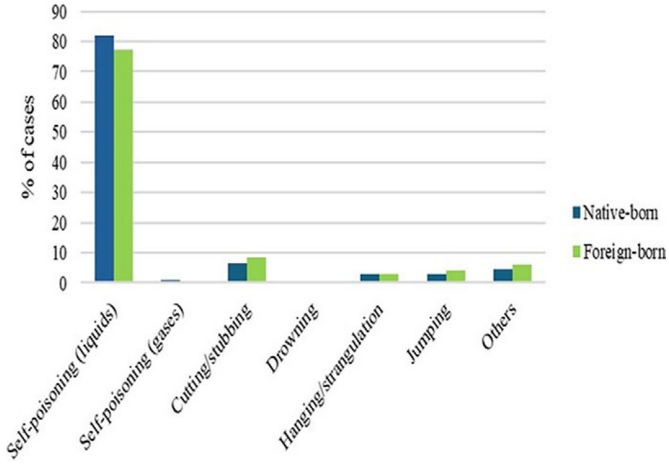


Image 2:

Figure 2. Method used for the index attempt, according to group.



Conclusions: Significant proportion of attempts attended in clinical settings may come from migrant people, mainly featured by child trauma history. Attempts from migrant populations may be featured by more lethal methods. Health care provision adjustment becomes mandatory to meet migrant people needs in current times.

Disclosure of Interest: None Declared

Forensic Psychiatry

O013

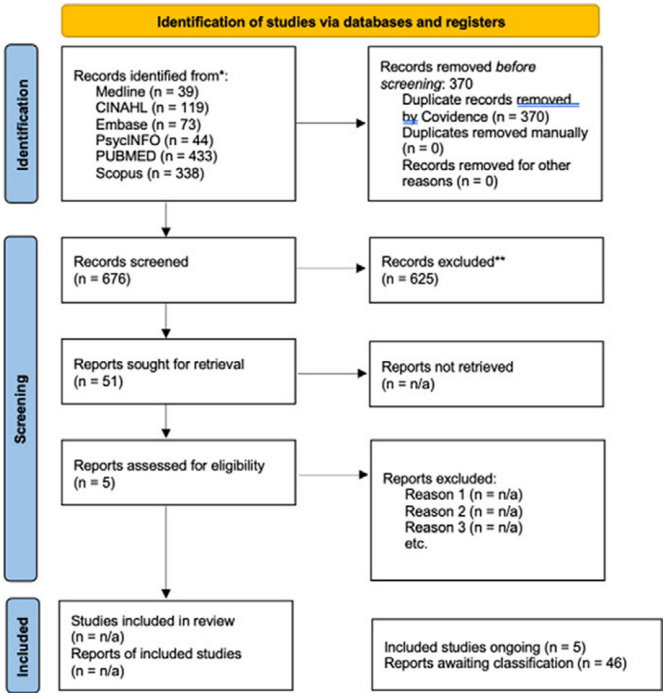
The Role of Resilience on Correctional Worker Wellbeing: A Systematic Review

S. Lalji-Mawji[1,2*], P. Harris[1,2,3], W. M. Tomlin[4], M. O. Ahedor[4], B. Ostemeyer[4] and A. T. Olagunju[1,2,3,4,5]

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Introduction: Correctional workers face uniquely stressful conditions that can impact their personal and professional wellbeing. Resilience, defined as the ability to adapt and thrive in adverse conditions, may be a key mitigator of occupational stress. Despite its potential benefits, few reviews examine the wellbeing of correctional workers (Miller, O., Bruenig, D., & Shakespeare-Finch, J. 2022; 49(11), 1559-1579) but have not comprehensively addressed resilience.
Objectives: 1. Describe resilience and summarize measures used to assess resilience in correctional settings. 2. Investigate the role of resilience on psychosocial wellbeing, burn-out, work performance, work leaves, attitudes, response to adverse incidents and turn-over among correctional workers. 3. Describe risk factors associated with resilience among correctional workers. 4. Describe study-defined strategies to build resiliency and relevant recommendations for future research and clinical practice.
Methods: The present review was conducted in accordance with Preferred Reporting Items for Systematic Reviews and Meta-Analyses (PRISMA) guideline. Major databases (PubMed/MEDLINE, Embase, PsycINFO, Scopus, and CINAHL) were searched for eligible reports. At least two independent reviewers were responsible for screening and data collection. Conflicts were resolved via discussion, with input from senior authors when necessary. Quality appraisal was conducted for all included reports.
Results: As shown in Figure 1, a total of 679 articles were identified through major database searches. Title and abstract screening yielded 51 articles eligible for full-text review. The majority of articles were set in North American correctional facilities. Key factors for resilience included support systems, purpose, and optimism, while workplace adversity was a risk factor. Resilience was found to reduce symptoms of burnout and depression, and be crucial for managing psychosocial wellbeing. The presentation will discuss strategies to build resilience and highlight relevant recommendations.

Image 1:



Conclusions: Overall, resilience was found to play a mediating role in the wellbeing of correctional workers. Further studies involving a standardized measure of resilience and broader populations and correctional settings are required to improve the validity and generalizability of findings.

Disclosure of Interest: None Declared

Emergency Psychiatry

O014

The European Violence in Psychiatry Research Group (EViPRG): what does it offer for a European psychiatrist?

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Introduction: The use of restrictive practices such as restraint, seclusion and long-term segregation on people with mental health problems remains common in European psychiatric care to

manage patients' violent and other challenging behaviour. These practices violate human rights and thus there is a growing international policy move to reduce or even ultimately stop using them. To achieve this, clinicians, researchers, teachers, trainers, policymakers and user representatives need to collaborate to transform psychiatric services towards non-coercive services. An international network provides one way towards this vision.
Objectives: Here we present an international network focusing on developing knowledge and practices aiming at reducing violence and coercion in mental health settings. We will illustrate how networking in an interdisciplinary group can be beneficial to both - European psychiatrists as well as other professionals in mental health services.
Methods: The EViPRG is a non-governmental research-focused network founded in 1997. Our vision is to work together to improve competency and quality of practice with the aim to reduce coercion and violence in mental health services, and address ongoing human rights issues. Clinicians in the psychiatric field as well as researchers can join the network through an electronic application (https://www.eviprg.eu/). Participation of early career researchers is encouraged.
Results: The EViPRG offers a unique network to connect with like-minded colleagues, collaborate on research projects, learn from various national initiatives to reduce coercion, exchange best practice models and take part in discussions via our various platforms. The network meets 3-4 times per year both in-person and online. Meetings provide an arena to present the latest research findings, generate new research projects and get feedback from colleagues. The EViPRG also organises the bi-annual "European Conference on Violence in Clinical Psychiatry" and members get a reduced fee to attend.
Conclusions: The network has more than 130 members in Europe and beyond. Numerous multi-country studies have been initiated through the network. As an example, in the years 2021-2024, a European Commission-funded project COST Action FOSTREN widened the network to new countries. As a result, we expect a rise in our membership, especially from Eastern Europe. If you want to find like-minded research partners and innovators, link in with a strong community aspiring to influence policy and practice in this area, progress your career and international profile, or just meet new colleagues, membership in the EViPRG can be your choice.

Disclosure of Interest: None Declared

Climate Change

O015

From pre-existing vulnerabilities to daily stressors, what is the impact of climate change on mental health and gender inequity in Asia region?

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Introduction: Background: While climate change affects millions of people in South and Southeast Asia, women and girls are disproportionately impacted, largely due to pre-existing vulnerabilities given their traditional gender roles and intensified adaptive capacity and sensitivity to climate change. They have often less representation and decision-making power in governance processes and structures involved in the development and implementation of climate change adaptation and mitigation policies. Moreover, they face mental health and psychosocial problems due to various climate-related stressors.
Objectives: The study aimed at exploring the perceptions of people living in contexts affected by climate change in order to better understand the impact on the psychosocial conditions of women and girls.
Methods: In 2023, online and in situ interviews were conducted with 30 individuals (15 women, 15 men) from the government, international and national organisations as well as academic and research institutions in Afghanistan, Bangladesh, Myanmar, Nepal, and Pakistan. Moreover, eight focus group discussions were conducted in Bangladesh (Kurigram and Sathkira districts) and Nepal (Rasuwa and Udayapur districts) with 71 community members, including 40 women and girls (aged 14 to 54 years old) and 31 men and boys (aged 15 to 70 years old).
Results: In Bangladesh, both districts face extreme weather like drought and floods, which leads to the migration of men. An increased involvement of women in farming, alongside their household responsibilities. This has transformed the family dynamic and women, as household head, have become the primary decision-makers. In Nepal, there has been a lack of awareness among women and men on the impact of climate change on their living conditions. The significant shift in the traditional gender divisions of labour has not brought an equitable transfer of assets and resources that could help women to cope after a climate-related event. Ultimately, women suffer from mental health issues.
Conclusions: This study shows some causal links between climate change and the psychosocial conditions of women and girls which confirm the necessity to develop gender-responsive climate change strategies, to improve access to mental health services and to prevent long-term changes within communities.

Disclosure of Interest: None Declared

Depressive Disorders

O016

Mental Health, Loneliness and Urbanicity – A Cross-Sectional Network Analysis in a Nationally Representative Sample

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Introduction: With increasing urbanization, more people are exposed to mental health risk factors stemming from the urban, social or physical environment. However, research on the connection between urban living and mental health remains unclear.

Objectives: This study aims to explore environmental and social risk factors for mental health issues using network analysis.
Methods: The study was conducted among a nationally representative sample of 2,701 habitants of Poland (51% of women). The measurements used were PHQ-9, UCLA, Neighbourhood Cohesion (Neighbourhood Belonging and Social Cohesion), REAT 2.0 (Quality of architecture conditions in neighbourhood area), distance and frequency use of blue, green, and urban public areas, Self-Rated Health, Physical Activity, urbanicity, size of place of residence per person and sociodemographic survey (age, education, income). We used a sparse Gaussian graphical model (GGM) with a graphical lasso with an EBICglasso estimator.
Results: We showed that urbanicity and physical environment were linked to mental health issues via neighbourhood cohesion and loneliness in the estimated network. Depression and anxiety were the nodes with the highest centrality strength and expected influence. Blue and green areas usage also had high centrality strength. Urbanicity played an important role as a bridge between the network nodes and had a high strength score. Physical health with blue and green areas frequency use had the highest closeness centrality score.
Conclusions: We revealed the connections among mental health, loneliness, social cohesion, and various environmental factors, particularly urbaicity. This will enhance our understanding of mental health risks and protective factors.
This study is a part of the "Urbanization and Health"(NdS-II/SN/0391/2024/012) project financed by state budget funds granted by the Minister of Education and Science within the framework of the Science for Society II Program in Poland.

Disclosure of Interest: None Declared

Suicidology and Suicide Prevention

O017

Moderating effects of the effectiveness of psychological interventions for suicide behavior and non-suicidal self-harm prevention in prison settings: a systematic review and meta-analysis

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Introduction: Suicide remains a major cause of death in prison (Status report on prison health in the WHO European Region 2022). In comparison with adults from general population, incarcerated people are at increased risk of presenting suicide-related behaviours (Fazel S, *et al.* Lancet Psychiatry 2017; 4 946–52). Although certain studies have identified effective programs to reduce suicide in prison context (Carter A, *et al.* EClinicalMedicine 2022; 44 101-266), there is little evidence examining the relationship between moderators of effectiveness at individual and contextual levels.
Objectives: This study aims to review empirical research on moderators of effectiveness of interventions in prison to reduce suicide, summarizing effect sizes across studies.
Methods: For this systematic review and meta-analysis, we searched EBSCOhost, ScienceDirect, PubMed and ProQuest for articles published from 1990 to 2024. Elegible studies included those evaluating the effect of psychological interventions, delivered to adults during incarceration, on suicidal prevention. The impact of moderators covering bibliometric features (i.e. year of publication, country), methodological features of the study (i.e. sample size, mean age of participants, sex ratio, study design, assessment type and tools), suicide-related features (main outcome, previous suicide history), and other relevant variables (prison type and location, type and length of sentence) as well as psychological traits (alcohol or drugs misuse or other treatments) were also included. This review was conducted in accordance with PRISMA guidelines. Meta-analyses using random-effect models were used to pool effect sizes for moderators' outcomes. The protocol was pre-registered with PROSPERO, CRD42024538967.
Results: Of 7728 articles retrieved, 18 studies (1695 participants, 330 [19.5%] females, 756 males [44.6%], and 609 [35.9%] unknown) met the inclusion criteria. Mean ages were 32·0 years, and ethnicity data was not sufficiently reported to be aggregated. Type of prison was mostly public sector and located in rural areas. Studies were frequently conducted in UK (n=8; 44%) and used varying study designs; most frequently pre-post with no control group (n=9; 50%). On average, prevention programs in prison context were effective in decreasing suicide deaths, suicidal ideation and self-harm (n=14; 78%).
Conclusions: Findings suggest that explanations for efficiency of psychological interventions to prevent suicide behaviour and self-harm in prison context, are moderated by physical environment, individual and psychosocial factors. Future research identifying what factors moderate treatment outcomes in suicide and self-harm prevention within prison environments could help elucidate associated factors of efficiency, helping develop potential therapeutic actions.

Disclosure of Interest: None Declared

Precision Psychiatry

O020

Combining structural MRI with Polygenic Risk Scores to disentangle unipolar and bipolar depression: a multimodal machine learning study

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doi: 10.1192/j.eurpsy.2025.286

Introduction: The differential diagnosis between Major Depressive Disorder (MDD) and Bipolar Disorder (BD) heavily relies on clinical observation. However, the two disorders often show similar symptomatologic profiles, leading to high misdiagnosis rates. Reliable biomarkers are therefore crucial to accurately discriminate between MDD and BD and provide better treatments. In this

regard, Machine Learning (ML) could represent a turning point in the field precision psychiatry, given its capability of making single-subject level predictions.
Objectives: In the present work, we aimed at providing a biomarker-based differential diagnosis between MDD and BD. To that end, we implemented: *i)* a structural MRI-based ML model; ii) a combined ML model, trained on MRI data and Polygenic Risk Scores (PRS) for different psychiatric disorders.
Methods: 168 depressed patients (73 MDD, 95 BD) were recruited at the IRCCS San Raffaele Scientific Institute. All patients underwent T1-weighted and Diffusion Tensor Imaging scans. Voxel-Based Morphometry (VBM) measures were extracted with Computational Anatomy Toolbox 12 (CAT12). Fractional Anisotropy (FA), Axial Diffusivity (AD), Mean Diffusivity (MD), and Radial Diffusivity (RD) were extracted with Tract-Based Spatial Statistics (TBSS). PRS for MDD, BD, Schizophrenia, Attention Deficit/Hyperactivity Disorder, Anorexia Nervosa and Autism were computed for a subsample of 155 patients (67 MDD; 88 BD) through Infinium PsychArray 24 BeadChip. We trained a Multiple Kernel Learning (MKL) algorithm with voxel-wise VBM and DTI features, subsequently combining them with the extracted PRS.
Results: The neuroimaging model achieved a Balanced Accuracy (BA) of 71.65% and an Area Under the Curve (AUC) of 0.77 (85.44% sensitivity, 57.86% specificity). All the features contributed to the prediction, with AD (63%) and MD (26%) as the most predictive. Adding PRS to neuroimaging resulted in an improved performance, reaching 74.18% BA and 0.77 AUC (90.97% sensitivity, 57.38% specificity). The most predictive features of the neuroimaging-PRS model were MD (56%) and AD (27%).
Conclusions: Structural MRI discriminated between MDD and BD, and adding PRS to neuroimaging features improved the performance of the ML model. These results highlight the predictive power of structural neuroimaging for the differential diagnosis between MDD and BD, as well as prompting multimodal classifiers as a promising tool in the context of precision psychiatry.

Disclosure of Interest: None Declared

Neuroimaging

O021

Neural Associations of Preclinical Alzheimer's Disease in Individuals with Low Anxiety Scores

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doi: 10.1192/j.eurpsy.2025.287

Introduction: Preclinical Alzheimer's disease (AD) is characterized by subtle cognitive changes that precede the onset of clinical symptoms. Neuropsychiatric symptoms such as anxiety have been increasingly recognized for their potential role in accelerating disease progression. Although various theories have been proposed, anxiety may exacerbate cognitive decline through mechanisms involving stress-induced neurochemical dysregulation, affecting brain regions vulnerable to AD pathology.
Objectives: This study examines the neural correlates of preclinical AD in individuals with low anxiety scores, employing MRI to explore potential early biomarkers and elucidate the complex role of anxiety in the progression of AD.
Methods: A total of 172 participants from the German Center for Neurodegenerative Diseases Longitudinal Cognitive Impairment and Dementia Study (DELCODE) were categorized into three groups: Healthy Controls (HC, n=59), Subjective Cognitive Decline (SCD, n=77), and Mild Cognitive Impairment (MCI, n=36). Anxiety levels were assessed using the Geriatric Anxiety Inventory-Short Form (GAI-SF), and neural responses to novelty were examined using 3-Tesla MRI. Statistical models were adjusted for relevant covariates, including age, education and study site. The differences of the three groups were analysed by one-way ANOVA contrasts and post-hoc analyses were performed with two sample t-tests.
Results: Significant neural differences were observed across groups, particularly in the precuneus, right angular gyrus, and right cerebellum exterior ($p < 0.001$, $p = 0.001$, and $p = 0.002$ respectively). The SCD group demonstrated greater activation in the right angular gyrus compared to HC ($p = 0.008$), while the MCI group exhibited more pronounced differences L-R precuneus, right cerebellum exterior, right angular gyrus, and right middle frontal gyrus regions indicating further cognitive decline ($p< 0.001$, $p< 0.001$, $p= 0.001$, $p= 0.017$ respectively).
Conclusions: This study identifies critical brain regions, with a particular emphasis on the right angular gyrus, associated with the early stages of AD in individuals with low anxiety scores. The activation in these areas likely correlates with an early inhibition deficit at the systems level in individuals with preclinical memory impairment. However, the role of anxiety in preclinical AD is complex and variable among individuals. Anxiety may serve as an early response to subtle cognitive changes in some, while in others, it might emerge as a consequence of these changes. Moreover, the relationship between anxiety and neural alterations in AD could be bidirectional, where anxiety both influences and is influenced by the disease's progression. These findings highlight the importance of considering anxiety when identifying early biomarkers for AD and suggest that targeted interventions addressing anxiety may help slow cognitive decline.

Disclosure of Interest: None Declared

Precision Psychiatry

O022

Toward precision psychiatry using HD-EEG and normative modeling

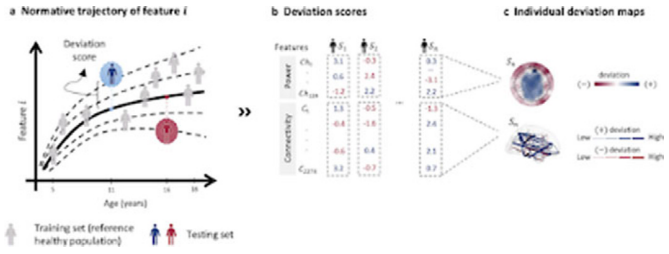
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doi: 10.1192/j.eurpsy.2025.288

Introduction: Electroencephalography (EEG) has been extensively studied for decades in psychiatric research. However, its integration into clinical practice as a diagnostic or prognostic tool remains unachieved. We hypothesize that a key reason for this is the underlying heterogeneity among patients, which is often overlooked in psychiatric EEG research that relies on a case-control approach.
Objectives: The main objective of this study is to quantify the electrophysiological heterogeneity of psychiatric disorders.
Methods: We combine HD-EEG with normative modeling to quantify this heterogeneity using two well-established and extensively investigated EEG characteristics—spectral power and functional connectivity—across a cohort of 1,674 patients with attention-deficit/hyperactivity disorder, autism spectrum disorder, learning disorder, or anxiety, and 560 matched controls, see figure 1.
Results: Normative models revealed that deviations from population norms among patients were highly heterogeneous and frequency-dependent. The spatial overlap of deviations among patients did not exceed 40% for spectral power and 24% for connectivity. Taking individual deviations into account significantly enhanced comparative analysis and the identification of patient-specific markers, which showed a correlation with clinical assessments.

Image 1:



Conclusions: Our study underscores the necessity of moving EEG research in psychiatry beyond the group-level approach to achieve precision psychiatry.

Disclosure of Interest: None Declared

Psychopharmacology and Pharmacoeconomics

O023

MM120 (lysergide) in a controlled clinical setting: treatment of generalized anxiety disorder without co-occurring psychotherapeutic intervention

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doi: 10.1192/j.eurpsy.2025.289

Introduction: Generalized anxiety disorder (GAD) is among the most common psychiatric disorders and has significant impairment on patients' daily life. Effective and well-tolerated pharmacotherapies are needed. The FDA has noted that the inclusion of psychotherapy within trials complicates assessment of psychedelic drug efficacy, although to date many psychedelic trials have included co-occurring psychotherapy.[1] Co-occurring psychotherapy confounds the evaluation of efficacy and may complicate commercial labeling. A phase 2b study of the dose response to single treatment MM120 (lysergide D-tartrate) suggests a safe, rapid, and durable dose-dependent response in participants with moderate-to-severe GAD[2] and design elements are examined herein.
Objectives: To examine the methodological use of Dosing Session Monitors (DSM) within MM120 treatment without co-occurring of psychotherapy.
Methods: This phase 2b (NCT05407064) multicenter, randomized, double-blind, placebo-controlled study enrolled adults aged 18 to 74 years diagnosed with moderate to severe GAD.[2] Two DSMs, meeting FDA recommended qualifications,[1] were assigned to a participant throughout the study duration. Prior to dosing, participants engaged in baseline study education with their DSMs. During dosing, DSMs provided assistance and comfort as needed and monitored the participant for safety. Starting at 8 hours post-dose, a pre-specified checklist to end the session was administered, although all participants were required to stay onsite a minimum of 12 hours. The follow up period for the trial was 12 weeks, and DSMs only followed up with participants at Day 2, Week 1, and Week 2 post-dose. DSM follow up focused on participant safety and did not include focus on producing post-synaptic change.
Results: In total, 198 participants were enrolled in the study. The phase 2b study demonstrated a statistically significant safe, dose-response relationship at the week 4, 8, and 12 primary and secondary endpoints.[1] Utilizing the prespecified checklist, 45% of participants receiving MM120 100µg met criteria for end of session at 8 hours post dose, with 87.5% achieving criteria at 10 hours.
Conclusions: The results demonstrate that a single treatment with MM120 produces a safe and durable clinical response without co-occurring psychotherapy. These findings indicate that MM120 treatment sessions may be safely shortened from a minimum of 12 hours to 8 hours for some participants, and psychotherapy does not appear to be essential for its safety and efficacy.

1. FDA—Center for Drug Evaluation and Research. Psychedelic drugs: considerations for clinical investigations (FDA-2023-D-1987).

2. Karlin, D et al. Rapid and Durable Response to a Single Dose of MM120 (Lysergide) in Generalized Anxiety Disorder: A Dose-Optimization Study. Poster P03-026. Presented at: APA Annual Meeting; May 4-8, 2024; New York City, NY. 2024.

Disclosure of Interest: S. Karas Employee of: Mind Medicine, Inc., R. Barrow Employee of: Mind Medicine, Inc., C. Conant Employee of: Mind Medicine, Inc., J. Freedman Employee of: Mind Medicine, Inc., P. Jacobsen Employee of: Mind Medicine, Inc., J. Jemison Employee of: Mind Medicine, Inc., D. Karlin Employee of: Mind Medicine, Inc., T. Solomon Employee of: Mind Medicine, Inc.

Neuroimaging

O025

Affective Go/NoGo fMRI study of adults living with ADHD reveals differential BOLD activation in ACC, insula, and secondary visual cortex

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doi: 10.1192/j.eurpsy.2025.290

Introduction: Attention-Deficit/Hyperactivity Disorder (ADHD) is a neurodevelopmental disorder that begins in childhood and persists into adulthood in 35-50% of cases, resulting in a prevalence of 2-4% in the adult population. The core symptoms are inattention, hyperactivity, and impulsivity, while emotional dysregulation is considered an associated symptom. Several lines of evidence support structural and functional brain imaging alterations in ADHD. Decreased volume of the accumbens and amygdala persist from childhood into adulthood, and several resting-state and task-related functional alterations have also been reported.
Objectives: To investigate differential brain activation patterns in adults diagnosed with ADHD as compared to healthy controls (HC) during an affective Go/NoGo task, to understand the neural background of selective inhibition in emotionally demanding situations.
Methods: Data of 61 subjects were analyzed: 34 adult ADHD patients meeting DSM-IV diagnostic criteria (17 women, 17 men, mean age 37.3 years) and 19 HCs (10 women, 9 men, mean age 30.2 years). HCs were screened using the 90-item Symptom Checklist to exclude current psychiatric comorbidity. Symptom severity was assessed using the Conners' Adult ADHD Rating Scale (CAARS). During the MRI scan in a Philips Achieva 3.0T scanner, we used a block design delivering positive, negative and neutral stimuli from the IAPS System applying a Go/NoGo paradigm. The fMRI analysis focused on contrasts between task and rest, emotional and neutral, and Go and NoGo conditions (activation or deactivation). Contrast between activation and deactivation in the ADHD and HC groups were tested.
Results: Based on the pooled data from both groups, we found significant contrasts between the task and rest conditions, including an activation of primary and secondary visual cortex, frontal areas, corresponding to the Visual Network (VN), the Dorsal- and Ventral- Attention Networks (DAN, VAN), and the Central Executive Network; and a deactivation of the anterior cingulate, precuneus and parietal areas, corresponding to the Default Mode Network (DMN). During emotional vs neutral conditions, we detected activation of the secondary visual cortex, while contrasts between NoGo vs Go conditions manifested as activation of ACC and insular regions. ADHD subjects showed increased BOLD activation in the DAN and VAN areas. In all conditions, DMN areas showed higher deactivation in the ADHD group.
Conclusions: Here, we report differences in VN, DAN and VAN brain regions and the DMN in adult ADHD patients suggestive of distinctive pattern of activation and deactivation during an emotional Go/NoGo task. The results have clinical implications for understanding ADHD patients under in emotionally demanding situations.
Funding: Hungarian Brain Research Program, grants 2017-1.2.1-NKP-2017-00001 ans #NAP2022-I-4/2022 to JMR and PC.

Disclosure of Interest: None Declared

Old Age Psychiatry

O026

Temporal Trajectories of Depressive Symptoms, Apathy, ADL and Cognitive Decline in Older People; a Dynamic Time Warping network analysis

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doi: 10.1192/j.eurpsy.2025.291

Introduction: The prevalence of depressive symptoms and cognitive decline increases with age. Understanding the temporal dynamics of these symptoms could provide valuable insights into the early stages of cognitive decline, allowing for more timely and effective treatment and management.
Objectives: Our objective was to explore how depressive symptoms, apathy, limitations in daily life activities, and cognitive impairment evolve and interact over time in older individuals. Specifically, we aimed to determine whether changes in these symptoms could help identify subsequent cognitive decline. We used Dynamic Time Warping analysis to model and characterize the progression of these symptoms, examining their relationships both at individual and group levels.
Methods: Participants from the Prevention of Dementia by Intensive Vascular Care (preDIVA) trial cohort with baseline and ≥3 follow-up measurements were included, with a median of 6.7 years of follow-up. Dynamic Time Warping analysis was used to model temporal dynamics of individual constituents of the Mini Mental State Exam (MMSE), activities of daily living (ADL) using the Amsterdam Linear Disability Scale (ALDS) and depressive symptoms using the 15-item Geriatric Depression Scale (GDS-15).
Results: The 1537 participants had an average age of 74 years at baseline, 56.5% were female, and 19.9% had finished a higher education. The directed analyses revealed a nuanced temporal pattern, wherein certain depressive symptoms preceded cognitive decline indicators, and vice versa. The GDS-15 symptoms with the

strongest outstrength, meaning changes in these symptoms preceded subsequent changes in other items, were the apathy symptoms 'dropped activities/interests', 'energetic' and 'not doing new things' (all p's<.001). The MMSE constituents with the strongest instrength, meaning changes in these symptoms were preceded by changes in other items, were 'immediate memory', 'verbal comprehension' and 'naming objects'. Decline in ADL function was a consistent predictor of worsening of depressive symptoms and cognitive decline (p<.001).

Image 1:

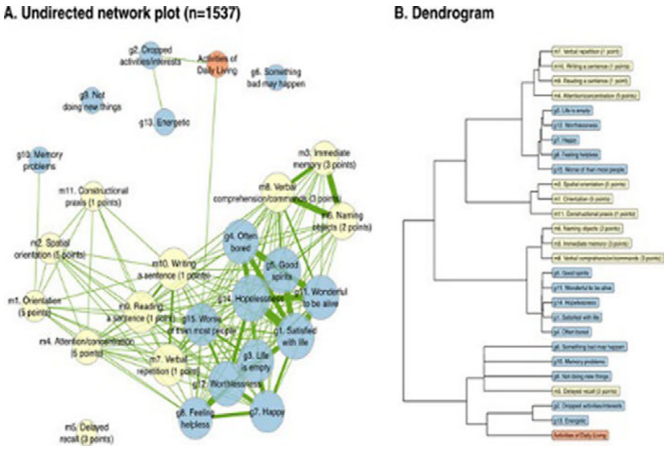


Image 2:

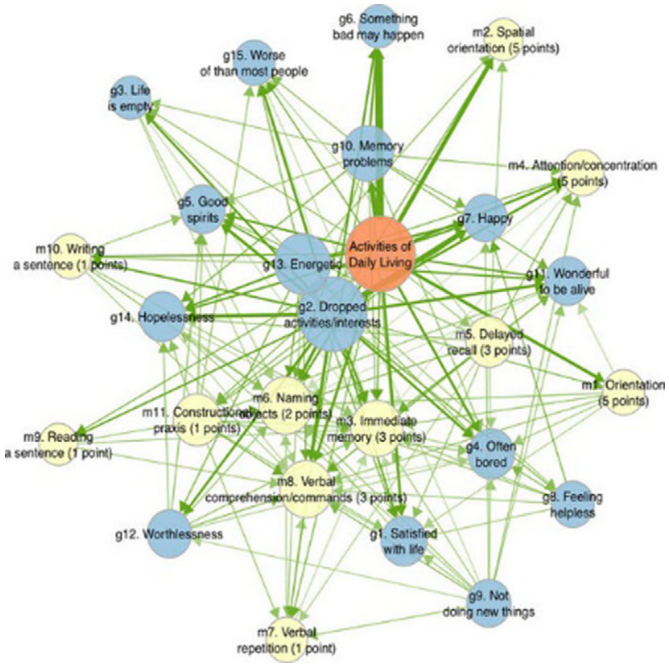
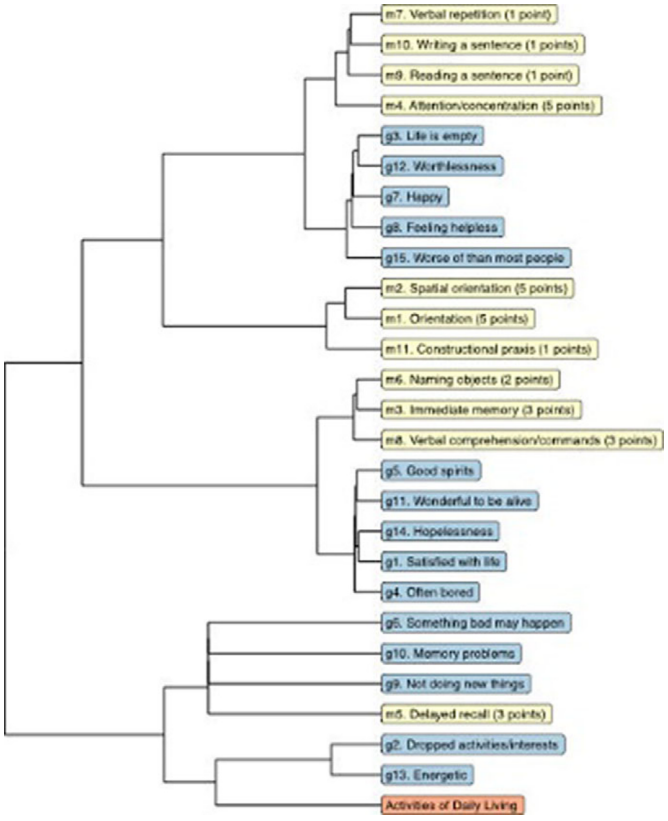


Image 3:



Conclusions: An increase in apathy and a decline in ADL preceded mood-related symptoms and cognitive impairment in older people aged 70-78 years.

Disclosure of Interest: None Declared

Precision Psychiatry

O027

Patients with schizophrenia and bipolar disorder are characterized by different blood RNA editing signatures

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doi: 10.1192/j.eurpsy.2025.292

Introduction: Mental disorders, such as Bipolar Disorder (BD), Schizophrenia (SZ), and Schizoaffective Disorder (SA), are prevalent and often debilitating conditions that significantly impact

individuals' lives (Scangos et al. Nat Med 2023; 29(2): 317-33). Recent findings have identified blood RNA editing gene modifications that may aid in distinguishing between healthy controls, depressed patients, and those with BD and unipolar depression, improving diagnostic accuracy and treatment strategies (Salvetat et al. Transl Psychiatry 2022; 12(1):182).
Objectives: This study demonstrates that RNA editing biomarkers can accurately differentiate individuals with SZ, SA, BD, and healthy controls, highlighting the potential of artificial intelligence (AI)-based predictions for diagnosis.
Methods: A comparative analysis was performed with 85 healthy controls subjects, 39 BD, 31 SZ, and 14 SA patients. Patient samples were collected from two cohorts. Diagnostic assessments were conducted using SCID-1, HDRS, YMRS, and M.I.N.I., while healthy controls had no history of mental disorders or psychotropic medication use.
Results: Significant biomarkers were combined using a multiclass Random Forest algorithm. The algorithm was trained on 70% of the population. Then, the test was performed on the 30% of the population who never saw the algorithm. The analysis shows clear differentiation between the control group and individuals with BD, SZ, and SA with high sensitivities and specificities for ROC area under the curve (AUC).
Conclusions: This proof-of-concept analysis provides strong evidence for using RNA editing signature in diagnosis, and potentially in prognosis and treatment prediction. Further validation will be performed using a larger cohort.

Disclosure of Interest: None Declared

Personality and Personality Disorders

O028

Unraveling the Link Between Borderline Personality Disorder and Attention Deficit Hyperactivity Disorder

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doi: 10.1192/j.eurpsy.2025.293

Introduction: Attention Deficit Hyperactivity Disorder (ADHD) and Borderline Personality Disorder (BPD) are common psychiatric conditions, with comorbidity rates ranging from 18% to 34% in adults. Both disorders share symptoms such as impulsivity, emotional dysregulation, and interpersonal dysfunction, complicating differential diagnosis. Their frequent co-occurrence may suggest overlapping developmental and environmental risk factors as well as common underlying mechanisms. Particularly for BPD patients, recognizing the shared characteristics between ADHD and BPD may help reduce the stigma surrounding this disorder and eventually lead to a broader range of pharmacological treatment options.
Objectives: This review aims to explore the links between ADHD and BPD, focusing on their symptomatology overlap, comorbid presentation, shared risk factors and treatment insights in adults.
Methods: A narrative literature review was conducted using the keywords "ADHD", "borderline personality disorder", "comorbidity" and "adults" in PubMed and Google Scholar databases.
Results: Findings reveal that ADHD and BPD share several risk factors, including genetic predispositions and early-life adversities. Early-life adversity, particularly trauma, is a shared risk factor; however, the type and timing of adversity seem to play differential roles in developing ADHD and BPD symptoms. In terms of clinical presentation, ADHD is characterized by more severe impulsivity compared to non-comorbid BPD, whereas BPD features more severe difficulties in emotional regulation compared to non-comorbid ADHD. The comorbid ADHD +BPD presentation is marked by heightened severity in both impulsivity and emotional instability. The traditional view of ADHD as an early-onset disorder and BPD as a late-onset personality disorder is increasingly questioned, prompting calls for a dimensional diagnostic approach. Recent studies highlight the potential of ADHD medication, particularly stimulant compounds, in reducing suicidal behavior among BPD patients exhibiting ADHD symptoms. Such medications have been found to lower the risk of suicidal behavior in these patients, while other treatments (e.g., antidepressants, antipsychotics, mood stabilizers) did not show similar protective effects.
Conclusions: This review highlights the complex interplay between ADHD and BPD, emphasizing that both disorders should be considered within a dimensional framework rather than as separate categorical entities. Shared symptoms and risk factors underscore the need for integrated treatment approaches that address the combined symptomatology of ADHD and BPD. Future research should focus on understanding the developmental trajectories of these disorders, refining diagnostic criteria, and evaluating the effectiveness of combined treatment strategies.

Disclosure of Interest: None Declared

O029

Borderline Personality Disorder Programme: Is the duration of the intervention related to clinical characteristics of patients?

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doi: 10.1192/j.eurpsy.2025.294

Introduction: Borderline Personality Disorder (BPD) remains a challenging and complex disorder but it can be successfully treated. In 2013, the first portuguese BPD specialized treatment programme was created in the Psychiatry Department at Local Health Unit of São João, becoming a very useful tool in the patients' management.
Objectives: We aim to study the influence of clinical characteristics on the duration of intervention and discharge from this BPD treatment programme.
Methods: Retrospective observational study of patients admitted to this programme until August 31st 2024. Descriptive analysis of the results was performed using the SPSS software, version 29.
Results: A total of 157 BPD patients were admitted to this programme, 154 (98%) of which are female. These patients had a mean age of 24,6 years old, when they engaged in the programme. During the follow-up 39% have abandoned the programme, and 27% have been discharged due psychotherapeutic stabilization.

We will also present results related to association between clinical factors (namely previous diagnoses and history of use of substances) and the duration of the intervention/discharge plan, in order to know if our results are consistente with the ones from another centers where comorbidity with eating disorders and cocaine use disorder were clinical variables predictors of shorter duration of the intervention.
Conclusions: Understanding the influence of clinical factors and their impact on intervention is essential to enhance this challenging programme to improve the treatment of BPD patients.

Disclosure of Interest: None Declared

Sexual Medicine and Mental Health

O031

Religion: Coping Mechanism or Stressor? A Study of American Male-Factor Infertility Patients

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doi: 10.1192/j.eurpsy.2025.295

Introduction: Seeking treatment for infertility is an emotional process, often provoking symptoms of anxiety and depression in both men and women, especially when treatment fails (Milazzo et al, Plos One; 11). While religion may provide hope and comfort to men with infertility, it may also provoke anguish in those whose religious doctrines restrict certain treatments.
Objectives: The goal of this study is to assess the role of religion in male patients' ability to cope with their infertility.
Methods: An electronic survey was sent to male patients who presented for an infertility visit at an American urology clinic. Using a 4-point Likert Scale, participants reflected on their religion's role in seeking treatment for infertility, their selection of treatment, and their ability to cope with their diagnosis. The Likert Scale results were analyzed utilizing T-tests via SPSS Software to assess answer variations across religions. Written responses were analyzed for common themes.
Results: 73% of respondents (n=288/395) identified with a religion (58.6% Christian, 29.5% Catholic, 11.8% Other Religion). Across all religions, participants reported that religion served as a significantly greater source of coping than of anxiety in their infertility treatment (2.56 vs. 2.03, t-value = 5.64, p-value = <.00001). In comparison with most other religions, Jewish participants (all non-orthodox) were significantly less likely to report their religion having any effect on their coping at all. Among those written responses that attributed their religion with their ability to cope, the most common key words were "prayer," "comfort," and words referring to religious community such as "pastor" (Table 1). Most written responses that indicated their religion had a negative emotional impact stated discomfort with a specific treatment or aspect of the treatment process. Of patients who discussed having disagreed with or gone against their religion's views (7.9%), the majority were Catholic (n=13/17 (76.5%)).

Image 1:

Table 1. Example written responses that attribute religion to coping with male-factor infertility

Key Word	Example Written Response	Religion
Prayer	"Religion . . . has helped with [my] coping ability. Daily prayer includes asking for successful fertility treatment, asking for a healthy baby, and asking for support of my wife during the difficult journey."	Catholic
Comfort	"My religion . . . was more a comforting influence for me and my spouse on the trauma of not easily producing a child."	Protestant Christian
Religious Community	"I believe that God put scientists and pastors here to help us deal with the world situation. Science to open new paths for healing and pastors to help with the emotional upheaval of everyday life."	Nondenominational Christian

Conclusions: Religion appears to be a source of coping more than anxiety for males with infertility. This is perhaps less applicable to non-orthodox Jewish patients. Providers of male-factor infertility treatment should practice sensitivity when presenting infertility treatment options as a minority of patients may experience cognitive dissonance when considering treatment at odds with their religious identity. However, in religious patients struggling with mental health due to their infertility, physicians can encourage spiritual health and connection with religious community.

Disclosure of Interest: None Declared

Psychosurgery and Stimulation Methods (ECT, TMS, VNS, DBS)

O032

High-Definition Transcranial Direct Current Stimulation-Primed Intermittent Theta Burst Stimulation in Treatment of Negative Symptoms of Schizophrenia - A Randomised Sham Controlled Study

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doi: 10.1192/j.eurpsy.2025.296

Introduction: Negative symptoms of Schizophrenia (NSS) consists of apathy, avolition, anhedonia, social withdrawal, reduced expression (blunted affect and alogia) and impairments in attention, working memory, or executive function. Unfortunately, treatment effects of conventional approaches with antipsychotics, other

pharmacological agents or psychosocial interventions are limited and have not shown much improvement in reducing negative symptoms. Non-Invasive brain stimulation such as repetitive transcranial magnetic stimulation (rTMS) & high-definition transcranial direct current stimulation (HD-tDCS) offers a novel approach in the treatment of negative symptoms but with no agreed upon treatment protocol. Priming is a technique that can enhance the sensitivity of the brain to therapy using techniques that increase or decrease the excitability of the cortex. Preconditioning TDCS have shown profound impact on the conditioning effects induced by subsequent administration of rTMS in a few studies done in patients with depression. There has been no study assessing the effects of HD-tDCS primed iTBS in Negative Symptoms of Schizophrenia.
Objectives: The aim of this study was to evaluate whether HD-tDCS priming improves the efficacy of intermittent theta burst stimulation (iTBS) in improving the NSS.
Methods: A prospective hospital based randomized controlled study with a sample size of 40, where the participants were divided into Active or Sham HD-tDCS primed iTBS stimulation groups for a total of 20 sessions over two weeks. Assessments on clinical parameters at baseline, end of 2 weeks, and end of 4 weeks were done.
Primary outcome of the study was the differences in Positive and Negative Syndrome Scale for Schizophrenia (PANSS) & Scale for Assessment of Negative Symptoms (SANS) scores over 4 weeks of HD-tDCS primed iTBS between the two groups.
Results: There was a statistically significant reduction noted in the mean PANSS & SANS scores across all domains over time up to 4 weeks in both the active and sham groups.
Though there was more reduction in mean scores in total PANSS score as well as across domains, the difference between the two groups was not found to be statistically significant in any of the PANSS score. However, the difference was found to be significant for SANS total score and SANS attention score with score showing more reduction in the active group in comparison to the sham group.
Conclusions: These results suggest that the HD-tDCS primed iTBS had a superior effect specifically on negative symptoms, as reflected in the SANS scores, but not on the broader spectrum of symptoms measured by PANSS, which suggests that priming iTBS with HD-tDCS may prove to be beneficial in reducing the Negative Symptoms of Schizophrenia more effectively than iTBS alone.

Disclosure of Interest: None Declared

Personality and Personality Disorders

O033

Association between genetic proxies for neuroticism and labour market outcomes

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Introduction: Neuroticism, defined by a tendency to experience negative emotions such as anxiety and irritability, has significant public health implications, affecting both mental and physical health. It is also associated with poor career outcomes, including lower job satisfaction and higher rates of occupational failure, highlighting its importance in understanding labour market disparities. Despite advances in genetics, including insights into genetic background for neuroticism through large genome-wide association studies, the relationship between genetic predisposition to neuroticism and labour market performance remains underexplored.
Objectives: This study examines the association between polygenic score for neuroticism (Nagel et al. *Nat Genet* 2018; 50 920-927) and individual labour market performance over 25 years in Finland. We aim to uncover how genetic predisposition to neuroticism relates to socio-economic outcomes, contributing to a broader understanding of its public health and economic implications.
Methods: Our analysis draws on pooled data from the Finnish Finrisk (1992-2012) and FinHealth (2017) studies, comprising a representative sample of adults aged 25-64 (N=20,121). We integrated genetic, survey and socio-economic registry data. Using probit and semi-structural regression models, we assessed labour market outcomes, with neuroticism polygenic scores as the primary explanatory variable. Controls for socio-demographic factors and genetic principal components were included.
Results: Individuals with higher polygenic scores for neuroticism were found to have lower income, partly through a direct and partly through a mediated association. Higher polygenic risk for neuroticism was linked to a decreased likelihood of completing higher education. Additionally, our study provides novel insights into how elevated polygenic risk for neuroticism was linked to labour market status.
Conclusions: Our findings demonstrate that genetic predisposition for neuroticism is not only associated with educational setbacks but also translates into labour market disadvantages. While the effect sizes are modest, our results suggest that compensatory measures and support may help mitigate the career disadvantages faced by individuals with a higher genetic risk for neuroticism.

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Psychosurgery and Stimulation Methods (ECT, TMS, VNS, DBS)

O034

Transcranial magnetic stimulation in obsessive-compulsive disorder – a prospective observational study

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Introduction: Obsessive-compulsive disorder (OCD) has an estimated prevalence of 1-2% and causes a significative reduction in functionality and quality of life with a high socioeconomic impact. First and second line treatment includes serotonin reuptake inhibitors, clomipramine, antipsychotics augmentation strategy and cognitive behavioural therapy. It is ineffective in 20-60% of patients whose approach may include transcranial magnetic stimulation (TMS).
Objectives: The aim of this study is to assess the effect of treatment with TMS on obsessive-compulsive, anxious, and depressive symptoms in patients with OCD.
Methods: A prospective observational study was conducted including all patients diagnosed with OCD who underwent TMS in our department since March 2023.
Our protocol targets the dorsolateral prefrontal cortex and includes a total of 25 sessions using the Food and Drug Administration approved parameters (20 Hz, 100% of the leg resting motor threshold, 50 trains of 2s duration, inter-train interval 20s, 2000 pulses per session). Before each session, symptom provocation is performed. TMS was performed using the Cool D-B80 coil and a MagPro stimulator.
Symptoms before and after treatment were assessed using the Yale Brown Obsessive-Compulsive Scale (Y-BOCS), the Hamilton Anxiety Rating Scale (HAM-A) and the Hamilton Depression Rating Scale (HAM-D).
Results: As of 01/09/2024, 21 individuals with OCD completed TMS treatment, 57% male, with a median age of 37 years (interquartile range (IQR) 17). The median duration of illness was 25 years (IQR 15), with 24% of patients having very severe OCD, 52% severe, and 19% moderate—all refractory to psychotherapeutic and pharmacological treatment.
There was a statistically significant reduction in Y-BOCS scores (pre-TMS median score 29 (IQR 6), post-TMS 21 (IQR 13), p=0.003), with 32% of patients achieving a complete response (Y-BOCS reduction ≥35%) and 5% a partial response (Y-BOCS reduction ≥25%). No correlation was found between the change in Y-BOCS scores and other variables such as age, duration of illness, and pre-TMS scores on Y-BOCS, HAM-A, and HAM-D.
Additionally, a statistically significant reduction was observed in HAM-A scores (pre-TMS median 20 (IQR 18), post-TMS 16 (IQR 11), p=0.026) and HAM-D scores (pre-TMS median 19 (IQR 17), post-TMS 15 (IQR 14), p=0.029).
No severe adverse effects were reported.
Conclusions: This study shows significant reductions in Y-BOCS, HAM-A, and HAM-D scores after TMS treatment, with many patients achieving complete or partial response. These findings align with previous research, suggesting TMS is an effective option for treatment-refractory OCD. The absence of severe adverse effects supports its safety.
In conclusion, this study adds to real-world evidence by demonstrating the efficacy and safety of TMS in a clinical setting. Continued data collection is crucial to identify predictors of response.

Disclosure of Interest: None Declared

Others

O035

Scars of War: Unveiling the Psychiatric Consequences of Conflict and Trauma

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Introduction: War and conflict have significant long-term effects on mental health, affecting both civilians and military personnel. Exposure to armed conflict greatly increases the risk of psychiatric disorders such as PTSD, depression, and anxiety. These effects are not limited to the immediate aftermath but can persist for years, even across generations. Vulnerable populations, including children, women, and refugees, are particularly at risk, facing compounded mental health challenges due to prolonged exposure to trauma and limited access to support.
Objectives: This poster aims to:

1. Explore the psychiatric consequences of war and conflict.
2. Investigate the development of PTSD, depression, and anxiety in conflict-affected populations.
3. Assess the role of transgenerational trauma transmission and its epigenetic effects.
4. Highlight the role of resilience and psychosocial support in mitigating these effects.

Methods: Data were drawn from various studies examining populations affected by conflict across different regions. Key metrics included the prevalence of PTSD, depression, and anxiety, and the impact of traumatic experiences. The role of social support and resilience factors in mitigating psychiatric outcomes was also analyzed.
Results: The findings consistently demonstrate high rates of PTSD and other psychiatric disorders in individuals exposed to conflict. Mental health impacts are often prolonged, with many individuals showing persistent symptoms years after the initial trauma. Additionally, research on epigenetic changes suggests that trauma can be passed down to future generations, potentially affecting their mental health. However, protective factors such as strong social support and community resilience were found to buffer the negative effects of trauma in some cases.
Conclusions: War and conflict have profound and lasting psychiatric consequences. The prevalence of mental health disorders is

significant among affected populations, and these effects can be transmitted across generations. Interventions should focus on providing timely mental health care, building resilience, and addressing the broader societal impacts of trauma. Early identification and support are critical to reducing the long-term mental health burden in conflict-affected areas.

Disclosure of Interest: None Declared

Psychosurgery and Stimulation Methods (ECT, TMS, VNS, DBS)

O036

On the central mechanisms of normalizing effect of vagus nerve stimulation

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Introduction: Neuromodulation technologies became the safe and effective alternative to treat psychiatric and neurological disorders. The current evidence from the up-to-date state in vagus nerve stimulation application in studies of emotional state modulation demonstrates a strong impact of vagus stimulation on the state of patients with a range of disorders. The normalizing effect of vagus nerve stimulation on abnormal sympathetic nerve activity may explain the beneficial effect on burnout, which is thought to be a manifestation of decreased vagus-mediated heart rate variability (HRV) under everyday stress.
Objectives: Considering all of the above, we aimed to explore the influence of a novel VNS stimulation protocol on emotional state, as well as highlighting specific features of the activation-related neurodynamics and the effects on HRV time, frequency and non-linear metrics.
Methods: 11 right-handed male volunteers aged 18-22 years participated in the 1st (EEG) study (6 persons-taVNS group and 5-SHAM) and 62 healthy volunteers 18-49 years old were recruited for 2nd (HRV) study (26-VNS group and 22–Sham). We used the combination of pleasant meditative classical music and a slow bi-polar wave of electrical non-invasive transcutaneous stimulation of auricular area (BrainPatch platform for non-invasive stimulation). Vagus nerve stimulation was arranged as a 4-day course. Psychological testing (State Anxiety, STAI; psychological stress level, PSM-25; severity of emotional burnout, MBI; depression, IDS) was carried out.
Results: Non-invasive stimulation was rated by the participants as a positive experience. We detected beneficial changes in the psychoemotional state of the respondents (improvement of mood, reduction of job related stress – emotional burnout). The increase of vagally mediated parameter RMSSD and decrease of LF/HF ratio has reflected the activation of parasympathetic nervous system (PNS) during stimulation. HRV effects of VNS turned out to be short-term, which was manifested in a drop in the value immediately after the stimulation. EEG analysis indicated a long-term effect of VNS. Increased alpha and beta rhythms (generalized growth in the frontal and posterior cortex) and gamma activity (frontal region) after a series of 4 VNS sessions may indicate the improvement of mental processes and creative thinking (attention, information processing and memory storage). Enhanced activation level was mirrored in an increased beta/alpha ratio.
Conclusions: Our data suggests that VNS has a normalizing effect on the psychoemotional state shifting "sympatho-vagal balance" to the functional optimum. EEG data showed the prolonged stimulating effect on the brain processes related to the cognitive functioning while attenuating the stress impacts at the same time.

Disclosure of Interest: None Declared

Promotion of Mental Health

O037

Using Instagram to Promote Youth Mental Health: Feasibility and Acceptability of a Brief Social Contact-Based Video Intervention to Reduce Depression Stigma

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Introduction: Depression is a leading cause of disability among youth, with stigma significantly hindering mental health service utilization. Untreated depression is associated with greater severity, poorer outcome, and cognitive impairment. In addition to structural barriers to service use, stigma towards mental health is a profound obstacle that impedes individuals from seeking needed services. Reducing stigma toward depression can improve perceptions of treatment and engage young individuals with depressive symptoms in behavioral services.
Objectives: This study evaluates the feasibility and acceptability of delivering brief video interventions, proven to reduce depression stigma, via Instagram to promote help-seeking among youth. We hypothesized that the intervention would be both feasible and acceptable, generating higher link clicks and lower cost-per-click (CPC) compared to control videos.
Methods: A two-week Instagram campaign in February 2024 targeted U.S. adolescents aged 14-22. The campaign featured a 60-second human-narrated personal story video, previously shown to reduce depression-related stigma. The video showcased a young individual sharing their experience with depression, misconceptions about treatment, and the support they received. Engagement metrics assessed included impressions (video displays), reach (distinct viewers), link clicks (engagement with mental health resources), and CPC (cost-effectiveness). These were compared to four control videos: AI-narrated personal story ("Control 1"), human-narrated educational text ("Control 2"), AI-narrated educational text ("Control 3"), and an un-narrated educational text with background music ("Control 4").

Results: All five videos successfully reached a broad audience, with a combined total of 808,000 impressions, 287,000 viewers, and 4,148 link clicks. The Human-Narrated Personal Story (Intervention) video was highly effective, achieving 874 link clicks and a competitive CPC of $0.92, outperforming three of the four control videos. The AI-Narrated Educational Text (Control 3) had the highest number of link clicks (985) and lowest CPC ($0.82), while the AI-Narrated Personal Story (Control 1) had the fewest link clicks (680) and highest CPC ($1.18).
Conclusions: The intervention video successfully engaged the target audience, supporting its feasibility and acceptability for broader dissemination. Instagram proves to be a viable platform for disseminating evidence-based mental health interventions aimed at reducing depression stigma among youth. The study supports the potential for using social media in public mental health strategies, though further research is needed to evaluate its impact on help-seeking behaviors and across diverse demographic groups.

Disclosure of Interest: None Declared

Prevention of Mental Disorders

O038

Multi-Scale Functional Network Connectivity Mediates The Association Between Bullying Exposure and Distressing Psychotic-Like Experiences in Healthy Adolescents

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doi: 10.1192/j.eurpsy.2025.302

Introduction: Bullying, deliberate aggression by a peer or group of peers in a power imbalance that favors the aggressor, is a frequent and preventable traumatic event during adolescence (Abregú-Crespo R et al. The Lancet Child & Adolescent Health 2024; 8:122–134). Mitigating its impact could be a viable strategy for psychosis prevention (Fraguas, D. et al. JAMA Pediatrics 2021; 175, 44–55). A better understanding of its influence on brain development during adolescence could be crucial for implementing effective interventions.
Objectives: To study the relationship between bullying exposure (BE), distressing psychotic-like experiences (DPLEs), and multi-scale functional network connectivity (msFNC) in the developing brains of 12-year-old adolescents.
Methods: We used cross-sectional data from 12-year-old adolescents from the Adolescent Brain Cognitive Development Study, which recruited a representative sample of healthy adolescents from across the United States. We fitted a linear mixed model to predict DPLEs (Prodromal Questionnaire-Brief Child Version) with BE (Peer Experience Questionnaire) as a predictor (n=10,388). We analyzed functional magnetic resonance imaging data with reference-informed independent component analysis and a canonical and replicable multi-scale intrinsic connectivity network template to extract whole-brain 5460 msFNC features (Iraji, A. et al. Hum Brain Mapp 2023 44, 5729–5748). We fitted 5460 linear mixed models to predict DPLEs with BE as a predictor and analyzed the mediation effect of each of the 5460 FNC features (n=5,409). All models were fitted with family and site as random effects, adjusted for covariates (age, sex, race, ethnicity, pubertal development, and family income), and corrected for multiple comparisons.
Results: BE was significantly associated with DPLEs (β=0.39, CI [0.37, 0.41], t(10362) = 41.00, p<.001, R^2=0.36, p<.000) (**Fig.1**). DPLEs were associated with msFNC predominantly between cerebellar, paralimbic, somatomotor, insulotemporal, frontal, temporoparietal, and central executive networks (**Fig.2**). The association between DPLEs and BE was primarily mediated by msFNC between the paralimbic, somatomotor, insulotemporal, frontal, and temporoparietal networks (**Fig.3**).

Image 1:

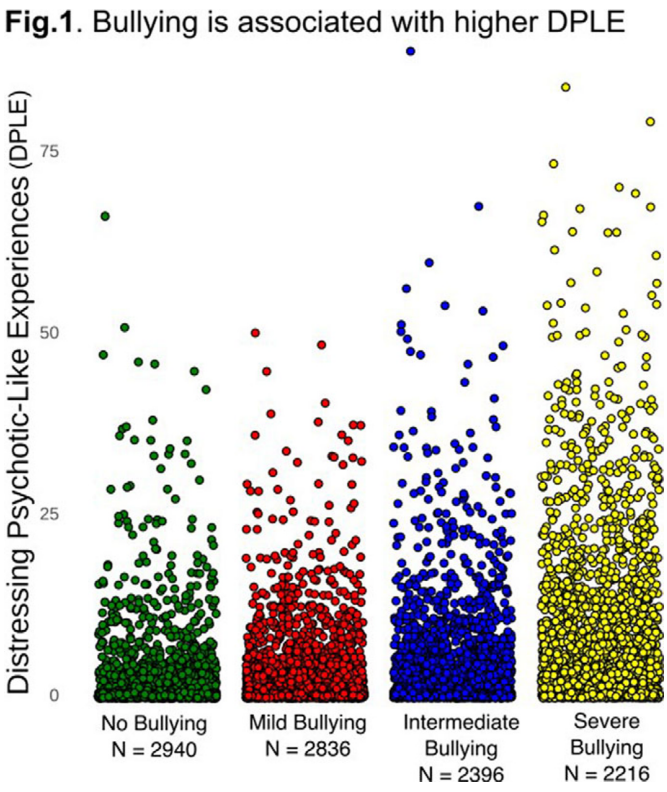


Image 2:

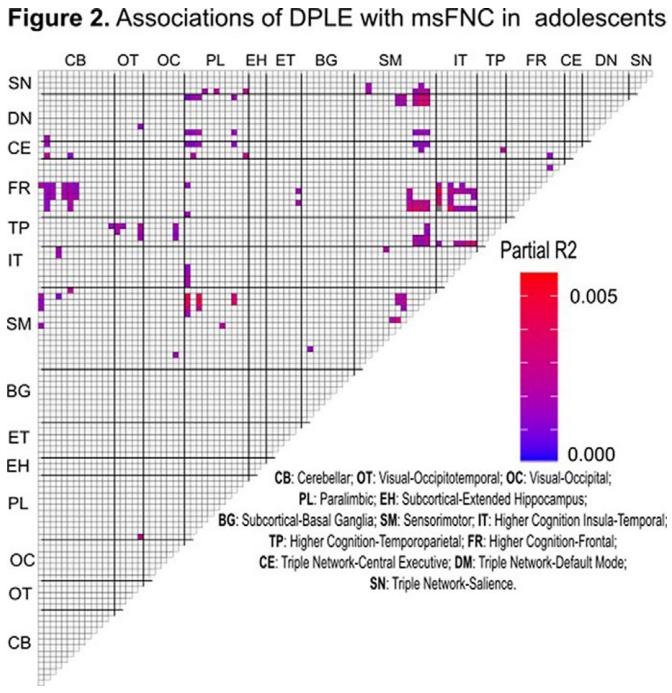
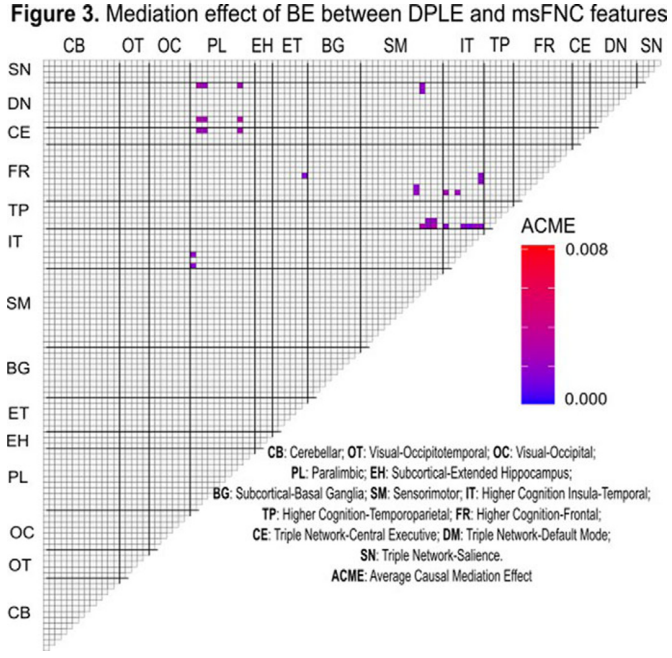


Image 3:



Conclusions: Bullying exposure may represent a modifiable risk factor for the development of DPLEs during adolescence. It may influence DPLEs through its effects on relevant functional brain networks. The implementation of targeted interventions to prevent BE during adolescence could serve as a viable strategy to mitigate potential functional brain alterations and reduce the risk of psychosis.

Disclosure of Interest: None Declared

Mental Health Policies

O039

Landscapes of Recovery from Psychosis: Co-Creating Real-World Solutions in Urban Settings

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doi: 10.1192/j.eurpsy.2025.303

Introduction: Recovery-oriented care requires a paradigm shift from a vulnerability to a protection model. However, protective factors and resources to recovery in urban milieus remain poorly understood. Whether material, emotional or social, the identification of those resources calls for user-led initiatives and a more situated understanding of environments, where those recovery trajectories occur.
Objectives: The Lausanne-based Urban Remediation program is a multi-stakeholder (service users, psychiatrists, geographers, community actors and public authorities) initiative, which aims to identify key elements of an 'urban recovery milieu for psychosis' and create such a milieu in the city of Lausanne (Switzerland). This talk describes the participatory methods used to create a strategy to foster recovery from psychosis in cities to better inform city's mental health plan and policies.
Methods: We implement a living lab approach aimed at real-world experimentation in four phases: (i) *exploration*, (ii) *co-creation*, (iii) *experimentation*, and (iv) *implementation*. During phase one, we've used participatory mapping, go-along interviews and photovoice for an *in-situ* engagement with 10 young patients to ensure a systematic understanding of obstacles and resources for recovery. For phase 2, qualitative analysis and collective workshops with the various stakeholders were used to co-elaborate relevant urban interventions and identify partners for further implementation.
Results: Introducing a Living Lab methodology to experiment the recovery-oriented strategy in a limited area in a real-world setting provides us with solutions, which can be further scaled up to inform the creation of a more inclusive city. Lessons learnt with early psychosis patients can benefit to the community as a whole, as high sensitivity of psychotic patients can teach us a great deal both regarding urban stressors and resources common to the general population.
Conclusions: Using real-world methodologies in cities allows to mobilize actors and resources beyond individual resilience to support recovery trajectories. Consistent transdisciplinary efforts are needed to involve all stakeholders (urban planners, mental health

plan developers and society at large) for effective user-based changes and implementation of sustainable solutions.

Disclosure of Interest: None Declared

Precision Psychiatry

O041

Optimizing Workplace Digital Mental Health Interventions: A Comprehensive Framework Based on Bayesian Meta-Analysis and Meta-Regression

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Introduction: Digital mental health interventions have gained prominence as accessible and cost-effective solutions in workplace settings. However, our previous meta-analysis revealed a concerning trend: despite advancements in technology, the effectiveness of these interventions has not improved over time. This stagnation may be attributed to the significant and ongoing heterogeneity among interventions which indicates both variation in both sample and the intervention. We do not kow which theraputic approaches, design aspects or intervetnkion features enahnce efficacy.
Objectives: We use a Bayesian meta-regression of an unpdated systematic review to develop a comprehensive framework to guide the design, development, and evaluation of workplace digital mental health interventions. By addressing the variability in intervention approaches and design and leveraging evidence-based practices, this framework seeks to enhance the quality and effectiveness of digital solutions for employee mental health.
Methods: A systematic literature review was conducted to identify randomized controlled trials of employee based digital mental health interventions. Eligible studies were assessed based on specific criteria, including participant characteristics, intervention characteristics, and outcome measures. Data extraction and coding were performed, followed by a Bayesian meta-analysis approach. This method allowed for a more nuanced evaluation of the effectiveness of various intervention features and designs, accounting for uncertainty and prior knowledge in the field.
Results: The review identified 95 interventions involving approximately ˜25,000 participants. The Bayesian meta-analysis confirmed small positive effects in reducing mental ill-health symptoms. Both sample and intervention characteristics contributed to heterogeneity across studies. Stress management and mindfulness interventions, particularly those designed with input from mental health experts, demonstrated more effiacy than CBT based approaches. Several intervention features, such as videos, feedback scores, and reminder texts, were associated with positive mental health outcomes.
Conclusions: This review provides valuable insights into the optimal design and development of workplace digital mental health interventions. The identified framework and evidence-based practices offer guidance for developers to create effective interventions that address the heterogeneity within studies. Importantly, this framework has the potential to serve as a robust evidence base for app designers, enabling them to create more effective, personalised and engaging mental health applications.

Disclosure of Interest: None Declared

Promotion of Mental Health

O042

Scrolling for Change: Using Instagram to Disseminate Evidence-Based Brief Video Interventions to Empower Childhood Trauma Survivors

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Introduction: Childhood trauma (CT), especially experiences of abuse and/or neglect, is highly prevalent. Although CT significantly impacts mental health, those who experience it often avoid seeking treatment. Stigma –negative beliefs surrounding mental-health and trauma, is a primary obstacle to seeking care. We recently developed and demonstrated the efficacy of a brief video intervention designed to reduce stigma and increase openness to mental health care among CT survivors. This intervention was tested in a controlled environment (crowdsourcing platforms) to ensure that broader dissemination would cause no harm. Given the central role social media plays in the lives of youth, it is crucial to explore how it can be leveraged to deliver evidence-based mental health interventions effectively.
Objectives: The current study aimed to test the feasibility and acceptability of delivering this evidence-based intervention via social media, specifically Instagram. We hypothesized that the intervention would be both feasible (demonstrating high reach) and acceptable, generating better social media engagement metrics – such as higher link clicks and lower recruitment cost-per-click (CPC) rates, which indicate the intervention's cost-effectiveness, compared to the control video.
Methods: An eight-day Instagram campaign in February 2024 targeted U.S. youth aged 18-24. The campaign featured a 60-second personal story video, previously shown to reduce stigma among CT survivors, and a psycho-educational control video providing generic mental health facts, lacking social-contact elements. We assessed the campaign's total cost-effectiveness and key social media engagement metrics: Impressions (number of times the video was displayed), reach (number of distinct viewers), link clicks (engagement with treatment resources), and recruitment cost-per-click (CPC).
Results: The campaign generated 628,000 impressions, reached 209,000 Instagram users, and resulted in 4,015 link clicks, indicating its feasibility. The intervention video outperformed the control video in all measures, achieving 2,062 link clicks with a CPC of $0.79, compared to 1,953 link clicks and a CPC of $0.84 for the control group.
Conclusions: The findings suggest that Instagram can effectively disseminate cost-effective interventions, potentially improving attitudes about CT and encouraging youth to seek help.

Disclosure of Interest: None Declared

E-mental Health

O044

Are online workers amenable to digital interventions? Results of a fully-remote nationwide trial of behavioral activation in 804 depressed adults in the United States

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Introduction: Online workers are individuals who participate in crowdsourced work. They experience a higher rate of internalizing symptoms than the general population, a phenomenon dubbed the "Turker blues." Three large trials of online single-session interventions (SSIs) failed to find statistical or clinically significant treatment effects in this population. Because these trials tested SSIs, it is unclear if online workers are unresponsive to SSIs in general or online interventions specifically. Moreover, participants in these studies were not selected based on their desire to learn skills online, raising the possibility that intervention effects would be present in treatment-seeking individuals.
Objectives: We conducted a nationwide, fully remote two-arm randomized (1:1) controlled trial to test the efficacy of a 4-week self-guided online behavioral activation treatment for depression in online workers in the United States (N=804). The intervention was designed as an extension of the Common Element Toolbox (COMET), an SSI previously found ineffective in online workers.
Methods: 804 online workers were randomized to COMET-BA or a waitlist control (WLC). Self-report measures of depression, anxiety, subjective well-being, behavioral activation, psychosocial function, and emotion regulation were collected weekly for 4 weeks, 1-week post-intervention, then at a 1-month follow-up.
Results: There was a significant time-by-treatment interaction during the intervention phase on the study, suggesting those in the COMET-BA arm improved significantly more than those in the WLC, with a small-medium effect on depression symptoms (SMD=-0.32; 95% CI: -0.47, -0.17). All but two outcomes, suppression and functioning, demonstrated significant improvement. Improvements were maintained during the 1-month follow-up period but did not grow during this period. Attrition was comparable between the treatments and the results were sensitive to missing data imputation.
Conclusions: COMET-BA may be effectively delivered as an unguided online intervention for depression in online workers. Crucially, intervention effects were evident after the second iBA session, suggesting that SSIs may not be effective in adult online workers.

Disclosure of Interest: L. Lorenzo-Luaces Consultant of: I have consulted with Syra Health, Inc. who had no involvement in the current research, A. Peipert: None Declared

Mental Health Policies

O045

Socioeconomic inequalities on unmet needs for mental health care: a cross-section analysis in European Union countries

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Introduction: Mental health disorders are a leading cause of disability in European Union countries. Previous evidence highlighted the role of socioeconomic inequalities on unmet mental health care needs, varying by income or education. Being both reducing inequalities' gaps and mental health promotion current goals of European Union (EU), it is essential to understand the differences between EU countries and the role of socioeconomic factors on this.
Objectives: The study aims to assess the socioeconomic inequalities on unmet needs for mental health care in EU countries in 2019.
Methods: This was a cross-sectional study using data from the 2019 European Health Interview Survey across 26 EU countries. The main outcome considered was the proportion of self-reported unmet needs for mental health care due to financial reasons. Inequalities for income, education and degree of urbanization were assessed by calculating the rural-city, primary-tertiary education and lowest-highest income quintiles, respectively.
Results: The proportion of self-reported unmet need for mental health care in 2019 ranged between 1.1% (Romania) and 27.8% (Portugal), with a median of 3.6%. Regarding income inequality, all countries except Hungary (ratio=0.88) showed highest share of unmet need among inhabitants with the lowest income quintile. The country with the highest inequality was Greece with a ratio of 23.8. Regarding education inequality, 15 out of 26 countries showed that less educated inhabitants had highest unmet needs of mental health care, with values ranging from 0.5 in the Netherlands and 7.2 in Bulgaria. As for degree of urbanization, rurality showed lowest unmet needs for 21 out of 26 countries, with the highest ratio being 2 in Romania.
Conclusions: The study highlights significant and wide socioeconomic (income, education, and urbanization) inequalities in unmet mental health care needs across EU countries.
While income inequality plays a similar role across EU countries with the poorer quintile showing higher unmet needs due to financial reasons, EU is divided on the role that education plays. On the opposite side, there is also a tendency across the EU for rural areas showing lower unmet needs for mental health care. Policymakers should prioritize strategies to ensure financial access to mental health services, as well as promoting mental health literacy and improve service availability for vulnerable populations.

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Addictive Disorders

O046

The rise of online gambling addiction: A mental health challenge

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Introduction: Gambling disorder is a rising concern among young adults, highlighting the need for effective screening to offer appropriate support and intervention.
Objectives: This study aims to characterize gambling disorder among young adults (ages 18-25) in Portugal.
Methods: A quantitative cross-sectional study was conducted using a self-administered online questionnaire completed by young adults.
Results: This study included a population of 554 participants, 166 of whom were gamblers. Among the gamblers, the prevalence was as follows: 63% did not show signs of pathological gambling, while the remaining participants exhibited gambling addiction at varying levels: 25% mild, 9% moderate, and 3% severe. The typical profile of a gambler was identified as a male university student with an average age of 23.5 years, of a middle economic status and residing in an urban area. The preferred types of gambling were sports betting and online casino games. Most online gamblers had previously engaged in offline gambling at the age of M=19.25. The primary attractions of online gambling for these individuals were accessibility, the variety of games, and the potential for economic gains. The main encouragements to gamble online were friend´s influence and online advertising. No significant differences were observed in depression (PHQ-9) and anxiety scores (GAD-7) between gamblers and non-gamblers ($p > 0.05$). However, among gamblers, a strong positive correlation was found between higher levels of addiction (assessed by DSM-V gambling disorder criteria) and both depression and anxiety scores ($r = 0.732$, $r = 0.681$; $p < 0.01$). Furthermore, severe gambling cases were associated with a higher prevalence of prior formal diagnoses of psychiatric disorders, such as ADHD, anxiety, and depression, although this association was not statistically significant ($p > 0.05$). All gamblers showed a higher prevalence of substance abuse ($p < 0.01$). However, this trend did not extend to alcohol consumption ($p > 0.05$). The Jacobs Dissociative Experiences Scale was used to assess the presence of dissociative symptoms in relation to the severity of gambling addiction, revealing a strong positive correlation ($r = 0.721$; $p < 0.01$). Gamblers reported negative impacts on their family and romantical relationships. In contrast, they did not perceive their gambling behavior as having an adverse effect on their friendships or work performance. The majority (71.4%) of high-severity gamblers did not seek professional help and were not receiving any psychopharmacological therapy.
Conclusions: This study features the critical need for effective screening and intervention strategies for gambling disorder among young adults, given its correlation with mental health disorders and substance abuse. Addressing these challenges is essential for enhancing support and improving outcomes for individuals with gambling disorder.

Disclosure of Interest: None Declared

Bipolar Disorders

O047

Seasonality and weather influence on mixed episodes of bipolar disorder

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Introduction: Seasonal patterns in bipolar disorder episodes, particularly manic episodes, have been widely studied, revealing a peak in early spring and a decline in late fall. However, less attention has been given to the seasonal variation of mixed states. Mixed episodes, a subtype of bipolar disorder, are characterized by both manic and depressive symptoms. Recent studies have suggested that mixed episodes may follow a different seasonal pattern compared to pure manic episodes, peaking in late summer. Understanding this seasonality can offer valuable insights into the timing and management of hospital admissions for bipolar disorder. In this study, we conducted a retrospective analysis of hospital admissions for bipolar disorder, evaluating the influence of meteorological factors on the frequency of admissions, particularly for mixed episodes.
Objectives: This study aims to analyze the prevalence of hospital admissions due to bipolar disorder at the Psychiatry Service of ULS-VDL during 2021 and 2022, with a particular focus on mixed episodes. Additionally, it seeks to explore the relationship between meteorological factors, such as temperature and cloud cover, and the frequency of admissions, identifying any seasonal patterns associated with bipolar episodes. This analysis aims to explore the potential link between environmental changes, such as temperature and cloud cover, and the occurrence of mixed states in bipolar disorder.
Methods: A retrospective analysis was conducted of hospital admissions for bipolar disorder between 2021 and 2022 (n=71) at the Psychiatry Service of ULS-VDL. Monthly averages of meteorological data (temperature, precipitation, cloud cover, and solar radiation) were obtained from a local weather station. Poisson regression was used to assess the relationship between monthly admissions and meteorological variables.
Results: Of the 71 total episodes, 16 were mixed episodes of bipolar disorder. The results showed a statistically significant association between decreased temperature (IRR=0.843, 95% CI [1.568-0.118], p=0.023) and increased cloud cover (IRR=0.162, 95% CI [0.023-0.302], p=0.023), compared to the previous month, and an increase in admissions for mixed episodes.
Conclusions: The findings of this study indicate a significant association between decreases in temperature and increases in cloud cover with higher rates of hospital admissions for mixed episodes of bipolar disorder. These results highlight the potential influence of meteorological factors on the seasonality of mixed episodes. Further research is needed to confirm these patterns

and to explore their implications for the management and prevention of bipolar disorder hospitalizations.
Note: We intend to increase the number of years included and episodes.

Disclosure of Interest: None Declared

Addictive Disorders

O048

Simultaneous blockade of α1b-adrenergic and 5HT2A-serotonergic receptors for the treatment of alcohol use disorder: a randomized, placebo-controlled proof-of-concept phase-2 trial

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Introduction: Alcohol use disorder (AUD) is associated with increased dopaminergic activity, and evidence suggests that α1b-adrenergic and 5HT2A serotonergic receptors play critical roles in modulating dopamine-mediated behavioral responses. Preclinical studies indicated that simultaneous blockade of these receptors with prazosin (α1b blocker) and cyproheptadine (5HT2A blocker) can reduce alcohol preference. This phase 2 clinical study aimed to evaluate the efficacy and safety of this combination in reducing alcohol consumption among patients with severe AUD.
Objectives: The primary objective of the study was to assess the efficacy and safety of a combination of prazosin extended-release (ER) and cyproheptadine in reducing total alcohol consumption (TAC) in patients with severe AUD.
Methods: This was a phase 2, double-blind, parallel-group, placebo-controlled, randomized clinical trial conducted across 32 addiction treatment centers in France. A total of 154 participants (108 men and 46 women) with severe AUD were randomly assigned to one of three treatment groups for 3 months: 1) low-dose group (LDG) with 8 mg cyproheptadine and 5 mg prazosin ER daily, 2) high-dose group (HDG) with 12 mg cyproheptadine and 10 mg prazosin ER daily, or 3) placebo group (PG). The primary outcome was the change in TAC from baseline to Month 3. Secondary outcomes included changes in heavy drinking days, abstinence days, Obsessive Compulsive Drinking Scale (OCDS), and Beck Depression Inventory (BDI) scores. Safety was assessed through adverse events (AEs), sedation, and orthostatic hypotension (OH).
Results: A significant main treatment effect in TAC change was observed in the intent-to-treat (ITT) population (p=0.039). Compared to the placebo group, the HDG showed a greater reduction in TAC from baseline to Month 3 (-23.6 g/day, p=0.016, Cohen's d=-0.44), while the LDG also showed a reduction (-18.4 g/day, p=0.048). In the very high-risk drinking level subgroup (>100g/day of pure alcohol for men and >60g/day for women), the HDG showed a reduction of -29.8 g/day compared to the PG (p=0.031, d=-0.51). A significant dose-response relationship (p=0.027) was observed. Both low and high doses were well-tolerated, with AEs predominantly mild or moderate. No serious adverse events were reported in the HDG, and OH incidence was comparable across groups.
Conclusions: The combination of prazosin and cyproheptadine showed efficacy in reducing alcohol consumption in individuals with severe AUD, with a larger effect observed in the high-dose group. Both doses were well-tolerated, with a safety profile comparable to placebo. These findings suggest that the prazosin-cyproheptadine combination may be a promising treatment option for severe AUD and warrant further investigation in phase 3 trials.

Disclosure of Interest: J. Guiraud Shareolder of: Vergio, Employee of: Vergio

O050

Patient-reported measures in substance use disorder treatment services: a scoping review and preliminary results from a multicenter study

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Introduction: Patient-centered treatment and care is a key quality standard within substance use disorder (SUD) treatment services. Patient-Reported Outcome and Experience Measures (PROMs and PREMs) allow us to collect direct feedback from patients on how they perceive health outcomes and quality of care in a systematic way.
Objectives: To identify current practices regarding the use of PROMs and PREMs in clinical practice in SUD treatment services and to develop an electronic self-report tool for routine assessment of PROMs and PREMs in SUD treatment services in Belgium.
Methods: We present results from a scoping review, identifying studies reporting on the use and routine implementation of PROMs and PREMs in SUD services. Additionally, preliminary results from a naturalistic longitudinal multicenter study assessing self-reported sociodemographic characteristics, clinical factors, PROMs, and PREMs in N=189 adults who recently started treatment for SUD in various treatment modalities are presented: the OMER-BE study (Outcome Measurement and Evaluation as a Routine practice in alcohol and other drug services in Belgium).
Results: There is an increasing use of patient-reported measures in SUD services. However, there is large variation in the patient-reported measures that are used, how they are developed, and how and when patient-reported data are collected. The most important barriers and facilitators to the implementation of PROMs and PREMs in clinical practice include burden to and involvement of staff, and leadership and technical support. Alcohol and cocaine were the most commonly used substances among participants of the OMER-BE study, with 59.7% of participants reporting polysubstance use. The 45-, 90-, and 180-day follow-up assessments were completed by 64%, 59% and 54% of participants respectively. At 180-day follow-up, 56% of respondents were still in treatment for SUD.
Conclusions: Guidance is needed to support clinicians in selecting and implementing valid, meaningful, and comparable patient-

reported measures to understand and benefit from the impact that PROMs and PREMs can have on treatment quality and outcome. The OMER-BE study provides an example of the insights that can be gained into patient needs through the use of an electronic self-report tool assessing PROMs and PREMs.

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Bipolar Disorders

O051

Clinical characteristics associated with future clozapine treatment among patients with bipolar disorder: A nationwide register-based study of 29,696 patients

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Introduction: Despite the number of medications considered as effective in the treatment of bipolar disorder (BD), incomplete response to treatment is very prevalent (Perlis *et al.* Am J Psychiatry 2006;163(2):217-24). Existing evidence supports the effectiveness of clozapine for treatment-resistant BD (TRBD) with clinical guidelines recommending clozapine as a third-line treatment (Yatham *et al.* Bipolar Disord. 2018;20(2):97-170). There is evidence to support that a shorter delay before clozapine initiation is associated with a better response to this treatment (Griffiths *et al.* Psychol. Med. 2021;51(3):376-86).

Objectives: This study aimed to identify clinical and sociodemographic characteristics at the time of the first bipolar diagnosis associated with future clozapine treatment.

Methods: We performed a population-based cohort study using nationwide data from Danish registries to investigate factors associated with initiation of clozapine treatment in incident BD. Cox proportional hazard regression analyses were used to investigate associations between patients' characteristics at the time of the diagnosis of BD and a subsequent redemption of a prescription for clozapine, yielding hazard rate ratios (HRRs).

Results: We identified a total of 29,696 patients registered with their first (incident) ICD-10 diagnosis of BD between 1999 and 2019, of whom 102 (0.3%) received clozapine treatment during follow-up. The median age at the first prescription of clozapine was 48.6 years (25-75 percentile: 37.7-59.9). The multivariable Cox proportional hazards regression model showed that a prior diagnosis of psychotic disorder (other than schizophrenia or schizoaffective disorder) (HR: 2.10; CI: 1.13-3.93), having had three (HRR: 2.91; CI: 1.23-6.87), four (HRR: 2.89; CI: 1.15-7.24) or five or more (HRR: 3.17; CI: 1.19-8.44) previous psychopharmacological treatments prior to the diagnosis of BD, and being outside the labour force (HRR: 2.58; CI: 1.42-4.66) were positively associated with clozapine treatment after controlling for the remaining variables.

Conclusions: The results of this study suggest that there are clinical characteristics associated with subsequent clozapine treatment already at the time of diagnosis of BD. These findings may guide targeted interventions, such as an earlier initiation of clozapine treatment.

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O052

Relationship between daily rhythms and verbal memory in individuals with Bipolar Disorder

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Introduction: Cognitive function, particularly verbal memory, is often compromised in Bipolar Disorder (BD). While studying risk factors for cognitive deficits has not identified causal factors, focusing on protective factors that support verbal memory can help tailor interventions for individuals with BD.

Objectives: Investigate associations between daily rhythms and verbal memory in people with BD in full or partial remission.

Methods: This is a cross-sectional study. Participants were included if their Montgomery Asberg Depression Rating Scale (MADRS) score was ≤16 and Young Mania Rating Scale (YMRS) score was ≤8. Daily rhythms were assessed by self-report using the BRIAN scale, as was chronotype. Regularity and intensity of physical activity were measured with actigraphy, with devices worn on the wrist for up to ten days. Variables of interest included mean time per day in moderate to vigorous physical activity (MVPA), intensity and timing of the most active five hours per day (M5), and total intensity per 24 hours over the assessment period. Cognitive function was assessed using a validated, self-administered, web-based test platform for Norwegian-speaking participants, which included a verbal memory test. Actigraphy data were processed using specialized software to extract relevant metrics. Correlational analysis was conducted to evaluate the relationships between daily rhythms and verbal memory.

Results: A total of 87 participants were included, comprising 30 men and 57 women, aged between 18 and 64 years. Among them, 57 had bipolar disorder type 2, and 30 had bipolar disorder type 1. The analysis revealed a significant positive correlation between verbal learning and the timing of the most active five hours, with better verbal learning observed for M5 timing later in the day. There was also a moderate positive correlation between better delayed verbal recall and the amount of time spent in moderate to vigorous physical activity.
Conclusions: Our findings suggest that modifiable factors, such as later timing of the most active five hours and amount of time spent in moderate to vigorous physical activity, are associated with better verbal learning and memory in individuals with bipolar disorder. These insights could inform interventions aimed at improving cognitive outcomes in this population.

Disclosure of Interest: None Declared

O053

Antipsychotic Dosage and Frequency of Manic Episodes as Predictors of Metabolic Syndrome in Bipolar Disorder: A One-Year Follow-Up

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Introduction: Metabolic syndrome (MetS) is notably prevalent among individuals with bipolar disorder (BD). Despite numerous studies indicating an increasing MetS prevalence in this group over time, comprehensive investigations of associated risk factors remain limited.
Objectives: This study aims to assess the prevalence and 1-year changes in MetS among BD patients. It also seeks to identify baseline clinical features that could predict the development of MetS during follow-up.
Methods: The study included euthymic BD type 1 patients consecutively admitted between July 2023 and July 2024. MetS was diagnosed uaccording to NCEP ATP-III criteria at baseline and after one year. Patients without MetS at baseline were analyzed to evaluate the association between initial clinical characteristics and MetS presence at follow-up through logistic regression.
Results: A total of 98 patients completed the baseline and follow-up assessments. The prevalence of MetS significantly increased from 29.6% to 51.0% over the 1-year naturalistic follow-up. Initially, there were no significant differences between the groups with and without MetS regarding demographics, illness characteristics, treatment types, comorbidities, and chlorpromazine equivalent dose. By the end of the follow-up period, 29 new MetS cases were diagnosed after excluding those initially identified. This group exhibited higher numbers of total episodes, more manic episodes, and greater hospitalization rates (p = 0.04,-2.067; p = 0.03, -2.193; p = 0.03, -3.207), with no significant differences in other demographic or clinical variables.In the logistic regression analysis, which controlled for age, gender, number of depressive episodes, and the use of lithium and valproate, the equivalent chlorpromazine dose (p = 0.04, OR: 1.003) emerged as a significant predictor of metabolic syndrome, while the number of manic or hypomanic episodes demonstrated a trend towards significance (p = 0.05).
Conclusions: In conclusion, this study shows that the prevalence of MetS in patients with BD type-1 in Turkey increased from 29.6% to 51.0% over one year. Increased numbers of manic episodes and higher chlorpromazine doses were linked to the development of MetS. This underscores the importance of monitoring metabolic health, especially in patients with frequent manic episodes or high antipsychotic doses.

Disclosure of Interest: None Declared

Addictive Disorders

O054

The influence of methamphetamine utilization patterns and adverse childhood experiences on Methamphetamine Use Disorder and Methamphetamine-Induced Psychosis

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Introduction: Methamphetamine (MA) is one of the most addictive drugs globally. Among its harmful consequences, methamphetamine use disorder (MUD) and methamphetamine-induced psychosis (MAP) are prevalent and increase the burden of mental health worldwide. Recent studies highlighted the relationship of the disorders and various factors including patterns of MA consumption and adverse childhood experiences (ACEs). Understanding the association between these factors and MUD and MAP is essential for advancing our knowledge and improving healthcare for our patients.
Objectives: To investigate the association of MA use patterns, ACEs and the development of MUD and MAP.
Methods: This study analyzed data from a survey using the Thai-MIND questionnaire (September 2023 – June 2024). We collected participants' socio-demographic details (including gender, age, income, employment, marital status, education), mental health history, other substances use, MA use patterns, ACEs, psychotic symptoms and their onset. The diagnosis of MUD and MAP were based on DSM-5 criteria. Univariate logistic regression was employed to examine the relationships, adjusting for socio-demographics and mental health history for MUD models, and adding other substances use and MUD diagnosis for MAP models.
Results: In this study of 2,524 participants, 1,987 (78.72%) met the criteria for MUD, and 876 (34.71%) met the criteria for MAP. The use of yaba (MA or speed pill) reduced the risk of MAP compared to ice (crystalline MA)(OR = 0.32 [0.12 – 0.85]) while combining two types of MA raised the risk of MAP compared to ice alone (OR = 1.96 [1.37 – 2.81]). For MUD, more frequent MA use, compared to monthly or less, increased the risk with OR = 1.81 [1.34 – 2.43] (2-4 times/month), 2.27 [1.58 – 3.27] (2-3 times/week), and 4.00 [2.87 – 5.59] (4 or more times/week). Similarly, for MAP, using MA 2-3 times/week raised the risk (OR = 1.59 [1.14 – 2.22]), and using it

more than 4 times/week further increased the risk (OR = 2.16 [1.62 – 2.87]). Additionally, MA injection significantly heightened the risk of MUD (OR = 6.29 [3.28 – 12.04]). Emotional abuse (OR = 1.84 [1.36 – 2.47]) and physical abuse (OR = 1.71 [1.29 – 2.27]) were linked to a higher risk of developing MUD. In addition, physical neglect (OR = 1.29 [1.02 – 1.65]), emotional neglect (OR = 1.47 [1.13 – 1.90]), and sexual abuse (OR = 1.46 [1.05 – 2.03]) were associated with an increased risk of MAP. The total number of ACEs also increased the risk of both MUD (OR = 1.28 [1.17 – 1.40]) and MAP (OR = 1.14 [1.05 – 1.24]).
Conclusions: The study demonstrates that MA use patterns and adverse childhood experiences significantly impact the risk of developing MA use disorder and MA-induced psychosis.

Disclosure of Interest: None Declared

Pain

O055

A comprehensive pilot care program for people suffering with chronic pain, opioid analgesic control problems and other mental disorders

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Introduction: Some individuals with chronic pain using opioid analgesics may unknowingly experience mood improvement, which can lead to compulsive opioid use. To address this issue, the DOLMEN program was developed, involving a multidisciplinary team of clinical psychologists, psychiatrists, pain specialists, nurses, pharmacists, and geneticists for a comprehensive treatment approach.
Objectives: Our objective was to describe the DOLMEN program and assess its effectiveness in improving emotional pain, psychiatric symptoms, functioning, quality of life, and pain management. The program also aimed to prevent medication errors through pharmacological guidance. We investigated genetic biomarkers related to clinical outcomes and evaluated patient satisfaction with the program.
Methods: We implemented a multidisciplinary pilot program and conducted an observational, unicentric, longitudinal, and ambispective study to evaluate its outcomes. The study included patients with chronic pain on high off-label opioid doses, those with mental disorders treated with opioids, and patients with pain refractory to standard treatments. Data were collected on psychiatric symptoms, substance use, CYP2D6, CYP2C19, and OPRM1 gene polymorphisms, and pharmacist interventions. To assess the intervention's impact, a paired test analyzed changes in psychiatric measures and pain levels using the Visual Analog Scale (VAS) after structured psychoeducational sessions. A linear-by-linear association chi-square test examined associations between genetic polymorphisms and questionnaire results.
Results: The sample consisted of 90 patients, the majority of whom were women (78.0%), with a mean age of 53.1 years. Among the participants, 23.0% exhibited problematic opioid use.
Significant improvements were observed in several clinical measures. The average Clinical Global Impression score improved from 3.7 to 2.58 (p=0.003), while the State-Trait Anxiety Inventory scores for state anxiety and trait anxiety decreased from 38.8 to 34.9 (p=0.0027) and from 40.1 to 35.8 (p<0.0001), respectively. The Beck Depression Inventory-II scores also showed a notable reduction from 33.1 to 27.8 (p<0.0001). Although improvements were seen in the EQ-5D-5L (from 41.1 to 50.2) and the EEAG (from 65.8 to 71.8), these changes were not statistically significant (p>0.05). Pain experience, as measured by the Visual Analog Scale, showed a reduction from 7.1 to 6.6 (p=0.0106). An association was identified between the OPRM1 polymorphism and the degree of problematic opioid use, as well as between the CYP2C19 genotype and the presence of depression (p<0.05). Additionally, pharmacists provided 64 recommendations to patients to prevent medication errors throughout the program.
Conclusions: The DOLMEN program demonstrated preliminary effectiveness in managing patients with chronic and emotional pain, as well as problematic opioid use.

Disclosure of Interest: None Declared

Neuroscience in Psychiatry

O057

Evaluation of "Bias Against Disconfirmatory Evidence" in patients with functional movement disorders

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Introduction: Functional neurological disorders (FND) are defined as neurological symptoms that are inconsistent and incongruent with classic neurological disorders. Over the past two decades, an interest in the potential underlying mechanisms of these disorders has occurred and a new pathophysiological framework based on current neurobiological theories about global brain function such as the predictive coding theory has emerged. Within this framework, abnormal or erroneous beliefs about symptoms, mediated by attention, are hypothesized to modulate perception and movements, ultimately leading to FND. Previous studies have evaluated cognitive biases such as the jumping to conclusion reasoning style in patients with functional movement disorders (FMD) and it has been suggested that they may play a role in symptoms production. In this study, we evaluated the behavior of patients with FMD when confronted with evidence that contradicts their beliefs through the "Bias Against Disconfirmatory Evidence" (BADE) and their tendency to accept implausible interpretations through the "Liberal Acceptance Bias" (LA).

Objectives: To evaluate whether patients with FMD have greater difficulty integrating information based on disconfirming evidence than the general population.
Methods: Observational case-control study in which the presence of BADE and LA biases were assessed in a sample matched by sex and age using Woodward's BADE task. Clinical and demographic characteristics of the participants were recorded (such as "Mini Mental State Examination" (MMSE) or "Peters et al. Delusions Inventory" (PDI -21), level of education, employment situation and marital status and cohabitation situation). The BADE test analyses the scores that the patient provides at 3 points in time on the plausibility of 24 scenarios after increasing the information received.
Results: Twenty patients (median age 50.5 years, 75% female) and twenty people from the control group (median age 52.50 years, 75% female) were included. No differences were found on demographic features, MMSE or PDI -21 scores. When compared to healthy controls, FMD patients scored significantly lower in BADE (median 3.35, p=0.03) and significantly higher in LA (median 3.08, p=0.017). Also, when the maximum information was provided, patients scored significantly higher in implausible situations (p=0.01) and lower in true situations (p=0.02) than the control group.

Image 1:

	FMD group (n=20)	Control group (n=20)	*p value* * p<0,05
Age (years)			
Median	50,5	52,5	0,779
Female/Male	15/5	15/5	1
FMD subtype n (%)			
Gait disorder	8 (40)		
Tremor	2 (10)		
Dystonia	1 (5)		
Paresis	2 (10)		
Combined (two or more phenotypes)	7 (35)		
Level of education, n (%)			0,94
Primary studies	2 (10)	2 (10)	
Secondary studies	3 (15)	2 (10)	
High school studies	6 (30)	6 (30)	
University studies	3 (15)	5 (25)	
Vocational training studies	6 (30)	5 (25)	

Image 2:

	FMD group (n=20)	Control group (n=20)	*p value* * p<0,05
Employment situation, n (%)			0,092
Active work	2 (10)	9 (45)	
Unemployed	1 (5)	2 (10)	
Temporary work disability	5 (25)	1 (5)	
Permanent work disability	7 (35)	3 (15)	
Student	2 (10)	3 (15)	
Retired	3 (15)	2 (10)	
Marital status n (%)			0,753
Married	11 (55)	11 (55)	
Single	6 (30)	6 (30)	
Widowed	1 (5)	0 (0)	
Divorced	2 (10)	3 (15)	
Cohabitation situation, n (%)			0,414
Alone	2 (10)	2 (10)	
With family of origin	2 (10)	5 (25)	
With own family	16 (80)	12 (60)	
Others	0 (0)	1 (5)	

Image 3:

	FMD group (n=20)	Control group (n=20)	*p value* *p<0,05
BADE			
Median	3,35	4,32	**0,030** *
LA			
Median	3,08	2,29	**0,017** *

Conclusions: Patients with FMD have greater difficulty in modifying their beliefs when confronted with disconfirming evidence and a greater tendency to accept less plausible options. These cognitive biases, among other factors, may facilitate the adoption of fixed beliefs, regardless of their plausibility, early and with little evidence. Our results may also explain why some patients with FMD remain with erroneous beliefs despite the explanation of the diagnosis.

Disclosure of Interest: None Declared

Old Age Psychiatry

O058

Theoretical and Empirical Basis of Psychogenic Aging

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doi: 10.1192/j.eurpsy.2025.318

Introduction: Psychogenic aging, an emerging field in biogerontology, seeks to integrate psychological factors into the biological framework of aging. Traditional models of aging emphasize molecular and cellular mechanisms, often overlooking the significant role of psychological well-being. Our studies show that psychosocial factors influence biological age similarly to physical health conditions. Psychogenic aging is a novel phenomenon that addresses this gap by providing a holistic understanding of the aging process that encompasses both biological and psychological components.
Objectives: The primary objective of this research is to explore the relationship between psychological factors and biological aging. Specifically, it seeks to quantify the impact of psychosocial stressors and well-being on biological age and compare these effects with established biological markers of aging. This study also aims to position psychogenic aging within the established Hallmarks of Aging framework.
Methods: Data from the China Health and Retirement Longitudinal Study (CHARLS), including 16 blood biomarkers and psychological well-being indicators for over 11,000 adults, were used to train a deep neural network (DNN) to predict biological age.Psychosocial factors such as happiness and loneliness were regressed against biological age using elastic net regression to quantify their effects.
Additional findings from a non-systematic review on stress and aging were used to frame the psychogenic aging model within the Hallmarks of Aging framework by Lopez-Otín *et al.* 2013 Cell.
Results: Galkin *et al.* Aging 2022 developed a deep-learning aging clock using blood test data to assess the influence of psychological factors on biological aging. The results show that negative psychological factors, such as loneliness and unhappiness, can accelerate

biological age by 1.65 years, surpassing the effect of smoking, which contributes an additional 1.25 years. These findings highlight the substantial impact of mental well-being on biological age, comparable to serious health conditions like stroke and lung disease. Faria *et al.* Trans Psych 2024 developed a theoretical framework from which to conceptualize the mechanisms and mediators behind these psychogenic aging effects with the latest high-throughput methods.

Image 1:

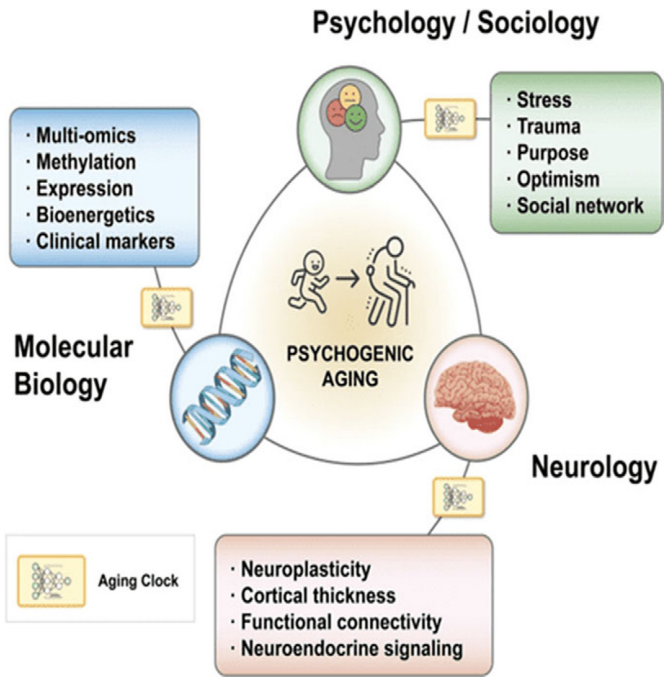


Image 2:

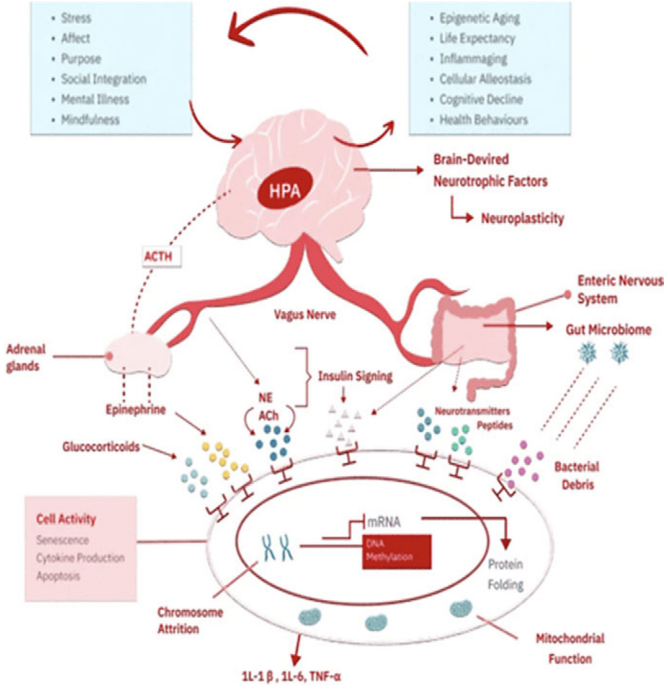
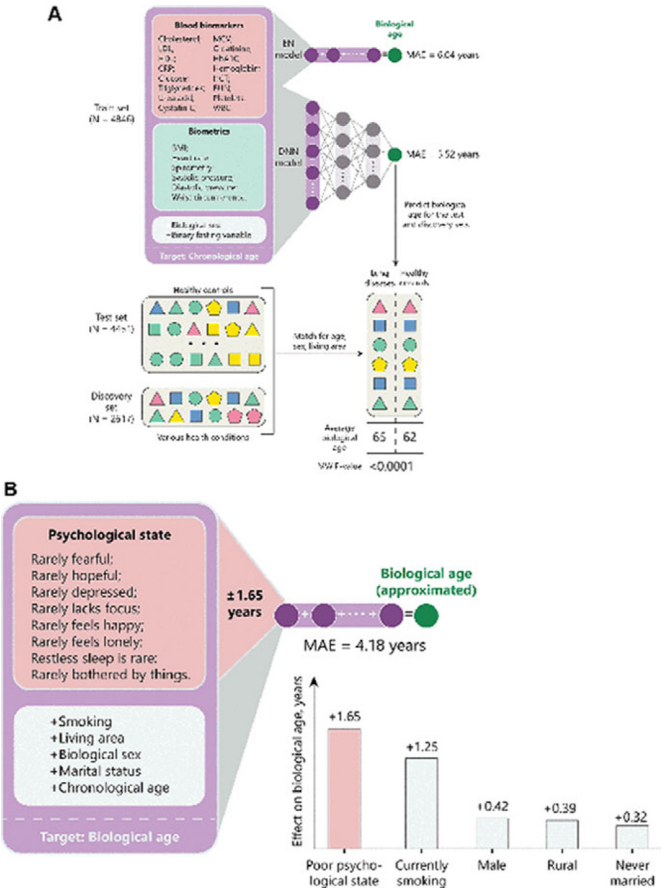


Image 3:



Conclusions: The integration of psychogenic aging into the Hallmarks of Aging framework represents one of the most significant advancement in our understanding of the aging process. Psychological stressors and resilience should be recognized as fundamental contributors to aging, akin to molecular and cellular processes. By addressing both the biological and psychological dimensions of aging, this interdisciplinary approach offers novel opportunities for anti-aging therapies and interventions. Future research should focus on validating these findings across diverse populations and exploring the mechanistic pathways linking psychological health to biological aging.

Disclosure of Interest: None Declared

E-mental Health

O059

Using an innovative web-based task management application to improve medical handovers at an in-patient psychiatric hospital

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doi: 10.1192/j.eurpsy.2025.319

Introduction: Safe and effective handovers are crucial for patient safety in psychiatric hospitals and a digital record helps to prevent information loss and allow auditing. Trainees at our institution raised concerns about the lack of a reliable, traceable digital record for out-of-hours handovers. The pre-existing system of handwritten notes and emails was error-prone, cumbersome and untraceable. Therefore, a more efficient digital system was needed to match the demands of a busy in-patient psychiatric hospital.
Objectives: To improve the safety and quality of medical handovers in our hospital.
Methods: A baseline survey was sent to resident doctors at The Maudsley Hospital, London, to gather feedback on handover practices. The Microsoft Planner application within Teams was introduced, providing a secure, live digital handover record accessible with two-factor authentication. It allows multiple users to edit tasks simultaneously and tracks all updates with clinician specific time stamps. Changes were communicated and feedback gathered through monthly meetings, emails, and encrypted messaging apps. After 12 weeks, we sent a follow-up survey and made further adjustments based on the feedback.
Results: Nine doctors responded to the baseline survey, giving an average score of 2.5 out of 5 for quality and 2.4 out of 5 for safety. Forty-six percent struggled to prioritize tasks during on-call shifts, 54.6% found it hard to track task progress, and 18.2% reported frequent task delays or omissions. After the changes, nine doctors responded with improved scores of 4.6 out of 5 for quality and 4.2 out of 5 for safety. Seventy-eight percent rarely had difficulty prioritizing tasks, 66.7% found it easy to track progress, and 87.5% reported that tasks were rarely or never missed. Feedback highlighted that use of the platform varied amongst clinicians and access issues for emergency locum doctors, leading to the creation of a trust-wide protocol to standardise the use of this technology and respond to access issues.
Conclusions: A web-based task management platform was introduced in a large in-patient psychiatric hospital with significant improvements seen in clinician-rated quality and safety of medical handovers. This application is now commonly used across South London and Maudsley NHS Trust, the largest mental health trust in the United Kingdom. Over 450 NHS organizations have access to the Microsoft 365 and could therefore use this innovative technology to improve their clinical handovers. Given Microsoft's global use, this could very likely be used throughout European mental health organisations.

Disclosure of Interest: None Declared

Psychopharmacology and Pharmacoeconomics

O060

How does pregnancy affects drug disposition of lithium? A retrospective observational cohort study

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doi: 10.1192/j.eurpsy.2025.320

Introduction: Lithium is used as a first-line treatment in perinatal bipolar disorder. Lithium is almost exclusively renal eliminated without undergoing metabolization. Renal changes associated with pregnancy are responsible for alterations in lithium pharmacokinetics that may impact lithium efficacy and toxicity in mother. Characterization of the trajectory of lithium disposition during the perinatal period (previous year of pregnancy, pregnancy and first year postpartum) is necessary to monitoring and dose adjustments to prevent bipolar symptom recurrence while minimizing adverse effects.
Objectives: To characterize the disposition of lithium during the perinatal period ant to evaluate whether changes in serum lithium concentration are consistent with changes in renal function (creatinine).
Methods: Women treated with lithium carbonate and referred to the perinatal psychiatry out-patient clinic of a single tertiary university hospital (November 2006 -December 2018), were evaluated for eligibility to participate in this retrospective observational cohort study (HCB/2020/1305). The basis of this study was all samples analysed in the same laboratory for lithium during perinatal period obtained at steady-state and predose. Serum creatinine concentrations measurements were also extracted. Lithium concentrations were determined by means of an AVL 9180 electrolyte analyzer based on the ion- selective electrode (ISE) measurement principle. Detection limit (LoD) was 0.1 mEq/L and limit of quantification (LoQ) 0.2 mEq/L. Serum creatinine concentration was determined by molecular absorption spectrometry. Detection limit (LoD) was 0.10 mg/dL, and the limit of quantification (LoQ) was 0.15 mg/dL Linear mixed models were used to analyze lithium and creatinine serum concentrations.Time points extractions and lithium dose were included as fixed effects, while the individual mother was included as a random effect to account for repeated measurements.
Results: In total, 1260 lithium and 1174 creatinine serum concentration measurements from 109 pregnancies of 95 women were available. Dose-ajusted serum lithium concentrations (C/D ratio) decreased and average of 23.9% and 27.6% during the first and second trimesters respectively, increased slightly in the third

trimester but remained 16.9 % below the prconception time (reference period) and increased postpartum 11% . Serum creatinine concentration evidenced a similar longitudinal pattern during pregnancy (decreased 20%, 26.1% and 22.3% in first, second and third trimester respectively) and also decreased postpartum 4.3%.
Conclusions: We recommend monitoring lithium and creatinine serum concentration once every 4 weeks until 34 weeks of pregnancy, then weekly until delivery, followed in postpartum at day 2 ±1, (bi-)weekly during the first month, monthly until 6 months postpartum and then every 3-4 months to ensure adequate lithium dosing.

Disclosure of Interest: None Declared

Mental Health Care

O061

Supporting mental health of healthcare staff: health economics evaluation of costs and clinical outcomes of a specialised clinic for healthcare workers

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doi: 10.1192/j.eurpsy.2025.321

Introduction: Healthcare workers globally face an elevated risk of mental health conditions. Despite the critical need for mental health support, access remains inconsistent, hindered by both systemic gaps and barriers like stigma and regulatory constraints. Recognizing this unmet need, we established the Staff Mental Health Service (SMHS) in Cambridgeshire, UK, in September 2020. SMHS offers prompt assessments and treatments for healthcare workers across various professional roles.
Objectives: To assess costs, clinical outcomes and waiting times associated with treatment at the SMHS compared to NHS Talking Therapies (TT), a nationally-delivered primary care mental health service.
Methods: A cost-consequence analysis comparing costs and clinical outcomes for a hypothetical cohort of patients (N=1,000) between two options: (1) treatment either at SMHS or TT ; and (2) treatment at TT only. SMHS costs and outcomes were collected from routinely collected patient-level data, while those for TT were informed by published literature. Only costs borne by the health system were assessed; and model outcomes were compared for one treatment period (i.e., from treatment start to discharge). Primary model outcomes included average total treatment costs (GBP - £); and mean score changes on the Patient Health Questionnaire (PHQ-9) and Generalized Anxiety Disorder Assessment (GAD-7) measures for symptoms of depression and anxiety, respectively. Uncertainty in model parameters was explored using deterministic and probabilistic sensitivity analyses. Mean waiting times from referral to initial assessment and first treatment appointment for the SMHS and TT were analysed independently.
Results: Average total treatment costs per patient for the option consisting of treatment at either SMHS or TT was £825 less costly than the option consisting of treatment only at TT (£617 vs £1,442). Main drivers of cost difference included the notably higher cost and average number of appointments associated with treatment at TT. Treatment at either SMHS or TT also led to better patient outcomes on both the PHQ-9 (mean score reductions of 7.2 vs 6.1) and GAD-7 (mean score reductions of 6.3 vs 4.8) scales. Mean waiting times (days) for treatment at SMHS were considerably shorter than at TT: referral to initial assessment (19 vs 25 days); and referral to first treatment appointment (28 vs 53 days).
Conclusions: Preliminary results showed that a specialised mental health service for healthcare workers was associated with lower costs, better patient outcomes, and shorter waiting times compared to standard treatment options.

Disclosure of Interest: None Declared

Epidemiology and Social Psychiatry

O062

The FareAssieme Model of Trento: Empowering Community Psychiatry through Peer Support Experts

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doi: 10.1192/j.eurpsy.2025.322

Introduction: "FareAssieme" ("Doing Together") is a community psychiatry approach adopted by the Mental Health Service of Trento (SSM) since 1999. It is based on the active involvement of users and families, valuing "experiential knowledge"—the insights gained from their experiences with illness and recovery—to enhance mental health care and rehabilitation pathways.
Objectives: To describe the "FareAssieme" model and analyze the effectiveness of Peer Support Experts (ESPs) in recovery processes, stigma reduction, and improving patient-perceived quality. ESPs are users or family members who have achieved life balance in their recovery journey and developed coping skills, sharing their stories to support others within the SSM of Trento.
Methods: The approach was implemented by systematically including ESPs in all SSM areas, such as front-office services, community mental health teams, territorial and hospital crisis areas, and residential facilities. Evaluation methods included satisfaction questionnaires, systematic PREMs and PROMs (Patient-Reported Experience and Outcome Measures), focus groups, and direct field observations, with particular attention to integrating ESPs into professional teams.
Results: Introducing ESPs led to significant service quality improvements, increased active user involvement, and a better working climate. Patients reported greater trust in services and enhanced recovery experiences. ESPs helped overcome users' initial resistance, especially among those less willing to trust health

services, fostering stronger therapeutic relationships. Professional resistance diminished as the added value of ESPs became evident. The "FareAssieme" model also fostered the establishment of a Participatory Planning Group (GPP), a diverse team including ESPs and professionals. The GPP discusses relevant topics for the SSM's operations and has produced several "Operational Guidelines"—recommendations compiled into booklets serving as operational instructions for all users, families, and service operators.
Conclusions: The "FareAssieme" model in Trento represents an effective example of recovery-oriented community psychiatry. ESPs have uniquely contributed to improving perceived service quality and promoting a culture of respect and co-participation, reducing the stigma associated with mental illness. The GPP has also served as a representative for mental health issues, voicing the SSM's shared views through mass media to disseminate anti-stigma messages.

Disclosure of Interest: None Declared

Schizophrenia and Other Psychotic Disorders

O064

Level of functioning and symptoms in children and adolescents with early-onset psychosis - baseline characteristics of participants in the OPUS YOUNG trial

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doi: 10.1192/j.eurpsy.2025.323

Introduction: Level of functioning is often severely affected in individuals diagnosed with psychosis. Often, negative symptoms have been proposed as an important treatment target to improve functioning. Most research on the topic is conducted in adult samples, but the functional impairments associated in adolescents with schizophrenia spectrum disorders might differentiate from adults. A detailed understanding of the functional impairments and its association to clinical symptoms is important to develop meaningful and effective treatments adjusted to the needs of this young patient group.
Objectives: The aim of this study is 1) to explore functional capacity across different domains of function, and 2) to examine associations between functioning and clinical symptoms in youth with early-onset psychosis.
Methods: The study sample consists of 290 children and adolescent aged 12-17 years with early-onset psychosis included in the OPUS YOUNG trial. All participants' level of functioning was assessed with the Personal and Social Performance Scale (PSP), ranged 0-100. The level of psychosis symptoms was assessed with Scale for the Assessment of Positive Symptoms in Schizophrenia (SAPS) and Scale for the Assessment of Negative Symptoms in Schizophrenia (SANS). Data on affective symptoms, duration of untreated psychosis, cognitive functioning, quality of life, and substance use was also collected.
Results: The participants had a mean age of 15.6 (SD=1.6) years and 72% were females. Mean PSP total score was 49.9 (SD=13.8) and most participants had manifest to marked difficulties on the domains Socially useful activities, Personal and social relationships, and Self-care. Few participants had impairments in the domain of Disturbing and aggressive behavior. On average, levels of positive symptoms, negative symptoms, disorganized symptoms, and affective symptoms were of mild severity. Preliminary correlation analyses showed that all symptom categories were statistically significantly associated with PSP total score, and negative symptoms showed the strongest association.
Conclusions: Level of functioning was markedly impaired across most domains while symptom levels were of mild severity in most participants. We suggest that improvement of functioning should be a primary treatment target in parallel with symptom alleviation of this patient group.

Disclosure of Interest: None Declared

O065

Metacognitive Functioning and its Relationship with Clinical Insight and Functional Outcomes in Schizophrenia: The Role of Illness Duration

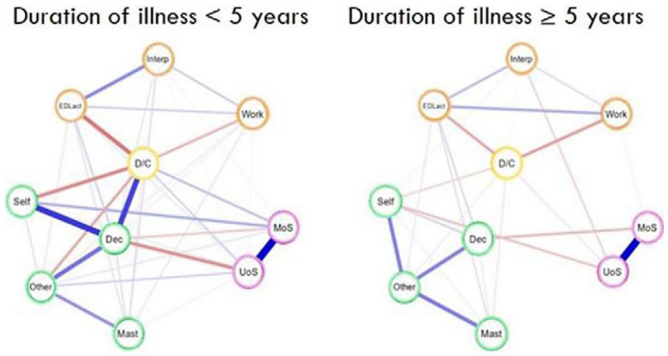
C. Brasso[1]*, A. Carluccio[1], G. Colli[1], C. Montemagni[1], R. Sgro[1] and P. Rocca[1]

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doi: 10.1192/j.eurpsy.2025.324

Introduction: Understanding the complex interplay between cognitive and functional domains in schizophrenia is crucial for improving patient functional outcomes.
Metacognition has emerged as a critical factor in the functioning and rehabilitation of individuals with schizophrenia. Additionally, the role of disorganization and clinical insight in this complex disorder has been extensively studied due to their role in shaping in the trajectory and real-life functioning outcomes of the disorder.
Objectives: This study aimed to assess the differences and relationships between disorganization, clinical insight, metacognition, and various functional domains in patients with short (< 5 years) and long (≥ 5 years) illness duration.
Methods: A network representation of the relationships between variables and the calculation of centrality and clustering indices were performed within each group. The two groups were compared with a network comparison test.
Results: Eighty-nine patients with early and one hundred and six with late phase SZ were included. We found no significant differences in the overall network structure between the two groups despite patients with longer illness duration showing significant worsening across all examined domains. Interestingly, the relationships between the network variables remained stable regardless of disease duration.
One notable difference emerged in the correlation between interpersonal functioning and unawareness of symptoms, negatively correlated only in the group with longer illness duration. These results suggest that the link between social functioning and clinical insight may become more pronounced as the disorder progresses.

Decentration was more central in the group with short disease duration, whose patients do not yet show marked impairment of metacognition, particularly in the 'understanding other's mind' domain. Regarding clustering indices in the group with short illness duration, the misattribution of symptoms to the disorder is more clustering. On the other hand, metacognitive mastery, was highly clustering in both the short and long illness duration.

Image 1:



Node	Meaning
Interp	SLOF- Interpersonal relationships
EDLact	SLOF- Everyday activities
Work	SLOF- Work skills
Self	MAS- Self-reflectivity
Dec	MAS- Decentration

Node	Meaning
Other	MAS- Awareness of other
Mast	MAS- Mastery
MoS	SUMDa Misattribution of symptoms
UoS	SUMDc Unawareness of symptoms
D/C	PANSS- Disorganization

Conclusions: The stability of the relationships between metacognitive variables, clinical insight, and functional outcomes, regardless of disease duration, suggests that interventions targeting metacognition may be beneficial for improving functioning in patients with schizophrenia. Additionally, the emerging negative correlation between interpersonal functioning and unawareness of symptoms in patients with longer illness duration highlights the importance of addressing both social skills and clinical insight as the disease progresses. These findings underscore the potential utility of integrated treatment approaches that address cognitive, social, and functional domains to optimize functional outcomes for individuals with schizophrenia across the course of the illness.

Disclosure of Interest: None Declared

O066

How do polygenic and exposomic risk factors for schizophrenia impact distressing and persisting psychotic experiences during early adolescence? A longitudinal analysis from the ABCD Study

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Introduction: Psychotic experiences (PEs) are subclinical symptoms of psychosis affecting about 10% of children and adolescents. They may cause significant distress and impair daily functioning. Moreover, when persisting over time they are more likely to result in psychotic disorders.
Objectives: This longitudinal study aimed at assessing the effects of polygenic and environmental risk factors for schizophrenia on distressing and persisting PEs in a cohort of adolescents.
Methods: Data were obtained from participants of European ancestry derived from the *Adolescent Brain and Cognitive Development Study,* Release 5.1. Past-month PEs were assessed using the *Prodromal Questionnaire-Brief Child Version.* The primary outcome was distressing PEs at 3-year follow-up. Secondary outcomes included varying levels of persistence of distressing PEs, occurring in 1, 2, 3, or all 4 waves. Polygenic risk score for schizophrenia (PRS-SCZ) was calculated using the continuous shrinkage approach (PRS-cs). The exposome score for schizophrenia (ES-SCZ) was generated by summing up the weighted risk of nine environmental exposures across lifetime: emotional neglect, physical neglect, emotional abuse, physical abuse, sexual abuse, cannabis use, winter birth, hearing impairment, and bullying. Multilevel logistic regression was carried out to test the individual associations of PRS-SCZ and ES-SCZ with the outcomes; the relative excess risk due to interaction was calculated to determine the additive interaction between PRS-SCZ and ES-SCZ on distressing PEs. Main analysis was adjusted for age and sex as covariates; sensitivity analysis also included family income and parental education.
Results: ES-SCZ was significantly associated with 3-year follow-up distressing PEs (OR 1.27 [95% CI 1.14, 1.43], p<.001) and lifetime distressing PEs at all degrees of persistence, with an increasing magnitude of association for a higher degree of symptom persistence (≥1 wave: OR 2.77 [95% CI 2.31, 3.31], p<.001; ≥2 waves: OR 3.16 [95% CI 2.54, 3.93], p<.001; ≥3 waves: OR 3.93 [95% CI 2.86, 5.40], p<.001; all 4 waves: OR 3.65 [95% CI 2.34, 5.70], p<.001). PRS-SCZ was significantly associated with distressing PEs persisting for more than one (OR 1.29 [95% CI 1.08, 1.53], p=.040) or two waves (OR 1.34 [95% CI 1.08, 1.65], p=.070) and also additively interacted with ES-SCZ for these outcomes (≥1 wave: RERI 1.26 [95% CI 0.14, 2.38], p=.027; ≥2 waves: RERI 1.79 [95% CI 0.35, 3,23] p=.015). Sensitivity analysis confirmed all main results.
Conclusions: PRS-SCZ and ES-SCZ showed independent and joint effects on distressing PEs. The more pronounced contribution of ES-SCZ on distressing PEs and its gradient effects on the degree of persistence calls for particular attention to environmental risk

factors for schizophrenia on the development and persistence of PEs.

Disclosure of Interest: None Declared

O067

Illness uncertainty, psychological well-being and psychological resilience in people with schizophrenia

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doi: 10.1192/j.eurpsy.2025.326

Introduction: Patients with schizophrenia experience uncertainty due to unpredictable symptoms, disease progression and lack of information about the illness, treatment and prognosis. Studies underline that illness uncertainty is a risk factor in schizophrenia, while psychological well-being and quality of life are critical outcomes. Psychological resilience is also recognised as having a mediating role.
Objectives: The aim of this study was to examine the relationships between illness uncertainty, psychological resilience and psychological well-being in people with schizophrenia.
Methods: In this cross-sectional study, 150 participants with a diagnosis of schizophrenia (DSM-5) were recruited. Data were collected using the Mishel Uncertainty in Illness Scale-Community Form, the Psychological Well-being Scale and the Connor-Davidson Resilience Scale. Data were analysed using descriptive statistics, independent samples t-test, one-way ANOVA and pearson correlation analysis.
Results: The mean age of people diagnosed with schizophrenia who participated in the study was 37.52±10.62 years, 41.3% (n=62) were high school graduates, 68.7% (n=103) were single, 53.3% (n=80) had income equal to expenses, 59.3% (n=89) were not working, 54.7% (n=82) lived with their parents and 38.7% (n=58) had children. The study found a negative and weak relationship between the mean MUIS-C total score and the mean PWBS total score (r=-0.359), and also a negative and weak relationship between the mean MUIS-C total score and the mean CD-RISC total score (r=-0.287).
Conclusions: It is important for health professionals to assess the uncertainty experienced by people with schizophrenia, to examine its impact on their psychological well-being and to understand how they cope with their illness.

Disclosure of Interest: None Declared

O068

Repurposing Oxytocin as A New Predictor for Metabolic Syndrome in Schizophrenia

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doi: 10.1192/j.eurpsy.2025.327

Introduction: The increasing prevalence of metabolic syndrome in persons with schizophrenia has driven research into the underlying mechanisms of its pathophysiology. Overlapping neurobiological profiles of metabolic risk factors and psychiatric symptoms, particularly shared genetic liabilities, suggest that oxytocin system dysfunction may be a common mechanism underlying both schizophrenia and metabolic syndrome. Given its prosocial and anorexigenic effects, intranasal oxytocin has been studied for its therapeutic potential in schizophrenia and obesity. However, the pathophysiology and mechanisms of oxytocin in schizophrenia are complex and it is too early to draw definitive conclusions.
Objectives: This study aims to investigate the correlation between plasma oxytocin levels and metabolic syndrome and to test whether oxytocin system dysfunction could serve as a putative endophenotypic marker of schizophrenia.
Methods: This prospective cohort study involved 90 persons with schizophrenia, all of whom were responsive and maintained on stable monotherapy with either olanzapine, risperidone, or aripiprazole, without any alterations to their antipsychotic regimen, alongside 60 healthy controls. All participants were followed for 24 months. Anthropometric measurements, metabolic parameters, and the presence of metabolic syndrome were assessed. Plasma oxytocin levels were measured. The psychopathology of persons with schizophrenia was evaluated using the Positive and Negative Syndrome Scale (PANSS), and quality of life was assessed using the World Health Organization Quality of Life (WHOQOL-BREF) scale. Other potential confounding factors, including dietary habits, caffeine and nicotine use, and menstrual cycle, were considered in the analysis.
Results: Plasma oxytocin levels were inversely associated with the presence of metabolic syndrome in persons with schizophrenia, regardless of antipsychotic treatment. Persons with schizophrenia who had metabolic syndrome at baseline showed lower baseline plasma oxytocin levels. Among those with metabolic syndrome at baseline, higher plasma oxytocin levels were associated with better metabolic parameters at the end of the follow-up period. Conversely, for those without metabolic syndrome at baseline, lower plasma oxytocin levels were predictive of a higher risk of developing metabolic syndrome over time.
Conclusions: This study highlights the potential role of oxytocin in the pathophysiology of metabolic syndrome in schizophrenia. Lower plasma oxytocin levels were associated with both the presence and risk of developing metabolic syndrome, suggesting that oxytocin system dysfunction may contribute to metabolic dysregulation in schizophrenia. These findings support the hypothesis that oxytocin could be a putative endophenotypic marker for metabolic vulnerability in schizophrenia, while future studies should further investigate the therapeutic implications of targeting the oxytocin system.

Disclosure of Interest: None Declared

O069

The moderating role of childhood adversity subtypes on the relationship between autistic traits and psychotic experiences in the general population

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Introduction: Childhood trauma (CT) and bullying have been shown to be associated with autistic traits (AT) and to mediate the relationship between AT and psychotic experiences (PEs). Understanding how different childhood adversity subtypes influence distinct domains of PEs can provide important insights for preventing PEs in individuals with high AT.
Objectives: This study aimed to investigate the impacts of childhood adversity subtypes on the relationship between AT and PEs in a general population twin sample.
Methods: We analyzed data on 792 twins and siblings from the first wave of the TwinssCan Project, a longitudinal general population twin cohort. AT were measured using the Autism-Spectrum Quotient (AQ), and PEs using the Community Assessment of Psychic Experiences (CAPE) which consists of three subscales (positive, negative and depressive). CT subtypes were assessed using the Childhood Trauma Questionnaire (CTQ), evaluating emotional, physical, and sexual abuse, as well as emotional and physical neglect. Bullying was assessed using the Retrospective Bullying Questionnaire (RBQ). Multilevel linear regression analyses were conducted. Positive, negative, and depressive PEs were regarded as the dependent variables, interactions of CT subtypes and bullying with total AQ were regarded as independent variables in separate models. All models were adjusted for age and sex. Bonferroni correction ($p<0.008$) was applied for multiple comparisons.
Results: The mean of the age of the participants was 17.5 ± 3.6 years and 60.2% of the sample was female. Emotional abuse (B = 0.12, 95% CI: 0.08 to 0.15), physical abuse (B = 0.15, 95% CI: 0.07 to 0.22), sexual abuse (B = 0.10, 95% CI: 0.03 to 0.16), emotional neglect (B = 0.05, 95% CI: 0.02 to 0.09) and physical neglect (B = 0.07, 95% CI: 0.03 to 0.11) significantly moderated the positive relationship between AT and positive PEs. However, only emotional abuse uniquely moderated the relationship between AT and both negative and depressive PEs (B = 0.09, 95% CI: 0.04 to 0.13; B = 0.09, 95% CI: 0.04 to 0.14) with physical neglect showing a trend toward significance for depressive PEs (B = 0.08, 95% CI: 0.02 to 0.13). Bullying did not moderate any domain of PEs.
Conclusions: Emotional abuse may play a unique role in moderating the relationship between AT and PEs, affecting all domains of psychosis expression. Conversely, other forms of CT predominantly influence positive PEs. Further research is needed to clarify the distinct pathways through which distinct types of childhood adversity impact the association between AT and PEs.

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O070

Support Group for Relatives of Patients with First Psychotic Episode. When Crisis Mobilizes the System. Windows of Opportunity and Change

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Introduction: First psychotic episodes (FPE) have a significant impact not only on the individual who experiences them but also on their close environment, particularly their family. The onset of a FPE typically occurs in the early twenties, a stage of life where individuals are planning and developing their adult life project. The changes in family dynamics following a FPE are part of the recovery process and are considered a prognostic factor for recovery.
Since the beginning of the Comprehensive Care Program for First Psychotic Episodes, a weekly support group for families has been conducted. The group is open, lasts 90 minutes.The group has an open theme and is co-facilitated. Participants may attend after starting the psychoeducation workshop for FPE and can continue attending even after the patient has been discharged from the facility.
Objectives: The aim is to analyze the predominant family figures, age range, and gender, as well as the main themes that arise and concern the families of patients with first psychotic episodes.
Methods: A retrospective study with a mixed-method approach (qualitative and quantitative) is proposed, based on the narrative records collected during the weekly sessions from 2023 until June 2024.
Results: The average attendance is 10.7 participants per group, mostly women (80%). The range age is from 18 to 70 years, with

and average of 58 years. In terms of the roles concerning the patient: parents (95%), siblings (5%), with no representation of partners during the period analysed.
The predominant themes identified from the analysis of the collected *verbatims* include: guilt regarding the onset of the illness; the timing of recovery and managing the sense of urgency from the institution, the family, and the patient; regression in relational family dynamics; caregivers' fear of their own death; shame and stigma; the traumatic experience of hospitalization; the distinction between behaviors associated with personality versus the illness; the rupture with identity; the fear of relapse and suicide.
Families highlight the role of the group as an emotional support, an improvement in communication strategies and bonding with the sick relative, better capacity for mentalization, and managing their own anxieties and emotions related to guilt and self-care.
Conclusions: The onset of a FPE generally affects the entire family system. Past conflicts and regressive attachment dynamics are activated. Communication based on guilt harms the elements of the system. Family support groups play a crucial role in the recovery process and in helping to establish new dynamics that promote the well-being and autonomy of both the patient and caregivers. The group stands out as a source of hope, which is the main healing factor. Additionally, participants report gaining healthy coping tools and reducing their experience of isolation and stigma.

Disclosure of Interest: None Declared

O071

Service disengagement in first episode psychosis: rates and predictors form 2-year longitudinal research in a real-world care setting

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Introduction: Service disengagement is a major problem for "Early Intervention in Psychosis" (EIP). Understanding predictors of engagement is also crucial to increase effectiveness of mental health treatments, especially in young people with First Episode Psychosis (FEP). No Italian investigation on this topic has been reported in the literature to date. The goal of this research was to assess service disengagement rate and predictors in an Italian sample of FEP subjects treated within an EIP program across a 2-year follow-up period.
Objectives: The goal of this research was to assess service disengagement rate and predictors in an Italian sample of FEP subjects treated within an EIP program across a 2-year follow-up period.
Methods: All patients were young FEP help-seekers, aged 12–35 years, recruited within the "Parma Early Psychosis" (Pr-EP) program. At baseline, they completed the Positive And Negative Syndrome Scale (PANSS) and the Global Assessment of Functioning (GAF) scale. Univariate and multivariate Cox regression analyses were carried out.
Results: 489 FEP subjects were enrolled in this study. Across the follow-up, a 26 % prevalence rate of service disengagement was found. Particularly strong predictors of disengagement were living with parents, poor treatment adherence at entry and a low baseline PANSS "Disorganization" factor score.
Conclusions: More than a quarter of our FEP individuals disengaged the Pr-EP program during the first 2 years of intervention. A possible solution to reduce disengagement and to facilitate re-engagement of these young patients might be to offer the option of low-intensity monitoring and support, also via remote technology and telemental health care.

Disclosure of Interest: None Declared

O072

In the waiting line: a narrative analysis of patients and caregivers waiting for early intervention psychosis services in Canada

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Introduction: Our patients often come to us through wait-lists, but when does the wait really start? Early intervention psychosis programs have introduced policies and benchmarks aimed at minimizing the time between referral and first contact. While programs that meet these targets are often celebrated for their success in reducing untreated psychosis, these targets leave out a critical piece of the puzzle: the time elapsed from symptom onset. Understanding how patients and caregivers experience the wait for care in its entirety is critical to further reducing treatment delays in psychosis.
Objectives: This presentation aims to first examine a disconnect between early intervention wait-list policies and patients' experiences. Next, it will explore how patient and family member narratives reflect the complex and nuanced nature of waiting for care. Finally, it will propose clinically relevant solutions for reducing the delay between symptom onset and appropriate treatment.
Methods: We conducted individual semi-structured interviews with patients and caregivers accessing early intervention psychosis services across Canada. For this presentation, three interviews from different geographic and socio-cultural regions were selected for their distinct perspectives. We performed a two-reviewer narrative inquiry to derive emergent narratives about waiting for services.
Results: Patient and caregiver experiences revealed two distinct waiting periods. Aside from the "wait-list" period between referral and first contact that is addressed by early intervention policies, participants noted experiencing a much longer initial waiting period, with narratives beginning at symptom onset. Participants described this period as an active, dynamic, frustrating, and often

traumatic process that involves multiple ER visits and attempts at receiving care.
Conclusions: We propose formally distinguishing between two forms of waiting for services: passive waiting, which is the state of being on a wait-list, and active waiting, which begins at symptom onset and includes the complex struggle to receive stable care. Early intervention programs' efforts to reduce passive waiting are important, but the high burden of active waiting suggests a need for larger efforts such as clinician education and systemic changes in how patients access healthcare. Reducing active wait times could truly transform how first episode psychosis is managed and improve outcomes for those in urgent need.

Disclosure of Interest: None Declared

Suicidology and Suicide Prevention

O073

Perfectionistic concern profile as a risk factor for suicide-related behaviour in adolescents: Results from the EPISAM-School Study

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Introduction: Adolescents are at increased risk of developing suicide-related behaviour (SRB). Varying contributing factors may play an important role across the different forms of SRB. Perfectionistic concerns may become a cognitive moderator influencing volitional moderators (e.g., non-suicidal self-harm, NSSH) and suicidal ideation escalation.
Objectives: To identify profiles of perfectionistic concerns in a community sample of adolescents. Also, to study the relationship between suicide-related outcomes and NSSH, according to perfectionism profile.
Methods: A sample of 1,526 adolescents (54.3% female; *M*= 13.81 years, *SD*= 1.28) participated in our study. A wide range of SRB and motivational and volitional risk factors were evaluated in school settings. Six types of perfectionistic concerns, assessed by the Frost Multidimensional Perfectionism Scale (FMPS), were used to identify perfectionism profiles, through latent profile analysis.
Results: Almost one in five adolescents (19.5%) showed SRB risk and more than one in three adolescents (35.1%) engaged in NSSH in the last year. Five profiles of perfectionism were identified (Figure 1). The profile featured by higher concerns across perfectionistic domains (7.2% of participants) showed significant relationship with SRB risk (OR = 2.84) and suicidal ideation (OR = 1.22), in comparison to the minimal concern profile. On the other hand, the profile featured by high parental concerns (18.2% of adolescents) was associated with increased risk of ideation (OR = 2.75) and NSSH (OR = 1.51).

Image 1:

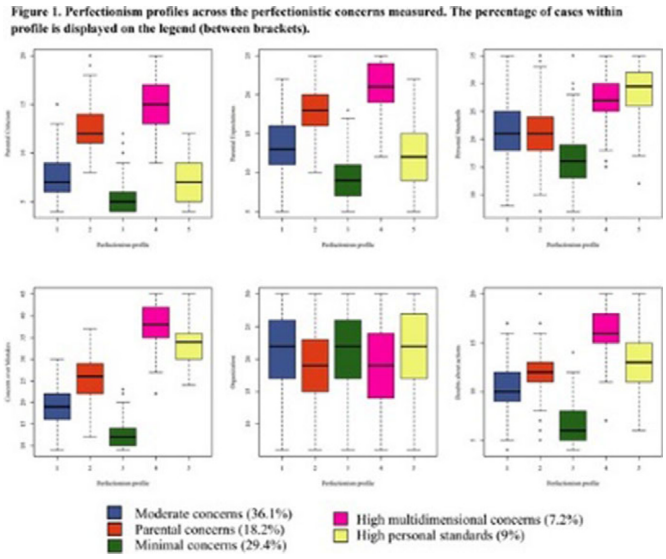


Figure 1. Perfectionism profiles across the perfectionistic concerns measured. The percentage of cases within profile is displayed on the legend (between brackets).

Conclusions: Perfectionism may constitute a key risk factor for NSSH and SRB development. The promotion of prevention programmes to enhance cognitive regulation skills may help prevent suicide in adolescents.

Disclosure of Interest: None Declared

O074

Epidemiology of suicidal behavior in Catalonia, Spain

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Introduction: Suicide is a global public health issue. According to the World Health Organization (WHO), more than 700,000 people die by suicide worldwide each year. In 2019, it was the fourth leading cause of death among those aged 15 to 29 globally. In Spain, suicide has been the leading cause of external death in recent years, which has motivated in some regions the implementation of preventive strategies, such as *Codi Risc de Suïcidi* (Suicide Risk Code).
Objectives: This study examines the epidemiology of suicidal behavior in the Catalan population between 2010 and 2019, exploring geographical disparities and the influence of different sociodemographic and clinical variables on the incidence of suicidal ideation and suicide attempt.
Methods: All residents in Catalonia who attended the public health system from 2010 to 2019 were included in the study. Data were obtained from the *Program d'analítica de dades per a la recerca i la innovació en salut* (PADRIS) of the *Agència de Qualitat i Avaluació Sanitàries de Catalunya* (AQuAS). Data on geographical,

sociodemographic, and clinical variables were collected for subsequent statistical analysis. Statistical significance was set at $p<0.05$.
Results: A total of 1,421,510 individuals were included. Overall, 6921 cases of suicidal ideation (0.5%) and 1143 suicide attempts (0.1%) were registered, which an accumulated incidence of 487/100,000 inhabitants for the first outcome and 804/1,000,000 inhabitants for the second. From the whole sample, 83,592 individuals (5.9%) had a severe mental illness (SMI), whereas the proportion of patients with a SMI in the group of suicide attempters was 9.6%. The majority of individuals who attempted suicide were women (64.1%). The highest proportion of individuals with suicidal thoughts or attempts was found in the age range from 15 to 19 years. The presence of a somatic illness, low socioeconomic status, tobacco use and the presence of a severe mental illness were significantly associated with suicidal ideation and attempt. Those patients with suicidal behavior had a higher number of emergency visits during the 10-year period, and also a higher probability of being prescribed antidepressants, antipsychotics, benzodiazepines or lithium. Geographical disparities in the incidence of suicidal behavior were found, with specific regions showing higher rates. In a logistic regression analysis, all associations remained significant.
Conclusions: This study highlights the association between sociodemographic and clinical factors, which should have been assessed in clinical practice, with suicidal behavior. Geographical disparities may be attributed to various factors, including access to mental health services and socioeconomic factors. This study underscores the importance of identifying specific profiles at a higher risk for committing suicide, and also to implement policies and prevention programs in order to address this public health issue comprehensively.

Disclosure of Interest: None Declared

O075

Risk of Suicide Related to Mental Disorders in Catalonia, Spain: A Population Registry-Based Cohort Study

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Introduction: Registry-based studies are efficient to investigate population mental health and suicide risk, but are largely absent in Europe outside of Scandinavia and the UK.
Objectives: To investigate suicide risk associated with mental disorders in the Catalan population (7.6 million), stratified by gender and history of psychiatric hospitalization.
Methods: Population-representative retrospective registry-based cohort study including 764,938 Catalan residents in the period 2014-2019. Data sources included suicide mortality, electronic health registries from five healthcare settings, and administrative data. Suicide deaths were identified through judicial death registers using ICD-10 codes X60-X84. ICD-9CM and ICD10CM codes from all inpatient and outpatient healthcare contacts were used to categorize 109 mental disorders. Age-sex standardized mortality ratios (SMRs) were calculated using indirect standardization, with expected deaths based on official general population mortality rates in Catalonia.
Results: Suicide risk was significantly elevated among Catalan residents diagnosed with any mental disorder (SMR [95%CI] = 1.6 [1.3-1.9] for females; SMR = 1.8 [1.6-2.0] for males). In females, suicide risk was highest for sedative or hypnotic abuse (SMR = 46.1 [3.7-88.5]), cocaine abuse (SMR = 42.8 [9.0-76.6]), borderline personality disorder (SMR = 33.0 [10.7-55.3]), polysubstance abuse (SMR = 32.9 [2.1-63.8]), and mental disorder not otherwise specified (SMR = 24.9 [11.7-38.1]). In males, risk was highest for obsessive-compulsive disorder (SMR = 20.2 [10.7-29.8]), acute and transient psychotic disorders (SMR = 17.9 [1.1-34.8]), mental disorder not otherwise specified (SMR = 17.2 [10.1-24.3]), paranoid schizophrenia (SMR = 16.8 [9.4-24.1]), and opioid abuse (SMR = 16.1 [1.6-30.6]). Suicide risk was substantially elevated in individuals with a history of psychiatric hospitalization (SMR = 18.3 [15.5-21.2]] for females; SMR = 13.4 [12.0-14.8] for males). In females with psychiatric hospitalization history, risk was highest for dependence on stimulants other than cocaine (SMR = 105.4 [11.6-199.3]), attention deficit hyperactivity disorder (SMR = 86.2 [19.2-153.2]), polysubstance abuse (SMR = 66.0 [33.6-98.3]), opioid abuse (SMR = 60.1 [2.1-118.1]), and cocaine abuse (SMR = 57.2 [32.6-81.8]). In males with psychiatric hospitalization history, risk was highest for obsessive-compulsive disorder (SMR = 45.7 [30.6-60.8]), schizoid personality disorder (SMR = 36.9 [13.5-60.2]), unspecified disorders of adult personality and behaviour (SMR = 35.0 [9.6-60.3]), schizotypal disorder (SMR = 34.3 [6.7-61.9]), and histrionic personality disorder (SMR = 32.5 [1.2-63.9]).
Conclusions: Risk of suicide in the Catalan population varies substantially by mental disorder type, gender, and psychiatric hospitalization history, highlighting the need for targeted and diversified prevention strategies.

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O077

Machine learning model development to retrospectively predict suicide attempts in the Millenium Cohort Study sample

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Introduction: Suicidal behavior is a complex phenomenon that affects all demographics, with children and adolescents being particularly vulnerable. It is associated with multifactorial conditions that must be considered for the development of more effective prevention strategies. The use of machine learning (ML) models to predict suicide attempts is becoming widespread, as they allow for the simultaneous testing of numerous factors, their complex interactions, and non-linearity in predictive model creation. The Millennium Cohort Study (MCS) is an observational, multidisciplinary cohort study that encompasses a wide range of dimensions, including psychological, genetic, biological, familial, social, and economic factors, as well as traumatic life events, family history, and medical history. This allows for the exploration of their relationship with suicidal behavior throughout individual development using ML models.

Objectives: The aim was to develop a statistical method that applies ML models to retrospectively predict suicide attempts using structured tabular data from an adolescent cohort defined by the MCS.

Methods: The sample consists of 9,824 MCS participants (age 17) who were asked if they had ever purposely hurt themselves in an attempt to end their life. Of these, only 7.4% (725) responded affirmatively. Before starting the modeling phase and fine-tuning any algorithm, several stages were completed: data cleaning, feature extraction and engineering, and feature scaling and selection. We used a wide range of algorithms, from low-complexity (linear regression) to high-complexity (neural networks), while tracking their effectiveness, robustness, generalization, sensitivity, and accuracy.

Results: Even though overall accuracy ranged from 0.83 to 0.87, we generally obtained low f1-scores (˜0.45-0.55) for the targeted class (suicide attempt) and high f1-scores (˜0.95) for the control class. Similar results were observed for precision scores; however, the recall scores were good for both classes, ranging from 0.67 to 0.87. The best performing models were logistic regression and neural networks.

Conclusions: These preliminary results shows that ML models trained with multidimensional data from a young cohort are sensitive in classifying individuals who have attempted suicide. We aim to improve the f1-score and area under the curve (AUC) metrics for the target class through several techniques: over/under-sampling, target encoding, class weight adjustments, ensemble methods, and various neural network architectures.

Disclosure of Interest: None Declared

O078

Early Interventions for Preventing Self-Harm Recurrence: A Systematic Review and Meta-Analysis

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Introduction: Deliberate self-harm (DSH) is a strong predictor of future suicide attempts (SAs), highlighting the need to evaluate interventions that reduce recurrence risk.

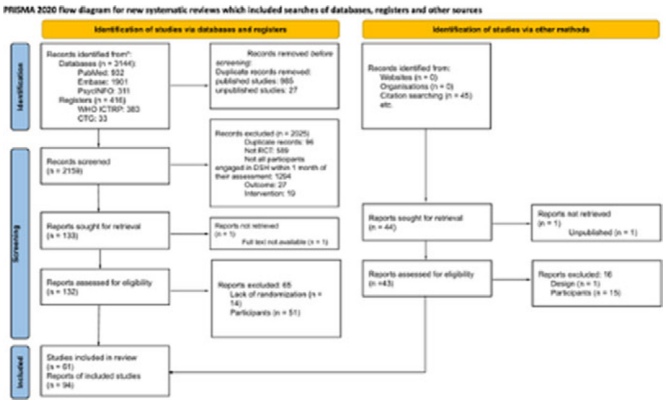
Objectives: This systematic review and meta-analysis aimed to evaluate pharmacological and non-pharmacological interventions for preventing repeated DSH in individuals recently engaged in DSH. We also examined how participants' characteristics and trial inclusion criteria impacted interventions' effectiveness.

Methods: Randomized controlled trials (RCTs) with participants engaged in DSH within one month before enrollment were included. Studies with participants showing only suicidal ideation or older DSH were excluded. We searched five databases (PubMed, Embase, PsycINFO, WHO ICTRP, and ClinicalTrials.gov) with no language restrictions through September 2023. Two reviewers independently selected studies and resolved discrepancies through discussion. Outcomes were assessed at three time points: T1 (0–6 months), T2 (6–12 months), and T3 (>12 months). The primary outcome was repeat DSH; secondary outcomes included suicidal ideation, suicide deaths, all-cause mortality, anxiety, depression, hopelessness, and quality of life. Interventions were categorized by type and delivery format (individual or group, remote or in-person).

Results: The PRISMA flowchart is shown in Image 1. Sixty-one trials involving 125 comparisons and 21,147 participants were included in this review. Average age was 31.5 years, with most being female (66.58%), unmarried (60.82%), and white (65.49%). Participants' history of self-harm was noted in 48 studies, with at least 56% having engaged in another act before inclusion. In 42 studies, suicidal intent was either not investigated or not required. The most common types of interventions were Treatment As Usual (TAU) (46 arms), Psychotherapy (36), and Active Contact and Follow-up (25). Interventions were primarily applied individually and in person (84), with Cognitive Behavioral Therapy (16) being the most frequent psychotherapy framework. Psychotherapies were associated with a reduced risk of new self-harm acts within the first six months (T1) compared to TAU (k = 12; N = 2110; OR = 0.69; 95% CI 0.48–0.99). Active contact and follow-up interventions

outperformed TAU in the longer-term follow-up (T3) (k = 4; N = 3724; OR = 0.83; 95% CI 0.70–0.99).

Image 1:



Conclusions: The superiority of psychotherapies at six months was not sustained at twelve months. However, active contact and follow-up interventions may offer benefits in reducing the risk of self-harm recurrence after one year.

Disclosure of Interest: None Declared

O079

Modeling data-driven clusters of social determinants of health (SDoH) and their associations with US suicide from 2009-2019

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Introduction: Social determinants of health (SDOH) have been linked to disparities in suicide rates across various demographics, including racial/ethnic groups, sex, age, and geography in the U.S. However, most studies have focused on individual or selected SDOH, rather than examining comprehensive, multi-dimensional SDOH factors. A more nuanced understanding of how clusters of SDOH contribute to suicide disparities across counties is needed to inform targeted prevention strategies.
Objectives: To identify multi-dimensional SDOH county clusters and estimate their geographic and temporal associations with county-level suicide rates.
Methods: This study used national SDOH data from 3,109 U.S. counties over three time periods (2009, 2014, and 2019), matching them with county-level suicide rates from the National Vital Statistics System aggregated into three-year periods (2008-2010, 2013-2015, and 2018-2020). A total of 284 county-level SDOH variables, spanning six domains (social context, economic context, education, physical infrastructure, healthcare context, and natural environment), were analyzed using unsupervised machine learning algorithms to identify SDOH clusters. Associations between SDOH clusters and county-level suicide rates were estimated using negative binomial and LASSO regression.
Results: Three distinct SDOH clusters were identified (Figure 1):

- Cluster 1 ("REMOTE") included rural counties with elderly, marginalized populations and substandard housing.
- Cluster 2 ("COPE") represented counties with complex family dynamics, overburdened health systems, poverty, and extreme heat challenges.
- Cluster 3 ("DIVERSE") encompassed densely populated areas with immigrants, racial/ethnic minorities, environmental challenges, and economic inequality.

Geographically, REMOTE was more common in North and Central U.S., COPE in the South and Central U.S., and DIVERSE along the coasts. Suicide rates were highest in REMOTE counties, especially among men. COPE counties had elevated suicide rates among Whites, while DIVERSE counties saw higher rates among women and Black/Hispanic populations. Most counties (70%) remained within the same cluster over time, with stable suicide rate associations.
Conclusions: This study identified three multi-dimensional SDOH clusters that were associated with varying suicide rates across U.S. counties. These clusters offer insight into the social and environmental conditions contributing to suicide risk. Future prevention strategies should focus on addressing the distinct challenges within each cluster, such as housing inadequacies, healthcare access, and economic inequality, to reduce overall suicide rates and related disparities.

Disclosure of Interest: None Declared

O080

Machine learning based prediction of suicidal behaviors in patients with perinatal depression: a nationwide register-based cohort study

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Introduction: Previous results show that women who suffered from perinatal depression (PND) have a higher risk of suicidal behavior. However, clinical tools for predicting suicidal behavior among patients with PND are lacking.
Objectives: To develop a prediction model for suicidal behavior after PND using machine learning.
Methods: Leveraging nationwide Swedish register data, we included 57,848 women with PND diagnosed during 2001-2018 and identified 2,303 events of suicidal behavior up to 5 years after PND diagnosis. Based on our previous association studies, 16 predictors containing information on demographics and pregnancy characteristics were included after multiple imputation. The sample was randomly split into 80% as a training set and 20% for testing. Classification and Regression Tree (CART), Random

Forest (RF), Naïve Bayes (NB) and Logistic regression (LR) were used to establish prediction models with area under the curve (AUC) assessed for prediction performance. 10-fold cross-validation was used to evaluate the algorithms on unseen data.
Results: In the prediction models, the CART yielded the best performance for suicidal behavior within 5 years after PND diagnosis (AUC 0.78, 95% CI 0.76-0.81). The population that scored highest (17%) in CART model had 84% risk of suicidal behavior. LR also had a comparable performance (AUC 0.78, 95% CI 0.76-0.81), whereas RF (AUC 0.74, 95% CI 0.72-0.76) and NB (AUC 0.70, 95% CI 0.68-0.72) had relatively poor performance. Notably, suicide history was a main contributor in all four models. Other predictors like household income, gestational age and education level were also important indicators of suicidal behavior risk.
Conclusions: The machine learning models have promising prediction performance for suicidal behavior after PND. Yet, further improvement is needed before clinical implementation.

Disclosure of Interest: None Declared

O081

Suicidality Calls to National Helpline After a Terror Attack and War

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Introduction: IMPORTANCE Changes in suicide rates after a nationwide trauma may be different from changes in psychiatric symptoms or general distress after such events. However, very few studies have examined short-term suicide-related reactions after such an event.
Objectives: To evaluate the short-term outcome of the events in Israel on October 7, 2023, a large-scale terror attack and unfolding war, on changes in suicidality as reflected in percentages of suicide-related calls in relation to all calls to a national mental health first aid helpline, the Israeli Association for Emotional First Aid (ERAN).
Methods: DESIGN, SETTING, AND PARTICIPANTS The data included all interactions via the various ERAN helpline services between January 1, 2022, and December 31, 2023.
EXPOSURES The October 7, 2023, terror attack on Israel.
MEAN OUTCOMES AND MEASURES Changes in the numbers of overall calls and suicide-related calls to the ERAN helpline using an interrupted time-series analysis.
Results: RESULTS. Analysis indicated that overall calls increased significantly on October 7. However, the number of suicide-related calls in the 3 months before October 7 was 1,887, whereas 1,663 suicide-related calls were registered in the 3 months after. The percentage of suicide-related calls decreased significantly on October 7 and gradually increased in the following period.
Conclusions: CONCLUSIONS AND RELEVANCE The findings suggest that although short-term emotional distress increased after national trauma, the percentage of suicide-related calls decreased. These results support previous studies suggesting that suicidality is not one of the immediate reactions to such traumas

Disclosure of Interest: None Declared

Schizophrenia and Other Psychotic Disorders

O082

Prevalence of suicide in adolescents and youth at Ultra High Risk for Psychosis - A Systematic Review and Meta-Analysis

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Introduction: Suicide remains a major risk factor for individuals suffering from Schizophrenia. Recent studies have established that patients in the prodromal Schizophrenia state (i.e. Ultra High Risk for Psychosis) also experience significant rates of suicidal ideation and behaviour. However, less is known about the prevalence of suicidality among the adolescent and youth UHR population, a demographic particularly vulnerable to the psychosocial and environmental risk factors of psychosis.
Objectives: This review aims to synthesise the existing literature on the prevalence of suicidal ideation and behaviour in the adolescent and youth at Ultra High Risk for Psychosis (UHR), and the relevant associations between suicidality and its correlates.
Methods: The databases PsycINFO, PubMed, Embase, Cochrane Library, Web of Science and Scopus were accessed up to July 2024. References within selected journals were further handsearched for eligible articles. Keywords and controlled vocabulary used consisted of: ('Ultra High Risk' OR 'At Risk Mental State' OR 'Clinical High Risk') AND ('Schizophrenia' OR 'Psychosis') AND ('Self-Harm' OR 'Suicide' OR 'NSSI') AND ('Adolescent' OR 'Youth'). Articles that included participants with an established diagnosis of schizophrenia or intellectual disability, history of frank psychotic episodes and extended use of antipsychotics were excluded. A meta-analysis of prevalence was subsequently performed for lifetime suicidal ideation, lifetime non-suicidal self-injury, lifetime suicidal attempt and current suicidal ideation. A narrative review was also carried out for the correlates of suicidality amongst the adolescent and youth UHR population.
Results: Fourteen studies were included in this meta-analysis. Meta-analysis revealed a high prevalence of lifetime suicidal ideation (56%), lifetime non-suicidal self-injury (37%), lifetime suicidal attempt (25%) and current (2-week) suicidal ideation (58%).

Narrative review revealed that personal transition to psychosis and positive family history of psychosis was strongly associated with suicidal attempt, while CAARMS (Comprehensive Assesment of At Risk Mental States) severity score was associated with suicidal ideation. Depression was strongly associated with both suicidal attempt and suicidal ideation, whereas positive symptoms and self-disturbance were associated with self-injury.
Conclusions: The prevalence of suicidal ideation and behaviour among UHR adolescent and youth is high and comparable to the general UHR population. Effective detection and management of suicide risk will be especially crucial in the adolescent UHR population. Existing measures that mitigate suicide risk in the general UHR population should be adopted for the youth and adolescent context.

Disclosure of Interest: None Declared

O084

Trends in antipsychotic polypharmacy and potential overtreatment with antipsychotics- We are not there yet!

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Introduction: Due to the potentially severe side effects of antipsychotics, overtreatment is an important concern. Previous research focussed on antipsychotic polypharmacy and excessively high doses.
Objectives: In this study, the aim is to map trends in potential overtreatment, antipsychotic polypharmacy, total antipsychotic dose and the subjective side effect burden. Moreover, the association of the total antipsychotic dose and antipsychotic polypharmacy with the subjective side effect burden will be investigated.
Methods: Data from a large (n>5000) naturalistic longitudinal cohort was used (PHAMOUS, 2013-2021). Potential overtreatment was defined as a total antipsychotic dose equivalent to >5mg risperidone, in combination with a high subjective side effect burden. Mixed effect models were used to investigate trends in potential overtreatment, antipsychotic polypharmacy, total antipsychotic dose and the subjective side effect burden. A mixed effect model was used to assess the association of total antipsychotic dose and antipsychotic polypharmacy with total subjective side effect burden.
Results: Overall, 15,717 observations nested in 5,107 patients were used. About one-third of patients were potentially overtreated, with no change over time. The prevalence of a dose above the equivalent of 5 mg risperidone decreased over time, while antipsychotic polypharmacy prevalence increased. The total subjective side effect burden slightly decreased. A higher dose and antipsychotic polypharmacy was associated with a higher subjective side effect burden.
Conclusions: The subjective side effect burden did decrease the last decade. This might be caused by lower doses and more adequate use of polypharmacy. Still, the overtreatment rate is about one-third and the subjective side effect burden is still high. To reduce the subjective side effect burden and overtreatment, addressing inappropriate antipsychotic polypharmacy remains prudent.

Disclosure of Interest: None Declared

O086

Functional outcome in psychotic and affective inpatients: role of cognitive function

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Introduction: Functional outcome is a central clinical concern in inpatient psychiatry. Neurocognition is known to be an important factor in achieving a good functional outcome.
Objectives: We have previously investigated whether cognitive dysfunction improves over the course of inpatient treatment, where acutely admitted patients are offered a combination of pharmacological treatment and cognitive remediation (Maihofer et al. J Clin Med 2024, 13, 4843). We now investigate the extent to which the functional outcome of patients with psychotic and affective disorders is associated with cognitive function over time.
Methods: Adult inpatients aged 18-66 years (female = 57.9%, male = 42.1%) were assessed with the Screen for Cognitive Impairment in Psychiatry (German version, SCIP-G: Sachs et al. Schiz Res Cogn 2021, 25, 100197; Sachs et al. Schiz Res Cogn 2022, 29, 100259). According to ICD-10 research criteria, 83 patients received an F2 diagnosis (schizophrenia, schizoaffective and delusional disorders), 61 patients met the criteria for bipolar disorder or mania (F30/F31) and 90 for depression (F32/F33). All patients received state-of-the-art pharmacotherapy and cognitive remediation using the COGPACK® software package version 6.06. Functioning was assessed using the Global Assessment of Function (GAF).
Results: SCIP scores at baseline correlate significantly with SCIP scores at time point two (r=.74, p<.001). The SCIP at baseline is significantly correlated with patients' functional level (r=.32, p=.01). The higher the baseline SCIP score, the higher the GAF score (r=.33, p=.01). The higher the GAF score at baseline, the higher the SCIP score at time 2 (r=.26, p=.039). The higher the SCIP score at time 2, the higher the GAF score at time 2 (r=.42, p<.001).
Conclusions: During their stay in hospital, acutely admitted patients improved in function and neurocognition, regardless of their diagnostic classification. Functionality as measured by the GAF correlates significantly with cognitive ability as assessed by the SCIP-G.

Disclosure of Interest: None Declared

O087

Efficacy of Yoga in Treating Positive and Negative Symptoms of Schizophrenia and Enhancing Social Functioning: A Systematic Review and Meta-Analysis of Randomized Controlled Trials

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Introduction: Schizophrenia is a chronic mental disorder marked by positive symptoms such as hallucinations and delusions, and negative symptoms such as social withdrawal and apathy. While traditional pharmacological treatments effectively manage positive symptoms, they often fall short in addressing negative symptoms and social functioning. Yoga has emerged as a complementary therapy that may help improve both. However, its overall impact remains uncertain.
Objectives: This review aims to synthesize evidence on yoga's effectiveness in reducing positive and negative symptoms of schizophrenia and enhancing social functioning.
Methods: A systematic search was conducted in Scopus, Web of Science, and PsycINFO in September 2024, following the Preferred Reporting Items for Systematic Reviews and Meta-Analyses (PRISMA) guidelines. Included studies were peer-reviewed randomized controlled trials (RCTs) assessing yoga's effects on symptom severity and social functioning in schizophrenia. A fixed-effects or random-effects model was applied, with subgroup analyses performed. Standard mean differences (SMDs) and mean differences (MDs) were used for effect size estimation.
Results: Sixteen RCTs were included, involving 862 participants. Yoga (n = 393) was compared to three control groups: treatment-as-usual (n = 152), other physical activities (n = 124), and waitlist (n = 193). Yoga significantly reduced overall symptom severity relative to control, as shown by a decrease in PANSS scores (MD = -6.61, 95% CI -13.21 to -0.0, p = 0.05, I^2 = 82%). It significantly improved positive symptoms relative to waitlist (SMD = -0.87 [-1.70, -0.03]) and treatment-as-usual (SMD = -0.65 [-1.21, -0.09]), with effects comparable to those observed with physical activity (MD = -1.30 [-3.09, 0.49]). There were no significant effects on negative symptoms, with SMDs of -1.59 [-4.18, 1.01] for the waitlist and -1.16 [-2.41, 0.09] for treatment-as-usual, and a MD of -1.32 [-3.60, 0.97] when compared to physical activity outcomes. Additionally, yoga did not significantly impact social functioning, showing SMDs of -0.44 [-1.56, 0.68] for the waitlist and -0.44 [-2.29, 1.41] for treatment-as-usual, and a MD of 2.30 [-0.74, 5.34] for physical activity.
Conclusions: This review shows that yoga is effective in reducing overall symptom severity compared to controls and improves positive symptoms relative to treatment-as-usual or waitlist, but not compared to physical activity. There were no significant differences in alleviating negative symptoms or enhancing social functioning. These findings suggest yoga may be a promising adjunctive treatment for positive symptoms of schizophrenia, especially when traditional treatments are insufficient. Further high-quality RCTs with standardized protocols are needed to confirm these results and establish optimal treatment parameters.

Disclosure of Interest: None Declared

O089

Investigation of DRD2, NRG1 and PI3K/AKT/MTOR Expression Levels Before and After Antipsychotic Treatment in Female Patients with Schizophrenia

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Introduction: Schizophrenia, affecting about 1% of the global population, is marked by positive, negative, and cognitive symptoms, leading to significant disability and a shortened lifespan due to physical health issues. Early intervention is crucial, as untreated psychosis can persist. This study examines changes in mRNA expression in the NRG-1/PI3K-AKT and DRD2 pathways in treated and untreated patients, hypothesizing that expression decreases and varies with treatment.
Objectives: We aim to assess the impact of antipsychotic treatment on the expression levels of the PI3K/AKT/m-TOR signaling pathway, linked to the neurodevelopmental hypothesis of schizophrenia, and associated with the dopaminergic DRD-2 and glutamatergic NRG-1 systems. This study will examine mRNA expression of DRD-2, NRG-1, and PI3K/AKT/m-TOR in leukocytes from female schizophrenia patients before and after treatment. The findings may enhance our understanding of schizophrenia's pathogenesis, identify potential genetic markers, and clarify the molecular effects of antipsychotic drugs.
Methods: Our study includes 25 healthy female volunteers and 25 female schizophrenia inpatients from Bakırkoy Prof. Dr. Mazhar Osman Mental Health and Neurological Diseases Training and Research Hospital. These inpatients met the experiment criteria, had not received treatment in the last 3 months, and were diagnosed with schizophrenia spectrum disorder according to DSM V criteria. After obtaining written consent, a sociodemographic form was completed. The Positive and Negative Symptom Scale (PANSS) was administered to eligible patients. Blood samples for DRD-2, NRG-1, and PI3K/AKT-1/mTOR mRNA expression analysis were collected from patients with PANSS scores of 95 or above before treatment and after scores decreased to 58 or below. Expression levels were determined by RT-PCR.
Results: In untreated schizophrenia patients, NRG-1 mRNA expression was significantly lower, while PI3K and mTOR mRNA expressions were significantly higher compared to the healthy control group, with no change in AKT-1 mRNA expression as shown in **Table 1**. Compared to healthy controls, treated patients

showed increased NRG-1 mRNA, unchanged PI3K and AKT-1 mRNA, and decreased mTOR mRNA as shown in **Table 2**. In treated patients, NRG-1 mRNA expression was significantly higher, and PI3K and mTOR mRNA expressions were significantly lower compared to untreated patients, with no change in AKT-1 as shown in **Table 3**. DRD-2 mRNA expression was undetectable in all groups.

Image 1:

Table 1 The Comparison of Initial Measurement of Patient Gene Expression Values with the Control Group

		Mean	SD	p
AKT-1	Patient	,493	1,73	,313
	Control	,890	,912	
NRG-1	Patient	,329	1,46	**,033**
	Control	,997	,612	
PI3K	Patient	7,310	2,67	**,000**
	Control	2,669	1,89	
mTOR	Patient	1,729	,591	**,009**
	Control	1,118	,447	

Note: p: Independent Samples T-test. N: 25 for each group

Image 2:

Table 2 The Comparison of Final Measurement of Patient Values with the Control Value

		Mean	SD	p
AKT-1	Patient	,650	1,53	,052
	Control	,890	,912	
NRG-1	Patient	1,647	0,58	**,003**
	Control	,997	,612	
PI3K	Patient	3,226	3,77	,054
	Control	2,669	1,89	
mTOR	Patient	,639	,87	**,020**
	Control	1,118	,447	

Note: p: Independent Samples T-test. N: 25 for each group

Image 3:

Table 3 The Comparison of Changes in Patient Values

	First Measurement		Final Measurement		p
	Mean	SD	Mean	SD	
AKT-1	,493	1,73	,650	1,53	,086
NRG-1	,329	1,56	1,647	0,58	**,000**
PI3K	7,310	2,67	3,226	3,77	**,000**
mTOR	1,729	0,59	,639	0,87	**,001**

Note: p: Significance value of the Paired Samples T-test

Conclusions: NRG-1, PI3K, and mTOR may contribute to schizophrenia pathogenesis, with NRG-1 and mTOR serving as potential genetic biomarkers. Antipsychotics affect molecular pathways, but not AKT-1, and DRD-2 is not expressed in immune cells.

Disclosure of Interest: None Declared

Depressive Disorders

O091

Effects on Neurocognition of Theta Burst Transcranial Magnetic Stimulation in Patients with Resistant to Treatment Depression

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Introduction: Cognitive dysfunction has been identified as a key mediator of functional impairment in major depression and a contributing factor to antidepressant resistance. Theta burst stimulation (TBS) is a novel form of transcranial magnetic stimulation (TMS) that has shown greater efficacy and efficiency than conventional TMS in the treatment of treatment-resistant depression (TRD). However, its effects on cognitive symptoms in depression remain largely unstudied.

Objectives: The objective of this study is to evaluate the impact of TBS on neurocognition in unipolar and bipolar TRD patients treated at a public hospital. Additionally, clinical, demographic, and treatment predictors of cognitive change were explored.

Methods: This is a follow-up study of n=64 patients with TRD (unipolar=48, bipolar=16) who received daily adjunctive TBS for 6 weeks. Cognitive performance was assessed before and after TBS using different versions of the Screening for Cognitive Impairment (SCIP-S), which measures immediate verbal learning, working memory, verbal fluency, delayed verbal learning, and processing speed. Cognitive performance in each domain was compared using paired t-tests. Global cognitive change was assessed by quantifying pathological domains at baseline and at the end of TBS. Differences in neurocognition between clinical responders (50% reduction on the HDRS) and non-responders to TBS were compared using ANOVA models. Additionally, possible predictors of cognitive change in each domain were explored using correlation analyses and multiple linear regressions, which included factors such as age, diagnosis, number of TBS sessions, treatment type, TBS modality (left unilateral vs. bilateral), clinical response, and baseline severity.

Results: Patients treated with TBS achieved significant clinical response (68%) and cognitive improvement in the domains of immediate verbal learning, working memory, verbal fluency, and processing speed (mean differences of 2.16, 2.31, 1.30, and 1.05, respectively). Neurocognitive improvement was independent of clinical response. The percentage of improvement on the HDRS was only associated with improvement in the verbal fluency domain ($p = .007$). Left unilateral TBS and bipolar diagnosis predicted better global cognitive improvement in SCIP in regression models ($p = .042$, $p = .037$, respectively).

Conclusions: The results support the utility of TBS in treating cognitive dysfunction associated with TRD. Further larger studies are needed to clarify clinical and treatment predictors of cognitive improvement.

Disclosure of Interest: None Declared

O092

Maternal antenatal depression is associated with metabolic alterations that predict birth outcomes, neurodevelopment and mental health of the child

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Introduction: Evidence regarding metabolic alterations associated with maternal antenatal depression (AD) is limited, and their role as potential biomarkers improving the prediction of AD and adverse child birth, neurodevelopmental, and mental health outcomes remains unexplored.
Objectives: To identify metabolic measures associated with AD.
To test whether the metabolic measures associated with AD increased the amount of variance explained in AD over its risk factors.
To test whether the identified metabolic measures increased the amount of variance explained in child gestational age and weight at birth, developmental milestones at ages 2.3-5.7 years and any mental or behavioral disorder by the ages of 13.1-16.8 years over AD, sex, and age.
To replicate the findings in an independent cohort.
Methods: In a cohort of 331 mother-child dyads, we applied elastic net regression to study associations between AD (history of medical register diagnoses and/or Center of Epidemiological Studies Depression Scale score during pregnancy≥20) and 95 metabolic measures analyzed three times during pregnancy. Child birth and mental health outcomes were extracted from national registers and child neurodevelopmental outcomes were mother-reported.
Results: Elastic net regression identified 15 metabolic measures that collectively explained 25% ($p<0.0001$) of variance in AD, including amino and fatty acids, glucose, inflammation, and lipids. These metabolic measures increased the variance explained in AD over its risk factors (32.3%,$p<0.0001$ vs. 12.6%,$p=0.004$), and in child gestational age (9.0%,$p<0.0001$ vs. 0.7%, $p=0.34$), birth weight (9.0%,$p=0.03$ vs. 0.7%, $p=0.33$), developmental milestones at the age of 2.3-5.7 years(21.0%,$p=0.002$ vs. 11.6%,$p<0.001$) and any mental or behavioral disorder by the age of 13.1-16.8 years (25.2%,$p=0.03$ vs. 5.0%,$p=0.11$) over AD, child sex and age. These findings replicated in the independent cohort.
Conclusions: AD is associated with alterations in 15 metabolic measures, which collectively improve the prediction of AD over its risk factors, and birth, neurodevelopmental and mental health outcomes of the child over AD. These metabolic measures may become biomarkers identifying at-risk mothers and children for personalized interventions.

Disclosure of Interest: None Declared

O093

Difficult-to-Treat Depression: Effectiveness, Functionality, and Quality of Life—Preliminary Results from a Real-World Prospective Cohort under Esketamine Treatment in Spain after 3-Month Follow-Up

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Introduction: Major depressive disorder (MDD) is one of the most prevalent and disabling mental health conditions globally. Approximately one-third to half of MDD patients, suffer from difficult-to-treat depression (DTD), a condition marked by persistent symptoms that do not respond to multiple standard treatments. DTD is often associated with comorbid physical and psychiatric conditions leading to chronic disability and a reduced quality of life. The complexity of DTD poses a considerable challenge in clinical practice, underscoring the need for innovative treatment options.
Objectives: Despite the demonstrated efficacy of esketamine in controlled clinical trials, real-world evidence is limited. This study aimed to address this gap by assessing the effectiveness of esketamine in routine clinical practice in DTD patients.
Methods: This prospective, naturalistic, open-label, observational study was conducted at Marqués de Valdecilla University Hospital in Cantabria, Spain. It included 33 patients diagnosed with DTD, comprising both unipolar and bipolar depression, as well as persistent depressive disorder (see table 1). Esketamine was administered intranasally in doses ranging from 56 mg to 84 mg, across three phases: induction, consolidation, and maintenance. Treatment effectiveness was measured using the MADRS, Clinical Anxiety Scale (CAS), and Clinical Global Impression (CGI). Functionality and quality of life were assessed with the Brief Functioning Scale (FAST) and the EQoL-5D (ESH). Assessments were conducted at baseline, 1-month, and 3-month. Data analysis was performed using SPSS v26, with repeated measures ANOVA and Pearson's χ^2 tests employed to evaluate changes over time.
Results: The final analysis included 33 patients with DTD and long-lasting current MDD episodes (table 2). Baseline MADRS scores indicated severe depression (39.12 ± 6). Significant reductions in MADRS scores were observed at both one month (21.61 ± 11.15) and 3-month (19.70 ± 11.65) compared to baseline. At 3-month, 54.5% of patients achieved a ≥50% reduction in MADRS scores, and 30.3% reached remission (MADRS < 12). Similar improvements were seen in anxiety (CAS) and health status (ESH) scores, with significant reductions noted over time.

However, functional improvements (FAST) were not statistically significant (see table 3).
Conclusions: Esketamine demonstrated substantial effectiveness in reducing both depressive and anxiety symptoms in DTD patients over three months. More than half of the patients achieved a significant reduction in depression severity, with nearly a third reaching remission. The presence of late responders suggests that esketamine may benefit those initially unresponsive to treatment. These findings support esketamine as a valuable therapeutic option for DTD in real-world clinical settings.

Disclosure of Interest: None Declared

O094

Polygenic risk for depression and career performance

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Introduction: Major depression not only impairs individual health and labour market performance but also imposes significant economic burdens on society. It is linked to substantial costs through healthcare use, lost productivity and absenteeism. Recent genome-wide association studies have identified genetic markers associated with major depression, offering new insights into its genetic risk factors. However, the potential association of these genetic risks with educational attainment and career outcomes remains underexplored. Understanding this connection is crucial for addressing the broader public health and socio-economic implications of depression risk beyond clinical populations.
Objectives: This study aims to investigate the relationship between genetic risk for depression and individual career performance in the general population of Finland from 1992 to 2017.
Methods: We utilised pooled data from the Finnish Finrisk (1992-2012) and FinHealth (2017) studies, which together include a population representative sample of individuals aged 25-64 (N=20,121). Genetic, survey and socio-economic registry data were integrated for this analysis. Using probit and semi-structural regression models, we examined various career performance indicators, with polygenic scores for depression (Howard *et al.* Nat Neurosci 2019; 22 343-352) as the main explanatory variable. Socio-demographic characteristics and genetic principal components were included as controls.
Results: Our study revealed a negative association between higher genetic risk for depression and the likelihood of attaining higher education—an essential predictor of career success. Additionally, our study provides novel insights into how elevated polygenic risk for depression was linked to employment and self-employment rates, both directly and via educational pathways.
Conclusions: These findings highlight that genetic predispositions for depression can adversely affect career prospects in the general population, suggesting that the economic burden of depression extends beyond those clinically diagnosed. As effect sizes are modest, our results imply that supportive measures and compensatory behaviours could mitigate some of the educational and career disadvantages associated with higher genetic risk for depression.

Disclosure of Interest: A. Hazak: None Declared, J. Liuhanen: None Declared, K. Kantojärvi: None Declared, S. Sulkava: None Declared, T. Jääskeläinen: None Declared, V. Salomaa: None Declared, S. Koskinen: None Declared, M. Perola: None Declared, T. Paunio Consultant of: Idorsia Pharmaceuticals and Biogen (unrelated to the present work)

O095

Associations Between Vascular Endothelial Growth Factor, Major Depressive Episode and Response to Electroconvulsive Therapy: A Meta-Analysis

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Introduction: Major depressive episodes (MDEs) occur in mood disorders such as major depressive disorder (MDD) and bipolar disorder (BD), affecting nearly one in four U.S. adults over their lifetime. The neurotrophic hypothesis suggests that disruptions in growth factor signaling contribute to MDEs. While brain-derived neurotrophic factor (BDNF) is well-studied, vascular endothelial growth factor (VEGF) may also play a crucial role, though evidence of its association with MDEs is inconsistent. Understanding VEGF is important for identifying predictors of treatment outcomes, such as those related to electroconvulsive therapy (ECT). This study explores the relationship between VEGF and MDEs, focusing on implications for ECT effects.
Objectives: To consolidate evidence from studies evaluating the association between VEGF and ECT outcomes in patients experiencing an MDE.

Methods: A systematic search for published clinical trials and cohort studies was conducted on August 13, 2024, using keywords including ECT, VEGF, MDE, and mood disorders, with no language or publication date restrictions. We selected studies enrolling patients in a current MDE related to MDD or BD, excluding those focused on manic episodes. A fixed-effects or random-effects model was applied. Subgroup analyses were performed to investigate the data further.
Results: Seven studies involving 621 participants (61.9% female; mean age: 50.2 years) were preselected. Six studies measured plasma VEGF levels; one assessed cerebrospinal fluid (CSF) levels. Plasma VEGF levels did not differ significantly between healthy controls and MDE patients, either before (SMD = 0.02 [−0.17; 0.21], p = 0.84, I^2 = 0%) or after ECT (SMD = 0.11 [−0.21; 0.44], p = 0.50, I^2 = 0%). Of the five studies reporting post-ECT VEGF levels, three found a significant increase from baseline. A significant correlation was observed between baseline plasma VEGF levels and depression response to ECT (r = 0.34, Z = 4.92, p < 0.0001, I^2 = 0%). Of the five studies examining increased VEGF levels after ECT and symptom reduction, only one found a significant association. A sensitivity analysis indicated substantial heterogeneity when including the CSF study.
Conclusions: Plasma VEGF levels were not significantly different in MDE patients compared to healthy controls, either before or after ECT. Baseline plasma VEGF levels positively correlated with ECT treatment response, suggesting they may provide neurotrophic support and predict outcomes. Despite robust findings and minimal heterogeneity, this analysis was limited by the low number of studies and small sample sizes. Further research is needed to explore the association between MDEs and VEGF, especially in the CSF, and to clarify the role of baseline VEGF in ECT treatment response.

Disclosure of Interest: I. Borja De Oliveira: None Declared, G. A. M. Alves: None Declared, D. Soler Lopes: None Declared, A. de Vasconcelos: None Declared, A. Stephany: None Declared, F. Reis Soares: None Declared, M. Kraide Piedade de Abreu: None Declared, M. Carbajal Tamez: None Declared, J. Quevedo Shareolder of: Instituto de Neurociencias Dr. Joao Quevedo, Grant / Research support from: LivaNova; and receives copyrights from Artmed Editora, Artmed Panamericana, and Elsevier/Academic Press, Consultant of: EMS, Libbs, and Eurofarma, Speakers bureau of: Myriad Neuroscience and AbbVie., M. Teranishi: None Declared

O097

Response to Ketamine Therapy in Anxious and Non-Anxious Major Depressive Disorder: A Meta-Analysis of Clinical Trials

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doi: 10.1192/j.eurpsy.2025.350

Introduction: Anxious depression (AxD) as an independent diagnostic has been controversial, with many suggesting it as a transient state and others highlighting evidence of a worse outcome, severity, and increased suicide risk. The International Classification of Diseases (ICD-11) lists a related concept under 6A73, Mixed depressive and anxiety disorder. Previous literature on ketamine's efficacy has mainly focused on either anxiety or depression, with limited comparison of both groups. Given their high comorbidity and shared pathophysiology, we aimed to assess ketamine's efficacy in these populations.
Objectives: This meta-analysis aimed to consolidate evidence from clinical trials evaluating ketamine therapy in AxD and Non-Anxious Depression (NAxD).
Methods: A search for published clinical trials in indexed journals and databases was conducted on August 11, 2024. Keywords included ketamine, anxiety, comorbidity, and depression, with no restrictions on language or publication date. Studies on bipolar or psychotic depression were excluded. A random-effects model accounted for variability, and subgroup analyses were performed.
Results: Eight studies involving 536 participants (mean age = 39.0 years) were preselected. Seven studies defined "anxious depression" as a score of 7 or higher on the HAMD-AS, with AxD mean of 8.74 (±0.56) and NAxD mean of 5.83 (±1.9). MADRS scores were 35.18 (±2.22) for AxD and 31.97 (±2.29) for NAxD. The effect size of improvement in depressive symptom severity (as assessed by the MADRS) was not significantly different between the groups either 13 days after treatment (SMD = -0.07[-0.69, 0.55], p = 0.82, I2 = 73%) or 26-28 days after treatment (SMD = -0.30[-0.64, 0.04], p = 0.09, I2 = 21%). The overall depression response also did not significantly differ between the groups (odds ratio = 0.84 [0.50, 1.41], p = 0.52, I^2 = 13%). Insufficient data were available for remission rates.
Conclusions: Ketamine shows comparable efficacy in reducing depressive symptoms and achieving response in both groups. The group classified as AxD parallels previous reports of increased severity when reviewing baseline scores MADRS and other available scores. Thus, ketamine should be considered a viable treatment for patients with AxD, as they may have lower response rates to traditional antidepressants. This analysis was limited by the small number of studies, small sample sizes, and moderate heterogeneity. Differences in baseline depressive symptom severity and varying definitions of MDD with anxiety also constrained our analysis. Given the severity of symptoms in this population, we recommend developing better classification instruments for AxD. Further research is needed to explore remission differences in AxD and refine treatment strategies.

Disclosure of Interest: I. Borja De Oliveira: None Declared, A. Stephany: None Declared, M. Geremias: None Declared,

D. Xavier: None Declared, F. Wagner: None Declared, A. Balduino de Souza: None Declared, M. O. Pozzolo Pedro: None Declared, D. Soler Lopes: None Declared, M. Carbajal Tamez: None Declared, J. Quevedo Shareolder of: Instituto de Neurociencias Dr. Joao Quevedo, Grant / Research support from: LivaNova; and receives copyrights from Artmed Editora, Artmed Panamericana, and Elsevier/Academic Press, Consultant of: EMS, Libbs, and Eurofarma, Speakers bureau of: Myriad Neuroscience and AbbVie., M. Teranishi: None Declared

O098

The 'time' in lifetime: age-stratification and its impact on immune-based depression treatment

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Introduction: Depression is increasingly linked to immunological processes. Therefore, immune-based therapies, e.g., celecoxib, are being tested as augmenting treatment strategies. Many physiological processes during life are also linked to immunological changes. We tested the hypothesis that age affects treatment efficacy in a randomized controlled sample treated with the anti-inflammatory agent Celecoxib.

Objectives: We test the combined role of age and an anti-inflammatory augmentation treatment for treatment response in depression. For a more in depth understanding we investigated the role of six methylation-based cell-types in these immunological processes in a second step.

Methods: 113 individuals with a diagnosis of major depressive disorder were included in our analyses (M_{age}=44, 56% women, M_{MADRS}= 27.7). All patients were treated with Vortioxetine and recruited stratified by high sensitive C-Reactive Protein (hsCRP; <= 3 vs. > 3 mg/L)> 3mg/L). Based on a randomized controlled design, augmentation with Celecoxib was administered to 55 patients. A second assessment was performed after 6 weeks of treatment ($M_{MADRS\ 6W}$= 20.2). Cell type compositions of neutrophils, monocytes, B-cells, CD4+ and CD8+ Lymphocytes, and natural killer cells (NK), were estimated based on epigenome-wide DNA methylation markers (Illumina Infinium MethylationEPIC 850k BeadChip) using the Houseman method. Analyses were performed with linear regression models with $MADRS_{6W}$ as outcome. Our hypothesis was tested in the full sample. The additional analyses were performed stratified by age. All models were corrected for sex, hsCRP, and depression severity at baseline.

Results: Our analysis showed a statistically significant interaction between age and treatment condition on depression outcome (p=0.040), with significant main effects for both variables in the model (intervention: p=0.045, age: p=0.022). Sex and hsCRP were no statistically significant contributors. The intersection was identified at 45.5 years. Younger individuals treated with celecoxib showed a more pronounced reduction in MADRS ($M_{reduction}$=-9.6), than older individuals treated with the same condition ($M_{reduction}$=-5.5). The stratified individuals younger than 45 years, showed that neutrophils were associated with better treatment outcome (p=0.028), whereas for individuals older than 45 years this was the case for B-cells and NK cells (p=0.011, and p<0.001, respectively).

Conclusions: Our results indicate that immunological profiles in depression and in relation to treatment may be age-dependent, which can have major consequences for treatment success with anti-inflammatory augmenting strategies. Replication in an independent sample is needed to confirm the role of age in immune-focused treatment strategies for depression.

Disclosure of Interest: None Declared

O099

A randomized controlled trial of supervised group exercise therapy in patients with clinical depressive and anxiety disorders: the challenge of patient compliance

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Introduction: Depression and anxiety are global mental health concerns and contribute significantly to the global burden of human disease. Although psychotherapies and antidepressant drugs are effective and commonly used treatments for depression and anxiety, some patients do not achieve full remission of their symptoms and there remains a risk of residual symptoms.

Objectives: To validate effect of supervised group exercise therapy in outpatient treatment of depressive and anxiety disorders.

Methods: A total of 126 individuals were screened for elevated depressive and anxiety symptoms. 86 participants aged between 18 and 65 years (Median=33 years; IQR 15; 62.8 % females) were randomly assigned to exercise group (EX, N=43) or relaxation group (REL, N=43). EX was planned to receive 36 sessions and REL 12 sessions during a 12-week intervention. Depressive

symptoms were measured using Montgomery-Åsberg Depression Rating Scale (MADRS and MADRS-S) and anxiety symptoms using Becks Anxiety Inventory (BAI) at pre-, mid- and post-intervention.
The study is registered on ClinicalTrials.gov Register for RCT's (NCT04714528).

Results: Intention-to-treat analyses showed that both groups improved significantly in depressive and anxiety symptoms (MADRS: EX from 24.5±7.4 to 15.8±8.3 points, REL from 22.8 ±6.4 to 16.6±7.8 points. MADRS-S: EX from 27.6±7.2 to 19.6±8.1 points, REL from 26.3±7.1 to 18.7±9.5 points. BAI: EX from 25.0 ±12.2 to 16.4±9.9 points, REL from 24.3±12.4 to 17.0±12.6 points). However, there was no statistically significant difference between the groups in the degree of improvement. In addition, there was a high and differential attrition rate (51.2 % in EX vs 20.9 % in REL, p=0.007). It took longer than expected for the exercise group to finish the intervention (EX 19.2±5.1 weeks vs REL 14.8 ±4.0 weeks). Attrition analysis showed that individuals that had student as their main occupation were more likely to drop out and participants with sleep medication were more likely to adhere to interventions.

Image 1:

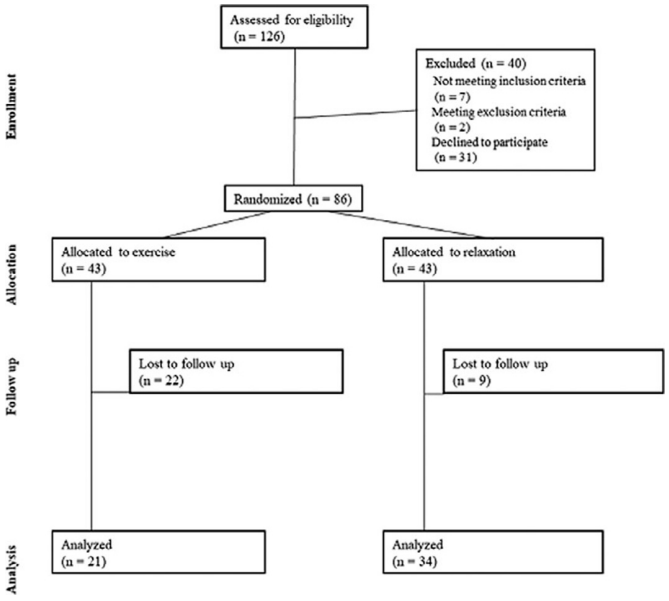
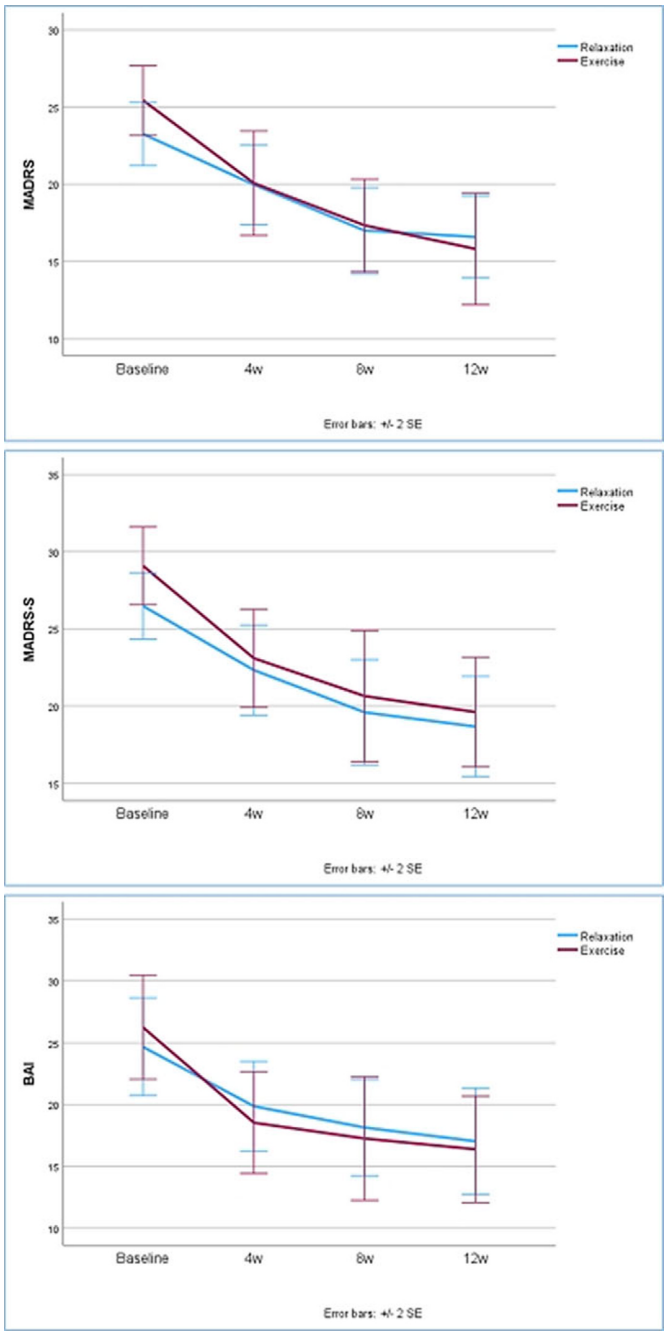


Image 2:



Conclusions: The study reflects the challenges of outpatient, activity-based treatments for mild to moderate depressive and anxiety disorders regarding compliance, despite great efforts were made to keep the participants' motivation throughout the study. Although both groups improved in depression and anxiety symptoms similarly, due to the lack of control group with no active treatment, it is difficult to assess possible placebo effect from this study. The differential bias from attrition and compliance makes it difficult to draw definitive conclusions.

Disclosure of Interest: None Declared

Epidemiology and Social Psychiatry

O100

Mapping the exposome of mental health: exposome-wide association study of mental health outcomes among UK Biobank participants

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Introduction: Mental disorders result from a complex interplay of genetic and environmental factors. However, the multiplicity of exposures and the complexity of mental health phenotypes pose a major challenge. The 'exposome' paradigm offers a holistic view of the environment that contrasts traditional hypothesis-driven approach in psychiatry. Within this framework, exposome-wide studies provide a novel tool to systematically identify phenotype-exposure relationships, offering an innovative perspective to map the exposome of mental health.
Objectives: To map environmental factors associated with psychiatric diagnostic domains and symptom dimensions in the UK Biobank cohort. In this study, we aim to identify exposures unique to specific mental health outcomes, as well as those shared across conditions.
Methods: We analysed UK Biobank participants with complete Mental Health Questionnaire data (N = 157,298). Outcomes were classified as either psychiatric domains or symptom dimensions. After quality control, 294 environmental, lifestyle, behavioral, and economic variables were included. An Exposome-Wide Association Study (ExWAS) was conducted per outcome in two equally split datasets, applying Bonferroni correction for multiple testing (P < 1.70 x 10^-4). Missing exposure data was imputed using Multiple Imputation by Chained Equations. Variables associated with each outcome were then tested in a multivariable model.
Results: In diagnostic domains, ExWAS analyses identified 26 to 165 significant factors. Multivariable analysis revealed 10 to 65 significant associations, with traumatic events, physical complaints, and sleep disturbances emerging across domains. Cannabis use was associated with common psychiatric disorders (ORs: 1.10-1.79), while computer use was uniquely linked to neurodevelopmental disorders (OR = 1.23). Eating disorders showed stronger correlations with food-related exposures. In symptom dimensions, ExWAS identified 46 to 180 significant factors. Multivariable analysis revealed similar exposure groups to those in diagnostic domains. Notably, self-harm was uniquely associated with childhood adoption (OR = 1.39).
Conclusions: This comprehensive mapping of exposome revealed that several factors, particularly in the domains of those previously well-studied were shared across mental health phenotypes, providing further support for transdiagnostic pathoetiology. Our findings also showed that distinct relations might exist. Continued exposome research through multimodal mechanistic studies guided by the transdiagnostic mental health framework is required to better inform public health policies.

Disclosure of Interest: None Declared

O101

Cognitive Development in Children of Mothers with Hypertensive Disorders During Pregnancy: Findings from the ALSPAC Study

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Introduction: While the immediate physical health consequences of hypertensive disorders during pregnancy are well-documented, their potential impact on children's mental health and cognitive outcomes remains relatively under-investigated. Research exploring the link between hypertensive disorders during pregnancy and cognitive function has yielded conflicting findings. Some studies report associations, while others fail to establish a link or even suggest a protective effect. Many of these studies have focused on children with intrauterine growth restriction, low birth weight, small for gestational age, and/or preterm births—factors already known to influence cognitive development. Furthermore, almost all of this research focuses on early childhood, leaving a critical gap in our understanding of the long-term effects into adolescence, a period characterised by rapid cognitive development and academic achievement.
Objectives: This study aimed to examine the associations between hypertensive disorders during pregnancy and intelligence quotient (IQ) in children at the ages of 8 and 16 years.
Methods: Our study sample comprised participants in the Avon Longitudinal Study of Parents and Children (ALSPAC) cohort, an ongoing population-based longitudinal birth cohort in Bristol, Avon, United Kingdom. Children's IQ was measured using the Wechsler Intelligence Scale for Children (WISC-III). This study included over 4900 and 3300 mother-child pairs at ages 8 and 16, respectively. Binary and multinomial logistic regression analyses were used to estimate odds ratios for the associations.
Results: Hypertensive disorders of pregnancy (gestational hypertension and/or pre-eclampsia) were not found to be associated with lower IQ scores in children at ages 8 and 16. In the multinomial logistic model, we found children born to mothers with gestational hypertension but not pre-eclampsia were more likely to have above-average IQ at age 16 compared to average IQ children born to mothers without gestational hypertension (OR = 1.42; 95% CI: 1.03 – 1.94). This association did not persist when children with below-average IQ were used as the reference category in the analysis, and no such associations were also observed at the age of 8 years.
Conclusions: Our findings revealed no evidence of associations between hypertensive disorders during pregnancy and lower IQ scores in children ages 8 and 16. The observed association between gestational hypertension and higher odds of having an above-average IQ at age 16 needs further investigation. Our findings were

based on a cohort study with a longer follow-up period, offering a higher level of evidence than previous studies. The consistency of our findings across different developmental stages strengthens the validity of our results and suggests that any potential effects of hypertensive disorders during pregnancy on cognitive function may be limited or transient.

Disclosure of Interest: None Declared

O102

Adolescence in the Digital Age the Influences of Smartphone and Social Media Use on a Cohort of Irish Teenagers

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doi: 10.1192/j.eurpsy.2025.355

Introduction: The aim of this study was to investigate the associations between smartphone and social media use and mental health outcomes among adolescents in Ireland.
Objectives: This study aimed to fill a gap in the existing literature by examining specific types of online activity, such as cyberbullying and "sexting" (sending sexually explicit messages), and the independent associations of these activities with worse mental health.
Methods: This study is a cross-sectional analysis of secondary data from the 2023 Planet Youth Partner survey. The study population was 4,544 mostly 15- and 16-year olds from Cavan, Monaghan and North County Dublin. The dependent variable was the total Strengths and Difficulties Questionnaire (SDQ) score, a tool commonly used to assess mental health status. Independent variables included hours of social media use, experiences of cyberbullying, body image perceptions, and involvement in sexting. Multivariable logistic regression models were employed to determine the associations between these variables and mental health outcomes, controlling for potential confounders such as gender, sleep duration, and maternal education level.
Results: The study found significant associations between several online activities and worse mental health. High use of social media (4 hours per day or more) was associated with a 62% greater risk compared to those who used it for about 1 hour or less.
Cyberbullying was a also strong predictor of poor mental health, with victims nearly twice as likely to have a high SDQ score. Negative perceptions of one's own body image and participating in sexting were also significantly associated with worse mental health outcomes.
Gender differences were observed, with females more likely to be victims of cyberbullying, to be asked for and to send sexually explicit messages, and to have worse mental health outcomes when compared to males. Insufficient sleep was also a significant predictor, with those sleeping for 6 hours or less per night having more than twice the risk compared to those who slept for the recommended 8 hours or more.
Conclusions: The findings of this study suggest that specific aspects of smartphone and social media use, particularly high usage and negative online experiences, are independently associated with poorer mental health outcomes in adolescents. These results are consistent with international evidence and highlight the need for targeted public health interventions to mitigate the risks associated with this technology. The study recommends developing evidence-based guidelines for parents and teachers to promote healthier online behaviours among adolescents in Ireland. It also calls for a national Public Health campaign and policy measures to enforce stricter regulations on social media companies and protect young people from harmful online experiences.

Disclosure of Interest: None Declared

O103

The Workplace Mental Health Paradox - Why is mental ill health at work rising yet we have never spent more to prevent it?

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doi: 10.1192/j.eurpsy.2025.356

Introduction: There is a prevailing paradox in workplace mental health. Never has so much been spent on prevention, intervention, and regulatory programs yet the prevalence of employee mental ill-health has not only not improved, but rates are seemingly on the increase.
Objectives: Two evaluate 2 explanations (a) has the reported prevalence of specific psychosocial workplace risk and protective factors changed over the last two decades (e.g., is work getting more stressful), and (b) are there trends, and generational differences, in the impact of these factors on worsening or buffering mental health (e.g., are employees becoming less resilient).
Methods: We use a 20 year population based cohort study (n=19,744).
(a) We estimated the linear trend over time (2001 to 2020), to determine the population-trends of reporting higher levels of job demands, control and complexity.
(b) To assess cohort differences in resilience to job stressors we estimated regression models predicting mental health (MHI-5 scores) by each psychosocial risk and birth cohort. Each model included the interaction between the self-reported psychosocial risk factor (independent variable) and birth-cohort (moderator variable) to estimate the dependency for each cohort. The marginal slope between the level of the risk factor and mental health for each cohort was estimated by the delta method (see below). Differences between the marginal slopes of adjacent cohorts were tested with adjustment for pairwise comparisons.
Results: From 2000 to 2020 employees report trends of increased perceived job demands and decreasing autonomy in deciding how work was completed, but increasing control over when work is carried out and greater skill use(fig 1). High levels of demands have a stronger negative impact on the mental health of Millenailas than older cohorts at a similar age, and this younger cohort benefits less from the buffering effect of autonomy at work imporving mentla health (fig2).

Image 1:

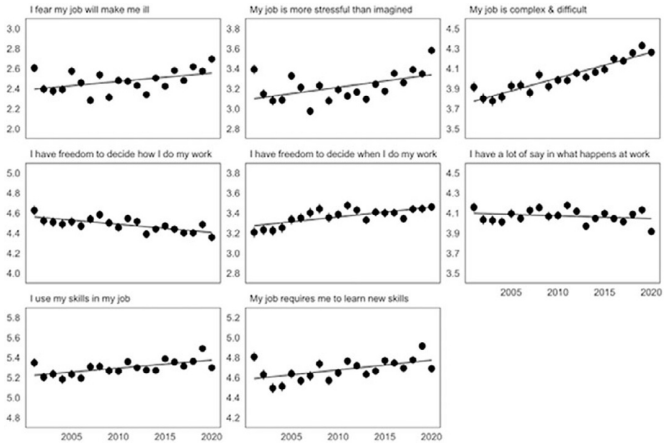
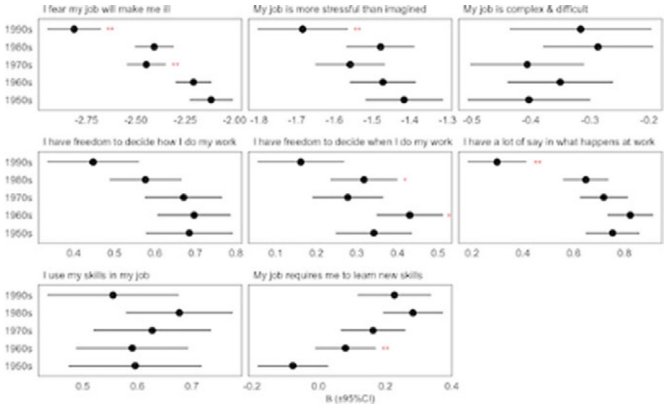


Image 2:



Conclusions: Over the last 20 years, employees report increasing job demands and decreasing freedom in deciding how work was completed, but increasing control over when work is carried out. Although this reflects, in part, an age effect as both demands and control peak in middle age, more recent cohorts also report higher demands and less control at any given age. In addition, the marginal negative impact of higher levels of job demands on mental health has increased in younger cohorts, alongside reducing psychological benefits from autonomy and control compared with older cohorts. This combination of employees viewing work as becoming more stressful and younger employees increased sensitivity to work stress effects may explain part of the paradox and have major implications for employers, insurers, regualtors and benefit systems.

Disclosure of Interest: None Declared

O104

Decline in alcohol use among the general Czech population – role of young adults?

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Introduction: Alcohol consumption, monitoring its prevalence and temporal trends, is one of the leading epidemiological interests in public health. When there are significant changes over time, understanding these new trends is crucial for health professionals. In the Czech Republic, a significant and sustained decline in alcohol use among the adolescent population has been observed since the mid-2010s (Kážmér & Orlíková *Adiktologie.* 2017; 17(2):118–132; Kážmér & Csémy *J Public Health Res.* 2019; 8(1):1493). The decline was in line with general trends across Europe and North America (Kraus *et al. Addiction.* 2018; 113(7):1317–1332). However, the factors driving the decline were attributed to new modes of adolescent leisure activities (Chomynová & Kážmér *J Subst Use.* 2019; 24(6):630–637) rather than changes in prevention-related issues (Pennay *et al. Drug Alcohol Rev.* 2018; 37(S1):S115–S119). If the decline among the adolescent population has continued into later age groups, there should also be a significant decline in today's Czech young adults.
Objectives: The study examines temporal trends in alcohol use in the general population of the Czech Republic, with an age-specific focus on young adults under 25 years of age.
Methods: Time series of nationally representative data on alcohol use were compiled from the National Survey on Tobacco and Alcohol Use in the Czech Republic. The large-sample representative survey, conducted annually by the National Institute of Public Health, provided high-quality data on alcohol use among the general Czech population aged ≥15 years in 9 cross-sectional time periods: 2012, 2014, 2016, 2018–2023. The subgroup of respondents aged 15–24 years was selected. Time trends for three main measures on alcohol use were considered: i) mean annual alcohol consumption (in litres per person per year); ii) prevalence of binge drinking (%); iii) prevalence of abstainers (%).
Results: Among the Czech population aged 15–24, all the three measures on alcohol use have improved in recent time periods. In particular, the estimated mean annual alcohol consumption decreased significantly from 8.9 litres (95% CI: 6.5–11.2) of pure ethanol per person per year in 2012 to 5.1 litres (95% CI: 4.0–6.2) in 2023. The prevalence of last year abstainers increased accordingly: from 8.6% (95% CI: 5.4%–12.8%) in 2012 to 13.1% (95% CI: 8.6%–17.6%) in 2023. In a similar vein, there was also an improvement in the prevalence of binge drinking.
Conclusions: There was a noticeable decrease in alcohol use among the Czech young adults aged 15–24 years in recent periods, especially after 2020. Further research will be conducted to examine this trend in more detail.
Funding: The study was supported by the Operational Program Johannes Amos Comenius, project number CZ.02.01.01/00/22_008/0004583.

Disclosure of Interest: None Declared

O105

Social isolation and risk of schizophrenia: a cohort and Mendelian randomization study

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Introduction: Social isolation refers to the lack of objective social contact and is one of the health risk factors. Previous studies have shown that social isolation is associated with several physical and mental disorders. However, the relationship between social isolation and schizophrenia remains unclear.
Objectives: This study aimed to investigate whether there is a potentially causal association between social isolation and schizophrenia.
Methods: The UK Biobank (UKB) is a large population-based cohort study. In this study, social isolation was assessed using self-reported questionnaires. Participants were categorized into socially isolated and non-isolated groups based on the scores. We identified cases of schizophrenia through hospitalization records and death registrations in the UKB. Propensity score matching was used to reduce the influence of confounding factors. We estimated the hazard ratios (HRs) of social isolation to schizophrenia using Cox regression. In addition, we estimated the causal association between social isolation and schizophrenia by two-sample Mendelian randomization analysis. Genetic data for social isolation and schizophrenia were extracted from the UKB and the Psychiatric Genomics Consortium, respectively.
Results: 315 cases of schizophrenia were documented during a mean follow-up of 12.3 years. After adjusting for demographic, socioeconomic, and lifestyle factors, the risk of schizophrenia in the socially isolated group was 1.73 times higher than that in the non-socially isolated group (95% CI, 1.37-2.18). Results from two-sample Mendelian randomization analysis showed that participating in more other group activities was associated with a reduced risk of schizophrenia (OR, 0.49; 95% CI, 0.31-0.77).
Conclusions: Social isolation was potentially causally associated with an increased risk of schizophrenia. The results of this study emphasize the importance of reducing the risk of developing schizophrenia through initiatives to reduce social isolation and increase social activities.

Disclosure of Interest: None Declared

O106

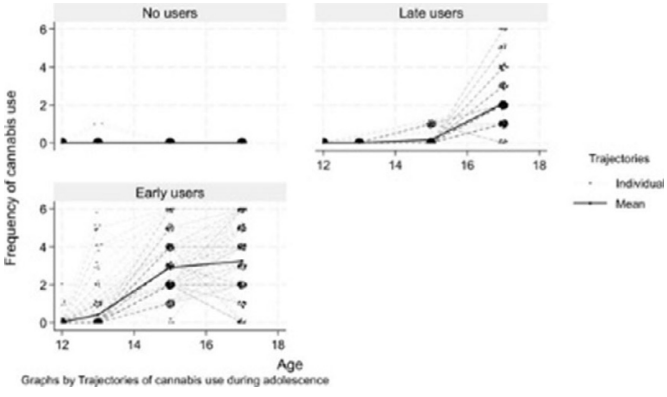
Adolescent cannabis use and young adult healthcare use in a population-based birth cohort linked to healthcare administrative records

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doi: 10.1192/j.eurpsy.2025.359

Introduction: Evidence links early adolescent cannabis use (CU) to long-term health risks, but most studies lack comprehensive early-life confounder data and rely on subjective health measures.
Objectives: To assess the association between adolescent CU trajectories and healthcare use for physical and mental health problems (P&MHP) in young adulthood.
Methods: Data from the Québec Longitudinal Study of Child Development, a 23-year population-based birth cohort (N = 1,591), were linked to healthcare administrative records (hospitalizations, outpatient, and ER visits). CU trajectories (exposure) were derived from age of onset and frequency data (ages 12-17) using group-based trajectory modeling. Missing data on pre-exposure confounders were multiply imputed. Overlap-weighted logistic regression was used to assess the adjusted associations between these trajectories and healthcare use for P&MHP between ages 18-23.
Results: Three CU trajectories were identified: non-users, late users, and early users (Figure 1). Early users had a higher risk of healthcare use for any mental disorder (OR 1.55, 95% CI 1.17-2.06), common mental disorders (OR 1.69, 95% CI 1.19-2.39), substance-related disorders (OR 2.25, 95% 1.24-4.10), and hospitalizations for physical diseases (OR 1.57, 95% CI 1.03-2.38) compared to non-users. No significant differences were found between late and non-users.

Image 1:



Conclusions: These findings highlight the need for targeted interventions during adolescence to mitigate long-term health risks. Prevention efforts should prioritize early users, and be focused on integrated social, mental, and physical care.

Disclosure of Interest: None Declared

O107

Maternal depression around pregnancy and risk of mental disorder among offspring: a population-based cohort study with sibling comparison

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Introduction: Previous studies have indicated a potential increase in risks of mental disorders among the offspring of mothers with depressive disorders. However, the association between maternal exposure at different developmental periods, including the period around pregnancy, and the offspring's risk for adverse mental health outcomes remain unclear. Additionally, there is a lack of studies controlling for potential confounding by familial factors.
Objectives: To determine the association between the timing of maternal depression around pregnancy and the risk of mental disorders among the offspring.
Methods: Population-based cohort study using linkage from Swedish national registers including 4,051,192 live singleton births in 1973-2010. Individuals were followed from age 3 until the first date of mental disorders diagnosis, emigration, death or 31 December 2013. We included the following diagnoses: depression, postpartum depression, neurotic disorders, stress-related disorders, alcohol use disorders, drug use disorders, attention deficit hyperactivity disorder (ADHD), autism spectrum disorder (ASD), intellectual disability, behavioural disorders (child-/adolescent-onset), schizophrenia, other psychotic disorders, bipolar disorders, eating disorders, personality disorders, and others. Timing of maternal depression was defined as the earliest date of diagnosis or antidepressant dispensation around pregnancy, categorised into '1 year before conception', 'during pregnancy', and '1 year after childbirth.' Hazard ratios (HR) were estimated using Cox regression, adjusting for potential confounders. We also stratified the associations by age at follow up and birth year. To account for familial confounding, comparison was also made within full siblings.
Results: In the population-based analysis, maternal depression was associated with a higher risk of overall mental disorder diagnosis in offspring in all three time periods, although the association tends to be stronger during the first year before conception (HR 1.90, 95% CI 1.78-2.03) and somewhat attenuated afterwards (HR during pregnancy 1.77, 95% CI 1.69-1.84; HR 1 year after childbirth 1.68, 95% CI 1.57-1.79; Figure 1). However, the associations were attenuated to null in the sibling analysis (HR overall mental disorders 1 year before conception 0.94, 95% CI 0.83-1.07; during pregnancy 1.08, 95% CI 0.98-1.17; 1 year after childbirth 1.00, 95% CI 0.88-1.13). Similar patterns were observed in most mental disorder diagnoses (Figure 1), across age at diagnosis (Figure 2), and birth year (Figure 3).

Image 1:

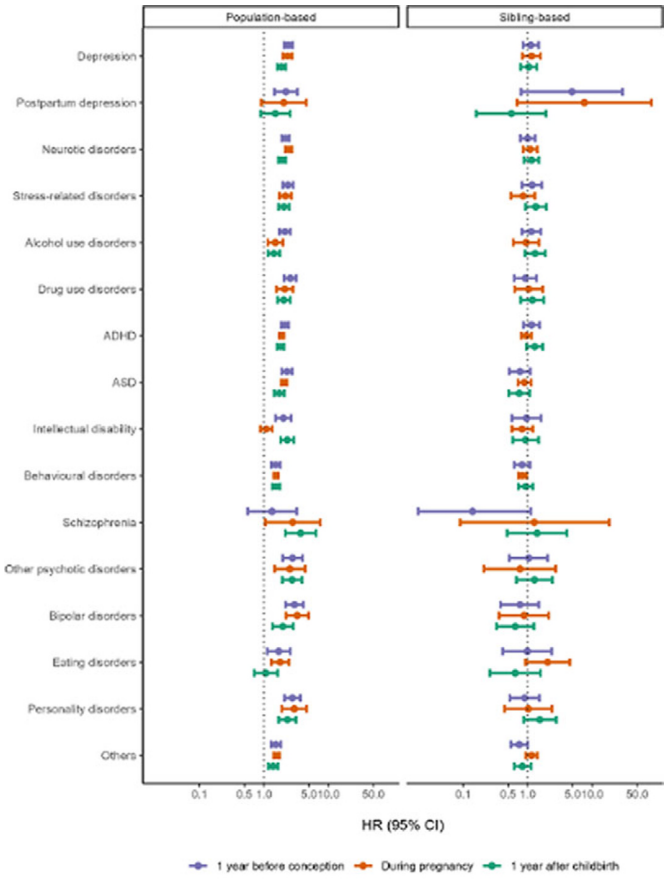


Figure 1 Association between maternal depression around pregnancy and risk of mental disorders among offspring. Adjusted for maternal age, parity, smoking, body mass index, offspring sex. For population-based analysis, estimates were further adjusted for maternal country of birth, education, cohabitation status, offspring birth year.

Image 2:

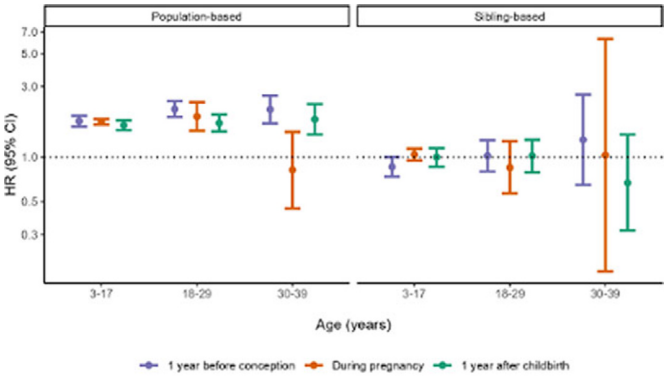


Figure 2 Association between maternal depression around pregnancy and risk of any mental disorders among offspring, stratified by age at follow up. Adjusted for maternal age, parity, smoking, body mass index, offspring sex. For population-based analysis, estimates were further adjusted for maternal country of birth, education, cohabitation status, offspring birth year.

Image 3:

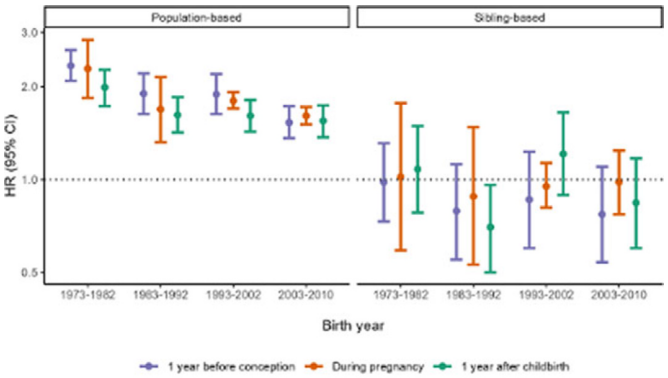


Figure 3 Association between maternal depression around pregnancy and risk of any mental disorders among offspring, stratified by birth year. Adjusted for maternal age, parity, smoking, body mass index, offspring sex. For population-based analysis, estimates were further adjusted for maternal country of birth, education, cohabitation status, offspring birth year.

Conclusions: While maternal depression before, during, and after pregnancy is predictive for the offspring's mental health development, the link is likely driven by shared familial genetic and environmental factors.

Disclosure of Interest: None Declared

O108

Four Major Psychiatric Disorders in Childhood and Early Adulthood and Siblings' Subsequent Socioeconomic Status: A Nationwide Familial Coaggregation Cohort Study

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Introduction: Previous studies show the aggregation of major psychiatric disorders (MPDs; a combined category of schizophrenia, bipolar disorder, depression, and anxiety) among siblings. However, few studies have examined whether MPDs in childhood and early adulthood are associated with siblings' future socioeconomic status (SES).
Objectives: To assess subsequent SES outcomes among siblings of individuals with an MPD diagnosed at age 5–25.
Methods: This cohort study included 54,742 full siblings, 4,490 paternal, and 4,858 maternal half siblings of individuals born in Finland between 1975–1985 with MPDs diagnosed at ages 5–25 (affected probands). We defined the reference groups as identical types of siblings of individuals without any MPD diagnosis (matched unaffected probands). The siblings of both the affected and the unaffected probands were followed from the diagnosis date of affected probands until December 31, 2020. MPD diagnoses were obtained from the Finnish Care Register. SES was measured through employment status, annual disposable income (measured in EUR), and educational achievement derived from the FOLK module of Statistic Finland. Conditional logistic regression, median regression, and Generalized Estimating Equations (GEE) models were applied to estimate the adjusted associations.
Results: The median age (interquartile range, IQR) at baseline was 20 years (16–24) for full siblings, 17 years (12–26) for maternal half-siblings, and 18 years (12–26) for paternal half-siblings of the affected and unaffected probands. Compared to siblings of the unaffected probands, the odds of unemployment were 50% higher (95% CI: 1.46-1.55) in full siblings of affected probands with any MPD; this association was particularly pronounced in full siblings of an affected proband diagnosed before age 15 (aOR: 1.68, 95% CI 1.49-1.90). Full siblings of the affected probands were more likely not to attain a university degree (aOR: 1.37, 95% CI 1.33-1.41). The median annual disposable income was 1,518.3 EUR lower (95% CI: -1647.4, -1389.3) in full siblings of affected probands. Similar but weaker associations were observed in maternal and paternal half-siblings. For example, compared with the half siblings of the unaffected probands, the odds of unemployment were 29% (95% CI 1.16-1.44) and 23% (95%CI 1.10-1.38) higher in maternal and paternal half-siblings of affected probands with any MPD, respectively.
Conclusions: Our findings suggest that the unfavorable socioeconomic consequences of MPDs might extend to siblings.

Disclosure of Interest: None Declared

Women, Gender and Mental Health

O110

Risk factors for treatment resistance among women with postpartum depression

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doi: 10.1192/j.eurpsy.2025.362

Introduction: Postpartum depression (PPD) impacts millions of new mothers worldwide, and the challenge of treatment resistance (TR) further hampers recovery prospects. The occurrence of TR in women with PPD and the risk factors for TR remain less studied. Identifying these factors is critical for the precise prediction of treatment responses, enabling tailored interventions and effective management of PPD.
Objectives: This study aimed to determine the prevalence of TR and assess risk factors associated with TR in women with PPD in a nationwide population-based setting.
Methods: We conducted a nationwide register-based cohort study of all women who gave birth during 2006-2021 in Sweden and were diagnosed with PPD up to 12 months postpartum. TR is defined as having ≥3 distinct antidepressant drugs, add-on medications, electroconvulsive therapy, or repetitive transcranial magnetic stimulation in one year after PPD diagnosis. Information on demographics, pregnancy characteristics and outcomes, comorbidities, and treatments were obtained from national registers. Potential risk factors in relation to TR were assessed using multivariable Poisson regression.

Results: Out of 58 618 women with PPD (mean age 30.8, SD 5.3), 4 933 (8.5%) occurred treatment resistance. Younger age (<20 vs. 25-29y: risk ratio (RR) 1.28, 95% CI 1.07-1.52), lower educational level (<9 vs. >12y: 1.52, 1.39-1.67), lower family income level (lowest 20% vs. top 20%: 1.28, 1.16-1.40), smoking at early pregnancy (≥10 cigarettes/day vs. no smoking: 1.39, 1.19-1.62), prior physical comorbidities (Charlson comorbidity index ≥2 vs. 0: 1.40, 1.18-1.65), prior psychiatric disorders (RRs for specific types range: 1.54-6.04) were significantly associated with treatment resistance. In contrast, non-primiparous patients had a reduced risk of treatment resistance (vs. primiparous women, RRs for 2 parities: 0.74, 0.69-0.79; ≥3 parities: 0.87, 0.80-0.95). Maternal body mass index, snuff use, delivery method, pregnancy outcomes, and hypertensive or diabetic disorders did not predict treatment resistance.
Conclusions: Treatment resistance in women with PD is common and is notably associated with specific demographic and clinical profiles. These findings highlight the need for personalized management strategies, particularly for identified high-risk groups.

Disclosure of Interest: None Declared

O111

Bridging the gap in mental health knowledge and gender-based violence interventions: findings from a mixed-methods study in Moldova

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Introduction: This study examines the intersection of mental health services and gender-based violence (GBV) in Moldova, identifying knowledge gaps and assessing service capacity through a mixed-methods approach, including focus groups and a national KAP survey. The findings highlight the urgent need for specialized training and evidence-based interventions to improve mental health outcomes and GBV responses.
Objectives: The study aimed to develop targeted interventions and training programs to enhance the capacity of mental health professionals in Moldova to address mental health challenges and gender-based violence (GBV) by identifying knowledge gaps, assessing practices, and providing actionable insights for improved service delivery and outcomes.
Methods: The study used a mixed-methods design, combining quantitative surveys and qualitative focus groups to assess knowledge gaps and training needs among mental health professionals in Moldova. A cross-sectional survey gathered quantitative data on perceptions of knowledge gaps, confidence, and training needs from a representative sample of professionals, including CCSM coordinators. Focus group discussions, held on the same day, provided qualitative insights into their challenges and suggestions for service improvement. This approach offered both breadth and depth, leading to evidence-based recommendations for addressing the identified gaps in knowledge and training.
Results: The study uncovered major knowledge gaps among mental health professionals in Moldova, particularly in psychopharmacology, child and geriatric psychiatry, and gender-based violence (GBV) management. These gaps, identified via surveys and focus groups, reflected a lack of confidence in applying modern protocols and navigating legal aspects. There was a strong call for continuous professional development, especially through structured training in underserved regions. Inadequate training negatively affected the quality of care, particularly in GBV cases, though professionals were eager to improve their skills despite regional disparities in resources. The findings underscore the need for targeted training and better resource allocation.
Conclusions: The study concluded that mental health professionals in Moldova face significant knowledge gaps, particularly in psychopharmacology, child and geriatric psychiatry, and managing gender-based violence (GBV). These gaps, along with insufficient training, negatively impact care quality, especially for GBV cases. Despite motivation to improve, professionals face challenges like limited access to updated training and regional disparities in resources, highlighting the need for structured, continuous training and equitable resource distribution to improve mental health services nationwide.

Disclosure of Interest: None Declared

O112

Prevention and treatment of psychosis in pregnant and/or postpartum women with known psychiatric illness – the state of the art of clinical practice guidelines

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doi: 10.1192/j.eurpsy.2025.364

Introduction: Motherhood represents a challenge for all women, but it's even more complex for those suffering from serious psychiatric illnesses such as Bipolar Disorder, Schizophrenia and Schizoaffective Disorder. The treatment of these women requires special care during the preconception, prenatal and postnatal phases, taking into account the risk of decompensation, the psychosocial factors involved and the difficult balance between the potential harm to the foetus and/or infant and the risks associated with not treating the mother. With the scarcity of randomised clinical trials and limited evidence, clinical practice guidelines become essential to determine the best therapeutic approaches to adopt.
Objectives: To systematise the best evidence of care for pregnant and/or postpartum women with a history of psychotic illness.
Methods: Systematic literature review.
Results: Mental health management in women with severe psychiatric illness who want to become pregnant should involve shared decision-making and multidisciplinary counselling. In women of childbearing age who are diagnosed with such conditions, adequate awareness of the illness and the need for family planning is the first step towards effective and safe long-term treatment. In the prenatal period, it's essential to monitor early signs of relapse, to psychoeducate about the need to stop comorbid consumption and to carry

out additional foetal ultrasounds at specific times to rule out malformations in foetuses exposed to antipsychotics and lithium. In the postnatal period, the risk of relapse is especially high. Careful monitoring in the first month after birth and regular review thereafter are essential. When necessary, hospitalisation in mother-baby units is the *gold standard* treatment. Pharmacological treatment of pregnant and breastfeeding women should weigh up the risks associated with non-intervention and the potential adverse effects on the foetus and lactating infant. The choice of psychotropic drugs should taking into account the varying safety profiles; for example, typical antipsychotics can cause extrapyramidal symptoms or withdrawal syndrome in the newborn and atypical antipsychotics metabolic syndrome. Nevertheless, despite the quality of the evidence, antipsychotics appear to be generally safe in pregnancy and breastfeeding.
Conclusions: The management of mental health care for this subpopulation must ensure that decisions are shared, follow-up is multidisciplinary, pre- and post-natal monitoring is individualised and pharmacological treatment is chosen based on the best balance between the needs of the mother and the safety of the foetus/infant.

Disclosure of Interest: None Declared

O113

Neurodevelopmental Consequences of Antenatal Exposure to Antipsychotic Medication: A Systematic Review

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doi: 10.1192/j.eurpsy.2025.365

Introduction: Antipsychotic (AP) medications are increasingly prescribed, with indications ranging from psychotic illness to mood disorders. Many patients and clinicians are concerned about long-term consequences of drug exposure in the neurodevelopmentally critical prenatal window. Yet maternal mental illness itself is also associated with significant changes to the prenatal environment.
Objectives: To systematically review the literature on the short- and long-term behavioral, socioemotional, psychomotor, and neurocognitive outcomes in children prenatally exposed to AP medication.
Methods: We included original studies assessing cognitive, motor, behavioral, social, and psychiatric. Searches were performed in MEDLINE, Cochrane, Embase, and PsycINFO for studies up to March 15, 2024. Quality and risk of bias were assessed using the Newcastle Ottawa Scale (NOS). Studies were eligible for inclusion if they were original, peer-reviewed research which assessed human offspring of any age, prenatally exposed to any antipsychotic medication, regardless of maternal indication for use.
Results: We identified 1,315 studies, and reviewed 53 in full-text screening. The final synthesis included 16 studies (6 cohort and 10 register-based studies) with the number of prenatally exposed individuals ranging from 17 to >15,000.Eleven studies included a control group with maternal mental illness in at least one of their analyses. These groups varied with some including any maternal mental illness, while others used an antipsychotic discontinuation control, and still others used non-antipsychotic psychiatric medication use as a control. Five studies included only a general or healthy maternal population control. Eight studies assessed motor development, ranging from newborn assessments up to 14 years of follow-up. These studies observed early motor delays following prenatal exposure to AP medication, which did not persist into later childhood. Five studies investigated risk for neurodevelopmental diagnoses and three studies explored school performance following prenatal AP exposure. No significant associations were found after adjustment for confounding. The quality of the evidence ranged from moderate to high.
Conclusions: While the majority of studies did not identify differences between exposed and unexposed groups, some differences emerged early in infancy or when looking at neurodevelopmental disorders. However, our findings suggest that the observed neurodevelopmental differences are likely due to confounding by indication rather than exposure to antipsychotics themselves. More rigorous research is needed to clarify the neurodevelopmental effects of AP use during pregnancy.

Disclosure of Interest: None Declared

O116

Coping Experiences of Trans Women throughout their Gender-Affirmation

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doi: 10.1192/j.eurpsy.2025.366

Introduction: Trans women can encounter various struggles throughout their gender-affirmation. There is a need for further understanding of trans women's experiences to gain deeper insights into how they cope throughout this process. The development of psychosocial support services that are adapted to their personal needs is crucial to enhancing their coping strategies.
Objectives: The current study aimed to examine the coping experiences of trans women throughout their gender-affirmation.
Methods: This qualitative descriptive study utilized in-person, semi-structured interviews with 12 trans women to gather in-depth data on their coping experiences. Content analysis was employed to analyze the data.
Results: The experiences of trans women emerged in five themes. Four themes correspond to four distinct phases: "self-discovery," "self-acceptance," "coming out to others," and "after coming out to others," each characterized by its own coping mechanisms. The fifth theme was labeled "to facilitate coping…". Trans women have a heightened need for support during the periods "when they confront the possibility that their situation will not change," "when they accept themselves but attempt to decide how they can move forward in life," and "when they first come out to people around them." The study indicates the critical role of addressing family and social stigma in trans women's coping throughout their gender-affirmation. Furthermore, the study unveils a striking finding that efforts to facilitate trans women's coping throughout their gender-affirmation extend beyond the purview of mental health

professionals. It reveals that these efforts have dimensions that concern the entire healthcare system, the legal system, social security, labor, and working conditions.
Conclusions: The study highlights the importance of psychosocial support and improved access to these services to bolster trans women's coping mechanisms throughout their gender-affirmation, with particular emphasis on the specific periods identified above. The psychosocial support for trans women should encompass not only them but also extend to their families, significant others, and the community in which they live, adopting a holistic approach.

Disclosure of Interest: None Declared

O117

Bidirectional relationship between premenstrual disorders and autoimmune disease: a nationwide register-based study in Sweden

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doi: 10.1192/j.eurpsy.2025.367

Introduction: Prementrual disorders (PMD) affect millions of women in reproductive age worldwide. Understanding the potential link between PMD and its comorbidities, including autoimmune disease (AD), is crucial for ultimately improving women's health. Although hormonal fluctuations seem involved in the development of PMD and some AD, the relationship between PMD and AD remains unclear.
Objectives: Hence, we aimed to investigate the bidirectional association between PMD and AD.
Methods: Leveraging Swedish nationwide and regional registers, we conducted a nested-case control study and a matched-cohort study. Among 3,630,028 eligible women of reproductive ages during 2001-2022, we identified 104,972 incident PMD, their unaffected full sisters, and 10 unaffected matched women per case. We extracted 41 types of AD diagnosis recorded in the registers. Using conditional logistic regression and Cox regression models, we estimated the odds ratio (OR) and hazard ratio (HR) with 95% confidence interval (CI).
Results: Women with AD had a 12% increased risk of subsequent PMD (95% CI 1.10-1.15) compared to unaffected women, and a 6% increased risk compared to their unaffected full sisters (95% CI 1.01-1.11). Women with PMD had 23% (95% CI 1.20-1.26) and 17% (95% CI 1.10-1.24) elevated risks of subsequent AD compared to unaffected women and full sisters, respectively. Among parous women, a stronger bidirectional association was observed for those both exposed to PMD and perinatal depression (nested case-control OR:1.46, 95%CI 1.38-1.54; matched cohort HR:1.49, 95%CI 1.34-1.66) compared to only PMD (nested case-control OR:1.04, 95%CI 1.00-1.07; matched-cohort HR:1.14, 95%CI 1.07-1.21). The strongest bidirectional association with PMD was found for autoimmune thyroid disease and celiac disease.
Conclusions: Our findings illustrate a bidirectional association between PMD and AD, in particular among parous women with a history of perinatal depression. If confirmed in future studies, healthcare professionals need to be vigilant about the risk of AD in women with PMD and *vice versa.*

Disclosure of Interest: None Declared

Addictive Disorders

O118

Evaluating the Impact of a Photoaging App versus School-Based Educational Intervention on Adolescents' Knowledge, and Attitudes towards Tobacco Use in Omani Public Schools: A Cluster Randomized Trial

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doi: 10.1192/j.eurpsy.2025.368

Introduction: Tobacco use among adolescents remains a significant public health concern, particularly in the Middle East region.
Objectives: This study compared the effectiveness of two interventions aimed at preventing tobacco use among Omani adolescents: the home use of photoaging app and a school-based educational module.
Methods: In this randomized controlled trial, 188 adolescents were assigned to either the photoaging app or the educational module group.
Results: The use of photoaging app demonstrated superior efficacy in enhancing perceptions of tobacco's harmful effects, with 78.5% of participants recognizing tobacco as definitely harmful compared to 27.1% in the educational module group ($p<0.001$). Additionally, the app group showed greater resistance to peer pressure, with 95.7% stating they would "definitely" refuse tobacco if offered by a friend, versus 83.5% in the module group ($p=0.031$). However, the educational module was more effective in promoting support for smoking bans in public places. While not statistically significant, the photoaging app group showed a trend towards lower susceptibility to tobacco use.
Conclusions: These findings suggest that integrating technology-driven interventions like photoaging apps with comprehensive educational programs could enhance tobacco prevention efforts among adolescents. Future interventions should consider a hybrid approach to leverage the strengths of both methods in combating youth tobacco use.

Disclosure of Interest: None Declared

Child and Adolescent Psychiatry

O119

Efficacy and Safety of Cannabidiol Cannabis Extracts for Children and Adolescents with Autism Spectrum Disorder: A Systematic Review and Meta-Analysis of Randomized Controlled Trials

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Introduction: Autism Spectrum Disorder (ASD) affects approximately 3% of children and adolescents in the U.S. This condition is increasingly prevalent worldwide and presents significant treatment challenges. Preliminary evidence suggests that cannabidiol (CBD) cannabis extracts may help manage ASD symptoms, but their efficacy and potential harms have not yet been systematically investigated.
Objectives: To systematically review and meta-analyze the evidence from clinical trials investigating the efficacy and safety of CBD cannabis extracts in alleviating symptoms of ASD in children and adolescents.
Methods: We conducted a comprehensive search in MEDLINE, Embase, PsycINFO, and the Cochrane Central Register of Controlled Trials using MeSH terms including "Autism Spectrum Disorder," "Cannabidiol," "Cannabis," "Child," and "Adolescents." No language or publication date restrictions were applied. The search was last updated on September 8, 2024. We included randomized, placebo-controlled trials on the efficacy or safety of CBD cannabis extracts in children and adolescents with ASD. For outcomes with limited study data, we used a fixed-effects model. The risk of bias in the included studies was evaluated using the Risk of Bias 2 tool.
Results: Three studies met our criteria, comprising 276 participants (78.3% male; mean age 10.5 years, range 5 to 21). Interventions included orally administered CBD cannabis extracts, with tetrahydrocannabinol (THC) present in minimal amounts or in ratios of 9:1 to 20:1 CBD to THC. Dosages of CBD started at 1 mg/kg per day and were titrated up to 10 mg/kg per day. CBD cannabis extracts significantly enhanced social responsiveness (SMD = -0.75 [-1.08, -0.43], $p < 0.01$, $I^2 = 17\%$), reduced disruptive behavior (SMD = -0.36 [-0.67, -0.06], $p = 0.02$, $I^2 = 0\%$), and alleviated anxiety (SMD = -0.33 [-0.63, -0.03], $p = 0.03$, $I^2 = 59\%$). CBD cannabis extracts also improved sleep quality, without reaching statistical significance (SMD = -0.19 [-0.49, 0.11], $p = 0.21$, $I^2 = 0\%$). There was no significant difference in adverse effects between interventions and placebo (odds ratio = 2.11 [1.00, 4.46], $p = 0.05$, $I^2 = 38\%$).
Conclusions: CBD cannabis extracts appear to provide meaningful benefits for children and adolescents with ASD, showing moderate improvements in social responsiveness and small yet notable reductions in disruptive behaviors and anxiety. They do not seem to significantly increase adverse effects compared to placebo, suggesting a favorable safety profile. These findings support the potential consideration of CBD cannabis extracts in ASD treatment plans. However, the review's limitations include a small number of studies, limited sample sizes, and significant heterogeneity. Future research with larger, robust trials is needed to clarify the efficacy and safety of CBD cannabis extracts in managing ASD.

Disclosure of Interest: None Declared

O120

Association of Prenatal Acetaminophen Exposure With Risk of ADHD and ASD in Offspring: A systematic review and meta-analysis

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Introduction: The association between prenatal acetaminophen exposure and the development of Attention Deficit Hyperactivity Disorder (ADHD) and Autism Spectrum Disorder (ASD) remains a subject of considerable debate. Despite extensive research, the evidence regarding this relationship is conflicting.
Objectives: To perform a systematic review and meta-analysis of studies comparing the incidence of ADHD and ASD in patients that were either exposed or not exposed to acetaminophen prenatally.
Methods: We systematically searched Pubmed, Embase and Cochrane Central for eligible studies up until August 2024. Only studies which included participants with a medical diagnosis of ADHD/ASD and reported acetaminophen exposure as a binary measure were included. Available summary data was extracted from published reports and pooled with a random-effects model using odds ratios (OR) with 95% confidence intervals (CI). Hazard ratios (HR) adjusted for potential confounding factors were used for sensitivity analyses. All statistical analyses were conducted utilizing Review Manager 5.4.1. PROSPERO iD:CRD42024587662.

Results: We included five studies with a total of 2,647,536 patients with ADHD (150,741) / ASD (63,726), of whom 271,126 were exposed to acetaminophen prenatally and 2,376,410 were not exposed. Prenatal acetaminophen exposure was associated with an increased risk of developing ADHD (OR 1.30; 95% CI 1.17 to 1.45; p<0.01; I2 = 73%; Figure 1) and ASD (OR 1.17; 95% CI 1.14 - 1.20; p<0.01; I2 = 0%; Figure 2). Sensitivity analyses revealed that acetaminophen exposure during the third trimester of pregnancy was associated with an increased risk of ADHD (HR 1.26; 95% CI 1.07 to 1.47; p<0.01; I2 = 0%; Figure 3), but not during first (HR 1.10; 95% CI 0.97 to 1.26; p=0.13; I2 = 0%; Figure 3) and second (HR 1.07; 95% CI 0.95 to 1.19; p=0.26; I2 = 0%; Figure 3) trimesters.

Image 1:

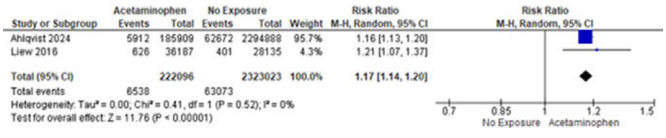


Image 2:

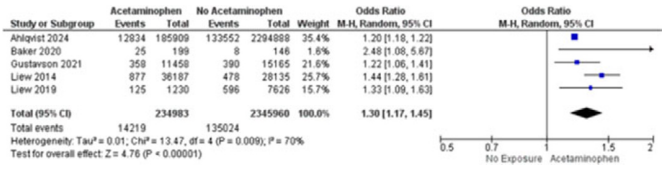
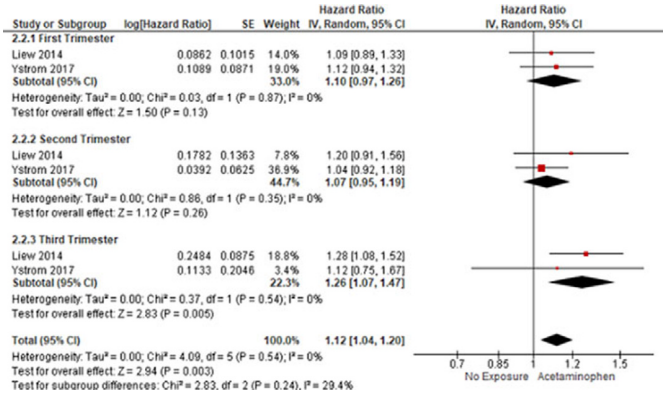


Image 3:



Conclusions: In this systematic review and meta-analysis, prenatal acetaminophen exposure was significantly associated with risk of developing ADHD and ASD, especially if exposure occurs in the third trimester of pregnancy.

Disclosure of Interest: None Declared

O121

The association between body dissatisfaction, depression, eating disorders and BMI: a prospective twin cohort study

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Introduction: Body dissatisfaction is becoming more common among adolescents and is a putative risk factor for adverse mental (e.g., eating disorder and depressive symptoms) and physical health outcomes (e.g., excessive weight gain), both of which have also been increasing. Targeting body dissatisfaction through preventative interventions might improve these outcomes, however robust evidence of causal associations is limited.
Objectives: To investigate the association between body dissatisfaction at age 16 and eating disorder symptoms at age 21, as well as depressive symptoms and BMI at ages 21 and 26 using a co-twin control design.
Methods: We used data from the Twins Early Development Study (TEDS) and validated self-report measures. We fitted univariable and multivariable linear mixed effect models adjusting for a comprehensive list of confounding factors (Figure 1) to investigate the association between body dissatisfaction, eating disorder and depressive symptoms, and BMI in the full twin sample. We then repeated these analyses using a co-twin control design, which allows to fully and partially control for genetic confounding in monozygotic (MZ) and dizygotic (DZ) twins, respectively, and for any shared measured and unmeasured environmental factors. We conducted primary analyses in imputed datasets for participants with complete exposure data.
Results: The analytical sample included 2,183 twins (60.2% females, 61.7% DZ twins). In the full twin sample, one unit increase in body dissatisfaction at age 16 was associated with: (i) a 1.80-point increase in eating disorder symptoms at age 21 (95%CI: 1.49 to 2.11), (ii) a 0.59-point increase in depressive symptoms (95%CI: 0.46 to 0.72), and (iii) a 0.20-point BMI increase (95%CI: 0.08 to 0.32) across age 21 and 26 years. In co-twin control analyses, the association between body dissatisfaction and eating disorder symptoms was larger in DZ twins (N=661; 1.72, 95%CI: 1.11 to 2.33) than in MZ twins (N=414, 0.96, 95%CI: 0.15 to 1.77), whereas effect sizes for depressive symptoms were comparable [DZ: (0.56, 95%CI: 0.33 to 0.78); MZ: (0.50, 95%CI: 0.15 to 0.85)]. Associations with

BMI were smaller in DZ (0.20, 95%CI: 0.00 to 0.40), and null in MZ twins (0.07, 95%CI: -0.21 to 0.35).

Image 1:

	Variables	Scales/coding
Main analytic model	**Child characteristics**	
	Age at outcome	Age of the child when completed outcome
	Sex	0 females; 1 males
	Ethnicity	0 white; 1 ethnic minority
	Family characteristics	
	Composite family SES	5 different derived variables relating to parent qualifications and employment and mother's age at birth of first child
	Life events composite	The five significant life events experienced by the family at age 3
	Maternal depression	EPDS age 3 of the child
	BMI mother	BMI age 3
	BMI father	BMI age 3
	Primary confounders	
	BMI child	Standardised BMI age 14
	Puberty	Petersen Pubertal Development Scale age 12
	Autistic traits	The Autism-Spectrum Quotient (AQ) age 14
	Depressive symptoms	Short-Moods and Feelings Questionnaire (SMFQ) age 12
	Externalising behaviours	Strengths and Difficulties Questionnaire (SDQ) age 12
	Peer victimisation	Multidimensional Peer-Victimization Scale age 12
	Physical activity	Hours playing sport age 12
		Enjoyment while playing sport age 12
Sensitivity analyses	**Secondary confounders**	
	Chaos at home	CHAOS (Confusion, Hubbub and Order Scale) at home age 12
	Parenting	Parental discipline, derived from Deater-Deckard et al (1998) age 12
		Parental feelings questionnaire (PFQ) age 12
	Genetic	PRS for anorexia nervosa, PRS for schizophrenia + 10 principal components of genetic ancestry

Conclusions: Our findings suggest that greater body dissatisfaction might be a causal risk factor for eating disorders and depression in young people, as associations seen in the full sample persisted in co-twin control analyses. This indicates that body dissatisfaction could be a modifiable target to reduce the risk of these mental health problems in adolescents and young adults. Evidence of associations between body dissatisfaction and increased BMI was weaker in co-twin control analyses than in the full sample. This might be due to larger proportions of shared genetic risk and thus require larger sample sizes to detect.

Disclosure of Interest: None Declared

Prevention of Mental Disorders

O122

Paternal Smoking and Risk of Attention Deficit Hyperactivity Disorder in Children: A Systematic Review and Meta-Analysis

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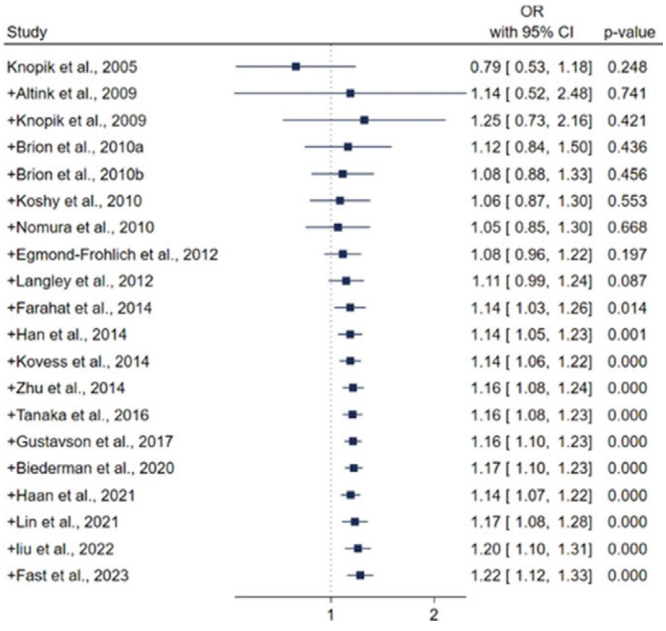
Introduction: Attention Deficit Hyperactivity Disorder (ADHD) is a prevalent neurodevelopmental disorder that significantly affects children's behaviour, attention, and academic performance. While the impact of maternal smoking during pregnancy on ADHD risk is well-established, emerging research suggests that paternal smoking may also contribute to this risk. However, the relationship between paternal tobacco use and ADHD remains underexplored, with existing studies presenting mixed results.

Objectives: This systematic review and meta-analysis aim to clarify the extent of this association and provide a comprehensive assessment of the evidence available.

Methods: All relevant studies in CINAHL, Embase, PsycINFO, PubMed, Scopus, and Web of Science databases were searched from inception until 15 March 2024. Both conventional and cumulative meta-analyses were conducted. Pooled odds ratios with 95% confidence intervals (CIs) were calculated using a random-effects model. The heterogeneity among studies was assessed using the I^2 test, and the presence of small study effects was evaluated using funnel plots and Egger's test. Sensitivity and subgroup analyses were also performed.

Results: Twenty observational studies involving over 294, 236 study participants from 16 different countries were included. We found that paternal smoking was associated with a 22% increased risk of ADHD in children (RR=1.22, 95% CI: 1.12, 1.33). The observed association has remained stable since 2014, with minimal fluctuations in effect sizes and their corresponding 95% CIs. Our subgroup analysis revealed that this association is only evident among studies that did not account for maternal smoking (OR=1.23, 95% CI: 1.10, 1.38, *n*=8), while no increased risk of ADHD was found in studies that adjusted for maternal smoking (OR=1.14, 95% CI: 0.98, 1.33), suggesting that maternal smoking may confound the observed association.

Image 1:



Conclusions: Paternal smoking may increase the risk of ADHD in children. Future studies should focus on maternal and paternal

comparisons to disentangle the independent and combined effects of parental smoking on ADHD risk in children.

Disclosure of Interest: None Declared

Child and Adolescent Psychiatry

O124

Tobacco Smoke Exposure in Children and Adolescents: Prevalence, Risk Factors and Co-Morbid Neuropsychiatric Conditions in a US Nationwide Study

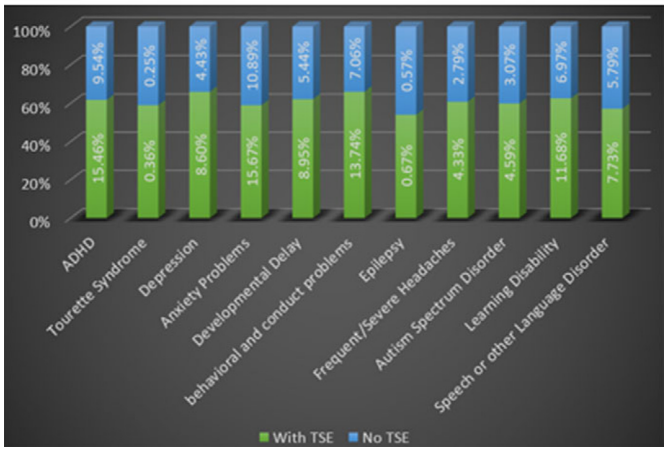
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Introduction: Tobacco smoke exposure(TSE) is a significant public health issue, children and adolescents, who are often involuntarily exposed through secondhand or thirdhand smoke.This exposure has been linked to a range of neuropsychiatric conditions and can negatively impact mental and physical well-being. In the U.S., TSE is prevalent among certain sociodemographic groups, including those with lower income and specific racial backgrounds. The goal of this study was to evaluate the prevalence of TSE and its association with neuropsychiatric comorbidities.
Objectives: Assess TSE prevalence among U.S. children and adolescents
Examine sociodemographic factors influencing TSE
Analyze the link between TSE and neuropsychiatric conditions' prevalence and severity
Methods: This cross-sectional study used data from the 2020-2021 National Survey of Children's Health (NSCH), a survey conducted by the U.S. Census Bureau.Parent-proxy responses were collected in English and Spanish through mail and web-based surveys.A total of 91,404 children aged 0-17 were included for the analysis of TSE prevalence, while 79,182 children aged 3-17 were analyzed for neuropsychiatric comorbidities.The primary measures were TSE, assessed through household smoking behavior, and the presence of neuropsychiatric conditions. Statistical analyses included t-tests, Chi-Square tests, and multivariate regression models to identify associations between TSE, socio-demographic factors, and neuropsychiatric comorbidities, providing adjusted odds ratios and confidence intervals. Statistical analyses were carried out using Stata version 17.
Results: TSE was identified in 12.9% of the sample population. The likelihood of TSE was higher among males and adolescents aged 11-17 years. Children from lower-income households and American Indian/Alaska Native backgrounds had a greater risk of TSE. Among children exposed to tobacco smoke, 36.4% had at least one neuropsychiatric comorbidity, with anxiety (15.7%), ADHD (15.5%), and conduct problems (13.7%) being the most common. Females had lower odds of anxiety and autism spectrum disorder(ASD)compared to males, and Asian children exhibited lower odds of ADHD and other conditions. TSE was associated with increased severity of neuropsychiatric conditions. Figure 1.

Image 1:

Figure 1. Prevalence of co-morbid conditions with and without TSE



Conclusions: TSE is a significant concern among U.S. children and adolescents, particularly affecting males and those from lower-income families. Exposure to tobacco smoke notably elevates the risk and severity of neuropsychiatric conditions, with ADHD, behavioral and conduct problems, and learning disabilities being the most common co-occurring issues. These findings highlight the importance of early screening and intervention for youth exposed to tobacco smoke. Addressing sociodemographic disparities in exposure and implementing prevention strategies could play a critical role in reducing these negative health outcomes.

Disclosure of Interest: None Declared

O125

Time trends in incidence, comorbidities and socio-demographic risk factors for diagnosed autism spectrum disorder among children and adolescents in Finland

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Introduction: ASD is a neurodevelopmental disorder with 1% prevalence among children and adolescents, with high comorbidity with Intellectual Disability. ASD imposes a significant disease burden and is a leading cause of disability among children and adolescents. Its aetiology is multifactorial, including both genetic and environmental factors. Although prior studies have explored the incidence, comorbidities and several prenatal risk factors, research especifically focusing on ASD categorization by ID is limited.

Objectives: The aim of this study was to report the incidence and cumulative incidence of overall ASD, and HF and LF-ASD categorization, utilizing several national registers.
Methods: This study consisted of all singltone born in Finland between 1998 and 2015 (N=1,044,102), who were diagnosed with ASD from age 3 to 20. We devided study sample into four cohorts by birth year: 1998-2002, 2003-2007, 2008-2011 and 2012-2015. We also categorized ASD into LF-ASD and HF-ASD, based on their comorbidity with ID (ICD 10 codes: F70-F79). All cases (n=10,171) were matched with Controls (n=49,391) on the age, gender and place of birth. We limited our study of other psychiatric disorders comorbidities to the oldest birth cohort, born in 1998-2002. The association between sociodemographic risk factors and ASD cases and separately for HF-ASD and LF-ASD was analysed using Conditional logistic regression.
Results: The incidence of ASD increased with age, specifically among girls. Among the birth cohorts, the cumulative incidence of HF-ASD increased from 0.52 (95% CI 0.49-0.54) to 0.89 (95% CI 0.84- 0.94), by age 10, while in the cumulative incidence of LF-ASD remained stable at 0.17 (95% CI 0.16-0.19). Several sociodemographic risk factors were associated with both HF-ASD and LF-ASD, except for parental immigration, which was only associated with LF-ASD. A total of 58.99% cases had at least one comorbid diagnosis, 35.91% of HF-ASD and 31.86% of LF-ASD. The most common comorbid diagnoses among HF-ASD cases were ADHD (33.9%), depressive disorder (25.4%) and anxiety disorder (23.9%). Among LF-ASD cases were ADHD (17.2%), anxiety disorder (10.5%) and Schizophrenia (5.2%).
Conclusions: The incidence of diagnosed ASD increased with age from 1998-2018, especifically HF-ASD. This result could indicate a real increase in incidence or is due to improved access to mental health services and enhanced awareness of ASD among population and professionals. The rise in ASD incidence underscores the need for specialized mental health services and social support. The association between immigration and the risk of ASD highlights the importance of ensuring mental health services are accessible to immigrants.

Disclosure of Interest: None Declared

European Psychiatry

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e-Poster Presentation

Abstract

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Addictive Disorders

EPP003

Sleep impairment as a therapeutic target to treat opioid use disorder

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doi: 10.1192/j.eurpsy.2025.375

Introduction: Opioid use disorder (OUD) is a national public health concern. Craving is a diagnostic criterion and is also implicated in the risk of relapse to opioids. Although sleep impairment is believed to relate with OUD, little research to date has examined the relationship between sleep components and craving in individuals with OUD as well as the moderators in the relationship.
Objectives: This cross-sectional study was designed to address the relationship between sleep disturbance and OUD.
Methods: Individuals with current OUD (n=51) were enrolled. Each participant completed validated scales, including the Pittsburgh Sleep Quality Index for sleep, and Barratt Impulsiveness Scale for impulsivity, and the Opioid Craving Scale for cravings. Correlation and moderation analyses were performed using SPSS, v29.
Results: Total scores of the PSQI were significantly associated with cravings (r=0.44, p=0.006). Among sleep components, sleep quality, sleep efficiency, and sleep disturbance were significantly associated with cravings, while four other sleep components were not. Impulsivity moderated the relationship between sleep impairment measured using total score of the PSQI and cravings for participants (b=0.15, p<.05).
Conclusions: Although preliminary, the findings add to literature on craving, impulsivity, and sleep among individuals with OUD. Sleep impairment and impulsivity may be important targets of a comprehensive, long-term treatment plan for some patients with OUD.

Disclosure of Interest: None Declared

Anxiety Disorders and Somatoform Disorders

EPP008

Autonomic and Neural Readiness for Social Threats in Patients with Social Anxiety Disorder

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Introduction: Pathological anxiety in social anxiety disorder (SAD) is characterized by dysregulated arousal and altered cardiac autonomic responses, with lower heart rate variability (HRV) potentially indicating emotional dysregulation.
Objectives: This study aimed to explore the relationship between peripheral and central autonomic nervous system activity during emotional processing in patients with SAD.
Methods: Thirty-two patients with SAD and 41 healthy controls participated in a passive viewing task that alternated between neutral and angry faces. We analyzed correlations between brain activation during emotional processing and root mean square of successive differences (RMSSD) in HRV during both resting state and task conditions.
Results: Unlike the controls, the SAD group showed a trend toward significant correlations between baseline RMSSD and left anterior insula activity during neutral face processing (R^2 = 0.118, β = -0.003, F= *3.886*, p = .058) and significant correlations with both left anterior insula and

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right amygdala activities during angry face processing (R^2 = 0.157, β = -0.003, F= 5.415, p = .027 and R^2 = 0.135, β = -0.002, F= 4.360, p = .046, respectively). In the control group, task RMSSD was significantly correlated with right amygdala and right dorsomedial prefrontal cortex activities during neutral face processing (R^2 = 0.160, β = -0.003, F=6.284, p = .017 and R^2 = 0.222, β = -0.009, F=9.443, p = .004, respectively), while in the SAD group, correlations were found with the right parahippocampal gyrus (R^2 = 0.148, β = -0.002, F=4.5, p = .044). Additionally, only in the control group, RMSSD during neutral face trials was significantly correlated with neural activation during angry faces processing (R^2 = 0.132, β = -0.002, F=4.856, p = .035).

Conclusions: This study identifies distinct patterns of autonomic and neural responses to emotional stimuli in SAD patients, highlighting heightened autonomic readiness and reduced flexibility when processing social threats.

Disclosure of Interest: None Declared

Child and Adolescent Psychiatry

EPP011

Effectiveness of the Early Adolescent Skills for Emotions (EASE) Intervention in Alleviating Post-Traumatic Stress Disorder: A Systematic Review and Meta-Analysis of Randomized Controlled Trials

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Introduction: The Lancet Commission noted severe mental health service disparities in low- and middle-income countries facing crises. Regarding this, the World Health Organization (WHO) developed the early adolescent skills for emotions (EASE), an experimental group-based intervention delivered by non-specialists, to offer evidence-based psychological support for adolescents with mental distress.

Objectives: This systematic review and meta-analysis assesses EASE's effectiveness in alleviating post-traumatic stress disorder (PTSD) compared with enhanced treatment as usual (ETAU).

Methods: We systematically searched PubMed, Cochrane, and Scopus for randomized controlled trials (RCTs) comparing EASE with ETAU. Our outcomes included the overall improvement in post-traumatic and depressive symptoms, measured by the Children's Revised Impact of Event Scale (CRIES-13) and the Patient Health Questionnaire-Adolescent version (PHQ-A) scores respectively. We pooled mean differences (MD) with 95% confidence intervals (CI) in RStudio using a random-effects model. Heterogeneity was assessed with I^2 statistics.

Results: Six RCTs were included with 1,417 patients, of whom 642 (45.3%) received EASE treatment. In 67% of the studies, Syria was the main location of RCT's. A total of 688(49%) were female. CRIES-13 (MD = -0.18, 95% CI [-1.88, 1.52], p = 0.84, I^2 = 0%; Figure 1) and PHQ-A (MD = -0.69, 95% CI [-1.47, 0.09], p = 0.08, I^2 = 15%; Figure 2) scores in the EASE intervention group compared to the ETAU group showed no significant difference. In both outcomes the heterogeneity was low.

Image 1:

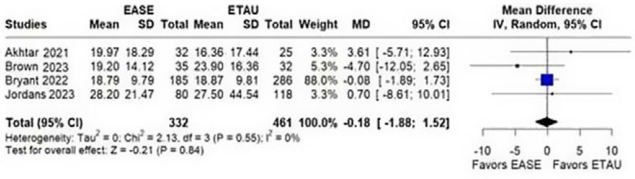


Figure 1 - There was no significant difference between groups in CRIES-13 (P = 0.84) scores.

Image 2:

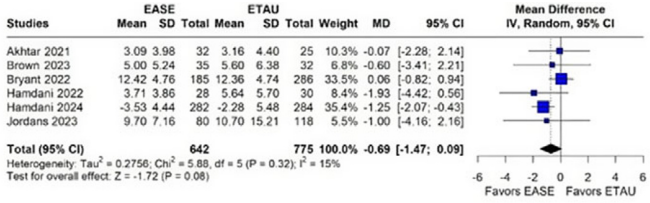


Figure 2 - There was no significant difference between groups in PHQ-A (P = 0.08) scores.

Conclusions: The benefit of EASE in improving mental distress in adolescents is uncertain. Additional trials will provide new evidence for EASE potential therapeutic benefits.

Disclosure of Interest: None Declared

EPP013

The Moderating Role of Coping Self-efficacy on the Relationship Between Stress and Psychosomatic Symptoms in Adolescents: A Moderation Analysis

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Introduction: Adolescents face significant stress, which can undermine their subjective health, often manifesting as psychosomatic symptoms. Perceived self-efficacy is a critical resource for resilience, potentially buffering the impact of stress on subjective health. While action self-efficacy indicates one's perceived ability to set goals and take initiative, coping self-efficacy refers to one's ability to

achieve the goals. By investigating both components, researchers and mental-health professionals can better understand how different aspects of self-efficacy influence the stress-symptom relationship, providing a more nuanced view of coping mechanisms.
Objectives: The aim of this study is to determine how these key components of self-efficacy - action self-efficacy and coping self-efficacy - moderate the relationship between stress and psychosomatic symptoms.
Methods: The analyses were based on the Hungarian contribution to the representative international Health Behaviour in School-aged Children (HBSC) survey, collected in 2021/2022. The study population comprised self-report data from high-school students (N = 3,410; mean age = 16.77 years). We examined the main effects of self-efficacy dimensions and perceived stress, and their interactions in explaining psychosomatic complaints, using linear regression analysis with Hayes' PROCESS macro (Model 1) in SPSS. Age and gender were controlled for as covariates.
Results: *Coping self-efficacy*: The overall model explained 33% of the variance in psychosomatic symptoms ($R^2 = 0.33$, $F(5, 3404) = 330.96$, $p < .001$). The results showed that stress ($b = 1.93$, $p < .001$), coping self-efficacy ($b = 2.18$, $p = .02$), and their interaction ($b = -0.33$, $p = .002$) were significant explanatory variables. This suggests that the relationship between stress and psychosomatic symptoms is weaker among adolescents who reported stronger coping self-efficacy. *Action self-efficacy*: In contrast, the interaction between stress and action self-efficacy was not significant ($p = .16$), implicating that the ability to set goals did not mitigate the effect of stress on symptoms.
Conclusions: The findings imply that coping self-efficacy significantly reduces the relationship between stress and psychosomatic symptoms. Adolescents with stronger coping skills are better equipped to mitigate the adverse effects of stress. However, action self-efficacy did not show a significant moderating effect, highlighting the distinct roles different self-efficacy components play in stress management. These results emphasize the importance of enhancing coping skills, such as cognitive reappraisal, in primary prevention interventions to reduce stress-induced psychosomatic symptoms.
Keywords: adolescents, HBSC, psychosomatic symptoms, self-efficacy, stress
This study was supported by the Hungarian National Research, Development, and Innovation Office (K139265 and K143764).

Disclosure of Interest: None Declared

EPP014

Effects of Additional Yoga Intervention in Children and Adolescents with Major Depressive Disorder: A Randomized Controlled Trial

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Introduction: Depression is one of the most common mental health disorders in children and adolescents. In India, many parents resist psychotropic medication for children due to potential side effects, highlighting the need for non-pharmacological interventions like yoga.
Objectives: The current study investigates the impact of additional yoga therapy on depressive symptoms, global functioning, and parental stress among children and adolescents diagnosed with Major Depressive Disorder (MDD) on children seeking treatment at the Department of Psychiatry of a tertiary care medical institute in India.
Methods: This study included 80 participants aged 6 to 17 years. After taking written informed consent from the parents and assents from the adolescents, they were randomized into two groups: one receiving yoga Therapy alongside treatment as usual (TAU) and the other a waitlist control group receiving only TAU. Assessments were done on both children and their parents, and the instruments included were Centre for Epidemiological Studies Depression Scale for Children (CES-DC), the Children's Global Assessment Scale (CGAS), the Clinical Global Impression scale (CGI), and the Depression Anxiety and Stress Scale (DASS) for parents. Follow-up assessments occurred at 6 and 12 weeks.
Results: In the experimental group, CES-DC scores showed significant improvements, with p value < 0.01 at 6 weeks and < 0.01 at 12 weeks. Global functioning scores also improved, recording p values of < 0.01 at 6 weeks and < 0.01 at 12 weeks. The control group also exhibited results, with CES-DC p values of < 0.01 at 6 weeks and < 0.01 at 12 weeks. Global functioning scores revealed p values of < 0.01 at 6 weeks and < 0.01 at 12 weeks. However, there were no significant differences in the improvement in CES-DC score and functioning in the experimental and control group at the end of 6 weeks and 12 weeks. At the baseline, at end of 6 weeks and at the end of 12 weeks, there were no significant differences in parental depression, anxiety, and stress score.
Conclusions: Yoga therapy was beneficial for the children and adolescents with major depressive disorder. However, there were no significant differences in the improvement in depression and functioning in the experimental and control group.

Disclosure of Interest: B. Patra Grant / Research support from: The Department of Science & Technology, Govt of India under its scheme "SATYAM", R. Sagar: None Declared, G. Sharma: None Declared

EPP015

The BDNF/proBDNF ratio as a predictor of antidepressant treatment response in adolescent girls

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doi: 10.1192/j.eurpsy.2025.381

Introduction: The role of the brain-derived neurotrophic factor (BDNF) in the pathophysiology of depression is well established,

with decreased BDNF levels being associated with the emergence of depressive symptoms. More recent studies have reported that the precursor protein – proBDNF – might also be involved in the pathogenesis of depression since both particles are biologically active and elicit opposing effects: mature BDNF promotes the proliferation of neurons and synaptogenesis, while proBDNF evokes neuronal death. The BDNF/proBDNF ratio has been suggested as a possible biomarker of depression state and treatment response among adults with depression. However, no study has analyzed BDNF/proBDNF serum ratio levels in adolescent depressed patients.

Objectives: We aimed to verify the changes in serum BDNF/proBDNF ratio levels during the course of treatment in adolescents with depression in relation to healthy control. We also aimed to investigate whether this parameter could predict the antidepressant treatment outcome.

Methods: Thirty female inpatients, aged 11-17, diagnosed with a first-lifetime depressive episode were assessed at two time-points: before (t0) and after (t1) the minimum six-week period of the first-line antidepressant treatment and compared with thirty age-matched healthy girls. The assessment at t0 and t1 involved the analysis of BDNF and proBDNF serum levels (ELISA method) and clinical symptoms evaluation using standardized depressive symptoms scales: Children's Depression Inventory (CDI-2) and Hamilton Depression Rating Scale (HDRS). Patients with at least 50% symptom reduction in CDI-2 and HDRS or HDRS<7 were classified as 'responders.' The control group underwent one-time BDNF and proBDNF evaluation. The BDNF/proBDNF ratio has been calculated.

Results: The BDNF/proBDNF serum ratio did not significantly differ between the studied and control groups. We proved no significant differences in BDNF/proBDNF serum ratio before and after the antidepressant treatment, regardless of the treatment outcome. However, responders had a significantly higher pretreatment BDNF/proBDNF ratio when compared with non-responders (Figure 1). The ROC analysis revealed that the BDNF/proBDNF ratio at t0 could predict the remission status at t1 with a sensitivity of 66.67% and a specificity of 81.25% (Figure 2).

Image 1:

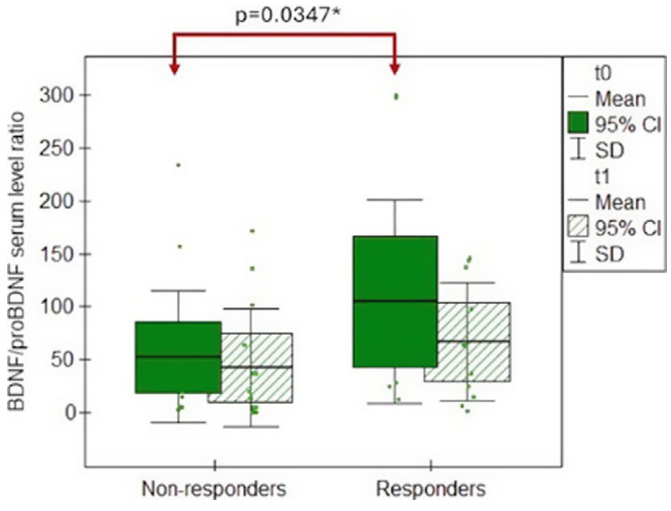
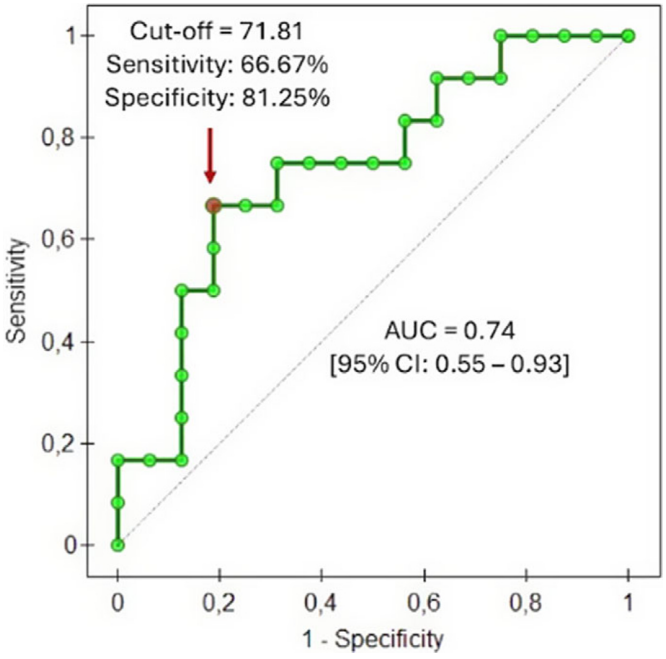


Image 2:



Conclusions: Pretreatment BDNF/proBDNF ratio could be considered a possible biomarker predictive of antidepressant treatment response in adolescent girls.

Disclosure of Interest: None Declared

Comorbidity/Dual Pathologies

EPP018

Genetic overlap of severe psychiatric disorders with lung function and asthma suggests shared biological mechanisms

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Introduction: Severe psychiatric disorders, including schizophrenia (SCZ), bipolar disorder (BIP) and anorexia nervosa (AN), are frequently comorbid with lung function decline and asthma. Despite considerable heritability, the genetic relationships between severe psychiatric and respiratory comorbidities are inconclusive.

Objectives: We aimed to thoroughly investigate the shared genetic architecture between three severe psychiatric disorders (SCZ, BIP and AN) and lung function (forced expiratory volume/forced vital capacity ratio) or doctor-diagnosed asthma based on available genome-wide association studies.

Methods: We performed linkage disequilibrium score regression analyses (LDSC) and MiXeR to quantify the genetic overlap. A conditional/conjunctional false discovery rate (cond/conjFDR) approach was employed to detect shared genomic loci. Functional annotations, gene mapping and gene-based enrichment analyses were adopted to explore shared biological mechanisms. Web-based cell-type-specific enrichment analysis (WebCSEA) was employed to identify the cell types enriched for shared genes across tissues. Transcriptome analyses were conducted via S-PrediXcan to prioritize biologically plausible shared genes in relevant tissues.
Results: Despite weak or null genetic correlations identified by LDSC, MiXeR analyses demonstrated extensive moderate polygenic overlap (~400 to 800 shared variants) across all pairs of psychiatric and respiratory phenotypes. The cond/conjFDR approach detected a total of 378 unique loci jointly associated with severe psychiatric disorders and lung function or asthma, harboring a mix of concordant and antagonistic variants. Gene-based enrichment analyses applied to the 4,105 genes mapped to shared loci highlighted cell types including type II pneumocytes and macrophages in lung and monocytes in blood as well as biological processes involving the interferon (IFN) JAK-STAT pathway and natural killer cell activation, suggesting common immune mechanisms. Furthermore, when stratified by respiratory outcome, genes shared with asthma were enriched for immunity-related pathways, whereas genes shared with lung were enriched for non-immune mechanisms, indicating divergent shared etiology. A total of 22 shared genes identified by conjFDR approach were prioritized as biologically plausible in transcriptome analyses.
Conclusions: This study reveals the complicated shared genetic etiology between severe psychiatric disorders and lung function or asthma and implicates overlapping immune and non-immune mechanisms. Our findings suggest that individuals with severe psychiatric disorders should be screened for lung function decline and asthma in clinical settings.

Disclosure of Interest: None Declared

EPP019

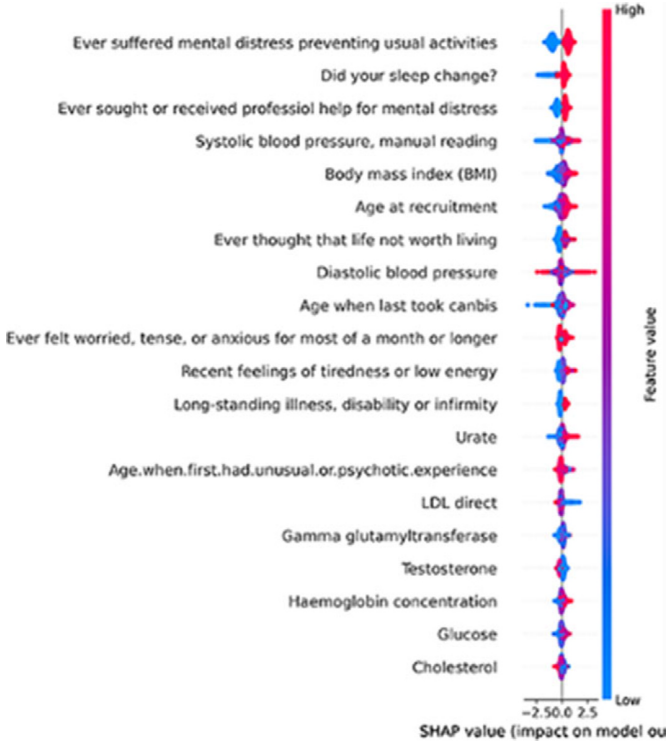
AI-based diagnosis of depression and cardiovascular disease comorbidity based on big data

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Introduction: There is strong clinical evidence that patients with depression have high probabilities to present a cardiovascular disease and vice versa. Thus, it is important to accurately identify these patients in order to provide the optimal management of the comorbid conditions.
Objectives: To identify patients who have depression and cardiovascular disease using social and molecular biomarkers which are routinely collected in the clinical practice.
Methods: Data from 502,379 participants in the UK Biobank were utilized in this work. A subset of the participants has a mental assessment using questionnaires about the presence of depression. CVD assessment was also available for the majority of the patients. In total, 126,033 participants had clinical assessment of both depression and CVD. From these, 8,925 patients had both comorbid conditions. An automated medical data curation tool described in a previous study was utilized to detect and mitigate data inconsistencies and elevate the input data integrity and usability. Hybrid boosting ensembles, including the XGBoost algorithm with a customized hybrid loss function was trained on the curated data, to reduce training and testing loss and to avoid overfitting effects. Dropout rates from deep learning theory were used in the hybrid loss function to further reduce biases during the decision-making process by controlling for the shape of the loss function. Random downsampling with replacement was also applied to match the control and target populations due to the increased class imbalance (ratio?) and with respect to the pre-defined set of confound factors. Additional classifiers including bagging classifiers were used for comparison purposes. The classification performance was assessed based on stratified 10-fold cross validation, where various metrics like the accuracy, sensitivity, specificity and area under the ROC curve scores were estimated. Advanced feature selection methods from coalition game theory, including the Shapley additive explanation (SHAP) exploratory analysis was utilized to identify predictors with positive or negative impact to have both the comorbid conditions These explanations were based on the classification outcomes from specific training and testing instances.
Results: The XGBoost classifier had the best performance among all tested classifiers. The results were 0.85, 0.88, 0.81 and 0.92 for the accuracy, sensitivity, specificity and AUC, respectively. The figure 1, presents the explainability analysis for the selected biomarkers. As shown, there are simple social questions, but also some blood biomarkers which can be used for the identification of the patients with both the comorbid conditions of depression and CVD.

Image 1:



Conclusions: We developed an AI-based approach which can diagnose depression and CVD to patients in a cost effective way with accuracy of 85% and AUC equal to 0.92.

Disclosure of Interest: None Declared

EPP020

Relationship between BMI and affective disorders: results from a multicenter observational study

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doi: 10.1192/j.eurpsy.2025.384

Introduction: Patients suffering from severe mental disorders have a reduced life expectancy of approximately 10-25 years compared to the general population. This mortality gap is mainly due to physical comorbidities among which metabolic disorders play a significant role.
Objectives: In our study we used the Body Mass Index (BMI), an indicator of general health that can be easily calculated in daily clinical practice, to investigate how weight and the different psychopathological and psychosocial dimensions mutually influence each other in patients with mental disorders.
Methods: This naturalistic observational multicenter study was carried-out in 7 Italian university centers (Universities of Campania "L. Vanvitelli," Catania, Magna Graecia of Catanzaro, Cattolica del Sacro Cuore of Rome, Padova, Sapienza University of Rome, and Tor Vergata of Rome). Patients were recruited if they: 1) had diagnosis of bipolar disorder (BD) or major depressive disorder (MDD) according to DSM-5 criteria; 2) had an age between 18 and 65 years; 4) were in a stable phase of the disease (total score < 9 on the Hamilton Rating Scale for Depression and a score of ≤11 on the Young Mania Rating Scale). Affective temperaments were assessed with the Munster Temperament Evaluation of the Memphis, Pisa, Paris, and San Diego, impulsivity with the Barratt Impulsiveness Scale, and suicidal ideation with the Columbia Suicide Severity Rating Scale.
Results: A total of 598 patients were recruited, of which 60.9% affected by DB and 39.1% by MDD. Univariate analyzes revealed an association between higher BMI and male gender ($p<0.001$), BD diagnosis ($p<0.001$), high levels of impulsivity ($p<0.05$), presence of psychotic symptoms during the acute phases of illness ($p<0.05$), greater number of hospitalizations ($p<0.01$), cigarette smoking ($p<0.05$) and depressive temperament ($p<0.001$). Furthermore, patients treated with lithium ($p<0.05$), antiepileptics ($p<0.05$) and first-generation antipsychotics ($p<0.001$) had a significantly higher BMI compared to those not taking the aforementioned pharmacological treatments.
Conclusions: The results of our study highlight a strong link between BMI and some clinical outcomes in patients with affective disorders. The routinary assessment of these outcomes would be useful for the early identification of potential metabolic comorbidities as well as to identify patients at higher risk to develop a worse outcome.

Disclosure of Interest: None Declared

Cultural Psychiatry

EPP021

Predictors of Presence of and Search for Meaning in Life among Omani Students during the COVID-19 Pandemic: A Cross-sectional Study

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doi: 10.1192/j.eurpsy.2025.385

Introduction: While various fields and work areas have been impacted due to COVID-19, undergraduate students appear to have compounded stress. We sought to investigate the variables that predict meaning in life for Omani college students during the COVID-19 pandemic.
Objectives: This study investigated the personal and academic factors associated with the presence and search for meaning in life among college students in Oman.
Methods: A cross-sectional study was conducted in April 2021. A self-reported survey comprising the Meaning in Life Questionnaire (MLQ) and a sociodemographic questionnaire was completed by 970 students at the National University of Science and Technology in Oman. We used multiple linear regression to explore the independent predictors.
Results: Compared with engineering students, medical students were found to have a higher degree of both the presence of meaning in life as well as the search for meaning in life (p-value 0.001), and with each advancing academic year, the presence of meaning in life was found to be lower (p-value = 0.002). Students with chronic physical disease had a lower degree of presence of meaning in life and a lower degree of search for meaning in life ($p = 0.001$) compared with those without chronic disease. In addition, mental illness was associated with a lower degree of presence of meaning in life (p-value 0.001) and financial strain was associated with a lower degree of presence of meaning in life (p-value = 0.001).
Conclusions: In conclusion, no prior research demonstrated higher levels of meaning in life among medicine major students compared to those in engineering or pharmacy majors. Moreover, other academic, socio-economic, and health-related factors correlated with individuals' sense of meaning & search in life. Therefore, psychologists and psychiatrists should consider these diverse factors when designing interventions to support individuals in exploring and enhancing their meaning in life, considering their unique needs and contexts.

Disclosure of Interest: None Declared

EPP022

Adapting the Thinking Healthy Programme for Perinatal Depression: A Culturally Tailored Approach in Three Central African Countries

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doi: 10.1192/j.eurpsy.2025.386

Introduction: In humanitarian settings, populations face extreme adversity, and women in the perinatal period are particularly vulnerable, often at heightened risk of depression. This impacts not only their mental health but also their ability to care for themselves and their newborns, presenting a serious challenge for maternal and infant well-being.
Objectives: This project aimed to reduce the risk of perinatal depression while strengthening infant care practices and parenting skills, ensuring that mothers, despite living in distressing and hostile environments, can be in the best possible state of mind to care for their babies.
Methods: As part of Action contre la Faim's psychosocial support projects, we adapted the WHO's "Thinking Healthy" (TH) protocol specifically for low- and middle-income countries (LAMIC), focusing on cultural sensitivity and the unique challenges of the intervention areas. The standard manual was condensed into three sessions, with additional cultural adaptations and the inclusion of two projective sessions (protolanguage approach) to allow women more freedom to express their specific challenges. The protocol was delivered to groups of up to eight women, separated based on whether they were pregnant or breastfeeding to better target their unique needs. Due to logistical and security constraints, the TH protocol required further adaptation to fit each context's specific limitations.
Results: Over the past three years, the adapted TH protocol has been implemented in three countries across Central Africa, including both humanitarian crisis zones and more stable developmental settings. The programme reached approximately 5,000 preganant women, mothers, and their babies. It was delivered not only in healthcare centres but also directly in communities and internally displaced person (IDP) camps, providing wider access. Results demonstrated significant reductions in psychological distress and depressive symptoms, with improved mother-infant interactions. The programme also helped train healthcare workers, including midwives, enhancing local capacity for long-term support. Quantitative and qualitative results, along with details of cultural adaptations, will be presented.
Conclusions: The adaptation of the Thinking Healthy protocol for low-resource, high-stress environments proved to be an effective and scalable approach for addressing perinatal depression. By tailoring the intervention to fit the cultural and logistical realities of Central Africa, we were able to provide meaningful support to thousands of families. The programme not only reduced depressive symptoms but also fostered stronger maternal-infant bonds and built local healthcare capacity. This model can serve as a reference for implementing mental health interventions in similar contexts globally.

Disclosure of Interest: None Declared

EPP023

Implementing a peer-led psychological self-support program in resource-limited contexts: a pilot in Eastern Cameroon

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doi: 10.1192/j.eurpsy.2025.387

Introduction: In Eastern Cameroon, the psychological needs of both Central African refugees and host communities are significant. Following psychological group interventions over a two-month period, many participants expressed a desire to continue the support process. To meet this need, a self-support protocol was implemented to encourage participants to maintain and strengthen their emotional and social bonds.
Objectives: The aim of this intervention was to enable participants to continue engaging in psychological support autonomously, enhancing their well-being, resilience, and coping mechanisms. The program sought to provide tools for ongoing emotional regulation and peer support, addressing the psychosocial challenges identified during the initial psychological care.
Methods: A flexible, peer-led protocol was developed and implemented after group psychological sessions. Participants were invited to form their own self-support groups, with a recommended size of up to 10 members, meeting weekly for approximately 90 minutes. The structure was intentionally loose to promote autonomy, creativity, and peer leadership. Two initial sessions were facilitated by psychosocial supervisors, while subsequent meetings were primarily observed to assess group evolution. Key dimensions such as emotional well-being, resilience, and social cohesion were measured pre- and post-intervention.
Results: The qualitaive analysis revealed increased cohesion and social connection between group members, especially between refugees and host communities. Participants reported feeling empowered and valued the emotional stability gained through the exercises introduced during the program. However, the evaluation also highlighted challenges, such as maintaining motivation without ongoing supervision and the need for economic opportunities to sustain long-term engagement.
Conclusions: This self-support protocol demonstrated the feasibility and positive impact of peer-led psychological care in contexts with limited resources. The program reinforced emotional resilience, social cohesion, and mutual support, but future iterations should consider integrating economic empowerment initiatives and more structured follow-up to ensure sustained participation.

Disclosure of Interest: None Declared

EPP025

Challenges and Solutions for Psychiatry's Approach to Indigenous People

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doi: 10.1192/j.eurpsy.2025.388

Introduction: Psychiatry has historically underserved Indigenous people. Earlier, cross-cultural psychiatry assumed that psychiatric disorders were universal and varied little across cultures. This approach has not worked well for Indigenous people who may have different views of mind and mental health. For example, Indigenous philosophy tend to explain the world and states of mental health from a storied approach encompassing relations to land, spiritual beings, ancestors, and the community which can result in different conclusions from conventional psychiatry.
Objectives: We wanted to explore what modifications in their approach practicing psychiatrists have made to be successful in Indigenous communities and to determine what was common among how communities in which they worked conceptualized mind and mental health.
Methods: We interviewed psychiatrists working in Indigenous communities regarding what was effective and how they had changed their practice to work in those communities and how those communities had changed them. We used the iterative processing of constructivist grounded theory to find commonalities in their responses. We present from rural and remote Indigenous settings in Canada (Saskatchewan and Northern Ontario), New Zealand, and Maine (USA).
Results: We found a modified approach to psychiatric services that emphasized Indigenous values and that determined positive aspects of the client's history as well as problem areas and engaged the client in therapy from the beginning of the evaluation. Some key concepts that emerged from qualitative analysis of interviews and case histories using constructivist grounded theory as a method of analysis included (1) reframing the person's self-story within a threat-power-meaning network, (2) working with stories about the spirit of the suffering, (3) exploring right relationships and meaningful conduct, (4)acknowledging the intergenerational transmission of suffering. Physicians came to understand that the client sets their goals and defines what recovery means for them in discussion with their family and important community members including elders. This led to a different understanding of what privacy meant to clients. Indigenous cultures encountered were different but appeared to share some similarities including a highly relational approach to defining the self, a collectivist mindset in which the needs of the group can supersede the needs of the individual, a reliance upon stories for transmission of knowledge and culture, and a commitment to a biopsychosocial and spiritual approach.
Conclusions: Psychiatry can form effective collaborative relationships with Indigenous communities requring modifications in the usual worldview and orientation to how psychiatry is practiced.

Disclosure of Interest: None Declared

E-mental Health

EPP026

Burnout among teachers in three Canadian Provinces: Findings from the Wellness4Teachers Support Program

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doi: 10.1192/j.eurpsy.2025.389

Introduction: Burnout is a longstanding issue among educators and has been associated with psychological and physical health problems such as depression, and insomnia.Chronic stress has been associated with burnout, defined by three dimensions of overpowering exhaustion (emotional exhaustion), cynicism (feelings of cynicism and detachment from work), and inefficacy (a sense of ineffectiveness and lack of accomplishment) which conceptualize the individual stressful experience in a social context.
Objectives: To assess the prevalence and predictors of the three dimensions of burnout (emotional exhaustion, depersonalization and lack of professional accomplishment) among elementary and high school teachers.
Methods: This is a quantitative cross-sectional study with data collected via an online survey. The Maslach Burnout Inventory-Educator Survey (MBI-ES), the Brief Resilience Scale (BRS) and the Perceived Stress Scale were used, respectively, to assess burnout, resilience and stress among teachers. Data was collected between September 1st, 2022 and August 30th, 2023. SPSS (version 28, IBM Corp) was used for the data analysis.
Results: Overall, 1912 educators received a link to the online survey via a text message, and 780 completed the burnout survey questions, resulting in a response rate of 41%. The prevalence of emotional exhaustion, depersonalization, and lack of professional accomplishment were 76.9%, 23.2%, and 30.8%, respectively. Participants with high-stress symptoms were 6.88 times more likely to experience emotional exhaustion (OR = 6.88; 95% CI: 3.31–14.29), 2.55 times (OR = 2.55; 95% CI: 1.65–3.93) more likely to experience depersonalization and 2.34 times (OR = 2.34; 95% CI: 1.64–3.35) more likely to experience lack of professional fulfilment. Additionally, respondents with low resilience were 3.26 times more likely to experience emotional exhaustion symptoms (OR = 3.26; 95% CI: 2.00–5.31),) than those with high resilience. Males were about 2.4 times more likely to present with depersonalization compared to female teachers, whilst those who indicated their marital status as partnered or cohabiting and those who selected "other" were 3.5 and 7.3 times respectively more likely to present with depersonalization compared with those who were single. Finally, Physical Education were 3.8 times more likely to present with depersonalization compared with English teachers.
Conclusions: The current study highlights the predictive effects of low resilience and high stress on the three dimensions of burnout among teachers in Canada. Interventions aimed at addressing systemic stress and fostering resilience are needed to reduce burnout among teachers.

Disclosure of Interest: None Declared

EPP029

Evaluating the Prevalence and Correlates of Low Resilience in Patients Before Discharge from Acute Mental Health Units in Alberta, Canada

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Introduction: Many people experience at least one traumatic event in their lifetime. Although such traumatic events can precipitate psychiatric disorders, many individuals exhibit high resilience by adapting to such events with little disruption or may recover their baseline level of functioning after a transient symptomatic period.
Objectives: To investigate the prevalence and correlates of low resilience in patients before discharge from psychiatric acute care facilities.
Methods: Respondents for this study were recruited from nine psychiatric in-patient units across Alberta. Demographic and clinical information were collected via a REDCap online survey. The brief resilience scale (BRS) was used to measure low resilience. A chi-square analysis followed by a binary logistic regression model was employed to identify significant predictors of low resilience.
Results: Overall, 1004 participants took part in this study; 360 (35.9%) were less than 25 years old, 269 (34.7%) were above 40 years old, and most participants were females 550 (54.8%) and Caucasians 625 (62.3%). The prevalence of low resilience in this cohort was (555/1004, 55.3%). Respondents who identified as female were one and a half times more likely to show low resilience (OR=1.564; 95% C.I.=1.79-2.10), while individuals with 'other gender' identity were three and a half times more likely to evidence low resilience (OR=3.646; 95% C.I.=1.36-9.71) compared to male gender persons. Similarly, Caucasians were two and one-and-a-half times respectively more likely to present with low resilience compared with respondents who identified as Black people (OR=2.21; 95% C.I.=1.45-3.70) and Asians (OR=1.589; 95% C.I.=1.45-2.44). Additionally, persons with a diagnosis of depression were more than two times and four times, respectively, more likely to present with low resilience than those with bipolar disorder (OR=2.567; 95% C.I.=1.72-3.85) and those with schizophrenia (OR=4.081;95% C.I.= 2.63-6.25)
Conclusions: Several demographic and clinical factors were identified as predictors of likely low resilience. The findings may facilitate the identification of vulnerable groups to enable their increased access to support programs that may enhance resilience.

Disclosure of Interest: None Declared

EPP030

The Integration of AI-Driven Wearable Technology in Psychiatry: Advancing Early Detection and Personalized Management of Psychiatric Disorders

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Introduction: Psychiatric disorders,such as anxiety,depression, bipolar disorder and schizophrenia,remain major global health challenges. Although prevalence has not recently increased, mental health care struggles with early diagnosis, real-time monitoring and personalized treatment. Traditional methods, relying on self-reports and clinical assessments,often miss the dynamic nature of these conditions.AI and wearable technology offer a new approach, enabling continuous data collection and real-time analysis to improve early detection and optimize patient care
Objectives: This study aims to assess the role of AI-driven wearables in diagnosing,monitoring and managing psychiatric disorders by:
Evaluating AI's effectiveness in predicting psychiatric episodes using wearable sensor data
Exploring clinical applications to improve patient outcomes
Identifying challenges and ethical considerations in the broader use of this technology in mental healthcare
Methods: A systematic review of studies(2018-2023)on AI and wearable technology in psychiatry was conducted using PubMed, Scopus and Google Scholar.Studies were selected based on their focus on AI-driven wearables for predicting or managing psychiatric conditions.These devices typically captured physiological and behavioral data,such as heart rate variability,sleep patterns and movement.The accuracy of AI algorithms in predicting psychiatric episodes was compared to traditional methods,with statistical analysis used to assess outcomes
Results: The review showed that AI-driven wearable devices significantly improved early detection and prediction of psychiatric episodes,with accuracy rates over 80% for depression, anxiety and bipolar disorder.Wearables,combined with AI algorithms, effectively monitored physiological data like heart rate and sleep patterns,providing real-time insights for personalized, timely interventions.For example,changes in sleep and activity levels,alongside heart rate variability,strongly predicted depressive episodes.In patients diagnosed with bipolar disorder,AI detected mood swings early by analyzing behavioral data from wearables,enabling stabilization.Wearables also helped monitor medication adherence and reduced relapse rates in patients diagnosed with schizophrenia by identifying early signs of psychotic episodes
Conclusions: AI-driven wearable technology has the potential to transform psychiatric care by enabling continuous monitoring and personalized interventions.These tools enhance early detection and prediction of psychiatric episodes,offering a more dynamic approach than traditional methods.However,challenges such as data privacy, ethical concerns and the lack of regulatory frameworks must be addressed before widespread clinical use.Further research is needed to refine AI algorithms,validate the long-term effectiveness of wearables and ensure patient safety through regulations and privacy protections

Disclosure of Interest: None Declared

Epidemiology and Social Psychiatry

EPP031

The Association Between Occupation, Attitudes Towards Mental Health Problems in the Workplace and Mental Health Stigma

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Introduction: Although mental health problems are common in the workplace, discrimination against mental health is still prominent. Characteristics of one's own occupation can influence aspects of stigma and attitudes to mental health problems in the workplace context, but there are limited studies examining differences in them between occupational groups.
Objectives: We investigated occupational differences in mental health stigma, and attitudes to both mental and physical health in the workplace.
Methods: Data from the British Social Attitudes 2015 survey were used. Logistic regression models were conducted to investigate associations between occupational categories and stigma as measured by desire for social distance, as well as attitudes towards mental and physical health in the workplace. Occupational categories were based on the National Statistics Socio-economic Classification. Measures for attitudes to mental and physical health in the workplace include whether paid work is good for mental and physical health, how soon one should return to work following depression, whether work can help speed recovery from depression, whether one's medical history should affect their promotion, including depression, schizophrenia and diabetes. Desire for social distance from people with depression and schizophrenia was measures using unlabelled vignettes.
Results: We found occupational differences in attitudes towards mental and physical health in the workplace, but not in levels of stigma. People in lower supervisory and technical (group 4), semi-routine and routine (group 5) occupations were more likely to have negative attitudes towards mental and physical health in the workplace compared to managerial and professional occupations (group 1). Both occupation groups were less likely than group 1 to believe that paid work is good for mental health (group 4: odds ratio (OR) = 0.38, 95% confidence interval (CI) = 0.24-0.61; group 5: OR = 0.34, 95% CI = 0.24-0.49). They were also less likely to believe that people with depression should return to work when they can do some or most of the job (group 4: OR = 0.67, 95% CI = 0.48-0.94; group 5: OR = 0.52, 95% CI = 0.41-0.66). People in group 5 were less likely to believe that paid work is good for physical health (OR = 0.69, 95% CI = 0.53 to 0.89) and that having schizophrenia should not affect promotion at work (OR = 0.78, 95% CI = 0.62-0.97) than group 1.
Conclusions: Our study reinforced the importance of job characteristics on attitudes to mental health in the workplace. First, employers need to invest more in improving their employees' well-being. Second, governments should provide more support and resources for small companies to help them develop mental health policies and practices. Third, modifications need to be made to improve job control for employees and to ensure enough reasonable adjustments can be made.

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EPP032

Selective outcome reporting and non-reporting in trials of psychedelic drugs for mental disorders

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Introduction: Selective reporting of outcome data (SOR) refers to trialists selecting results for publication based on the results of a subset of the initially measured outcomes. SOR for specific, potentially very profitable, treatments, particularly in key junctures such as in the period leading to or immediately preceding approval, has not been examined.
Objectives: We examined the prevalence and types of SOR for three of the most prominent psychedelic drugs, either approved by regulators or considered very close to approval: esketamine, psilocybin and MDMA.
Methods: We used a publicly available inception cohort (https://osf.io/yfv9n) of intervention trials of psychedelic drugs that were registered on clinicaltrials.gov by March 2023. We selected randomized trials in participants with symptoms, a diagnosis or risk of mental disorders. Trials had to assess the efficacy of esketamine, psilocybin or MDMA, alone or in combination with other treatments, compared to any control or active intervention, and include at least one efficacy outcome.
Results: We identified 98 randomized trials, 56 of which had a clinicaltrials.gov status of completed, terminated or unknown as of July 2024. Sixteen of 56 (28.5%) had no publication available as well as no results posted on clinicaltrials.gov. Of these sixteen, seven were described as completed in the registry (three had a completion date in 2022, two in 2023). Another 8 trials we described as unknown, with anticipated completion dates ranging from 2021 to 2023. For 29 trials (51%) we could identify peer-reviewed publications. Five other trials had only been published as conference posters or company press-releases. Of the 29 trials matched with publications, the primary outcome measure had been changed in 2 (7%), with an outcome initially registered as secondary upgraded to primary. There were changes regarding the timepoint of assessment for the primary outcome in 7 trials (24%): in 4 trials the timepoint had been changed, while in 3 trials, the publication only reported on a subset of the timepoints registered for the primary outcome.
Conclusions: Selective reporting and non-reporting of study results are present in trials of the most prominent psychedelic drugs, but given the scarce information contained in clinical trial registries, they are difficult to assess. Full access to all time-stamped versions of trial protocols and statistical analysis plans would be necessary to gauge the extent and types of SOR, including changes to the analysis method.

Disclosure of Interest: None Declared

EPP033

Workplace and non-workplace loneliness: a comparative study on risk factors and impacts on absenteeism and mental health among employees in Spain

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Introduction: Loneliness can manifest in various aspects of life, including personal and professional contexts. Although most of studies on loneliness are focused on general loneliness without the specification on any context, the study of workplace loneliness has garnered increased attention in recent years and researchers explore how loneliness in professional settings affects labor satisfaction, productivity and mental health of workers. However, few studies have directly compared workplace and non-workplace loneliness, particularly in terms of their prevalence, agreement with each other, risk factors, and consequences
Objectives: The aim of this study is to (1) evaluate prevalences and concordance between workplace and non-workplace loneliness, (2) compare sociodemographic risk factors between workplace and non-workplace loneliness, (3) compare working conditions-related risk factors between the two contexts of loneliness, and (4) compare their impact on absenteeism, depression, anxiety and substance use disorder.er.
Methods: A representative sample of the employee residing in Spain (n=5400) was surveyed using computer-assisted web interviews (CAWI). Logistic regression models were constructed to compare the effects of risk factors for workplace and non-workplace loneliness (including sociodemographic factors, and factors related to working conditions), as well as the impact of workplace and non-workplace loneliness on absenteeism, and symptoms of depression, anxiety, and substance use disorder.
Results: 40,7% of active workers report experiencing workplace loneliness, while 42.0% report non-workplace loneliness. The level of concordance between both types of loneliness is low (k=0.36). Both types are more prevalent among younger workers and migrated people. Other sociodemographic risk factors (being female, non-married, and non-heterosexual) were significantly associated with non-workplace loneliness. Meanwhile, risk factors related to working conditions -particularly working under stress and labor precariousness- were associated with both types of loneliness, which showed an independent impact on absenteeism, depression, anxiety, and substance use disorder.
Conclusions: Most of social determinants of workplace loneliness are rooted in the work environment, indicating that effective interventions should focus on addressing labor conditions and precariousness to improve both workplace and non-workplace loneliness and their impacts on absenteeism and mental health.

Disclosure of Interest: None Declared

EPP035

Causal Relationship Between Social Isolation, Loneliness, and Cardiovascular Disease

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Introduction: Cardiovascular disease (CVD) has become one of the leading causes of death worldwide. Psychosocial factors play a significant role in the pathogenesis of CVD. Social isolation and loneliness, two important aspects of social determinants, have been shown to be associated with adverse health outcomes. However, it remains unclear whether social isolation and loneliness increase the risk of CVD and exacerbate CVD development.
Objectives: This study aims to investigate 1) whether social isolation and loneliness are associated with CVD; 2) whether the associations between social isolation and loneliness and CVD are consistent with causal effects; and 3) whether social isolation exacerbates CVD development.
Methods: We capitalized on a large sample of individual-level data from the UK Biobank. Participants' levels of social isolation and loneliness were assessed via questionnaires. 6 cardiovascular diseases (atrial fibrillation, heart failure, hypertension, myocardial infarction, peripheral vascular disease, and stroke) were included by linking hospital admission data and death registry records. We used Cox proportional hazards models to estimate the hazard ratios (HRs) of social isolation and loneliness with the risk of CVD. Additionally, we employed two-sample Mendelian randomization analysis to estimate the causal relationships between social isolation, loneliness, and CVD. Finally, we evaluated the impact of social isolation on the clinical outcomes of myocardial infarction in mice. We determined infarct size using histology and heart function using echocardiography.
Results: During a median follow-up of 12.6 years, after adjusting for demographic, socioeconomic, and lifestyle factors, most isolated group was associated with an increased risk of 4 out of 6 cardiovascular diseases compared to the least isolated group: heart failure, peripheral vascular disease, stroke, myocardial infarction, and hypertension. Loneliness increased the risk of all 6 cardiovascular diseases. Two-sample Mendelian randomization analysis showed that fewer leisure or social activities was associated with an increased risk of stroke (OR 1.01; 95% CI 1.00-1.02). Loneliness was associated with an increased risk of heart failure (OR 1.70; 95% CI 1.13-2.57), myocardial infarction (OR 1.02; 95% CI 1.00-1.04), and atrial fibrillation (OR 1.00; 95% CI 0.99-1.00). Further, compared to group-housed mice, socially isolated mice showed significantly reduced cardiac ejection function, increased myocardial fibrosis and cardiomyocyte apoptosis after myocardial infarction.
Conclusions: Potential causal relationships were identified between genetic liability to social isolation, loneliness and the incidence of cardiovascular diseases. Social isolation may exacerbate the progression of myocardial infarction. The results of this study emphasize the adverse impact of social disconnections on the incidence and development of cardiovascular diseases.

Disclosure of Interest: None Declared

Forensic Psychiatry

EPP036

The forensic assessment of urgent involuntary psychiatric admissions in Barcelona (Spain)

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Introduction: In Spain, involuntary admission due to mental disorder requires judicial authorization, which can be prior or, in cases of urgency, immediately subsequent. The courts routinely request an independent medical expert opinion in these cases.
Objectives: Our aim was to determine the current results of these evaluations and the characteristics of the patients assessed.
Methods: Retrospective study from January 1 to June 30, 2023 in the city of Barcelona. The source of information were the case records at the Institute of Legal Medicine and Forensic Sciences of Catalonia. The inclusion criteria were: psychiatric involuntary admission, urgent, and assessment by the forensic doctor assigned to the courts. Sociodemographic, clinical and forensic data were collected.
Results: In the 181 days between January 1 and June 30, 2023, 1,151 forensic medical assessments of urgent hospitalizations were recorded in Barcelona (on average 6.4 per day). Of these, 849 (73.8%) were included. In all of them, the forensic medical report concluded that hospitalization was rightly indicated. The admissions were carried out in 14 different health centers. The psychiatric acute inpatient wards of the city's main general hospitals received the vast majority of cases. The patients were mostly men (n=483; 56.9%). The average age was 38.2 years (s.d. 16.99), with no differences between sexes. 13.5% (n=115) were minors, with female predominance (n=79; 68.7%). 6.9% (n=59) were 65 years of age or older, also with a female predominance (n=39; 66.1%). In minors, affective disorders (n=37; 32.7%) or eating behavior disorders (n=32; 28.3%) stood out, while in the group from 18 to 65 years of age the main diagnostic group were psychotic disorders (n =491; 73.1%). The latter were also the majority after 65 years of age (n=35; 59.3%), followed by affective disorders (n=16; 27.1%). Globally, psychotic disorders were the most frequent diagnostic group for both men (n=346; 71,9%) and women (n=188; 51,8%). Affective or eating behaviour disorders accounted for 35,8% of women (n=130) and 18,3% of men (n=88).
Conclusions: The forensic assessment of the medical indication of urgent involuntary psychiatric hospitalizations coincides with the clinical assessment. Patients with this measure show differential characteristics according to age in terms of gender and diagnosis. More men are involuntarily admitted than women for most of the adult stage, while the reverse is true at both extremes of the lifespan. Also, involuntarily admitted women show a higher frequency of mood or eating behaviour disorders than men.

Disclosure of Interest: None Declared

EPP037

Impact of early child-parent bonding on violence in patients with schizophrenia

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Introduction: Violence is a major global health concern among patients with schizophrenia. However, the triggers of violent behavior remain unclear. In previous studies, familial risk factors are believed to be associated with mental disorders and violence. The relationship between parental bonding or childhood adversity and psychopathologic behavior (such as violence) has rarely been evaluated.
Objectives: The study aimed to explore the relationship between violent behavior and childhood experience and to determine the role of the early child-parent bond in violence risk in patients with schizophrenia.
Methods: The study enrolled 287 patients with schizophrenia and 100 healthy controls. Patients were divided into 3 groups: patients with homicidal history (Group A), patients with violent behavior and without homicidal history (Group B) and patients without violent behavior (Group C). Childhood trauma questionnaire (CTQ), parental bonding instrument (PBI) and modified overt aggression scale (MOAS) were used to explore the violent behavior and childhood experience. All individuals participated voluntarily and provided informed consent. This study was approved by the ethics committee of the Academy of Forensic Science.
Results: The findings indicated the proportion of males to be higher in the patient groups than in the healthy controls, especially in the group with homicidal history. Patients had a significantly higher prevalence of sexual abuse, emotional abuse and emotional neglect than the healthy controls. The emotional abuse and emotional neglect were found to be positively and negatively related to MOAS scores. Maternal over protection was found to be negatively related to the MOAS scores. On the CTQ subscales, emotional neglect was significantly associated with violence risk (OR=1.13, 95% CI=1.04–1.22). On the PBI subscales, maternal and paternal care (0.84, 0.74–0.94 and 1.30, 1.13–1.49) and over protection (1.18, 1.07–1.29 and 0.87, 0.81-0.95) were found to be significantly associated with violence risk. Maternal and paternal over protection were significantly associated with homicide risk (0.87, 0.78-0.97 and 1.10, 1.01-1.20).
Conclusions: The schizophrenia patients with violence might suffer lower paternal care and emotional abuse during the childhood. In terms of violence in schizophrenia patients, paternal over protection and maternal care might be a protective factor and emotional neglect, maternal over protection and paternal care might be a risk factor. In terms of homicide in schizophrenia patients, paternal over protection might be a risk factor and maternal over protection might be a protective factor. Therefore, childhood trauma and parental care and over protection could be a potential reference indicator for assessing violence risk in patients with schizophrenia.

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EPP038

Self-harm and suicide risk amongst attendees at five lower courts in London, England

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Introduction: Individuals in contact with the criminal justice system are at higher risk of suicide than the general population (Carter et al. EClinicalMedicine 2022, 44, 101266). Research to date has concentrated on the prison population with little evidence on the risk of suicide and self-harm for those defendants within the Court system including those referred to the Court Mental Health Liaison and Diversion Services. Court Mental Health Liaison and Diversion services were developed in England to support vulnerable people when they first come into contact with the criminal justice system.
Objectives: The main aim of the study was to analyse the existing service data to examine rates of self-harm behavior and suicide ideation of those defendants presenting to the Court Mental Health Liaison and Diversion Services across five Magistrates Courts (lower courts) in London, England. In addition, a further aim was to establish if risk factors such as mental illness and substance misuse but also other vulnerabilities such as neurodevelopmental disorders are associated with the risk for self-harm behaviour or suicide along with demographic factors of age, gender and ethnicity.
Methods: The study analysed service level data of five London Magistrates' Courts covering a timeframe from September 2015 to April 2017. During this time 9088 attendees were referred to the Court Mental Health & Liaison Diversion service covering the five courts. Attendees were screened for current risk of suicide ideation and self-harm behaviour as part of the mental health assessment. Data examined was from the National Health Service (NHS) minimum mental health data set which reflects current clinical and custody records and is obtained from frontline court and health service staff.
Results: An overall rate of 14.2% for self-harm behaviour and/or suicide ideation was found for attendees presenting to five London Court Liaison and Diversion Services over a 20-month time frame. Aside from autism and bipolar affective disorder, the current large study showed a significant association between self-harm behaviour and suicide ideation with several mental disorders. The study found no significant differences for risk of self-harm behaviour and suicide ideation relating to gender or ethnicity.
Conclusions: This group of defendants presented with high levels of severe mental illness, substance and alcohol misuse and neurodevelopmental disorder which increased the individual vulnerability to express suicidal ideation as has been found in smaller studies. The wider criminal justice services need to examine the current approach to screening for risk of suicide ideation and self-harm behaviour given the high rates of completed suicide within the prison population compared to the general population.

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EPP039

Mapping Forensic Psychiatry Education Across Europe: Insight from EFPT members

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Introduction: Forensic psychiatry transcends legal and cultural boundaries across Europe, but specialization and training remain inconsistent. With freedom of movement in most European countries, psychiatrists accredited in one country can practice in others if they meet language requirements. Therefore, harmonizing psychiatric education and practice is crucial and aligns with the European Federation of Psychiatry Trainees (EFPT)'s goals.
Objectives: This study aims to map the current state of forensic psychiatry education across Europe, focusing on its recognition as a specialty on its own or subspecialty, training structure, and financial implications. It also assesses whether general adult psychiatry (GAP) and child and adolescent psychiatry (CAP) trainees receive adequate forensic psychiatry education, identifying gaps and variations across countries.
Methods: Data was collected via an online survey distributed to European National Trainee Association (NTA) representatives in the EFPT through Google Forms in August 2024. Responses from non-European countries and incomplete entries were excluded. The final dataset was analyzed using SPSS 24.
Results: A total of 29 participants, including 24 GAP trainees (82.8%), 2 CAP trainees (6.9%), and 3 specialists (10.3%), from 20 European countries responded to the survey. Forensic psychiatry was recognized either as a specialty or subspecialty in 13 counctries (65%) with 20 (69%) of participants confirming its recognition. 38% reported forensic training lasts less than 1 year or lacks a formal program. Financial support varied as well, with some countries offering full subsidies, while others required trainees to cover costs. Forensic psychiatry was included in the training of 66.7% of GAP trainee and 50% of CAP trainees, though the depth of

exposure differed. Notable gaps were found particularly in risk assessment, expert witness training, and competency evaluations.
Conclusions: This study reveals significant variation in the recognition, structure, and delivery of forensic psychiatry training across Europe. While some countries offer well-defined programs, discrepancies in accessibility and comprehensiveness persist. These findings highlight the need for standardized curricula to ensure consistent training. Enhancing forensic psychiatry education is crucial for preparing future psychiatrists and ensuring high-quality psychiatric contributions in legal contexts and harmonization of forensic training across Europe.

Disclosure of Interest: None Declared

Climate Change - Migration and Mental Health of Immigrants

EPP041

Biological pathways mediating the relationship between climate change, environmental pollutants, and severe mental disorders: a systematic review

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Introduction: Climate change and pollution are deeply interconnected phenomena that pose significant risks to overall health, given their proven impact on the functionality of various human organs and systems. With increasing urbanization, global toxicity is expected to rise in the near future. It is therefore crucial to understand how environmental pollution affects mental health, particularly in rapidly growing urban areas.
Objectives: This systematic literature review aims to explore the biological mechanisms linking exposure to environmental pollutants, climate change, and the onset and/or exacerbation of severe mental disorders.
Methods: A search was conducted in the PubMed, Scopus, and APA PsycInfo databases, following PRISMA guidelines. Studies on humans and animal models examining the association between environmental pollutants, climate change, and mental disorders were included. A total of 48 articles were considered, comprising studies on humans (16 studies) and animal models (31 studies), along with one article that included both models.
Results: Human studies revealed that exposure to particulate matter (PM 2.5 and PM10) increases the risk of depression and psychotic relapses through mechanisms involving inflammation, oxidative stress, and disruption of the hypothalamic-pituitary-adrenal axis. In animal models, pollution was shown to impact brain function by activating inflammatory responses, causing oxidative stress, damaging the hippocampus, and dysregulating neurotransmitters. Additionally, one study highlighted that climate change is associated with mood disorders by inducing changes in gene expression and psychophysical adaptation responses.
Conclusions: The findings indicate that environmental pollutants and climate change can affect human mental health through complex biological pathways. Understanding these mechanisms is essential for developing prevention and intervention strategies. The One Health approach, which recognizes the interconnectedness of human, animal, and environmental health, is crucial for addressing the challenges posed by climate change and pollution.

Disclosure of Interest: None Declared

EPP043

Migrants in Psychiatric Care: A Retrospective Study from a Psychiatric Unit in Tunisia

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Introduction: Migration, whether legal or illegal, is a growing phenomenon in Tunisia and can bring significant mental health challenges. Migrants often experience a decompensation of pre-existing psychiatric disorders, the development of new mental health issues, or travel driven by a delusion, known as "pathological travel." These concerns emphasize the need for specialized psychiatric and social care for this vulnerable group, who endure considerable stress throughout their migration. However the quality of care can also depend on the support from their home countries, where stigma and identification issues with consulates can limit their access to help.
Objectives: To study the different psychiatric pathologies observed among this population and to determine the number of cases of pathological travel.
Methods: It's a retrospective study. We reviewed the files of all patients who were hospitalized in the Avicenne Psychiatric Department of Razi Hospital between January 2022 and December 2023.
Results: We identified 19 patients and found 17 files. There were 11 men and 6 women, with an average age of 33 years (ranging from 20 to 54 years). The majority have a university-level education (52%) and with a history of psychiatric illness (58%). In total, 41.2% were from the Maghreb, 41.2% from Africa, 11.7% from Europe, and 5.9% from the Americas. The causes of migration to Tunisia were, for economic reasons (29%), for studies (11%), for seeking treatment for a pre-existing psychiatric condition (11%), marriage to a Tunisian partner (11%) and as part of a pathological travel (34%). In 35% of cases, the migration was clandestine and illegal. The reason for hospitalization was behavioral disorder in 64.8%, incoherent speech in 29.4% and suicide attempt in 5.8%. Among our patients, 28% have bipolar disorder, 17% have schizophrenia, 11% have brief psychotic disorder, 5% have depression, 5% have schizoaffective disorder, 5% have delusional disorder, and 5% alcohol use disorder. The diagnoses for the rest of patients were unspecified. In terms of social support we were able to contact the families in 62% of the cases. We succeeded in getting a response from the consulate of the native country in 17% and we collaborated with an International Organization in 5%.
Conclusions: Our study shows the complex psychiatric needs of migrants in Tunisia, with a range of mental health disorders, including cases of pathological travel. Economic reasons and clandestine migration were common factors. Despite efforts, social

support remains limited, with minimal consular and organizational collaboration, economic challenges, emphasizing the need for stronger international and social support systems.

Disclosure of Interest: None Declared

EPP044

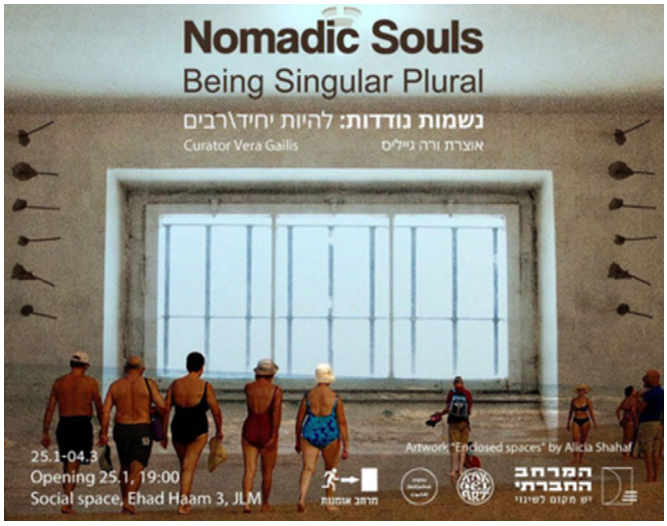
Nomadic souls: Exploring the Mental Health Journey of Migrants through Art

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Introduction: *Nefashot*, meaning "Souls" and "People" in Hebrew, is an initiative dedicated to promoting mental health awareness through cultural and artistic expressions, fostering inclusive dialogue. Art serves as a critical tool in this mission, using its visual language to make difficult conversations possible and amplify voices that are often unheard.
Objectives: The "Nomadic souls" project aims to raise awareness about the intersection of migration and mental health through the presentation of high-quality contemporary art in exhibitions, curated by professional curators and researchers. By showcasing diverse artistic perspectives, it seeks to foster deeper understanding and dialogue around these critical issues.
Methods: This project is a collaboration between *Nefashot*, the art initiative *KAKDELART*, and curators Vera Gailis and Anna Smoliarova, who together launched a call for Israeli artists with diverse immigrant backgrounds under the theme "Nomadic Souls." The call invited artworks exploring the connection between migration and mental health. So far, the project has produced two exhibitions: "Being Singular/Plural," which centered on the concept of belonging, and "A Semiotics of the Start," which delved into the experience of language acquisition. Each exhibition was accompanied by events like literature readings, artist networking, and pop-up photo exhibitions, fostering community engagement and inclusivity.
Results: The project made significant strides in building collaborations and laying the foundation for a platform that facilitated discussions on migration and mental health within both immigrant and local communities. It successfully increased public awareness of these issues and established sustainable partnerships that continued to support the community. Community engagement was central to the project. The exhibitions and related events actively involved migrants as participants, artists, and audience members. Collaborations with the city's youth department for immigrant assistance were crucial, including co-funding an event that attracted a relevant and engaged audience. Beyond the exhibitions' objecthood, the project addressed deeper issues such as suicide, anxiety, and depression. Additionally, an academic webinar with immigration professionals was held, focusing on the second exhibition catalog, further broadening the project's impact and reach.

Image 1:



Conclusions: The *Nefashot* initiative highlights the power of art and community collaboration in addressing complex mental health issues related to migration. By fostering dialogue and partnerships, the project has expanded its reach, connecting both local and migrant communities in meaningful ways. The ongoing and future exhibitions aim to continue this momentum, establishing a lasting platform for dialogue, collaboration, and support.

Disclosure of Interest: None Declared

EPP045

Barriers towards mental health service utilization among religious immigrants

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Introduction: Evidence suggests that immigrants and minorities with mental distress underuse mental health services compared with the majority population. Such under-utilization, combined with other socio-cultural factors, can impede recovery from mental illness. The population of Canada is becoming increasingly diverse, primarily due to record levels of immigration. These immigrants come from a variety of traditions including Muslim, Christian, and Jewish backgrounds. For such immigrants, their religious beliefs, practices and activities are often central to their lives and influence important decisions regarding health and well-being. These changing demographics have prompted calls for more research and action regarding the mental health service experience of religious immigrants.
Objectives: The objective of this study was to identify and understand self-identified barriers to mental health service utilization

among religious immigrants, including eliciting experiences within the mental health care system.
Methods: To meet these aims, we employed a qualitative community-based approach, conducting in-depth semi-structured interviews with 58 first- or second-generation immigrants to Canada who identified as people of religious faith, comprising Christians, Muslims and Jews. All participants had used a mental health service in recent years, and they reported a variety of mental disorders, mostly depression and anxiety. Interviews were transcribed and data was analyzed using thematic analysis techniques.
Results: Analysis revealed three core barriers to service utilizations. First, participants often reported that some people in their social circle (such as parents and clergy) held stigmatizing views of mental illness, including sceptical views about the reality of mental illness. This contributed to self-stigma, inhibited disclosure and delayed help-seeking. Second, participants stated that service providers typically had a very limited understanding of the cultural and religious context of their lives, and sometimes conveyed a dismissive or ignorant attitude towards their deeply-held religious beliefs and practices. This negatively affected service utilization and the development of a therapeutic alliance. Third, some participants noted that they (and other members of their communities) lacked knowledge about mental illness, available treatments, and effective therapies, meaning they were unaware of potential services and supports.
Conclusions: The results suggest an urgent need for a multi-pronged approach to better engage religious minorities with mental distress. On the clinical side, there is a need for more religious and cultural competence training for Canadian clinicians. On the community side, culturally-appropriate anti-stigma and mental health literacy interventions may need to be co-created and implemented in partnership with different immigrant communities in Canada.

Disclosure of Interest: None Declared

Others

EPP046

Clinical and Psychosocial Variables Associated to Higher Costs in Schizophrenia Spectrum Disorders

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Introduction: In Italy, in 2000, the estimated annual economic burden of schizophrenia was 25.000 € per patient, of which 30% were direct costs and 70% indirect costs (Tarricone et al., 2000). Yet, a steep growth has been observed throughout the years: a study showed a yearly expenditure of 41.290 € per patient in 2020 (Latorre et al., 2022).
Objectives: The aim of this study was to better characterize the association between direct costs and clinical and psychosocial variables in schizophrenia spectrum disorders (SSD).
Methods: A total of 276 individuals with schizophrenia spectrum disorders receiving treatment from the Community Mental Health Centers of Brescia (Italy) were included in the study: for each participant socio-demographic, clinical and functional characteristics were assessed, and data related to the use of services in 2022 (then converted to costs) were collected. Clinical and functional characteristics were assessed using the Clinical Global Impression-Severity (CGI-S) scale, the Personal and Social Performance Scale (PSP) scale and the Positive and Negative Syndrome Scale (PANSS). Correlations between the included variables were performed using SPSS v28; values of $p < 0.05$ were considered statistically significant.
Results: Our analyses identified a direct healthcare expenditure of 16477.23 € per patient per year. A positive correlation was observed between higher costs and higher scores at the CGI-S ($p<0.001$), the PANSS total ($p<0.001$) and all the PANSS subscales (all $p<0.001$). Moreover, a negative correlation between higher costs and age of onset ($p=0.010$) and PSP total score ($p<0.001$), were observed.
Conclusions: An earlier age of onset, a more severe clinical presentation and a worse psychosocial functioning are associated to a higher expenditure in terms of direct costs associated to use of services in SSD. These results prompt to the implementation of interventions that aim at improving not only clinical aspects, but also functional ones: a full functional recovery would not only benefit patients, but also lead to a lower impact of SSD on healthcare systems. One limitation of the present study is that the estimation of the costs was based on a direct analysis of costs related to the use of services, therefore excluding indirect costs. Future studies should include data on pharmacological treatments, comorbidities and other clinical variables central to the disorder, such as cognition.

Disclosure of Interest: None Declared

EPP047

The Role of Religiosity in Anxiety and Life Satisfaction: Insights from Sociodemopgraphic Data

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doi: 10.1192/j.eurpsy.2025.405

Introduction: The connection between well-being and various sociopsychological factors such as age, gender, education level, and more is a growing and significant area of interest in today's studies.
Objectives: The aim of this study is to examine the relationship between sociodemographic factors, life satisfaction, levels of anxiety, and religiosity. To achieve this goal, the study explored whether religiosity has an effect on anxiety and life satisfaction on the one hand, and whether sociodemographic variables influence the centrality of religion in participants' lives on the other.
Methods: To ensure honest responses, the surveys were filled out anonymously. Statistical analyses were conducted using the SPSS program, applying Pearson Correlation and Analysis of Variance

(ANOVA) to determine if there was a correlation between sociodemographic data and questionnaire scores.
Results: In the Analysis of Variance (ANOVA) of total STAI-G scores and religiosity, a significance level of 0.010 was observed, while the Post-Hoc Test suggested that this significance may be found between atheist participants and those who identified with a religion other than Islam, Christianity, or Judaism, with a value of 0.019. Additionally, there is a strong significant correlation of 0.018 between participants' native language and total CRS-10 scores, which may imply that native language, encompassing important factors like cultural background, can influence participants' religious beliefs and practices. Lastly, a significant correlation of 0.041 was found between alcohol consumption and total CRS-10 scores. This correlation could indicate that religious participants are more likely to consume less alcohol compared to non-religious participants, possibly due to their religious beliefs.
Conclusions: This study highlights the importance of examining the connections between sociodemographic factors, life satisfaction, anxiety, and religiosity in relation to mental well-being. The findings aim to provide useful guidance for the evolution of interventions that focus on and enhance well-being and continuity, while emphasizing the quality of life experienced by patients from diverse cultures and backgrounds.

Disclosure of Interest: None Declared

EPP048

ADHD and Decision Paralysis: Overwhelm in a World of Choices

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Introduction: Decision paralysis, defined as the inability to make decisions due to overwhelming options or uncertainty, is an often overlooked symptom of Attention-Deficit/Hyperactivity Disorder (ADHD). Individuals with ADHD frequently struggle with executive dysfunction, making it difficult to prioritize tasks, evaluate choices, and make timely decisions. Despite its significance, decision paralysis remains under-researched, particularly in terms of its impact on daily functioning and quality of life.
Objectives: This study aims to assess the prevalence and severity of decision paralysis in adults with ADHD, explore its relationship with executive dysfunction, and analyze its impact on various life outcomes such as career performance, interpersonal relationships, and overall well-being.
Methods: A total of 50 adults diagnosed with ADHD participated in this study. Self-report measures, including the Decision-Making Competence (DMC) scale and the ADHD Executive Dysfunction Questionnaire (AEDQ), were administered to assess participants' decision-making difficulties, indecision, and executive functioning. Additional data were collected on life satisfaction, perceived stress levels, and the degree of daily functional impairment due to decision paralysis.
Results: The results indicate that 82% of participants reported frequent difficulties with decision-making, with 68% indicating that decision paralysis significantly affected their work performance. Decision paralysis was strongly correlated with executive dysfunction scores and was a significant predictor of reduced life satisfaction and increased perceived stress. Additionally, 74% of participants reported that indecision contributed to delays or avoidance in making important life choices, such as career changes or financial decisions, leading to long-term dissatisfaction. Notably, 58% of participants experienced decision paralysis at least once a week, with 35% reporting daily occurrences. Furthermore, 61% of participants indicated that decision paralysis led to missed opportunities in both personal and professional contexts, contributing to feelings of regret and frustration.
Conclusions: This study highlights the widespread impact of decision paralysis in adults with ADHD, significantly affecting both personal and professional domains. The strong correlation between decision paralysis and executive dysfunction suggests that addressing this symptom could be critical in improving quality of life for individuals with ADHD. Further research is needed to explore the development of specific interventions targeting decision paralysis.

Disclosure of Interest: None Declared

EPP050

Assessing impact of passive virtual reality exposure intervention on physiological parameters in caregivers of individuals suffering from schizophrenia: A pilot study protocol

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Introduction: Caregiving to individuals with schizophrenia is intensive, complex, and long lasting. In developing countries, the primary caregivers are family members who rarely receive adequate preparation for their role. The diversity and intensity of caregiving roles also may result in caregiver strain and burden. Interaction with nature even in form of hearing sounds have been found to reduce stress markers. Immersive Virtual Environments (IVEs) can result in restorative effects such as increased positive affect, decreased negative affect, and decreased stress.
Objectives: To assess and compare the effect of combined use of nature-based VR and nature-based sounds to nature-based sounds only on physiological parameters (heart rate, respiratory rate, oxygen saturation, systolic and diastolic blood pressure) in caregivers of individuals having schizophrenia.
Methods: Sixty caregivers (aged more than 18 years) of inpatients with schizophrenia as per Diagnostic & Statistical Manual (DSM-5) will be recruited with consecutive sampling. Caregivers should have been staying with patient for at least previous 1 year and have been staying in the ward for previous 7 days for at least 12 hours/day. Individuals with hearing or visual deficits, history of having received treatment for mental illness/epilepsy, or taking sleeping pills/sedatives/hypnotics/cough syrup currently would be excluded. Paid caregiver and those not willing to provide written informed consent would be excluded from the study. Data collection tools will include a semi-structured proforma for mentioning the

socio demographic details, checklist for observing physiological parameters (Heart Rate, Respiratory Rate, Oxygen Saturation, and Blood Pressure), Perceived Stress Scale (PSS), Pittsburg Sleep Quality Index (PSQI), Satisfaction with Life Scale (SwLS), Subjective stress on Visual analogue scale (VAS), User Satisfaction Evaluation Questionnaire (USEQ) and VR Experience Questionnaire (VEQ). Participants would be divided randomly into two groups with group 1 (n=30) individuals receiving only nature-based sounds intervention and those in group 2 (n=30) would receive combined nature-based VR and nature-based sounds intervention.
Results: Primary outcome will be change in physiological parameters using repeated measures ANOVA. Additional outcomes like acceptability and feasibility of the intervention will also be reported as descriptive data. Pearson's correlation will be done between scale scores and change in physiological parameters in different groups based upon nature of intervention, illness based or gender based.
Conclusions: The study provides insight into the utility of upcoming VR interventions to cater the needs of caregivers to individuals with schizophrenia in moderating the stress levels.

Disclosure of Interest: None Declared

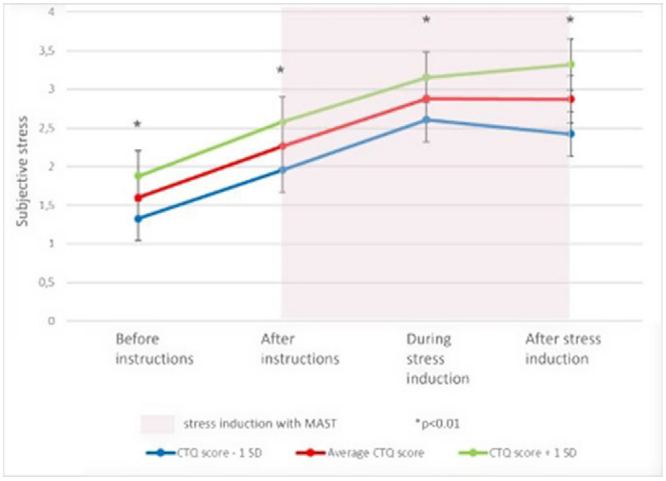
Psychophysiology

EPP051

Impact of Childhood Trauma on Stress Levels in Chronic Fatigue Syndrome Patients

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doi: 10.1192/j.eurpsy.2025.408

Introduction: Chronic Fatigue Syndrome (CFS) is marked by physical and cognitive fatigue, as well as increased susceptibility to fatigue. While the precise causes of CFS remain unclear, there is growing interest in the role of the stress response system in its development.
Objectives: Given that early adverse experiences might affect one's ability to handle stress effectively, the aim of this study was to examine whether such early life events could predispose patients with CFS to higher self-reported stress levels when confronted with psychosocial stressor.
Methods: 76 patients with CFS and 45 healthy controls (HC) underwent the Maastricht Acute Stress Test (MAST) to induce stress. Subjective stress levels were assessed before, during and after the task. The Childhood Trauma Questionnaire (CTQ) was used to retrospectively evaluate abusive and neglectful experiences in childhood
Results: Patients with CFS reported significantly higher levels of subjective stress at all stages of the MAST compared to HC (main effect of group; $p<0.0001$). Additionally, CFS patients had higher CTQ scores than HC ($p=0.04$). Within patients, higher levels of childhood trauma was associated with higher levels of self-reported stress ($p = 0.0047$) throughout the MAST. The results of the link are visualized in the attached figure.
Image 1:



Conclusions: Patients with CFS experience heightened stress levels during a validated stress-inducing task compared to HC. Furthermore, a history of greater childhood abuse and neglect is associated with increased stress levels later in life, potentially contributing to the development of CFS.

Disclosure of Interest: None Declared

Psychotherapy

EPP053

Evaluating the Effectiveness of Culturally Adapted Persian-Translated PEERS® (Program for the Education and Enrichment of Relational Skills) for Young Adults with ASD : A Mixed-Methods Study

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doi: 10.1192/j.eurpsy.2025.409

Introduction: Social deficits are a significant impairment in adult ASD, leading to difficulties in socio-emotional cognition, communication, and relationships. Effective social skills interventions are crucial during the transition to adulthood. The UCLA PEERS® (Program for the Education and Enrichment of Relational Skills) for young adults is a prominent and well-researched intervention, implemented in over eighty countries and translated into numerous languages. This program includes concurrent sessions for young adults and their parents, aiming to improve social skills and reduce ASD-related social issues
Objectives: The current study aimed to test the effectiveness of a culturally adapted Persian -translated version of PEERS® for young adults with ASD without intellectual disabilities.

Methods: Three psychiatrists and two psychologists underwent PEERS® training and translated the manual into Farsi, adapting it culturally for Iran. Twenty-four young adults with ASD and their parents participated in the study, randomly assigned to a treatment group or a control group. Inclusion criteria were males aged 18-30 years with an ASD diagnosis, predominant social difficulties, motivation to participate, and a family member acting as a social coach. Exclusion criteria included intellectual disability, major psychiatric conditions, and significant verbal or literacy difficulties. Participants attended 16 weekly 90-minute group sessions, covering topics like conversations, humor, electronic communication, dating etiquette, conflict management, and bullying. Sessions were led by a PEERS-certified psychologist and an assistant behavioral coach. Weekly meetings were held to align session content and address potential issues.
Results: The culturally adapted Persian -translated version of PEERS® was perceived as beneficial by young adults with ASD and their caregivers, improving social skills and quality of life. However, quantitative measures did not show significant changes, indicating a need for further refinement and investigation to achieve measurable improvements in social functioning.
Conclusions: While qualitative feedback indicates that both young adults with ASD and their caregivers found the caregiver-assisted social skills intervention to be beneficial in improving social skills and overall quality of life, the quantitative measures did not show significant changes. This suggests that while the intervention may have positive perceptual impacts, further refinement and investigation are needed to achieve measurable improvements in social functioning.

Disclosure of Interest: None Declared

Psychopathology

EPP054

Persistent negative symptoms in young people at clinical high risk of psychosis: findings from an Italian longitudinal study.

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Introduction: Negative symptoms in CHR-P people are generally not responsive to treatments and commonly related to poorer functional outcome. However, less research attention has been dedicated to Persistent Negative Symptoms (PNS), defined as clinically stable negative symptoms of moderate severity evident for at least 6 months.
Objectives: This study aims to (a) determine the prevalence of PNS in a sample of young people at CHR-P; (b) investigate any association of PNS with functioning and clinical features; (c) examine longitudinal course of PNS across 2 years of follow-up and changes in PNS severity levels with specialized treatments.
Methods: One Hundred Eighty CHR-P participants were recruited and were divided into CHR-P/PNS + and CHR-P/PNS− subgroups according to the presence/absence of PNS. The clinical assessments were based on the PANSS and the GAF and were conducted at baseline and every 12 months during the follow-up. Association of PNS with sociodemopgraphic, clinical, psychopathological and treatment variables were examined using linear regression analysis.
Results: Twenty four participants showed PNS at entry. Of them, 21 concluded the 2-year follow-up period. At baseline, the CHR-P/PNS + participants showed more educational and employment deficits, and more social and functioning impairment. During the follow-up, the CHR-P/PNS + subgroup had a significant longitudinal decrease in negative symptoms, which was specifically related to antidepressant treatment. CHR-P/PNS + subjects also showed a higher incidence of new hospitalization and a lower functional recovery over time.
Conclusions: Our findings support that the persistence of negative symptoms in CHR-P people is longitudinally related to worse daily functioning and more severe clinical conditions that are at higher risk of hospitalization and are less responsive to specialized treatments.

Disclosure of Interest: None Declared

Psychophysiology

EPP055

Theoretical Mechanisms of GLP-1 Receptor Agonist-Induced Depression in Obesity Treatment

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doi: 10.1192/j.eurpsy.2025.411

Introduction: Recent post-marketing data reports an increased incidence of depression and suicidal ideation in patients using glucagon-like peptide-1 receptor agonists (GLP-1 RAs) for diabetes and obesity management compared to metformin. Despite ongoing FDA evaluations finding no causal link, various studies present mixed findings and propose several biologically plausible mechanisms for GLP-1 RA-induced depression. Increased depression rates observed post-bariatric surgery suggest similar outcomes following significant weight loss with GLP-1 RAs. This review explores these mechanisms to provide a comprehensive understanding and guide clinical practice.
Objectives: To evaluate theoretical mechanisms underlying GLP-1 RA-induced depression in patients undergoing obesity treatment and to offer insight for later clinical decision making.
Methods: A comprehensive literature review was conducted using PubMed and MEDLINE, alongside current FDA updates. The review focused on GLP-1 RA side effects related to depression and included case reports of depression in patients on GLP-1 RA therapy. Data on incidence and clinical management were synthesized to develop a cohesive understanding of associated risks and recommended practices.
Results: The review identified several theoretical mechanisms through which GLP-1 RAs may induce depression. Firstly, GLP-1 RAs may reduce food cravings by altering hedonic tone, potentially

diminishing pleasure from various activities. Secondly, rapid changes in gut microbiota may lead to gut-brain axis dysregulation, contributing to depressive symptoms. Thirdly, GLP-1 RAs have been linked to reduced absorption of vitamin B-12 and other essential nutrients, impacting brain function and mood. Social media data and individual case reports reveal mixed mental health outcomes, with some users reporting improved mood and others experiencing mood deterioration.

Conclusions: The evidence on GLP-1 RAs and depression is mixed. While some studies suggest negative mood effects, others, including the FDA's large-scale evaluations, have not established a causal link. Notably, semaglutide may be associated with a lower risk of suicidal thoughts. These findings emphasize the complexity of this issue and the necessity for ongoing monitoring and personalized patient care. Regular mental health screenings for patients on GLP-1 RAs, especially those with a history of depression, are recommended. Addressing potential nutrient deficiencies through dietary adjustments or supplements is crucial. Patients should be informed about potential mood changes and encouraged to report any adverse effects. Further research, particularly more longitudinal and large-scale studies, is needed to clarify the relationship between GLP-1 RAs and mental health outcomes.

Disclosure of Interest: None Declared

Psychopharmacology and Pharmacoeconomics

EPP056

Examining the Discontinuation of Clozapine Due to Serious Side Effects Over A Decade at a University Hospital Inpatient Clinic

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doi: 10.1192/j.eurpsy.2025.412

Introduction: Clozapine stands out among all other antipsychotics due to its superior efficacy in treatment resistant schizophrenia. Despite its proven superiority, it is not the first antipsyhotic choice on grounds of serious side effects. Clozapine remains underutilized, primarily due to its troubled safety profile.Lower prescription rates may be related with physicians' hesitation because of side effects rather than patients' unwillingness to use the drug.

Objectives: To elaborate on the life-threatening side effects and discontinuation of clozapine, we retrospectively reviewed the medical records of all patients admitted to the inpatient psychiatry unit at the Hospital of Hacettepe University Faculty of Medicine, Ankara, Türkiye between January 2010 and April 2022.

Methods: Hospital records of inpatients with psychotic disorders, identified by ICD-10 codes (F20.X, F25.X, F.22, F28, F29), and patients with bipolar affective disorder, identified by ICD-10 code (F31.X) who discontinued clozapine during their hospitalization due to serious side effects were thoroughly investigated.

Results: Among a total of 2298 patients hospitalized during the specified period, 178 patients with psychotic disorders and 21 patients with bipolar affective disorder were clozapine users. In this sample, 14 patients with psychotic and 3 patients with bipolar affective disorders had a serious side effect due to clozapine which led to discontinuation in 15 patients (7.53%). The median age of the cases was 32-years (min-max:18-62), the median duration of illness was 10-years (min-max:2-30), and the mean clozapine dose at onset of the serious side effect was 245±149.95 mg/day. The observed serious side effecs associated with clozapine included myocarditis (n=10, 58.8%), agranulocytosis (n=3, 17.6%), neutropenia (n= 1, % 5.88), pancreatitis and myocarditis (n=1, 5.88%), refractory increase in level of C-reactive protein (n=1, 5.88%), refractory constipation, weight gain and worsening in obsessive-compulsive symptoms (n=1, 5.88%), and suspicion of neurotoxicity of clozapine in a patient with mutation in multi-drug resistance-1 gene (n=1, 5.88%). There was no report of sudden death, cardiac arrest or need for intensive care unit. The majority of serious side effects (88.2%) occurred within the first 6 months of clozapine initiation. Two patients (11.7%) were able to continue clozapine with clinical management. Among patients who discontinued clozapine, 3 (20%) were rechallenged with clozapine in which 2 attempts (66,6%) were successful.

Conclusions: An examination of 12 years of inpatient clozapine treatment at a University Hospital clinic revealed that even life-threatening side effects of clozapine can be managed successfully with close clinical care. Physicians' concern about serious side effects should not lead to underutilization of clozapine in patients who could benefit from its trial.

Disclosure of Interest: D. Koçyiğit: None Declared, R. Aktaş: None Declared, S. Çoşkun: None Declared, E. Özçelik Eroğlu: None Declared, E. Mutlu: None Declared, A. E. Anıl Yağcıoğlu Grant / Research support from: Janssen, Boehringer Ingelheim, Consultant of: Janssen, Boehringer Ingelheim, Abdi Ibrahim Otsuka, Paid Instructor of: Abdi Ibrahim Otsuka, Speakers bureau of: Abdi İbrahim, Nobel, Janssen, Santa Farma.

EPP057

Torsade de Pointes: How Much Do Psychotropics Really Contribute?

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Introduction: Based on potential risk of torsade de pointes (TdeP; a rare arrhythmia), regulatory agencies have issue warning for two specific antidepressants. This has translated in clinic as a class effect in that every antidepressant monography or guideline warns against this side effect. Current data suggest that excessive caution in the face of this undesirable effect could have a deleterious effect on mortality. Most research on antidepressant/antipsychotic drugs and TdeP is based on its intermediate marker, the corrected QT interval (QTc) on the electrocardiogram, or case reports.

Objectives: Our objective is to measure the contribution of psychotropic drugs (antidepressants and antipsychotics) to the arrhythmia itself, and measure its weight among all other risk factors.

Methods: We completed a retrospective case-control study at the Montreal Heart Institute, with a 1:3 ratio (n=440). We performed

hierarchical logistic regression for TdeP (cases vs controls), and included the following independent variables: sex, age, hypokalemia, acute myocardial infarction, left ventricular dysfunction, hepatic failure and/or renal failure, other QTc-prolonging drugs, and psychotropic drugs. We then calculated population attributable risks (PAR).

Results: In our final model which adjust risk factors for one another, women, acute myocardial infarction, hypokalemia, left ventricular dysfunction, QTc-prolonging drugs, and use of ≥2 antidepressants were significantly associated with TdeP. Age, hepatic and/or renal failure and antidepressants/antipsychotic drug monotherapy were not. The PAR for use of ≥2 antidepressants was 6.3%, while those of other QTc-prolonging drugs, female sex, and left ventricular dysfunction were 55.1%, 41.8%, and 25.6%, respectively.

Conclusions: When adjusting for concomitant risk factors, monotherapy with antidepressant or antipsychotic drugs is not associated with TdeP. On its side, the use of ≥2 antidepressants is associated with TdeP, with a PAR of lesser magnitude than sex, left ventricular dysfunction, and other QTc-prolonging drugs. This research provides a more nuanced perspective on the relationship between psychotropic drugs and the occurrence of this arrhythmia.

Disclosure of Interest: None Declared

EPP060

Detection of dissociative states in patients during the administration of Es-ketamine by monitoring with the Dissociative Experience Scale II (DES II) - Part I

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Introduction: The effectiveness of Es-ketamine therapy in the treatment of psycho-pathological symptoms is the subject of growing interest in the scientific community. Through the use of validated psychometric instruments, this study aims to delineate more precisely the mechanisms of action and clinical potential of this therapy, contributing to the advancement of knowledge in psychiatry.

Objectives: The main objective of the present study is to analyses in depth and systematically the onset and development of the dissociative state, as well as the different forms of dissociation, in patients undergoing treatment with Es-ketamine (Spravato). Particular attention will be paid to the distinction between drug-induced dissociation and dissociation of a psychotic nature.

Methods: Two psychometric instruments were used: the Clinical Global Impression (CGI) and the Dissociative Experience Scale II (DES II). The CGI assessed symptom severity (Severity of Illness, SI), the overall clinical improvement (Global Improvement, GI) and treatment effectiveness with respect to side effects (Efficacy Index, EI). DES II measured the frequency and intensity of dissociative symptoms, considering a score of ≥30 as pathological. The initial sample of 16 patients was reduced to 15 (6 males and 9 females) due to the exclusion of one participant due to incomplete data.

Results: Preliminary results indicate that treatment with Es-ketamine led to significant clinical improvement in the majority of patients. Quantitative analysis showed an improvement between the initial (T0) and subsequent (T1) assessment on both scales used. In the DES II, a mean effect of +0.98 was found, with a cumulative reduction of 14.65 points, indicating a decrease in dissociative symptomatology. In the CGI, the mean improvement presented an effect size of +56.57, with a range from +30.4 to +117.9, suggesting significant variability in treatment response. In two patients, a 31-year-old man and a 19-year-old woman, a clinical worsening associated with high levels of dissociation was observed, highlighting the potential role of factors such as age and dissociative vulnerability in treatment response.

Conclusions: The CGI and DES II scales proved effective in monitoring clinical changes in patients treated with Es-ketamine, highlighting their complementarity. This study represents the first attempt to differentiate between traumatic and psychotic dissociation in Es-ketamine-treated patients, suggesting new opportunities to tailor therapeutic interventions therapeutic interventions. Further studies with larger samples and more robust methodological designs are needed to confirm the preliminary results, as well as to investigate the long-term impact of Esketamine on dissociation and the potential associated risks.

Disclosure of Interest: None Declared

Schizophrenia and Other Psychotic Disorders

EPP061

Retinal Correlates of Cognitive Function in Early-Course Schizophrenia Spectrum Disorders: A Cross-Sectional Study

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Introduction: Emerging research suggests that retinal structure, assessed via optical coherence tomography (OCT), may be a potential biomarker in Schizophrenia Spectrum Disorders (SSD). However, the relationship between retinal and cognitive parameters in the early stages of the disease remains underexplored.
Objectives: To examine the correlation between retinal structure and cognitive functioning in patients with early-course SSD.
Methods: A cross-sectional sample of 26 SSD cases and 25 age- and gender-matched healthy controls (HCs) underwent OCT imaging. Peripapillary retinal nerve fiber layer (pRNFL), macular, and ganglion cell-inner plexiform layer (GCL+IPL) thicknesses were measured. Cognitive domains, including verbal memory (California Verbal Learning Test, CVLT[Delis et al. 2000]), working memory (WAIS-III Letter–Number Sequencing Subtest[Wechsler 2011]), processing speed (Trail Making Test-A, TMT-A[Reitan et al.Clin Neuropsychol 1995;9:50-6]), sustained attention (Conners' Continuous Performance Test, CPT[Rosvold et al.J Consult Psychol 1956;20:343]), executive function (Wisconsin Card Sorting Test, WCST[Heaton 2008]), and social cognition (Mayer-Salovey-Caruso Emotional Intelligence Test, MSCEIT[Mayer et al.Emotion 2003;3:97-105]), were assessed and then transformed into t-scores. A Principal Component Analysis(PCA) was conducted, and associations between retinal and cognitive parameters were explored with Pearson/Spearman correlations; statistical significance was set at $p<0.05$.
Results: SSD patients (mean age:31.9years[SD=1.2]; males n=11 [44%]; mean duration of illness:32.5months[SD=22.3]) exhibited thicker pRNFL in both the right (t=-2.25,p=0.03) and left (t=-2.08,p=0.04) eyes compared to HCs (mean age:32.7years [SD=1.9]; males n=13[50%]). A thicker pRNFL was associated with a poorer cognitive performance: verbal (r=-0.53,p=0.04) and working memory (r=-0.64,p=0.01) was correlated with average pRNFL thickness; processing speed was associated with superior temporal pRNFL thickness (rs=-0.54,p=0.02); sustained attention was correlated with inferior nasal pRNFL thickness (rs=-0.54,p=0.04); social cognition was correlated with average pRNFL thickness (r=-0.72, p=0.03) and temporal pRNFL thickness (r=-0.82, p=0.01). Executive function was not associated with retinal measures, and macular and GCL+IPL thickness did not correlate significantly with cognitive variables.
Conclusions: Our findings suggest relationships between increased pRNFL thickness and impaired cognitive functioning in early-course SSD patients. Previous studies have reported that pRNFL might be thicker during the initial stages of SSD and thins as the disease progresses, highlighting the role of inflammatory processes in both retinal changes and cognitive impairment. Further longitudinal multimodal research is warranted to explore the utility of retinal imaging in monitoring cognitive outcomes in SSD.

Disclosure of Interest: None Declared

EPP062

Benefits of combining Metacognitive Training (MCT) with Cognitive Remediation (CR) in the recovery of patients with psychotic spectrum disorders: Preliminary results

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Introduction: Psychotic disorders are a major cause of global disability. While antipsychotic treatments are effective, their impact is limited. Metacognitive Training (MCT) reduces positive and negative symptoms, but neurocognitive deficits hinder therapy. Cognitive Rehabilitation (CR) may help improve these skills. Combining both therapies could offer better results, but studies are lacking to confirm whether there is any real improvement.
Objectives: Compare the efficacy of combined CR+MCT therapy vs. MCT alone in clinical and functional recovery in nonaffective psychotic disorders.
Methods: This ongoing randomized trial includes 85 patients (56.5% female, mean age 40.40±10.17), with 38 receiving CR +MCT and 47 receiving MCT only. Sociodemographic and clinical data (WHO-DAS-II, PANSS, GAF, and criteria for clinical remission and functional recovery) were collected pre-and post-treatment. Generalized linear models were used, with post-treatment scores as the dependent variable, baseline scores, and RC+MCT group as covariates.
Results: No significant differences were found between groups. However, CR+MCT showed a greater reduction in positive symptoms ($M_{\text{post-pre}}$ = -3) vs. MCT ($M_{\text{post-pre}}$ = -2.2) with no changes in negative symptoms. CR+MCT presented a higher percentage of clinical remission (12,1%) vs MCT (0%) post-treatment. Both groups improve in functional recovery, with greater results in MCT alone (10,9%$_{\text{CR+MCT}}$ vs 22,8%$_{\text{MCT}}$). CR+MCT also had greater reductions in functional disability ($M_{\text{post-pre}}$ = -3,4) vs. MCT alone ($M_{\text{post-pre}}$ = -2,2).
Conclusions: The group that has received the combined RC+MCT therapy has shown better results in clinical remission and functional recovery, the last in terms of disability, than the MCT-only group. The small sample size limits statistical significance.

Disclosure of Interest: None Declared

EPP063

First episode of psychosis in patients over 35 years of age, the forgotten population. A descriptive and comparative study

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Introduction: Early Intervention in Psychosis (EIP) services have been youth-focused since their inception. Recently, NICE recommend the expansion of the age acceptability criterion to 65 years, from the previous cut-off of 35 years.
Objectives: The aim of this study is to compare the demographic and clinical characteristics between patients below and above 35 years of an epidemiological cohort of first-episode psychosis patients treated in the Early Intervention Service of Cantabria (ITPCan).
Methods: This is an study of the 207 consecutive patients aged from 17 to 65 who were admitted to the Service of University Hospital Marqués de Valdecilla, Spain, from January 2020 to July 2024. Descriptive statistics and between groups comparisons are reported.
Results: A large proportion (51.2%) of those who presented a first episode of psychosis did so after the age of 35. The over 35s were predominantly female (65,1%), whilst the under 35s were predominantly male (58.4%) ($\chi2$=11.495, P=0.01).
No significant differences were found between the age groups in terms of the need for psychiatric care in the different facilities (emergency care, day hospital, acute unit admission or mid-stay unit admission), nor in the presentation of autolytic attempts or the requirement for mechanical restraint.
DUP was significantly higher in the over 35s (u=4183.5, P=0.006), with a median of 4 months versus a median of 2 in the under 35s. As for the use of drugs, 36.6% of the under 35s regularly consume cannabis compared to 6.6% of the over 35s ($\chi2$=15.783, P=0), while there are no differences in the consumption of tobacco or alcohol. There was a higher proportion of patients over 35 with diabetes (4.7% vs. 0%, $\chi2$=4.407, P=0.036), hypercholesterolemia (20.8% vs. 4%; $\chi2$=11.750, P=0.001) and a history of cardiovascular disease (7.5% vs. 1%, $\chi2$=4.678, P=0.03), but no significant differences were observed between groups in the history of cerebrovascular disease or hypertension.
In reference to diagnosis, non-affective psychosis was more frequent in both groups (73.3% in under 35s and 90.6% in over 35s), with the diagnosis of delusional disorder being more frequent in the group over 35s (18.9% vs 1%, $\chi2$=16.127, P=0). On the other hand, the diagnosis of manic episode with psychotic symptoms was significantly higher in those under 35 years of age (22.8% vs 9.4%, $\chi2$=6.867, P=0.009).
Conclusions: Despite the high proportion of patients who have a late onset of psychosis, specially women, this remains an understudied group. EIP services focused on young people are gender and age inequitable. There are some clinical and demographic differences between the two age groups and EIP services should ensure that the treatments offered are tailored to the needs of both groups.

Disclosure of Interest: None Declared

EPP064

Long-Term Survival and Mortality in Schizophrenia: Insights from a 10-Year Follow-Up Study

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Introduction: Schizophrenia is a severe mental disorder linked to a life expectancy 15-20 years shorter than the general population[1], due to higher rates of cardiovascular disease, cancer, metabolic disorders, and increased risk of suicide and accidental deaths[2].
Objectives: This study aims to analyze survival and causes of death in a cohort of schizophrenia patients over a 10-year period, providing insights into mortality patterns in this population.
Methods: This 10-year retrospective study followed 635 schizophrenia patients, aged 18 or older, enrolled from 2010 to 2013 at the Clinical Hospital of Psychiatry and Neurology, Brasov, Romania. Patients with schizo-affective or other psychotic disorders were excluded. Data included demographics, clinical history, and survival outcomes, with causes of death confirmed by a Forensic Medical Specialist.
Results: The study included 635 patients diagnosed with schizophrenia. The mean age at baseline was 48,01 ± 11.36, 42.04% were males, and the mean age of onset of schizophrenia was 26.68 ± 8.01.The average duration of illness was 21.27 ± 11.41 years. Among the cohort, 20.31% patients were treated with LAIs antipsychotics, and 17.16% were on clozapine. Of the 635 patients followed, 123 (19.4%) died during the 10-year follow-up. The average age at death was 59.04 ±11.96. According to the 2023 Eurohealth report and the World Health Organization, the overall life expectancy in Romania is 76.3 years [3]. The data on schizophrenia patients suggests a significant disparity between their average age at death and the overall life expectancy in Romania. Schizophrenia patients in Romania live, on average, about 17 years less than the general population. Of the deceased, 13% died in psychiatric wards, and 17.88% were in chronic care at the time. Among the deceased patients, 18 were on typical antipsychotic LAIs. None of the patients in the deceased cohort were on atypical LAIs. Cardiovascular disease was the leading cause of death (27.64%), followed by infections (17.07%) and cancer (12.19%). Metabolic causes accounted for 4.06%, respiratory for 1.62%, hepatic for 3.25%, and both neurological and gastrointestinal causes for 0.81%. The cause of death was undetermined in 15.45% of cases. Violent deaths accounted for 17.07% of cases, with 8 suicides and 13 accidents. Out of the 13 accidental deaths, 7 were due to choking-related asphyxiation during eating. Four of these patients were on haloperidol, 2 on quetiapine, and 1 on flupenthixol.
Conclusions: The 17-year lower life expectancy for schizophrenia patients highlights the urgent need for targeted public health interventions and improved preventive care. Additionally, the high mortality from cardiovascular disease, cancer, and infections, along with choking-related risks from antipsychotic medications, underscores the importance of careful medication management to enhance patient safety and survival.

Disclosure of Interest: None Declared

EPP065

Disentangling the contribution of inflammatory markers and kynurenines to cognitive impairment in schizophrenia

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Introduction: Neuroinflammation and the Kynurenine Pathway (KP) have gained attention in the last decades in the pathogenesis of cognitive impairment in schizophrenia. Pro-inflammatory cytokines and microglia activation induce oxidative stress, neurodegeneration, white matter (WM) disruption and increased synaptic pruning and, importantly, activate the KP, whose metabolites have neurotoxic/neuroprotective and neuromodulatory properties on cholinergic and glutamatergic neurotransmission, two pivotal systems in cognitive processes.
Objectives: This study aims to investigate the relationship between levels of inflammatory markers and KP metabolites and cognition in schizophrenia with a focus on the differential impact of these biomarkers on the different phases of the illness.
Methods: Associations between levels of biomarkers and cognitive domains in the wholw sample of 120 patients with schizophrenia were firstly assessed. Then, patients were divided in two subsamples depending on the duration of illness, with the aim to evaluate the impact of inflammatory biomarkers and kynurenines on cognition depending on disease progression. Finally, we performed cluster analysis to investigate kynurenines as possible clustering variables with the final aim to attribute a different cognitive profile to each cluster.
Results: In the whole sample we found negative correlations between multiple inflammatory markers including IL-1β, IL-6, TNF-α, and cognitive functions, particularly verbal memory. Negative associations between verbal memory and TNF-a, IFNg and IL-5 were found in early-phase patients compared to late-phase patients, who showed a less strong associations. Interestingly, kynurenines showed significant associations with cognition in multiple areas regardless of the duration of illness. Regarding clustering, Cluster 1 included patients with lower levels of Tryptophan, Quinolinic Acid, and Kynurenic Acid, as well as higher levels of 3-hydroxykynurenine, compared to Cluster 2 (Fig. 1). Interestingly the two clusters showed different cognitive profiles. Verbal memory, psychomotor speed and attention significantly differed between the two clusters, with Cluster 1 showing the most impaired cognition in all these domains (Fig. 2).

Image 1:

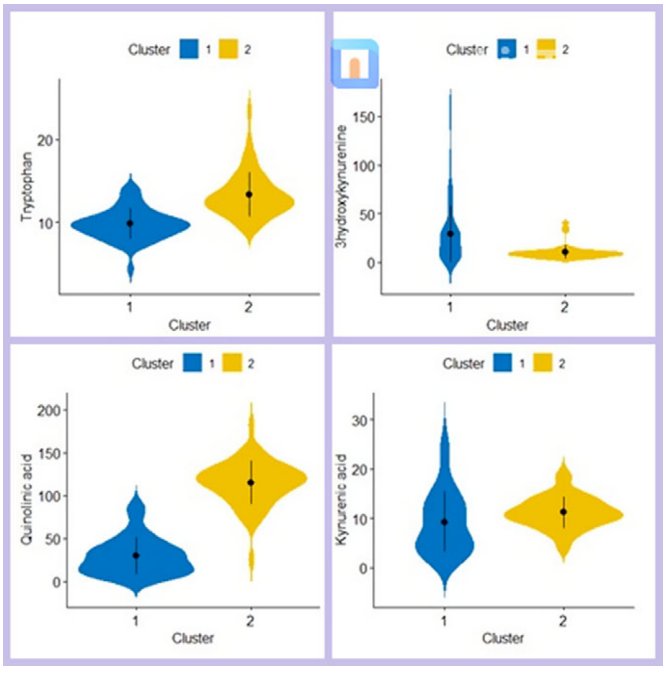
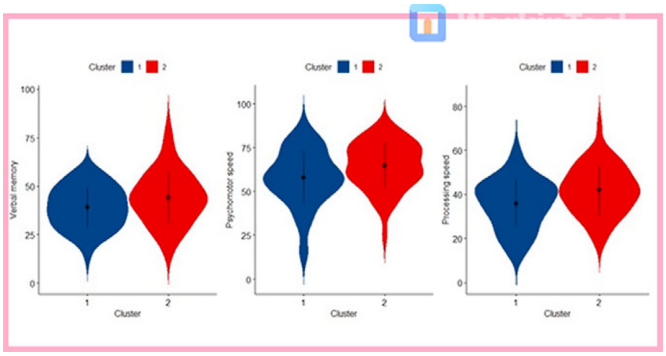


Image 2:



Conclusions: These results stress the primary importance of inflammation and KP abnormalities in cognitive impairment. The effects of inflammation on cognition seems to decline over time, while metabolites of the kynurenine pathway continue to have an impact. Probably, pro-inflammatory cytokines impact cognition more in patients with a shorter duration of illness as the biological bases of cognitive functions are more preserved (cortical volumes, synapses, WM integrity), whilw the neuromodulation of KP metabolites combined with their neurotoxic/neuroprotective profile can explain the diferential effect.

Disclosure of Interest: None Declared

EPP066

Disentangling clinical heterogeneity in schizophrenia through neuropsychophysiological profiles

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Introduction: Cognitive disruption is a key feature in schizophrenia, and the identification of the neurophysiological underpinnings is of particular interest. One of the most promising markers of cognition is aperiodic activity, which is considered as a proxy measure of excitation inhibition (E/I) balance, stemming from the equilibrium between glutamatergic and GABAergic neurotransmission. E/I alteration has been found in multiple disorders, but its relationship with cognition in schizophrenia has never been explored.
Objectives: This study aims at demonstrating the link between aperiodic activity and cognition in schizophrenia, and at creating neuropsychophysiological profiles, associated with clinical and functional features.
Methods: 48 patients with schizophrenia were assessed for cognition, well-being and the severity of psychopathology and underwent an electroencephalogram (EEG) recording during a resting state. EEG tracks were processed to extract aperiodic parameters (offset and exponent). Pearson correlation analyses between

aperiodic and cognitive measures were performed. Aperiodic indexes and the related cognitive domains were used to create neuropsychophysiological profiles, using a two-step cluster analysis. Analyses of Variance were performed to characterize significant differences in severity of psychopathology and well-being between profiles. Moderation analyses were run to identify the interplay between profiles, psychopathological severity and well-being.

Results: The mean aperiodic offset was -12.45 (± 0.65), while the mean exponent was 0.85 (± 0.28). Significant correlations with aperiodic parameters were found for: Working Memory, Processing Speed and Psychomotor Speed (Fig1-2). Cluster analysis identified two profiles (Profile1 N=15, Profile2 N=33): Profile1 had a higher offset, a steeper slope. ANOVAs revealed that Profile1 showed significantly higher scores in Working Memory and Processing speed, and lower levels of General Psychopathology, Anxiety/Depression and Uncontrolled Excitement and Hostility. Lastly, mediation models, showed an interaction between Profiles (R^2=0.21, p=.04) and Anxiety/Depression as well as between Profiles and General psychopathology (R^2=0.30, p=.003) on Self-Acceptance, with significant negative relationship only in Profile2 in both models (Fig 3).

Image 1:

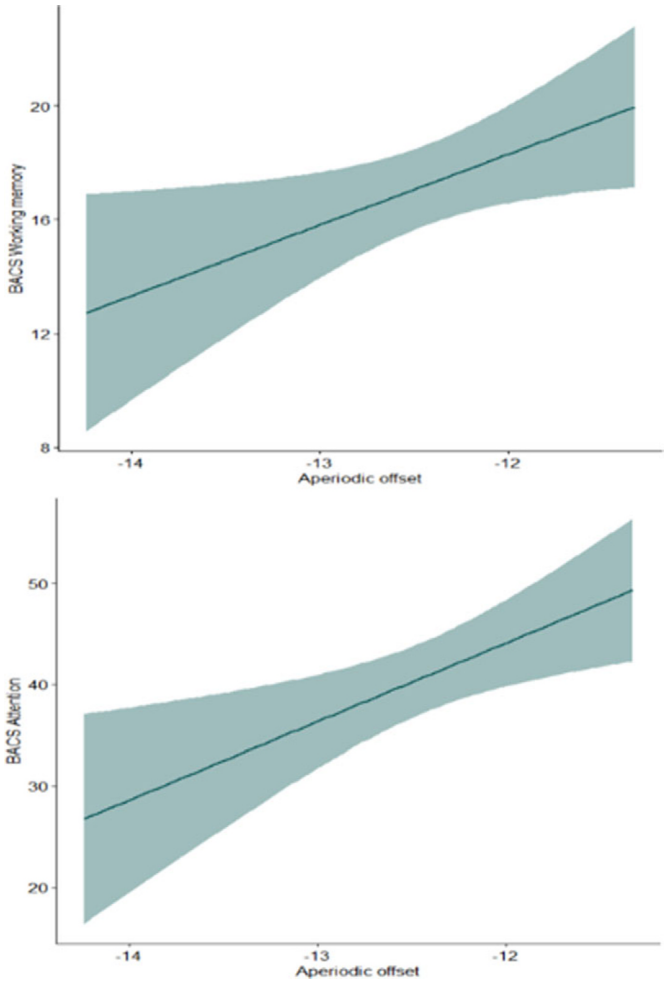


Image 2:

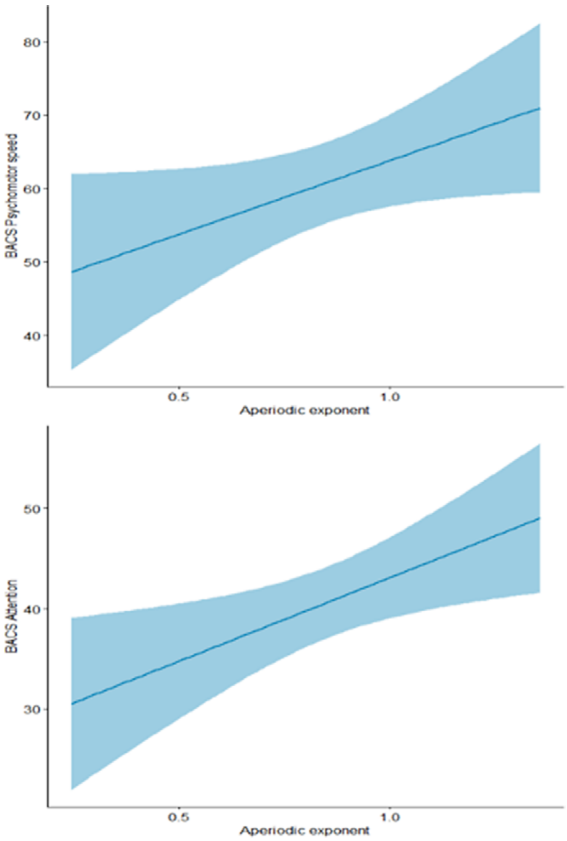
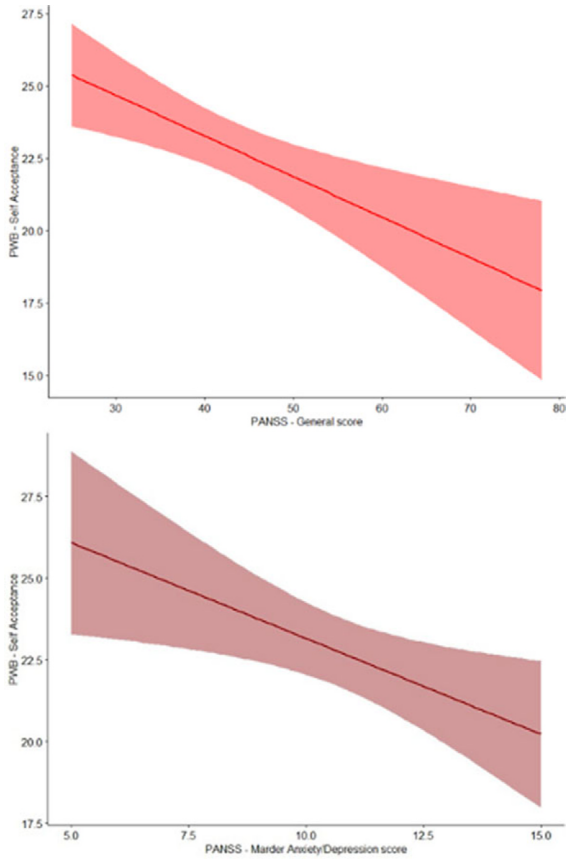


Image 3:



Conclusions: Our data support an altered E/I balance in schizophrenia and innovatively show a direct link between aperiodic activity and the cognitive disruption. This relationship is further confirmed by the identification of two profiles, characterized by distinct neuropsychological and neurophysiological measures, with a flatter aperiodic slope, corresponding to an altered E/I balance, being associated with more severe cognitive impairment and illness severity. The clinical relevance is highlighted by the interplay between symptoms severity and neuropsychophysiological patterns on subjective well-being.

Disclosure of Interest: None Declared

EPP068

The Influence of Birth Weight on Cognitive Reserve and its impact on one-year Functioning in First-Episode Psychosis patients

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Introduction: Cognition is key to long-term outcomes in first-episode psychosis (FEP). Obstetric complications affect working and verbal memory in schizophrenia (Amoretti *et al.* Psychol Med, 2022;52:2874-2884). Among them, birth weight (BW), an indicator of prenatal development, has been studied in relation to cognition (Krishna *et al.* Int J Geriatr Psychiatry, 2019;34:1139-1169). Higher cognitive reserve (CR) is associated with better cognitive and functional outcomes (Amoretti *et al.* Psychol Med, 2022;52:526-537). It is hypothesized that low BW impacts fetal brain development, reducing CR and later functioning (Krishna *et al.* Int Psychogeriatr, 2021;1-14)

Objectives: To examine the relationship between BW and functioning one year after the onset of psychosis, mediated by CR and cognitive performance

Methods: 117 FEP patients and 224 healthy controls (HC) were recruited. BW was collected as a continuous variable in grams. The Functioning Assessment Short Test (FAST) assessed functioning. CR was quantified via premorbid IQ, educational attainment, and lifetime participation in leisure and social activities. A complete neurocognitive assessment was performed. Correlational analyses explored relationships between BW, CR, and cognition in FEP and HC. Serial mediation analysis (PROCESS Model 6) examined indirect effects of BW on functioning through CR and cognition

Results: No significant differences were found in BW between patients and HC (p=0.719). HC had higher CR than patients (p<0.001) **(Figure 1)**. In patients, BW correlated with CR (r=0.20, p=0.027), though no correlation was found in HC (r=0.10, p=0.216) **(Figure 2)**. The mediation model confirmed that BW was associated with CR (β=0.01, p=0.015), CR was linked to verbal memory (β=2.21, p=0.001) and verbal memory with functioning (β=0.07, p=0.004). The direct and total indirect effects of BW on functioning were non-significant. Among the indirect paths, only the one involving CR and verbal memory was significant (95%CI [0.0001, 0.0016]) **(Figure 3)**.

Image 1:

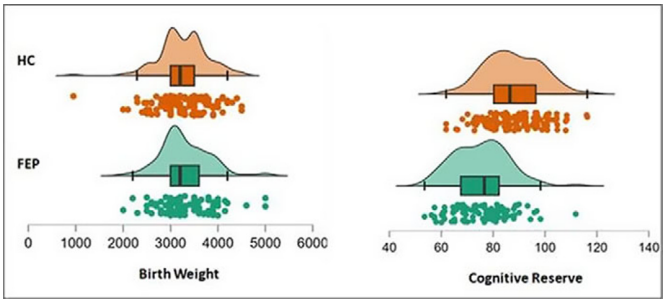


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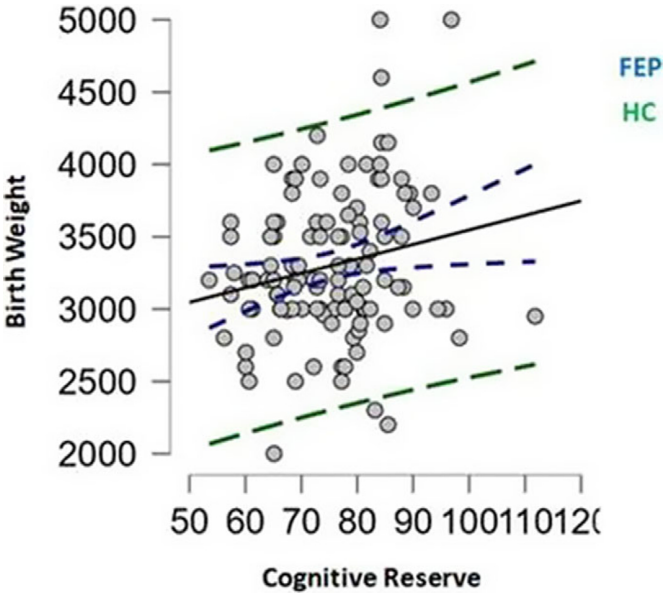
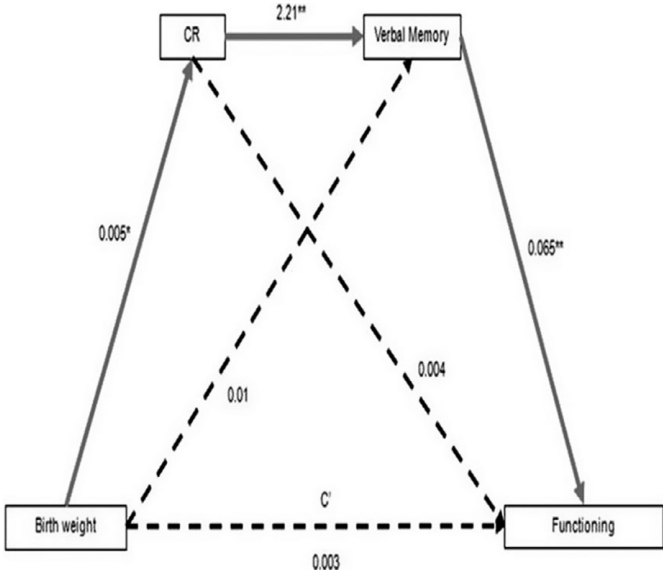


Image 3:



Conclusions: While BW did not have a direct impact on psychosocial functioning, it does influence CR, which in turn affects verbal memory.

Disclosure of Interest: None Declared

EPP069

CPAN: Validation of a novel transdiagnostic dimensional psychosis rating scale

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Introduction: Psychiatric assessment of psychotic disorders has traditionally relied on categorical classification systems, but there is a shift towards a dimensional approach in DSM-5 and ICD-11. Schizophrenia is increasingly viewed as a spectrum disorder, with genetic studies indicating shared risk factors among schizophrenia, schizoaffective disorder, and bipolar disorder. However, there is currently no widely used transdiagnostic dimensional assessment tool in clinical practice. At Semmelweis University we have developed a scale which takes into account four major symptom groups (catatonia, affective-, positive and negative symptoms) and several important "specifiers" (disorganisation, bipolarity, prodromal symptoms, childhood onset, etc.). Clinicians should assess their patients with CPAN based on the long-term clinical presentation, contrary to PANSS and other cross-sectional tools, since our theory is that long-term traits represent underlying "biology" in a more precise manner than the rapidly changing status of patients, and therefore should show higher correlation with biomarkers like genetic and imaging data.
Objectives: We aimed to test the clinical usability of CPAN and its alignment with DSM-5 diagnostic categories and medication correlations in outpatient settings. Additionally, we planned a validation process to assess the tool's validity, interrater reliability, and test-retest reliability.
Methods: In our pilot study, six clinicians assessed 104 outpatient patients using CPAN, analyzing DSM-5 diagnoses and medications. Patients were clustered into four groups based on leading symptoms. In the validation study, 100 inpatients with severe psychotic symptoms will be assessed three times by two raters—one from the clinical team and one independent. We will compare CPAN's validity to PANSS results and assess test-retest reliability with three assessments.
Results: The pilot study demonstrated that CPAN is user-friendly, taking 1-2 minutes for familiar clinicians to complete. Four symptom clusters were identified: 1) schizophrenia with catatonic symptoms, 2) schizophrenia without catatonic symptoms, 3) schizoaffective disorder with negative symptoms, and 4) schizoaffective disorder without negative symptoms/bipolar disorder. Prescription patterns were correlated with symptom groups, but detailed analysis was limited due to the small sample size. Validation results are pending.
Conclusions: CPAN is a practical tool for assessing long-term symptom presentation in patients with psychotic disorders. Widespread use of this scale could provide valuable real-life data linking symptoms to medication use and clinical outcomes. The ongoing validation study will further establish the scale's validity and reliability

Disclosure of Interest: None Declared

EPP070

Validation of Ecological Sustained Attention Test for Schizophrenia

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Introduction: Sustained attention deficit is a core feature of schizophrenia, however, its between-subjects and within-subject fluctuations are little understood. Moreover, although the pertinence of sustained attention for daily functioning has been widely discussed in the literature, research has not consistently demonstrated this association in schizophrenia. One possible reason is a use with non-ecological tasks for evaluation of SA, which may not fully capture real-world attentional demands. Indeed, existing tools demonstrate low ecological validity.
Objectives: This study aimed to develop daily-life task-based test of SA - Ecological Sustained Attention Task (Eco-SAT), and investigate its reliability and criterion, construct, and ecological validity in schizophrenia.
Methods: Eco-SAT was developed based on well-established CPT paradigm (320 trials presented for 500-3000ms, 12 min) simulating vacuum cleaning task. Twenty-one individuals with schizophrenia (age: M=42, SD=12.5; female: N=12, 57%) and 34 matched by age and gender healthy controls completed the Eco-SAT, non-ecological CPT, measures of cognition (MATRICS consensus cognitive battery: BACS, TMT, RBVMT & CFT), schizophrenia symptoms, and daily functioning using Observed Tasks of Daily Living test (OTDL, functional capacity) and Adults Subjective Assessment of Participation in daily life in an interchangeable order during one session.
Results: Eco-SAT demonstrated excellent test-retest reliability for Average RT (ICC = 0.84). Schizophrenia patients performed Eco-SAT significantly worse than controls on Average RT ($U=545$, $p < 0.01$), and variance RT ($U=518$, $p < 0.01$). Eco-SAT showed correlations with non-ecological SA task (all parameters; $0.45<r<0.75$, $p<.001$), MATRICS sub-tests of BACS (d prime, average RT, RT variance: $-0.54<r<0.3$, $p<.5$), TMT-B (average RT: $r=0.3$, $p<.05$), RBVMT (average RT, RT variance: $-0.5<r<-0.4$, $p<.01$), and CFT (average RT, RT variance:$-0.35<r<-0.34$, $p<.001$), positive schizophrenia symptoms (hit rate: $r=0.3$, $p<.05$) and the OTDL (RT variance, d prime, hit rate: $-0.35<r<0.3$,$p < .05$).
Conclusions: The study provides initial evidence of the psychometric properties of the Eco-SAT, an ecological measure of sustained attention in schizophrenia. Criterion validity was established for all Eco-SAT indices, while reliability, construct validity, and ecological validity were demonstrated for specific indices. The results suggest that average RT and RT variance are the most trustworthy indices. Although further research is required, these findings indicate that this ecological measure may offer a more

accurate way to assess attentional deficits in real-world activities, enhancing our understanding of attentional mechanisms in schizophrenia for both research and clinical applications.

Disclosure of Interest: None Declared

Sexual Medicine and Mental Health

EPP071

Sexual Dysfunction and Self Esteem Among Tunisian Women

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Introduction: Sexual dysfunction is a multifaced issue that significantly affects women's physical and psychological health, contributing to broader emotional challenges such as dissatisfaction and inadequacy. In Tunisia, cultural and social factors, including gender roles and societal expectations, further shape women's perceptions and experiences of their sexual well-being. Self-esteem, a core component of psychological health, plays a crucial role in how women view and experience their sexuality, with lower self-esteem often intensifying sexual dysfunction.
Objectives: This study aims to explore the relationship between sexual dysfunction and self-esteem among Tunisian women within this cultural context.
Methods: a cross-sectional study was conducted online using a Google Forms questionnaire between July and August 2024.The inclusion criteria were sexually active women aged 18 years or older who provided informed consent to participate. Participants completed a self-administered questionnaire that included sociodemographic information, personal medical history, lifestyle habits, and psychometric assessments.
The Female Sexual Function Index (FSFI) was used to evaluate sexual function and self-esteem was assessed using the Rosenberg Self-Esteem Scale (RSE).
Results: A total of 180 women participated in the study. The average age of the sample was 32.79, with ages ranging from 21 to 60 years. In our study, 97.78% of the women were from urban areas 94.44% had a university degree 80% were employed and 62.78% were married. Regarding medical history , 21.11% reported organic issues , while 27.22% had a psychiatric history.
Lifestyle habits indicated that 18.9% of women smoked, and 21.1% consumed alcohol, while only 1.1% reported using psychoactive substances. . The majority, 93.89%, had a single partner, and 93.89% identified as heterosexual.
The evaluation of sexual function using the Female Sexual Function Index (FSFI) showed an average score of 23.37 ± 9.64, with 43.33% of participants experiencing sexual dysfunction. Specifically, 75.6% had issues with sexual desire, 83.3% reported pain during intercourse, and 71.7% experienced problems with sexual arousal.
The average self-esteem score, was 32.25 ± 5.75. A significant correlation was found between sexual dysfunction and self-esteem ($p < 10^{-3}$). Among the women with very low self-esteem, 80% experienced sexual dysfunction, while only 20% of those with very high self-esteem reported dysfunction.
Conclusions: Addressing both sexual health and self-esteem is essential for improving the emotional and psychological well-being of women in Tunisia. These findings underscore the importance of comprehensive sexual health interventions that promote positive self-esteem, ultimately enhancing the overall quality of life and fostering psychological resilience among Tunisian women.

Disclosure of Interest: None Declared

Women, Gender and Mental Health

EPP072

Anxiety, depression, and negative affect in women with and without fertility issues: a network comparison study

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Introduction: Infertility is a biopsychosocial crisis. While there are studies demonstrating heightened negative affect (e.g., depression and anxiety) in women undergoing in vitro Fertilization (IVF), the findings are still inconsistent. The network paradigm allows for a more in-depth examination of symptom dynamics behind specific psychopathological states. A recent development allows one to compare networks from different groups using three characteristics: global strength (overall level of network node connectivity), edge strength (level of association between symptoms), and network structure (comparing all edges in the network across two groups).
Objectives: This study aims to compare the networks of anxiety, depression, and negative affect across women who have fertility issues or undergoing IVF and women without these issues.
Methods: Sample 1 consisted of 197 women with fertility issues (age: M = 37.73, SD =5.13) and 370 women without such issues (age: M = 36.25, SD = 6). Sample 2 consisted of 205 women undergoing IVF (M = 40; SD = 5.29) and 222 mothers without fertility issues (M=28; SD = 4. 93). Sample 3 consisted of 162 women undergoing IVF (M= 35.58; SD=5.04) and 129 mothers without fertility issues (M= 34.37; SD= 4.94). PHQ-9 (Patient Health Questionnaire; depression measure) was administered to the sample 1, GAD (generalized anxiety disorder measure) was administered to sample 2, and PANAS - NA (negative affect measure) was administered to sample 3. NetworkComparisonTest R package was used to compare the networks. EBICglasso was used to estimate the networks.
Results: Regarding the depression symptoms (sample 1; image 1) - the networks across the two groups are highly similar with respect to overall connectivity (S =.051; p = .73) and overall network structure (M = .16, p =.87). Regarding generalized anxiety symptoms (sample 2; image 2), the findings are replicated with overall connectivity being the same across the two groups (S =.10, p = .34) and network structure being the same across the two groups (M = .28, p= .09). Finally, the negative affect (sample 3; image 3)

network connectivity (S = .02, p = .93) and network structure (M = .23, p = .53) are identical across the two groups.

Image 1:

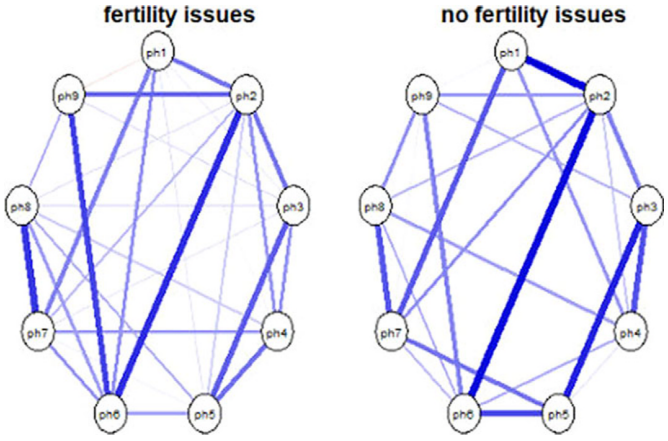


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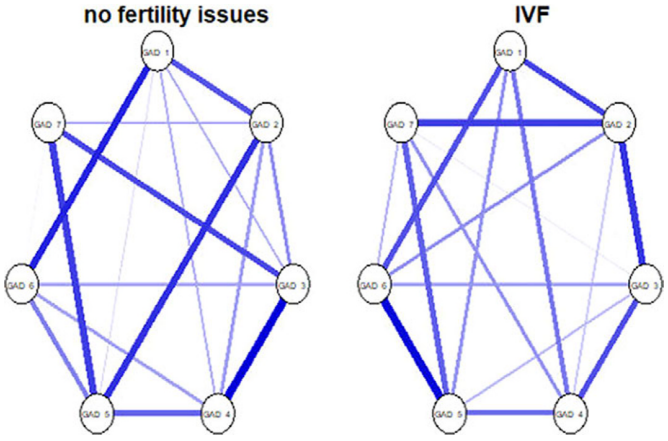
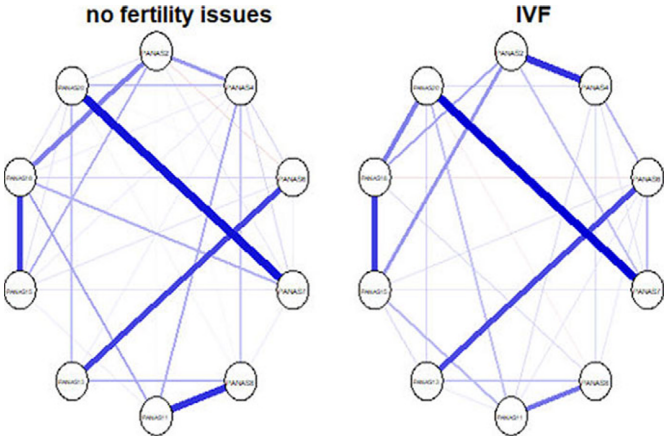


Image 3:



Conclusions: The networks of negative affect, depression, and anxiety are highly similar across women with fertility issues and women without such issues. Therefore, fertility issues do not seem to affect the structure of symptoms of depression, anxiety, and negative affect. Finally, it is argued here that the knowledge of these disorders (and negative affect) can be generalized to the population of women who have fertility issues.

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EPP073

Sex differences in adults with ADHD: A population based study

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Introduction: Attention-deficit/hyperactivity disorder (ADHD) is a common neurodevelopmental disorder that often persists into adulthood, significantly impacting daily functioning and quality of life. Studying sex differences in ADHD is crucial as females are frequently underdiagnosed or misdiagnosed, which can delay treatment and worsen outcomes. ADHD presents in three main subtypes: inattentive, hyperactive-impulsive, and combined. The combined subtype tends to cause more significant impairments, particularly in academic and social contexts. Males are more likely to be diagnosed with hyperactive-impulsive or combined types, while females often present with the inattentive subtype. A subtype-specific approach is essential, as it guides targeted interventions to address distinct behavioral and cognitive challenges, enhancing treatment efficacy and outcomes.

Objectives: This study aims to analyze differences in ADHD severity, comorbidity with other conditions, and socio-functional impact by ADHD subtype and sex, as well as to evaluate interactions between these variables.
Methods: This population-based study included 900 adults diagnosed with ADHD from a specialized ADHD clinic. Participants were classified by ADHD subtype and sex. Diagnostic and severity assessments were conducted using validated tools, including the CAADID-I, DIVA-5, ADHD Rating Scale (ADHD-RS), Wender Utah Rating Scale (WURS), and Clinical Global Impression Severity Scale (CGI-S). Comorbid psychiatric conditions and psychosocial functioning were evaluated using the BDI-II, STAI, BIS-11, PSQI, FAST, and WHODAS scales. Statistical analyses included bivariate, multivariate, and General Linear Model (GLM) methods.
Results: Females were diagnosed with ADHD later than males ($p=0.001$) and exhibited greater severity (ADHD-RS, $p<0.001$) and higher levels of depression and anxiety. No significant sex differences were observed in impulsivity or sleep quality. The combined ADHD subtype was associated with greater clinical severity and functional impairment. An interaction effect was found between sex and ADHD subtype only for WHODAS scores, with females in the combined subtype showing greater impairment.
Conclusions: ADHD presents differently across sexes and subtypes, with specific interactions observed in functional impairment. These findings emphasize the importance of considering sex and ADHD subtype independently to enhance diagnostic accuracy and inform targeted treatment strategies.

Disclosure of Interest: None Declared

EPP074

Prevalence and clinical correlates of intimate partner violence (IPV) among women with mental illness

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Introduction: Intimate partner violence (IPV) is a major public health concern. One of the most common forms of interpersonal violence concerns IPV, one in three women which is approximately 35% of women who experience physical and sexual violence by an intimate partner at some points in their lives. Women with mental illness are a vulnerable risk group for IPV.
Objectives: The current study aimed to assess the prevalence and clinical correlates of IPV among women outpatients with mental illness in a tertiary care psychiatric hospital.
Methods: 118 participants with a primary diagnosis of schizophrenia spectrum disorders or depression were recruited. Data on intimate partner violence (IPV) were assessed on the World Health Organization Violence Against Women (WHOVAW) scale, consisting of three domains-psychological, physical and sexual intimate partner violence. Psychopathology was measured using Brief Psychiatric Rating Scale-18 items (BPRS) questionnaire, consisting of five domains- positive symptoms, negative symptoms, resistance symptoms, activation symptoms, and affect symptoms. Data on socio-demographic characteristics were also obtained. Multivariable logistic regression was used for analysis.
Results: The mean (SD) age of women participants was 32.63 years (10.96). The overall prevalence of IPV among women with mental illness was 55.1%. Participants who were separated/widowed/divorced (versus single) were significantly more likely to experience total VAW scores (OR=14.57), and psychological (OR=21.64), and physical (OR=11.30) domains. Those who belong to Malay ethnicity (versus Chinese ethnicity) were significantly more likely to experience sexual abuse (OR=6.25). Women who were unemployed (versus employed) were significantly more likely to experience sexual IPV (OR=3.94). Women who experienced IPV (OR=1.36), psychological abuse (OR=1.30) and physical abuse (OR=1.25) were significantly more likely to have positive symptoms compared to those who did not experience IPV. Women who experienced IPV (OR=1.14) and psychological abuse (OR=1.13) were significantly more likely to have affect symptoms compared to those who did not experience IPV.
Conclusions: The study highlights the prevalence of IPV among women with mental illness. Overall VAW scores, psychological and physical IPV were strongly associated with higher score on the positive and affect symptoms on psychopathology scale. The high prevalence of IPV among this group of patients is concerning and mental health professionals should actively identify IPV and implement holistic interventions to ensure good care of women with mental illness.

Disclosure of Interest: None Declared

EPP075

Gender Bias in ADHD Assessment: Are Male Partners Underestimating Female Symptoms on CAARS?

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Introduction: Social support can significantly influence mental health help-seeking (Rickwood et al., 2005). At MHWS, many patients are older and receiving late diagnoses for ADHD, often after experiencing lifelong difficulties. Research shows that women's mental health issues are frequently overlooked due to gender biases in healthcare (Kuehner, 2017), with men often underestimating the severity of their partners' mental health challenges (O'Neil, 2008; Cummings & Davies, 2002). This study explores whether similar patterns of underrepresentation occur in ADHD diagnoses, particularly in relation to observer gender and relationship to the patient.
Objectives: The study aimed to explore differences in ADHD assessment scores between patients and their observers based on the observer's gender and relationship to the patient. Additionally, it sought to determine whether the underrepresentation of ADHD symptoms differs based on these variables.
Methods: A cross-sectional comparative study was conducted involving 196 patients (123 females, 73 males) and their observers (135 females, 61 males) using the Conners' Adult ADHD Rating Scales (CAARS). The DSM-IV ADHD Symptoms Total was analyzed by comparing scores between patients and observers. The significance

level was set at 0.10 for exploratory purposes. Statistical analyses included the Mann-Whitney U test and Kruskal-Wallis test to explore the effects of observer gender and relationship on the discrepancy in ADHD symptom reporting.

Results:

1. Gender of the patient did not influence self-reported ADHD scores (*U = 5057.500, p = 0.705)*, but observer gender significantly impacted their rating of the patient's symptoms (*U = 5312.500, p = 0.032).*
2. Female patients' ADHD symptoms were underrepresented more than male patients' (U = 3941.500, p = 0.019).
3. Male observers underreported symptoms more than female observers (U = 4772.500, p = 0.075).
4. Observer relationship to the patient did not significantly affect ADHD symptom score discrepancies (H(3) = 4.928, p = 0.177).
5. Female partners were less likely to underrepresent ADHD symptoms compared to female parents, female and male family members, and male partners *(p = 0.028, 0.002, <0.001).*

Conclusions: Female patients were more likely to have their ADHD symptoms underrepresented, particularly by male observers and male partners, indicating potential gender biases in perception. The findings suggest that clinicians should be cautious of possible underreporting of ADHD symptoms by male observers and particularly male partners. Future research should explore whether hyperactivity or inattentiveness is more frequently underrepresented and further validate these exploratory findings.

Disclosure of Interest: None Declared

Addictive Disorders

EPP076

Increased risk of alcohol use disorder following bariatric surgery: literature review

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doi: 10.1192/j.eurpsy.2025.429

Introduction: In the last 50 years, obesity has become a leading cause of morbidity and decreased life expectancy, being associated with the development of cardiovascular disease, decreased mental health and overall decreased quality of life. The development of bariatric surgery as a treatment strategy in those in which attempts at conservative treatment yielded no satisfactory results has revolutionized treatment of refractory obesity. While short term gains in cardiovascular health are undeniable, long-term impact remains uncertain. More recently, there is emerging evidence of bariatric surgery being associated with *de novo* alcohol use disorder.

Objectives: We aimed to study the possible correlation between bariatric surgery and alcohol use disorder, specifically the individual risk factors that may promote such outcome. Moreover, we aimed to evaluate which surgical procedures are more eliciting of alcohol use disorder.

Methods: We performed a literature review using the database MEDLINE and obtained 241 results using the query terms "*bariatric surgery*" and "*alcohol*". Of these, we read all the summaries and subsequently selected 51 different scientific articles which we afterwards read in full. We then performed a literature review aiming to understand the maladaptive alcohol consumption patterns following bariatric surgery

Results: Most studies report maladaptive alcohol use following bariatric surgery. Outstandingly, this consumption pattern develops only at later follow up stages, usually over 3 years after surgery. Furthermore, not all types of bariatric surgery appear to pose the same iatrogenic risk. Gastric bypass poses the highest risk of new onset alcohol misuse, in comparison to sleeve gastrectomy or gastric band surgery. It is not yet fully understood the mechanism behind this pattern of alcohol misuse following surgery, but common reasons have been identified, including different social interaction patterns, addiction transfer, ambivalence towards bodily changes, increased mental vulnerability and different body response to the effects of alcohol.

Conclusions: The screening of alcohol misuse before and after bariatric surgery is of paramount importance to decrease the surgical iatrogenic risk and improve outcomes. Further research should be developed in understanding what are the risk factors and mechanistic pathways for alcohol misuse following bariatric surgery. Also, it should be investigated whether the treatment of alcohol misuse disorder differs between patients submitted to bariatric surgery or not.

Disclosure of Interest: None Declared

EPP077

Screening abstinent bariatric surgery patients for Behavioural Addictions using MMPI-2 data

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doi: 10.1192/j.eurpsy.2025.430

Introduction: Eating disorders comprise various conditions yet do not cover chronic overeating that may result in extreme obesity. Binge eating disorder with chronic somatic effects is not included in DSM-V; behavioural addictions do not comprise chronic overeating either. Neither do impulse control disorders. There are no actual screening tools for chronic overeating, and research is scarce on its chronic psychological effects

Objectives: This research aims to find the distinctive psychometric characteristics of addiction using MMPI-2 data taken from patients who underwent gastric surgery due to high-risk obesity or moderate-risk obesity with alarming comorbidities.

Methods: This study employed a consecutive patient cohort to evaluate complication rates and the efficacy of Single-Anastomosis duodeno-ileal bypass with Gastric plication (SADI-GP). Patient recruitment commenced in October 2018 and ceased in June 2019. The process involved preoperative assessment, surgery, and several postoperative follow-up appointments at 1, 3, 6, and 12 months. The Minnesota Multiphasic Personality Inventory

(MMPI-2) was administered during the 12-month follow-up. Participants aged between 18 and 65 years were included in the study, with body mass indexes (BMIs) exceeding 40 for individuals without comorbidities related to morbid obesity, and exceeding 35 for those with comorbidities related to morbid obesity, particularly related to glucose metabolism.
MMPI-2 scales previously confirmed to be related to SUD were analyzed, and common psychological comorbidities of SUD were searched for using these scales
Results: High scores on MAC-R, AAS, and APS scales are well-represented in the sample (Table 1).
The sample includes a high number of high scorers on Rc4 and a moderately high number of high scorers on Rc9 (Table 2).
Elevated individual scale scores form dual or triplet peak settings in the MMPI-2 results and may describe certain conditions, like SUD. The majority of the subjects showed SUD-like personality settings (Figure 1). This study is constrained by limitations about sample size, a dropout rate exceeding expectations, stringent exclusion criteria, male-to-female ratio, short-term results, and the absence of longitudinal data on psychological characteristics.

Image 1:

Table 1. **Frequencies along the Supplemental Scales**

	No. of patients with high score	%
Anxiety (A)	5	31,25%
Repression (R)	5	31,25%
Ego Strength (Es)	1	6,25%
Dominance (Do)	2	12,5%
Social Responsibility (Re)	3	18,75%
College Maladjustment (Mt)	5	31,25%
Post-Traumatic Stress Disorder Scale (Pk)	6	37,5%
Hostility (Ho)	6	37,5%
Over Controlled Hostility (O-H)	3	18,75%
MacAndrews Alcoholism Scale Revised (MAC-R)	9	56,25%
Addictions Acknowledgement Scale (AAS)	4	25%
Addiction Potential Scale (APS)	6	37,5%
Gender Role - Masculine Scale (GM)	3	18,75%
Gender Role - Feminine Scale (GF)	6	37,5%

Image 2:

Table 2. **Frequencies along the Revised Clinical Scales (Rc)**

	High score	%	Low score	%
Demoralization (Rcd)	4	25%	0	0
Somatic Complaints (Rc1)	2	12,5%	0	0
Low Positive Emotions (Rc2)	7	43,75%	0	0
High/Low scores on Cynicism (Rc3)	5	31,25%	3	18,75%
Antisocial Behavior (Rc4)	7	43,75%	0	0
Ideas of Persecution (Rc6)	2	12,5%	0	0
Dysfunctional Negative Emotions (Rc7)	4	25%	0	0
Aberrant Experiences (Rc8)	1	6,25%	0	0
Hypomanic Activation (Rc9)	4	25%	0	0

Image 3:

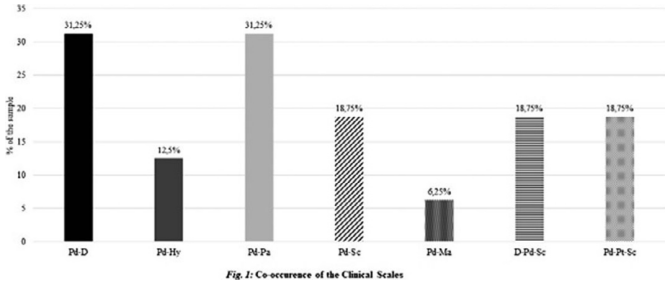


Fig. 1: **Co-occurence of the Clinical Scales**

Conclusions: We found the MacAndrews Revised (MAC-R) scale strong, with AAS and APS as intermediate indicators for non-substance-based behavioural addiction in our sample (Table 1). RC4 also seems to be a strong indicator (Table 2), along with Pd-D and Pd-Pa peaks (Figure 1).

Disclosure of Interest: None Declared

EPP078

Baclofen-Assisted Alcohol Detoxification with Minimal Diazepam Dosing: A Controlled Study at Corfu General Hospital Detoxification Unit

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Introduction: Alcohol withdrawal syndrome is a significant challenge in the management of alcohol use disorder, with traditional treatments often relying heavily on benzodiazepines like diazepam. This study aimed to explore the efficacy and safety of incorporating baclofen (30 mg/day) alongside minimal, tailored diazepam doses—adjusted according to alcohol intake and CIWA-Ar scores—to manage withdrawal symptoms more effectively than conventional diazepam protocols. By reducing the total diazepam needed and shortening detoxification time, the study highlights the potential of baclofen to offer a faster, safer approach to alcohol withdrawal treatment.
Objectives: To evaluate the efficacy and safety of combining baclofen (30 mg/day) with minimal diazepam doses—calculated based on alcohol consumption and adjusted by CIWA-Ar scores—in managing alcohol withdrawal symptoms more rapidly than standard diazepam protocols.
Methods: Sixty-nine patients with alcohol use disorder were enrolled and randomized into two groups. The baclofen group (n = 32) received baclofen 30 mg/day plus minimal diazepam, with initial diazepam doses based on average daily alcohol units consumed (1 mg diazepam per unit) and adjusted using CIWA-Ar scores. The standard group (n = 37) received a conventional diazepam-based detoxification regimen with fixed starting doses adjusted by withdrawal symptoms. Primary outcomes were the total diazepam dosage required and the duration of detoxification. Secondary outcomes included daily CIWA-Ar scores and incidence of adverse effects. Statistical analyses employed independent t-tests and chi-square tests, with $p < 0.05$ considered significant.
Results: The baclofen group required significantly less diazepam compared to the standard group (mean total dose: 30 ± 10 mg vs. 50 ± 15 mg; $p < 0.001$). They also experienced a shorter detoxification duration (mean: 15 ± 1 days vs. 19 ± 1 days; $p = 0.01$), indicating a faster withdrawal process. CIWA-Ar scores were consistently lower in the baclofen group throughout detoxification (mean: 6 ± 2 vs. 10 ± 3; $p < 0.001$), reflecting milder withdrawal symptoms. No significant adverse effects were observed in either group, including over-sedation, respiratory depression, or hallucinations.

Conclusions: Combining baclofen (30 mg/day) with minimal diazepam—calculated based on alcohol consumption and adjusted by CIWA-Ar scores—effectively controlled alcohol withdrawal, reduced diazepam use by 40%, and shortened detoxification by about four days. The protocol was well-tolerated and may benefit patients at risk from high benzodiazepine doses or in settings aiming to limit benzodiazepine use. These findings suggest baclofen can reduce medication needs and speed up recovery. Larger trials are needed to confirm these results and evaluate long-term outcomes like relapse rates and sustained abstinence.

Disclosure of Interest: None Declared

EPP081

Intervention for improving treatment retention and alcohol-related outcomes in patients with alcohol-related liver disease: a randomised controlled trial

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Introduction: Quitting alcohol use has been described as the main factor capable of modifying the prognosis of alcohol-related liver disease (ArLD). However, retention to the addiction treatment in these patients is low, and relapse in alcohol use is common. Misconceptions in the patients knowledge of the disease and the treatment impact retention. To improve retention, we have designed a blended intervention consisting in a presential brief intervention combined with a gamified webapp (MyWayUp). The intervention provides information regarding the liver disease and treatment, how to improve the prognosis, healthy lifestyles and how to achieve behavioural changes. The intervention was designed using a co-creation approach, and is based in well-stablished psychological principles (cognitive behavioural therapy, CBT; motivational interviewing, MI; psychoeducation; game-based learning).
Objectives: The main objective is to explore the efficacy of the MyWayUp for improving retention to the addiction treatment in patients with ArLD at six months follow-up. As secondary objectives we explore: retention at 1 and three months, adherence to the treatment (attended visits from the total programmed), patterns of alcohol use and quality of life.
Methods: Prospective, randomised controlled trial, 6 months. Patients with ArLD onset would be invited to participate. If signed the informed consent, they would be randomised to the experimental or control condition. The experimental group would receive the brief intervention and given access to the webapp with a unique access code. Patients in the control group received treatment as usual, and after six months, if they had not adhered to the addiction unit, they would be invited to participate as experimental group. Both groups would be programmed the first visit with a psychiatrist, and followed at months 1, 3 and six after inclusion. The study was blinded for professionals and patients, and only one member in the research team would know the allocation group of each patient.
At baseline, sociodemographical variables were collected, as well as clinical data (presence of comorbidities), pattern of alcohol or other substances use (AUDIT; timeline follow back, TLFB), quality of life (EQ-5D-5L) and functionality (FAST). Several measure were taken at months 1, 3 and six: being active in the treatment at the assessment point (retention); adherence; alcohol and other substance use (TLFB) quality of life and functionality.
Results: The final sample consisted of 82 patients, with a mean age of 55.3 (SD = 11.4). 38.2 % were women, and 53% of the participants were allocated to the experimental group.

Image 1:

VARIABLE	Experimental group	Control group	Statistic (p-value)
Retention month 6 (Primary outcome)	76.7%	40%	Chi = 12.24 (0.002)*
Retention month 1	81.4%	69.4%	Chi = 2.1 (0.34)
Retention month 3	72.1%	41.7%	Chi = 8.24 (0.02)*
Median of attended visits (SD)	4.5 (2.2)	2.7 (2.46)	2.3 (0.002)*
Adherence (attended visits/scheduled visits)	74.4%	45.2%	

Image 2:

VARIABLE	Experimental group	Control group	Statistic (p-value)
Prevalence of alcohol use month 1	38.3%	44%	Chi = 1.17 (0.56)
Prevalence of alcohol use month 3	22.2%	54.2%	Chi = 5.55 (0.019)
Prevalence of alcohol use month 6	20%	48%	Chi = 5.6 (0.024)

Conclusions: MyWayUp has shown efficay in improving treatment retention and adherence as well as in improving abstinence rates.

Disclosure of Interest: None Declared

EPP082

Alexithymia, Pain Sensitivity, and Interoceptive Awareness in Individuals with Alcohol Use Disorder

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Introduction: Alexithymia, the limited ability to recognize and describe emotions, reflects impairments in emotional awareness and is a prevalent dysfunctional trait in individuals with addiction. Pain is an interoceptive feeling processed through interoceptive pathways and serves as a homeostatic emotion that can motivate behavior. Pain sensitivity may play a role in the development and progression of alcohol use disorder (AUD). Interoceptive awareness (IA) refers to the ability to perceive the internal state of the body. Both interoceptive accuracy (IAc) and interoceptive sensibility (IS), the objective and subjective dimensions of IA, have been shown to be implicated in individuals with AUD.
Objectives: Our objective was to compare alexithymia, pain sensitivity, IAc, and IS levels between abstinent patients with AUD and healthy controls. Additionally, we aimed to investigate the potential associations between the dimensions of IA and both alexithymia and pain sensitivity.
Methods: The study comprised 52 abstinent patients with AUD and 52 healthy control subjects. 92.3% (n=48) of the participants in each group were male, and 7.7% (n=4) were female. Alexithymia was assessed using the 20-item Toronto Alexithymia Scale (TAS-20). Pain sensitivity was measured with the Pain Sensitivity Questionnaire (PSQ). IAc was assessed using the heart rate tracking task, which measured participants' awareness of their own heartbeat by comparing the number of heartbeats they perceived with an objective heart rate measurement. IS was evaluated using the Multidimensional Assessment of Interoceptive Awareness Version 2 (MAIA-2). The study included patients who had completed detoxification and been abstinent for at least three weeks while participating in or undergoing a 28-day abstinence-based inpatient treatment program.
Results: Individuals with AUD scored significantly higher on self-reported measures of alexithymia (AUD group: 53.35 ± 11.83; control group: 44.63 ± 6.43; $p < 0.001$, $F = 21.768$) and significantly lower on the heart rate tracking task (IAc) (AUD group: 0.65 ± 0.15; control group: 0.84 ± 0.13; $p < 0.001$, $F = 43.615$). No significant difference was found in self-reported IS scores (AUD group: 114.06 ± 21.38; control group: 113.37 ± 13.52; $p = 0.844$, $F = 0.039$) or pain sensitivity scores (AUD group: 5.22 ± 1.67; control group: 5.18 ± 1.06; $p = 0.892$, $F = 0.018$). Alexithymia scores showed significant negative correlations with IAc scores ($r = -0.256$, $p = 0.009$) and IS scores ($r = -0.361$, $p < 0.001$). However, pain sensitivity scores did not significantly correlate with alexithymia ($r = 0.083$, $p = 0.402$), IAc ($r = -0.103$, $p = 0.299$), or IS scores ($r = 0.136$, $p = 0.169$).
Conclusions: Our findings support the hypothesis that alexithymia, which is linked to the development and progression of AUD, is associated with the dimensions of IA.

Disclosure of Interest: None Declared

EPP083

"Snowball" in the Treatment of Alcohol Use Disorder

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Introduction: Treatment motivation is very important in the treatment of alcohol and substance use disorders. The evaluation of motivation, which is seen as the first step in addiction treatment, will also help understand the person's interest and compliance with treatment. The lack of motivation of the person during the treatment process causes treatment abandonment and relapses.
An important issue in the treatment of alcohol use disorder is the trust of the person in the treatment. It is also important for the addict to have someone around him who has benefited from treatment, which is very important in terms of treatment compliance. With the influence of a person who has benefited from addiction treatment, the likelihood of applying for treatment and benefiting from treatment increases in a "snowball" manner.
Objectives: The aim of this study was to evaluate whether people who are treated for alcohol use disorder have a treatment motivation for those around them. It was aimed to examine whether the people who have been treated are important in increasing the trust in treatment for other patients.
Methods: The study included cases who applied to the Seferihisar State Hospital Psychiatry Outpatient Clinic with complaints of alcohol use. The sociodemographic information form was filled out during the individuals' first applications. The participants were asked whether there were people around them who had received inpatient treatment for alcohol use disorder at the hospital where the study was conducted, and the individuals were then administered the Readiness for Change and Desire for Treatment Scale (SOCRATES), Treatment Motivation Questionnaire (TMQ), and Alcohol Use Disorders Identification Test (AUDIT). The individuals were given the standard treatment recommended in our country's treatment guidelines for the diagnosis of alcohol use disorder. The individuals participating in the study were interviewed at 1 month, 2 months and 3 months after starting treatment. The individuals' answers and the decrease in the frequency and amount of alcohol use were recorded.
Results: The rate of treatment attendance is 2.7 times higher for people who have received treatment for alcohol use disorder in their circle.
The rate of treatment confidence in treatment is 4.1 times higher for people who have received treatment for alcohol use disorder in their circle.
The frequency and amount of alcohol use has decreased more for people who have received treatment for alcohol use disorder in their circle.

Conclusions: It has been determined that those who are surrounded by people who have received treatment for alcohol use disorder have higher levels of treatment confidence and compliance. The assistance of these people to those around them can play an important role in increasing the success of addiction treatment.

Disclosure of Interest: None Declared

Bipolar Disorders

EPP084

Impact of Concurrent Anticonvulsant Use on Seizure Parameters and Clinical Outcomes of Electroconvulsive Therapy in Bipolar Disorder: A Systematic Review and Meta-Analysis

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doi: 10.1192/j.eurpsy.2025.435

Introduction: Treatment for bipolar disorder (BD) predominantly focuses on psychopharmacology, including lithium, antipsychotics, and anticonvulsants. Electroconvulsive therapy (ECT) is highly effective for managing manic or depressive episodes, yet studies on the effects of anticonvulsant therapy as a modifying factor of clinical outcome during ECT are scarce.
Objectives: To evaluate how concurrent anticonvulsant use affects seizure parameters and clinical outcomes of ECT in BD patients.
Methods: A comprehensive search of multiple databases (MEDLINE, Embase, Web of Science, PsycINFO, Cochrane Central Register of Controlled Trials, World Health Organization International Clinical Trials Registry Platform, ClinicalTrials.gov) was conducted on October 2, 2024, without language or publication date restrictions. Eligible studies included clinical trials and retrospective analyses comparing BD patients undergoing ECT with and without anticonvulsant use. Random-effects models were applied for a sufficient number of studies, while fixed-effects models were used for fewer studies. Subgroup and sensitivity analyses were conducted.
Results: Six studies met the criteria, involving 359 participants (mean age: 29.7 years; 31.2% female). Five studies focused on the effect of concomitant treatment with valproate during a manic episode, and only one study included subjects in treatment with other anticonvulsants during different mood episodes of BD. Anticonvulsant users required significantly higher minimal electrical dosages to achieve adequate seizures (SMD = 0.71, 95% CI [0.46 to 0.95], $p < 0.0001$), as indicated by higher seizure thresholds and stimulus doses. Additionally, anticonvulsant use was associated with a significantly shorter seizure duration (SMD = -0.75, 95% CI [-1.10 to -0.41], $p < 0.0001$). However, no significant differences in symptomatic improvement were found between those using and not using anticonvulsants (SMD = 0.03, 95% CI [-0.19 to 0.25], $p = 0.78$).
Conclusions: Concurrent anticonvulsant use in BD patients undergoing ECT is associated with higher seizure thresholds and shorter seizure durations, but this does not affect clinical outcomes regarding disease severity. Based on these findings, discontinuation of anticonvulsants during ECT may not be necessary. This review was limited by the small number of studies, small sample sizes, and considerable heterogeneity. Additionally, the majority of the studies analyzed only included patients in the manic state of the illness. Further research is needed to explore whether variations in seizure parameters are linked to individual clinical outcomes in BD patients, the impact of different anticonvulsants on these parameters and the outcome for depressive and mixed episodes of bipolar disorder.

Disclosure of Interest: I. Borja De Oliveira: None Declared, E. Tolotti Leite: None Declared, I. Santos Raposo Andrade: None Declared, M. Geremias: None Declared, A. Stephany: None Declared, A. de Vasconcelos: None Declared, D. Xavier: None Declared, F. Wagner: None Declared, G. A. M. Alves: None Declared, M. O. Pozzolo Pedro: None Declared, D. Soler Lopes: None Declared, A. Balduino de Souza: None Declared, M. Carbajal Tamez: None Declared, J. Quevedo Shareolder of: Instituto de Neurociencias Dr. Joao Quevedo, Grant / Research support from: LivaNova; and receives copyrights from Artmed Editora, Artmed Panamericana, and Elsevier/Academic Press, Consultant of: EMS, Libbs, and Eurofarma, Speakers bureau of: Myriad Neuroscience and AbbVie.

EPP085

Neurocognitive Profiles of Mood Phases in Bipolar Disorder: Is Agitated Depression Related to Mania or Depression?

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Introduction: Agitated Depression (AgD) is a unique subtype of depression marked by impulsivity, higher suicide risk, treatment resistance, and worse clinical outcomes compared to Non-Agitated Depression (Non-AgD). Despite these clinical distinctions, the underlying neuropsychological mechanisms that differentiate AgD from Non-AgD remain poorly defined.
Objectives: This study aims to explore the neurocognitive correlates that differentiate AgD from Non-AgD.

Methods: The study cohort included 722 participants, divided into five groups: AgD, Non-AgD, subjects in a manic state (Mnc), euthymic subjects with bipolar disorder (Eu), and healthy controls (HC). All participants underwent a comprehensive neurocognitive assessment including the Wisconsin Card Sorting Test (WCST), the Interference Component of the Stroop Test (ST), the Semantic Fluency Test (SFT), the Trail-Making Test A and B (TMT-A, TMT-B), and Raven's Progressive Matrices (RPM). Data were analyzed using one-way ANOVAs and Tukey post-hoc tests to compare cognitive performance across groups.
Results: Non-AgD showed inferior performance compared to AgD on the WCST (non-perseverative errors: p=0.037; perseverative errors: p=0.010; categories identified: p=0.026), ST (p=0.000), TMT-A (p=0.046), and TMT-B (p=0.001). Non-AgD also underperformed Mnc at ST (p=0.002), SFT (p=0.025), TMT-A (p=0.007), TMT-B (p=0.005), and RPM (p=0.012). HC consistently outperformed AgD, Non-AgD, Mnc, and Eu individuals on all neurocognitive tests except for the WCST, where no significant differences were observed between HC, Eu, and AgD. Eu demonstrated superior performance on the WCST (p≤0.001), ST (p=0.000), and TMT (p=0.000) compared to Non-AgD, with no significant differences compared to AgD.
Conclusions: The findings reveal distinct neurocognitive profiles for AgD and Non-AgD. The excitatory mechanisms associated with AgD may contribute to enhance attentional resources and cognitive flexibility but also greater impulse control difficulties. The neuropsychological profile of Eu patients resembles that of AgD, suggesting residual cognitive differences compared to HC. This study enhances our understanding of AgD by highlighting the differences in cognitive profiles of AgD, Non-AgD, Mnc, and Eu, and emphasizing the need of considering neurocognitive factors in the characterization and treatment of AgD.

Disclosure of Interest: None Declared

EPP087

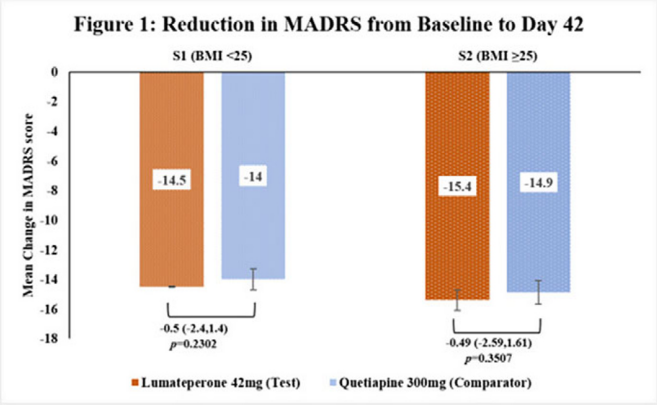
Efficacy and Safety of Lumateperone compared to Quetiapine in Indian patients with Bipolar II depression: A subgroup analysis based on baseline BMI

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Introduction: Lumateperone, an atypical antipsychotic drug, has a dual mechanism of action by combination of activity at central serotonin (5-HT2A) and dopamine (D2) receptors.
Objectives: This subgroup analysis of an Indian Phase 3 study was conducted to evaluate the efficacy and safety of Lumateperone 42mg compared to Quetiapine 300mg in treatment of Bipolar II depression when stratified based on baseline body mass index (BMI).
Methods: The phase-III, randomized, multi-centric, assessor-blind, parallel-group, active-controlled, comparative, non-inferiority study included patients with Bipolar II depression with moderate severity having a Montgomery-Asberg depression rating scale (MADRS) score ≥20 and Clinical global impression–bipolar version–severity (CGI-BP-S) score ≥4. The study was conducted after receiving regulatory and ethics committee approvals. The patients were randomized (1:1) to either receive Lumateperone 42mg [Test] or Quetiapine 300mg [Comparator] for 6 weeks. The patients were stratified based on baseline BMI: Subgroup 1 [S1]: <25Kg/m^2 and Subgroup 2 [S2]: ≥25Kg/m^2. For efficacy outcomes MADRS score, CGI-BP-S (total score, depression subscore and overall bipolar illness subscore), and Quality of life enjoyment and satisfaction-short form questionnaire (Q-LES-Q-SF) score were evaluated and for safety outcomes treatment emergent adverse events (TEAEs) were assessed. [Clinical trial registration: CTRI/2023/10/058583]
Results: This subgroup analysis included 462 patients, out of which 276 in S1[Test=139; Comparator=137] and 186 in S2[Test=92; Comparator=94]. The baseline demographic characteristics were comparable in between treatment arms across subgroups. The primary endpoint of reduction in MADRS score from baseline to Day 42 in Test arm was non-inferior to Comparator arm in both subgroups [Figure 1] as the upper 95% CI was below the pre-defined margin of 3.0. The reduction of CGI-BP-S (total score, depression subscore and overall bipolar illness subscore) from Day 14 to Day 42 were comparable in both Test and Comparator arms in both subgroups. The improvement in Q-LES-Q-SF score from baseline to Day 42 were comparable in both Test and Comparator arms in both subgroups. The incidence of TEAEs were similar in both treatment arms [S1: Test=38.1% and Comparator=36.5%; S2: Test=29.3% and Comparator=34.0%] and no serious adverse events were reported.

Image 1:



Conclusions: This subgroup analysis demonstrated that Lumateperone 42mg is non-inferior to Quetiapine 300mg in treatment of Bipolar II depression as assessed via MADRS score from baseline to Day 42, irrespective of baseline BMI and both treatments were found to be well tolerated. Hence, Lumateperone can be considered as valuable treatment option in management of Bipolar II depression.

Disclosure of Interest: A. Dharmadhikari: None Declared, P. Chaurasia: None Declared, Y. Patel: None Declared, D. Choudhary: None Declared, P. Dasud: None Declared, M. Bhirud: None Declared, P. Meena: None Declared, F. Shah: None Declared, G. Ganesan: None Declared, B. P. Rathour: None Declared, K. Mistry: None Declared, M. Dutta: None Declared, A. Ramaraju: None Declared, S. Mangalwedhe: None Declared, S. G. Goyal: None Declared, G. Kulkarni: None Declared, A. Mukhopadhyay: None Declared, P. Chaudhary: None Declared, G. T. Harsha: None Declared, M. Parikh: None Declared, S. Dey: None Declared, S. Sarkhel: None Declared, N. Jyothi: None Declared, A. Kumar: None Declared, N. Sooch: None Declared, A. Shetty Employee of: Sun Pharma, S. Saha Employee of: Sun Pharma, P. Devkare Employee of: Sun Pharma, A. Shetty Employee of: Sun Pharma, D. Patil Employee of: Sun Pharma, P. Ghadge Employee of: Sun Pharma, A. Mane Employee of: Sun Pharma, S. Mehta Employee of: Sun Pharma

EPP088

Insulin Resistance and Suicidal Behaviors: Insights into Mood Disorders

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Introduction: Compared to the general population, mood disorders (MD) patients show an increased risk of developing type II diabetes and obesity, which are associated with changes in brain correlates and a worse clinical outcome[1]. According to the literature, MD patients with a dysregulated metabolic system are characterized by a reduction in white matter (WM) integrity, lower global functioning, and suicidal behaviors (SB) [2],[3],[4]. However, little is known about the impact of early stages of metabolic dysregulation, namely insulin resistance (IR), in relation to the clinical course of MD[1].
Objectives: Therefore, the present study aims to investigate the effect of IR on WM integrity in MD patients with suicidal behaviors (s-BP, s-UP) compared to those without suicidal behaviors (ns-BP, ns-UP). Finally, we have hypothesized that obesity may be linked to SB through a biological pathway involving inflammatory and IR markers.
Methods: Our sample was composed of 184 depressed patients (92 BP, 92 UP) who were assessed for SB via the Beck Suicidal Scale (BSS). Patients underwent 3T Magnetic Resonance imaging, and blood samples were collected to determine levels of insulin and glucose and blood cell counts. The Homeostatic Model Assessment for Insulin Resistance (HOMA) and systemic-immune-inflammation index (SII) were then computed. To investigate the effect of HOMA and SII on WM microstructure, we performed voxelwise DTI analyses: first, we tested whether the relation between HOMA, SII, and DTI measures differed between s-BP and ns-BP patients; then, post-hoc analyses were performed for analyzing the effect of HOMA, and SII separately in 40 s-BP and 52 ns-BP. The same analyses were replicated on 43 s-UP and 49 ns-UP. Moderated mediation analyses were performed with the macro PROCESS for SPSS.
Results: The relationship between BMI and suicidal behaviors was fully serial mediated by SII and HOMA only in BP (b=0,031, 95% BCa CI [0.003, 0.088]). Specifically, we found that higher BMI was sequentially associated with increased SII and HOMA levels, ultimately leading to higher BSS scores. A significant interaction between s-BP and ns-BP was identified for the effect of (1) HOMA on mean diffusivity (MD), axial (AD), and radial diffusivity (RD). However, no significant interaction was found for the effect of IR and SII markers in UP. Performing the analyses separately in the two groups, s-BP showed (1) a negative widespread association between HOMA and FA, and a positive effect between HOMA and RD, AD, and MD. In ns-BP, no significant results were found.
Conclusions: These findings may suggest that IR may play a key role in the biological pathway underlying suicidal behaviors in BP but not in UP. Therefore, metabolic system dysregulation should be taken into consideration during the treatment.

Disclosure of Interest: None Declared

EPP089

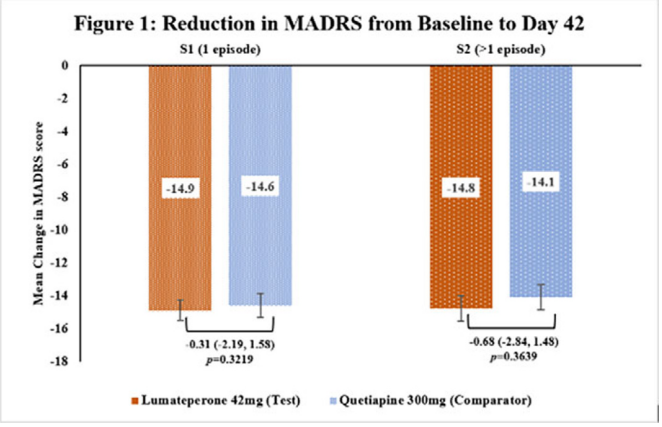
Efficacy and Safety of Lumateperone compared to Quetiapine in Indian patients with Bipolar II depression: A subgroup analysis based on prior hypomanic episodes

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Introduction: Lumateperone, an atypical antipsychotic drug, has a dual mechanism of action by combination of activity at central serotonin (5-HT2A) and dopamine (D2) receptors.
Objectives: This subgroup analysis of an Indian Phase 3 study was conducted to evaluate the efficacy and safety of Lumateperone 42mg compared to Quetiapine 300mg in treatment of Bipolar II depression when stratified based on prior hypomanic episodes.
Methods: The phase-III, randomized, multi-centric, assessor-blind, parallel-group, active-controlled, comparative, non-inferiority study included Indian patients with Bipolar II depression with moderate severity having a Montgomery-Asberg depression rating scale (MADRS) score ≥20 and Clinical global impression–bipolar version–severity (CGI-BP-S) score ≥4. The study was conducted after receiving regulatory and ethics committee approvals. The patients were randomized (1:1) to either receive Lumateperone 42mg [Test] or Quetiapine 300mg [Comparator] for 6 weeks. The patients were stratified based on number of prior hypomanic episodes in lifetime: Subgroup 1 [S1]: 1 episode and Subgroup 2 [S2]: >1 episode. For efficacy outcomes MADRS score, CGI-BP-S (total score, depression subscore and overall bipolar illness subscore), and Quality of life enjoyment and satisfaction-short form questionnaire (Q-LES-Q-SF) score were evaluated and for safety outcomes treatment emergent adverse events (TEAEs) were assessed. [Clinical trial registration: CTRI/2023/10/058583]
Results: This subgroup analysis included 462 patients, out of which 251 in S1[Test=129; Comparator=122] and 211 in S2[Test=102; Comparator=109]. The baseline demographic characteristics were comparable in between treatment arms across subgroups. The primary endpoint of reduction in MADRS score from baseline to Day 42 in Test arm was non-inferior to Comparator arm in both subgroups [Figure 1] as the upper 95% CI was below the predefined margin of 3.0. The reduction of CGI-BP-S (total score, depression subscore and overall bipolar illness subscore) from Day 14 to Day 42 were comparable in both Test and Comparator arms in both subgroups. The improvement in Q-LES-Q-SF score from baseline to Day 42 were comparable in both Test and Comparator arms in both subgroups. The incidence of TEAEs were similar in both treatment arms [S1: Test=37.2% and Comparator=35.2%; S2: Test=31.4% and Comparator=35.8%] and no serious adverse events were reported.

Image 1:



Conclusions: This subgroup analysis demonstrated that Lumateperone 42mg is non-inferior to Quetiapine 300mg in treatment of Bipolar II depression as assessed via MADRS score from baseline to Day 42, irrespective of number of previous hypomanic episodes and both treatments were found to be well tolerated.

Disclosure of Interest: A. Dharmadhikari: None Declared, P. Chaurasia: None Declared, Y. Patel: None Declared, D. Choudhary: None Declared, P. Dasud: None Declared, M. Bhirud: None Declared, P. Meena: None Declared, F. Shah: None Declared, G. Ganesan: None Declared, B. P. Rathour: None Declared, K. Mistry: None Declared, M. Dutta: None Declared, A. Ramaraju: None Declared, S. Mangalwedhe: None Declared, S. G. Goyal: None Declared, G. Kulkarni: None Declared, A. Mukhopadhyay: None Declared, P. Chaudhary: None Declared, G. T. Harsha: None Declared, M. Parikh: None Declared, S. Dey: None Declared, S. Sarkhel: None Declared, N. Jyothi: None Declared, A. Kumar: None Declared, N. Sooch: None Declared, A. Shetty Employee of: Sun Pharma, S. Saha Employee of: Sun Pharma, P. Devkare Employee of: Sun Pharma, A. Shetty Employee of: Sun Pharma, D. Patil Employee of: Sun Pharma, P. Ghadge Employee of: Sun Pharma, A. Mane Employee of: Sun Pharma, S. Mehta Employee of: Sun Pharma.

EPP090

Differences in Electrodermal Activity in Depressed Bipolar Patients with High and Low Anxiety Levels

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doi: 10.1192/j.eurpsy.2025.441

Introduction: Electrodermal activity (EDA) measures the skin's electrical properties. It varies according to the sweat gland's activity which responds to the sympathetic nervous system (Boucsein W. Electrodermal Activity. Berlin: Plenum Press; 2012). Previous literature has reported lower EDA during bipolar and unipolar depressive episodes (Sarchiapone M, et al. BMC Psychiatry 2018; 18: 22 & Valenzuela-Pascual C, et al. Acta Psychiatr Scand 2024). Historically, heightened anxiety has been correlated with increased EDA, although findings in this area have been inconsistent (Naveteur J, et al. Int J Psychophysiol 2005; 56(3): 261–269).
Objectives: This study aimed to determine whether significant differences in EDA exist among depressed patients based on their levels of anxiety.
Methods: We analysed EDA recordings from an E4 wearable device utilised by 29 depressed patients with bipolar disorder. They wore the device for a period of 48 hours without altering their daily routines. The tonic mean and phasic peaks parameters of EDA were extracted and analysed via a mixed-effects model for repeated measures, incorporating sleep state and anxiety level as variables. Anxiety levels were assessed based on the scores from item 10 on the Hamilton Rating Scale for depression, which reflects psychic anxiety.

Results: The results indicated that anxiety levels did not significantly influence any of the models examined. However, in the phasic peaks model, there is a noteworthy interaction between anxiety level and sleep status ($p < 0.01$). Both models demonstrated a tendency towards increased EDA values in the high anxiety group although these findings did not reach statistical significance. This trend was consistent across both sleep states for the tonic mean model (Image 1). In contrast, the high anxiety group exhibited higher phasic peaks values (M [SD] = 2.33 [0.80-3.86]) compared to the low anxiety group (M [SD] = 2.33 [0.80-3.86]) only during wakefulness, although this difference was not statistically significant ($p > 0.05$) (Image 2).

Image 1:

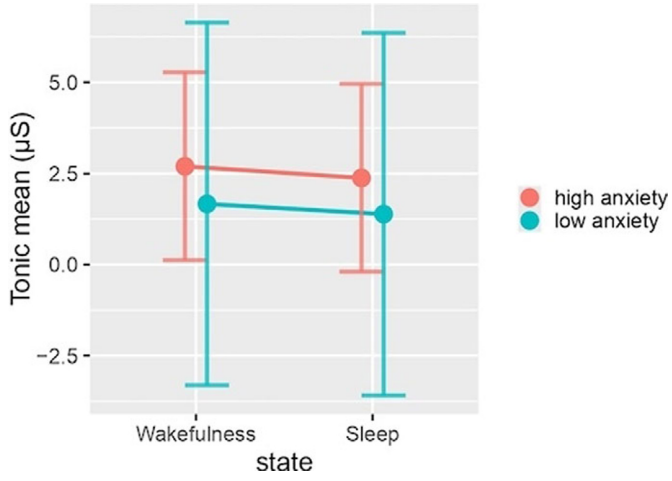
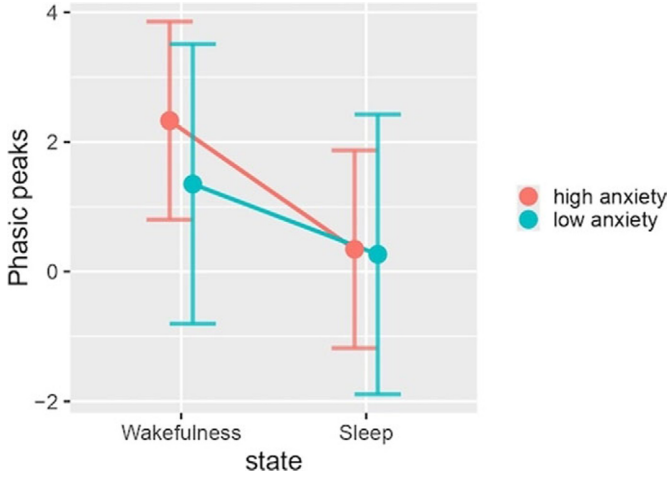


Image 2:



Conclusions: These findings should be interpreted with caution due to the small sample size and the imbalance in the distribution of low (17%) versus high anxiety (83%) participants. Furthermore, anxiety is a multifaceted symptom that should be evaluated using a more comprehensive assessment tool. To validate these preliminary observations, it is essential to increase the sample size and use a more precise measure of anxiety.

Disclosure of Interest: None Declared

EPP091

Do Second-Generation Antipsychotics Protect Against the Emergence of (Hypo)mania in Depressed Patients with Mixed Features?

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doi: 10.1192/j.eurpsy.2025.442

Introduction: Five medications have been approved for the treatment of bipolar depression, though no medication has been approved for the treatment of depression with mixed features. Post-hoc analyses of the bipolar depression trials examined efficacy in depressed patients with and without mixed features. Each study also examined the emergence of manic symptoms as a possible negative outcome, and each found that the frequency of emergent manic symptoms was more frequent in the patients treated with placebo than with medication though in no study was the difference statistically significant. However, the studies were not powered to detect a significant difference in treatment emergent (hypo)manic episodes thereby prompting the current pooled analysis.

Objectives: The goal of the present pooled analysis was to examine whether second-generation antipsychotics that have been found effective in treating depression with mixed features protect against the emergence of (hypo)manic episodes in depressed patients with concurrent manic symptoms.

Methods: Five placebo-controlled studies of the effectiveness of second-generation antipsychotics in the treatment of depressed patients with mixed features reported information on the emergence of manic symptoms.

Results: The 5 studies included 1,829 depressed patients with mixed features—1,620 with bipolar disorder and 209 with major depressive disorder. In each study, the frequency of treatment-emergent manic episodes was higher in the group treated with placebo, though in no study was this difference significant. Summed across studies, the frequency of treatment emergent (hypo)manic episodes was higher in the patients receiving placebo (4.0% vs. 2.4%, X^2=3.66, p=.056). Excluding the patients treated with olanzapine, which has not been found to be effective in treating bipolar depression, the frequency of emergent (hypo)manic episodes was significantly higher in the patients receiving placebo, (4.0% vs. 1.8%, X^2=7.31, p=.007).

Conclusions: The results of the present analysis suggest that the second-generation antipsychotics that are effective in treating bipolar depression also protect against a (hypo)manic switch in depressed patients with mixed features.

Disclosure of Interest: None Declared

Child and Adolescent Psychiatry

EPP092

Cyberbullying Among Middle School Students in Sousse, Tunisia: Prevalence and associated factors

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Introduction: With the increased exposure to social media and the widespread use of technological tools, adolescents are at higher risk of engaging in cyberbullying. Cyberbullying is a specific form of bullying, characterized by persistent aggressive behavior, an imbalance of power, and an intent to cause harm. It occurs through electronic communication, including social media platforms, messaging apps, and other online spaces. In Tunisia, limited data exists on the extent and characteristics of cyberbullying, particularly in the of Sousse.
Objectives: Our study aims to assess the prevalence of cyberbullying among middle school students in the Sousse region and identify the factors associated with this phenomenon.
Methods: This is a cross-sectional, descriptive, and analytical study based on a survey conducted among adolescents attending two middle schools in the governorate of Sousse during the 2020/2021 school year. The participants completed a demographic information sheet, the "Cyberbullying Screening Test," and the "Resilience Factors Inventory (IFR-40) "
Results: Our population consisted of 238 adolescents, with 63.6% girls and 36.4% boys, giving a sex ratio of 0.57. The average age of participants was between 13 and 15 years old. Our results showed that 38.2% of adolescents used their phones or computers for more than three hours per day, and 32.4% used social media for over three hours daily. The prevalence of cyber victimization was 51.3% within our population. Familial protective factors were present in 80.6% of the sample, individual protective factors in 76.5%, and social protective factors in 68.7%. Our analysis revealed that repeating a grade was statistically associated with cyberbullying (p-value = 0.002). Furthermore, familial protective factors and individual protective factors were significantly correlated with cyberbullying, with p-values of 0.007 and 0.019, respectively. However, no significant association was found with social protective factors (p-value = 0.3).
Conclusions: Our study confirms the concerning extent of cyberbullying among Tunisian adolescents and highlights the need to develop appropriate prevention and intervention strategies to improve youth well-being. Enhancing family and individual resilience appears to be a promising approach for preventing cyberbullying and supporting affected adolescents.

Disclosure of Interest: None Declared

EPP093

Adolescent Bullying: Bridging the Past and Present

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doi: 10.1192/j.eurpsy.2025.444

Introduction: Bullying is a persistent aggressive behavior characterized by a power imbalance and driven by the intent to cause harm. Examining the connection between past experiences of victimization and current bullying behaviors is essential for a comprehensive understanding of this phenomenon..
Objectives: This study aims to assess the prevalence of bullying and cyberbullying among Tunisian adolescents and to explore the relationship between current bullying behaviors and a history of childhood victimization.
Methods: This cross-sectional study was conducted via a survey among adolescents attending middle and high schools during the 2023-2024 school year. Participants provided written consent and completed a demographic information sheet, the Adolescents and Peer Relations Instrument (APRI), and the Adverse Childhood Experience-International Questionnaire (ACE-IQ).
Results: The study population consisted of 1,005 adolescents, with a sex ratio of 0.73 and a mean age of 14.62 years. We find that 92.1% of adolescents experienced traditional bullying within the year, with 54.9% exposed to school bullying more than once a month. The most prevalent form was verbal bullying (88%), followed by relational bullying (77.3%) and physical bullying (73.9%). Among the participants, 38.5% had no history of past bullying but were currently victimized, 53.7% had experienced bullying in the past and continued to be victimized, 1.3% had been victimized in the past but no longer experienced bullying, and 6.5% had never been bullied, either in the past or present.
We identified a significant association between peer violence and bullying victimization, with a p-value <0.001 and an odds ratio (OR) of 4.11 (95% CI: 2.5-6.66). There was also a significant correlation between peer violence and the APRI scale ($p < 0.001$). Further analysis showed a strong correlation between peer violence and verbal bullying victimization ($p < 0.001$, OR = 3.75 [2.53-5.56]), relational bullying victimization ($p < 0.001$, OR = 2.8 [2.1-3.8]), and physical bullying victimization ($p < 0.001$, OR = 2.64 [1.97-3.53]). The risk of being victimized by all three forms of bullying was tripled ($p < 0.001$, OR = 2.75 [2.1-3.6]).
Conclusions: This study highlights the alarmingly high prevalence of bullying among Tunisian adolescents and emphasizes the significant link between past victimization and current bullying experiences. These findings underscore the need for targeted interventions that address the underlying trauma from past experiences to promote positive youth development.

Disclosure of Interest: None Declared

EPP096

Psychopathological Profiles of Adolescent Suicide Attempters: A Comprehensive Analysis

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Introduction: Despite the identification of several risk factors, an understanding of the role of specific psychopathological profiles in predicting adolescent suicidal behaviours remains a key challenge in public health research.
Objectives: The current study aimed to identify psychopathological profiles in suicidal adolescents and to analyse their association with suicide-related outcomes.
Methods: A total of 285 adolescents aged 12 to 17 years [mean age (SD)=14.98 (1.51); females: 249 (87.40%)] were recruited from different hospitals in Spain. Latent profile analysis was performed to classify subgroups with similar patterns based on self-report Strengths and Difficulties Questionnaire. Logistic regression and generalised linear modelling were applied to examine the relationship between profile membership and suicidal behaviours.
Results: Three psychopathological profiles were identified: internalizing symptom profile (52.63%), externalizing symptom profile (24.21%), and low symptom profile (25.58%). The predominantly female internalizing symptom profile members were more likely to report higher levels of psychopathological symptoms, including number of psychiatric diagnoses, depressive symptoms, and trauma (except sexual abuse). Additionally, they had more non-suicidal self-injury (NSSI) and suicidal thoughts and behaviours. Likewise, greater ideation intensity was associated with the internalizing symptom profile compared to other groups, while greater number of previous suicide attempts correlated with an increase in suicidal behaviours. Finally, higher levels of motor impulsivity were associated with a lower probability of suicidal behaviours.
Conclusions: Identifying symptom profiles among adolescents who have attempted suicide allows us to establish reliable predictors for suicide prevention as well as personalised interventions, indicating the domains where these interventions are needed.

Disclosure of Interest: None Declared

EPP098

The moderating role of hippocampus-dorsolateral prefrontal cortex resting-state functional connectivity in the relationship between emotional abuse and depression in adolescents

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doi: 10.1192/j.eurpsy.2025.447

Introduction: Early life adversity (ELA) such as physical and emotional abuse has been recognized as an important risk factor for depression in adults. Past research has shown that ELA was associated with alteration in the hippocampus, a key region involved in stress sensitivity, emotional learning and memory. However, relatively little is known about the role of the hippocampus in the relationship between ELA and depression in adolescents.
Objectives: This study aimed to investigate whether the hippocampal volume and hippocampus resting-state functional connectivity (RSFC) moderated the relationship between ELA and depressive symptom severity in adolescents with major depressive disorder (MDD).
Methods: This study included 73 adolescents with MDD (age M (SD) = 15.0 (1.5) years, 51 girls). The participants completed the Early Trauma Inventory and Children's Depression Rating Scale to assess ELA and depressive symptom severity, respectively. Resting–state functional and structural T1 images were collected using a Siemens 3T MR scanner and preprocessed using AFNI and FreeSurfer routines. The average BOLD time-series was extracted from our regions-of-interest (ROIs), the bilateral hippocampus and dorsolateral prefrontal cortex (DLPFC). An ROI-to-ROI RSFC analysis was conducted to calculate Pearson correlation coefficients between the hippocampus and DLPFC ROIs. The correlation coefficients were transformed to Fisher's z. We performed correlation and moderation analyses to test our moderation model (Figure 1) after controlling for age and sex.
Results: Emotional abuse, one form of ELA, was significantly correlated with depressive symptoms in adolescents with MDD (r = 0.25, p < .05). Bilateral hippocampus – left DLPFC RSFCs moderated the association between emotional abuse and depressive symptoms in adolescents with MDD (ps < .01). The association between emotional abuse and depressive symptoms was stronger when bilateral hippocampus – left DLPFC RSFCs were lower (left hippocampus – left DLPFC RSFC, -1D: b = 3.72, SE = 1.06, p < .001; right hippocampus – left DLPFC RSFC, -1D: b = 4.15, SE = 1.04, p < .001) than when they were greater (left hippocampus – left DLPFC RSFC, +1D: b = -0.09, SE = 1.05, p = .93; right hippocampus – left DLPFC RSFC, +1D: b = -0.10, SE = 0.98, p = .69) (Figure 2). Hippocampal volumes also moderated the relationship between emotional abuse and depressive symptoms, but the results did not remain significant after correcting for multiple comparisons.

Image 1:

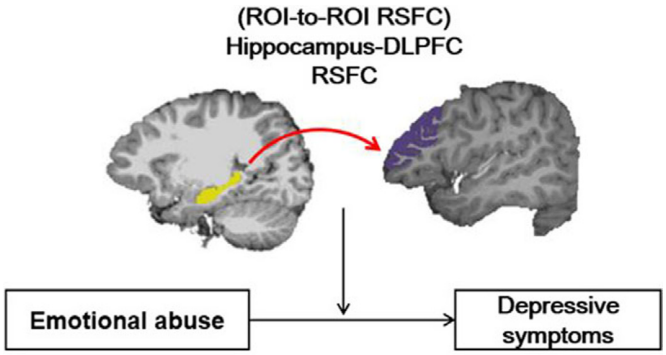


Figure 1. A proposed moderation model, ROI, region of interest; DLPFC, dorsolateral prefrontal cortex; RSFC, resting-state functional connectivity

Image 2:

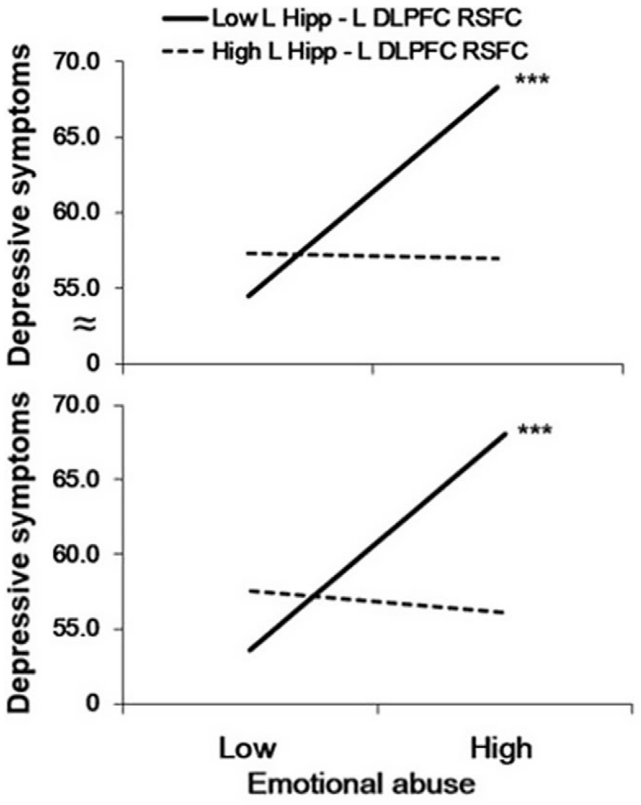


Figure 2. Emotional abuse x bilateral hippocampus – left DLPFC RSFCs predicting depressive symptoms (*** $p < .001$). RSFC, resting-state functional connectivity; R Hipp, right hippocampus; L Hipp, left hippocampus; L DLPFC, left dorsolateral prefrontal cortex

Conclusions: Our findings suggest the important role of hippocampus RSFC with the DLPFC in the relationship between emotional abuse and depressive symptoms in adolescents with MDD.

Disclosure of Interest: None Declared

EPP100

Impact of ADHD Subtypes, Cognitive Disengagement Syndrome and Anxiety on Memory Functions and Visuospatial Skills in Children with ADHD

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doi: 10.1192/j.eurpsy.2025.448

Introduction: Children with Attention Deficit Hyperactivity Disorder (ADHD) may experience impairments in memory functions and visuospatial skills. Despite this, research exploring the relationship between ADHD subtypes, psychiatric comorbidities, and these neurocognitive functions is limited. This study focused on cognitive disengagement syndrome (CDS) and anxiety as comorbid conditions, both of which independently impact neurocognitive functions. However, the combined effects of these conditions with ADHD remain poorly understood. Moreover, investigating how CDS influences neurocognitive domains is essential for a comprehensive understanding of the syndrome's cognitive aspects. Therefore, identifying the factors that impact memory functions and visuospatial skills in children with ADHD is expected to facilitate the recognition of cases at risk.
Objectives: This study aimed to investigate the relationship between ADHD subtypes, psychiatric comorbidities, and memory functions and visual spatial skills in children with ADHD.
Methods: The study recruited 120 children with ADHD aged 6-12 years. ADHD subtypes, anxiety, and CDS symptoms were assessed using standardized scales and DSM-5-based psychiatric evaluations. The participants were then administered the Visual Reproduction Subtest of the Wechsler Memory Scale, Oktem Verbal Memory Processes Test , Block Design Subtest of the WISC-IV, Judgment of Line Orientation Test and Benton Visual Recognition Test to measure visuospatial skills and working memory functions.
Results: The results showed that 28% of the sample group was diagnosed with inattentive type ADHD (ADHD-IN), while 72% were diagnosed with combined type ADHD. Additionally, 33.33% of participants had CDS+ADHD. When comparing children with CDS + ADHD to those with ADHD alone in terms of visual-spatial and organizational processing abilities, it was found that those with CDS + ADHD were impaired. Children with ADHD-IN also scored lower on a verbal memory test compared to those with combined-type ADHD. On the other hand, anxiety scores were found to be positively correlated with memory functions.
Conclusions: The study found that ADHD subtypes, the presence of CDS symptoms, and anxiety impact the neurocognitive profile of children with ADHD. Further research is needed to understand the various areas of cognitive function that may be affected. The authors declare that they have no conflicts of interest.

Disclosure of Interest: None Declared

EPP101

Can the Stroop Test Be Useful in Differentiating Specific Learning Disorder from Attention Deficit Hyperactivity Disorder?

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doi: 10.1192/j.eurpsy.2025.449

Introduction: Specific Learning Disorder (SLD) is a significant comorbidity in children with Attention Deficit Hyperactivity Disorder (ADHD). Both ADHD and SLD are neurodevelopmental conditions that share common characteristics, such as deficits in executive functions. Identifying SLD in patients with ADHD is crucial because targeted educational interventions are the primary treatment for SLD.
Objectives: This study aimed to evaluate the utility of the Stroop Test (ST) in differentiating SLD from ADHD.
Methods: 79 patients (42 with ADHD and 37 with both ADHD and SLD) participated in the study. Sociodemographic information and ST performance metrics (completion time, omission errors, and commission errors) were collected by a child and adolescent psychiatrist. Additionally, parents completed the Turgay DSM-IV ADHD Rating Scale to assess the severity of ADHD symptoms.
Results: There were no significant differences between the ADHD and ADHD+SLD groups regarding age, gender, or ADHD symptom severity. The ADHD+SLD group exhibited longer completion times across all sections of the ST. Omission errors in the fourth and fifth sections were significantly higher in the ADHD+SLD group. After adjusting for age, gender, and ADHD symptom severity, the completion time in the fifth section and omission errors in the fourth and fifth sections remained significant. Receiver Operating Characteristic (ROC) analysis identified cut-off scores for the fifth section's completion time (42 seconds; Sensitivity: 0.62, Specificity: 0.66) and omission errors (1 error; Sensitivity: 0.64, Specificity: 0.61). Moreover, omission errors in the fifth section predicted being in the ADHD+SLD group (p= .006, Odds Ratio [OR]= 1.527, 95% CI= 1.127–2.068).
Conclusions: The findings suggest that the ST may be a valuable tool for diagnosing SLD in patients with ADHD. In particular, the completion time and omission errors in the fifth section of the ST may serve as practical diagnostic indicators. Further research with larger sample sizes is necessary to confirm these results.

Disclosure of Interest: None Declared

EPP104

Challenges and Parental Perspectives on Sexual Education for Children and Adolescents in Tunisia: A Cultural Insight

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Introduction: School-based sexual education aims to provide children and adolescents with the knowledge and values necessary for a positive view of their sexuality within their emotional and social development. However, sexual health education in Tunisian schools remains controversial, particularly among parents.
Objectives: To assess parents' perceptions of school-based sexual education and identify challenges related to sexual health education in Tunisia.
Methods: This descriptive study, conducted from September to October 2021, involved 154 parents from various Tunisian governorates. Participants completed a self-administered questionnaire in classical Arabic distributed via online groups. The survey explored perceptions of sexual education and identified key challenges.
Results: Of the participants, 55.8% (n=86) were aware of the national sexual education program, but only 13.6% (n=21) knew its content. A majority (81.8%; n=126) supported school-based sexual education. Key topics for discussion included the human body and its development (77.3%), moral values, rights, and culture (68.8%), and violence and safety (68.2%). Most parents preferred discussions to start in middle school (46.1%; n=71) or primary school (30.5%; n=47), with only 6.5% (n=10) advocating for earlier education.
Parents, healthcare professionals, and teachers were seen as primary educators (68.2%; n=105; 64.3%; n=99; 63%; n=97). While 55.8% recognized sexual rights as part of human rights, only 39.53% (n=34) were knowledgeable about these rights. Only 29.1% of parents (n=46) regularly discussed sexuality with their children. Despite the general value placed on sexual education and minimized concerns about negative consequences, some parents worried about risks such as early sexual activity. On a scale of 1 to 10, half of the participants (50%; n=77) rated the importance of sexual education at 8/10 or higher.
Conclusions: The study highlights the need for sexual education programs tailored to Tunisia's cultural context. Despite strong parental support (81.8%) and acknowledgment of essential topics like human development and moral values, only 13.6% are familiar with the program content. Challenges include concerns about cultural fit and potential negative impacts. Engaging parents, educators, and health professionals is crucial for overcoming these challenges. Further research should explore these cultural dynamics and assess.

Disclosure of Interest: None Declared

EPP105

The Impact of Parental Screen Time on Children's Mental Health. Systematic review and meta-analysis

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Introduction: In the past decade, techno-referentiality has increasingly influenced daily life, illustrating how technology can disrupt human relationships. A notable example of this phenomenon is "phubbing"—a combination of "phone" and "snubbing"—which refers to the act of ignoring someone in favor of engaging with a mobile phone, leading to diminished eye contact and interest during face-to-face interactions. Recent research has highlighted

"parental phubbing," suggesting it may adversely affect parent-child relationships and contribute to developmental and mental health issues in children and adolescents.
Objectives: This study seeks to investigate the potential effects of parental phubbing on the mental health and development of children.
Methods: We conducted a systematic review and meta-analysis using Nested Knowledge software, adhering to PRISMA guidelines. Our search encompassed five databases: PubMed, Scopus, PsycINFO, Web of Science, and EBSCO. The inclusion criteria for studies were:• Cross-sectional or longitudinal design.

- Quantitative data on parental phubbing and its potential impact on children's mental health symptoms and developmental disorders.
- Studies involving children aged 0 to 18-21 years.
- Publications in peer-reviewed English-language journals.

The methodological quality and risk of bias in the included studies were assessed using the JBI Critical Appraisal Checklist. Publication bias was evaluated through funnel plot analysis and Egger's regression intercept. Meta-analyses were performed using Jamovi with the MAJOR module, applying the Fisher r-to-z transformation for correlation coefficients. A random-effects model was used, and heterogeneity was estimated with the restricted maximum-likelihood estimator. Sensitivity analyses were conducted to ensure the robustness of the findings.
Results: Our search identified 26 studies involving 22833 children and 2125 parents. We developed a unified theoretical model of the direct and mediating effects of parental phubbing on child mental health. The meta-analysis revealed that parental phubbing was significantly associated with:

- Increased affective symptoms in children (k=10; r=0.319; 95% CI [0.269, 0.370]).
- Higher levels of aggression or deviant behavior (k=3; r=0.260; 95% CI [0.134, 0.386]).
- Greater internalizing problems (k=4; r=0.242; 95% CI [0.166, 0.319]).
- More externalizing problems (k=4; r=0.158; 95% CI [0.081, 0.234]).

Additionally, parental phubbing was negatively correlated with children's self-esteem (r=-0.233; 95% CI [-0.315, -0.150]).
Conclusions: This meta-analysis underscores the significant harm that parental phubbing can inflict on children's emotional and social well-being. To safeguard and enhance children's development, it is crucial to implement strategies that promote more mindful technology use and foster stronger, more engaged parent-child relationships.

Disclosure of Interest: None Declared

EPP107

Between Sensitivity and Specificity – an analysis of the relationship between the clinical picture, diagnostic delays and co-morbidity among adolescents with autism spectrum disorders

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Introduction: Early diagnosis of ASD a very important factor in improving the quality of life of people on the spectrum. Isolated reports that analyse the effect of age of diagnosis on the comorbidity indicate a statistically significant relationship between these parameters. However, the literature on this subject is very poor and does not take into account the risk of self-aggression and suicide in this context.
Objectives: In this two-stage study we have aimed to analyse the risk of comorbidity, specific diagnoses, and the risk of autoagression and suicidality depending on the age of diagnosis of ASD as well as we have tried to answer the question of what factors affect the age of diagnosis in Poland.
Methods: First stage of the study was carried out in the form of a retrospective analysis of the documentation and, in total, included the documentation of 328 people who comprised all patients with ASD diagnosis hospitalised in inpatient and diagnosed in outpatient clinic of our Department in 2021 and 2022. Subsequently in the second stage 77 children were randomly recruited among the patients with the diagnosis of ASD who came to local mental health clinic at the Child and Family Health Center in Sosnowiec for the more detailed analysis.
Results: In the first stage the mean age of diagnosis of ASD in the overall group was 11.28 years. The late diagnosis of ASD was also statistically significantly associated with the risk of psychiatric comorbidity. Furthermore in the logistic regression analysis, each subsequent year of diagnosis delay was statistically significantly associated with the risk of suicidal ideation with OR=1.29 (95%CI: 1.17-1.42; p<0.000001). Statistically significant parameters shaping the time of ASD diagnosis were: mutual communication, the ability to establish peer relationships and the appearance of atypical social behaviours. In the second stage of the study the mean age of the first enrollment in the mental health clinic was 9.09 years for girls and 6.42 for the boys. The age of the first visit to mental health clinic was correlated only with the total score of the ADOS-2 study (rho = -0.32; p = 0.0092) and the ADOS-2 social affect subscale (rho = -0.29; p = 0.012). Meanwhile, the time it took for a specialist to diagnose ASD depended on the TAS-20 score (rho = -0.30; p = 0.0049).
Conclusions: The results of the study indicate that the diagnosis of ASD is still a significant problem both in Poland and in the world. The long time needed to obtain the correct diagnosis is a common problem. Furthermore delaying the correct diagnosis has a significant negative impact on function, health and prognosis in patients with ASD in many contexts. Inter allia in the analysed group it was responsible for a significant increase in risk of suicidal ideations.

Disclosure of Interest: None Declared

Research Methodology

EPP108

Reevaluating Gait Alterations in Catatonia with 3D Optical Marker-less Motion Tracking – Are gait alterations clinically overestimated?

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Introduction: The 3-dimensional (3D) marker-less motion capturing (MoCap) systems are an emerging technique in movement analysis. Recent studies have shown that such MoCap assessment have great potential for accurate and objective assessment of motor alterations in psychiatric patients. Gait as a fundamental gross motor function is the final motor outputs of a complex network integrating sensorimotor systems, cognitive and affective stimuli. Understanding gait alterations in catatonia patients can provide insights into their sensorimotor dysfunction and help in diagnosis and treatment in future.
Objectives: The primary objective of this study is identifying gait alterations using a 3D optical marker-less MoCap system in catatonia patients (CAT) compared to non-catatonia controls (Non-CAT). We hypothesize that there will be significant reduction in the spatiotemporal parameters of gait, such as speed, stride width, stride length, step length, and cadence as well as increased gait instability in CAT group. Moreover, these alterations will be correlated with general psychomotor slowing.
Methods: In this cross-sectional study, we examined a total of 61 patients with and without catatonia diagnosis (CAT; n=22, Non-CAT; n=39) according to ICD-11. Participants were assessed with the Positive and Negative Syndrome Scale (PANSS), Northoff Catatonia Rating Scale (NCRS), the Brief Psychiatric Rating Scale (BPRS), Global Assessment of Functioning (GAF). We conducted clinical psychomotor examination with the Heidelberger Neurological Soft Sign Scale (NSS), Salpêtrière Retardation Rating Scale (SRRS) and Unified Parkinson Disease Rating Scale (UPDRS). Gait analysis were performed using a marker-less MoCap system with 8 cameras (Qualisys, Goeteborg, Sweden). Participants walked on a marked path (18 m) with a self-selected tempo during the experiment. The spatiotemporal parameters (STP) of gait were obtained automatically through Theia Software.
Results: The two groups did not differ in age, sex, or BMI. The CAT group showed higher scores in PANNS, BPRS, NCRS and GAF ($p< 0,05$). We found a statistically significant difference in clinical psychomotor parameters in NSS, SAS and UPDRS between the two groups ($p <0,05$) and more specifically in gait subdomain of each scale. No differences were found in any of STP of gait or gait instability measurements after controlling for covariates (age, sex, BMI and medication).

Image 1:



Example of experimental set-up of marker-less 3D MoCap

Conclusions: This study exhibit a significant difference between the results of clinical psychomotor assessments and objective gait analysis through marker-less MoCap. This discrepancy suggests a potential overestimation of gait alterations in clinical evaluations. The findings underscore the importance of integrating advanced 3D MoCap technologies into the psychiatric assessment to enhance our understanding of gait alterations in mental disorders.

Disclosure of Interest: None Declared

Guidelines/Guidance

EPP109

Guideline concordant screening and monitoring of extrapyramidal symptoms in patients prescribed antipsychotic medication: a systematic review and narrative synthesis

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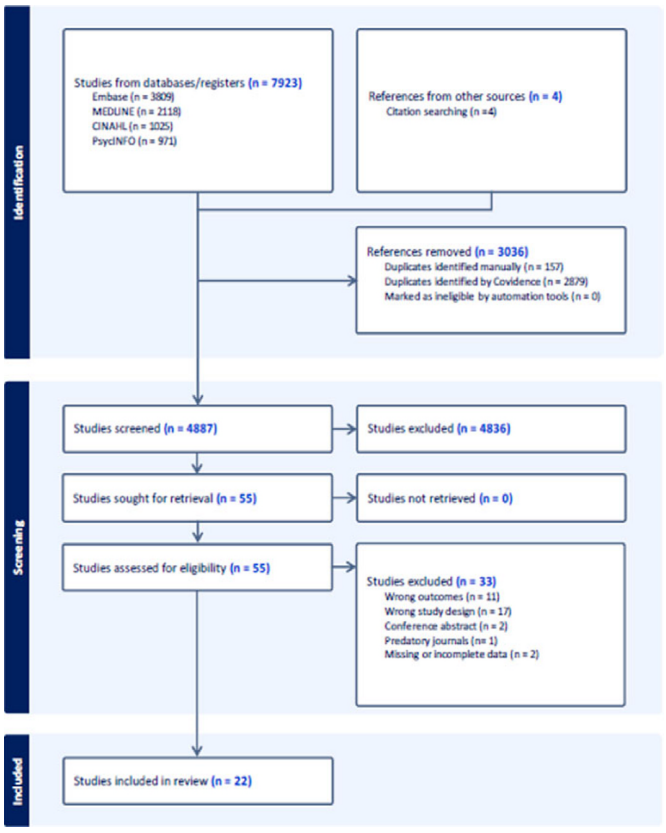
Introduction: Given the increasing rates of antipsychotic use in multiple psychiatric conditions, greater attention to the assessment, monitoring and documentation of their side effects is warranted. While significant attention has been provided to metabolic side effect monitoring, comparatively little is known about how clinicians screen for, document and monitor their motor side effects (i.e. parkinsonism, akathisia, dystonia and tardive dyskinesia (TD), collectively "extrapyramidal symptoms" or EPS).

Objectives: This review aims to systematically assess the literature for insights into current trends in EPS monitoring practices within various mental health settings globally.

Methods: In line with our preregistered protocol (PROSPERO: CRD42023482372), we systematically searched the OVID Medline, PubMed, Embase, CINAHL and PsycINFO databases for studies published from 1998 to present day. Figure 1 shows a detailed flowchart of the selection process. Included studies were assessed for quality using a modified version of the Quality Improvement Minimum Criteria Set (QI-MQCS) and findings summarized using narrative synthesis. All stages of the review process are reported in accordance with the Preferred Reporting Items for Systematic Reviews and Meta-Analysis (PRISMA) guidelines.

Results: A total of 22 studies met our inclusion criteria. Studies occurred in varied settings and employed a range of study designs. The APA and NICE guidelines were most commonly used to guide practice. Baseline monitoring rates in adult settings ranged from 0 to 54%, and 3.7 to 100% in child & adolescent settings. In studies reassessing EPS monitoring rates following practice improvement initiatives, virtually all demonstrated benefits. Screening processes and instruments varied, ranging from standardized rating scales (such as the AIMS for TD screening) to locally developed tools. In some studies, no structured tool was identified. Monitoring rates were higher when structured processes and tools were used.

Image 1:



Conclusions: This review demonstrates significant heterogeneity in clinical practice for the screening, documentation, and monitoring of EPS in patients prescribed antipsychotic medication in mental health settings globally. Adherence to existing guidelines was found to be poor in most settings, with practice improvements observed in virtually all settings where quality improvement initiatives were implemented. The best improvements were seen to occur after services introduced structured EPS screening tools with regular education on their use.

Disclosure of Interest: R. Aubry: None Declared, T. Hastings: None Declared, M. Morgan: None Declared, J. Hastings: None Declared, M. Bolton: None Declared, M. Grummell: None Declared, R. Shorr: None Declared, S. Killeen: None Declared, C. Coyne: None Declared, M. Solmi Consultant of: MS has received honoraria/has been a consultant for AbbVie, Angelini, Lundbeck, Otsuka.

EPP110

Protocol for the Management of Metabolic and Cardiovascular Risk in Psychiatric Inpatients

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Introduction: Psychiatric patients, especially those with psychotic disorders, face an increased metabolic and cardiovascular risk, which ultimately leads to higher mortality from cardiovascular disease and reduced life expectancy. This is due to a multitude of risk factors, including those related to the course of the mental illness, lifestyle, socioeconomic and cultural circumstances, and the use of certain medications, such as atypical antipsychotics. This underscores the need for structured interventions during hospitalization to identify and manage these risks. Non-pharmacological interventions, such as physical activity and dietary education, have shown to be beneficial in managing weight and improving cardiovascular health. Pharmacological treatments, particularly the use of metformin and aripiprazol, have demonstrated efficacy in reducing metabolic disturbances such as weight gain, dyslipidemia, and hyperglycemia. The implementation of structured protocols to mitigate metabolic risk in psychiatric inpatients is recommended.
Objectives: The main goal of the protocol is to guide the assessment, diagnosis, and therapeutic management of metabolic and cardiovascular risk factors in psychiatric inpatients. It also aims to guide the follow-up of these patients after discharge and coordination with other medical specialties.
Methods: The protocol was developed in an interdisciplinary manner, involving the specialties of Psychiatry, Endocrinology, and Internal Medicine, and is based on recent guidelines and recommendations from other countries on this matter. The protocol was also adapted to the current conditions of the psychiatric inpatient setting.
Results: The protocol involves a thorough clinical evaluation, including medical history, physical examination, and extensive laboratory analysis to identify comorbidities. Cardiovascular risk is calculated using the SCORE2, PRIMROSE and QRISK3 models. Non-pharmacological interventions include physical activity programs and nutritional counseling, while pharmacological interventions involve adjusting antipsychotic medications, selecting antipsychotics with more favourable metabolic profiles, and the adjuvant use of medications like metformin, aripiprazol, and topiramate. These evaluations are conducted at regular intervals, including post-discharge, to assess the efficacy of these interventions.
Conclusions: Psychiatric inpatients, especially those on atypical antipsychotics, face significant metabolic and cardiovascular risks. A comprehensive assessment of risk factors and early intervention during hospitalization, combining lifestyle modifications and pharmacological treatments, can significantly reduce these risks and improve patient outcomes. Continued monitoring and coordination with outpatient services post-discharge are essential for sustained management of these health risks.

Disclosure of Interest: None Declared

Classification of Mental Disorders

EPP111

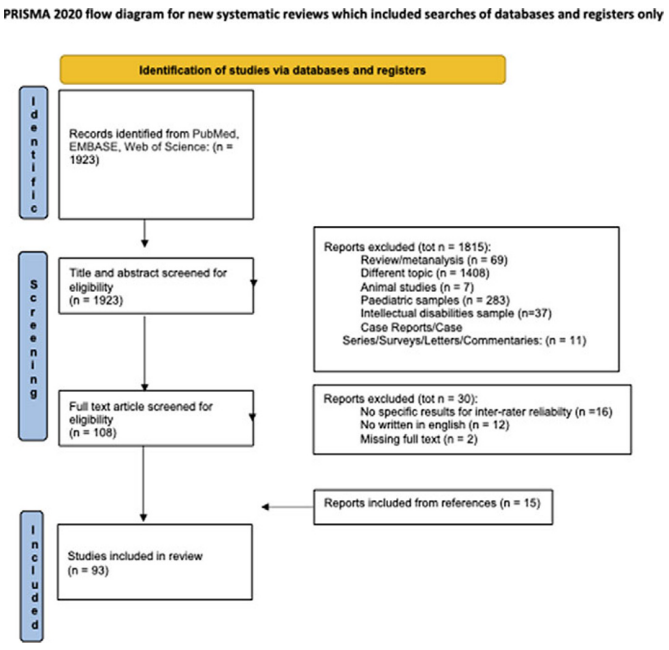
Inter-rater reliability of psychiatric diagnosis: a systematic review and metanalysis

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Introduction: Psychiatric diagnosis plays a key rol in the mental health care. One of the critical factors that influence the diagnostic process is inter-rater reliability, the degree to which different raters agree on the diagnosis when assessing the same patient. Despite the availability of standardized diagnostic manuals, variability in psychiatric diagnoses persists. The assessment of inter-rater reliability involves calculating statistical measures which quantify the level of agreement between raters beyond what would be expected by chance. Improving inter-rater reliability in psychiatric diagnoses is necessary for optimizing both patient care and research quality in mental health.
Objectives: Assess inter-rater reliability across main psychiatric disorders and identify the sources of variability.
Methods: This study was performed according to the PRISMA guidelines and a total of ninety-three studies were included. Regarding inclusion criteria, (1) the articles had to focus on inter-rater reliability, (2) study participants had to have an average age greater than 18 years, and (3) the reported diagnoses had to refer to a diagnostic manual. Quality scores were assessed for all included studies (Armijo-Olivo S *et al.* J Eval Clin Pract. 2012; 18 12-8). Seven different meta-analysis were conducted, one for each psychiatric diagnosis detected. The heterogeneity between studies was quantified using Cochran's *Q* and I^2. Funnel plots was analyzed to assess the possible influence of publication and location biases (Higgins&Green. BMJ. 2011;343). To account for publication bias, the Eggers' test and the Fail-Safe Number31 was applied.
Results: Psychotic disorder: (k=0.70; 95% CI: 0.66-0.75) (I^2=97%).
Anxiety Disorders: (k=0.65; 95% CI: 0.60-0.70) (I^2=91%).
Obsessive-Compulsive Disorder (OCD): (k=0.73; 95% CI: 0.64-0.82) (I^2=76%)
PTSD: (k=0.60; 95% CI: 0.52-0.66) (I^2 =84%).
DCA: (k=0.73; 95% CI: 0.67-0.79) (I^2 =76%).
Personality disorder (PD): two different meta-analysis were conducted because many studies used Intraclass Correlation Coefficient (ICC) as a value to express inter-rater agreement. [k=0.65 (95% CI: 0.59, 0.7)] (I^2= 96%) (ICC=0.85; 95% CI: 0.82-0.87) (I^2 = 66%).

Image 1:



Conclusions: The lower Kappa for **schizoaffective disorder** (Kappa < 0.7) compared to other psychiatric disorders underscores the diagnostic challenges posed by this category, given its overlapping symptoms with both mood and psychotic disorders. As regards personality disorder, **antisocial and borderline PD** showed highest agreement potentially due to its well-defined diagnostic criteria. The lowest agreement (k=0.60) of **PTSD** emphasizes the variability of his clinical presentation. In conclusion, studies show variability across disorders, highlighting the need for further research to improve diagnostic accurac (Regier *et al.* Am J Psychiatry. 2009;166 645-50) thereby enhancing clinical and research outcomes.

Disclosure of Interest: None Declared

Ethics and Psychiatry

EPP112

Multidimensional Study of the Attitude towards Euthanasia of Older Adults with Mixed Anxiety-Depressive Disorder

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Introduction: Euthanasia is an ancient theme that, especially since individual autonomy became the health paradigm in contemporary societies, has sparked profound reflections and declared dissensions between different socio-ideological quadrants. The experience of the countries where it is decriminalised shows a tendency to broaden the clinical, age and legal assumptions for its access. Older adults with psychiatric disease, a clinically and socially idiosyncratic group, where physiological weaknesses and social losses accumulate, and the chronological proximity to death becomes progressively more self-aware, are a group of particular concern.
Objectives: Our research aimed to reflect on the Constitutional feasibility of Euthanasia in Portugal, make available a validated psychometric instrument to assess attitudes towards euthanasia and do a multidimensional study of the attitudes towards euthanasia of older adult patients with mixed anxiety-depressive disorder.
Methods: The field research study applied a paper questionnaire composed of a sociodemographic section and a battery of scales (to assess depression, anxiety, cognitive performance, suicide risk, therapeutic adhesion, functionality, loneliness, attitude towards euthanasia, decision pattern, personality, empathy and health status) in the Psychogeriatric Unity of Senhora da Oliveira Hospital in Portugal. The sample was collected by convenience. The multidimensional study included 114 patients and 25 controls of the same age. Six months later, a reassessment was conducted. Patients and controls were compared using descriptive statistics and a multiple-regression model.
Results: The Constitution of the Portuguese Republic does not prohibit medically assisted death. The results support the validated scale's usefulness and validity. Eighty-one point six per cent of patients had four or fewer years of schooling. Contrary to controls, they presented mild depressive and anxiety symptoms, loneliness feelings, worse cognitive performance, a more fragile personality, higher personal distress and a poorer health state. No statistically significant differences were found between controls and patients regarding their attitudes towards euthanasia. Patients more favourable to euthanasia had higher empathic concern, conscientiousness and fantasy and lower personal distress.
Conclusions: When addressing euthanasia in older adult patients with mixed anxiety and depressive disorder, it is crucial to ensure they are fully self-determinate and that all the necessary treatment and support are available. It may not be the case when the educational level is low and mild disease persists, significantly affecting their well-being and cognitive performance.

Disclosure of Interest: None Declared

Research Methodology

EPP114

Recruiting hard-to-reach populations for surveys: A case of people with schizophrenia and coexisting diabetes

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Introduction: In research, recruitment challenges are common and lead to delays and reduce sample size and power. People with schizophrenia are often described as hard to reach and retain in research, and in particular, studies targeting people with chronic comorbidities such as diabetes, meet difficulties related to recruitment.
Objectives: This study aims to describe challenges and strategies to recruitment of Danish adults with schizophrenia and type 2 diabetes to a cross-sectional survey study about psychosocial health and support.
Methods: The recruitment process was tracked in a register where all relevant information was synthesized systematically. This included information on how eligible participants were identified and invited for the study and reasons for declining. Two recruitment strategies were applied for recruiting participants to complete a questionnaire: 1) Through mental health professionals in psychiatric outpatient clinics in Region Zealand, Denmark, and 2) Through phone calls to eligible participants. Descriptive analyses of the recruitment data were conducted.
Results: Three types of challenges were found and described: 1) Identifying eligible participants, 2) Challenges with having mental health professionals to recruit, and 3) Participants' lack of ability to complete a questionnaire. The challenges were met by several practical approaches: 1) Identifying eligible participants though

electronic health records and medication types, 2) Inviting participants through phone calls, and 3) Letting participants receiving help for completing the questionnaire from a care coordinator, family/friend or researcher when needed. Approximately 15% of all eligible participants declined to take part, which indicate high willingness to participate.
Conclusions: Exploring different types of challenges was important for understanding the actual difficulties in recruitment, for using approaches to meet the challenges, and for detecting the high willingness to take part.

Disclosure of Interest: None Declared

Ethics and Psychiatry

EPP115

The Black Box warning: Exploring the ethical considerations and mitigating medicolegal risk in prescribing antidepressants to young adults

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Introduction: Since October 2004, antidepressants have had a black-box warning indicating that they are associated with an increased risk of suicidal thinking, feeling, and behavior in children and adolescents. On 2nd May 2007, the United States Food and Drug Administration ordered that all antidepressant medications carry an expanded black-box warning stating an increased risk of suicidal symptoms in young adults aged 18 – 24.
The initiation of antidepressants in the young adult population present unique patient safety considerations and medicolegal risks for physicians. Unlike the triadic doctor-parent-patient relationship in a child or adolescent patient, the doctor-patient realtionship in a young adult is a dyadic one. Hence, enlisting the help of a trusted adult to supervise the young person who has been newly initiated on antidepressants is more challenging.
Objectives: In this poster, we explore the unique ethical considerations in initiating antidepressants in the young adult population and the steps clinicians may take to mitigate their medicolegal risk in treating this population. The ethical considerations of autonomy, beneficence and non-maleficence are analysed. The measures an individual clinician may take in clinical decision-making and follow-up to mitigate medicolegal risk are also discussed.
Methods: A literature search was conducted to determine the clinical considerations and prescription patterns in prescribing antidepressants to young adults. The legislation surrounding medication prescription in major jurisdictions were explored. Current literature on medicolegal risk management was studied to come up with recommendations on mitigating medicolegal risk when initiating antidepresants in young adults.
Results: Initiating antidepressants in a young adult is a collaboratively undertaken medical decision. A thorough evaluation is required to determine if antidepressant initiation is warranted. Young adults initiated on antidepressants must be closely monitored for increased suicidality. The clinician should offer to psychoeducate a member of the young adult's support network on his diagnosis and treatment, and apprise this person of the black box warning. . If there are imminent grave risks to the young person or others, confidentiality may have to be broken. Clear detailed documentation of the clinical considerations and discussion with the young person is essential.
Conclusions: Initiating antidepressants in young adults presents clinicians with unique patient safety and medicoleagl risk concerns. Steps in clinical decision-making and follow-up may be undertaken by clinicians to mitigate this risk.

Disclosure of Interest: None Declared

COVID-19 and Related Topics

EPP117

Neuropathic Pains in the Age of Post-COVID-19-Vaccination

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doi: 10.1192/j.eurpsy.2025.461

Introduction: Mainstream literature classifies SARS-CoV-2 positive-sensed single-stranded RNA (ssRNA), and only a few literature mentioned the method being Reverse Transcription–Polymerase Chain Reaction -- one limited to ssRNA studies without method improvement of RNA interference (Wang *et al.* BMC Bio 2018; 18). Studies found the 3'-to-5' exoribonuclease activity within CoV nonstructural protein 14 (NSP14) critical for CoV high-fidelity replication (Smith & Denison, PLoS Pathog 2013; 9 e1003760), and NSP15 a distinctive endoribonuclease able to cleave both ss- and double-stranded RNA (dsRNA) effectively (Frazier *et al.* NA Res 2022; 50 8290-8301). While MERS-CoV inhibit oligoadenylate synthetase–ribonuclease L, protein kinase R, and interferon (IFN), CoV-2 activates the former two and induces minimal levels of IFN (Li *et al.* PNAS 2021; 118 e2022643118), corroborating with S2 protein's homogeneity with HIV gp41 (Zhang & Yap JMS: THEOCHEM 2004; 677 73-76) with differentiated impacts on macrophage activities via interleukin 6 (Ascierto *et al.* JIC 2021; 9). **Image 1** indicates the post-vaccination pericarditis is caused by negative charge interference during depolarization in NCT05711810.
Objectives: Primary objective of advancing treatment designs followed the fixed effect metaanalysis model and gathered relevant data (Nikolakopoulou *et al.* EBMH 2014; 17 64). Secondary objective is to compare effects between presynaptic and postsynaptic treatment efficacies in order to determine infection depth for post-COVID-19-vaccination neuropathic pain to appear, and adverse events (AEs) are collected for random effects metaanalysis. Tertiary objective is to weigh the evidences whether COVID-19 is ssRNA or dsRNA.
Methods: With the framework and paradigm of sebaceous immunobiology, the pathway bypassing blood-brain barrier is found with steroidogenesis (Pachankis JP 2023; 26 615; Pachankis GJMR 2023; 23C 5-11). NCT05839236 and NCT06357104 trials' metaanalysis are illustrated in **image 2** with the observational protocol NCT06107348 in **image 3**.
Results: Sebaceous (purpura and ecchymoses) AEs appeared with postsynaptic treatments with valproate, and comparatively, presynaptic treatments with gabapentin afterwards attenuated them. Presynaptic treatments of gabapentin shows superiority by the equivalence tests on neuropathic pains' attenuation in duration

and intensities. The considerations of Ca^{2+} channel inhibition by the adoption of gabapentin in the proton-coupled electron transport chain are consistent with the electrocardiogram indications of negative charge interference on cardiac activities.

Image 1:

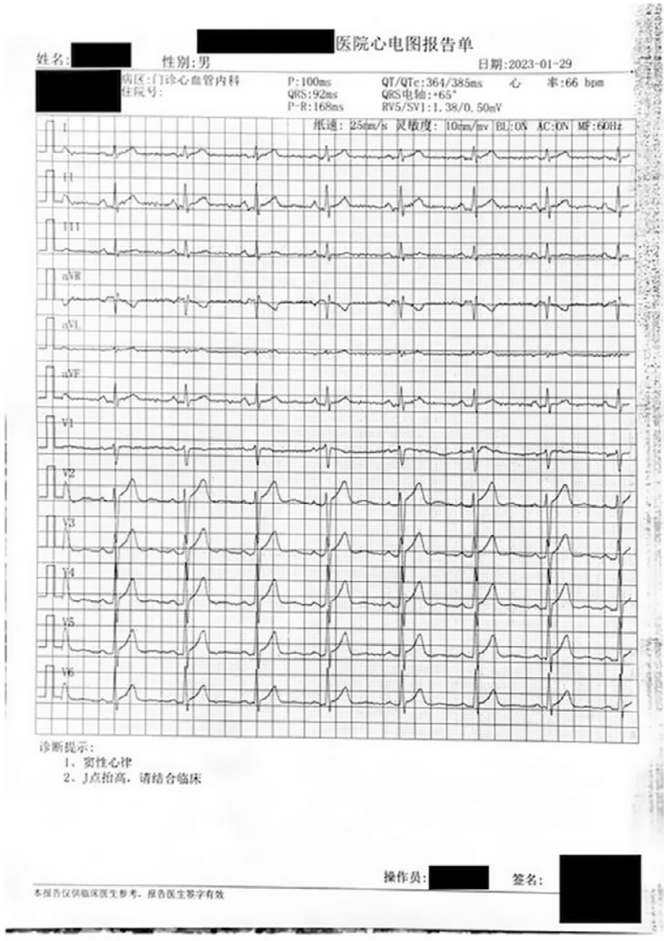


Image 2:

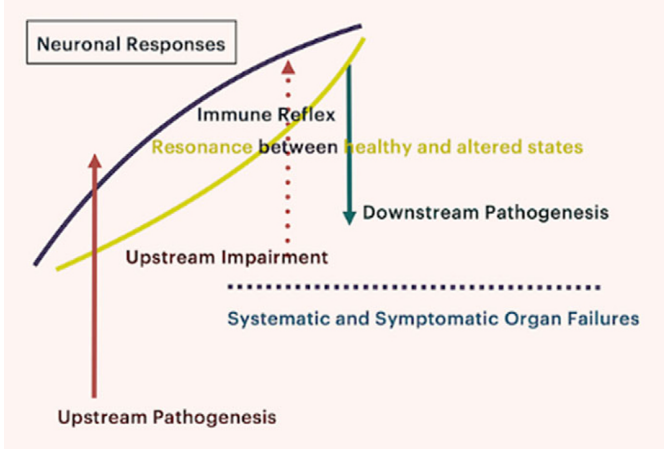
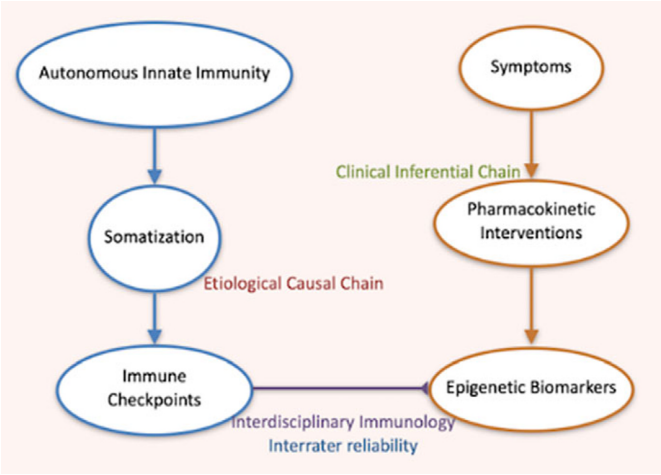


Image 3:



Conclusions: Migraine AEs in NCT05711810 trial is the neuropathic pain resulted from immune activation with initial treatment. Infection depth of neuropathic pains from COVID-19 post-vaccination symptoms is extendable to the presynaptic vesicles with impacts to macrophage activities. Indirect evidences support that SARS-CoV-2 is negative-sensed dsRNA (Pachankis JCMI 2023; 6 1-4).

Disclosure of Interest: None Declared

EPP118

Conspiracy thinking, belief in false information about COVID-19 and the severity of anxiety and depression symptoms in Polish and Spanish respondents in the final phase of the COVID-19 pandemic - preliminary report from a comparative study

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Introduction: Conspiracy thinking refers to the tendency to accept explanations about reality that are different from those that are most rational or best proven. This trend became a significant threat during the COVID-19 pandemic, as belief in false information about COVID-19 was an important factor inhibiting preventive

actions. The tendency to think conspiratorially has also been associated with the severity of some psychopathological symptoms, such as anxiety and depressive symptoms.
Objectives: The aim of the study was to assess the differences in general and COVID-19 conspiracy thinking between Polish and Spanish respondents, as well as the relationship between conspiracy thinking and the severity of anxiety and depression symptoms.
Methods: 192 Polish citizens (average age of 39.7 ± 8.61 years; women: 151, men: 41) and 190 Spanish citizens (average age of 48.3 ± 10.03 years; women: 139, men: 51) were recruted. The GCBS (Brotheron, et al.), the COVID-19 CBS (Dębski, et al.) and the HADS (Zigmond & Snaith) tools were used. The Shapiro-Wilk test, the Mann-Whitney U test and Spearman's correlation coefficient were implemented.
Results: In Spain, the highest average score in terms of conspiracy thinking about COVID-19 was obtained by the statement: "Governments deliberately spread false information about COVID-19 in order to conceal the actual state of the pandemic" (mean = 2.784), while in Poland this statement was: "SARS-CoV-2 tests are unreliable, they may be positive in the case of infection with another virus" (mean = 2.912). Spanish citizens obtained significantly higher scores than Poles on the Malevolent global conspiracies scale (median 9 vs 8, p=0.024), as well as in two false beliefs about COVID-19: "Wearing face masks causes oxygen deficiency…" (median 3 vs 2, p=0.000) and "There is a drug that can effectively cure COVID-19 patients, but information about it is confidential…" (median 3 vs 1.5, p =0.026). Among Polish citizens, the belief: "Health workers receive financial benefits for diagnosing COVID-19…" was higher (median 2 vs. 1, p=0.000). In the Spanish group, most of the GCBS subscales correlated positively with the anxiety and depression symptoms. COVID-19 CBS also correlated with anxiety. In the Polish group positive correlations were noted between two GCBS scales and the severity of depression symptoms. There were no significant associations between GCBS and COVID-19 CBS with the anxiety symptoms in that group.
Conclusions: The group studied in Spain showed a significantly higher intensity of conspiracy beliefs in more issues than the group studied in Poland. At the same time, conspiracy thinking in the Spanish group showed more pronounced relationships with the severity of anxiety and depression symptoms than in the Polish group.

Disclosure of Interest: None Declared

EPP122

Proactive Model of Remote Interaction for Treating Post-COVID Anxiety and Depression in the Context of War in Ukraine

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Introduction: Remote interaction offers new opportunities for medical-psychological rehabilitation, providing access when in-person consultations are limited. The proactive model of psychosomatic medicine, focusing on prevention and can to enable continuous monitoring and active patient engagement, crucial for those affected by post-COVID syndrome and war.
Objectives: Analyze the effectiveness of a medical-psychological rehabilitation program for anxiety and depressive post-COVID disorders, as well as post-traumatic symptoms resulting from war, in the context of remote interaction.
Methods: The study sample consisted of 240 individuals with anxiety and depressive post-COVID disorders. The tools used in the study included the PHQ-9, GAD-7, and PCL-5.
Results: By day 63, according to the PHQ-9, depression in the study group decreased to 6.942±5.073, while in the control group it remained at 15.567±6.540 ($p < 0.001$; $t = 11.437$). According to the GAD-7, anxiety reduced to 3.991±3.589 in the study group, whereas in the control group it remained higher at 12.966±3.980 ($p < 0.001$; $t = 18.355$). According to the PCL-5, PTSD symptoms decreased to 13.295±8.727 in the study group, while in the control group they remained high at 29.177±13.541 ($p < 0.001$; $t = 10.836$).
Conclusions: The study results indicate that the medical-psychological rehabilitation program, delivered through remote interaction, effectively reduces symptoms of depression, anxiety, and post-traumatic stress in individuals with post-COVID disorders amid wartime conditions.

Disclosure of Interest: None Declared

EPP123

Insomnia during the COVID-19 pandemic: Evidence from a Longitudinal Cohort study in Singapore

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Introduction: Since the outbreak of Coronavirus Disease 2019 (COVID-19) pandemic, sleep and mental health of the population have been disrupted worldwide. Predisposing, precipitating, and perpetuating factors of insomnia may signify shared mechanisms that relate insomnia symptoms to psychiatric disorders during stressful periods like pandemic. However, long term repercussions of COVID-19 pandemic on sleep features such as insomnia, and psychological health remains poorly elucidated even after the alleviation of the pandemic measures.
Objectives: The current study aims to identify the longitudinal trajectory of insomnia, in terms of prevalence and associated risk factors, during and post COVID-19 pandemic era among the general population of Singapore.
Methods: Current study consists of longitudinal online and in person surveys involving two-point assessments-Phase1 (during pandemic) from May 2020-June 2021 and Phase2 (post pandemic) from October 2023-August 2024. Singapore residents aged 21 years and above, fluent in English, Chinese or Malay language participated in the study. Participants answered an interviewer-administered questionnaire across both timepoints, including Socio-Demographic information, Insomnia Severity Index, Generalised Anxiety Disorder-7, Physical Health Questionnaire, Depression Anxiety Stress Scales and Covid-19 related stressors-Exposure to Covid-19, current and future perceived risk of infection.
Results: 597 participants completed both assessments at phase1 and phase2. The prevalence of insomnia increased from 8.83% in

phase2 as compared to 8.24% in phase1 (p<0.00). Those aged 50 years and above (vs 21-34 years) (p<0.02), highest educational attainment of primary school (vs University) (p<0.05), being economically inactive (vs employed) (p< 0.01), having mild levels of anxiety (p<0.007) and having severe levels of depression, anxiety or, stress (p<0.005) was seen to be significantly associated with insomnia.
Conclusions: Insomnia prevalence rose from 8.24% in phase1 to 8.83% in phase2 and was significantly associated with anxiety disorder, psychological distress, and perceived stress among Singapore residents in both phases. These findings could be ascribed to the failure in re-establishment of pre-COVID-19 pandemic norms, social situations and working dynamics that might have led to sleep curtailment and insomnia. Study findings can be utilised to design effective targeted interventions like cognitive behavioural therapy, therapist assisted relaxation and meditation programs to improve sleep and reduce psychological distress. Mentioned interventions can be delivered via smartphone applications enabling easy access, monitoring, delivery, and utilization by the vulnerable groups.

Disclosure of Interest: None Declared

Depressive Disorders

EPP125

Investigating amygdala habituation in major depressive disorder: an fMRI study in UK Biobank

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doi: 10.1192/j.eurpsy.2025.465

Introduction: Major depressive disorder (MDD) is a severe psychiatric condition with a high risk of suicide. Research on MDD and suicidality has identified structural and functional abnormalities in the cortico-limbic network as candidate biomarkers, but little is known about the temporal dynamics of these brain regions. Recently, abnormal amygdala habituation to emotional stimuli has been highlighted as a reliable fMRI phenotype linked to emotional dysregulation and increased suicide risk.
Objectives: Our study aimed to assess amygdala habituation to emotional stimuli in MDD and explore differences between suicide attempters (SA) and non-attempters (nSA). Additionally, we examined the relationship between amygdala habituation and depressive symptoms.
Methods: 414 MDD patients (239 SA, 175 nSA) selected from the UK Biobank underwent fMRI during a block-designed emotion processing task, including faces and shapes conditions. We obtained bilateral amygdala activation for each block using FSL. Habituation was quantified using two methods: the regression approach (REG) and First minus Last block (FmL). One sample T-tests were used to investigate whether habituation rates significantly differed from zero. Group differences were analysed using Mann-Whitney U-tests. Generalized linear models (GLM) were applied to examine relationships between habituation and depression severity, controlling for age, sex, group (SA vs. nSA), and handedness.
Results: In both MDD and SA groups, no significant habituation was observed for either emotional or non-emotional stimuli (p_{FDR}>.05). However, the nSA group showed significantly positive habituation rates for left amygdala in both conditions and for right amygdala in faces condition using REG (p_{FDR}<.05), suggesting a possible sensitization process. Moreover, nSA showed significantly higher habituation rates than SA in all conditions with REG (p_{FDR}<.01). GLM analyses revealed no significant associations with depression severity.
Conclusions: Our results suggest that MDD is characterized by a lack of amygdala habituation to emotional stimuli, potentially offering new insights into its pathophysiology. This biomarker may help in developing novel therapeutic strategies targeting the amygdala and its regulation within the cortico-limbic system.
Fundings: The current study was supported by the Italian Ministry of Health, GR-2019-12370616.

Disclosure of Interest: None Declared

EPP126

Is there a risk of addiction to ketamine during the treatment of depression? A systematic review of available literature

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Introduction: Depression is a leading cause of disability globally, and while conventional treatments, such as antidepressants and psychological therapy, benefit many patients, a significant proportion fail to achieve symptom relief. Ketamine has demonstrated both rapid and sustained efficacy in treating depression, especially in treatment-resistant cases. However, concerns regarding the addictive potential of ketamine during long-term depression treatment persist among clinicians.
Objectives: The review aimed to assess the prevalence of addiction phenomena associated with ketamine treatment of depression in adult populations.
Methods: The review followed PRISMA guidelines and was preregistered on PROSPERO (CD42023435468). A comprehensive search was conducted in Medline, Embase, PsycInfo and Global Health databases, with additional relevant studies identified through reference lists. Data extraction and study selection were performed by two independent reviewers. Risk of bias was assessed using appropriate tools based on study design.
Results: Sixteen studies were included, comprising six randomised controlled trials, three single-arm open-label studies, one retrospective study, three case series and three case reports, for a total of 2174 patients. The studies employed various routes of administration, including intravenous, intramuscular, intranasal, oral and sublingual. Ketamine was administered in the racemic

form, except for the studies that utilised intranasal esketamine. Four patients were reported to exhibit clear signs of tolerance to the antidepressant effects of ketamine or dependence on the drug, while the majority did not. Additionally, papers discussing addiction phenomena in studies that did not meet the inclusion criteria are also reviewed.
Conclusions: Despite the heterogeneity in study designs and outcome assessment methods, the review underscores the relative safety of ketamine treatment for adult patients with depression, emphasising the importance of medically supervised administration, vigilant monitoring and judicious dosing. Future long-term studies employing quantitative scales to assess dependence phenomena could contribute to strengthen the evidence for a safe and effective use of ketamine in the treatment of depression.

Disclosure of Interest: None Declared

EPP127

Heterogeneity in depression treatment trajectories and associated social factors: a longitudinal cohort study in older adults in Denmark

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doi: 10.1192/j.eurpsy.2025.467

Introduction: While depression trajectories have been extensively studied in recent decades, research has predominantly focused on younger and middle-aged individuals, often overlooking vulnerable older patients. Classifying patients based on treatment trajectories may enhance personalized care efforts and long-term treatment management for older adults.
Objectives: This study investigates the varying patterns of depression treatment trajectories and examines the influence of social factors on these trajectories in older adults initiating first-time depression treatment over a three-year period.
Methods: We conducted a nationwide cohort study using Danish registers, including all adults aged 65 and older who filled their first-time antidepressant prescriptions between 2006 and 2015 (with no prescriptions in the previous decade). Depression treatment patterns were assessed through antidepressant prescription redemptions and psychiatric hospital contacts for depression. Latent class growth modeling identified distinct treatment trajectories over the three years, while multinomial logistic regression analyzed the association between social factors and trajectory group membership.
Results: Among the 66,540 older adults included in the study (55.2% female, mean age: 77.3 years), three unique depression treatment trajectories emerged: 'brief treatment' (33.7%), where treatment ended within six months; 'gradual withdrawal' (26.5%), where treatment tapered off over two years; and 'persistent treatment' (39.8%), where treatment continued throughout the three years. Association analyses showed that female sex, living alone, and residing in less-urbanized regions were associated with higher odds of membership in the persistent treatment group. In contrast, older individuals, those who were widowed or separated, and individuals of non-Danish ethnicity were associated with lower odds of membership in the persistent treatment group.
Conclusions: This study identifies three distinct depression treatment trajectories in older adults. Social factors such as sex, household composition, place of residence, and ethnicity were associated with treatment duration and trajectories. Tailored interventions based on patient characteristics may enhance depression care for older adults, ensuring more personalized and effective treatment strategies.

Disclosure of Interest: K. Ishtiak-Ahmed: None Declared, C. Rohde Grant / Research support from: CR received the 2020 Lundbeck Foundation Talent Prize, O. Köhler-Forsberg Speakers bureau of: OKF reported honoraria for lectures for Lundbeck Pharma A/S and consultant fees for WCG Clinical, all unrelated to the present work., K. Christensen : None Declared, C. Gasse: None Declared

EPP128

Financial performance of people with affective disorders: A prospective, European-wide study

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doi: 10.1192/j.eurpsy.2025.468

Introduction: Financial capability, which encompasses both financial competence and financial performance, is a key requirement for an autonomous and independent life. However, individuals with psychiatric disorders often report difficulties with financial capability and financial stress.
Objectives: The current study aims to disclose the impact of affective disorders (AD) on financial performance using prospective data from wave 8 and wave 9 of the Survey of Health, Retirement and Ageing in Europe (SHARE).
Methods: The SHARE project includes individuals born on or before 1971 or households with at least one member meeting this age criterion. During each wave, participants reported whether they received one of 17 diagnoses, including "affective or emotional disorders, including anxiety, nervous or psychiatric problems". Furthermore, monthly household net income and whether participants experienced difficulties in managing money, challenges in making ends meet, and their debt situation were recorded. The differences between the AD and a control group (i.e., participants without affective or neurological conditions) on monthly household net income and the three financial performances were examined for both waves. Logistic regression analyses were performed to analyze whether an AD diagnosis predicted financial performances in wave 8 and wave 9.
Results: 2,645 individuals reported an AD diagnosis in wave 8, and 47,068 were classified as controls. In wave 9, 3,574 individuals indicated having an AD diagnosis and 60,902 were classified as controls. In both waves, individuals with AD received a lower monthly household net income and reported more difficulties across all three financial performances relative to controls.

Furthermore, in both waves, AD individuals reported having more debts on cars and other vehicles, debt on credit/store cards, loans, debts to relatives or friends, overdue bills, and other types of debts than controls. In wave 8, the odds of experiencing difficulties in managing money, making ends meet, and having debts were 3.61, 1.45, and 1.73 times higher, respectively, in AD individuals than in controls. A diagnosis of AD increased the likelihood of future (i.e., during wave 9) financial difficulties: 2.67, 1.38 and 1.68 times for managing money, making ends meet, and having debt, respectively.
Conclusions: Individuals with AD are more prone to experiencing impairments with both current and future financial performance and might face financial difficulties. The present study emphasizes the importance of recognizing financial difficulties in individuals with AD and offering financial assistance when necessary, especially since financial difficulties might exacerbate affective symptoms.

Disclosure of Interest: None Declared

EPP129

Clinical improvement of moderate depression with a combination of rhodiola and saffron in a non-student population: a double-blind, placebo-controlled study

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Introduction: A number of medicinal plants have produced noticeable results in depression treatment including, *Rhodiola rosea* and *Crocus Sativus* (saffron).
Objectives: To evaluate the efficacy and safety of a combination of rhodiola and saffron in patients with moderate depression.
Methods: Adults with moderate depression (International Classification of Diseases [ICD-10]) of moderate intensity (Hamilton Depression Score [HAM-D] ≥ 17 and ≤ 23) were recruited (n=126; 64 students, 62 non students). Patients took 2 tablets of the supplement (i.e. 308 mg rhodiola and 30 mg saffron) or a placebo daily for 6 weeks. Main criterion was the evolution of HAM-D score between Day (D) 0 and D42. Other criteria were evolution of HAM-D, Hospital Anxiety and Depression Scale (HADS)-anxiety and HADS-depression, Patient's Global Impression of Change (PGIC), Clinical Global Impression of severity and improvement (CGI-S and -I) at D0, D21 and D42, tolerability and compliance.
Results: A significant 10-point decrease in HAM-D score was observed only in the supplemented non-student population between D0 and D21 (from 18.9±1.7 to 8.6±3.4 in Supplement group *versus* 18.5±1.8 to 11.2±4.2 in Placebo group, p=0.005). At D42, a 12-point decrease was observed in the Supplement group; the difference between the two groups being marginally significant (from 18.9±1.7 to 7.1±5.0 in Supplement group versus from 18.5 ±1.8 to 8.8±4.2 in Placebo group, p=0.087). The percentage of patients with a HAM-D score reduction >75% was higher in the Supplement group (p<0.05). The HAM-D score decrease was particularly marked in patients with HADS-anxiety ≥11 at D21. The distribution of patients by severity HAM-D classes (no, mild, moderate depression) was significantly different between the two groups (p<0.05 at D21 and D42), with a greater number of patients with no or mild symptoms in the Supplement group. The remission rate (HAM-D ≤ 7) was higher in this group (p<0.05 at D21 and D42). These results by classes were also found with HADS-depression scale. Results for CGI-S and CGI-I were in favor of the Supplement group (p<0.05 at D21). These results were not observed in students. Compliance and tolerability were good.
Conclusions: As expected, the rhodiola plus saffron combination improved psychological well-being of non-student patients with moderate depression. The poor results observed in students suggest that health professionals should ascertain the real depressive state of students confronted with stressful and/or anxiety-provoking situations linked to exams, professional future or precarity. When prescribing, clinicians should not only rely on quantitative scales, but above all on their clinical feelings.

Disclosure of Interest: None Declared

EPP130

Assessment of clinical course among patients with major depressive disorder treated with sertraline: a retrospective observational real-world study

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doi: 10.1192/j.eurpsy.2025.470

Introduction: Major depressive disorder (MDD) is a chronic condition with recurrence rates ranging between 50-90%. MDD is also one of the leading causes of functional impairment (Moriarty AS *et al. Br J Gen Pract.* 2020 Jan 30;70(691):54-55). Therefore, clinical practice guidelines (CPGs) recommend continuing antidepressant treatment of MDD (6-24 months) beyond achieving clinical remission to prevent relapse. Sertraline, a selective serotonin reuptake inhibitor, is recommend as a first line agent by most CPGs in the management of MDD (Lam RW *et al. Can J Psychiatry.* 2024 Sep;69 (9):641-687, NICE guideline Jun 2022).
Objectives: To evaluate the effectiveness of sertraline in the long-term management of MDD in a real-world clinical practice setting.
Methods: A retrospective, observational study of real-world data assessed the clinical course in patients with MDD with or without comorbid anxiety disorders (N=713, female=526), who were prescribed sertraline. Data from >25 mental health centers in the USA from Holmusk's NeuroBlu database were used to estimate the effectiveness of sertraline in patients with moderate to severe MDD (CGI-S ≥ 4, n=556, female=414). Changes in CGI-S from baseline to months 2, 3, 6, 9 and 12 following sertraline initiation were analyzed. One point or more reduction in CGI-S was regarded

as improvement, one point or more CGI-S increase was by denoted as worsening. Stability was assumed where no CGI-S change was observed.

Results: In comparison to baseline, patients showed a general trend for improvement, regardless of the available follow-up duration **(Fig 1)**. In total, 32.7% to 41.9% patients with moderate to severe MDD showed clinically meaningful improvement across any of the time points **(Fig 2)**.

Image 1:

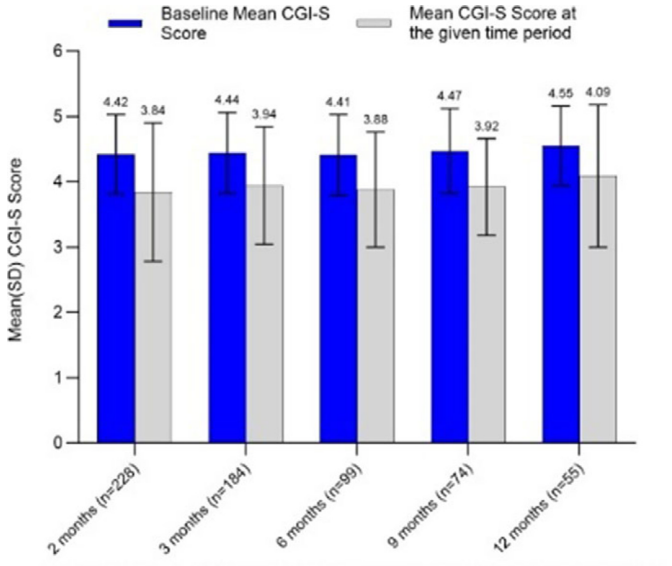


Fig 1 - Mean CGI-S at baseline and at corresponding follow-up periods

Image 2:

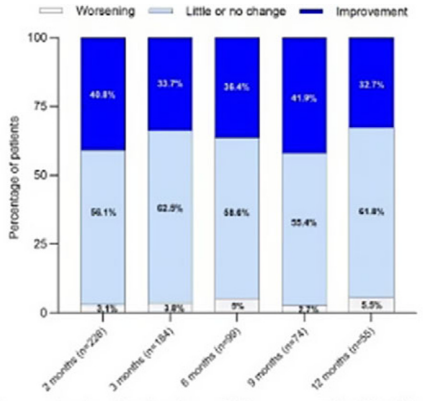


Fig 2 - CGI-S change categories when baseline and follow-up score at a defined time point were compared. Improvement: Change in CGI-S≤1; No change: Change in CGI-S=0; Worsening: Change in CGI≥1

Conclusions: The results from this retrospective analysis of health records suggest that sertraline is an effective treatment in the management of MDD in real-world clinical practice, even in the long-term.

Limitations: First, this study only assessed patients who had CGI-S recorded at baseline and at least one additional recorded at any of the pre-defined follow-up points. As a result, patients who did not have a follow-up CGI-S value or had the value recorded outside of the pre-defined follow-up points were excluded from the study. The study also did not assess detailed MDD symptom ratings. Finally, information was lacking whether patients were treated previously in other clinical setting.

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EPP132

Antidepressant effect of ketamine unrelated to dissociation: Results from an exploratory mediation analysis of the KET01-02 study

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Introduction: Current ketamine-based therapies for treatment-resistant depression (TRD) can induce dissociative symptoms. A novel oral prolonged-release ketamine formulation (KET01) results in a lower and delayed peak concentration of ketamine, and a higher concentration of the metabolites norketamine and hydroxynorketamine than after intravenous administration. KET01 has limited dissociative properties, compared to other ketamine formulations.

Objectives: To explore the relation between dissociative and antidepressant effects of KET01.

Methods: KET01-02 (EudraCT 2021-004927-34) was a randomized, double-blind phase 2 trial in outpatients with TRD comparing adjunct 120 mg (n=42) or 240 mg (n=40) oral KET01 once-daily for 3 weeks to placebo (PBO, n=40). The primary endpoint was change from baseline on the Montgomery-Åsberg Depression Rating Scale (MADRS) total score on day 21. Dissociation was assessed using the Clinician-Administered Dissociative States Scale (CADSS).

The association between CADSS scores at 7 hours after first dosing and MADRS scores on day 4 was investigated with a statistical mediation analysis. The 7-hour timepoint was selected since it coincides with the average Tmax (time-to-peak) when the highest dissociation is expected. Depression scores at the first subsequent visit (on day 4) were selected for the analysis. It was also the time point where change in MADRS score from baseline differentiated the most between KET01 and placebo with a difference of 4.32 (p=0.006) to the benefit of KET01 – based on the model used in the mediation analysis.
Results: The antidepressant effect of KET01 that was mediated through dissociation was estimated to the negligible -1.28% (CI: (-28%) – (+11%)).
Conclusions: The antidepressant effect of KET01 was achieved with minimal to no dissociation and with no significant mediation through dissociation. Our findings challenge the commonly held clinical view that some degree of dissociation is necessary to guarantee ketamine's antidepressant effect. Instead, it appears that dissociative symptoms are merely adverse events associated with certain formulations of ketamine.

Disclosure of Interest: L. Arvastson Consultant of: HMNC Brain Health, E. Papanastasiou Employee of: HMNC Brain Health, K. Schmid Employee of: Develco Pharma, A. Damyanova Employee of: HMNC Brain Health, A. Glas Employee of: HMNC Brain Health, C. Strote Employee of: HMNC Brain Health, C. Eulenburg Consultant of: HMNC Brain Health, D. Gehrlach Employee of: HMNC Brain Health, K. Maiboe Consultant of: HMNC Brain Health, H. Eriksson Employee of: HMNC Brain Health

EPP133

Impacts of childhood trauma on postpartum depression: prospective longitudinal study

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Introduction: Women who experience childhood trauma may be at a greater risk of developing postpartum depression (PPD), which can result in significant harm to both mothers and their children. Few studies have longitudinally evaluated the effect of childhood trauma on PPD.
Objectives: This study aimed to evaluate the impact of childhood trauma on PPD among Brazilian postpartum women.
Methods: This prospective longitudinal study was conducted with 153 women evaluated at two time points: T1 (immediate postpartum) and T2 (three months postpartum). PPD symptoms were assessed using the Edinburgh Postnatal Depression Scale (EPDS) and childhood trauma was assessed using the Childhood Trauma Questionnaire (CTQ). To verify the differences in PPD scores in the periods assessed and in relation to childhood trauma, generalized estimating equations (GEE) were used. EPDS scores were categorized with values ≥10 defined as the presence of PPD. Multinomial logistic regression analyses were performed to evaluate the influence of trauma on PPD risk subgroups as follows: early PPD (risk of depression at T1), late PPD (risk of depression at T2), and chronic PPD (risk of depression at T1 and T2).
Results: The results demonstrated that women who suffered trauma in childhood had significantly higher EPDS scores at both time points evaluated when compared to women who did not suffer from trauma. However, there was no significant difference in EPDS scores over time or in the interaction between time and childhood trauma, indicating that PPD scores and the impact of childhood trauma on PPD remained constant over time. All types of childhood trauma were significantly associated with late or chronic PPD. Emotional abuse, physical abuse, and emotional neglect are significantly associated with early PPD.
Conclusions: The present study demonstrated that women who experienced childhood trauma had significantly greater symptoms of PPD. However, PPD symptoms did not vary between the two assessments and remained stable. Mental health screening and interventions must be adopted during pregnancy monitoring and in the postpartum period.

Disclosure of Interest: None Declared

EPP134

Patterns of Sexual Dysfunction in Depression: A Population-Based Study in Sweden

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Introduction: Previous research suggests that sexual dysfunction (SD) can both contribute to and result from depression. Additionally, evidence indicates that antidepressants may cause SD as a side-effect. However, knowledge of SD patterns in depressed individuals at the population level remains limited.
Objectives: To describe and compare the prevalence and incidence of SD during a three-year period before and after a diagnosis of depression.
Methods: Nationwide health registers in Sweden were used to identify patients diagnosed with a new-onset depressive episode (ICD-10: F32 and F33) in specialized healthcare between 2006 and 2014. SD was defined as having an SD diagnosis (ICD-10: F52.0-52.3) or a filled prescription of a drug aimed against SD (phosphodiesterase 5 inhibitor) for women and men separately. First, the prevalence of SD was calculated for the three-year period before and after the depression diagnosis. Second, annual incidence rates of SD were calculated by only including the first-ever SD event for each year during the same periods. Finally, in men, the annual incidence rates of SD were stratified by age groups (18–29, 30–49, and 50–65 years).
Results: We identified 110,725 women (mean age 38 years) and 73,566 men (mean age 39 years) with newly diagnosed depression. Among the women, 117 had SD in the three years before the depression diagnosis, corresponding to a three-year prevalence of 0.12% (95% CI 0.10%–0.14%), whereas 192 had SD in the 3 years after the depression diagnosis, corresponding to a 3-year prevalence of 0.19%, 95% CI 0.17%–0.22%). The annual incidence of SD

ranged from 0.03%–0.09% with the highest incidence in the first year after depression. Among the men, 4,299 had SD in the 3 years before the depression diagnosis, corresponding to a 3-year prevalence of 6.4% (95% CI 6.2%–6.6%), whereas 5,716 had SD in the 3 years after the depression diagnosis, corresponding to a 3-year prevalence of 8.6% (95% CI 8.4%–8.8%). The annual incidence of SD ranged from 1.4%-2.2%, with the highest incidence in the first year after depression. When stratified by age, the annual incidence of SD in men was lowest in the youngest group (18-29 years: 0.2%–0.8%) compared to the older age groups (30-49 years: 1.4%–2.6%; 50-65 years: 2.2%–3.3%).
Conclusions: In this study of patients with specialist treated depression, SD was significantly more commonly diagnosed and/or treated in the three-year period after the depression diagnosis than before in both women and men. Furthermore, the incidence of SD was highest in the first year after the depression diagnosis. As expected, SD was more common among men, where it also increased with age.

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EPP135

Augmentation vs. switching medications in older patients with treatment-resistant depression: clinical moderators that matter

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Introduction: Older adults with treatment-resistant depression (TRD) can be treated with augmentation or switched to a different drug.
Objectives: We aimed to identify factors that moderate the effectiveness of these strategies on treatment outcomes to guide the selection of the optimal strategy for each patient.
Methods: We analyzed data from 742 older adults with TRD in the Outcomes of Treatment-Resistant Depression in Older Adults (OPTIMUM) clinical trial. All participants were randomized to one of two treatment strategies, which were augmentation with aripiprazole, bupropion, or lithium; or switching to bupropion or nortriptyline. Treatment outcomes were change in MADRS scores and remission after 10 weeks. Age, burden of comorbid physical illness, number of adequate previous antidepressant trials, presence of executive cognitive impairment, and clinically relevant comorbid anxiety were examined as potential moderators of the effect of the two treatment strategies (augmentation vs. switching) on treatment outcomes.
Results: Overall, augmentation produced more improvement in MADRS scores and produced a higher rate of remission than switching. For change in MADRS scores after 10 weeks of treatment, the number of adequate previous antidepressant trials was the only significant moderator of the superiority of augmentation over switching (b = -1.6, t = -2.1, p = 0.033, 95%CI [-3.0,-0.1]). There were no significant moderators for remission.
Conclusions: Older patients with TRD with less than three previous antidepressant trials benefit more from augmentation than from switching. Future studies validating this finding with different drugs in more diverse samples can facilitate their application in real world settings.

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EPP136

Characteristics of patients with perinatal depression in UK primary care settings

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Introduction: Perinatal depression (PND) is a debilitating mood disorder that occurs during or following pregnancy. Information regarding characteristics associated with PND can aid in better understanding the disease.

Objectives: Examine patient characteristics and comorbidities of PND patients and matched non-PND controls in a UK electronic health record (EHR) database.

Methods: Women aged 12-55y with a delivery record (livebirth, stillbirth, mixed birth) during Jan 2017-Dec 2021 were selected from the Clinical Practice Research Datalink (CPRD) GOLD primary care database via a pregnancy algorithm. PND was ascertained using read codes during pregnancy or one year after the end of pregnancy date (EPD). Two ways to define PND were explored: 1) restricted definition (PND-r) where only PND codes were included; 2) broad definition (PND-b) including both PND and 34 other depression codes. For each PND case, two controls were matched on key patient variables such as age, depression history, and pregnancy outcome. Patients were required to have at least 12 months (mo) of continuous enrollment prior to and post EPD. Patient characteristics and select psychiatric and pregnancy-related comorbidities were compared, and prevalence rate ratios (PRR) and 95% Wald confidence intervals (CI) were calculated comparing cases and controls.

Results: The study included 2,214 cases of PND-r and 4,718 cases of PND-b, and their respective non-PND matched controls. PND-r and PND-b cases differed in timing of diagnosis. Of the PND-r cases, 6% were diagnosed during pregnancy and 47% in the first 3mo following delivery; whereas the distribution in the PND-b was, respectively, 18% and 30%. The mean age of the PND-r and PND-b cohorts was consistent (29y, SD=6). A prior recorded history of depression was present in 36% of PND-r cases and 43% of PND-b cases. Approximately 55% of PND-r cases and 65% of PND-b cases had a history of antidepressant use prior to last menstrual period.

During the 12mo pre-EPD, PND-r cases had higher prevalence of hyperemesis gravidarum (PRR=1.5, 95% CI 1.3-1.8), gestational diabetes (PRR=1.4, 95% CI 1.1-1.7), and anxiety/panic disorders (PRR=1.8, 95% CI 1.3-2.3) compared to controls. During the 12mo post-EPD, PND-r cases had higher prevalence of comorbid anxiety/panic disorders (PRR=3.8, 95% CI 3.0-4.9) as well as post-traumatic stress disorder (PRR=3.1, 95% CI 1.5-6.1) compared to controls. Results were similar in the PPD-b analyses, but with higher PRR of anxiety/panic disorders (post-EPD PRR: 11.2, 95% CI 9.7-12.9).

Conclusions: 80% of PND-r and 71% of PND-b cases were diagnosed during pregnancy or in the first 6mo following EPD. Cases had higher prevalence of certain pregnancy and psychiatric conditions compared to controls, with comorbid anxiety/panic disorder estimates higher using the PND-b definition. Future research should consider comparing results using both broad and restricted definitions of PND in EHRs.

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E-mental Health

EPP140

Diagnostic Potential of Cross-Questionnaire Analysis for Depression and Memory Disorders Using Machine Learning Techniques

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Introduction: Research shows a strong correlation between depression and memory disorders, suggesting the potential for cross-questionnaire data use in automated diagnostic systems. This study explores whether the Prospective and Retrospective Memory Questionnaire (PRMQ) can identify depressive symptoms and if the ZUNG Self-Rating Depression Scale (SDS) can predict memory-related disorders.

Objectives: To evaluate the effectiveness of using questionnaires intended for one mental disorder to diagnose another through

machine learning models on data from a large-scale self-assessment online questionaire.
Methods: The study is part of the Memory and Depression Study: MANDY, conducted by the 1st Department of Psychiatry and the Department of Neurology of Papageorgiou Hospital, Thessaloniki, Greece. Data from 3340 participants were collected via an online survey containing the PRMQ, SDS, demographic data, and health-related questions. Four predictive tasks were designed: two for predicting depression using memory responses (D-from-M score and class) and two for predicting memory disorders using depression responses (M-from-D score and class). Machine learning models including LightGBM, AdaBoost, Support Vector Machines, and Logistic Regression were evaluated. Performance metrics included precision, recall, F1-score, and AUC-ROC (Figure 1).
Results: The LightGBM classifier was the top-performing model for the D-from-M class prediction task, achieving a precision of 0.75563, recall of 0.79125, an F1-score of 0.77303, and an AUC-ROC of 0.79319 on the test set (Table 1). This indicates a strong predictive capability for diagnosing depression from memory-related responses. The AdaBoost classifier had similar performance but was slightly inferior to LightGBM. For the M-from-D class task, the class imbalance (memory disorder prevalence at 5%) was a significant challenge. The best model, a Support Vector Classifier with ADASYN resampling, achieved a precision of 0.6, recall of 0.375, an F1-score of 0.46154, and an AUC-ROC of 0.86218. However, its performance was notably lower than LightGBM in predicting depression.

Image 1:

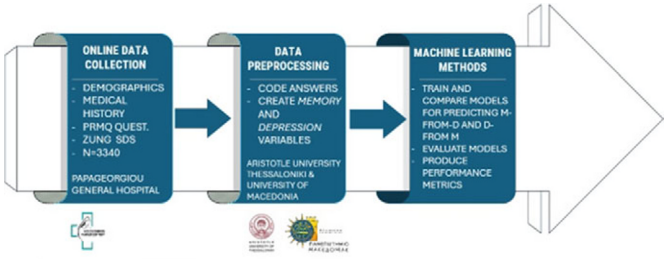


Figure 1. Flowchart of MANDY Study

Image 2:

Model	Precision	Recall	F1-Score	AUC-ROC
LightGBM	0.75563	0.79125	0.77303	0.79319
AdaBoost	0.75244	0.77778	0.7649	0.78646

Table 1: Classification Performance Metrics for D-from-M Class Prediction

Conclusions: The PRMQ, combined with specific demographic and health-related questions, showed promise in predicting depression, with the LightGBM classifier as the best overall model. This underscores the potential for cross-questionnaire data utilization for diagnosing depression. Conversely, predicting memory disorders using the SDS was less effective, indicating the need for more targeted diagnostic tools. Future research should include neurocognitive and biomarker data to enhance diagnostic accuracy for memory-related conditions.

Disclosure of Interest: None Declared

EPP141

Digital Phenotyping in Mental Health - What can it mean for the future of Psychiatry?

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Introduction: Smartphones, central to modern life, offer a cost-effective tool for gaining patient insights outside the consultation room. Through passive data collection (e.g., sensor data) and active questioning, smartphones enable ecological assessments of psychiatric symptoms and self-reported experiences. This "moment-by-moment quantification of the individual-level human phenotype in situ using data from personal digital devices" via digital phenotyping (DP) has garnered significant research attention, showing potential for early detection and intervention in mental health.
Objectives: We explore recent DP developments in mental health, highlighting its potential to transform clinical practice while acknowledging challenges and risks.
Methods: Narrative literature review resorting to PubMed and Google Scholar using keywords such as "digital phenotyping", "digital phenotype", "digital biomarker" and "mobile sensing".
Results: DP studies, particularly in Mood Disorders and Schizophrenia, mostly rely machine learning for data analysis. Biomarkers from passive data (e.g., GPS, social connectivity, physical activity) correlate with self-reports and clinical measures of depression, anxiety, mania, and psychosis. Speech and text analysis through Natural Language Processing (NLP) offers new research avenues. DP promises early detection, relapse prevention, and treatment monitoring but faces challenges, including privacy concerns, and low user engagement - that could be solved by closing the loop by returning individual research results or a tailor-made intervention. Nevertheless, regulation and good practice standards are still lacking, posing the threat of diagnostic inaccuracy and undeniable iatrogenic risk.
Conclusions: For DP to fully realize its potential, integration with standard care and existing systems is essential. While risks exist, when comparing DP with other medical interventions currently

under research, perils are minor. Mental health care urgently needs disruptive innovation to improve access and quality.

Disclosure of Interest: None Declared

EPP143

The Anxiety of the 21st Century: The Paradox of Nomophobia. A Critical Examination of the Phenomenon in a Population with Eating Disorders

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Introduction: In the present era, technology and medicine have become deeply intertwined, forming inseparable scientific disciplines. The mobile phone has become an omnipresent device, serving functions such as financial management, job organization, social networking, and internet access. While its benefits are undeniable, there is growing evidence of its potential pathological effects. One of the most recently identified issues is nomophobia—a term combining "no mobile," "phone," and "phobia," which refers to the fear or anxiety of being without one's mobile phone.
Nomophobia is considered a situational phobia of the contemporary era. Its symptoms include excessive reliance on mobile phones and pervasive anxiety about losing internet connectivity. Related conditions include "Ringxiety" and "phantom vibration syndrome," where individuals perceive false notifications from their devices.
Objectives: This study aims to assess the relationship between eating disorders (ED) and nomophobia. Additionally, it seeks to analyze the psychopathological components of nomophobia and evaluate the characteristics of the Nomophobia Questionnaire (NMP-Q), currently used for its assessment.
Methods: A questionnaire was administered at the Study and Care Unit for ED in Bologna, Italy, between January 2023 and May 2024. Alongside tests evaluating the social and psychopathological characteristics of the outpatients (including the STAI-Y for anxiety assessment), the Italian version of the NMP-Q was employed.
Results: The study included 104 patients (97 females and 7 males) with an average age of 21.8 years (range 18-44). The results showed that 100% of the subjects exhibited symptoms of nomophobia, with 21.3% displaying severe nomophobia. Among these, 94.4% tested positive for state anxiety, and 100% for clinically significant trait anxiety. This suggests that nomophobia may reflect not only current anxiety symptoms but also an anxious trait, indicating a predisposition to heightened reactivity and anxiety in response to environmental stimuli.
Conclusions: The data highlight the alarming pervasiveness of internet addiction in contemporary society, with nomophobia being a significant manifestation. Given its substantial consequences, it is crucial to deepen our understanding of this condition and its underlying psychosocial determinants. This will enhance our knowledge and aid in developing more effective prevention strategies. However, a paradox arises: if nearly everyone is affected by nomophobia, it challenges the traditional definition of a disease. Further research into the NMP-Q test's structure and specificity is necessary, as high prevalence rates may question its current measurement validity.

Disclosure of Interest: None Declared

EPP144

Assessing demographic and clinical determinants of resilience, personal recovery, and quality of life for psychiatric in-patients before hospital discharge

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Introduction: Many patients with mental health and emotional problems often see the transition period in the community after hospital discharge as a test of their resilience and a threat to their recovery. Most often, some doubt their ability to cope with the everyday challenges that may confront them in the community.
Objectives: This paper assesses how demographic and clinical characteristics predicted resilience, personal recovery and quality of life.
Methods: Data were collected from psychiatric inpatients prior to their discharge into the community using the REDCap, an online survey platform. Resilience, personal recovery, and quality of life were assessed using the Brief Resilience Scale (BRS), Recovery Assessment Scale (RAS), and EQ-Visual Analogue Scale (EQ-VAS), respectively. One-way analysis of covariance between groups (ANCOVA) was conducted to compare the relationships between groups. The dependent variables comprised mean scores of BRS, RAS and EQ-VAS. Demographic and clinical variables such as age, gender, ethnicity, and mental health diagnosis groups were independent variables, and covariates comprised demographic/clinical factors such as gender, ethnicity, and mental health diagnosis
Results: The survey results indicate that males had significantly higher resilience scores compared to females (Mdiff = 0.270, CI= 0.144– 0.397, p=.<.001) and others (Mdiff =0.470, 0.093- 0.846, p=<.001); Black people indicated significantly higher quality of life than Caucasians (Mdiff = 8.79, 2.73- 14.85, P= <.001), and Indigenous people (Mdiff = 14.50, 6.45 - 22.51, p=<.001), respectively. In terms of relative recovery, participants with depression had significantly lower recovery compared to those with bipolar disorder (Mdiff = -10.25, -14.40- -6.10, p=<.001), schizophrenia (Mdiff f = -8.60, -13.20- -3.99, p=<.001), and substance use disorder (Mdiff = -8.30, -15.50- -1.42, p=<.005).

Conclusions: The present results indicate that women, younger adults, and Indigenous peoples may be more challenged in adapting to the challenges of post-discharge life in the community. Our data may be helpful in communicating to policymakers and providers of funds the need to implement and evaluate outcomes of inpatient and community programs focusing on supporting resilience to improve recovery outcomes after discharge from the patient setting.

Disclosure of Interest: None Declared

EPP145

Redefining virtual mental health services: youths' perspectives and ideal features

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Introduction: The COVID-19 pandemic prompted a significant shift in our approach to healthcare, leading to the widespread adoption of virtual healthcare services, including mental healthcare. In this context, understanding and incorporating the unique perspectives of youths is crucial for improving virtual mental health services for this population.
Objectives: This qualitative study explores the ideal features of virtual mental health services among youths.
Methods: Nine focus group discussions and eight semi-structured interviews were conducted with 65 individuals aged 15-35 in Singapore. To ensure the comprehensive representation of youths' perspectives, participants from diverse ethnicities (mainly Chinese, Malay, and Indian), ages, and genders were included using purposive sampling. The data was analysed using content analysis through both inductive and deductive approaches.
Results: Four main themes were identified from the data. First, technology and platform: youths stressed the importance of a credible and government-endorsed service provider to deliver a comprehensive and trustworthy experience facilitated by qualified professionals. Second, functionality: they wanted credible affiliations to be displayed prominently on the home page and various tools such as calls, chats, moderated forums, profiles of healthcare professionals, and educational resources. Confidentiality, anonymity, and privacy were also highlighted as necessary. Third, user interface: youths preferred an intuitive and age-tailored interface to ensure a seamless and user-friendly experience, with organised content, appealing aesthetics, and engaging elements on video call sessions. Fourth, usability: they emphasised the need for an affordable and widely compatible operating system to promote accessibility of services.
Conclusions: Virtual mental health services, with their great potential, can expand and effectively meet the needs of youths. By prioritizing credible platforms, comprehensive functionality, confidentiality, an intuitive interface, and broad accessibility, we can enhance help-seeking among youths and create a more effective support system.

Disclosure of Interest: None Declared

Mental Health Care

EPP148

The Level of Community Integration in Adults with Psychiatric Disorders

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doi: 10.1192/j.eurpsy.2025.481

Introduction: In the post-migration period, individuals from diverse religious, linguistic, cultural, and traditional backgrounds strive to coexist in a shared social space. However, numerous adaptation challenges arise during this process. Additionally, individual personality traits significantly influence experiences during this time. For those suffering from psychiatric disorders, the integration process becomes even more complex, as these conditions can diminish an individual's ability to cope with stress, making societal integration more difficult. This study aims to examine the level of integration among individuals with psychiatric disorders who have faced challenges after migration, with the goal of contributing to initiatives that facilitate their adaptation process.
Objectives: This study aims to assess the integration levels of individuals with psychiatric disorders into society. In addition to examining psychiatric conditions, sociodemographic data will also be collected from participants to explore how additional factors influence the integration process. By doing so, the study seeks to provide insights that can inform efforts to facilitate the integration of these individuals into society.
Methods: Data were collected from 91 participants, primarily first- and second-generation Turkish immigrants with at least one psychiatric disorder, at the Neuro Psychiatric Center Riem (NPZR) clinic. The study employed the "Community Integration Scale for Adults with Psychiatric Disorders" along with a sociodemographic questionnaire, with informed consent obtained from all participants. SPSS analysis software was utilized to examine the relationship between integration levels and other relevant variables.
Results: Statistical analyses indicate that variables such as age, education level, smoking, and drug use significantly affect the total score.
Conclusions: These findings reveal that individuals' demographic and behavioral characteristics play a significant role in overall performance and achievement measures.

Disclosure of Interest: None Declared

EPP149

Unraveling Burnout, Diabetes Distress, and Depression: Insights into Their Impact on Adults with Diabetes

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Introduction: Diabetes burnout refers to the physical and emotional fatigue resulting from the challenges of living with and managing diabetes. It is a prevalent issue that significantly affects diabetes care. Unfortunately, it often receives less attention and is frequently underestimated.
Objectives: This study examined the prevalence and predictors of burnout, diabetes distress and depression in adults with diabetes mellitus.
Methods: In this cross-sectional study, investigated the Turkish validity and reliability of the Diabetes Burnout Scale and determined prevalence and predictors burnout, diabetes stress, and depression among adults with DM. The study sample consisted of 315 adults and a Personal Information Form, the Diabetes Burnout Scale, the Diabetes Distress Scale, and the Patient Health Questionnaire-8 were administered. Data analysis involved descriptive tests, Pearson correlation analysis, and the use of SPSS (v.29).
Results: As a result of confirmatory factor analysis, it was determined that the Turkish version of the Diabetes Burnout Scale had 3 sub-dimensions and consisted of 12 items. The Cronbach alpha reliability coefficient of the total scale was found to be 0.814. Participants had a mean (±SD) age of 48.63 (±8.23) years, with a majority (54.6%) being male and (±93.7%) diagnosed with type 2 diabetes mellitus. The median duration of diabetes among them was 4.41 (±2.48) years, and their median HbA1c level was 8.99 (±0.68). The prevalence rates for burnout, diabetes distress, and depression were found as 2.69 (±0.28), 4.64 (±0.40), and 15.20 (±3.88), respectively. Additionally, the total burnout score showed a positive correlation with both the diabetes distress score ($r = 0.556$, $p = 0.033$) and depression ($r = 0.325$, $p = 0.027$).
Conclusions: The study revealed a high prevalence of burnout, distress, and depression, highlighting the need for a prevention strategy. Monitoring high-risk groups for pre-diabetes and diabetes is crucial for informing health programs and resource distribution to manage the condition effectively.

Disclosure of Interest: None Declared

EPP150

Prediction of dementia following traumatic injury with risk score (the DEMTIS): a multivariable prediction model development study based on Hong Kong electronic health records

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Introduction: Patients following traumatic injury (TI) are at increased risk of developing dementias, yet an efficient, validated screening instrument is lacking.
Objectives: In the current study, we developed the Dementias following Traumatic Injury Screening (DEMTIS) score, a brief post-TI dementias screening tool.
Methods: We identified 270,843 electronic health records from Hong Kong patients admitted for TI between 2001 and 2021. The records were randomly split into training (80%; n=258,739) and testing cohort (20%; n=50,883). The DEMTIS was developed based on a backward stepwise multivariate Cox proportional hazard model predicting first-ever dementia diagnosis. Competing risk survival analyses were used to predict the risk of Alzheimer's disease (AD) and vascular dementia (VD), while taking the risk of other dementias into account. Model discrimination of the three scores was evaluated using concordance statistics (c-statistic) calculated as the area under the receiver operating characteristic curve. Statistical significance was set at $p<.01$.
Results: The 5-year, 10-year, and 20-year risk of all-cause dementias following TI was 2.1% (95% CI 0.020-0.021), 3.8% (95% CI 0.037-0.039), and 6.5% (95% CI 0.063-0.066), respectively. The final model included sex, TI characteristics, physical covariates, history of mood and anxiety disorders, and cerebral degenerative disease (See Table 1). The population mean of DEMTIS was 59.45 (SD=21.29). The optimal threshold of DEMTIS predicting dementia was determined at 75 using the closest top left rule. Individuals at high risk (DEMTIS≥75) were associated with a 6.0% (95% CI 0.059-0.061) risk of dementia in 5 years, whereas those at low risk were associated with a 0.5% (95%CI 0.004-0.005) risk (see Figure 1; Figure 2). The model predicting 5-year dementia has an overall c-statistic of 0.835 (95% CI 0.832-0.839) in the testing data (see Figure 3). We further developed risk scores for 5-year AD and VD based on the findings from competing risk models; the c-statistics of model for AD and VD are 0.857 (95% CI 0.844-0.871) and 0.837 (95% CI 0.821-0.853) respectively.

Table 1: Calculation of the DEMTIS

Variables	DEMTIS	DEMTIS-AD	DEMTIS-VD
Sex			
Male	0	0	0
Female	2	1	1
Age of TI	1	1	1
Position of TI			
Head injury	1	-1	2
Torso	1	2	1
Upper Limb	2	2	2
Lower Limb	0	0	0
Fracture types		NA	
Opened	-1		-1
Closed	0		0
Unspecified	-1		-1
Hypertension			
Yes	2	-1	3
No	0	0	0
Hyperlipidemia			
Yes	2	-1	2
No	0	0	0
CCI	-1	-1	2
Cerebral degenerative disease			
Yes	3	3	3
No	0	0	0
Mood and anxiety disorder			
Yes	2	2	NA
No	0	0	

Image 1:

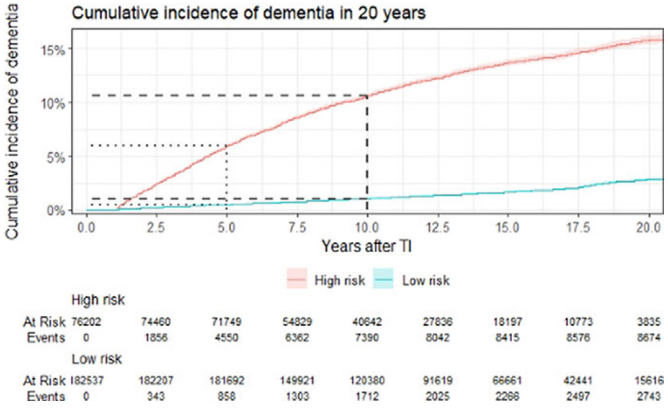


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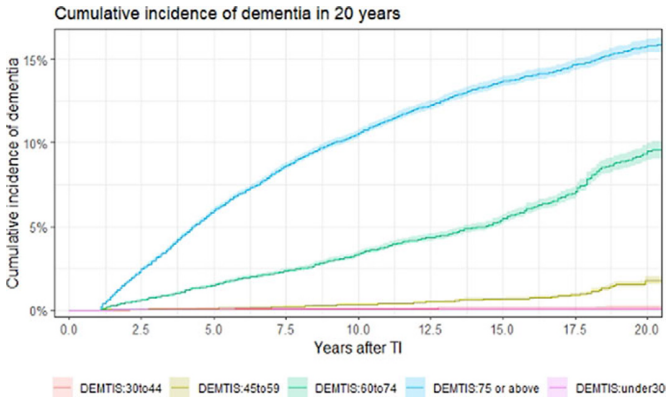
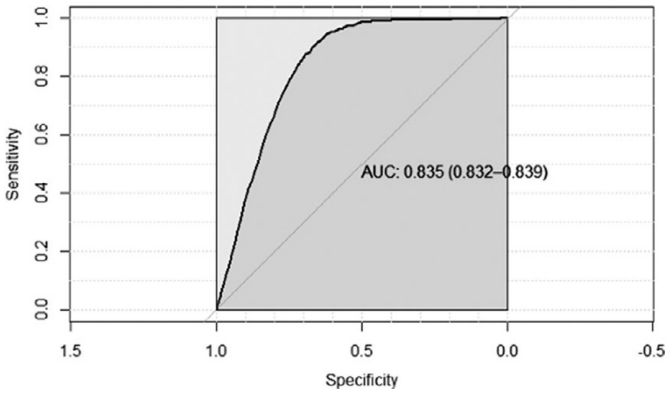


Image 3:



Conclusions: As a novel, easily accessible screening instrument, DEMTIS can identify patients at elevated risk of dementia following TI. It assists clinicians in evaluating patients' risk of dementia and providing personalized care.

Disclosure of Interest: None Declared

EPP152

Coping Strategies and Family Crisis Among Relatives of Intensive Care Unit Patients

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Introduction: The admission of a patient to the Intensive Care Unit (ICU) often triggers intense stress symptoms in their family members, leading to anxiety, depression, and emotional distress.
Objectives: To investigate the coping mechanisms employed by family members of critically ill patients, considering their sociodemographic characteristics and the closeness of their relationship to the patient.
Methods: The study included first-degree relatives, close relatives, and intimate friends of ICU patients. Data were collected through written questionnaires completed by family members who visited patients during the first week of treatment. A sociodemographic questionnaire and the Family Crisis Oriented Personal Evaluation (F-COPES) scale were used to assess coping strategies.
Results: A total of 223 family members, with a mean age of 41.5 ± 11.9 years, participated in the study. This sample represented 147 critically ill patients. Of the participants, 81 (36.3%) were men and 142 (63.7%) were women. The majority were the patients' children (40.8%), siblings (19.3%), or companions (16.1%). The most frequently employed coping strategies were seeking social support (mean score 31.27 ± 4.72), mobilizing the family for help (mean score 14.26 ± 3.17), and adopting a passive approach (mean score 14.04 ± 2.81). Offspring and male relatives were less effective in using coping strategies compared to other relatives and female participants, respectively.
Conclusions: Family members of critically ill patients are psychologically vulnerable, experiencing significant emotional distress. They often rely on external support to cope with the family crisis. Health professionals should prioritize understanding and addressing the specific needs of these relatives to provide appropriate support.

Disclosure of Interest: None Declared

EPP153

Evaluation of Depression, Anxiety, Stress, and Burnout Levels Among Emergency and Intensive Care Unit Professionals

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doi: 10.1192/j.eurpsy.2025.485

Introduction: Emergency departments (ED) and intensive care units (ICU) are high-stress environments where healthcare professionals are continuously exposed to critical situations. This results in substantial mental health burdens, leading to increased levels of depression, anxiety, stress, and burnout. These issues negatively affect both the well-being of professionals and patient care.
Objectives: This study aims to evaluate the prevalence and severity of depression, anxiety, stress, and burnout among ED and ICU professionals. The goal is to understand mental health issues and identify contributing factors to improve prevention and support systems.
Methods: A total of 242 healthcare professionals from Bezmialem Vakif University Hospital were included: 120 ICU staff (80 females, 40 males), 66 ED personnel (42 females, 24 males), and 56 office personnel (38 females, 18 males) serving as a control group. The study employed validated instruments: the Beck Depression Inventory, the Beck Anxiety Inventory, Perceived Stress Scale, and Maslach Burnout Inventory. Non-parametric tests (Kruskal-Wallis H and Chi-Square) were used due to non-normal data distribution, with pairwise comparisons adjusted using Bonferroni correction. The significance level was set at $p < 0.05$.
Results: The results showed significant differences in age, depression scores, stress levels, and burnout indicators between the ICU, ED, and control groups. ICU and ED staff reported significantly higher depression scores compared to the control group ($p < 0.001$). Stress levels were also significantly elevated in ICU workers compared to office personnel ($p = 0.001$). Burnout indicators were notably higher in ICU professionals ($p = 0.011$). Conversely, no significant differences were observed in anxiety scores, emotional exhaustion, and hours of sleep.

Table 1: Summary of Key Results

Variable	ICU Personnel (n = 120)	ED Personnel (n = 66)	Office Personnel (Control, n = 56)	p-value	Significant Difference
Beck Depression Score (Median)	10	10	6	<0.001	Yes
Beck Anxiety Score (Median)	8	7	6	0.064	No
Perceived Stress Score (Median)	25.5	23	23	0.001	Yes (ICU vs. Office)
Maslach Depersonalisation Score (Median)	23.5	21	21	0.011	Yes (ICU vs. Office)
Maslach Personal Accomplishment Score (Median)	23.5	22	21	0.034	Yes (ICU vs. ED)
Maslach Emotional Exhaustion Score (Median)	22	21	21	0.064	No
Working Hours (Median)	60	55	40	<0.001	Yes
Living with Family/ Partner/Alone (%)	65% / 25% / 10%	60% / 30% / 10%	70% / 20% / 10%	0.232	No
Satisfaction with Job (%)	65%	70%	80%	0.147	No

Conclusions: The findings underscore the necessity for targeted interventions to reduce psychological distress among ED and ICU professionals. Implementing support systems, promoting work-life balance, and improving mental health resources can significantly alleviate the mental burden on these professionals, thereby enhancing both their well-being and patient care quality.

Disclosure of Interest: None Declared

EPP154

The impact of the new Dutch law on Court-Orders or Care Authorizations: Less or Shorter involuntary Admissions due to Earlier Intervention?

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Introduction: As of January 1, 2020, the new Dutch Mental Health Compulsory Care Act (WVGGZ) came into effect, replacing the Special Admissions to Psychiatric Hospitals Act (Wet BOPZ).
Objectives: One of the expectations of the WVGGZ was that earlier (medication-based) involuntary intervention in outpatient settings would lead to fewer or shorter hospital admissions. The most important change was the outpatient use of involuntary medication, which was not allowed before the law.
Methods: Data from the Argus rating scale (Noorthoorn et al, 2016) and its successor, the compulsory care registration were combined with background data on admissions and wards. For this study, patients with a court order (RM) in 2016 and 2017 and a cumpulsory care authorization (ZM) in 2022 and 2023 were selected.
Results: In 2016 and 2017, 549 patients received an RM, and 958 RM's were issued. In 2022 and 2023, there were 405 patients, and 546 ZM's were implemented. The total number of admission days for these patients before the law was 78,183 compared to 76,099 after the law. The average length of stay increased from 81 days per patient to 140 days per patient (t=-8.93, p<0.001). Seclusion decreased from 45,893 hours to 2,985 hours (t=4.93, p<0.001). Intramuscular (IM) medication was administered 137 times before the law and 369 times in clinical settings after the law (2022-2023) (chi-square= 325.10, p<0.001). IM medication was administered 777 times in outpatient settings.
Conclusions: Contrary to expectations, the legislative change did not result in shorter admissions for patients with a ZM. The data indicate significant differences in involuntary treatment for patients before and after the legal change. The presentation will explore possible factors influencing these figures.

Disclosure of Interest: None Declared

EPP155

Predictors of Treatment Completion Among Clients Involved with the U.S. Public Mental Health System

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Introduction: Research indicates that for psychiatric services to be generally effective, individuals have to complete the treatment. Although treatment completion does not necessarily equate to treatment success, it has been found to consistently lead to improved outcomes including improved rates of recovery and reduced risk of involvement with the justice system and other adverse outcomes. Treatment non-completion, on the other hand, has been associated with a higher risk of readmissions for inpatient care, legal, and other health-related problems (*Dreyer et al.* S Afr J Psychiatr 2020; 26 a1255). These findings underscore the importance of examining factors associated with treatment completion.
Objectives: The goal of the study was to identify predictors for treatment completion among individuals receiving psychiatric services from state-administered behavioral health systems in Indiana, USA. Three domains of predictors were examined, including sociodemographic characteristics, comorbid conditions, and the type of treatment patients received.
Methods: Statewide records from merged administrative data sets were used for this analysis. Multivariate logistic regression was conducted using a sample of 15,412 adults receiving behavioral health services in fiscal year 2020.
Results: Among demographic characteristics only race was associated with treatment completion. Individuals who were non-Hispanic White were 20% more likely to complete their treatment compared to their minority (e.g., Black, Hispanic) counterparts ($p < .05$, OR = 1.20). Having more than one mental health disorder was associated with 16% decreased odds of completing treatment ($p < .05$, OR = 0.87). Individuals who were institutionalized for psychiatric conditions had 26% decreased odds of completing the treatment ($p < .05$, OR = 0.80), but those who received inpatient substance abuse related care were over four times more likely to complete their treatment ($p < .05$, OR = 4.61). Finally, individuals who attended any self-help groups had 63% greater odds of completing the treatment.
Conclusions: Findings suggest that individuals who simultaneously received substance abuse and mental health treatment had the greatest chances to complete treatment successfully. Study implications also suggest that self-help or support groups should be promoted as ways to motivate patients to adhere to treatment.

Disclosure of Interest: None Declared

Prevention of Mental Disorders

EPP159

Differences in Cognitive Performance Between Individuals at Familial High Risk for Schizophrenia or Bipolar Disorder and Healthy Controls: a Systematic Review and Meta-Analysis

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doi: 10.1192/j.eurpsy.2025.489

Introduction: Schizophrenia and bipolar disorder are severe psychiatric disorders influenced by genetic and environmental factors, sharing clinical features, risk factors, and genetic predispositions. Cognitive impairment is a central aspect of both disorders, affecting various domains like memory, attention and executive function. Distinguishing disorder-specific cognitive impairments from those shared across psychoses is challenging. Research on Clinical High

Risk (CHR) and Familial High Risk (FHR) populations is vital for identifying cognitive impairments related to vulnerability. CHR populations exhibit cognitive changes, but the evidence on FHR populations remains less clear, even though offspring of individuals with severe mental disorders face a high risk of developing these conditions.
Objectives: This study aims to perform a meta-analysis of neurocognitive functioning in offspring of individuals with affective psychoes and non-affective psychoses, compared to healthy controls (HC-Off). This meta-analysis seeks to improve statistical power of individual studies and offer more reliable estimates of cognitive deficits related to genetic vulnerability to psychotic disorders.
Methods: Following PRISMA, MOOSE, and EQUATOR guidelines, a systematic literature search was conducted up to December 12th 2023. Articles were screened, and those relevant were assessed for eligibility. The inclusion criteria focused on original studies comparing neurocognitive performance between offspring of individuals with affective or non-affective psychoses and healthy controls. The primary outcome was the difference in performance across neurocognitive domains. Meta-analyses were conducted on the overall sample and separately for affective and non-affective offspring, using a random-effects model.
Results: Within the analyzed domains, individuals with affected parents performed significantly worse in every domain in comparison with control group, except in Motor Functioning domain. When studied separatley, offspring of parents with affective psychosis showed significant cognitive impairments in visual and verbal learning, processing speed, and memory, with smaller deficits in other domains. In contrast, offspring of parents with non-affective psychosis exhibited more severe impairments. Social cognition and motor functioning were less affected in both groups.
Conclusions: Key deficits in learning, memory, and general intelligence highlight the potential for these cognitive domains to serve as markers of vulnerability to psychosis. While both groups of offsrping show impairments, the more pronounced deficits in the non-affective group indicate a distinct cognitive risk profile. These insights may inform early interventions tailored to the specific cognitive challenges faced by high-risk populations.

Disclosure of Interest: None Declared

Promotion of Mental Health

EPP160

Mindsets of Negative Emotions Mediate the Impact of Self-Compassion on Youth Mental Health: Evidence from a Three-Annual Wave Study

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doi: 10.1192/j.eurpsy.2025.490

Introduction: Accumulating evidence supports the mental health benefits of self-compassion. However, longitudinal research unravelling how self-compassion affects mental health outcomes is scarce.
Objectives: This study aimed to clarify whether mindsets of negative emotions serve as a mechanism of how self-compassion exerts impacts on youth mental health.
Methods: The longitudinal school-based survey was conducted annually across three years among 719 secondary school students (mean age: 14.65, SD: 0.72). Mediation models were examined with self-compassion at T1 as the independent variable, negative emotion mindsets at T2 as the mediator variable, and depression, anxiety, and life satisfaction at T3 as the dependent variables. Alternative mediation models with negative emotion mindsets at T1 as the independent variable and self-compassion at T2 as the mediator variable were also tested to corroborate the hypothesized direction of the mediation effects. The mediation models all controlled for age, sex, socioeconomic status (SES), and respective measurements of mediator and dependent variables at baseline.
Results: Negative emotion mindsets at T2 significantly and fully mediated the effects of self-compassion at T1 on mental health (indexed by depression, anxiety, and life satisfaction levels) at T3 (see Fig. 1, Fig. 2, and Fig. 3, respectively). The alternative mediation models were all insignificant, corroborating that negative emotion mindsets serve as the pathway through which self-compassion impacts mental health, rather than the reverse.

Image 1:

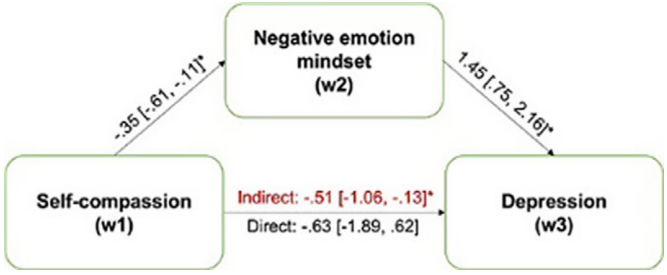


Image 2:

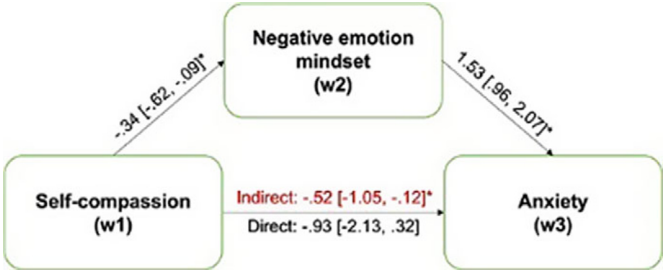
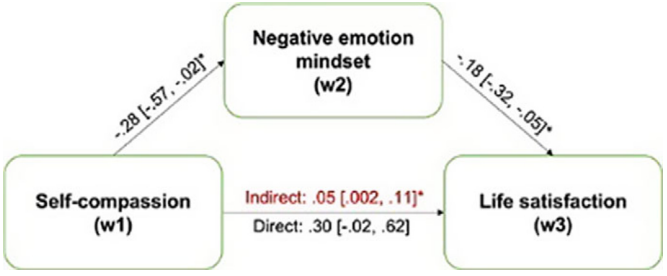


Image 3:



Conclusions: This study highlights the belief-in-change of negative emotions as a key mechanism underlying the impact of self-compassion, and has important implications for research and interventions aimed at promoting youth mental health.

Disclosure of Interest: None Declared

Mental Health Policies

EPP163

Deinstitutionalization in Georgia-why it is so slow

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Introduction: Mental health reform represents one of the most transformative changes in the field of healthcare, as it not only changes the forms of services, but also the nature of services offered. While many countries have successfully implemented such reforms, others, including Georgia, have struggled with a protracted and inconsistent process. Despite decades of advocacy by professionals for deinstitutionalization psychiatric hospital treatment continues to dominate in Georgia's mental healthcare system.
Objectives: The purpose of the review is to explore the concept of deinstitutionalization within the mental health landscape and assess its status in the context of Georgia. It aims to study the lessons learned from successful deinstitutionalization and illuminate achievements and challenges surrounding deinstitutionalization in Georgia's reality.
Methods: A qualitative analysis including desk review, in-depth interviews and focus group discussions was conducted. Proceeding from the research objectives we analyzed the existing legislation, strategic documents and clinical practices concerning individuals with mental disorders; Interviews were also conducted with key informants on the shortcomings and problems in deinstitutionalization practices
Results: The review findings reveal, that despite recent progress such as the development of community mobile teams and increased funding allocated for community services within mental health budget, a number of issues still remain a problem: there is no agreement among stakeholders on how to restructure existing hospital beds and financial provisions remains unresolved. The field of mental health in Georgia suffers from a lack of human resources. Attracting new personnel, ensuring regional distribution, and enhancing qualifications are necessary components of deinstitutionalization that require the involvement of all stakeholders, coordinated and time-planned action. The current mental healthcare system in Georgia is characterized by a lack of coordination and collaboration among its various components. Establishing patient care pathways between services with clear referral criteria is crucial for improving the efficiency of mental health services.
Conclusions: This research highlights that successful deinstitutionalization requires additional funds, time, and trained people. Institutions should have a long-term (3-5) year development plan, detailing the source of funding, activities to be implemented, and expected outcomes. In the absence of such a plan, progress remains sporadic, intermittent, uncoordinated, and less effective. By addressing identified challenges and promoting coordination among mental health components, Georgia can guide a more effective course toward a community-based, patient-centered mental healthcare system.

Disclosure of Interest: None Declared

Obsessive-Compulsive Disorder

EPP164

The effects of DBS treatment on OCD symptoms in pediatric and young adult patients with myoclonus-dystonia: a case series

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Introduction: Myoclonus-dystonia syndrome (MDS) is a rare childhood-onset movement disorder characterized by the combination of myoclonus and dystonia. It is caused by loss of function of the epsilon-sarcoglycan gene (*SGCE*) due to mutations, although the pathogenic mechanism is not fully understood. Deep brain stimulation is used in patients that are refractory to pharmacological treatment. A higher prevalence of psychiatric disorders has been observed in MDS patients, especially obsessive-compulsive disorder (OCD) (Timmers *et al.* Parkinsonism Relat Disord. 2019; 69 85-90). A dysfunction of cortico-basal ganglia-thalamo-cortical (CBGTC) loops is present in both conditions, but the mechanism by which they display high comorbidity is unknown.
Objectives: To determine the presence of OCD comorbidity in pediatric and young adult patients that are candidates for DBS treatment for motor disorders, and the effects that the treatment may have on OCD symptoms.
Methods: This study is part of an ongoing cohort (n = 34) of children and adolescents (at the time of diagnosis) receiving internal globus pallidus DBS as treatment for motor disorders in Vall d'Hebron Hospital. The candidates go through a psychiatric evaluation before the procedure, including the diagnostic interview K-SADS, to diagnose psychiatric comorbidity. Long-term evaluation is performed by subsequent visits to the specialist.
Results: Of the seven patients with *SGCE*+ MDS that underwent DBS treatment, four of them presented OCD symptoms before the procedure, two did not, and one did not receive an evaluation. Of the patients with OCD symptoms, all four of them showed significant improvement in motor function after DBS but had worsening of OCD symptoms. Some of the patients also had a worsening of other psychiatric symptoms, such as anxiety, mood and behavioral symptoms.
Conclusions: OCD symptoms are present in a significant proportion of our patients with *SGCE*+ MDS. OCD and other psychiatric symptoms worsened during follow-up in our patients, although it is not clear if this is due to DBS treatment or due to the natural course of the disorder. Further studies are needed to explore this observation.

Disclosure of Interest: None Declared

Eating Disorders

EPP168

Role of Naltrexone Plus Bupropion in Eating Behavior Adjustment: A Systematic Review and Meta-Analysis of Randomized Controlled Trials

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doi: 10.1192/j.eurpsy.2025.493

Introduction: Binge-eating disorder (BED) is a significant global health challenge associated with obesity and psychological issues. The combination of Naltrexone-Bupropion (NB) has emerged as a promising pharmacological approach for managing eating behaviors.
Objectives: This meta-analysis aims to evaluate the efficacy and safety of Naltrexone-Bupropion compared to placebo in managing eating behaviors, focusing on weight loss, binge-eating frequency, eating disorder psychopathology, quality of life, and adverse effects.
Methods: PubMed, Embase and Cochrane databases were searched for randomized controlled trials (RCT) comparing NB versus placebo for BED. Primary endpoints were weight loss and binge-eating frequency. Secondary endpoints included eating disorder psychopathology, depression, quality of life, food cravings, and adverse effects.The mean differences (MD) were applied with their 95% confidence intervals (95%CIs) for continuous outcomes, using a random-effects model. We used RevMan 5.4.1 for statistical analyses. Heterogeneity was assessed using the I^2 statistic.
Results: Five RCTs with 2,466 adult participants (mean age 46.5 years, BMI 21.5-50 kg/m^2) were included. NB was associated with a statistically significant reduction in weight loss percentage compared to placebo (MD -3.67%, 95% CI [-4.30; -3.03], I^2=98%; Figure 1). However, no significant differences were found between NB and placebo in reducing binge-eating episodes(SMD 0.02, 95% CI [-0.30; 0.34], I2 =0%, Figure 2) , improving eating disorder psychopathology, alleviating depression, or decreasing food cravings. Although NB showed some benefits in improving the quality of life, the results were not statistically significant. NB was associated with a higher risk of adverse effects, including nausea, headache, constipation, dizziness, vomiting, insomnia, and dry mouth. The certainty of the evidences is in the Summary of findings (SOF) of GRADE evaluation (Figure 3). After leave-one-out sensitivity analysis, no single study was found to influence the effect estimate or drive heterogeneity excessively.

Image 1:

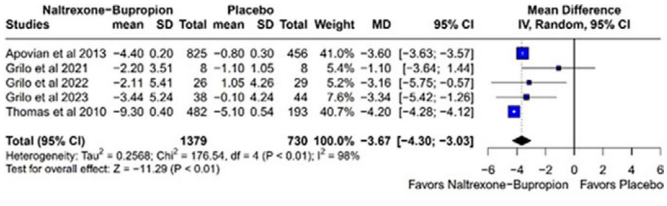


Figure 1 Forest plot of Naltrexone-Bupropion produces higher weight loss change (%).

Image 2:

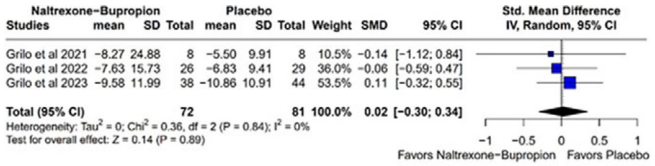


Figure 2 Forest plot of EDE Binge eating scores, no significant differences were found between NB and placebo in reducing binge-eating episodes.

Image 3:

Outcome	Risk difference with NB	95% CI	Nº of participants (studies)	Certainty of the evidence (GRADE)
Weight loss (%)	MD: 3.67 % lower	(-4.3 to -3.03)	2109 (5 RCTs)	⊕⊕⊕⊕ High
EDE Binge	SMD: 0.02 SD	(-0.30 to 0.34)	153 (3 RCTs)	⊕⊕◯◯ Low
EDE total	SMD: 0.11 SD	(-0.37 to 0.60)	153 (3 RCTs)	⊕◯◯◯ Very low
Depression	SMD: 0.08 SD	(-0.24 to 0.39)	153 (3 RCTs)	⊕⊕◯◯ Low
Food craving	SMD: 0.07 SD	(-0.46 to 0.31)	812 (3 RCTs)	⊕◯◯◯ Very low

Figure 3. Summary of findings (SOF) of GRADE evaluation.

Conclusions: NB demonstrated efficacy for weight loss in individuals with eating behavior issues but showed no significant benefits for core eating disorder symptoms. The higher risk of adverse effects necessitates careful consideration in clinical decision-making. Further research is needed to determine optimal patient populations, treatment duration, and strategies to mitigate adverse effects.

Disclosure of Interest: None Declared

EPP169

Social media influence on eating disorder: a pilot study

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doi: 10.1192/j.eurpsy.2025.494

Introduction: Eating disorders are a group of mental illnesses determining general health consequences. Several studies suggest that social media influence body image concerns, considered the core of eating disorder pathology. Thin idealization has become an increasing cultural focus, leading young people to pursue body image as a symbol of success.
Objectives: Aim of this study is to assess the quality and quantity of Social Network (SN) use and their influence on body uneasiness in individuals with Disordered Eating Behaviours (DEB) or Eating Disorders(ED)
Methods: 69 individuals suffering from Disordered Eating Behaviours (Grazing, Sweeteating, Food Addiction) or Eating Disorders (Night Eating Syndrome, Anorexia nervosa, Bulimia nervosa or Binge eating disorder) were enrolled. Mean age was 34 (SD ±11,33), mean BMI 28,68 (SD ±12,23). 93% of individuals were females. 20,29% (14) of the sample suffered from ED and 79,71% (55) from DEB. A social network self-administered questionnaire was used to

investigate which SN was most used and what contents were most shown in users' feed; domains investigated by the questionnaire are reported in fig. 1

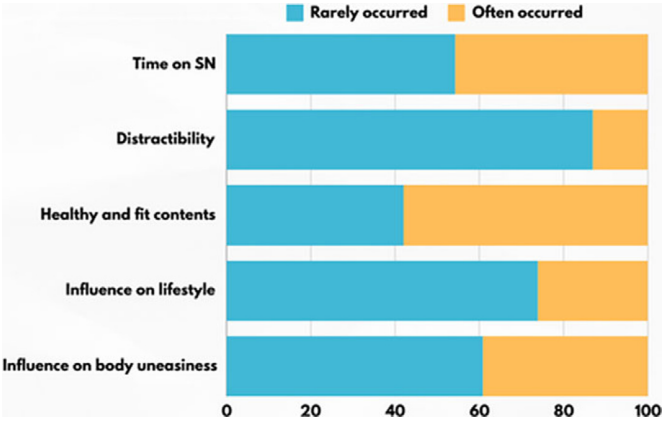
Results: Questionnaire analysis allowed to investigate individuals preferences about social media use and the kind of contents they consumed the most. The data showed the most frequently used social network are Facebook (42%), Instagram (33%) and Tiktok (22%). Healthy and/or fit contents were frequently displayed on SN feed 57.9% (40), but only 26,08% (18) of users were influenced in their lifestyle and food habits. 39,13% (27) of the individuals also felt like this kind of contents increased their sense of body uneasiness.

The study emphasize that 42,85% of the individuals diagnosed with an ED answered that SN content influenced their lifestyle and 71,42% that it increased their feeling of body uneasiness. In individuals with DEB only 21,8% were influenced in their lifestyle and 30,9% describe a worsening of their body uneasiness, as is shown in Tab.1.

Tab 1

	Lifestyle and food habits	Body uneasiness	*N of individuals*
ED	42,85%	71,42%	14
DEB	21,8%	30,9%	55
ED+DEB	26,08%	39,13%	69

Image 1:



Conclusions: Social media contents about health, diet and sport impact on individuals body image, diet and body uneasiness, mostly in individuals diagnosed with ED. This evidence stresses the importance to take into account every component of ED and DEB for a global approach to individuals including an assessment on interests, hobbies and use of social media.

Disclosure of Interest: None Declared

EPP170

Prevalence of Avoidant/Restrictive Food Intake Disorder in Children Diagnosed with Autism Spectrum Disorder and Their Parents: A Study on the Broad Autism Phenotype

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Introduction: Avoidant/Restrictive Food Intake Disorder (ARFID) was introduced as a diagnostic category in DSM-5 to describe individuals with restrictive eating behaviors without fear of weight gain, differentiating it from Anorexia Nervosa (American Psychiatric Association, DSM-5, 2013). Although prevalent in children with Autism Spectrum Disorder (ASD), ARFID's co-occurrence with ASD and its prevalence in parents of children with ASD, particularly regarding the Broad Autism Phenotype (BAP), remains underexplored. This study investigates the prevalence of ARFID in both children diagnosed with ASD and their parents, focusing on BAP features in parents and their relationship with ARFID symptoms.

Objectives:

1. To determine the prevalence of ARFID in parents of children diagnosed with ASD.
2. To explore the relationship between ARFID symptoms and ASD symptoms in both parents and children, examining the role of BAP in parents.

Methods: A cross-sectional study was conducted at Başkent University Psychiatry Clinic. The sample consisted of 69 children aged 2-18 diagnosed with ASD and 115 parents. ARFID diagnosis was determined using structured clinical interviews and the Nine-Item ARFID Screen (NIAS), while autism symptoms were assessed using the Childhood Autism Rating Scale (CARS) for children and the Autism Spectrum Quotient (AQ) for parents. Psychosocial, anthropometric, and clinical assessments were performed, including body mass index (BMI), nutritional status, and vitamin deficiencies. Statistical analysis included t-tests, chi-square tests, and correlation analyses (SPSS 24).

Results: The study found that 34.8% of children with ASD (n=24) and 13% of parents (n=15) were diagnosed with ARFID, significantly higher than general population estimates (3.5%, $p<0.001$) (Thomas et al. Curr Psychiatry Rep 2017; 19: 54). Children with ARFID scored higher on the CARS (mean=38.58, SD=7.92) compared to non-ARFID children (mean=33.73, SD=5.59), with a statistically significant difference ($t=-2.878$, $p=0.005$). Furthermore, positive correlations were found between ARFID symptoms and autism-related features in both children and parents, particularly in the AQ imagination subscale ($r=0.358$, $p<0.01$).

Conclusions: This study highlights a significantly higher prevalence of ARFID in children with ASD and their parents compared to the general population. The strong correlation between ARFID

and ASD symptoms, particularly BAP features in parents, suggests shared neurodevelopmental pathways. These findings underscore the need for increased clinical awareness of ARFID in both ASD children and their families, as well as the importance of incorporating ARFID assessments into ASD treatment plans. Future research should focus on the genetic and developmental mechanisms linking ARFID and ASD.

Disclosure of Interest: None Declared

EPP171

The impact of viewing thinness and fitness transformation images on women's body dissatisfaction, weight management intentions, and emotions - an ecological momentary assessment study

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Introduction: Transformation images, widely circulated on social media, depict a contrast between an 'unideal' body state and an 'ideal' one, often categorized under 'thinspiration' or 'fitspiration'. Unlike 'ideal' images shown individually, transformation images not only showcase an 'ideal' physique but also suggest its attainability. Although research has found that exposure to 'ideal' images is linked to risk factors for eating disorders, scant research has focused on the effects of transformation images.

Objectives: This study aims to investigate the impact of viewing transformation images on body dissatisfaction, weight management intentions, and emotions in adult young women.

Methods: 137 Chinese adult women (mean age 21.7±3.0 years) were randomly assigned to one of four image conditions: side-by-side thinness transformation images, side-by-side fitness transformation images, thinness images shown individually, and fitness images shown individually. After baseline assessment of Body Dissatisfaction, Body Mass Index, Internalization of Thinness/Muscularity, participants underwent a 7-day Ecological Momentary Assessment. Prompts were delivered four times per day at 3 to 4-hour intervals. Each prompt included the display of an image for 5 seconds, followed by a survey assessing body dissatisfaction, weight management intentions (intentions to diet, binge eating, and work out), and emotions (positive and negative emotions). Linear mixed models were used to analyze the data, controlling for baseline assessments, autocorrelation, and within-person variability.

Results: Fitness transformation images significantly increased intentions to diet ($p < 0.05$), binge eating ($p < 0.01$), and work out ($p < 0.05$) compared to fitness images shown individually (Table 1). However, this impact was not observed with thinness transformation images (Table 2). Neither thinness nor fitness transformation images had a significant impact on body dissatisfaction or emotions.

Image 1:

Table 1. Summary statistics for viewing fitness transformation images on body dissatisfaction, weight management intentions, and emotions.

Predictor	Body dissatisfaction			Intention to diet			Intention to binge eating		
	b	95% *CI*	*p*	*b*	95% *CI*	*p*	*b*	95% *CI*	*p*
Fitness transformation image	0.37	-0.29 – 1.04	0.273	0.49	0.03 – 0.95	**0.036**	0.39	0.10 – 0.68	**0.009**
Group mean centered lagged outcome	-0.09	-0.14 – -0.05	**<0.001**	0.10	0.05 – 0.14	**<0.001**	0.14	0.10 – 0.19	**<0.001**
Group mean centered inter-survey time lag	-0.00	-0.01 – 0.01	0.447	0.00	-0.01 – 0.01	0.486	-0.01	-0.02 – -0.00	**0.023**
Baseline body mass index	-0.03	-0.21 – 0.15	0.757	0.14	0.01 – 0.26	**0.028**	-0.04	-0.12 – 0.03	0.265
Baseline body dissatisfaction	0.08	0.04 – 0.12	**<0.001**	0.04	0.01 – 0.07	**0.003**	0.02	-0.00 – 0.04	0.077
Internalization of muscularity	0.09	-0.29 – 0.48	0.629	-0.07	-0.33 – 0.20	0.628	0.08	-0.08 – 0.25	0.335

Continued

Predictor	Body dissatisfaction			Intention to diet			Intention to binge eating		
	b	95% *CI*	*p*	*b*	95% *CI*	*p*	*b*	95% *CI*	*p*
Fitness transformation image	0.53	0.10 – 0.96	**0.015**	-3.65	-13.74 – 6.43	0.478	5.81	-1.96 – 13.58	0.142
Group mean centered lagged outcome	0.15	0.10 – 0.20	**<0.001**	0.18	0.14 – 0.23	**<0.001**	0.12	0.07 – 0.17	**<0.001**
Group mean centered inter-survey time lag	-0.00	-0.01 – 0.01	0.401	-0.11	-0.25 – 0.02	0.109	-0.01	-0.16 – 0.14	0.905
Baseline body mass index	0.05	-0.06 – 0.17	0.364	1.31	-1.40 – 4.03	0.343	-0.86	-2.95 – 1.23	0.420
Baseline body dissatisfaction	0.04	0.01 – 0.07	**0.005**	-0.64	-1.29 – 0.01	0.053	1.02	0.52 – 1.52	**<0.001**
Internalization of muscularity	0.05	-0.20 – 0.30	0.706	2.88	-2.94 – 8.69	0.332	2.55	-1.93 – 7.02	0.265

Note: *b* = unstandardized regression coefficient, *CI* = confidence interval, **Bold** = statistically significant at $p < .05$.

Image 2:

Table 2. Summary statistics for viewing thinness transformation images on body dissatisfaction, weight management intentions, and emotions.

Predictor	Body dissatisfaction			Intention to diet			Intention to binge eating		
	b	95% *CI*	*p*	*b*	95% *CI*	*p*	*b*	95% *CI*	*p*
Thinness transformation image	0.38	-0.29 – 1.05	0.269	0.02	-0.42 – 0.47	0.924	-0.01	-0.29 – 0.27	0.955
Group mean centered lagged outcome	-0.18	-0.23 – -0.14	**<0.001**	0.21	0.16 – 0.25	**<0.001**	0.08	0.03 – 0.12	**0.001**
Group mean centered inter-survey time lag	0.00	-0.01 – 0.01	0.349	0.00	-0.01 – 0.01	0.584	-0.01	-0.01 – 0.00	0.062
Baseline Body Mass Index	0.07	-0.12 – 0.26	0.491	0.06	-0.06 – 0.19	0.323	-0.05	-0.13 – 0.03	0.250
Baseline body dissatisfaction	0.08	0.03 – 0.13	**0.002**	0.04	0.01 – 0.07	**0.017**	0.02	-0.01 – 0.04	0.153
Internalization of thinness	0.19	-0.36 – 0.73	0.500	0.46	0.11 – 0.82	**0.011**	0.00	-0.23 – 0.23	0.986

Continued

Predictor	Body dissatisfaction			Intention to diet			Intention to binge eating		
	b	95% *CI*	*p*	*b*	95% *CI*	*p*	*b*	95% *CI*	*p*
Thinness transformation image	0.38	-0.02 – 0.78	0.060	-5.41	-16.19 – 5.36	0.325	1.86	-6.76 – 10.48	0.672
Group mean centered lagged outcome	0.22	0.18 – 0.27	**<0.001**	0.23	0.19 – 0.28	**<0.001**	0.21	0.17 – 0.26	**<0.001**
Group mean centered inter-survey time lag	0.00	-0.01 – 0.01	0.657	-0.17	-0.31 – -0.03	**0.016**	-0.13	-0.26 – -0.01	0.063
Baseline Body Mass Index	0.05	-0.06 – 0.17	0.345	-0.24	-3.32 – 2.83	0.876	0.98	-1.49 – 3.44	0.437
Baseline body dissatisfaction	0.01	-0.01 – 0.04	0.340	-0.82	-1.61 – -0.02	**0.044**	0.77	0.14 – 1.40	**0.017**
Internalization of thinness	0.45	0.13 – 0.77	**0.005**	2.44	-6.23 – 11.11	0.581	4.94	-1.99 – 11.87	0.162

Note: *b* = unstandardized regression coefficient, *CI* = confidence interval, **Bold** = statistically significant at $p < .05$.

Conclusions: Our study demonstrates that fitness transformation images have a stronger impact on weight management intentions than fitness images presented individually. This finding aligns with the cultural shift in the ideal of physical attractiveness, which now emphasizes 'fitness' and a 'healthy lifestyle' over 'thinness' in women. It is essential to focus on the exposure fitness transformation images on social media and to develop strategies for mitigating potential negative effects in the future.

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Schizophrenia and Other Psychotic Disorders

EPP172

Adaptation and evaluation of the program based on Specialized Coordinated Care for First Psychotic Episode in Chile - OnTrackChile: preliminary results of implementation fidelity

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doi: 10.1192/j.eurpsy.2025.497

Introduction: In high-income countries, Coordinated Specialized Care for First Psychotic Episode (FEP) programs have been shown to be effective in reducing symptoms and disability. Chile guarantees universal access to these services through a national policy, but previous research indicates that evidence-based approaches are not used. Our team adapted the OnTrackNY (OTNY) program to the Chilean context, called OnTrackChile (OTCH), to evaluate its effectiveness and implementation. This summary presents preliminary results on model fidelity, one of the primary outcomes of the study.
Objectives: To evaluate the fidelity of the implementation of the OTCH program in comparison with usual care services for FEP, analyzing its compliance in 18 key domains of care and its alignment with the National Mental Health Plan.
Methods: A fidelity scale was designed to guide data collection on OTCH implementation. The scale included the name and definition of each domain, along with a set of expectations. The scale assessed 18 key domains, such as staffing, team integration, communication, burden of care, service flexibility, crisis, treatment planning, prescribing, care management, working with families, and education and employment support, among others. The scale was applied in the 5 OTCH intervention sites and 8 control sites that maintained usual care included in the cluster-randomized controlled clinical trial.
Results: OTCH sites met more than 80% of the criteria for the domains assessed in the fidelity scale, which is more than twice the compliance observed in the control sites. In domains related to the usual functioning of the centers coincident with those established in the National Mental Health Plan, OTCH intervention sites exceeded compliance standards to control sites ($p<0.001$). In situations where the frequency of problems was similar between both types of centers, such as suicidal risk and risky substance use, OTCH centers showed significantly better performance ($p<0.001$) compared to control centers.
Conclusions: The implementation of the OTCH model has not only allowed the introduction of specific aspects of the program, but has also improved the overall performance of the centers in key areas defined by the National Mental Health Plan. This suggests that the implementation of OTCH in the Chilean context is not only feasible, but can also improve the quality of community mental health care.
OnTrack Chile is funded by the U.S. National Institute of Mental Health (R01MH115502).

Disclosure of Interest: None Declared

Schizophrenia and Other Psychotic Disorders

EPP173

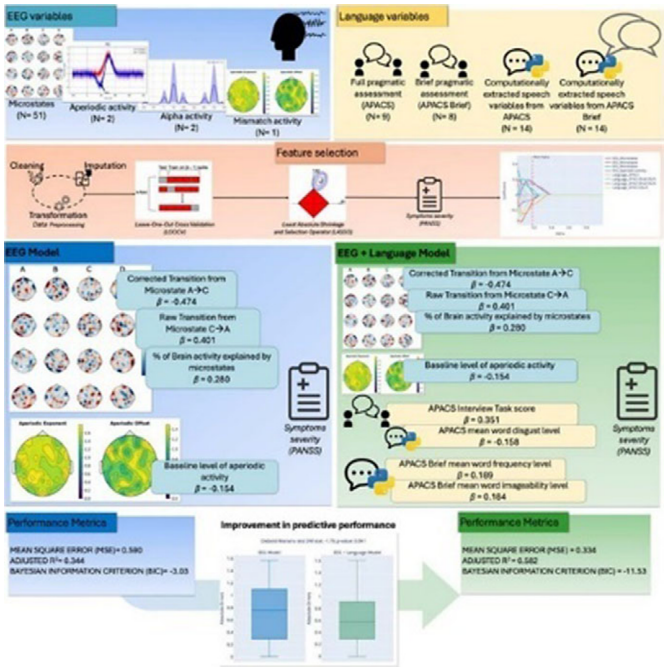
Toward precision psychiatry: multimodal machine learning combining neurophysiological and language features to predict symptoms severity in schizophrenia

M. Bosia[1]*, B. Scalingi[2], G. Agostoni[1], F. Pacchioni[3], C. Barattieri di San Pietro[2], P. Canal[2], M. F. D'Incalci[1], J. Sapienza[3], M. Bechi[3], F. Repaci[3], C. Gugielmino[3], R. Cavallaro[1], N. Dubbini[4] and V. Bambini[2]

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Introduction: Capturing the complex and heterogeneous clinical phenotypes across Schizophrenia Spectrum Disorders (SSD) is still challenging and Artificial Intelligence is a promising tool. In the past years, machine learning (ML) models have been developed for diagnostic classification, highlighting both neuroimaging and language measures as relevant predictors (Zucchetti et al. It J of Psy (2024). Fewer studies focused on predicting symptom severity or quality of life, based on clinical variables, but with relatively low performance (Beaudoin, et al. Schizophrenia (2022); 8.1 29; Podichetty et al. Clin and Transl Sc (2021), 14(5), 1864-1874). However, to the best of our knowledge, no previous studies have applied ML regression tasks using neurophysiological features, nor combining them with language ones.
Objectives: The aim is to combine neurophysiological and language features via ML to predict symptoms severity in schizophrenia.
Methods: Forty-one individuals with a diagnosis of schizophrenia were enrolled and assessed for psychopathology, communicative-pragmatic abilities and underwent a 5-minute resting state EEG recordings.
A Least Absolute Shrinkage and Selection Operator (LASSO) regression was employed to identify significant EEG and language features, extracted through Natural Language Processing to predict symptoms severity. After feature selection, two LASSO models were built and compared: Model 1 (M1) included the most important EEG features, while Model 2 (M2) included both the most important EEG and language features.
Results: Feature selection led to the identification of main predictors, including EEG microstates and aperiodic activity, lexical-semantic features and imageability of words.
Both models reached an acceptable performance (MSE=0.590, adj. R^2= 0.344; MSE= 0.334, adj. R^2 =0.582), but the Diebold-Mariano test and BIC highlighted a significant difference between M1 and M2, indicating an improved performance in predicting symptoms, when adding language features. See Fig.1 for more details

Image 1:



Conclusions: These preliminary results identify relevant features, confirming the role of EEG and language measures as potential biomarkers for SSD. Innovatively, data also show that EEG variables alone, can reliably but only partially predict psychopathology, while the inclusion of linguistic variables further improves the model. Overall, EEG and language measures, obtained quickly through simple tasks, appear as relevant features that may discriminate clinical outcomes within SSD and implementation of ML tools mat help to guide diagnosis and refine treatments.

Disclosure of Interest: None Declared

EPP174

Use of high doses of second-generation long-acting antipsychotics in the treatment of patients with severe resistant schizophrenia. A mirror-image study

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Introduction: This study explores whether high-dose treatment with SGA LAIs may benefit patients with schizophrenia who are inadequately controlled on a standard dose
Objectives: The objectives of this study have been to evaluate the retention, effectiveness and tolerability of high doses of second-generation antipsychotic long-acting injectable formulations (SGA LAI) in the treatment of patients with severe resistant schizophrenia.
Methods: A 72-month observational, mirror-image study of patients with severe (CGI-S ≥ 5) resistant schizophrenia receiving treatment with ≥75 mg of risperidone long-acting injectable (RLAI) (N = 60), ≥175 mg of monthly paliperidone palmitate (PP) (N = 60), and ≥600 mg of aripiprazole once-monthly (AOM) (N = 30). All of the patients were previously treated with at least two different APs, with poor outcomes. Patients were eligible if deemed likely to benefit from treatment with SGA LAIs: at risk of medication non-compliance, with a lack of effectiveness, or adverse effects with previous APs. The assessment included the CGI-S, the WHO-DAS, the Medication Adherence Rating Scale (MARS), laboratory tests, weight, adverse effects, reasons for treatment discontinuation, hospital admissions and suicide attempts.
Results: The average antipsychotic doses were: RLAI = 111.2 (9.1 SD) mg/14 days; PP = 231.2 (12.3 SD) mg eq./28 days; and AM = 780 (120 SD) mg/28 days.
Tolerability was good for all LAIs, reducing the side effects reported and the changes in biological parameters compared to previous treatments, especially in the AOM group. Weight and prolactin levels decreased in all LAI treatments; the reduction was statistically significant only among patients treated with AOM ($p < 0.05$). Two patients discontinued treatment due to side effects with AOM, five with PP and nine with RLAI .
There were four discontinuations with RLAI, two with PP, and one with AOM due to a lack of effectiveness. After three years, the scores decreased in CGI-S ($p < 0.01$) and in WHO-DAS in the four areas with all injectables. MARS increased with all LAIs ($p < 0.01$), especially with PP and AOM.
We report a statistically significant decrease in both hospital admissions ($p < 0.001$) and suicide attempts ($p < 0.001$) at the end of 36-month treatments, compared to the previous three years, without any difference across the three LAIs. In the previous three years, 60 patients discontinued their AP treatment, and 11 during the three-year follow-up ($p < 0.0001$
Conclusions: Our study indicates the good effectiveness and tolerability of RLAI, PP and AM at high doses. These SGA LAI treatments improved treatment adherence and outcomes of the patients, with good tolerability, helping them to achieve clinical stabilization and better functioning. Therefore, we suggest that, in some illness-critical conditions, high doses of SGA LAIs could represent an alternative to clozapine.

Disclosure of Interest: None Declared

EPP175

Exploring the Overlap: Content Analysis of Hallucination and Delusion Scales

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doi: 10.1192/j.eurpsy.2025.500

Introduction: Psychosis is characterized by hallucinatory and delusional experiences. Although, it was mostly considered to be present among clinical populations, there is strong evidence it can also be found in the general population. Limited reviews currently exist on the quality of the assessment methods designed to evaluate psychotic-like experiences in the general population. None of them assessed whether the existing instruments measure the same construct and, consequently, neglected problems associated with the "jingle-jangle fallacy" (Weidman et al., 2017; Flake and Fried, 2020). This fallacy might account for contradictions in the literature, as well as, issues with generalizability of the results.
Objectives: The goal of our study is to better understand the agreement between various instruments used to assess hallucinations and paranoia-like experiences.
Methods: We conducted a systematic search of the scales assessing hallucinations and paranoia-like experiences among the general population. Labels for the content analysis were created based on their definition in literature by the first authors and revised by another researcher. Three researchers coded each item independently of each other. We then estimated to which extent any item overlaps with any item from the other scale included in the analysis. We used Jaccard index to assess similarities between sets (from 0 with no overlap among scales) to 1 (complete overlap). The analysis was done in R and Excel.
Results: For 263 items from 11 hallucination scales, we estimated 38 labels with a mean overlap of 0.19 (very weak). CAPS demonstrated the highest mean overlap of 0.26. The highest overlaps were observed between MUSEQ and CAPS (0.5), MUSEQ and SPQ (0.4), and between LSHS-R and RHS (0.4). For the paranoia scales, the analysis of 183 items drawn from 12 scales resulted in 18 labels. The mean overlap across these labels was 0.30 - a weak association. The PIQ exhibited the highest mean overlap at 0.42, whereas the PSQ displayed the weakest overlap with a value of 0.17.
Conclusions: The overlap between hallucination scales was very weak. This disparity may be due to different instruments adopt varying interpretations of the hallucination continuum (Laroi, 2012). The weak overlap in paranoia scales may be less problematic, as theoretical models and empirical data suggest a more clear continuum of suspiciousness within the general population (Freeman et al., 2005) that maps our results. It is necessary to establish certain common grounds regarding what experiences represent which sides of the continuum, both in their variability, and severity in the field.

Disclosure of Interest: None Declared

EPP177

From Gut to Mind: Microbiota's Impact on Schizophrenia

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Introduction: The human body hosts a vast array of commensal microbes known as the gut microbiota, which plays a crucial role in various physiological functions, including immune system maturation, digestion, and central nervous system development. Recent studies suggest a significant link between gut microbiota and psychiatric disorders, particularly schizophrenia. Imbalances in gut microbiota composition have been associated with symptom severity and treatment response in schizophrenia patients.
Objectives: This study aims to synthesize current knowledge on the role of gut microbiota in the severity of symptoms and the prediction of treatment response in schizophrenia, highlighting its potential as a biomarker for therapeutic strategies.
Methods: We conducted a systematic literature review following PRISMA guidelines, focusing on articles published between 2014 and 2024. Using databases like PubMed and Google Scholar, we searched for keywords related to gut microbiota, schizophrenia, first episode psychosis, treatment response, and symptoms severity.
Results: Our review included eight studies that utilized 16S rRNA sequencing to analyze fecal microbiota. The findings revealed significant correlations between specific gut microbiota profiles and the severity of psychiatric symptoms. Notably, families such as Lachnospiraceae and Bacteroidocacae were linked to increased symptom severity, while others, including Flavobacteriaceae, Enterococcaceae and Flintibacter butyricus , correlated with symptom remission. Additionally, variations in gut microbiota composition were predictive of treatment outcomes, suggesting its role as a potential biomarker for response to antipsychotic treatments.
Conclusions: The gut microbiota presents a promising avenue for understanding the complex interplay between microbial communities and psychiatric health. By identifying specific microbiota profiles associated with symptoms and treatment responses in schizophrenia, we can pave the way for novel personalized therapeutic approaches.

Disclosure of Interest: None Declared

EPP178

Rethinking Pathways: Innovative Approaches to Identify Individuals Experiencing First-Episode Psychosis and Connect Them to Care

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Introduction: Psychotic disorders, particularly schizophrenia, are severe mental illnesses associated with high rates of disability and functional impairment, causing significant individual burden and incurring high societal costs. Typical onset of schizophrenia is in late adolescence or early adulthood and the complex management requires often life-long pharmacological and non-pharmacological treatment. Early symptom recognition and timely intervention can improve the course of illness and result in better outcome and prognosis, effective management leads to a functional recovery. However, recent reports have identified significant gaps in access to timely assessment and shared decision-making interventions, with inadequate care pathways. In the face of an unprecedented demand for mental healthcare for young people, it can be challenging for health services to deliver high-quality mental healthcare which, according to the World Health Organization, should be timely, effective and evidence-based, safe and person-centered. The project covers nine countries in Europe.
Objectives: Building on the European Brain Council Rethinking Schizophrenia Beyond The Voices Policy Report (2024), the survey and literature review aim to: (1) evaluate the effectiveness of integrated models of youth mental healthcare on a broader range of outcomes, including both mental health outcomes, such as clinical symptoms, functioning and quality of life and health service outcomes, including access and satisfaction with care in young people; and (2) identify the common components of integrated care pathways for young people with first episode psychosis.
Methods: Using the care pathway as a tool at the first step of the research, a cross-country survey was co-designed with the Board of experts and anonymously launched earlier this year. By complementing the survey, the literature review on the care pathway will address quality and continuity of care from the first onset of psychosis and schizophrenia to long-term care in the selected countries including existing guidelines and overview country health situation assessments.
Results: Patients and mental health professionals' insights will be collected. Obtained data will also be analysed by the stakeholders and used to formulate recommendations for policy makers, care payers, mental health professionals, patients and their families (both country specific and at the EU level).
Conclusions: A policy report, based on the consensus, will be released at the Brain Awareness Week 2025 with results and recommendations which will provide valuable insight into understanding the needs of patients with first-episode psychosis and defining the optimal care pathways to engage with them. In order to show that there is a progress in the field of care for schizophrenia patients, the utilization of new technologies is included.

Disclosure of Interest: None Declared

EPP179

Oxytocin-augmented group psychotherapy for negative symptoms in patients with schizophrenia spectrum disorders – a study protocol

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doi: 10.1192/j.eurpsy.2025.503

Introduction: New treatments for negative symptoms (NS) in schizophrenia spectrum disorders (SSD) are urgently needed. NS are believed to stem from disruptions between the mesocorticolimbic dopamine system and networks for socioemotional processes. Oxytocin (OXT) enhances connectivity between the neural networks, improving social cognition and NS. Lower plasma OXT levels are linked to greater NS severity and social cognition deficits in SSD. While OXT increases social cognition in healthy individuals, its effects in SSD are inconsistent. The social salience hypothesis suggests OXT's effect varies with social context. Our pilot study showed reduced NS with OXT administration in a positive social setting using mindfulness-based group therapy (MBGT).
Objectives: This trial aims to assess the effects of combining OXT with MBGT on each of the five NS in individuals with SSD. We hypothesize that OXT nasal spray administered before MBGT will significantly reduce NS compared to placebo. The primary outcome is the change in NS, measured by the Positive and Negative Syndrome Scale (T1 - T0 score difference) after 4 weeks and as secondary outcome on the Brief Negative Symptom Scale (BNSS) as well as changes of stress and affect.
Methods: The research design is a triple-blinded, randomized, placebo-controlled study comparing OXT to placebo. Manual-based MBGT sessions, led by experienced psychotherapists, occur weekly for four weeks with groups of up to six patients. Participants receive intranasal OXT (24 I.U.) or placebo 30 minutes before sessions, aligning with the peak effect window (30-80 min) for optimal social behavior reinforcement. Plasma oxytocin levels are measured by radioimmunoassay. Recruitment will be at the Department of Psychiatry, Charité, Berlin, including both genders in mixed-sex groups, controlling for contraceptive use and menstrual cycle phase. Nasal sprays are indistinguishable. The primary outcome will be analyzed using ANCOVA, with treatment condition and training group as covariates. Based on pilot and previous study effects, a conservative effect size of $f = 0.25$ is assumed. With 1:1 randomization, 80% power,

a 5% two-sided significance level, and a 10% drop-out rate, 140 subjects will be recruited.
Results: This project explores how OXT augmentation enhances the positive effects of MBGT. It is expected that combining OXT with MBGT will significantly improve NS, stress, and affect in SSD patients. Preliminary results already show a significant reduction in social withdrawal and blunted affect in the OXT group compared to placebo.

Image 1:

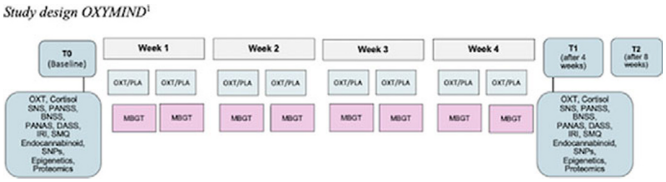
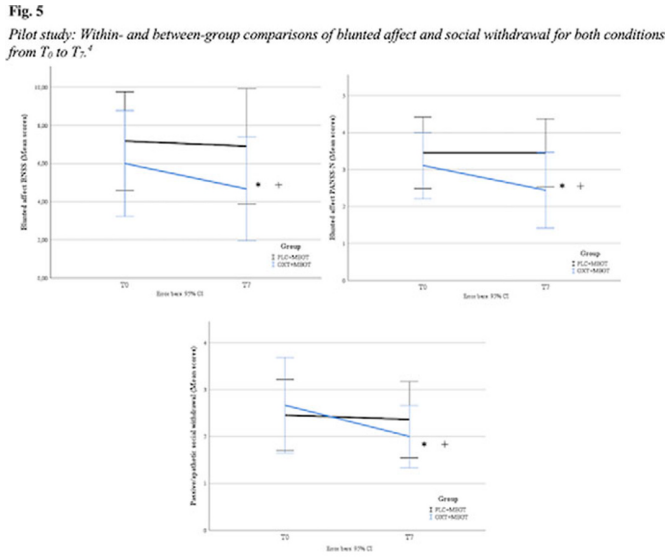


Image 2:



[3] *Note.* *$p < .05$= within group-changes using paired-samples t-tests; OXT: oxytocin; PLC: placebo; MBGT: mindfulness-based group therapy; PANSS-N: Positive and Negative Syndrome Scale – Negative Scale; BNSS: Brief Negative Symptoms Scale.
[4] *Note.* *$p < .05$= within group-changes using paired-samples t-tests; +$p < .05$= between-group changes as indicated by ANCOVA; OXT: oxytocin; PLC: placebo; MBGT: mindfulness-based group therapy; PANSS-N: Positive and Negative Syndrome Scale – Negative Scale; BNSS: Brief Negative Symptoms Scale; SNS: Self Evaluation of Negative Symptoms.

Conclusions: Current treatments for NS in SSD are insufficient, highlighting the urgent need for new or combined strategies. Evidence supports the benefits of augmented psychotherapy. This project could pave the way for innovative, personalized psychiatric treatment for SSD.

Disclosure of Interest: None Declared

Sleep Disorders and Stress

EPP180

Persistent shorter and longer sleep duration from infancy to childhood and its prospective association with chronic depression symptoms

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doi: 10.1192/j.eurpsy.2025.504

Introduction: Identifying early-life risk factors for chronic depression symptomology in young people, is essential to informing early targeted interventions. One highly prevalent symptom (and potential risk factor) in depression is sleep problems, such as insomnia or hypersomnia. However, most studies have measured sleep disturbances and depression symptoms at only one time point, and the prospective relationship between *persistent* shorter or longer sleep duration in childhood and *chronic depression symptoms* in adolescence through to adulthood has not been explored.
Objectives: To identify whether longitudinal trajectories of persistent shorter sleep and persistent longer sleep duration between 6 months to 7 years of age, are associated with increased risk of developing chronic depression symptoms between 13-22 years of age.
Methods: Prospective associations were explored using the Avon Longitudinal Study of Parents and Children (ALSPAC), in the UK. Childhood night-time sleep duration was parent-reported at 6, 18, and 30 months and at 3.5, 4 to 5, 5 to 6, and 6 to 7 years. Depression symptoms were self-reported via the Short Mood and Feelings Questionnaire (SMFQ) at, 12.5, 13.5, 16, 17.5, 18, 21 and 22 years of age. Latent Growth Curve Analysis was used to identify longitudinal trajectories of night-time sleep duration from 6 months to 7 years of age (i.e. longer (63%), shorter (2%), average-shorter sleep (22%) and average-longer sleep (13%)) and depression symptoms (i.e. chronic (5%), non-chronic (95%)) from 13 to 22 years. Logistic regressions were conducted to identify the prospective association between persistent shorter and persistent longer sleep trajectories and chronic depression symptoms.
Results: Preliminary results revealed that persistent shorter sleep duration across childhood was associated with increased likelihood of presenting with chronic depression symptoms, even after adjusting for the effects of sex, birthweight, maternal age, child ethnicity, family adversity and maternal socioeconomic status (OR = 1.94, 95% CIs, 1.01, 3.73 p =. 046). Persistent longer sleep however did not show significant associations.
Conclusions: A persistent pattern of shorter sleep duration across childhood is associated with chronic depression symptoms in adolescence through to adulthood. Sleep is a modifiable risk factor and targeted interventions for those presenting a sustained pattern of shorter sleep duration across childhood is suggested to prevent future mental health problems, such as depression.

Disclosure of Interest: None Declared

EPP181

Use of DORA Daridorexant for the deprescription of hypnotic medications for chronic insomnia comorbid with mood,anxiety and sedative hypnotic use disorders: a naturalistic longitudinal study

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doi: 10.1192/j.eurpsy.2025.505

Introduction: Targeting insomnia may have a therapeutic value for mental disturbances. Indeed, insomnia chronic nature may necessitate switching between various insomnia approaches and medications. Daridorexant is a new *pharmacological option for insomnia treatment,* which is a *dual orexin receptor antagonist (DORA).*

Objectives: *The* aim of the present study was to treat consecutive patients with insomnia disorder with and without mental co-morbidities with this new therapeutic option and during the deprescripion of previous hypnotic medications which have failed in insomnia treatment.

Methods: Ninety consecutive patients with insomnia disorder according to the DSM-5-TR criteria (sleep condition indicator SCI<16) were treated with daridorexant 50 mg. Baseline, 1 month, and 3 month evaluations were performed. Demographic and clinical data were incorporated. Insomnia severity (Insomnia Severity Index-ISI), mood and anxiety symptoms (Beck Depression Inventory II-BDI-II, Young Mania Rating Scale-YMRS, Self Reported Anxiety Scale-SAS), and pre sleep arousal(Pre Sleep arousal Scale-PSAS) were evaluated. The evaluation of psychiatric diagnosis was conducted in accordance with the DSM-5-TR criteria (SCID-5) and the concurrent use of pharmacological therapy was taken into account. For previous insomnia treatment discontinuation, cross-tapered programs were developed following the 25% per week rule while inserting daridorexant.

Results: The final sample included 80 patients (N° 40, 50.0% females, mean age 60 ± 13.2). Most of them (75.5%) suffered from insomnia comorbid with unipolar/bipolar depression, anxiety disorders and sedative-hypnotics use disorders. Repeated Anova analyses showed that ISI and PSAS total score decreased across time (respectively F=63.42, p<0.001, F=61.44, p<0.001). Similarly mood symptoms, anxiety symptoms significantly improved over time and after 3 months of treatment (respectively F=62.45, p<0.001, F=31.48, p<0.001, F=41.14, p<0.001, F=21.44, p<0.001). Analyses conducted on a subsample of patients with comorbid sedative-hypnotics use disorders (50%) revealed a beneficial effect on insomnia, arousal and anxiety symptoms. Multiple regression models demonstrated that the clinical improvement of anxiety symptoms was most best predicted by the improvement in emotion regulation -PSAS score at T1 and T2, and the improvement in insomnia symptoms at T1and T2.

Conclusions: The treatment of chronic insomnia with daridorexant improved insomnia symptoms in patients with and without mental comorbidities across time. It was particularly effective in patients with sedative-hypnotics use disorders, where we deprescribed previous sedative hypnotics including neuroleptics and sedative antodepressants. These data are in line with the data showing that sleep is involved in the regulation of the reward system.

Disclosure of Interest: L. Anastasio: None Declared, G. Alfi: None Declared, G. Aquino: None Declared, E. Annuzzi: None Declared, G. Cerofolini: None Declared, A. Coccoglioniti: None Declared, M. Gambini: None Declared, M. Pioltino: None Declared, G. Perugi: None Declared, A. Gemignani: None Declared, L. Palagini Consultant of: Consultancy for Laura Palagini, Bruno, Idorsia, Fidia, Pfizer, Sanofi

EPP182

Time to therapeutic effect with daridorexant: Weekly analysis of patient-reported outcomes from a Phase 3 randomized, placebo-controlled study in patients with insomnia disorder

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Introduction: Daridorexant is a dual orexin receptor antagonist approved for the treatment of chronic insomnia. Phase 3 studies have demonstrated that consistent nightly use of daridorexant 50 mg significantly improved both subjective total sleep time (sTST) and daytime functioning (Insomnia Symptoms and Impacts Questionnaire [IDSIQ] sleepiness domain) at Months 1 and 3 in patients with insomnia disorder versus placebo (Mignot *et al.* Lancet Neurol 2022; 21 125-39).

Objectives: This exploratory analysis evaluated how the effect of daridorexant on both sleep and daytime functioning are perceived by patients with insomnia over time (i.e. week by week), as compared to placebo.

Methods: In this multi-centre, double-blind trial (NCT03545191), adult (18–64y) and elderly (≥65y) patients with insomnia disorder were randomized (1:1:1) to receive daridorexant 25mg, 50mg or placebo every evening for 3 months. Patients completed daily eDiary entries throughout the study, and weekly mean changes from baseline in sTST and IDSIQ-sleepiness domain were used to assess patients' perceived duration of sleep and daytime functioning, respectively.

Results: Weekly mean changes from baseline of both the sTST (Figure 1) and IDSIQ-sleepiness domain (Figure 2) from Week 1 to Week 12 of treatment improved over time in all treatment groups. At each week, the observed improvements from baseline were numerically larger for daridorexant 25 and 50 mg than placebo, with the 50 mg group demonstrating the greatest response. For sTST, treatment differences versus placebo were seen from Week 1 of treatment (mean increases from baseline for 25 mg, 50 mg vs placebo of +23.83, +32.63 vs 10.07, respectively), and were maintained throughout the study. For IDSIQ-sleepiness domain scores,

treatment differences vs placebo were seen from Week 1 (mean reductions from baseline for 25 mg, 50 mg vs placebo of –1.56, –1.90 vs –0.92, respectively), with further separation from placebo until Week 4.

Image 1:

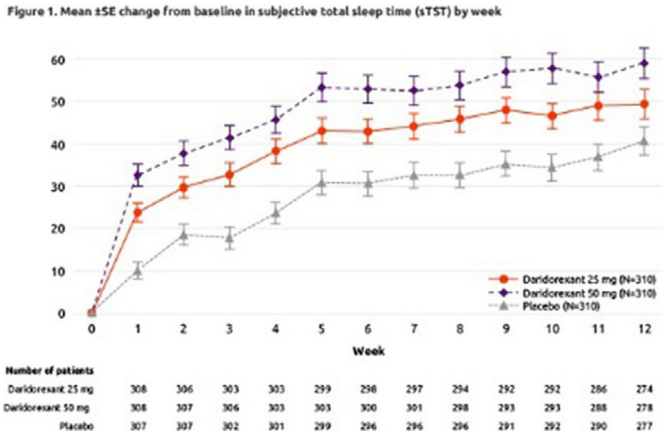
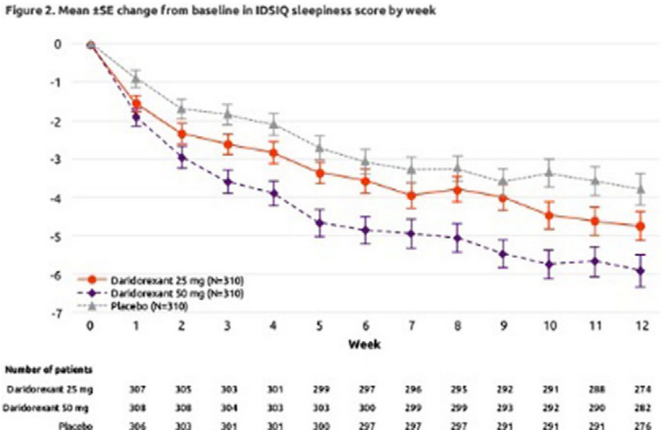


Image 2:



Conclusions: The benefits of daridorexant treatment on total time asleep and daytime functioning start to be perceived from Week 1. With consistent nightly use, efficacy on sleep and daytime functioning continued to build over the course of the 3-month treatment period, with the greatest effect being observed with daridorexant 50 mg.

Disclosure of Interest: T. Bakker Employee of: Idorsia Pharmaceuticals, O. Briasoulis Employee of: Idorsia Pharmaceuticals, A. Olivieri Employee of: Idorsia Pharmaceuticals, S. Pain Employee of: Idorsia Pharmaceuticals, L. Palagini Consultant of: Bruno, Fidia, Idorsia Pharmaceuticals, Pfizer, Sanofi, Pharmanutra, Neopharmed Gentili, D. Kunz Consultant of: Austrian Association of Skiing (ÖSV), Idorsia Pharmaceuticals, Speakers bureau of: Abb-Vie, Idorsia Pharmaceuticals, German Ministry for Economy (BMWi), Austrian Association of Skiing (ÖSV), P.-A. Geoffroy Consultant of: Apneal, Arrow, Biocodex, Dayvia, Di&Care, Idorsia Pharmaceuticals, Janssen-Cilag, Jazz pharmaceuticals, Myndblue, Mysommeil, Posos, ResilEyes, Withings, Speakers bureau of: Biocodex, Bioprojet, Ibsa, Idorsia Pharmaceuticals, Janssen-Cilag, Isis Medical, Jazz pharmaceuticals, Lundbeck, MySommeil, Withings

EPP183

Evaluation of an Enhanced Sleep Education Programme in Promoting Sleep and Circadian Health in Adolescents

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Introduction: Sleep problems, particularly insomnia and sleep deprivation, are common among adolescents, and may increase their risk for poor psychosocial and metabolic health. Traditional classroom-based education programmes showed inconsistent results in promoting sleep behavioural changes. In contrast, enhancing training programme with experiential activities alongside classroom learning may be considered as a more sustainable means to promote healthy sleep in adolescents.
Objectives: The present study evaluated the impact of a four-week enhanced sleep education programme on adolescents' sleep quality, knowledge and behaviour, and their experience of participation.
Methods: Adolescent participants took part in the Youth Sleep Ambassadors Programme, which was designed to equip them with evidence-based information on sleep and circadian health through active learning and community outreach activities. A mixed-methods design was adopted to evaluate the programme. Participants completed self-administered questionnaires, including a sleep knowledge quiz, the Pittsburgh Sleep Quality Index (PSQI) to assess subjective sleep quality, and the Sleep Hygiene Index (SHI) to evaluate healthy sleep behaviour, before and after the programme. Additionally, two focus groups were conducted to understand participants' experiences with the programme.
Results: Thirteen participants, aged 15 to 17, participated in the progamme and rated the programme's effectiveness at 4.38 out of 5. At post-programme, there were significant increases in total sleep time (baseline: 6.12hr, post: 7.31hr, p=.006) and time in bed (baseline: 6.83hr, post: 7.98hr, p=.046), in addition to a reduction in PSQI score (baseline: 5.92±1.98, post: 3.92±1.50, p=.031). There was a noticeable trend of improved sleep knowledge with a 13.5% increase in correct rate and healthy sleep behaviour (SHI: baseline: 24.4±6.76, post: 20.6±5.33). Focus groups revealed increased awareness and confidence to advocate for better sleep and mental health among peers. Participants praised the programme as professional and well-organised but expressed a preference for more experiential and research activity over classroom learning, underscoring the limitations of classroom-based sleep education.
Conclusions: The findings provided preliminary support for this enhanced sleep education programme as a viable strategy to engage

adolescents in understanding and awareness of sleep and circadian health. Beyond traditional classroom education, self-discovery and knowledge application with experiential tasks can better develop their perspectives and advocate in their community.

Disclosure of Interest: None Declared

Post-Traumatic Stress Disorder

EPP184

Effectiveness of EMDR Therapy on Cognitive Performances in Patients with Post-Traumatic Stress Disorder and Complex Post-Traumatic Stress Disorder: A 6-Month Follow-Up Study

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Introduction: Complex post-traumatic stress disorder (cPTSD) is a clinical entity characterized not only by the typical symptoms of hyperarousal, avoidance, and flashbacks but also by disturbances in self-organization. Given the well-known association between trauma and cognitive deficits, it is common to observe a significant prevalence of such alterations among patients with cPTSD.
Objectives: The aim of this study is therefore to assess cognitive functioning in response to treatment using Eye Movement Desensitization and Reprocessing (EMDR).
Methods: Fifty-eight patients were recruited and divided into two groups (28 PTSD; 23 cPTSD), to whom scales for post-traumatic symptomatology (Impact of Event Scale – revised – IES-R; Clinician-Administered PTSD Scale – CAPS), along with cognitive tests (MATRICS Consensus Cognitive Battery - MCCB), were administered. The patients were evaluated at baseline (T0) and 6 months after the completion of the last EMDR session (T6).
Results: EMDR was effective in the treatment of post-traumatic symptomatology (IES-R; CAPS - $p<0.001$). The PTSD group showed improvement in the domains of verbal learning (RAVLT), visual attention (TMT-A), and working memory (CBTT) ($p<0.05$). The cPTSD group reported improvement in the verbal learning domain ($p<0.05$).
Conclusions: In addition to clinical symptomatology, EMDR has been shown to be effective in treating cognitive deficits in patients with PTSD and cPTSD. However, further studies are needed to confirm the results and identify the underlying mechanisms of this effect.

Disclosure of Interest: None Declared

Sleep Disorders and Stress

EPP185

Nightmares and childhood trauma in depression and insomnia among adolescents: A pilot study

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Introduction: Nightmares have been linked to childhood trauma and an increased risk for mental health problems, such as depression. Meanwhile, there is a high comrobdity of nightmares and insomnia. Yet relatively few studies have compared the clinical presentations of nightmares in different clinical groups. Additionally, considering the close association between childhood trauma, insomnia, and depression, there might exist potential unique interactions between childhood trauma and clinical diagnoses on nightmare experience.
Objectives: This case-control study aimed to compare nightmare-related parameters (i.e., frequency, distress, severity, and impairment), and childhood trauma among adolescents with depression only (DG), insomnia only (IG), and healthy control (HG) groups. We explored the interaction between diagnosis and childhood trauma on nightmare parameters.
Methods: Participants completed a clinical interview to ascertain their eligibility. Data on demographic and clinical information, childhood trauma as assessed by the childhood trauma Questionnaire (CTQ) , and nightmare-related parameters, including nightmare frequency, nightmare distress, nightmare severity, and nightmare impairment, were analysed in the current study. Analysis of variance (ANOVA) and multivariate analysis of variance (MANOVA) were used to examine the group differences, and regression analysis was used to examine the interaction effect on study variables.
Results: Adolescents with insomnia ($N = 31$; age 16.84 ± 1.88 years; female: 54.8%), female: 55.2%), depression ($N = 22$; age 17.50 ± 2.18 years; female: 54.5%) and healthy controls ($N = 31$; age 16.84 ± 1.88 years; female: 54.8%) were recruited. Compared to the HG, the IG and DG had greater nightmare distress (IG: $p = .024$; DG: $p = .005$) and nightmare impairment (IG: $p = .007$; DG: $p = .031$), but not nightmare frequency. However, only DG showed significantly higher nightmare severity ($p = .038$). No other significant differences were found in nightmare parameters between IG and DG (all $p > .05$). For childhood trauma, only DG showed significantly higher scores in emotional abuse ($p = .013$), emotional neglect ($p = .021$), and physical neglect ($p = .012$). No interaction effect of childhood trauma and clinical diagnosis was found on nightmare-related parameters (all $p > .05$).
Conclusions: This study showed that adolescents with insomnia or depression exhibited greater nightmare-related distress and impairment. Higher nightmare severity may be a unique characteristic in adolescents with depression but not for insomnia. Despite the depression group reporting significantly more childhood traumatic experiences, the potential interaction effect between diagnosis and childhood trauma was not observed on nightmare-related parameters. Future research may examine the relationship between the relevant variables in a larger sample size using a longitudinal design.

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Post-Traumatic Stress Disorder

EPP186

Acupuncture in trauma-related disorders – the novel treatment approach with acupuncture-based exposition (ABE) method

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Introduction: The evaluation of trauma-related disorders is becoming increasingly significant in psychiatric assessments. According to the DSM-5, these disorders are categorized as Post-Traumatic Stress Disorder (PTSD), Acute Stress Disorder, Adjustment Disorders, Prolonged Grief Disorder, Reactive Attachment Disorder, and other specified trauma- and stressor-related disorders. International guidelines on post-traumatic symptoms report positive outcomes with trauma-focused cognitive-behavioral therapy and EMDR, as well as non-trauma-focused therapies, such as relaxation techniques. Acupuncture and acupressure techniques can be used not only for treating symptoms but also for addressing associated sleep disorders, headaches and affective disorders. These methods are clinically applied to patients with traumatic events, primarily as ear acupuncture using the NADA protocol, along with 'Battlefield Acupuncture,' which has been established among American soldiers. In our clinical work, we use a unique protocol called Acupuncture-Based Exposition (ABE) (Schottdorf & Musil, 2017).
Objectives: The assessment of the effectiveness of the newly developed method of Acupuncture-Based Exposure (ABE).
Methods: The ABE (Acupuncture-Based Exposition) method was developed by Dr. Schottdorf and investigated by Dr. Musil and has already been clinically applied in their practice and clinic to a variety of patients. It has also been invetigated in an initial pilot study focusing on Type I trauma-related disorders, post-embitterment disorder as well as postpartum depression, and pain disorders. During ABE sessions, after a basic acupuncture treatment, patients are guided to visualize images of their traumatic experiences. The resulting physical sensations and emotions are addressed through corresponding acupuncture points until their intensity decreases. Finally, the imagined images are faded out using points on the head. Patients subsequently report a significant reduction in the burden of intrusive memories.
Results: In an initial case series involving 24 patients with trauma-related symptoms, an average reduction in trauma-specific symptoms was observed after just 3.95 sessions, as measured by the Impact of Events Scale-Revised (IES-R), from 55.6 ± 23.0 to 16.2 ± 21.1 (Wilcoxon test: $p < 0.002$). Additionally, a decrease in depressive symptoms was noted, measured by the Beck Depression Inventory, from 38.3 ± 8.0 to 25.6 ± 8.0 (Wilcoxon test: $p < 0.001$) (Schottdorf, 2018). So far, there have been no investigations into the mechanisms of action of ABE beyond clinical experience and initial data from clinical pilot projects.
Conclusions: Particularly, integrating acupuncture as an adjunct to conventional treatments for mental disorders appears to offer promising results. Further clinical research in the field of acupuncture and the ABE method is necessary.

Disclosure of Interest: None Declared

Sleep Disorders and Stress

EPP187

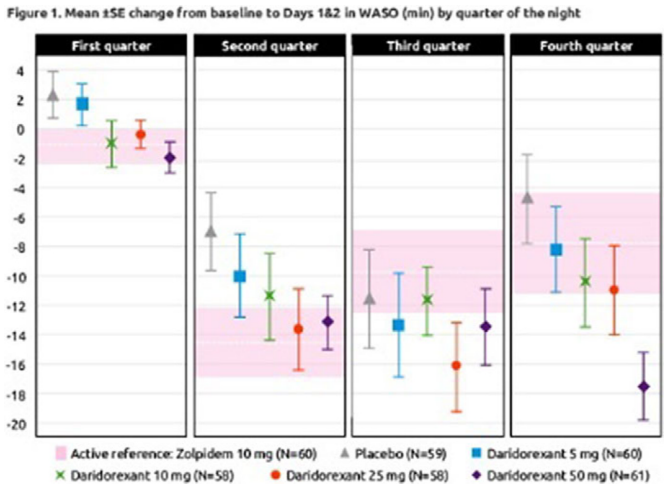
Effect of daridorexant on wakefulness throughout the night: Post-hoc analysis of a randomised, double-blind, active reference (zolpidem) study in patients with insomnia disorder

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Introduction: Daridorexant, a dual orexin receptor antagonist [DORA] which works by selectively reducing the orexin-induced wake signalling, has been shown to induce a dose-dependent reduction in wake time after sleep onset [WASO] in patients with insomnia disorder (Dauvilliers et al. Ann Neurol 2020; 87 347–356).
Objectives: This exploratory analysis examined the efficacy of daridorexant in reducing the duration of awakenings in each quarter of the night, when compared to placebo and to the GABA-receptor agonist zolpidem, which induces sleep through widespread CNS sedation.
Methods: This was a multi-centre, double-blind trial (NCT02839200), including adult (18–64y) patients with insomnia randomized (1:1:1:1:1:1) to placebo, daridorexant (5, 10, 25, or 50mg), or zolpidem (10mg) for 30 days. Polysomnography [PSG]-determined WASO was evaluated using descriptive statistics by quarter of the night (Q1–Q4) i.e. every 2 hours over 8 hours at Days 1 & 2, 15 & 16, and 28 & 29. Baseline was defined as the mean of the two PSG nights during the run-in period and Days 1&2 as the mean of the first two PSG treatment nights; Days 15&16 and 28&29 were defined similarly.
Results: Dose-dependent decreases in mean change from baseline in Q1–Q4 WASO were observed with daridorexant (5–50mg) at Days 1 & 2 (**Figure 1**). Whereas the approved doses of daridorexant (25mg and 50mg) provided similar response to zolpidem 10mg in the first half of the night, mean reductions from baseline in WASO were numerically greater with daridorexant 50mg versus zolpidem 10mg during the second half of the night – with the difference most pronounced in the fourth quarter (mean WASO change from baseline Q3: –13.49 min versus –9.73 min; Q4: –17.51 min versus –7.81 min). Similar effects were seen at Days 15 & 16, and Days 28 & 29.

Image 1:



Conclusions: In patients with insomnia disorder, daridorexant reduces the duration of awakenings throughout the entire night, including the last two quarters.

Disclosure of Interest: B. Steiniger-Brach Employee of: Idorsia Pharmaceuticals, O. Briasoulis Employee of: Idorsia Pharmaceuticals, A. Olivieri Employee of: Idorsia Pharmaceuticals, S. Pain Employee of: Idorsia Pharmaceuticals, L. Palagini Consultant of: Bruno, Fidia, Idorsia Pharmaceuticals, Pfizer, Sanofi, Pharmanutra, Neopharmed Gentili, D. Kunz Consultant of: Austrian Association of Skiing (ÖSV), Idorsia Pharmaceuticals, Speakers bureau of: AbbVie, Idorsia Pharmaceuticals, German Ministry for Economy (BMWi), Austrian Association of Skiing (ÖSV), P.-A. Geoffroy Consultant of: Apneal, Arrow, Biocodex, Dayvia, Di&Care, Idorsia Pharmaceuticals, Janssen-Cilag, Jazz pharmaceuticals, Myndblue, Mysommeil, Posos, ResilEyes, Withings, Speakers bureau of: Biocodex, Bioprojet, Ibsa, Idorsia Pharmaceuticals, Janssen-Cilag, Isis Medical, Jazz pharmaceuticals, Lundbeck, MySommeil, Withings.

Suicidology and Suicide Prevention

EPP188

Genome-wide DNA methylation in Human Brain and Molecular Pathologies associated with Suicide Among Depressed Patients

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Introduction: Major depressive disorder (MDD) is the single most important risk factor for suicide. Interestingly, even with a high prevalence of suicidality, not all MDD patients develop suicidal thoughts or complete suicide. Thus, it is critical to examine the risk factors that can distinguish suicidality among MDD patients.

Objectives: It has been hypothesized that epigenetic marks, such as DNA methylation, can be influenced by the environment, which may play a critical role in developing depression and suicidal behavior. The present study examined genome-wide DNA methylation in the prefrontal cortex of depressed suicide (DS), depressed non-suicide (DNS), and nonpsychiatric control subjects.

Methods: Genome-wide DNA methylation was examined in the prefrontal cortex of age- and sex-matched depressed suicide, depressed non-suicide, and nonpsychiatric control subjects using 850K Infinium Methylation EPIC BeadChip. The methylation β values were generated based on normalized signal intensities and background subtraction using negative control probes and were derived as the ratio of methylation probe intensity to the overall intensity. The hyper and hypo-methylated sites were also mapped across 22 autosomes using PhenoGram Plot. The significantly differentially methylated gene lists were used to determine the functional enrichment of genes for ontological clustering and pathway analysis.

Results: The chromosome-wise methylation sites and mapping of methylated sites based on the number of CpG content and their relative distribution from specific landmark regions of genes identified 32958 methylation sites 12574 genes in NC vs. all MDD subjects, 30852 methylation sites across 12019 genes in NC vs. DNS, 41648 methylation sites across 13941 genes in NC vs. DS, and 49848 methylation sites across 15015 genes in DNS vs. DS groups. A comparison of methylation sites showed 33129 unique methylation sites and 5451 genes in the DNS group compared to the DS group. Functional analysis suggested Oxytocin, GABA, VGFA, TNFA, and MTOR pathways associated with suicide in the MDD group.

Conclusions: Our data show a discrete pattern of DNA methylation, the genomic distribution of differentially methylated sites, gene enrichment, and pathways in MDD subjects who died by suicide compared to non-suicide MDD subjects and suggest that epigenetic DNA modifications could be used to distinguish suicidality in MDD patients.

Disclosure of Interest: None Declared

EPP189

Genetic factors in the development of suicidal ideation – results of a GWAS study

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Introduction: Psychiatric disorders are risk factors for suicidality, but it is also considered a multifactorial phenomenon. Genome-wide association studies may provide an insight into the etiological background of distinct phenomena along the suicidal continuum,

and may also help disentangle their overlapping genetic architecture with psychiatric disorders.
Objectives: Our aim was to carried out a GWAS for suicidal ideation in a well-phenotyped sample.
Methods: We conducted a genome-wide association study (GWAS) in the NewMood (New Molecules in Mood Disorders, Manchester and Budapest) database, 1820 subjects were involved (533 males, 1287 females), the suicidal ideation and behaviour were investigated with a suicide-focused item of the Brief Symptom Inventory (BSI). SNP-level association was assessed employing linear regression models, assuming additive genetic effects, using PLINK2.0, with gender, age and the first ten principal components (PCs) of the genetic data as covariates. Bonferroni-corrected significance threshold on SNP-level was $p \leq 5.0 \times 10\text{-}8$, and the suggestive significance threshold was $p \leq 1.0 \times 10\text{-}5$. GWAS results including the identified significant results were interpreted using FUMA v1.5.2.
Results: 9 SNPs were identified, 2 with genome-wide significance and 7 with suggestive significance. The most significant SNP, *rs79912020* (β=, P=3.21x10^{-10}, Chr4) was located in the *MANBA* gene and the other genome-wide significant variant, rs10236520 (β=, P= 1.706x10^{-8}, Chr7) is located near the gene *LOC124901613*. Furthermore, we have found more important variants with suggestive significance, rs117677616 (β= , P=1.199x10^{-6}, Chr20) is identified in *PTPRT* gene, rs34475 (β= , P=1.981x10^{-6}, Chr12) is located in *CFAP54*, rs711180 (β= , P= 2.934x10^{-6}, Chr12) is near the gene *VWA1* and the variant rs2655484 (β= , P=5.717x10^{-6}, Chr12) is located near the *GRIP1*. No genes were identified in gene-level analysis with genome-wide significance.
Conclusions: We identified 9 SNPs with genome-wide or suggestive significance in association with suicidal ideation, with several lines of converging evidence supporting their involvement in the development of suicide risk. *MANBA* gene has role in the development of unipolar depression, *PTPRT* is associated with appearance of major depressive disorder, and the *GRIP1* gene may be considered also as a potential biomarker for suicide, as it has been previously associated with psychiatric phenotypes indirectly linked to suicidal behaviour and in patients with increasing suicidal ideation during antidepressant treatment. The prevention of the suicides is a prominent aim in mental healthcare and these new variants may be helpful in establishing novel, focused and more filters for this vulnerability.
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Disclosure of Interest: None Declared

EPP191

Relation Between Physicians' Emotional Response and Stigma Around Suicide

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Introduction: Suicide is a global health issue. Clinicians still have difficulties to differentiate patients who will or not commit suicide. This process is influenced by emotional and rational factors. Emotional responses (also known as countertransference) refers to what emotions clinicians experience. When working with suicidal patients, clinicians frequently experience negative emotions, such as fear, guilt and hopelessness. Clinicians' negative emotions responses contribute to their assessment of risk. Possible factors that influence emotional responses are myths and beliefs around suicide, contributing to stigma.
Objectives: This study aims to investigate the relationship between emotional responses, knowledge and stigma about suicide when providing care to suicidal patients.
Methods: An anonymous web-based survey was implemented through the software REDCap. Data were collected by snowball sampling. Participation was voluntary and participants had the ability to opt out at any time. The study was approved by the University Ethics Committee. The survey consisted of the Informed Consent Form (ICF), Sociodemographic Questionnaire, Scale of Myths, Beliefs and Attitudes About Suicide (SMBAS) - which evaluates stigma about suicide trough true or false questions. We also included the Rating Scale for Countertransference (RSCT) which evaluates the main emotional responses towards suicidal patients, divided in approach, indifference or rejection. Other questionnaires were included for future research, beyond the scope of this study.
Results: From 210 respondents, 179 (85.2%) completed the questionnaire. Sociodemographics: 108 (60.3%) were female; 166 (92.7%) were self-declared white-colored skin; The mean age was 37.22 (*SD* = 12.33), with 6 (0 to 48) median years of professional life [65(36.3%) were medical residents; 112(62.6%) were already specialists, 54(48.2%) of those declared to be psychiatrists]. Psychiatrists had highest rate of correct answers (M = *28,96*, SD = 1,84) in SMBAS when compared with non-psychiatrists (M = 27,86, SD = 2,39 , p = 0,008); Psychiatrists presented more emotional responses of interest (M = 2,58, SD 0,68, $p < 0{,}001$), solidarity (M = 2,81, SD 0,45, $p < 0{,}001$) and desire to help (M = 2,83, SD 0,38, p = 0,010). Non-psychiatrists presented more emotional responses of hostility (M = 0,06, SD 0,25, p = 0,040) and distance (M = 0,32, SD 0,56, p = 0,002). Psychiatrists presented more approach (p=0,03) and non-psychiatrist indifference (p=0,03).
Conclusions: We find preliminary evidence that psychiatrist present higher knowledge around suicide theme, having lower stigma around suicide. Psychiatrists also present more countertransference of approach and less of indifference.

Disclosure of Interest: None Declared

EPP192

Severe Personality Disorder with Chronic Suicidal Ideation Treated through an Intensive Acute Care Program

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Introduction: 34-year-old patient with multiple sporadic and brief contacts with mental health services, which he unilaterally chooses to discontinue. He has a long history of parasuicidal behavior dating back to adolescence. The patient does not report any prior diagnoses and has no history of inpatient admissions. The patient describes experiencing social isolation, lacking contact with his family of origin, and having no significant peer relationships.
Objectives: The primary goal is to improve the patient's engagement with mental health services, particularly in a case experiencing chronic, unaddressed symptoms, by utilizing intensive and structured programs. An additional objective is to address the patient's self-identification with suicidal ideation.
Methods: The patient's first contact with mental health services in this region of Spain was through the emergency department following a suicidal episode. During this encounter, the clinician introduced an intensive program designed to address suicidal ideation through regular visits over a set period. The patient agreed to participate and was subsequently enrolled in the PRISURE program at HGUGM in Madrid, where he received multiple sessions each month (between 2 and 4) with both a psychiatrist and a nurse from March to June 2024.
Results: At the beginning of the program, the patient was fixated on the idea of suicide from a romantic/nihilistic perspective, displaying a pervasive rejection of interpersonal contact and a narcissistic element in interactions. He expressed persistent suicidal ideation. Over the course of frequent visits, the patient gradually began to connect with the chronic nature of his behaviors and started to identify additional symptoms. Despite partial engagement in the program, in this case with some missing consultations, his attendance at consultations improved significantly compared to his prior behaviors. An inpatient stay was initially offered and declined by the patient; however, after further consideration, he later presented to the emergency room and agreed to inpatient treatment. During the admission, a diagnostic assessment was carried out and discussed with the patient, revealing challenges in identity, object relations, and moral functioning, which were positioned within the spectrum of personality disorders, particularly highlighting narcissistic and antisocial traits.
Conclusions: Initially focused on his suicidal ideation, the patient, through the PRISURE program, gradually explored underlying difficulties contributing to his suicidal behavior. This process allowed him to accept further support, ultimately leading to an inpatient stay. Potential diagnoses were discussed openly with the patient, helping him to gain a clearer understanding of his lifelong challenges and enabling him to articulate these difficulties within the therapeutic context.

Disclosure of Interest: None Declared

EPP193

Suicide Prevention Strategies in Europe: A Comparative Analysis of National Approaches

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Introduction: Inspired by discussions at the EPA Summer School 2024 on suicide prevention, this poster explores local strategies implemented across European nations. Emphasizing the importance of tailored approaches, the study analyses successful initiatives and community-based programs, and investigates how country-specific factors influence suicide rates. Key findings from research papers on innovative methodologies were also examined, offering insights to inform future practices in suicide prevention.
Objectives: The poster aims to:

- Present local strategies for suicide prevention across European countries, focusing on the contributions of clinicians who attended the EPA Summer School.
- Highlight how knowledge of diverse strategies can impact clinical practice in mental health across Europe.

Methods:

- **Categorization:** European countries are grouped by suicide rates—high, medium, and low—using WHO and European CDC data.
- **Summarization:** Local prevention strategies and programs in each group are summarized.
- **Analysis:** Various socio-economic and cultural factors influencing suicide rates are discussed, including stigma, economic conditions, and access to healthcare.
- **Comparative Approach:** Strategies are compared to identify common successful elements and contextual challenges.

Results:
Conclusions: Local strategies tailored to national contexts are essential in suicide prevention efforts. Comparing diverse strategies reveals that approaches addressing cultural and economic factors hold the most promise for reducing suicide rates across Europe. This analysis underscores the need for continued cross-border collaboration and the exchange of best practices to create more effective, context-specific interventions.

Disclosure of Interest: None Declared

EPP194

Suicide risk after discharge from in-patient psychiatric care: A 15-year retrospective cohort study of individual patient data

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doi: 10.1192/j.eurpsy.2025.517

Introduction: Suicide remains a leading cause of death worldwide, representing a significant public mental health challenge across all populations. Moreover, suicide rates are notably higher in patients following discharge from inpatient psychiatric care. Existing evidence regarding the specific risk factors for suicide in this population, however, remains contradictory. This study aims to systematically investigate those risk factors for post-discharge suicide death from a large psychiatric care facility.
Objectives: To identify the risk factors associated with suicide following discharge from psychiatric care.
Methods: Data from a 15-year single-centre cohort study were linked with national death registry records. Competing risk models were employed to calculate cumulative incidence rates. Key variables analyzed included sex, age at admission, discharge diagnosis, year of admission and length of stay. Subdistribution hazard ratios for these factors were computed using Fine-Gray models.
Results: In the sample of 18,425 discharges from 10,973 individual patients (57.03% female), a relative excess hazard to die by suicide of 1.4 additional suicides per 100,000 population the first year after discharge compared to the general population was found. That risk of suicide after discharge was significantly higher for males (SHR = 1.67; p = 0.037) as well as for patients diagnosed with affective disorders (SHR = 3.56; p = 0.017) and neurotic stress and somatoform disorders (SHR = 3.73; p = 0.024). The risk of suicide decreased significantly in more recent discharge periods (SHR = 0.93; p = 0.006). The length of hospital stay did not show a statistically significant association with suicide risk (SHR = 0.98; p = 0.834).

Image 1:

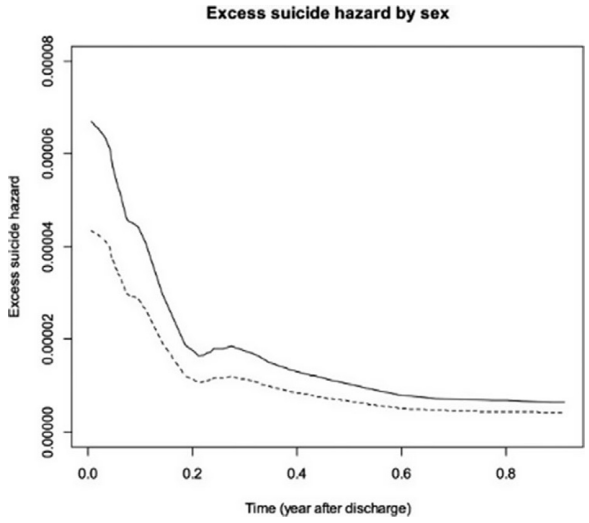


Image 2:

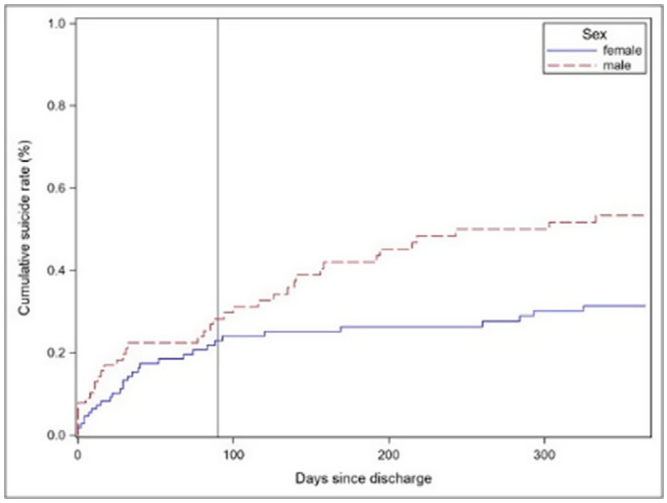
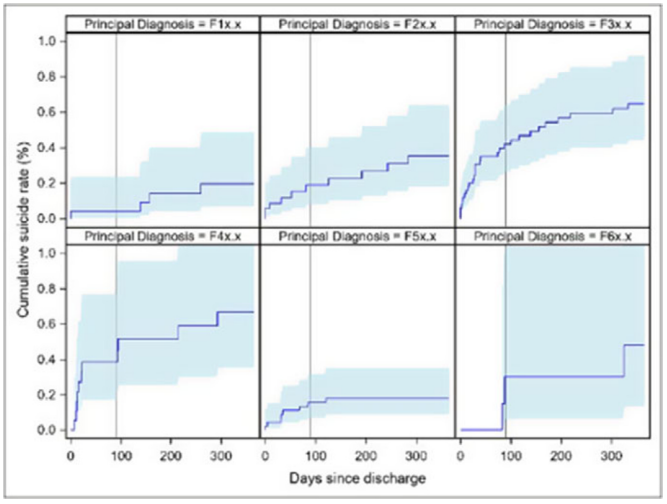


Image 3:



Conclusions: Male sex and specific diagnoses, notably affective and neurotic stress and somatoform disorders, were associated with an increased risk of suicide following discharge from psychiatric care. The observed decrease in risk over time could potentially point to improvements in post-discharge patient management and or treatment. These findings underscore the necessity for enhanced risk assessment tools and targeted interventions to address suicide risk in discharged psychiatric patients.

Disclosure of Interest: None Declared

EPP195

Good News? Assessing Time-Trends in Fidelity to Responsible Reporting of Suicide Guidelines in the Canadian News Media from 2019-2023

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Introduction: Research indicates that detailed and sensational media coverage of suicide can contribute to suicide mortality, known as the Werther Effect. Other research indicates that responsible reporting of suicide can promote hope and resilience, which can reduce suicidality, known as the Papageno effect. This has led to the development of responsible reporting of suicide guidelines. In Canada, these are contained in a booklet called *Mindset,* which was co-created by journalists and mental health experts. *Mindset* lists bullet-pointed recommendations for journalists, and has been widely disseminated to newsrooms, journalism schools and media professionals across the country, in tandem with educational activities aimed at journalists by suicide prevention experts.
Objectives: The overall aim of this study is to assess fidelity to *Mindset* responsible reporting of suicide guidelines in the Canadian media over a multi-year period. A secondary objective is to assess whether fidelity to responsible reporting of suicide guidelines during the COVID-19 pandemic was significantly different to pre/post pandemic reporting of suicide.
Methods: We collected articles from 47 different Canadian national and regional news sources mentioning the word *suicide* on a daily basis from April 1st 2019 to March 31st 2023 (N=3,232). Each article was read and assessed for adherence to 12 key suicide reporting guidelines using a purposely-built coding sheet, derived from the *Mindset* guidelines. Trends in reporting were analyzed through time series analyses using a GLARMA model in R. software, including measuring for change during the COVID-19 pandemic.
Results: Significant increases in putatively protective content were observed over the four years, including rises in the inclusion of help-seeking information and the quotation of experts. Similarly, there was a general decrease in content that is putatively harmful, for example significantly fewer articles in latter years gave a monocausal explanation of suicide, used sensational language or described in detail any suicide method. That said, fewer than one-third of articles in the final year included educational content about suicide, help-seeking information, or quotes from suicide experts. Reporting of suicide during the COVID-19 pandemic showed some positive improvements compared to pre-pandemic reporting, but these were not sustained post-pandemic.
Conclusions: Fidelity to responsible reporting of suicide guidelines improved over the four-year period, especially recommendations concerning putatively helpful content. However there remains room for improvement regarding inclusion of putatively protective content such as including help-seeking information and educating the public about suicide. As such, further educational outreach to journalists is needed to encourage greater inclusion of protective content, while avoiding harmful content.

Disclosure of Interest: None Declared

E-mental Health

EPP196

ChatGPT and Psychiatric Discharge Summaries: The Assistant We've Been Dreaming of?

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Introduction: ChatGPT is a language model based on artificial intelligence (AI) that is designed to generate human-like text. It offers potential applications in automating and simplification of clinical documentation tasks, addressing the increasing administrative burden that contributes to high rates of burnout in psychiatry. As discharge summaries are typically structured and repetitive, the use of ChatGPT to automate this task could offer significant benefits, such as reducing clinical workload, improving summary quality, and preventing delays in patient discharges. However, concerns about reliability, accuracy, and ethical considerations persist.
Objectives: Explore the feasibility and implications of using ChatGPT to assist in writing discharge summaries in psychiatric settings.
Methods: A narrative review was conducted by searching PubMed and Google Scholar with the keywords "ChatGPT", "discharge" and "psychiatry". Relevant articles, including empirical studies, case reports, reviews, and expert opinions were selected.
Results: We found only one empirical study that evaluated psychiatric discharge summaries generated with ChatGPT-4: human-written discharge summaries were rated significantly higher in quality than those generated by ChatGPT; the ChatGPT summaries fell short, particularly in coherence and specificity of formulations, though they performed reasonably well in summarizing relevant case information. Most of the literature consisted of theoretical discussions and expert opinions related to the broader use of AI in psychiatry. Despite this, the potential benefits, such as improving the efficiency and consistency of documentation, were frequently highlighted. However, concerns related to accuracy, the need for clinician oversight, and ethical implications were consistently noted.
Conclusions: ChatGPT shows promise in assisting with the generation of psychiatric discharge summaries, potentially alleviating the documentation burden faced by clinicians. However, further refinement of the model, integration with electronic health records, and the establishment of clear ethical safeguards are necessary for its safe and effective use. The current lack of empirical evidence highlights the need for targeted research that should also address challenges related to data governance, patient acceptance, and error management. Additionally, studies should evaluate the direct impact on clinician workload and compare the quality of AI-generated summaries with those written by psychiatrists and residents. Such research will be essential to facilitate the broader integration of ChatGPT in real-world psychiatric practice.

Disclosure of Interest: None Declared

EPP197

A stress-reduction eHealth intervention for healthcare workers: a pilot implementation study

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doi: 10.1192/j.eurpsy.2025.520

Introduction: Public health and policy require effective health strategies for diverse contexts. Despite numerous studies, a gap exists in translating knowledge to real-world scenarios. The RESPOND study's stepped-care intervention has shown efficacy in anxiety and depression among healthcare workers, recognized by the European Commission as a best practice. Conducting a pilot trial in Madrid, we aimed to address this research-to-practice gap.
Objectives: After evaluating a previous randomized controlled trial, we adapted our intervention for a primary care center in Madrid, implementing it over 5-6 weeks in November-December 2023. We used two strategies: remote delivery via app or website with weekly calls, and hybrid, with group sessions instead of calls.
Methods: Gathering data included sociodemographic (age, gender, and type of job), clinical (Kessler Psychological Distress Scale, K-10), and qualitative insights through interviews, to explore implementation outcomes from Proctor's model (Acceptability, Appropriateness, Feasibility, Fidelity, and some ideas for future large-scale implementation). We used mixed methods to analyse data. For the quantative data, we used descriptive statistics such as means, frequencies and percentages to describe the results. For qualitative data, interview transcriptions were analysed following thematic analysis guidelines.
Results: We included 17 out of 39 healthcare workers (44%) working at the primary care center, the sample included 8 doctors, 5 medical residents, 3 nurses, and 1 social worker. Only 3 were male. Over half chose the hybrid option, with 2 dropouts. Regarding clinical information, 88% of participants initially reported psychological distress, but after the intervention, this dropped to 66%. Participants found the intervention timely and appropriate, with an average satisfaction rating of 8 out of 10.
Conclusions: Preliminary findings show the intervention was well-received, and both strategies were successful, reaching a broad audience. Thematic analysis of the interviews is still ongoing. Preliminary results suggest that these strategies are appropriate /feasible for the Madrilenian healthcare system.

Disclosure of Interest: None Declared

EPP198

Recommendations for digital phenotyping using consumer grade wearable devices among people with severe mental illness: lessons from a systematic review of the literature

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Introduction: Digital wearable devices, such as smartphones and smartwatches, have shown potential for passively monitoring mental and physical health in individuals with Severe Mental Illness (SMI), such as schizophrenia and bipolar disorder. While research-grade devices are well studied, consumer-grade wearables could offer a more accessible alternative, though their utility in this specific context remains underexplored.
Objectives: We conducted a systematic review to assess the utility of data from consumer-grade wearables in tracking and predicting changes in mental and physical health among adults with SMI. We focused on passively collected physiological data, such as sleep patterns, physical activity, and heart rate. We sought to a) identify relationships between data streams and both mental and physical health outcomes and b) recommendations for future digital phenotyping research.
Methods: A systematic review of multiple databases (Cochrane Central Register of Controlled Trials, APA PsycINFO, Embase, MEDLINE, and IEEE XPlore) was conducted in May 2024. Studies that collected passive physiological data for at least three days were included. Narrative methods were used to synthesise results across three key phenotypes: physical activity, sleep and circadian rhythms, and heart rate. Studies using invasive, or research-specific devices were excluded.
Results: In total, 23 studies met the inclusion criteria, representing data from 12 distinct studies and more than 500 participants with SMI, mostly from high-income countries. The majority of studies used smartphones (N=15), with only eight utilizing smartwatches or other wrist-worn wearables. Eighteen studies focused on physical activity, 14 on sleep and/or circadian rhythms, and six on heart rate. We explore the findings of this study, focusing on practical recommendations for future research in the following areas: exploiting opportunities to promote physical health outcomes in SMI; greater standardization of reporting and methodologies; fine tuning longitudinal data collection and feature definition; and comparing alternative data analysis strategies.
Conclusions: Consumer-grade wearables hold significant promise for the passive monitoring of both mental and physical health in individuals with SMI, though current research focuses largely on psychiatric relapse prevention. The findings of this systematic review provide insights into research gaps and future research directions, including tackling physical comorbidities in this population.

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HedoniaUSA, Strive Coaching, Angelini, ParachuteBH, and the Richmond Foundation.

EPP200

E-Coaching for parents of young children with autism spectrum disorder (ASD): study protocol, feasability and preliminary efficacy

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doi: 10.1192/j.eurpsy.2025.522

Introduction: Autism spectrum disorder (ASD) is a neurodevelopmental disorder that highly impacts children's development, representing a significant challenge in pediatric healthcare. Parents of children with ASD are nowadays considered as real partners in their children's care. Several parent-mediated interventions (PMIs) have proven to produce sustained improvements in autism symptomatology and social communication. However, widespread access to this type of intervention is still very limited mostly due to geographic and logistic constraints. The use of technology is therefore increasingly considered with the use of videoconferencing and online training modules. In this context, our team developed a novel parental coaching via E-learning (E-coaching) intended for parents of pre-school children with ASD.
Objectives: The ongoing randomized controlled trial aims to evaluate the feasibility and preliminary efficacy of our E-Coaching program compared to a standard coaching and a control group with no PMI.
Methods: The present study is a monocentric randomized controlled trial with three arms (E-coaching, Standard coaching, Control) of 33 children (N=99). Feasibility was assessed across recruitment, acceptability and implementation using semi-structured interviews. The primary outcome will be the quality of parent-child interaction, measured using a range of behavioral observations and by monitoring parent and child gaze using two head-mounted eye-tracking systems during semi-structured standardized play sessions. Secondary outcomes will include child's developmental level through neuropsychological testing, and parental wellbeing through several standardized parent-report questionnaires.
Results: We present preliminary evidence supporting the feasibility and acceptability of the intervention, with participants reporting positive benefits on parent-child interaction. Preliminary observational data on the first families provided support for an improvement on parent-child interaction immediately after the end of the E-coaching intervention, as well as an increase of parental wellbeing.
Conclusions: We found initial feasibility for our E-coaching program, suggesting that parent-mediated E-learning interventions may be a promising format to implement with ASD families. Further evaluation to assess efficacy of the intervention is warranted and underway. If validated, E-coaching will enable us to reach a larger number of families and to have an early and meaningful impact on the developmental trajectory of these children, and on their quality of life.

Disclosure of Interest: None Declared

Neuroimaging

EPP202

Resting-state fMRI in Obsessive Compulsive Disorder patients compared to healthy controls

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doi: 10.1192/j.eurpsy.2025.523

Introduction: Previous resting-state fMRI studies have found hypoconnectivity between the areas underlying default mode and salience networks in OCD patients. A general dysconnectivity has been observed between the frontoparietal network and corticostriatal-thalamocortical loops in patients with OCD, We conducted a study to understand the neural correlates of OCD and its sub-types and compared them with healthy controls. As a part of the analysis of fMRI data, we also analyzed the resting state data for OCD patients and compared it to that of healthy controls.
Objectives: To study the neural correlates of OCD using functional MRI by comparing the resting state functional connectivity in OCD patients with healthy controls.
Methods: We used the resting state functional MRI data of 8 OCD patients and compared it with 10 healthy controls. The healthy controls and patients were not age—and sex-matched. The resting state fMRI data was assessed using the CONN functional connectivity toolbox, version 15.d, in MATLAB. The Regions of interest (ROIs) were mapped using the MNI coordinate system. The functional connectivity (FC) was studied with ROI-to-ROI analysis and seed-to-voxel analysis.
Results: 1. In ROI to ROI analysis between resting state networks, only one significant result was found when FC between all the brain networks was compared. as shown in table 1 and image 1.

Table 1.

Seed	Target	T-statistic	X, Y, Z	p-uncorrected	p-FDR corrected
Lateral Occipital Cortex, inferior division Right (iLOCr)	Salience rostral pre-frontal cortex	T(16) = 5.32	46, -74, -2	0.0001	0.0112

2. Seed-to-voxel-based analysis revealed that at p-FWE <0.05 corrected, the left and right occipital pole and right intra-calcarine cortex were more active in OCD patients as shown in image 2.

Image 1:

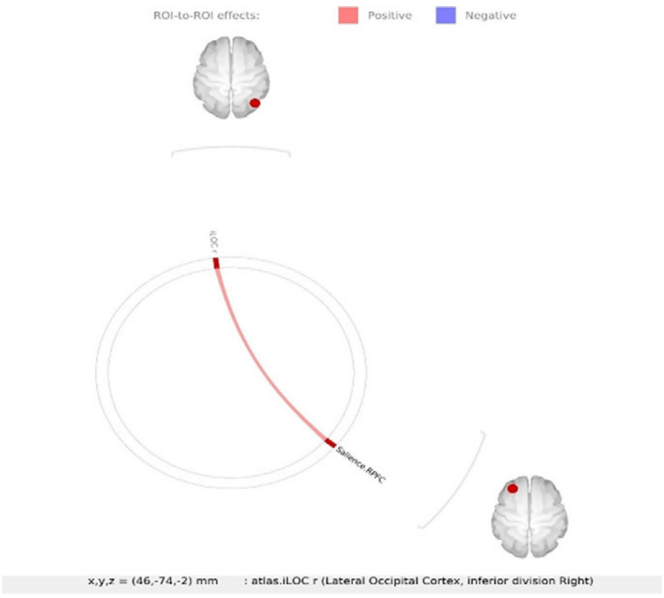
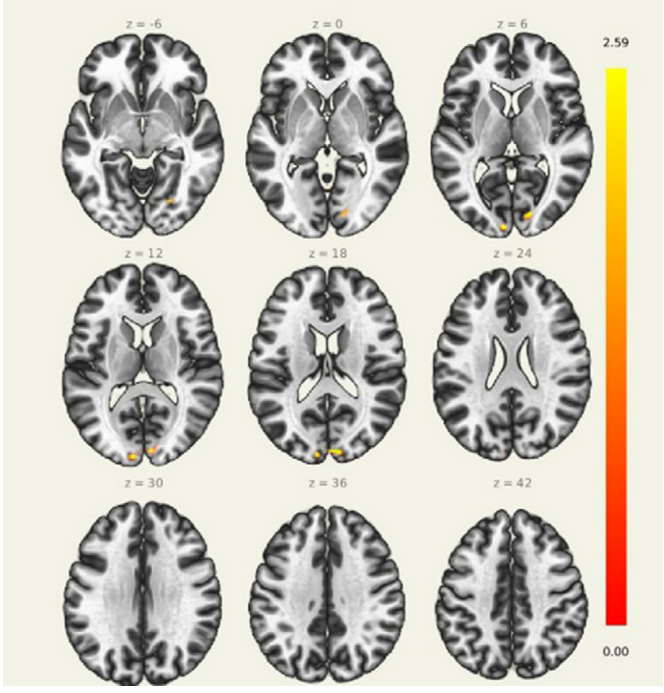


Image 2:



Conclusions: 1. ROI TO ROI analysis: Attempts to gain control over automatic processes are taxing on the cognitive resources and effective control is lacking in OCD, which could explain higher functional connectivity in the areas linked to having selective attention for specific visual stimuli as found in our study. The lateral occipital cortex supports both visual perception and multisensory integration and visual cortices have been seen to contribute to impulsivity and disorders commonly associated with impulsivity. The rostral prefrontal area in the salience network is involved in sequence selection and evaluation and has a possible role in attention. DMN and corticostriatal networks were normal possibly due to the small sample size, patients on treatment, etc.
2. Seed to Voxel Analysis showed left as well as right occipital poles and right intra-calcarine cortex which process visual stimuli, were more active at rest in OCD patients. Some studies have highlighted deficits in visuospatial processing in OCD patients. The intra-calcarine cortex would require further research for a better understanding of its role in OCD patients.

Disclosure of Interest: None Declared

EPP203

Beyond Cartesian Dualism: Neuropsychiatric Presentation of Fahr's Syndrome Secondary to Pseudohypoparathyroidism: A Case Report

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Introduction: Fahr's Syndrome is a rare disorder characterized by abnormal brain calcium deposits presenting as extrapyramidal signs, cognitive impairment, movement disorders, and psychiatric symptoms. Though well documented in association with hypoparathyroidism, its presentation secondary to pseudohypoparathyroidism (PHP) is exceptionally unusual.
Objectives: To report a rare neuropsychiatric presentation of Fahr's Syndrome secondary to PHP.
Methods: We report this rare case following the CARE Case Report guidelines.
A 25-year-old female was admitted to the neurology ward after a referral from the Psychiatry clinic for dysarthria, involuntary movements affecting gait and daily activities, worsening psychomotor slowing for five years & depressive symptoms for around a year. She had difficulty controlling anger for 2.5 years & 2 impulsive attempts at self-harm in the past 6 months with no suicidal intent in which she tried to slash her wrist & jump off the rooftop over verbal confrontations with family (Image1).
Results: Neuroimaging revealed bilateral, symmetrical calcifications in basal ganglia, thalami, red nuclei, the gray matter of bilateral occipital and frontal lobes, and cerebellar hemispheres (Image 2). Image 3 shows MRI Brain (with contrast) axial section images: Altered hyperintense signals in bilateral basal ganglia & red nuclei of midbrain on T1WI, hypointense signals on T2/FLAIR, and Blooming artifacts on SWAN images.
She was diagnosed with PHP based on hypocalcemia, hyperphosphatemia, high intact parathormone (PTH), and normal Serum Vitamin D levels. The absence of Albright's Hereditary Osteodystrophy (AHO) phenotype and normal thyroid profile suggested PHP-type 2/1B but we couldn't perform the Ellsworth Howard test to distinguish due to the unavailability of synthetic PTH. She was

treated with oral calcium supplements, oral active vitamin D (CALCITRIOL or 1, 25-DIHYDROXYCHOLECALCIFEROL), CALCIUM ACETATE, AMANTADINE, ALFACALCIDOL, and ESCITALOPRAM leading to significant improvement in depressive symptoms, and normocalcemia at one-year follow-up.

Image 1:

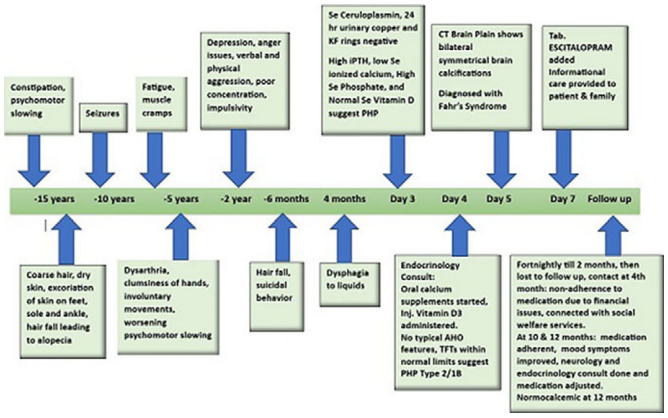


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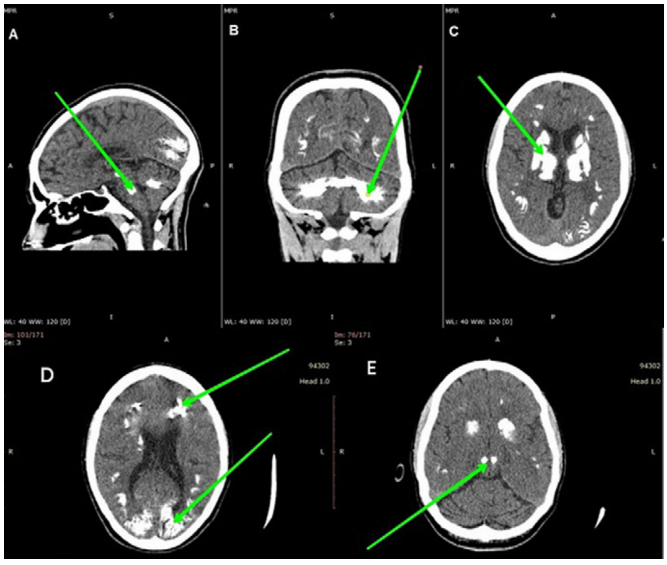
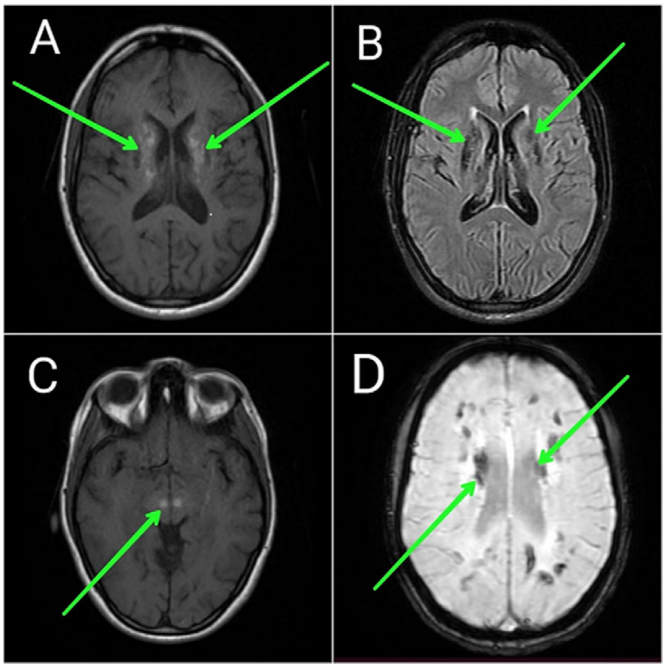


Image 3:



Conclusions: The diagnosis and management of rare neuropsychiatric syndromes maybe challenging in low-resource settings and timely diagnosis and management necessitate looking beyond the mind-body dualism and ensuring a multidisciplinary approach. Our patient's neurological features were overlooked at a specialist mental healthcare facility for 5 years which accentuates the significance of thorough neurological assessment during psychiatric evaluations and of incorporating neuropsychiatry and psycho-neuro-endocrinology into the training and practice of psychiatry and neurology in Pakistan. This case also provides insights into the economic barriers to the management of neuropsychiatric disorders in a lower middle-income country (LMIC), where high out-of-pocket expenditure on treatment may result in loss of follow-up.

Disclosure of Interest: None Declared

EPP204

Altered resting-state functional connectivity of the salience network in patients with schizophrenia, with or without cannabis use disorder.

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doi: 10.1192/j.eurpsy.2025.525

Introduction: Schizophrenia (SCZ) is a mental disorder with as yet undefined aetiology and pathogenesis. It is currently considered as a neurodevelopmental disorder and one of the main causes of disability globally, with a prevalence of approximately 1%. About one in four individuals with SCZ is diagnosed with comorbid Cannabis Use Disorder (CUD). Aberrations in brain connectivity have been identified as contributing to the pathophysiology of SCZ.
Objectives: To our knowledge, no resting-state functional magnetic resonance imaging (rs-fMRI) study has compared continued cannabis use in SCZ patients with CUD (SCZ-CUD$^+$) *vs.* patients with SCZ without cannabis use (SCZ-CUD$^-$). We hypothesised that continued cannabis use, could result in greater impairment of clinical and cognitive symptoms and in altered connectivity in the Salience Network (SaN), in striate/extended amygdala-cortical areas, and in those involved in planning and emotional control. Studying connectivity in patients with SCZ and CUD could elucidate the mechanisms underlying the development of psychotic symptoms and vulnerability to substance use relapse.
Methods: We included 14 SCZ-CUD$^+$ and 20 SCZ-CUD$^-$ patients. All were assessed cross-sectionally through the Neurological Evaluation Scale, the Brief Assessment of Cognition in Schizophrenia, the Positive And Negative Syndrome Scale and the Clinical Global Impressions Scale-Severity, and underwent brain rs-fMRI with a 1.5 T scanner to explore functional connectivity (FC). *Imaging protocol:* All patients underwent a brain 1.5 T MRI scan (GE Signa Voyager) with 32-channel phased-array head coil. Beside the conventional morphological sequences, the functional MRI protocol included: 1) rs-fMRI obtained with a gradient-echo echo-planar imaging (EPI) sequence. Each scan session lasted for 6 min. 2) Structural imaging involved a sagittal three-dimensional sequence employing a magnetisation prepared rapid gradient echo (MPRAGE) over the whole brain.
Results: CUD in SCZ patients was associated with higher impulsiveness and excitement, and lower negative symptoms and neurological soft signs (Fig.1). SCZ-CUD$^+$ and SCZ-CUD$^-$ groups differed little on cognitive performance, except for Symbol Coding, where SCZ-CUD$^-$ outperformed SCZ-CUD$^+$. Rs-fMRI, compared to SCZ-CUD$^-$, showed reduced FC in patients with SCZ-CUD$^+$ between regions of the salience network, including anterior cingulate and prefrontal cortices, and between right insula and dorsolateral prefrontal cortex and precuneus (Fig.2, Fig.3).

Image 1:

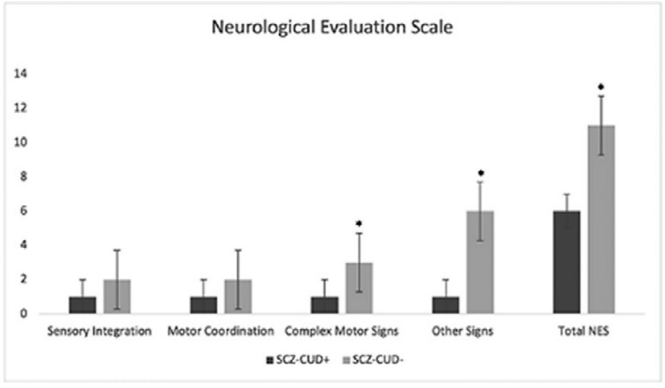


Image 2:

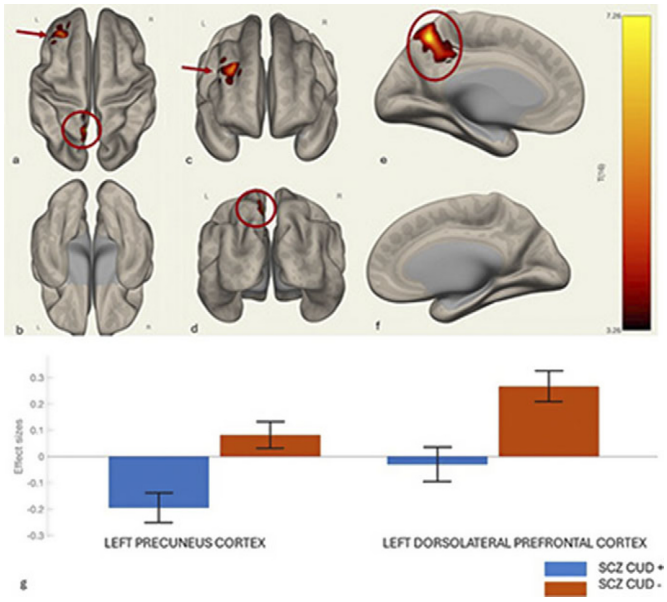
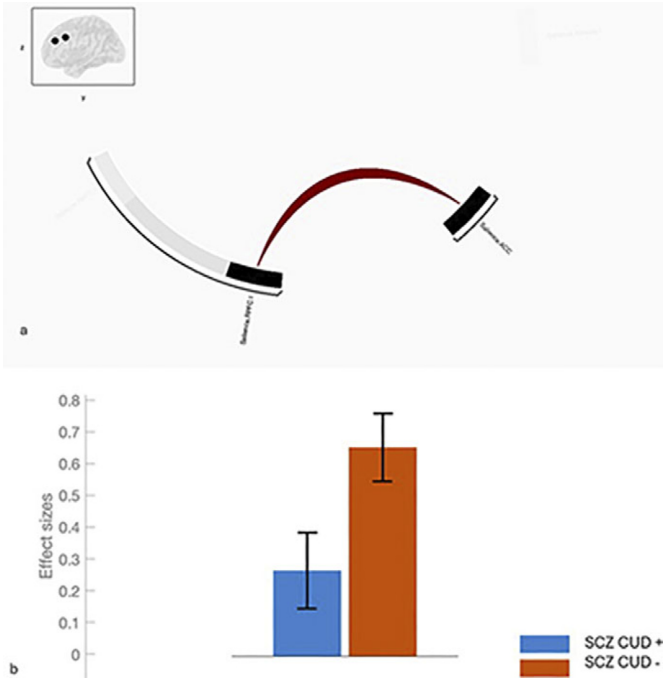


Image 3:



Conclusions: Using rs-fMRI, we revealed differences in FC within the SaN between SCZ-CUD$^-$ and SCZ-CUD$^+$. Continuous cannabis use reduces FC in cortical circuits, impacting connections already impaired in SCZ. In SCZ-CUD$^+$ patients, altered self-relevance attribution and insular dysfunction may increase drug-related impulses and impair cognitive control.

Disclosure of Interest: None Declared

Neuroscience in Psychiatry

EPP206

Camera movement impacts on mu-wave activity during action observation in adults with Autism Spectrum Disorders without intellectual disabilities

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Introduction: Despite extensive investigation, the neurophysiological underpinnings of ASD remain poorly understood; a predominant hypothesis relates to the activity of the brain's mu-rhythm (defined as the frequency band ranging between 8–14 Hz topographically centered over the sensorimotor cortex) and the so-called "Mirror Neuron System" (MNS), considered as an execution-imagination-observation matching system. In particular, mirror neurons (MN) are bimodal neurons located in the ventral premotor cortex, discharging both when a goal-directed action is performed and when it is observed. Previous studies investigating mu-wave suppression in individuals with ASD were limited by having consistently employed video clips filmed with a fixed camera position, hence not including the potential movement of the observer towards the other person (a condition perceived as more ecological and close to reality).
Objectives: Aim of this study was to investigate differences in mu-wave modulation in individuals with Autism Spectrum Disorder (ASD) without intellectual disabilities with respect to a group of neurotypical controls (NT).
Methods: Thirty individuals with ASD and thirty NT underwent an EEG recording while watching short videos depicting goal-oriented action filmed from a fixed position, zooming in on the scene, and approaching the scene by means of a steadycam. Afterwards, participants underwent a rating task to evaluate their subjective viewing experience.
Results: Steadycam videos elicited enhanced event-related desynchronization (ERD), suggestive of an enhanced neural activity, in the NT group, and a reduced ERD in the ASD group, with respect to the other filming conditions. ASD participants also showed difficulties in returning to baseline mu-power levels after watching videos filmed from a fixed position. NT reported to feel more comfortable watching videos with movement, whereas participants with ASD did not exhibit differences between conditions.
Conclusions: The ecological nature of video recording (i.e., visual stimuli filmed with a steadycam) seems to have an opposite effect on the ASD an NT population, as it enhances mu-wave suppression in NT, and reduces it in individuals with ASD, bringing them to a level of desynchronization closer to the one of NT. Understanding these differences might help developing tailored interventions to support perceptual, cognitive, and social processes of people with ASD.

Disclosure of Interest: None Declared

EPP208

Varying Impacts of MRI-Detected Lesions on Cognitive Function in CADASIL Patients

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Introduction: Cerebral Autosomal Dominant Arteriopathy with Subcortical Infarcts and Leukoencephalopathy (CADASIL) is a hereditary cerebrovascular disorder caused by point mutations in the NOTCH3 gene located on chromosome 19. The condition is primarily characterized by three core MRI lesions: white matter hyperintensities (WMH), lacunar infarcts, and cerebral microbleeds. Unlike age-related MRI lesions, which can be attributed to multiple factors such as aging, hypertension, and diabetes, the lesions in CADASIL are linked to a single genetic cause, offering a more uniform model for studying the impact of lesion location.
Objectives: This study focuses on CADASIL patients and aims to identify factors associated with dementia while examining the relationships between total WMH volume, WMH location, lacunar infarct count, cerebral microbleeds, and cognitive performance.
Methods: A total of 81 participants were included in the study. Each participant underwent both brain MRI and the CERAD neuropsychological battery. White matter hyperintensity (WMH) volume was assessed via MRI, and the WMHs were categorized by their proximity to the ventricular surface into three types: juxtaventricular (JVWMH), periventricular (PVWMH), and deep white matter hyperintensities (DWMH). DWMH included lesions located beyond 13 mm from the ventricular surface. Additionally, MRI was used to evaluate the number of lacunar infarcts and cerebral microbleeds (CMB) present.
Results: The prevalence of dementia among CADASIL patients was 18.5%. Logistic regression analysis revealed an odds ratio of 1.078 (95% CI = 1.011–1.150) for WMH volume. Similarly, However, the number of lacunar infarcts and CMB did not demonstrate a significant relationship with dementia risk. Linear regression analysis indicated that total WMH volume was significantly linked to performance on several cognitive tests. When WMH volume was categorized by distance from the ventricular surface, JVWMH volume and PVWMH volume werr significantly associated with performance on various cognitve tests. Conversely, DWMH volume did not demonstrate a significant association with cognitive performance in CADASIL patients. The number of lacunar infarcts was correlated with performance on the trail-making test A, the Stroop word test, and the Stroop color test, while cerebral microbleeds did not show significant associations with cognitive performance.
Conclusions: Core MRI-detected lesions exhibit diverse impacts on cognitive function in CADASIL patients. Total WMH volume and JVWMH volume showed a significant correlation with dementia diagnosis. However, DWMH volume did not demonstrate a significant relationship with either dementia diagnosis or specific cognitive functions. The number of lacunar infarcts was notably associated with visual search speed, while CMB were not significantly connected to dementia diagnosis or any particular cognitive functions

Disclosure of Interest: None Declared

EPP209

Differentiation between suicide attempt and suicidal ideation in patients with major depressive disorder using cortical functional network

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Introduction: The detection of electrophysiological markers to differentiate patients with suicide attempts could support the efforts of clinicians to provide proper diagnosis and treatment for them, and finally reduce the suicide mortality rate.

Objectives: The objective of the current study was to investigate and compare cortical functional networks from resting-state electroencephalogram in patients with suicide attempts and suicidal ideation using source-level weighted network analysis. We also examined the possibility of network features serving as biomarkers by differentiation between suicide attempts and suicidal ideation using machine learning techniques.

Methods: This study investigated source-level cortical functional networks using resting-state electroencephalography in drug-naïve depressed patients with suicide attempt and suicidal ideation. Electroencephalogram was recorded in 55 patients with suicide attempts and in 54 patients with suicidal ideation. Graph-theory-based source-level weighted functional networks were assessed using strength, clustering coefficient (CC), and path length (PL) in seven frequency bands. Finally, we applied machine learning to differentiate between the two groups using source-level network features.

Results: There were significant differences in the three global level indices of the high alpha band. The strength and CC of the high alpha band were significantly lower in patients with suicide attempts than in those with suicide attempts ideation. In contrast, the PL of the high alpha band was significantly higher in patients with suicide attempts than in those with suicide ideation. No significant differences in the other frequency bands were between the two groups.

The nodal CCs of patients with suicide attempts were significantly lower than those of patients with suicide ideation in most regions, except for three of the 68 regions.

The best classification performance between suicide attempts and suicide ideation was an accuracy of 73.39%, a sensitivity of 76.36%, and a specificity of 70.37% with 17 features. Three of these features were global-level network indices (strength, CC, and PL) in the high alpha band; the other 14 features were high alpha band nodal level CCs in limbic, frontal, temporal, parietal,and occipital area.

Image 1:

Table 2
Mean and standard deviation values of global network indices including strength, clustering coefficient (CC), and path length (PL) in each frequency band in suicide attempt and suicide ideation groups.

	Suicide attempt (N = 55)	Suicide ideation (N = 54)	Effect size (η^2)	p^*
Delta band				
Strength	27.69 ± 0.99	27.88 ± 1.23	0.008	0.358
CC	0.41 ± 0.01	0.41 ± 0.02	0.007	0.397
PL	2.59 ± 0.09	2.58 ± 0.10	0.004	0.525
Theta band				
Strength	24.16 ± 1.01	24.43 ± 1.25	0.014	0.219
CC	0.35 ± 0.01	0.35 ± 0.02	0.013	0.236
PL	3.05 ± 0.11	3.02 ± 0.13	0.010	0.300
Low alpha band				
Strength	32.31 ± 1.96	32.68 ± 2.11	0.008	0.342
CC	0.48 ± 0.03	0.48 ± 0.03	0.008	0.356
PL	2.20 ± 0.12	2.18 ± 0.13	0.008	0.367
High alpha band				
Strength	**31.78 ± 1.01**	**33.45 ± 2.18**	**0.198**	**< 0.001**
CC	**0.47 ± 0.01**	**0.49 ± 0.03**	**0.197**	**< 0.001**
PL	**2.23 ± 0.07**	**2.13 ± 0.13**	**0.208**	**< 0.001**
Low beta band				
Strength	20.53 ± 0.99	21.08 ± 1.30	0.054	0.015
CC	0.29 ± 0.01	0.30 ± 0.02	0.052	0.018
PL	3.67 ± 0.16	3.59 ± 0.20	0.046	0.025
High beta band				
Strength	16.96 ± 0.97	17.50 ± 1.25	0.058	0.012
CC	0.24 ± 0.01	0.24 ± 0.02	0.057	0.012
PL	4.54 ± 0.25	4.39 ± 0.31	0.062	0.009
Gamma band				
Strength	14.46 ± 1.41	14.60 ± 1.36	0.003	0.599
CC	0.19 ± 0.02	0.20 ± 0.02	0.002	0.679
PL	5.20 ± 0.50	5.12 ± 0.47	0.007	0.386

* The *p*-value was adjusted via Bonferroni correction with 0.05/21 = 0.002381.

Image 2:

Table 3
Mean and standard deviation values of nodal clustering coefficients in high alpha band showing the best classification performances between suicide attempt and suicide ideation groups.

	Suicide attempt (N = 55)	Suicide ideation (N = 54)	Effect size (η^2)	p^*
Limbic				
Right caudal anterior cingulate	0.46 ± 0.01	0.48 ± 0.02	0.248	< 0.001
Right rostral anterior cingulate	0.49 ± 0.02	0.53 ± 0.04	0.194	< 0.001
Right isthmus cingulate	0.49 ± 0.02	0.52 ± 0.04	0.199	< 0.001
Left posterior cingulate	0.47 ± 0.02	0.49 ± 0.03	0.201	< 0.001
Right posterior cingulate	0.47 ± 0.02	0.49 ± 0.02	0.211	< 0.001
Frontal				
Left superior frontal	0.47 ± 0.02	0.51 ± 0.04	0.195	< 0.001
Right superior frontal	0.47 ± 0.02	0.51 ± 0.04	0.193	< 0.001
Right medial orbitofrontal	0.48 ± 0.03	0.51 ± 0.04	0.200	< 0.001
Temporal				
Right temporal pole	0.48 ± 0.02	0.52 ± 0.04	0.212	< 0.001
Parietal				
Left precuneus	0.47 ± 0.02	0.49 ± 0.04	0.197	< 0.001
Left postcentral	0.46 ± 0.02	0.49 ± 0.03	0.203	< 0.001
Occipital				
Right cuneus	0.46 ± 0.01	0.48 ± 0.03	0.206	< 0.001
Left pericalcarine	0.47 ± 0.02	0.49 ± 0.03	0.192	< 0.001
Right pericalcarine	0.46 ± 0.01	0.49 ± 0.03	0.217	< 0.001

* The *p*-value was adjusted via Bonferroni correction with 0.05/68 = 0.000735.

Image 3:

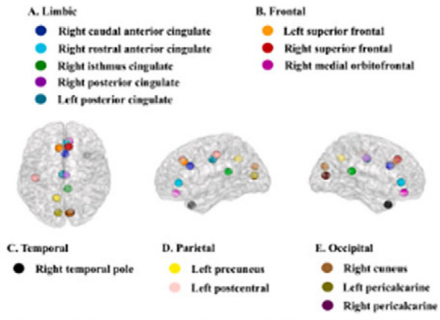


Fig. 1. Brain regions of high alpha band nodal clustering coefficients showing the best classification performances between suicide attempt and suicide ideation groups.

Conclusions: This is the first study to use electroencephalogram source level network measures, revealing that network indices for high alpha band could be potential biomarkers to distinguish betweensuicide attempts and suicide ideation in patients with depression. Moreover, our study evaluated the electroencephalogram signals immediately after fatal suicide attempts in a relatively large number of un-medicated patients.

Disclosure of Interest: None Declared

EPP210

Reward Processing in Attention-Deficit/Hyperactivity Disorder: A Meta-Analysis of Functional Magnetic Resonance Imaging Activation Studies

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Introduction: Attention-deficit/hyperactivity disorder (ADHD) is one of the most prevalent mental disorders diagnosed in children and is characterized by complex, interacting symptoms. Although executive functioning systems are most frequently examined in functional magnetic resonance imaging (fMRI) activation studies of ADHD, atypical reward processing may also play a central role in ADHD and influence other symptoms, such as hyperactivity and impulsivity. This meta-analysis aims to advance our understanding of the neural basis of reward processing in ADHD, as measured by fMRI activation studies.
Objectives: The present study aims to advance our understanding of the neural basis in reward processing in participants with ADHD by identifying aberrant functional activation in various brain regions compared with healthy controls.
Methods: We conducted a comprehensive literature search in PubMed for whole-brain, task-based fMRI activation studies comparing participants diagnosed with ADHD to healthy controls in accordance with PRISMA guidelines. We then used multilevel kernel density analysis (MKDA) with ensemble thresholding (α = .05–.0001; FWE-corrected) to explore neural activation patterns associated with ADHD across all tasks and during reward processing tasks.
Results: We obtained 57 primary studies (N = 4,366) that met our inclusion criteria. We found that patients with ADHD (n = 1,591), relative to healthy controls (n = 2,775), exhibited statistically significant (p < .005; FWE-corrected) differential activation in multiple brain regions of the cerebral cortex and basal ganglia, including robust effects across various tasks and task-specific effects observed during reward processing.
Conclusions: These findings strengthen our understanding of the neural basis of reward processing in ADHD, which may inform new neurocognitive models of this heterogeneous disorder. Future studies should investigate disorder-specific and transdiagnostic neural features of ADHD and reward processing and explore clinical applications such as non-invasive brain stimulation and neurofeedback training.

Disclosure of Interest: None Declared

Old Age Psychiatry

EPP211

Structural and dynamic vascular factors are not related to apathy over time: time to rethink the vascular apathy hypothesis?

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Introduction: Apathy frequently occurs in older persons but its aetiology is not understood as of yet. One hypothesis, the vascular hypothesis of apathy, suggests a link between apathy and vascular factors such as cerebral small vessel disease (CSVD), that may cause lesions in the reward network of the brain. In previous studies, a cross sectional association was found between lower blood pressure (BP) and symptoms of apathy in older persons with more CSVD, potentially through reduced cerebral blood flow (CBF). However, longitudinal studies on associations between vascular factors and apathy are scarce.
Objectives: We investigated whether in older persons, structural and dynamic vascular factors are associated with apathy symptoms over time. We hypothesized that a higher burden of CSVD, a lower BP and lower CBF, would be related to an increase in symptoms of apathy.
Methods: This study is a longitudinal cohort study involving community-dwelling older participants of the Discontinuation of Antihypertensive Treatment in the Elderly (DANTE) Study, all using antihypertensive treatment and with mild cognitive deficits. At baseline BP was measured and apathy was assessed with the Apathy Scale (AS, range 0-42) at baseline and after four years of follow-up (n=178). Additionally, a baseline MRI sub study (n=109) was conducted to measure CSVD and CBF. Univariate and multivariate linear regression analyses were performed using CSVD, BP and CBF as determinants and the change in Apathy Scale score over time as an outcome.
Results: Mean age of the population was 80 years (SD 4) and 63% was female. In the MRI sub study, no significant association was found between the summary CSVD scores (β (95% CI)=0.018 (-1.089-1.125), p=.975) or it's separate features; WMH (β(95% CI)=0.012(-0.011-0.035), p=.318), CMB (β (95% CI)=-0.017 (-0.605-0.572), p=.956), lacunar infarctions (β(95% CI)=-0.413 (-1.266-0.440), p=.339), and a change in Apathy Scale score. Additionally, no significant association between the dynamic vascular factors; CBF (β(95% CI)=-0.029(-0.152-0.094), p=.640), systolic BP (β (95% CI)=-0.019 (-0.056-0.018), p=.310) and diastolic BP (β(95% CI)=-0.029(-0.099-0.042), p=.425), and change in Apathy Scale score was found. The multivariate linear regression model, which incorporated all the structural and dynamic vascular parameters, age, and gender, was not significant.
Conclusions: In older persons with mild cognitive deficits, structural and dynamic vascular factors were not associated with symptoms of apathy after four years of follow-up. Our findings thus do not support a 'vascular apathy hypothesis'. Potentially, other factors such as life style factors confound the cross sectional association between vascular factors and apathy, or different apathy syndromes may have different aetiologies. Larger studies with less baseline vascular burden, are needed to confirm our results.

Disclosure of Interest: None Declared

EPP212

The role of plasma inflammatory markers in late-life depression and progression to dementia: a 3-year follow-up study

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Introduction: Late-life depression (LLD) has been linked to increased likelihood of dementia, although mechanisms responsible for this association remain largely unknown. One feature frequently observed in both LLD and dementia is elevated levels of plasma inflammatory markers.
Objectives: The present study aimed to compare the levels of 12 plasma inflammatory markers between older people with LLD and controls, and to explore whether these markers, along with clinical characteristics, can predict dementia in patients with LLD within 3 years of follow-up.
Methods: Using multiple linear regression with stepwise adjustment (for age, gender, smoking status, and physical comorbidities), we compared levels of plasma inflammatory markers (IL-1β, IL-1ra, IL-6, IL-10, IL-17a, IL-18, IL-33, TNFα, CD40L, IFN-γ, CCL-2 and CCL-4) between 136 older inpatients admitted to psychiatric units for LLD (PRODE cohort) and 103 cognitively healthy non-depressed controls (COGNORM cohort). In the PRODE cohort, follow-up data was available for 139 patients (of them 123 had data on baseline plasma inflammatory markers); 36 (25.9%) developed dementia by year 3. Using Cox proportional hazards regression, we explored whether inflammatory markers and clinical characteristics of LLD (age of onset, treatment response, number of episodes) predicted progression to dementia during follow-up.
Results: Levels of IL-1ra, CCL-2, CCL-4, IFN-γ and IL-17a were significantly higher in LLD patients compared to controls in all models (See Fig 1); IL-33 was significantly elevated in most models. None of the baseline plasma inflammatory markers predicted progression from LLD to dementia. Among clinical features, only improvement in MADRS score at discharge (HR = 0.95, 95% CI 0.91-0.99) and treatment response (HR 0.45, 95%CI 0.21 – 0.98) were associated with lower chance of progression to dementia in

fully adjusted models; age of onset and number of previous episodes were not significant predictors of dementia at follow-up.

Image 1:

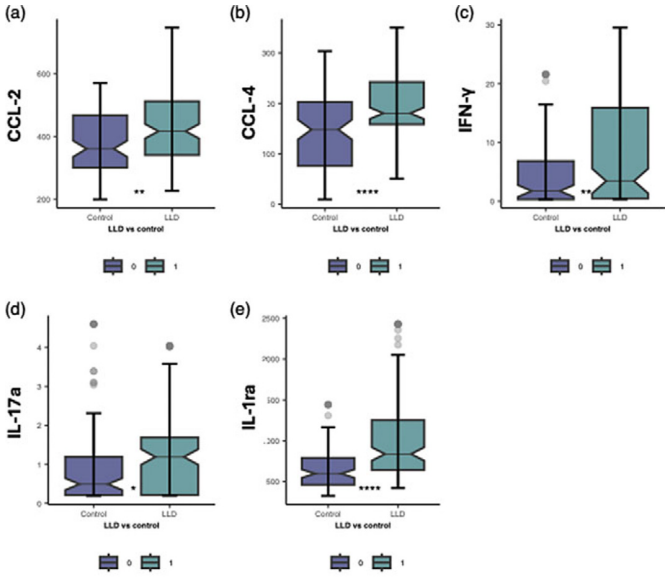


Fig.1 Boxplots illustrating differences in concentrations of 5 plasma inflammatory markers between participants with LLD (n=136) and controls (n=103): (a)CCL-2; (b) CCL-4; (c) IFN-γ; (d) IL-17a; (e) IL-1ra. These 5 inflammatory markers emerged as significantly higher in LLD compared to control group after full adjustment for covariates.
***p<0.001; **p<0.001; *p<0.05

Conclusions: This study demonstrated an increase in plasma inflammatory markers in LLD but did not find evidence they could predict dementia at follow-up.

Disclosure of Interest: None Declared

EPP215

Anxiety and depression among patients with age-related macular degeneration

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Introduction: AMD is currently the main cause of deterioration in the quality of life, disability and blindness in people over the age of 50 in economically developed countries,the presence of symptoms of anxiety and/or depression may be a risk factor for the development and exacerbation of ophthalmological diseases, a risk factor for an unfavorable prognosis of the disease and one of the factors contributing to a decrease in the patient's compliance and motivation for ophthalmological treatment
Objectives: The aim was to study the prevalence of symptoms of anxiety and depression in patients with age–related macular degeneration and determine its impact on quality of life.
Methods: A continuous sampling method was used to examine 24 patients (9 men and 15 women, aged from 41 to 87 years, the average age in the group was 69.7 ± 10.8 years) with an established diagnosis of AMD, who were undergoing inpatient treatment at the Cheboksary branch of the FSAU NMIC MNTC Eye Microsurgery. Academician S.N. Fedorova" Ministry of Health of Russia, HADS, The Spielberger anxiety Questionnaire, SF-36,The results of the examination of the mental state were compared with the indicators of visual acuity
Results: Clinically significant severity of depression symptoms was found in 4.2% of patients, mild manifestations of depression were found in 8.3%, 79.2% demonstrated moderate reactive anxiety; 12.5% of the subjects had a low level of reactive anxiety. 81.7 % of the respondents were subject to moderate and high personal anxiety. men were more prone to manifestations of both reactive (88.9% of men and 73.3% of women, respectively) and personal anxiety (100% of men and 86.7% of women, respectively), higher incidence of depression among women than among men. Patients with lower visual acuity tended to give a lower assessment of their physical health.
Conclusions: The results demonstrated a high prevalence of personality and reactive anxiety among patients with age-related macular degeneration. At the same time, persons with higher acuity vision was more prone to anxiety, which may probably be due to incomplete adaptation to pathology in the early stages of AMD development. A tendency was found to have a worse assessment of their physical well-being among older patients with lower visual acuity.
This study has a limitation due to the small sample of patients at the time of analysis, which dictates the need for further study of this issue.

Disclosure of Interest: None Declared

Others

EPP216

Mind Games: When Neurosyphilis and Borderline Personality Disorder Collide – A Diagnostic Puzzle

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Introduction: Historically, syphilis has been known as "the Great Imitator" due to its heterogeneous clinical manifestations. Though its incidence decreased with the widespread use of penicillin, recent data suggest a resurgence, particularly among those experiencing delays in treatment. This resurgence creates diagnostic challenges, especially when patients have coexisting psychiatric conditions like Borderline Personality Disorder (BPD).
Objectives: This report explores the psychiatric and cognitive manifestations of neurosyphilis in patients with preexisting personality disorders. The primary objective is to highlight how neurosyphilis complicates psychiatric diagnosis and care and to emphasize the need for early detection and intervention.
Methods: A thorough literature review was conducted using PubMed database covering studies published from 2000 to 2023. Keywords included "neurosyphilis," "borderline personality disorder," "psychiatric symptoms," "syphilis resurgence," and "cognitive impairment."

Additionally, the case of a 35-year-old female with BPD who developed neurosyphilis is presented, demonstrating the complexities in distinguishing between overlapping psychiatric symptoms. The case also emphasizes the importance of comprehensive care.
Results: The psychiatric symptoms of neurosyphilis, such as impulsivity, mood instability, and cognitive dysfunction, significantly overlap with those of BPD, complicating diagnosis and treatment. Literature indicates that neurosyphilis occurs in 0.5% to 2% of untreated syphilis cases. Common psychiatric manifestations of neurosyphilis—such as irritability, cognitive decline, and affective dysregulation—are often misattributed to underlying psychiatric disorders, leading to delays in proper treatment. In the case of the 35-year-old patient, her longstanding BPD symptoms, including emotional instability and impulsivity, worsened with the progression of neurosyphilis. Cognitive testing revealed mild impairment, which was consistent with the cognitive decline seen in neurosyphilis, further complicating the clinical picture.
Conclusions: This case underscores the critical need for timely syphilis screening, particularly for individuals with a history of untreated or inadequately treated infections. Early diagnosis and treatment of neurosyphilis can significantly improve cognitive and psychiatric outcomes while promoting overall wellness. Routine sexually transmitted disease screenings, especially in psychiatric populations, can prevent severe neuropsychiatric complications and support holistic well-being. Given the global resurgence of syphilis, a proactive approach to sexual health is essential in fostering both mental and physical health.

Disclosure of Interest: None Declared

EPP217

Neuropsychiatric Symptoms in Huntington's Disease: A Case Report on Manic and Psychotic Features Huntington's disease (HD)

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doi: 10.1192/j.eurpsy.2025.534

Introduction: Huntington's disease (HD) is a hereditary neurodegenerative disorder marked by progressive declines in motor, cognitive, and psychiatric functions. This case report presents a 45-year-old female patient with HD who displayed significant manic symptoms, which later evolved into acute psychosis. Notably, her neuropsychiatric symptoms emerged months before motor deficits. This case aims to raise clinician awareness of the interplay between neuropsychiatric symptoms and HD.
Objectives: Analyze early neuropsychiatric manifestations, particularly manic and psychotic symptoms; highlight the importance of recognizing these symptoms before the onset of motor dysfunction; and explore the neurobiological mechanisms underlying, including neurotransmitter dysregulation and structural brain changes.
Methods: A comprehensive clinical evaluation was conducted for the patient. Her psychiatric history was assessed using standardized tools, including the Young Mania Rating Scale (YMRS) and the Positive and Negative Syndrome Scale (PANSS). Neuroimaging, including computed tomography (CT), assessed structural brain changes in regions related to mood regulation and psychosis, such as the striatum and prefrontal cortex. A literature review correlated these findings with existing research on neurobiological mechanisms in HD, focusing on neurotransmitter systems and brain morphology.
Results: Initially, the patient exhibited manic symptoms such as elevated mood and irritability, with moderate severity noted on the YMRS. Within a month, her condition escalated to acute psychosis, featuring auditory hallucinations and paranoid delusions, as reflected by moderate PANSS scores. Neuroimaging revealed structural changes consistent with HD, including striatal atrophy and prefrontal cortex alterations. These findings supported the hypothesis of neurotransmitter dysregulation, particularly involving dopamine and serotonin.
The management plan included mood stabilizers and antipsychotics, such as valproic acid and risperidone, along with temporary benzodiazepines to manage agitation. This approach led to a significant reduction in both manic and psychotic symptoms, improving the patient's overall quality of life through integrated psychiatric care.
Conclusions: This case underscores the importance of recognizing early neuropsychiatric symptoms, particularly manic and psychotic features, in HD patients. The emergence of these symptoms prior to motor dysfunction calls for heightened clinician awareness, as early identification can facilitate timely interventions and enhance patient outcomes. The observed structural brain changes and neurotransmitter dysregulation suggest underlying neurobiological mechanisms, warranting further research in the broader HD population. A multidisciplinary approach is essential for effectively managing the interplay of neuropsychiatric symptoms.

Disclosure of Interest: None Declared

EPP218

Test-Retest Reliability and Informant Consensus Pilot Study of the BRIEF-A in the Non-Clinical Spanish Population

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Introduction: Executive functions (EEFF) are different cognitive aspects that allow us to find solutions and adapt to changes. There are several traditional instruments that assess these processes, but they are difficult to generalize to the subject's real environment.
Objectives: To analyze the test-retest reliability of the adaptation of the BRIEF-A to the Spanish population with a non-clinical sample, as well as studying the informant consensus between the Self-report and Informant report forms that this instrument presents.
Methods: The questionnaire has been administered to 58 subjects from the general population (Self-report version) and 58 informants who adequately knew each subject (Informant report version) at baseline and at 4 weeks follow-up in order to study the test-retest reliability. Statistical analysis was carried out using the Pearson Correlation Coefficient to study the test-retest reliability. Self-reports

and Informant reports mean scores were also compared using the Student's T-Test for paired samples.
Results: The calculated correlations were significant for all the scales and indices in both the Self-report and the Informant report versions, and relatively strong in all the cases with values ranging from 0.62 to 0.89 except for the Task Monitor scale in the Self-report form, which presented a moderate correlation (r = 0.31). When it comes to the T-Test, mean differences between the two samples were also statistically significant in all the cases.
Conclusions: Test-retest reliability of the BRIEF-A is adequate in the non-clinical Spanish population, and the scores obtained in the first occasion remain relatively stable in the second. Furthermore, the informant consensus is observed to be low, therefore showing the utility of gathering data from different informants, since that can provide a better approach of subjects EEFF. Further research with clinical population would be necessary to validate this tool and perform a complete assessment.

Disclosure of Interest: None Declared

EPP219

Perceived hope affects mental health among Portuguese Adults in year three of the COVID-19 Era: The mediation role of well-being

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Introduction: In recent years, more and more researchers have found positive psychological changes after experiencing stressful events. When people are exposed to stressful events, a sense of hope and psychological well-being, as significant positive psychological traits, can lessen the negative effects of psychological imbalance and help them cope with their worries in life in a more positive way, effectively promoting and protecting their mental health
Objectives: This study aims to examine the mediating role of well-being in the relationship between people's perception of hope and mental health.
Methods: The present research was performed using a convenience (or snowball) sampling method obtained in the context of the Hope Barometer research program in 2023. Inclusion criteria were being an adult (aged ≥ 18 years); providing e-consent; having internet access; and understanding the Portuguese language. An online survey including information sheet, demographic questions, and three instruments, namely: Dispotional Hope was measured through the Perceived Hope Scale [PHS]; Mental health status was evaluated by General Anxiety Disorder-7itens; and, well-being measured by the Mental Health Continuum Short Form (MHC-SF). We employed the PROCESS macro for SPSS (model 4: mediation analysis) to evaluate our model.
Results: The most frequently reported demographic categories were female (n=402), married (n = 206), have children (n = 344), graduated (n = 442), and with religious/spiritual affiliation (n = 400). The mean age was 47.72±11.86 years old. Dispositional hope were significantly and positively correlated with mental health. We conducted a mediation analysis to examine whether mediates the relationship between dispositional hope and mental health. The indirect effects for hedonic well-being (β = 0.28; 95% CI [0.02, 0.36]), psychological well-being (β = 0.14; 95% CI [0.06, 0.19]), and social well-being (β = 0.06; 95% CI [0.008, 0.073]) were all significant, indicating a mediating effect.
Conclusions: Given the COVID-19 pandemic and its consequences have caused a variety of psychological distress such as fears, worries, and anxiety among people worldwide, this study underlies the mechanism between positive psychological resources such as perceived hope and well-being of individuals during the times of crisis of COVID-19 affects their mental health.

Disclosure of Interest: None Declared

EPP220

The weight of office? A systematic scoping review of mental health issues and risk factors in elected politicians across democratic societies

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Introduction: The mental health status and capacity to govern of democratically-elected politicians have become significant topics of interest, which have attracted speculation in the media and beyond. In fulfilling demanding and high-stress positions, politicians could encounter distinctive risk factors that may harm their mental well-being, yet existing research literature about this topic remains underexplored.
Objectives: This scoping review aimed to systematically examine the breadth of available evidence on mental health issues and risk factors affecting democratically-elected politicians and to identify future research needs.
Methods: Using pre-defined eligibility criteria based on JBI guidelines, a systematic keyword search was conducted in May 2024 of MEDLINE, Scopus, and APA PsycNet, supplemented by snowballing techniques. Only studies reporting primary, empirical evidence on mental ill-health or risk factors with adverse psychological correlates from serving politicians in "Full" or "Flawed" democracies (per the Democracy Index) were included from 1999-2024. Titles and abstracts were screened and the full-text of potentially eligible literature was assessed before data extraction and synthesis.
Results: Eighteen sources met the eligibility criteria, cumulatively encompassing ~3,500 politicians across seven democracies, namely: Australia, Canada, the Netherlands, Norway, New Zealand, the United Kingdom, and the United States. Four sources (22.2%) explored general psychopathology trends, revealing varying but sizeable rates of mental ill-health and high-risk alcohol consumption. The other fourteen studies (77.8%) provided evidence on risk factors; twelve underlined the psychological toll of violence and two investigations highlighted the injurious effects of specific occupational conditions. Notably, exposure to violence often precipitated detrimental mental health outcomes, with certain data indicating a disproportionate impact on female officeholders.
Conclusions: Existing research literature suggests that democratically-elected politicians face considerable mental health challenges,

especially from the effects of violence. However, there are notable research gaps with a paucity of reliable prevalence estimates, intervention studies, and work on national leaders. Equally, the underrepresentation of numerous democratic countries accentuates the need for a more diverse evidence-base to better support the mental wellbeing of politicians worldwide.

Disclosure of Interest: None Declared

Psychotherapy

EPP221

Rethinking access to psychological treatment protocols in mental health research

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Introduction: Open access to psychological treatment manuals is critical for advancing research and clinical practice, particularly in low- and middle-income countries, where access to mental health care is scarce. Despite growing recognition of the need for freely available manuals to ensure replicability, transparency, and wider dissemination of evidence-based interventions, open and free access to intervention manuals remains limited.
Objectives: We aimed to quantify the availability of protocols and manuals for psychological interventions used in randomized clinical trials (RCTs) for severe mental disorders. This research is part of the broader European Research Council – funded project DECOMPOSE, in which we employ a systematic and reproducible approach for decoding, classifying, and evaluating the active ingredients of psychological interventions.
Methods: Using recent network meta-analyses of RCTs, we collected psychological interventions for psychotic, bipolar, substance use, eating, and borderline personality disorders. We attempted to retrieve intervention protocols and manuals directly from trial publications or their published protocols and referenced manuals. If the protocols or manuals were not accessible, we contacted the study authors to request the materials.
Results: We identified a total of 259 RCTs, but only 18 had published protocols. Of the 71 RCTs pre-registered on platforms such as ClinicalTrials.gov, only 5 provided an adequate description of the psychological treatment components, all of which overlapped with already published protocols. To retrieve missing materials, we contacted 450 authors from 241 RCTs. We received positive responses from 75 RCTs, negative responses from 55 RCTs, and no replies from 100 RCTs. We were not able to retrieve contact information for the authors of 11 RCTs.
Of the 75 positive responses, we obtained the complete requested materials for only 47 trials. In the remaining cases, we were instructed to purchase the manuals (n=11), provided with only partial materials (n=4), or given additional references that were not the full intervention manual (n=13). Negative responses included the trial being too old or no authors' access to the materials (n=22), commitment to send the materials without further follow-up (n=8), suggesting the paper as the sole available resource (n=11), and various other reasons (n=14)
Conclusions: Our findings reveal a significant lack of freely available intervention manuals, limiting the implementation and replicability of psychological treatments. Coordinated action is needed to ensure open access to these materials for more replicable research, wider dissemination of results, and improved access to evidence-based mental health care.

Disclosure of Interest: None Declared

EPP222

The Positive Writing on Mood States: Empirical Study

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Introduction: Positive writing (PW) consists in a written treatment of real or imagined events, processed with a positive connotation. The technique has been proven useful and effective for increasing psychological well-being. It derives from the expressive writing (EW) methodology developed by James Pennebaker.
Objectives: The objective of this study is to analyze the effects of positive writing (PW) in a group of healthy subjects. The psychological variables measured following the application of PW are six mood states: tension, depression, anger, vigor, fatigue and confusion. These are preliminary data from work that is still in progress.
Methods: Two groups were randomly formed (one experimental and one control) and wrote for 3 consecutive days on different topics. The experimental group wrote for 20 minutes a day about the most rewarding experience of their life, while the control group described, again for 20 minutes a day, a topic with a low emotional connotation (description of their home). Three administrations (baseline, 3-day follow-up and 10-day follow-up) of the POMS (Profile of Mood States) psychological test were carried out on study participants.
A statistical analysis such as analysis of variance (2-way ANOVA for repeated measures) was used to analyze the effects of positive writing in relation to the different parameters considered, between the groups (Experimental Group vs Control Group) in three different times (baseline, 3 days, 10 days).
Results: Statistically significant decreases were recorded in the experimental group in confusion (Factor C) in the 10-day measurement (7.44 VS 5.00 $p < 0.01$) and in fatigue (factor S) (5, 94 VS 3.88; $p < 0.05$).
Conclusions: These data demonstrate how positive writing can lead to beneficial psychological effects. In particular, this study examined the effects of writing about one's real life experiences and highlighted beneficial psychological/cognitive effects (decreased confusion) and psychophysical (decreased feelings of fatigue). Focusing attention on one's positive experiences therefore produces improvements on a cognitive level for the sensations that concern clarity and linearity of thought and reduction of feelings of psycho-physical fatigue.

Disclosure of Interest: None Declared

Psychophysiology

EPP223

Changes of heart rate variability and hemodynamics within the frontal cortex in response to face emotional stimulation

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Introduction: There is an increasing demand for alternative evaluation tools capable of providing objective assessments or highlighting differences. Functional near-infrared spectroscopy (fNIRS) and heart rate variability (HRV) are frequently employed as biomarkers for assessing emotional status.
Objectives: This study hypothesizes that emotional expressions, particularly unpleasant emotions and their variations in adolescents, are associated with changes in heart rate variability and frontal lobe activity.
Methods: A total of 55 adolescents participated in this study. Following the completion of clinical scales, assessments of both HRV and fNIRS in a resting state were conducted for all participants for 200 seconds. After a 10-second rest, HRV and fNIRS assessments were performed during a positive emotional perception test for 192 seconds. Following a 30-second rest, the same procedures were repeated during a negative emotional perception test.
Results: The correction rate of unpleasant emotional perception negatively correlated with HRV measures (unpleasant-HF, unpleasant-SDNN) and positively with pleasant-RMSSD. Additionally, it positively correlated with the ΔaccHBO2 within the left dorsolateral prefrontal cortex (DLPFC). Conversely, the correction rate of pleasant emotional perception negatively correlated with increases in ΔaccHBO2 within the left DLPFC. Both unpleasant-SDNN and unpleasant-HF negatively correlated with ΔaccHBO2 within the left DLPFC.
Conclusions: The perception of negative emotions in adolescents is associated with individual levels of depression and anxiety. Furthermore, the perception of negative emotions significantly correlates with changes in HRV and activity within the left DLPFC. There is also evidence suggesting a link between changes in HRV and brain activity in response to the perception of negative emotions.

Disclosure of Interest: None Declared

Psychotherapy

EPP224

Adapting Tree of Life Group Therapy for Vietnamese Patients with Severe Mental Disorders: A Qualitative Exploration of Treatment and Recovery Perspectives

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Introduction: Severe mental disorders, characterized by their progressive course, early onset, and persistent symptoms, pose significant challenges to patients' well-being and psychosocial functioning. Despite the growing recognition of the importance of comprehensive treatment, psychological therapies remain underutilized in this population in Vietnam. The Tree of Life therapy, a low-cost, evidence-based, and culturally adaptable intervention, offers a holistic perspective on mental health recovery through personal growth, enhanced coping skills, and social connectedness. This study aimed to explore the therapeutic potential of the Tree of Life group therapy for inpatients with severe mental disorders at Hanoi Mental Hospital.
Objectives: 1) To understand the experience of participating in the Tree of Life therapy group for inpatients with severe mental disorders; 2) To explore the perspectives of patients on the hospitalization, inpatient treatment process, their self-perception, life goals and resources before and after participating in the group
Methods: Using qualitative methods, we interviewed 30 inpatients about their experiences before and after participating in the therapy. The Tree of Life group was conducted through four 1-hour sessions guided by the original protocol (Ncube, 2006). The study design follows a qualitative approach. After collection, the data was transcribed, coded, and stored as online text. We chose thematic analysis using MAXQDA 24 software for data analysis.
Results: Regarding the Tree of Life group therapy experience, prominent themes emerged, including positive group interactions, relevant content, enhanced health and well-being, therapeutic engagement promotion, and memorable session components. When examining patients' perspectives on hospitalization, treatment, recovery, self-description, hopes and dreams, and resources, a strong emphasis on family stood out. The family theme was then analysed further to identify subthemes: Family members were perceived as gatekeepers to treatment, sources of love and support, motivations for recovery, active participants and decision-makers in future life plans.
Conclusions: The pilot qualitative study demonstrates the potential therapeutic efficacy of Tree of Life group therapy for patients with severe mental disorders. The findings also highlight the critical role of the family in supporting patients with severe mental disorders and underscore the importance of involving family members in the treatment process in the Vietnam context. However, further randomised controlled trials are required to establish the therapy's effectiveness on a broader scale and provide robust evidence for clinical implementation.

Disclosure of Interest: None Declared

Psychophysiology

EPP225

Electrophysiological Signature of Emotional Processing in Participants with High Traits of Rumination During a Mood-Induction Task

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Introduction: Past studies found lack of left frontal asymmetry in major depressive disorder (MDD) patients, also during task execution, probably depending on thought disorders associated to MDD. Indeed, individuals suffering from depressive mood are more likely to develop

specific symptoms, i.e., rumination (R) (Thomsen, 2006) and perseverative thoughts (PT). According to Martin & Tesser (1996), rumination could be defined as *"[…] a class of conscious thoughts that revolve around a common instrumental theme and that recur in the absence of immediate environmental demands requiring the thoughts"*. Following this definition, this symptom can be represented along a continuum ranging between healthy individuals and patients with full-blown mood disorder.

Objectives: The present study aimed at investigating the psychophysiological markers underlying the risk to develop mood disorders, in a community sample selected for two important psychiatric transdiagnostic domains, i.e., perseverative thoughts and ruminations (PT/R).

Methods: In order to prompt a rumination state, we developed a new mood induction paradigm based on presentation of brief, validated videoclips able to evoke sadness, psychological sufferance and feelings of loss. Subjective reports and high-density EEG data from 20 students with high ($\geq 80^{th}$) and 20 with low ($\leq 20^{th}$ percentile) PT/R were collected. Subjective data analyses included self-perceived valence and arousal for 'love abandonment', 'loneliness' and 'city documentary' (i.e., neutral) clips. sLORETA source analyses on EEG bands were carried out to unmask the cortical areas involved in rumination.

Results: Regardless of group, emotional clips elicited greater valence and arousal scores than neutral videos. Between-group sLORETA analysis revealed greater delta and theta activity in low vs. high PT/R participants in left superior parietal lobule during viewing of 'love abandonment' clips. Within-group analysis carried out in low PT/R participants showed that, compared with neutral clips, the 'love abandonment' and 'loneliness' conditions elicited greater alpha activity in superior (left) and middle (right) frontal gyri, respectively. On the contrary, high PT/R participants showed similar right (pre)cuneus alpha increase, regardless of emotional content.

Conclusions: Results suggest a decreased sensitivity to negative videoclips in high PT/R individuals, together with the loss of the specialized frontal hemispheric valence-dependent asymmetry that is typically found in low PT/R participants.

Disclosure of Interest: None Declared

Psychotherapy

EPP226

Assessing the impact of psychological support on healthcare workers in conflict zones: a 5-Session intervention in North Kivu and Ituri

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Introduction: North Kivu and Ituri in the Democratic Republic of the Congo (DRC) are among the provinces most severely affected by humanitarian needs. The security situation is highly unstable, with over 530,000 people displaced. Those remaining face urgent needs, and the conflict has severely impacted their mental health. An assessment of healthcare staff in local centers revealed significant distress due to both their exposure to patients in crisis and the surrounding violence and insecurity.

Objectives: The aim of the protocol developed and proposed to healthcare staff was to implement preventive and curative phycological support actions designed to address all the psychosocial risks identified, as well as to alleviate emotional distress, improve well-being and strengthen the resilience mechanisms of healthcare centre staff.

Methods: A 5-session protocol was proposed to healthcare staff. The sessions focused on psychological distress specific to professional situations in the context of conflict and humanitarian emergencies: vicarious trauma and self-help strategies using emotional regulation exercises. We measured several dimensions of participants' psychological and professional well-being at the start and end of the programme: the PCL-5 to assess post-traumatic stress symptoms, the HADS to measure levels of anxiety and depression, the Maslach Burnout Inventory (MBI) to assess three dimensions of burnout: emotional exhaustion, depersonalisation and personal fulfilment. Finally, the ProQoL scale was used to assess participants' quality of working life.

Results: Analyses of the scores differences between pre and post intervetion, among a pre-sample of 65 participants (21% women; 78.5% men) showed significant improvements. Anxiety and depression levels decreased significantly (HAD-A: t = - t = 7.71, $p < 0.001$; HAD-D: t = 7.30, $p < 0.001$). On the MBI, participants showed a significant reduction in emotional exhaustion (t = 5.83, $p < 0.001$) and depersonalisation (t = 8.85, $p < 0.001$) and an increase in the sense of personal accomplishment (t = -5.12, $p < 0.001$). The results also show a clear reduction in post-traumatic stress symptoms (PCL-5: t = 8.64, $p < 0.001$). On the ProQoL scale, compassion satisfaction also increased significantly (t = -5.70, $p < 0.001$), indicating that carers feel more gratified by their role despite the challenges they face. Secondary traumatic stress (t = 5.38, $p < 0.001$), and burnout (t = 2.82, p = 0.006)., although significantly reduced, remain areas of concern.

Conclusions: The intervention had significant positive effects on several dimensions of the psychological and professional well-being of healthcare workers, contributing to better stress management, increased satisfaction, and reduced burnout. These results highlight the importance of implementing support programs for healthcare professionals working in challenging contexts.

Disclosure of Interest: None Declared

Intellectual Disability

EPP227

Psychiatric and cognitive characterization of Jacobsen syndrome (Del11q)

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Introduction: Jacobsen Syndrome (JS), or 11q Deletion Syndrome, is a rare genetic disorder affecting approximately 1 in 100,000 births, with a female-to-male ratio of 2:1 (Grossfeld *et al.* Am J Med Genet A. 2004; 129A(1):51-61). It is caused by a deletion on chromosome

11's long arm, leading to diverse clinical features, affecting mainly the immune and cardiac systems (Dalm *et al.* J Clin Immunol. 2015; 35(8):761-8). Core neuropsychiatric symptoms include intellectual disability, psychomotor delays and distinctive physical traits. Recent reports highlighted attention deficits and autism-like characteristics (Akshoomoff *et al.* Genet Med. 2015; 17(2):143-8). Although previous studies identified varied cognitive profiles in JS, most focused on medical features, and a detailed psychiatric and cognitive characterisation is lacking.
Objectives: This study aims to describe and analyse the psychiatric and cognitive profiles of individuals with JS as well as its associations, within a Spanish sample.
Methods: Twenty-nine participants aged 2 to 45 years were recruited from the Spanish association "11q España". Psychiatric data were collected through interviews with parents and cross-referenced with medical reports, and behavioural symptoms were assessed using the Child Behavior Checklist (CBCL). Cognitive functioning was evaluated using Wechsler scales and the Merrill-Palmer-Revised scale.
Results: The cohort's average age was 12 years, with a female majority (68.9%). Psychiatric or neurodevelopmental comorbidities were present in over half (51.72%), with ADHD being the most common. According to the CBCL, 54.4% had internalising problems, and 54.5% had externalising problems. The average Intellectual Quotient (IQ) was 50.18, and the mean Developmental Quotient 36. When grouped by disability, 17.3% had borderline functioning, 17.3% mild, 21.7% moderate, 26% severe, and 17.3% profound ID. Higher IQ was associated with increased depression diagnoses and anxious/depressed symptoms.
Conclusions: This study provides a detailed neurocognitive profile of individuals with JS, confirming its heterogeneous presentation. Psychiatric comorbidities, especially ADHD, were common, and cognitive functioning ranged from borderline to profound ID, with no cases of normal cognition. Notably, participants with higher cognitive abilities were more prone to depression, highlighting the need for targeted mental health support tailored to individuals with JS.

Disclosure of Interest: None Declared

Psychopathology

EPP228

Prevalence of autistic traits and their relationships with other psychopathological domains in young adults seeking psychiatric attention: a cluster analysis

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Introduction: Nearly two-thirds of individuals with a mental disorder start experiencing symptoms during adolescence or early adulthood, and the onset of a mental disorder during this critical life stage strongly predicts adverse socioeconomic and health outcomes. Subthreshold manifestations of Autism Spectrum Disorders (ASD), also called autistic traits, are known to be associated with a higher vulnerability to the development of other psychiatric disorders. Current psychopathological research has pointed out the shortcomings of a categorical approach to mental illnesses (e.g., the concept of comorbidity) whilst a dimensional approach allows the description of patients across multiple syndrome dimensions that, in turn, constitute broad spectra of interrelated psychopathologies.
Objectives: This study aimed to assess the presence of autistic traits in a population of young adults seeking specialist assistance, and to evaluate the study population across various psychopathological domains in order to determine their links with autistic traits.
Methods: We recruited a sample of 263 adolescents and young adults referring to a specialized outpatient clinic, and we administered them several self-report questionnaires for the evaluation of various psychopathological domains: the *Autism Quotient,* the *Ritvo Autism and Asperger Diagnostic Scale-Revised*, RAADS-R, the *Empathy Quotient,* EQ, the *Sensory Perception Quotient – Short Form,* SPQ-SF35, the *Beck Depression Inventory*, BDI-II, the *State-Trait Anxiety Inventory,* STAI-Y1 and Y2, the *Eating Attitude Test-26 items*, EAT-26, the *Prodromal Questionnaire–short version*, PQ-16, the *Personality Inventory for DSM-5*, PID-5-BF, the *Pathological Narcissism Inventory*, PNI. We then conducted a cluster analysis based on the prevalence of autistic traits (AQ, RAADS-R), empathy (EQ) and sensory sensitivity (SPQ-SF35) scores.
Results: The cluster analysis identified three distinct groups in the sample: an autistic traits (AT) cluster (22.43%), an intermediate cluster (45.25%), and a no-AT cluster (32.32%). Moreover, subjects with higher autistic traits exhibited significantly greater symptomatology across multiple psychopathological domains, including mood, anxiety, eating disorders severity, psychotic symptoms, and personality traits such as Detachment and Vulnerable Narcissism.
Conclusions: The study highlights the importance of identifying autistic traits in young individuals struggling with mental health concerns, and suggests a relationship between autistic traits and greater overall psychopathological burden. Additionally, the findings underscore the necessity of adopting a dimensional approach to psychopathology, in order to better understand the complex interplay of different psychiatric symptoms and facilitate tailored interventions.

Disclosure of Interest: None Declared

EPP229

Unveiling Neuropsychiatric Phenomena: The Impact of Linguistic Precision on Clinical Insight

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Introduction: Precision of language in neuropsychiatry is vital for the accurate understanding of complex psychopathological

phenomena. Many expressions used in psychiatry, especially those of German origin, reflect nuanced descriptions of patient behaviors, cognitive impairments, and emotional states that are not easily captured by modern terms. These linguistic tools provide a window into the intricate dynamics between the mind and body, helping clinicians interpret and navigate the subtleties of neuropsychiatric conditions.
Objectives: This review aims to explore how specific expressions in neuropsychiatry, derived from clinical German terminology, contribute to a deeper understanding of patient experiences and enhance the precision of clinical assessment. By examining these linguistic elements, the paper seeks to illustrate their relevance in diagnosing and treating neuropsychiatric disorders, particularly where conventional language falls short.
Methods: Through a conceptual analysis, this review delves into the historical development and clinical application of several key terms originating in German psychiatry. Terms such as "Gegenhalten," which describes paradoxical resistance in catatonia, and "Weltschmerz," a term encapsulating existential despair, are examined within clinical contexts. The review also discusses other terms such as "Mitgehen," referring to automatic obedience, and "Vorbeireden," which highlights disorganized speech patterns. The review draws upon classical psychiatric literature and modern clinical observations to demonstrate how these terms inform diagnosis and treatment strategies.
Results: The use of these specific linguistic constructs offers neuropsychiatrists valuable insights into the subjective experiences of patients, often highlighting behaviors and emotional states that would be otherwise overlooked. For example, "Gegenhalten" allows for the differentiation of motor dysfunction in catatonia, while "Weltschmerz" provides a unique framework for understanding a type of depression that transcends typical diagnostic boundaries. Similarly, "Vobeirreden" aids in the recognition of cognitive disorganization, and "Mitgehen" underscores deficits in volitional control. These terms provide clinicians with greater clarity and precision in diagnosis and therapeutic approaches, bridging the gap between patient experiences and clinical evaluation.
Conclusions: This review underscores the importance of language in the accurate interpretation of neuropsychiatric disorders. It demonstrates how these terms enrich the diagnostic process and offer deeper clinical insights into patient behaviors and symptoms. The nuanced language of neuropsychiatry not only enhances understanding but also serves as a tool for more targeted and effective interventions. Ultimately, this approach encourages clinicians to consider the broader impact of linguistic precision in both diagnosis and treatment planning.

Disclosure of Interest: None Declared

Pain

EPP230

Validation of the Korean Version of the Brief Pain Catastrophizing Scale in Patients with Chronic Pain

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Introduction: The Pain Catastrophizing Scale (PCS) is a widely used self-report tool for evaluating pain-related catastrophizing. In response to the need for more efficient diagnostic tools in clinical environments, the PCS has been shortened from 13 to 4 items in developing the brief version.
Objectives: The objectives of this study were: (1) to examine the factor structure of a Korean-language version of the brief K-PCS and (2) to assess the reliability and validity of the brief K-PCS.
Methods: A total of 131 patients seeking treatment at a tertiary pain center in Daejeon, Korea, participated. Confirmatory factor analysis (CFA) with maximum-likelihood estimation was performed to evaluate the adequacy of the one-factor model. Cronbach's alpha coefficients and Pearson correlations were calculated to investigate internal consistency and 2-week test-retest stability of the brief K-PCS, respectively. For concurrent validity, Pearson correlations were also calculated to examine the relationships between the brief K-PCS and various outcome measures.
Results: The confirmatory factor analysis confirmed the adequacy of the brief K-PCS's unifactor structure, indicated by excellent fit indices (CFI = .999, TLI = .996, SRMR = .039). The brief K-PCS exhibited high internal consistency (Cronbach's α = .83). Test-retest correlations over a 2-week interval was .744 ($p < .001$), indicating high stability. For concurrent validity, the brief K-PCS showed significant positive correlations with measures of depression, fearful thinking, physical response, avoidance, and pain-related anxiety ($p < .001$), and significant negative correlations with quality of life measures, including physical, psychological, social relationships, environmental, and general quality of life ($p < .001$).
Conclusions: The brief K-PCS is a reliable and valid tool for assessing pain catastrophizing in a Korean patient sample with chronic pain.

Disclosure of Interest: H. Yang Grant / Research support from: National Research Foundation of Korea Grant funded by the Korean Government(NRF-2022S1A5A2A03050752), J. M. Park Grant / Research support from: National Research Foundation of Korea Grant funded by the Korean Government (NRF-2022S1A5A2A03050752), S. B. Cho Grant / Research support from: National Research Foundation of Korea Grant funded by the Korean Government (NRF-2022S1A5A2A03050752), S. Y. Lee Grant / Research support from: National Research Foundation of Korea Grant funded by the Korean Government (NRF-2022S1A5A2A03050752), C. Noh Grant / Research support from: National Research Foundation of Korea Grant funded by the Korean Government (NRF-2022S1A5A2A03050752), C. Roh Grant / Research support from: National Research Foundation of Korea Grant funded by the Korean Government (NRF-2022S1A5A2A03050752), S. Cho Grant / Research support from: National Research Foundation of Korea Grant funded by the Korean Government (NRF-2022S1A5A2A03050752)

Personality and Personality Disorders

EPP231

The Role of Mood Stabilizers and Antipsychotics in the Treatment of Borderline Personality Disorder

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Introduction: The treatment of Borderline Personality Disorder (BPD) presents a clinical challenge in many ways, as the current recommended psychotherapies are often insufficient or unavailable. As of today, no pharmacological treatment has been approved by regulatory agencies for the treatment of BPD, even though up to 96% of these patients receive at least one psychotropic medication. Some professional societies cautiously recommend the off-label and symptom-targeted use of psychotropic agents as part of a multimodal approach, whereas others recommend its use only in the event of an acute crisis.
Objectives: Conduct a non systematic review of literature regarding the efficacy of mood stabilizers (MS) and antipsychotics (AP) in the treatment of patients with BPD.
Methods: A search in the PubMed database was performed with the terms *borderline*, *behaviour* and *mood stabilizer* or *antipsychotic* or *pharmacological*, filtered for reviews, systematic reviews and meta-analysis over the last 20 years.
Results: The efficacy of pharmacotherapies for the treatment of BPD is limited to improvement of individual symptoms but not of global functioning nor the severity of the condition overall, although the evidence is of very low certainty. For affective dysregulation and impulsive-behavioural dyscontrol, the highest efficacy emerged for MS, as AP shows a lower yet significant effect size. Both drug classes seem to improve symptoms of anger, with evidence suggesting a much larger (and significant) effect-size for aripiprazole compared to other AP. For cognitive-perceptual symptoms, only AP proved to be effective, showing higher effect-size in longer trials, which suggests their slowly progressive efficacy on this symptom dimension. Although many studies suggest a superior anti-suicide effect of clozapine in schizophrenia, the evidence is very uncertain about the effect of any medication compared with placebo on self-harm and suicide-related outcomes in patients with BPD, indicating little to no effect. There appears to be no significant difference between pharmacotherapy and placebo in terms of dropout rates, but there is insufficient data regarding drug tolerability in these patients.
Conclusions: In congruence with some clinical practice guidelines, pharmacotherapy can be used to target specific core-symptoms on BPD, even though evidence on its efficacy is of very low certainty and limited to the improvement of individual symptoms but not the overall condition. Mood stabilizers and antipsychotics can have a positive effect on affective dysregulation, anger and impulsive-behavioural dyscontrol, and antipsychotics proved to be effective for cognitive-perceptual symptoms.

Disclosure of Interest: None Declared

EPP232

The Hidden Burden: Systemic and Individual Factors Driving Extensive Care in Personality Disorders

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doi: 10.1192/j.eurpsy.2025.549

Introduction: Individuals with personality disorders (PD) are overrepresented in emergency psychiatric settings, leading to both frequent and prolonged hospitalizations, compulsory care and high healthcare costs.
Objectives:
(1) To delineate the extensive care needs of participants, (2) To identify commonalities in their life situations, comorbidities, and treatment interventions, and (3) To investigate patient experiences with the healthcare system to uncover precipitating and contributing factors to extensive care needs.

Methods: The quantitative study utilized a descriptive cross-sectional design, drawing on data from 61 individuals diagnosed with PD who exhibited extensive care needs, operationally defined as having made five or more visits to the emergency department, at least three hospitalizations, or a total of 60 hospitalization days during 2023. The qualitative study involved in-depth interviews with 11 of these individuals, analyzed using interpretative phenomenological analysis (IPA) to explore patient experiences and needs.
Results: The findings indicate that individuals with comorbid conditions experienced significantly more frequent and prolonged hospitalizations. However, there was no significant difference in the number of emergency department visits between the two groups. Qualitative insights revealed four main themes with two focusing on precipitating factors, and two addressing perpetuating factors. The results indicated that emergency department visits were frequently driven by emotional distress and social isolation. Patients described their treatment experiences as impersonal and lacking direction, with frequent medication adjustments resulting in adverse effects and heightened feelings of hopelessness.
Conclusions: The study highlights that extensive care needs among individuals with personality disorders (PD) arise from a combination of high psychopathological burden and social marginalization. Many high-care consumers rely on hospitalization as their primary support, reflecting a psychiatric system ill-equipped to meet their complex needs. This mismatch leads to patient dissatisfaction and a revolving-door effect, where repeated hospitalizations further detach patients from their social environments, increasing the risk of continued high care consumption. Overmedicalization and frequent hospitalizations exacerbate social isolation, fueling a cycle of increased care dependency. To address these challenges, the study proposes targeted interventions, including: (1) early assessment of risk factors such as social isolation, comorbid conditions, and lack of social roles, (2) promoting alternative forms of hospitalization, (3) implementing a stepped care model for crisis management, and (4) improving comorbidity management and medication oversight.

Disclosure of Interest: None Declared

EPP233

Repurposing Clozapine: An Off-Label Approach to Target Impulsivity, Emotional Dysregulation, and Suicidality in Borderline Personality Disorder

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Introduction: Clozapine, traditionally prescribed for treatment-resistant schizophrenia, has shown potential for off-label use, particularly in affective and personality disorders characterized by severe impulsivity, nonsuicidal self-injury (NSSI), and suicidality (Delgado *et al* 2020*, Journal of psychiatric research, 125*, 21-27). Emerging evidence suggests that clozapine's unique pharmacodynamic profile (serotonergic activity and high affinity for D4R, α1R, H1R) may contribute to reducing aggression and impulsivity and offer therapeutic benefits for borderline personality disorder (BPD). This is particularly relevant given the high suicide risk in BPD patients, with an estimated annual rate up to 10%, 50 times higher than the general population. Despite this, current treatment guidelines for BPD typically limit pharmacological interventions in favor of psychotherapeutic approaches (Pascual JC *et al* Int Clin Psychopharmacol. 2010, 25(6), 349-55). However, clozapine's ability to modulate impulsivity and emotional dysregulation could provide a valuable adjunct in the treatment of this complex disorder.
Objectives: To evaluate the efficacy of clozapine in reducing impulsivity, emotional dysregulation, and suicidality in patients with BPD.
Methods: The study cohort consisted of 47 patients (29 women) with a mean age of 28 years (IQR: 22-44), all diagnosed with BPD resistant to previous pharmacological treatments. Clozapine was introduced after a comprehensive risk-benefit assessment. At baseline, 96% of patients were taking mood stabilizers or anticonvulsants, 87% were taking SSRI/SNRI antidepressants, 81% were taking antipsychotics, and 66% were taking other medications such as benzodiazepines or gabapentinoids. Clinical assessments using the RIPoST-40, MOAS, and Columbia scales were administered at baseline, one week (T1), one month (T2), and three months (T3). Data were analyzed using repeated measures ANOVA and Friedman's test with significance set at $p<0.01$ after Bonferroni correction.
Results: Significant reductions in all scores were observed at T3: RIPoST-40 scores decreased by 40.15% ($p<0.0001$), MOAS by 58% ($p<0.0001$), Columbia Scale scores by 70.20% ($p<0.0001$). At month 3, clinical response, defined as a ≥50% reduction in scores, was achieved by 11% of patients on the RIPoST-40, 70% on the MOAS, and 94% on the Columbia Scale.
Conclusions: Clozapine demonstrated significant reductions in impulsivity, emotional dysregulation, and suicidality in patients with BPD, with rapid improvements observed within the first week and sustained through 3 months. These findings suggest that clozapine, in combination with psychotherapy, may be an effective treatment strategy for the most severe symptoms of BPD. Further prospective studies with larger cohorts are needed to validate these preliminary results and to assess the long-term safety and efficacy of clozapine in this population.

Disclosure of Interest: None Declared

EPP234

Association of anterior thalamic radiations alterations with impulsivity in patients with borderline personality disorder

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Introduction: The anterior thalamic radiations refers to fiber pathways that connect the anterior nuclear group of the thalamus and the midline nuclear group of the thalamus with the frontal cortex – a region linked to complex cognitive processes such as impulse control and decision making abilities. Typically characterized by risky behaviors without prior consideration or planning impulsivity is a hallmark feature of Borderline Personality Disorder (BPD). Structural alterations in the anterior thalamic radiations may disrupt cognitive functions and potentially exacerbate impulsivity, in individuals diagnosed with BPD.
Objectives: The objective of this research is to evaluate whether individuals with borderline personality disorder (BPD) exhibit abnormalities in the anterior thalamic radiations (ATR) compared to healthy controls (HC) and their potential association with impulsivity.
Methods: This research conducted an analysis using diffusion tensor imaging (DTI) being conducted on 90 individuals (aged between 18 and 43), fifty five individuals diagnosed with borderline personality disorder compared to forty five healthy individuals. The study utilized fractional anisotropy (FA) to investigate the integrity of the thalamic radiation (ATR). Impulsivity was measured through Eysenck's Impulsivity Inventory questionnaire. The study examined differences in FA values among the two groups. Looked into the potential correlation, between ATR integrity and levels of impulsivity.
Results: The BPD group had statistically significantly higher scores on the impulsivity subscale than the HC group ($U = 1672.5$, $p < 0.001$), which persisted after correction for multiple comparisons ($p < 0.001$). No statistically significant between-group differences were found on the venturesomeness ($U = 889$, $p = 0.513$) and empathy ($U = 1097.5$, $p = 0.276$) subscales. No statistically significant differences between groups were observed in the right ATR ($U = 849$, $p = 0.326$). Only a trend for higher FA values in the left ATR in HC was observed ($U = 760$, $p = 0.084$). After correction for multiple comparisons, the trend disappeared ($p = 0.168$). There were no statistically significant correlations of mean FA with IVE subscales scores, regardless of stratification.
Conclusions: Despite past research suggesting a link between ATR alterations and impulsivity, this study found no such correlation in individuals with BPD. This highlights the need for further research, using imaging methods and larger samples, to better understand the neurological basis of impulsivity in BPD.

Disclosure of Interest: None Declared

Psychopharmacology and Pharmacoeconomics

EPP236

Ten-year prescription trend of second-generation antipsychotics in adult psychiatric patients from 2014 to 2023 – a territory-wide population-based study

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Introduction: Second-generation antipsychotics (SGAs) have been increasingly used as off-label treatments for non-psychotic illnesses, there is a lack of updated data to describe its prescription among psychiatric populations.

Objectives: This study aims to describe the most recent ten-year trend of SGA prescriptions and to identify the probable psychiatric diagnoses associated with the prescription among adult psychiatric patients in Hong Kong.

Methods: All patients aged 18 or older who had a psychiatric diagnosis and were initiated on an SGA based on the population-based electronic health record from the Clinical Data Analysis and Reporting System (CDARS) in Hong Kong between 2014 and 2023 were included. The probable psychiatric indication was defined as the diagnosis recorded within 6 months from the date of SGA initiation and was classified into four groups according to the ICD-9-CM categorization of Mental Disorders (290-319). Trends were examined using joinpoint analyses. The prescription trend was re-analyzed using an alternative classification into groups of Schizophrenia (SCZ), Non-schizophrenia serious mental illness (non-SCZ SMI), and Non-SMI.

Results: A total of 79,681 patients (Female 57.9%, Age 56.8 ±22.5years) were included. There is significant increase in SGA prescriptions in patients with a probable indication within the ICD-9-CM category of 'Non-psychotic Mental Disorders' and 'Organic Psychotic Conditions', with an average annual percent change (AAPC) of 1.9% (p<0.01) and 1.7% (p<0.01), respectively; while the probable indications under 'Other Psychoses' decreased with an AAPC of -2.2% (p<0.01) (Figure 1). Importantly, the prescriptions among patients with probable diagnostic indications under the group of SCZ and non-SCZ SMI decreased with an AAPC of -6.9% (p<0.01) and -0.8% (p=0.03), respectively, while the non-SMI indications rose from 60.3% to 70.0% from 2014-2023 (AAPC=1.7%, p<0.01) (Figure 2).

Image 1:

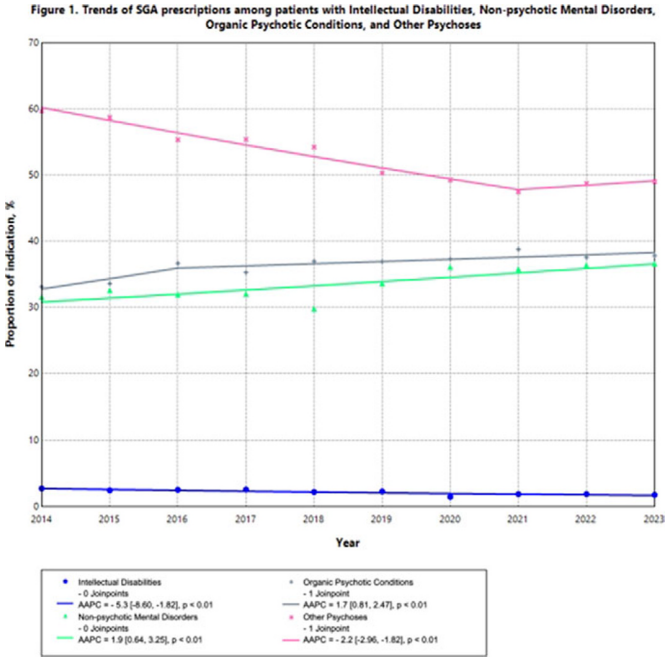
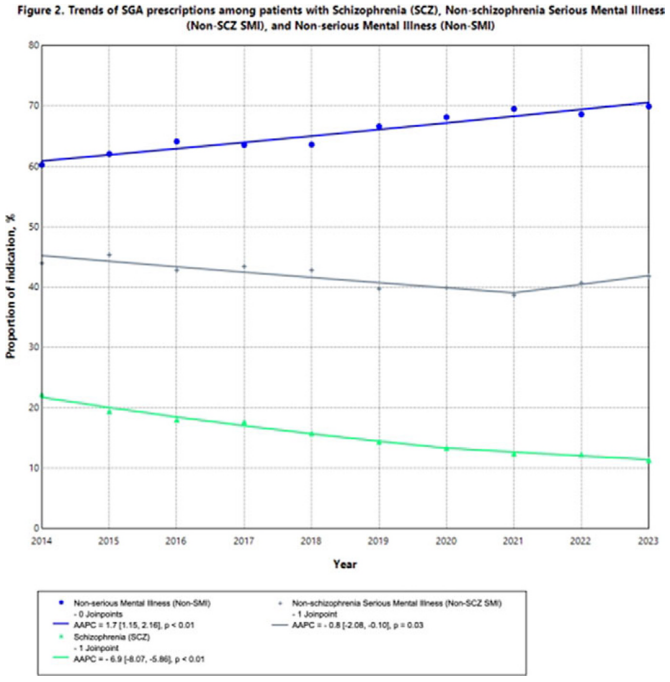


Image 2:



Conclusions: Our study provided important data demonstrating a trend of increasing proportions of SGA prescriptions for non-psychotic and non-SMI indications.

Disclosure of Interest: S. Pan: None Declared, B. Or: None Declared, T. Li: None Declared, N. Y. Chan: None Declared, T. Yip: None Declared, V. Wong Shareolder of: Stock: Co-founder

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EPP237

An analysis of spontaneous adverse drug reaction reports of psychiatric patients stratified by reporter type provides differentiated data

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Introduction: In Germany, psychiatric drugs are one of the most frequently prescribed drug class with more than two billion defined daily doses. As a consequence, a high number of patients carries a potential risk to develop an adverse drug reaction (ADR) to these drugs. It is known that spontaneous ADR reports from physicians, pharmacists and consumers differ regarding the drugs reported as suspected and the ADRs most frequently described. Most of the studies investigating differences in ADR reports from different reporter types are based on datasets without stratification into specific drug classes.

Objectives: The aim of our study was to analyse whether the reported psychiatric drugs, ADRs and types of psychiatric patients with regard to their psychiatric history and diagnosis differed between spontaneous ADR reports related to psychiatric drugs submitted by physicians, pharmacists and consumers.

Methods: Overall, we analysed 2,606 spontaneous ADR reports from physicians, 1,222 from pharmacists and 4,218 from consumers from Germany received for adults in which antidepressants, antipsychotics and mood stabilizers were reported as suspected/interacting. Comparative analyses between the ADR reports of the three reporter types concerning the psychiatric drugs reported as suspected/interacting, the histories of the patients and the reported ADRs were performed. Odds ratios (OR) with their 95% confidence intervals (CI) were calculated by a two-by-two table design.

Results: Consumers more commonly reported ADRs related to the drug classes of other antidepressants compared to pharmacists and physicians. In contrast, physicians reported ADRs occurring after the use of other antipsychotics more frequently compared to the respective other reporter types. Concerning the ADRs, sexual dysfunctions were more commonly described in ADR reports from consumers, laboratory investigations and their results more often in ADR reports from physicians and product quality issues in ADR reports from pharmacists. With regard to the psychiatric histories of the patients, ADR reports from consumers more often contained patients with anxiety disorders and ADR reports from physicians patients with schizophrenia and bipolar disorders.

Conclusions: Our study underlines the value of considering the ADR reports from the three different reporter types as these reports complement each other. This approach provides a more complete analysis of the drug safety and may therefore allow risk minimization measures, which integrate and specifically consider the perspectives of the respective reporter types if necessary.

Disclosure of Interest: None Declared

EPP238

Paliperidone Palmitate Long-Acting Injection in Schizophrenic Patients: Improved of Negative Symtons and Metabolic Rates. 6 Years of follow up

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Introduction: PALIPERIDONE PALMITATE can improved the metabolic rates better than oral paliperidone. The negative symtoms and metabolic syndrome are a very frecuent phemomena with hard treatment.

Objectives: Find the differences in the improving of negative symtoms and the metabolic rates in patients with change of neuroleptic (oral to paliperidone palmitate injection).

Methods: MATERIAL AND METHODS: Observational longitudinal study during 72 months. We incluided all the patients with the diagnosis of schizophrenia, in which we done a change from oral neurolepic to Palmitate of Paliperidone and age of 18 years o more. There was a control group with paliperidone oral.

We used SANSS and CGI-Scale for negative symtoms and metabolic rates (weight, IMC, Glucose, Colestherol, TG and prolactin) and abdominal perimeter.

Results: 40 patients was included and only 4 refused. 56% are male. Average age 41.22 years. 24% has metabolic disease, 29% with axis IV disease and 30% with toxic substances Average dosis of palmate of paliperidone 105 mg/28 days.

The reason of change to injection was: No response 38% to oral neuroleptic treatment and side effects 28%. Rest patients wish.

Metabolic rates improved: Less in weight, IMC, Glucose, Colestherol, TG and prolactin and abdominal perimeter. These improved in the 6 years of study

The SANSS scale improved, All of them were stadistical significative ($p<0,05$) and CGI scale results improved.

Conclusions: CONCLUSIONS The change from oral neuroleptic to palmitate of paliperidone improved metabolic rates and abdominal perimeter.

Also improved SANSS and CGI Scale.

The palmitate of paliperidone is useful in schizophrenic patients and with less incidence of metabolic side efects and improved of negative symptoms.

Disclosure of Interest: None Declared

Psychosurgery and Stimulation Methods (ECT, TMS, VNS, DBS)

EPP242

New therapeutic option for treatment-resistant depression using transcranial pulse stimulation: real-world data from a case series

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Introduction: As a result of crises such as the Covid-19 pandemic, depressive symptoms are increasing in the European population (Arias-de la Torre *et al.* Lancet PH 2023; 8: e889-98), with depression being one of the most common illnesses anyway and are even at the highest level ever measured in some countries, like in Germany (Mauz *et al.* Front PH 2023; 11: 106). Various treatment options are available, depending on the severity and individual preference of patients, but treatment-resistant depression in particular can pose major challenges for patients and clinicians. Transcranial pulse stimulation (TPS), an alternative NIBS method based on shock waves, has been available for several years and is CE-certified for the treatment of Alzheimer's dementia (Chen *et al.* CNS Nsc 2023; 00:1-10). It enables, for the first time, a precise and non-invasive modulation of subcortical brain regions where previously surgical intervention was necessary (Legon *et al.* Hum. Brain Mapp 2018; 39:1995-2006).

Objectives: The aim of this case series is to examine safety and effectiveness of TPS in patients with treatment-resistant depression.

Methods: In the present study, 5 patients (gender ratio female/male 3:2) who met the criteria for treatment-resistant depression underwent a total of 6 treatments within 14 days (each session with 6000 pulses, energy level 0.25 mJ/mm² and frequency 4 Hz). With the help of neuro-navigation using individual MRI scans, pulses were applied bilaterally in the frontal and parietal lobe as well as the precuneus area (Figure 1). Additionally the shell region of the nucleus accumbens was targeted with 300 pulses on both sides due to its involvement in the pathophysiology of depression. Written consent and the approval of an ethics committee were obtained for all patients. Before, during and immediately after the TPS intervention, the antidepressant medication of all patients remained unchanged. The Beck Depression Inventory (BDI-II) was used to assess the severity of depressive symptoms before the first and after the last treatment session.

Results: Apart from a temporary feeling of pressure in the area of the temples in one patient, none of the patients experienced any side effects during and after the treatment. All patients showed a reduction in the BDI-II total score in the pre-post comparison: the mean value decreased from 41 to 26 (Figure 2).

Image 1:

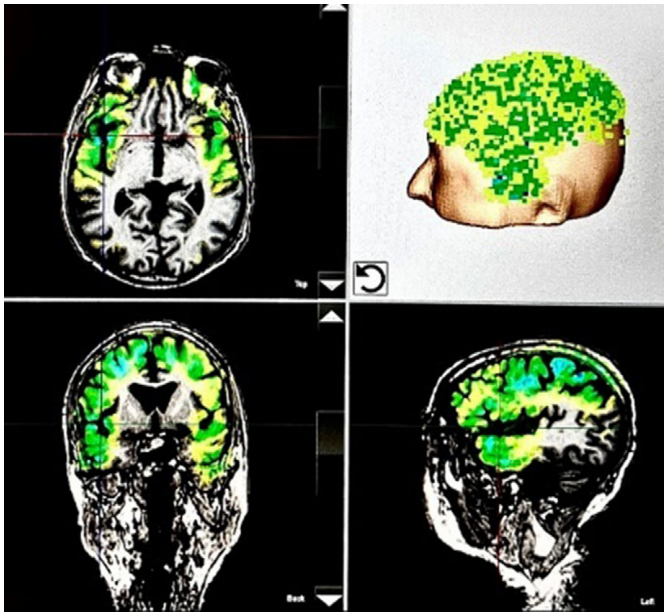
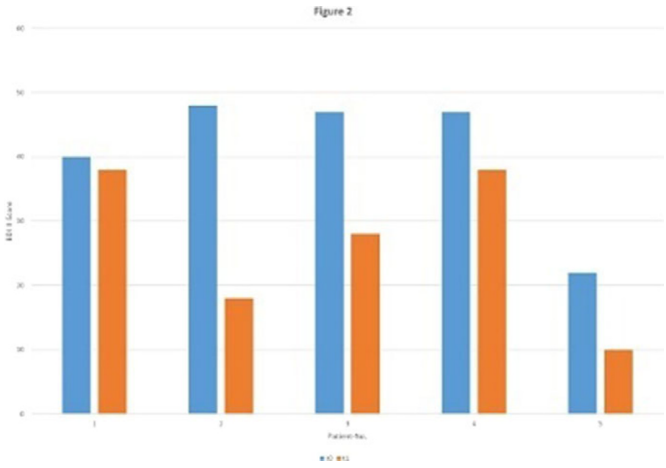


Image 2:



Conclusions: The results of this case series show that a significant improvement in depressive symptoms is possible using TPS as a potentially well-tolerated treatment option, even in cases of treatment-resistant depression. Sham-controlled studies with large numbers of patients are required to prove its long-term effectiveness and safety.

Disclosure of Interest: None Declared

EPP243

Risk of cognitive disorders and cardio-cerebrovascular diseases after electroconvulsive therapy in patients with affective and psychotic disorders

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doi: 10.1192/j.eurpsy.2025.556

Introduction: Although electroconvulsive therapy (ECT) is one of the most important treatments for major mental disorders, many patients are concerned about the risk of developing cognitive impairment or cardio-cerebrovascular disease after ECT.
Objectives: This study aimed to compare the incidence of cognitive disorders and cardio-cerebrovascular diseases in the ECT group and the control group at a university hospital.
Methods: The subjects of this study were the ECT group (n = 173 people) who received ECT in patients with major affective or psychotic disorders, and the control group (n = 11,444 people) who did not receive ECT. The ECT and control groups were matched for demographic and clinical characteristics in a 1:5 ratio. This study investigated the incidence of cognitive disorders and cardio-cerebrovascular diseases through retrospective follow-up for up to 5 years after ECT. Statistical analysis used a multivariate Cox proportional hazards model to obtain the hazard ratio (HR) and 95% confidence interval (CI).
Results: The incidence rates per 1,000 patient-years in the ECT vs. control groups were 17.56 vs. 6.25 for cognitive disorders, 4.41 vs. 4.35 for cardiovascular diseases, and 2.28 vs. 2.48 for cerebrovascular diseases. The ECT group tended to have a higher incidence of cognitive disorders compared to the control group, but this was not statistically significant (HR, 2.46; 95% CI, 0.89–6.36; p=0.07). There was no significant difference in the risk of cardiovascular disease (HR, 1.50; 95% CI, 0.21–7.09; p=0.65) or cerebrovascular disease (HR, 0.96; 95% CI, 0.05–6.56; p=0.97) between the two groups.
Conclusions: This study showed that there were no significant differences in the incidence of cognitive disorders and cardio-cerebrovascular diseases between patients with major affective or psychotic disorders who received ECT and those who did not. This study suggests that ECT is a safe treatment, but further prospective multicenter collaborative follow-up studies are required to confirm this.

Disclosure of Interest: None Declared

EPP244

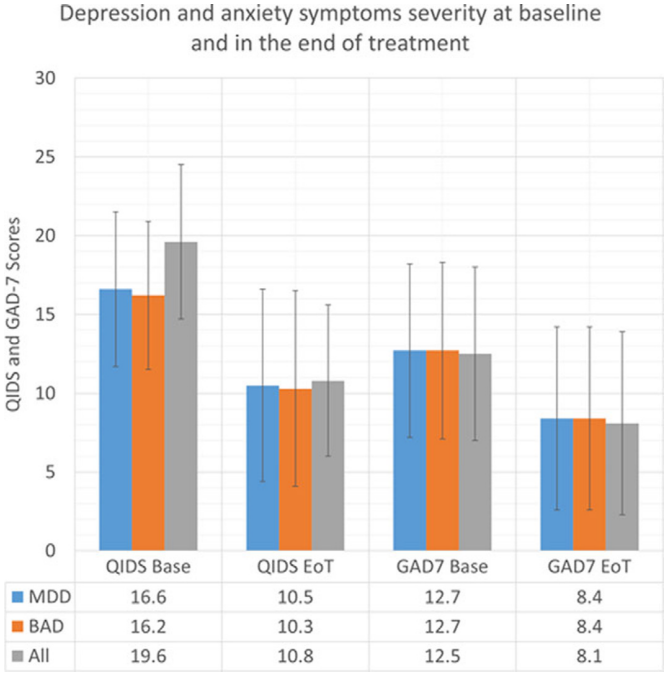
Transdiagnostic Effectiveness of Repetitive Transcranial Magnetic Stimulation for Mood and Anxiety Disorders

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Introduction: Repetitive Transcranial Magnetic Stimulation (rTMS) is a novel neuromodulation treatment investigated for multiple psychiatric conditions and approved primarily for treatment-resistant depression (TRD) [1, 2]. There is a perceived potential for other clinical conditions, primarily other mood and anxiety disorders [2]. We have been using rTMS for treatment of patients with TRD of mixed etiology and multiple comorbidities.
Objectives: To evaluate the effectiveness and feasibility of rTMS in complex clinical populations.
Methods: Observational study. Quick Inventory of Depressive Symptomatology (QIDS). Generalized Anxiety Disorder Questionnaire (GAD-7). Descriptive statistics.
Results: We have treated 90 patients, 46 women (51.1%) and 44 men (48.9%), with average age of 42.5±16.9 years. Vast majority (88.9%) of patients had a primary diagnosis of major depressive disorder, 8.9% had bipolar depression, and two patients had primary anxiety disorders. The standard questionnaires were used to quantify the severity of depressive symptoms (QIDS) and anxiety (GAD-7). The average baseline scores for depression and anxiety were 16.6±4.9 and 12.7±5.5, respectively. The patients received an average of 24.0±7.0 treatments. Almost all patients received the full course of 20-30 treatments as planned. The average end-of-treatment (EoT) scores for severity of depressive symptoms and anxiety were 10.5±6.1 and 8.4±5.8, respectively. The rates of improvement and complete resolution of depressive symptoms were 64.4% and 28.7%, respectively. The rates of improvement and complete resolution of anxiety symptoms were 53.5% and 29.6%, respectively. There was a significant difference between the bipolar and major depression in terms of baseline depressive symptoms severity and improvement rates, but there was no difference in respect to anxiety symptoms (see Figure 1).

Image 1:



Conclusions: rTMS provides significant improvement and recovery rates in complex clinical populations and is well-tolerated. We recommend wider implementation of rTMS for treatment of mood and anxiety disorders.

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EPP245

Neuronavigated Transcranial Pulse Stimulation (TPS) with shock waves as a novel tool of noninvasive brainstimulation (NIB) for a long-term treatment of Alzheimer's disease

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Introduction: Alzheimer's disease (AD) is a very common cause of dementia and a common cause of death in elderly humans. No effective long-term treatment has been found so far. Recently developed treatments with antibodies have shown severe side effects of edema or intracerebral hemorrhage in a larger number of cases.
Objectives: Neuronavigated transcranial pulse stimulation (TPS) as a new non-invasive therapy method could represent a current alternative to standard treatments. In contrast to ultrasound stimulation (tFUS) TPS uses shock waves with a mechanical transduction. These shock waves allow an application to superficial brain structures as well as into areas deep in the brain without the induction of any unwanted thermal side effects. The stimulation of the target areas can be MRI-navigated with nearly a similar precision as in stereotactical procedures.
Methods: 85 out-patients with Alzheimer's disease with light to moderate symptoms received TPS-treatments with 6.000 pulses each session bilaterally in 6 sessions over 2 weeks into the frontal, parietal and temporal cortex (0.2 mJ/mm^2 4 Hz - Neurolith by Storz Medical). The treatment was repeated with a single booster session every 6 weeks. Pulses were inividually neuronavigated by current MRI-images. Executive functions were tested using the Stroop-Test (colour-word-interference-test). Patients with Alzheimer's Disease normaly present only poor results in the Stroop-Test. We tested with a pre – post design (t_0 pre stimulation : t_1 after 6 sessions, two weeks later as well as t_2 6 months later). The mood of the patients was measured using the BDI on t_0, t_1 and t_2.
Results: TPS-stimulation showed strong ameliorating effects on performance in the Stroop-Test. The mean-score of the Stroop-test was diminished significantly (pre vs. post ; $p < 0.05$ – paired T-test) in a comparison of t_0 to t_1. This effect was preserved during an interval of 6 months (t_2). Single patients showed extraordinary improvements by shortening completer times in the Stroop-Test by half.
Depressive symptoms of the patients were also diminished by the treatment. The BDI score decreased from 20.1 (t_0) to 9.7 (t_1), and 9,1 (t_2) respectively.
No significant side-effects occured during all the sessions in any of the patients.
Conclusions: The results of this trial show that cognitive impairments of executive functions and depressive symptoms in Alzheimer's disease may be ameliorated using TPS as a noninvasive neuronavigated brain stimulation method. No severe side-effects were observed. In the meantime beneficial effects of shockwaves with low intensitiy have also been shown in the fields of dermatology, orthopedics and cardial surgery.
Different mechanisms of action of TPS are still under investigation.

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Rehabilitation and Psychoeducation

EPP248

The Relationship Between Sensory Processing and Executive Functions in Adults with and without Neurodevelopmental Disorders

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Introduction: Existing literature highlights unique sensory processing patterns and decreased executive functions (EF) in adults with neurodevelopmental disorders (NDD). However, most studies have focused on specific diagnoses, such as Attention-Deficit Hyperactivity Disorder or Specific Learning Disabilities, and have used smaller sample sizes, indicating a need for broader and more comprehensive research.
Objectives: Based on prior research conducted in the same laboratory, the current study aimed to comprehensively evaluate sensory processing patterns and EF in adults with NDD compared to controls, as well as to explore the relationships between these characteristics within each group.
Methods: The study sample included 290 adults (aged 20–50 years), comprising 149 individuals with NDD and 141 matched controls. Participants completed the Adolescent/Adult Sensory Profile (AASP) and the Adult Behavior Rating Inventory of Executive Function (BRIEF).
Results: Significant group differences were found in the AASP scores ($F(4,285) = 42.05$, $p < .001$, $\eta p^2 = 0.37$), with variations in three sensory processing subscales: low registration ($F(1,288) = 149.92$, $p < .001$, $\eta p^2 = 0.34$), sensitivity ($F(1,288) = 103.97$, $p < .001$, $\eta p^2 = 0.26$), and avoidance ($F(1,288) = 50.06$, $p < .001$, $\eta p^2 = 0.48$), though not in sensory seeking. Additionally, significant differences were observed in the BRIEF ($F(5,284) = 67.58$, $p < .001$) across all nine subscales and indexes. Notably, significant correlations were identified between BRIEF scores and three AASP subscales in both groups: low registration (control: $r = .50$, $p < .001$;

NDD: r = .54, p < .001), sensitivity (control: r = .45, p < .001; NDD: r = .47, p < .001), and avoidance (control: r = .45, p < .001; NDD: r = .42, p < .001).
Conclusions: This study highlights the distinct sensory processing patterns and EF challenges in adults with NDD compared to controls. The findings also reveal a consistent relationship between sensory processing and EF across both groups. These insights enhance the understanding of the interplay between sensory and executive functioning, emphasizing the importance of considering these characteristics at assessment and intervention of adults with NDD.

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EPP249

Key Components of Cognitive Remediation for Schizophrenia: A Bayesian Network Meta-Analysis

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Introduction: Cognitive impairments are strongly associated with impaired everyday functioning in individuals with schizophrenia, and cognitive remediation (CR) has been identified as effective treatment. However, uncertainty remains regarding the most effective components of CR.
Objectives: To identify (1) the most effective combination of core ingredients of CR (cognitive exercises, presence of a therapist, cognitive strategies, and generalization activities) and (2) the most effective type of CR to improve everyday functioning in individuals with schizophrenia (computer-assisted cognitive remediation, single domain computer-assisted cognitive remediation, social cognition interventions, paper and pencil interventions, integrative approaches, and combination approaches).
Methods: PubMed, PsycInfo, Medline, Embase were searched literature from inception until November 25, 2022. Reference lists of included studies and previous meta-analyses were searched for relevant studies. We included randomized controlled trials comparing CR with any control condition or a different type of CR, assessing everyday functioning pre- and post-intervention in individuals with schizophrenia. The studies were selected independently by two reviewers. We followed the PRISMA guidelines. Study data were extracted independently by two reviewers. Data were analyzed using Bayesian random-effects network models. Trial methodological quality was evaluated with the Clinical Trials Assessment Measure. Risk of bias was evaluated. Primary outcomes were changes in functioning and cognition from baseline to after CR and from baseline to followup (min. 3 months). Literature search was updated in September 2024.
Results: 86 studies and 6076 participants were included. For both outcomes, the most effective constellation of core elements of CR were cognitive exercises, CR provided by a therapist and the use of generalization procedures (functioning: g = 0.31, 95% CrI [0.14, 0.47]; cognition: g = -0.23, 95% CrI [0.03, 0.42]). Moreover, only combinations that included both cognitive exercises and a therapist were more effective than TAU. All four core elements were necessary to observe improved functioning at follow-up. For the specific types of CR, none was superior to any other CR type. All CR types were more effective in improving functioning compared to TAU (g = 0.19-0.45). Study quality did not influence the results. Results will be updated if necessary after inclusion of the updated literature search.
Conclusions: The findings indicate that the effectiveness of CR depends on the inclusion of four essential elements—cognitive exercises, therapist involvement, strategies, and generalization activities—rather than on the specific type of CR intervention. An update to the definition of CR is recommended.

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EPP250

The Family Mental Health Cafés: A psychoeducation intervention to diminish stigma and isolation for families living with mental illness

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Introduction: Psychoeducation is a well-supported intervention in psychiatry aimed at improving outcomes for patients with serious mental disorders and their families. It primarily focuses on enhancing family understanding of the illness, reducing stress, and fostering a supportive environment for the patient. However, traditional psychoeducation often emphasizes increasing caregivers' capacity to manage the illness, rather than addressing the family as a unit coping with care needs and the stigma associated with mental illness. Family mental health cafés have been developed to address these broader issues.
Objectives: The aim of this study was to explore the experiences of participants in family mental health cafés and evaluate its impact on feelings of stigma and isolation.
Methods: The Family Mental Health Cafés were implemented in five Ontario cities from 2018 to 2019, these cafés were organized in collaboration with the Canadian Mental Health Association. They drew on the World Café and Death Café models, focusing on caregiving and care-receiving within the family unit and its interactions with the community. Discussions included managing illness and other stressors, successful strategies, and improvements needed for family well-being. Participants completed evaluations with both closed and open-ended questions
Results: A total of 67 individuals participated, identifying as diagnosed individuals, family members, service providers, or combinations thereof. Sixty-six completed evaluations, with 99% finding the cafés well-planned and engaging, and 88% recommending them to others. Qualitative feedback emphasized the value of shared

experiences, resource exchange, and diverse perspectives from patients, family members, and service providers. Participants appreciated the integration of these perspectives as a positive aspect of the café experience.
Conclusions: The cafés offer a novel approach to psychoeducation by focusing on the well-being of the entire family, their mutual caregiving investments, and challenges in navigating social and institutional environments. Participants valued the process for addressing isolation, and engagement with others with similar experiences may have helped reduce stigma, though this was less clear. Future research could explore the long-term outcomes of single or repeated café experiences.

Disclosure of Interest: None Declared

Schizophrenia and Other Psychotic Disorders

EPP251

Cariprazine & clozapine: A systematic review of a promising combination in the management of treatment-resistant schizophrenia

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Introduction: Up to 30-70% of patients with treatment-resistant schizophrenia (TRS) remain symptomatic despite gold standard treatment, clozapine. To date, commonly used antipsychotics have demonstrated little therapeutic benefit as augmenting agents in comparison to placebo. Emerging evidence suggests that novel D2-D3 partial agonist cariprazine is a promising augmentation strategy to clozapine for TRS.
Objectives: This systematic review aims to collect the available real-world evidence of effectiveness and tolerability of cariprazine and clozapine combination treatment.
Methods: A systematic review was performed using PubMed, MEDLINE, EMBASE and Cochrane databases from January 2017 until September 2024 for cases where cariprazine was used as an augmentation strategy for clozapine with the following terms: (cariprazin*) AND (clozapin*) AND ('case report*' OR 'case report'/de OR 'case stud*' OR 'case study'/de OR 'case seri*' OR 'add-on' OR augmentation OR combin*).
Results: After removal of duplicates, 108 studies were retrieved, of which 20 studies were included (one prospective pilot study and 19 case reports). Total cases comprised of 47 patients (30 male, 17 female), with diagnoses of schizophrenia (n=40), schizoaffective disorder (n=6) and emotionally unstable personality disorder (EUPD) and autism spectrum disorder (n=1). Patients were treated with clozapine (dose range 37.5-850 mg/day) and cariprazine (doses 1.5-6.0 mg/day) for a median of 122 days (range 18-456). Although a variety of subjective and objective outcome measures were employed, cariprazine was generally found to be a well-tolerated and effective adjunct to clozapine in a wide range of different symptom profiles; demonstrating efficacy across positive, negative and affective symptoms, quality of life and global functioning in the majority of cases. Additional benefits of weight loss and improving commonly experienced adverse side effects of clozapine were also frequently reported. In 3 cases cariprazine augmentation did not improve symptomatology, whereas in 6 cases the combination resulted in the exacerbation of different symptoms such as anxiety or restlessness.
Conclusions: By targeting different receptors, cariprazine and clozapine appear to act synergistically allowing for a well-tolerated and effective antipsychotic combination. Large-scale RCTs are warranted to further evaluate its effectiveness compared to placebo.

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EPP252

Predominant negative symptoms in female schizophrenia in-patients: An observational study

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Introduction: Negative symptoms are a key aspect of schizophrenia, significantly impacting a patient's functioning and quality of life. Although hospitalizations are often associated with positive symptoms, negative symptoms can also dominate the clinical picture in in-patients. Female patients are usually underrepresented in schizophrenia studies.
Objectives: To analyse the changes of negative symptoms in female in-patients.
Methods: This was an observational study with data recorded at hospital entry and release. Adult inpatients with a schizophrenia diagnosis according to the International Classification of Diseases 10th edition who exhibited predominant negative symptoms according to clinical judgement were included. Patients received pharmacological and some non-pharmacological treatment as usual.
The primary outcome measure was the modified Short Assessment of Negative Domains (m-SAND), an anamnesis-based scale that is composed of 7 items: two positive items (delusions and hallucinations) and five negative items (anhedonia, alogia, avolition, asociality and affective flattening). Each item is rated from 0 to 5 (not observed; mild; moderate; moderately severe; severe; and extreme). Other measurements included the Self-evaluation of Negative Symptoms (SNS).
Least squares (LS) means were calculated for the change from baseline to final visit using a mixed model for repeated measures (MMRM).
Results: 63 female patients were included in the study. The mean age was 41.6 years with 14.2 years of mean duration of illness. All patients had predominant negative symptoms, in fact, 65% of them was hospitalized because of it. 30% of the patients also had secondary negative symptoms, mainly due to positive symptoms. The mean duration of hospital stay was 38 days. All patients received pharmacotherapy. At baseline, 9.5% were on cariprazine monotherapy and 84.1% on cariprazine combined with another

antipsychotic such as olanzapine (23.8%) or quetiapine (7.9%). By the end of the hospital stay, 14.3% of female patients received cariprazine monotherapy and 82.5% cariprazine combination treatment with olanzapine (30.2%) or clozapine (15.9%). Significant decrease was detected in m-SNAD total score (LS mean change from baseline: -10.95) and SNS total score (LS mean change from baseline: -9.74). Functioning increased from poor (76%) to 'manifest disabilities' according to PSP (81%).
Conclusions: In summary, female patients had significant improvement during their hospital stay in terms of negative symptoms. The most utilized pharmacotherapy during the hospital stay was cariprazine both in a form of mono- and polytherapy.

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EPP253

Relapse prevention with cariprazine: A focus on sex

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Introduction: Relapse refers to the recurrence of psychotic symptoms following a phase of improvement or stability. It often leads to the disruptive re-hospitalization of patients. Notably, a history of relapse is a strong indicator of future relapses and poorer outcomes. According to the literature, relapse rates might be higher in men compared to women due to better response to medication in women. Cariprazine (CAR), a D3-D2 partial agonist, has shown effectiveness in preventing relapse compared to a placebo in stabilized schizophrenia patients
Objectives: We aimed to investigate whether there is a difference in the efficacy of CAR in preventing relapse by sex.
Methods: A post-hoc analysis was conducted on data from a multicentre, randomized, double-blind, placebo-controlled, parallel-group study lasting approximately 96 weeks in adults with schizophrenia. The study included two phases: a 20-week open-label treatment phase and a double-blind treatment phase lasting up to 72 weeks. During the open-label phase, patients were stabilized on CAR at doses of 3.0-9.0 mg/day. Subsequently, they were randomized to either continue CAR (at fixed doses of 3.0, 6.0, or 9.0 mg/day) or switch to a placebo (PBO). Relapse was defined by a worsening of symptom scores on the Positive and Negative Syndrome Scale (PANSS), psychiatric hospital admission, aggressive behaviour, or suicide risk. In this analysis, patients were separately analysed based on their sex. Baseline characteristics, hazard ratios by sex during the double-blind phase were calculated.
Results: Of 200 patients, 132 (66%) were male (M) and 68 (34%) were female (F). In the female group, 57% were receiving CAR treatment, while in the male group 47% were on CAR. The mean age of the patients was between 36-41 years. The open-label baseline PANSS scores were comparable. The adherence of patients during the double-label phase was similar in all four groups (98-99%).
More relapses were documented in the placebo groups (M: 47%, F: 48%) than in the CAR groups (M: 27%, F: 21%). In females, those who received CAR during the double-blind phase had 66% less risk for relapse (HR=0.34, 95%CI= 0.14-0.82) than those who were on placebo. Similarly, male patients on cariprazine had 49% less risk for relapse (HR=0.51, 95%CI= 0.28-0.91) than those receiving placebo. The Cox regression analysis between groups showed that sex of patients did not affect the risk of relapse significantly.
Conclusions: In summary, sex does not seem to significantly influence risk of relapse. CAR decreases the risk of relapse compared to placebo in both males and females.

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EPP255

Functional Recovery Levels, Associated Clinical Features and the Role of Metabolic Syndrome in Schizophrenia Patients Followed in a University Hospital

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Introduction: Schizophrenia is a chronic illness that causes severe disability and dysfunction.The traditional approach focusing on symptom control does not always result in improvement in functioning. Functional recovery is considered to be the achievement of social and occupational functioning and independent living in addition to symptom remission.Factors like negative symptoms, depression, cognitive dysfunction, treatment compliance, internalised stigma, and education impact functional recovery. MetS may impact functional recovery by contributing to depression, reducing treatment compliance, and impairing cognitive functions, but studies on this are limited.
Objectives: This study aimed to investigate the relationship between MetS and functional recovery in schizophrenia, along with related clinical features.
Methods: The study sample included 115 schizophrenia patients aged 18-65, who applied to Gazi University Psychiatry Outpatient Clinic, spoke Turkish, no exacerbation in the last year.Exclusion criteria were serious medical/neurological illness, alcohol/substance use disorder.MetS was diagnosed per American College of Cardiology criteria. Functional Remission of General Schzophrenia Scale (FROGS), Schizophrenia Cognition Rating Scale (SCoRS), Positive and Negative Syndrome Scale (PANSS), The Calgary Depression Scale for Schizophrenia (CDSS), Medication Adherence Rating Scale (MARS), Schedule for Assesing the Three Components of Insight (SAI), Internalized Stigma of Mental Illness Scale (ISMI) scales were applied to all participants. SPSS 22.0 was used, and $p<0.05$ was considered significant.
Results: The mean age of participants was 48.61, 54.8% were male and 44% had a high school education. MetS was 55.7% of patients. Patients with MetS had significantly lower scores of FROGS,

showed more cognitive impairment in problem solving, there were no significant differences between the groups in the other variables examined.The proportion of patients with MetS (79.7%) showing low level of functionality was higher than those without MetS.The total score of FROGS was positively correlated with years of education, scores of MARS and SAI, while it was negatively correlated with age and CDSS scores.Among the components of MetS, fasting glucose level and diastolic blood pressure were found to be significantly correlated with the scores of the FROGS.The negative predictors of functioning were found to be education level, MARS scores, MetS, SCoRS attention domain and PANSS negative scores.
Conclusions: Our results show that MetS associated with lower functionality in schizophrenia. Therefore, good metabolic control in patients with schizophrenia is important for cognitive skills and functionality as well as physical health.

Disclosure of Interest: None Declared

Sleep Disorders and Stress

EPP256

Effects of DORA Daridorexant on insomnia disorder in patients with comorbid unipolar and bipolar depression: data from a naturalistic longitudinal study

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Introduction: Insomnia is the most *common* sleep disorder, which may *favor*, precipitate, and prolong mental disturbances, including mood disorders. *The treatment of* insomnia in the context of mood disorders may contribute to *improving* their trajectories, *possibly by* improving mood symptoms via sleep regulation. Daridorexant is a new *pharmacological option for insomnia treatment,* which is a *dual orexin receptor antagonist (DORA).*
Objectives: The aim of the present study was to treat consecutive patients with insomnia disorder with and without mental comorbidities with this new therapeutic option.
Methods: Ninety consecutive patients with insomnia disorder according to the DSM-5-TR criteria were treated with daridorexant 50 mg. Baseline, 1 month, and 3-month evaluations were performed. Demographic and clinical data were incorporated. Insomnia severity (Insomnia Severity Index-ISI), mood symptoms (Beck Depression Inventory II-BDI-II, Young Mania Rating Scale-YMRS), suicidal ideation (Suicidal Ideation Scale-SSI), and emotional dysregulation (Difficulties in Emotion Regulation Scale-DERS) were evaluated. The evaluation of psychiatric diagnosis was conducted in accordance with the DSM-5-TR criteria (SCID-5) and the concurrent use of pharmacological therapy was taken into account.
Results: The final sample included 80 patients (N° 40, 50.0% females, mean age 60 ± 13.2). Most of them (N°50 62.5%) suffered from insomnia comorbid with unipolar/bipolar depression. Repeated Anova analyses showed that ISI and DERS total score decreased across time (respectively $F=63.42$, $p<0.001$, $F=41.12$, $p<0.001$). Similarly depressive and mixed symptoms, suicidal ideation and anxiety symptoms significantly improved over time and after 3 months of treatment (respectively $F=62.45$, $p<0.001$, $F=31.48$, $p<0.001$, $F=41.14$, $p<0.001$, $F=21.44$, $p<0.001$). Analyses conducted on a subsample of patients with comorbid unipolar and bipolar disorder revealed a distinct beneficial effect on insomnia and mood symptoms. Multiple regression models demonstrated that improvement of depressive symptoms was best predicted by the improvement in emotion regulation -DERS score at T1 and T2, and the improvement in insomnia symptoms at T1. An improvement in manic symptoms-YMRS score was best predicted by an improvement in insomnia symptoms-ISI score and in emotion regulation at T1 and T2.
Conclusions: The treatment of chronic insomnia with daridorexant improved insomnia symptoms in patients with and without mental comorbidities across time. It was particularly effective in patients with unipolar and bipolar disorders, where the improvement in mood symptoms was related to the improvement in insomnia across time. These data are in line with the data showing that targeting insomnia in the context of mood disorders might be useful for improving sleep and mood symptoms by regulating the sleep system.

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EPP257

Association Between Age and Sleep Quality: Findings From a Community Health Survey

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Introduction: With increase in life expectancy, there is growing interest in quality of life. Sleep is receiving increasing attention among the elderly.
Objectives: This study aimed to investigate the changes in sleep quality with increasing age and the effect of age on the components of the Pittsburgh Sleep Quality Index (PSQI).
Methods: We used data from the Community Health Survey conducted by the Korea Center for Disease Control and Prevention in 2018. A total of 228340 participants in this nationwide survey. Sleep quality was assessed using the PSQI. Adults aged ≥ 19 years were divided into six age groups and one-way analysis of variance (one-way ANOVA) was used to compare the mean values of PSQI of each group. By comparing the scores for each PSQI component in those aged ≥ 65 years and < 65 years, we aimed to reveal the differences in special components according to age group.
Results: In total, 223334 respondents were included in the study. Based on a one-way ANOVA, the PSQI score generally increased with age. Although the average PSQI score of patients in their 40s was lower than that of patients in their 30s, there was no significant difference between the two groups ($p = 0.11$). When the PSQI

component was compared between the population aged over and under 65 years, the population aged ≥ 65 years scored higher in most components. In contrast, daytime dysfunction scored higher in the population aged < 65 years.
Conclusions: Sleep quality tends to decrease with increasing age. Several factors, including physiological changes, underlying physical conditions, and psychosocial factors, may contribute to a decrease in sleep quality with age.

Disclosure of Interest: None Declared

EPP260

Sleep Deprivation's Effect on Circadian Genes Expression and Its Associtations with Depression Symtoms and Psychomotor Abilities

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Introduction: Sleep deprivation (SD) is a global health concern that impairs cognitive and psychomotor functions (PF). While it can temporarily improve mood, its effects on mood and connection to depressive symptoms (DS) remain unclear. These impacts may involve circadian rhythm gene regulation, though distinct evidence from human studies is lacking.
Objectives: To assess the impact of SD on the expression of circadian rhythm regulation genes and its associations with the alleviation of DS. Additionally, to explore the relationship between changes in gene expression and PF following SD.
Methods: Participants (n = 72) underwent a baseline sleep assessment by polysomnography (PSG), later being subjected to SD. In total, evaluation of mood And cognitive functions (Bimanual Eye-Hand Coordination Test - BEHCT) was conducted four times, pre/post PSG and SD. Moreover, circadian rhythm regulation genes expression: Circadian Locomotor Output Cycles Kaput (CLOCK), Brain and muscle Arnt-like protein-1 (BMAL1), Period Circadian Regulator 1 (PER1), Cryptochrome Circadian Regulator 1 (CRY1), Nuclear Receptor Subfamily 1 Group D Member 1 (NR1D1) and Neuronal PAS Domain Protein 2 (NPAS2) was evaluated. Participants were divided into respondents (RE, n = 49) and non-respondents (NR, n = 23) depending on changes in DS under the influence of SD by the Montgomery–Åsberg Depression Rating Scale evalluation.
Results: No relationship was found between BEHCT parameters and the studied genes in the entire study group. NRs exhibited a negative correlation in number of motor function errors in relation to all examined genes of CLOCK (r=-0.52, p=0.02), BMAL1 (r=-0.55, p=0.007), CRY1(r=-0.45, p=0.048), PER1(r=-0.6, p=0.023), and NR1D1 (r=-0.19, p=0.523) is except for NPAS2. Additionally, In NRs, the BEHCT error time negatively correlated with the PER1 and NR1D1 (r=-0.6, p=0.006; r=-0.52, p=0.045; respectively). In contrast, within the RE group, only NPAS2 expression showed a positive correlation with the number of errors (r= 0.35, p=0.049).
Conclusions: Reduced expression of CLOCK, BMAL1, CRY1, PER1, and NR1D1 is associated with impaired PF, only in individuals with worsening DS after SD. Increased NPAS2 expression appears to be an orgin of reduced PF results in the RE group. These genes, integral to the circadian system's feedback loop, may mediate the complex effects of SD on mood and cognitive function, warranting further investigation.

Disclosure of Interest: None Declared

Women, Gender and Mental Health

EPP261

Perinatal depression and psychiatric comorbidities during the life course: a Swedish nationwide register based study

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Introduction: Women with a history of major depression are at risk of perinatal depression (PND). The associations between PND and other types of psychiatric disorders are less clear, although a recent GWAS revealed genetic correlations with almost all psychiatric disorders.
Objectives: The aim of this study was to examine the association between PND and overall, and 17 type-specific, psychiatric disorders in a life course approach.
Methods: Leveraging Swedish nationwide health register and primary care data, we included all birthing women diagnosed with depression or prescribed for antidepressants during pregnancy or within a year postpartum, i.e., women with PND (n=122,720), during 2001-2022. Using incidence density sampling, we matched each case to 10 unaffected birthing women. We ascertained any diagnosis of psychiatric disorder over the lifetime from the National Patient Register. Using multivariable conditional logistic regressions, we estimated the association between PND and any, or subtypes of, psychiatric disorders dated before or after the PND diagnosis in a liftecourse approach. Moreover, we conducted a nested case control study to investigate the association of psychiatric disorders and subsequent PND, and a matched cohort study to investigate PND and subsequent psychiatric disorders.
Results: In preliminary results, at a mean age of 31.0, we found that PND was highly associated with any other psychiatric disorders (adjusted odds ratio (aOR)=9.02, 95%CI 8.9-9.2). The association remained when excluding depression (aOR=6.2, 95%CI 6.1-6.3), and was comparable for psychiatric disorders dated before PND diagnosis (aOR = 9.0), whereas attenuated for diagnoses dated after PND (OR= 3.9). Most pronounced association was noted for bipolar, personality disorders, depression, and anxiety. The association was stronger in primiparous women and in women born ourside of Europe (p-for interaction <0.001).
Conclusions: Throughout life course, PND is associated with psychiatric disorders, particularly with bipolar disorder, personality disorder, depression and anxiety. These findings may shed light on shared genetic/risk factors between PND and other psychiatric disorders.

Disclosure of Interest: None Declared

EPP262

Sex differences and age of onset in well-being and recovery in people with psychotic disorders. A PHAMOUS study

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Introduction: Women generally have a later age of onset, and may therefore have a more favourable course of psychotic illness than men regarding psychopathology. Little is known about a broader range of outcomes, including well-being and recovery, and about the influence of age of onset.
Objectives: This study examines longitudinal sex-related and age of onset-related differences in well-being and recovery of people with a psychotic disorder with long illness durations.
Methods: Routine outcome monitoring data (2012-2021) of n=3843 patients were used. Well-being (quality of life and personal recovery) and recovery (clinical and societal recovery and psychosocial functioning) were assessed. Latent class growth analysis (LCGA) was performed to assess whether classes with different trajectories of well-being and recovery could be identified. Classes were related to sex and (early/late) age of onset of psychosis (EOP/LOP).
Results: LCGA identified five classes with varying combinations in levels of well-being and recovery, which were stable over time. Sex, age of onset and the combination of these two were significantly related to class membership. Women and individuals with LOP were more prevalent in better functioning classes than men and individuals with EOP.
Conclusions: This study showed sex differences in long-term recovery patterns of psychosis. Not only women but also individuals with LOP had a higher chance of better well-being and recovery, while men with EOP were at risk for worse outcomes. Taking these sex differences into account when deciding on policy and treatment protocols for individual patients might provide better mental health care to people with psychosis.

Disclosure of Interest: None Declared

EPP265

Association Between Premenstrual Disorders and Quality of Life: A Cross-Sectional Study of 8311 women in Sweden

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Introduction: Premenstrual disorders (PMDs), including premenstrual syndrome (PMS) and premenstrual dysphoric disorder (PMDD), manifest a range of affective, cognitive, behavioral, and physical symptoms during the late luteal phase of the menstrual cycle. Several studies have indicated that women with PMDs have a lower health-related quality of life, though findings on specific affected dimensions vary. Most of them relied on community- or clinical setting-based sampling, limiting the generalization. Furthermore, no prior study has formally assessed the association by accounting for the potential confounders. Therefore, we conducted a cross-sectional study based on the LifeGene cohort to evaluate the difference in quality of life among women with and without PMDs.
Objectives: We seek to understand, to what extent and in which way PMDs may impact the quality of life of women in Sweden.
Methods: We conducted a cross-sectional study of 8311 women enrolled to the LifeGene cohort during 2009-2019 in Sweden. PMDs were assessed with the modified Premenstrual Symptom Screening Tool at baseline, while data on quality of life (QoL) was obtained using the EQ-5D-3L scale (the higher the score, the worse the quality of life) from the LifeGene baseline dataset. Linear regression models were employed to assess the QoL score change associated with PMDs, as well as the separate analyses for PMDD and PMS. The models were adjusted for age, education level, country of birth, marital status, obesity, smoking, alcohol consumption, and childhood abuse.
Results: At a mean age of 34.01 years (SD=9.63), 1903 (22.90%) women met the criteria for PMDs. In the crude analysis, PMDs were positively associated with a lower quality of life (mean increased QoL score: 0.37, CI: 0.32-0.42). After adjustment for demographics and potential confounders, similar results were yielded (mean increased QoL score: 0.34, CI: 0.29-0.39). Among the five indicators included in the questionnaire (mobility, self-care, activity, pain and anxiety), only self-care was not associated with PMDs. For PMD subtypes, we found a lower quality of life among women with PMDD (mean increased QoL score: 0.35, CI: 0.30-0.41) but not among women with PMS.
Conclusions: Our findings suggested that women with PMDD had a lower quality of life compared to those without PMDD. While evidence based on prospective data is warranted in future, effective management is needed to improve the quality of life for women suffering PMDD.

Disclosure of Interest: None Declared

EPP266

Are mother-baby units the standard of care for the treatment of postnatal mental health disorders

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Introduction: The postpartum is a high-risk period for onset and recurrence of maternal mental health disorders. If left untreated these disorders can have important consequences on mother, baby and family. When the disorder is severe or there are no conditions to manage it in the community the mother may need to be hospitalized and the gold-standard are the mother-baby units (MBU) in which mothers are co-admitted with their infant.
Objectives: We aim to explore this model of care (MBU), the pros and cons and how it has been done worldwide, so you can better understand how they work and improve the care we provide to our patients.
Methods: To this purpose we conducted a literature review by searching and analyzing papers on mother-baby units. The search was on PubMed and Google Scholar, with the following key-words: "mother-baby unit", "maternal mental health", "postpartum mental health" and "postnatal psychiatry".
Results: The MBU are considered the best practice by the National Institute for Health and Care Excellence (NICE) and their guidelines for Antenatal and Postnatal Mental Health recommend MBUs be staffed by specialist perinatal mental health staff. The postnatal period is a critical time for mother and baby binding and there is scientific evidence that separating the mother and infant during the first year could impact negatively on the developing attachment relationship and be a detrimental and traumatic experience for both. Also, by committing both mother and baby, we have an opportunity to watch and guide the mother to baby care. The United Kingdom pioneered in MBUs and in 1958 opened the first separate MBU and then France opened theirs in 1979 and Belgium in 1990.
Conclusions: To summarize, the dyad admission, allows for the mother to receive adequate treatment for her psychiatric disorder, whilst also receiving support in developing parenting skills. In the last years many countries worldwide have adopted this as standard of care, with excellent outcomes for both mother and baby.

Disclosure of Interest: None Declared

EPP267

Psychological adjustment to infertility and its effect on mental health in women

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Introduction: Infertility represents a serious biopsychosocial crisis. Faced with infertility in a society that emphasizes parenthood as a desirable role, and driven by their own desire to become a parent, a person is forced to (re)define themselves as an adult and find their place in society. Research shows that women are more affected by this issue. Firstly, medical treatment for infertility is more uncomfortable for women than for men. Moreover, in most societies, women are considered the responsible partner for reproduction. The experience with this problem can be traumatic enough to become a reference point for identity and for attributing meaning to other experiences in one’s life.
Objectives: This research aimed to examine the mediating role of psychological problems caused by infertility in the relationship between self-stigma and the degree of integrating trauma (i.e. infertility) into one’s identity, on the one hand, and the level of depression, on the other.
Methods: The study involved 197 women with difficulties conceiving who had not yet become mothers, aged between 27 and 47 years (M=37.7; SD=5.1). The following questionnaires were used: the Female Infertility Stigma Instrument (ISI-F), designed to assess self-stigma in women facing infertility. The Centrality of Event Scale (CES) measures integrating trauma into one's identity (adapted here to measure the integration of infertility into one's identity). The Psychological Evaluation Test for Infertile Couples (PET), is aimed at assessing psychological problems in various aspects of life caused by infertility, and the Patient Health Questionnaire (PHQ-9), is used to assess the degree of depression.
Results: The results show that the zero-order correlations between the predictors, mediators, and criterion are positive and significant. Mediation analysis shows that problems caused by infertility mediate the relationship between self-stigma and the level of depression (indirect effect: ß=.292, p< .001, 95%CI = .199 - .411), and between the integration of trauma (i.e., infertility) into one's identity and the level of depression (indirect effect: ß=.147, p<.001, 95%CI = .083 - .226). In both cases, full mediation is observed. Tables and figures will be added to the poster if accepted.
Conclusions: The results indicate that the degree of internalized stigma and the integration of infertility into one's identity are significant for a person's adjustment to this problem and that, together with the level of psychological problems caused by infertility, have an effect on mental health. The study underscores the "traumatic" potential of infertility and the effect of this issue on identity and mental health. The findings could also serve as guidelines for designing psychological interventions, which should focus on the problem of self-labeling, self-blame, and the redefinition of oneself as an adult.

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EPP268

Mind the gap: gender differences in Attention Deficit and Hyperactivity Disorder

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Introduction: Attention Deficit and Hyperactivity Disorder (ADHD) affects both males and females, however, sex differences can be found in presentation, epidemiology and even influence clinical management. Male-to-female ratio is different in childhood from adulthood, meaning girls with ADHD are probably less referred to medical care and underdiagnosed. Women with ADHD have more prevalence of depression and anxiety than men. Also, fluctuating levels of estrogen and progesterone interferes in symptoms and medication response
Objectives: To study sex differences regarding sociodemographic, mental health care access, and psychiatric comorbidity in a sample of patients from our ADHD outpatient clinic
Methods: We collected data from all patients who attended the Adult ADHD Outpatient Clinic of our hospital from 2017-2022 (N = 262), excluding those without written information or an ICD-11 diagnosis of 6A05 - attention deficit hyperactivity disorder (n=209). We performed a descriptive statistical analysis comparing male (n=132) and female (n=76) on sociodemographic factors, educational achievement, age of diagnosis, treatment and comorbidities
Results: Average of age was 39,4 for females (F) and 34,3 for males(M). Levels of primary education were 5% for both, secondary education 41% F and 53% M, and tertiary education 41% F vs 37% M. 30% F and 37% M had failed at least once during their academic path. 26% F vs 25% M were students, 45% F vs 48% M were working actively and 8% F vs 15% M were unemployed. Only 8% F had an ADHD diagnosis during childhood and adolescence whether 41% of M had a history of early diagnosis and/or treatment. At least once psychiatric comorbidity was found in 75% F and 67% M, and medical comorbidities were present in 36%F and 44% M. Comorbid psychiatric diagnosis were anxiety disorders (36% F vs 26% M), depressive disorders (29% F vs 18% M), intellectual developmental disorders (5% F vs 13% M), substance abuse disorders (5% F vs 9% M), bipolar disorder (11% F vs 5% M), and autism spectrum disorders (3% F vs 5% M). In F, 75% were treated with stimulants and 11% with non-stimulants as in M 80% were treated with stimulants and 8% with non-stimulants. 37% F vs 24% M maintain follow-up, while 50% F vs 61% M abandoned it
Conclusions: In our study, women were less diagnosed in childhood and adolescence than men, regardless of failing in school in a similar percentage, which reflects underdiagnose in girls. Women had more percentage of psychiatric comorbidities, including anxiety, depressive, and bipolar disorders, whereas men had more prevalence of substance abuse and intellectual developmental disorders, meaning that women with ADHD are more prone to develop mood-related comorbidities than men. The percentage of follow-up abandon is also lower on women which indicates that, in spite of being less referred to medical care for ADHD, they are probably more likely to adhere to treatment

Disclosure of Interest: None Declared

EPP269

The association between childhood trauma and facial emotion recognition in women with premenstrual dysphoric disorder

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Introduction: Facial emotion recognition is a fundamental component in social interaction. Facial emotion recognition is disturbed both in women with Premenstrual Dysphoric Disorder (PMDD), and in those with a history of childhood trauma. PMDD affects up to 5% of women of childbearing age, exert influence on women's recognition of emotions, and on the emotion recognition processing. Women with PMDD are more likely to have a history of childhood trauma.
Objectives: To explore whether there is a link between a history of trauma and the perception of emotions in women with PMDD. We hypothesize that women with PMDD and a history of childhood trauma will show larger deficits in emotion recognition compared to women with PMDD but without a history of childhood trauma.
Methods: Data were derived from a sample of forty women diagnosed with PMDD (18-30 y.o., right handed, educational level >9y., regular cycle duration), who have visited Mental Health Centre of Rethymno (participants completed the Premenstrual Syndrome Questionnaire). The participants completed the Childhood Trauma Questionnaire (CTQ), which measures five types of maltreatment experiences. Three types are related to abuse (physical, sexual and emotional) and two to physical and emotional neglect. The Emotion Recognition Task (ERT) was also administered. ERT is a computer-generated paradigm for measuring the recognition of six basic facial emotional expressions: anger, disgust, fear, happiness, sadness, and surprise. During this test, video clips of increasing length are presented.
Results: The majority of the participants (82.5%) reported a history of maltreatment during childhood. Women without trauma, when they completed the ERT did not show any significant emotion dysregulation. On the contrary, maltreated women, especially physically or sexually abused, had a distorted perception of emotions expressed on adult faces. Happiness is less detected, whereas fear and anger are recognized more rapidly and at a lower intensity compared to women not exposed to childhood trauma. The higher the score in abuse, the higher the emotion dysregulation is.
Conclusions: The main conclusion of this study contributes to the current knowledge on the link between the long-term effects of childhood trauma both to PMDD and to emotion dysregulation. Women with PMDD are more likely to have a history of childhood trauma, which is associated with poorer performance in facial emotion recognition. Trauma, however, is a treatable factor with. Therefore, interventions targeting both to heal trauma and to promote adaptive emotion regulation strategies, could be encouraged to improve the capability of women with a history of childhood trauma to challenge premenstrual symptoms.

Disclosure of Interest: None Declared

EPP270

The effect of experienced discrimination and internalized homophobia level in gay and bisexual men on social anxiety level, self-esteem and quality of life

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Introduction: Minority groups in terms of sexual orientation are exposed to specific stressors, unlike the stressors of the general population. Discrimination, stigma, prejudice and violence are more common in minority groups in terms of sexual orientation than heterosexuals, and they affect mental health negatively. Minority stress factors such as perceived discrimination, self-stigmatization and internalized homophobia have negative effects on mental health.
Objectives: External and internal minority stressors, which are associated with social anxiety like many mental illnesses, are also associated with self-esteem and quality of life. Minority stress factors should also be well understood in order to understand the consequences they cause. In this study, it was aimed to examine the relationship between discrimination and internalized homophobia experienced in gay and bisexual men with social anxiety, self-esteem and quality of life.
Methods: 85 participants who defined themselves as gay or bisexual man were included in the study.The study is cross-sectional and descriptive, and the participants were reached by the snowball method.Sociodemographic and clinical data form, including the experienced discrimination questions prepared by the researcher, Internalized Homophobia Scale, Libowitz Social Anxiety Scale, Social Interaction Anxiety Scale, Rosenberg Self-Esteem Scale, World Health Organization Quality of Life Scale Short Form Turkish Version (Whoqol-bref Tr) has been applied.The relationship between experienced discrimination in the sample and internalized homophobia; social anxiety, self-esteem and quality of life were examined separately.
Results: It was found a significant relationship between experienced discrimination and social anxiety levels, an inverse relationship was found with self-esteem. A same-way relationship was found between internalized homophobia and social anxiety levels, while an inverse relationship was found with self-esteem. Experienced discrimination and internalized homophobia were both found to be inversely related to quality of life.
Conclusions: In our study, it was found and discussed that experienced discrimination in gay and bisexual men was positively related to the level of social anxiety, and negatively related to self-esteem and quality of life;similarly there was a positive relationship between the level of internalized homophobia and the level of social anxiety, and a negative relationship between self-esteem and quality of life.When these results are evaluated, it is understood that discrimination experiences and negative mental consequences should be taken into account when evaluating homosexual and bisexual men who are minorities in terms of sexual orientation in mental health clinics and practices, psychological support process, preventive mental health practices and policies to be developed.

Disclosure of Interest: None Declared

Addictive Disorders

EPP271

Prevalence of drug abuse and it's perceived effect on the mental health and academic performance of secondary school students in Bauchi State Nigeria.

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Introduction: The study was designed to determine the prevalence of drug abuse and its perceived effect on the mnetal health and academic performance of secondary school students in Bauchi State, Nigeria.
Objectives: Objectives of the Study
The aim of this study is to examine the prevalence of drug abuse and its perceived effects on the mental health and academic performance of secondary schools student in Bauchi state. The specific objectives are:
1. To determine the prevalence of drug abuse among secondary school students in Bauchi metropolis.
2. To identify the perceived drugs commonly abused by students in secondary schools.
3. To investigate perceived reasons secondary school students abuse drug in Bauchi metropolis.
4. To investigate the perceived negative effect of drug abuse on the mental health and school performance of the students in secondary schools of Bauchi metropolis.

Methods: The study adopted a cross sectional descriptive design. Multistage sampling procedure was used to select 26 Secondary Schools in Bauchi state. The schools have a combined population of 11,439 students. The instrument for Data collection was a WHO Youth Drug Survey (WHOYDSQ) and drug abuse screening test (DAST) adapted questionnaire and a sample size of 399 was obtained using Yamane formula. The reliability of the instrument was established using a test and re-test. Data generated analysed using frequency distribution tables, cross tabulation and chi square.
Results: Out of 399 copies of the questionnaire distributed, 372 were correctly filled and analyzed. Majority (80%) of the respondents were between 18-20 years. More than half, 208 respondents (55.9%) reported to have used drug for non-medical reasons once or more in the past one year. The commonest substances abused were codeine, cough syrup, cannabis and tramadol. More than half of the users of each of the substances take it occasionally. Among the respondents, 42.8% who used psychoactive substances were introduced to the substance by their friends. Major reasons for using psychoactive substance include reduction of stress (37.1%), out of curiosity (28%) and memory improvement and retention (26.6%). There was significant difference ($p < 0.05$) in the academic performance of the respondents that abuse drug and those that do not.
Conclusions: In conclusion the prevalence of substance abuse among Secondary School students was high (55.9%) as such

government, parents, teachers, stakeholders and the community leaders needs to join hands to fight and address the problem.

Disclosure of Interest: None Declared

EPP272

Problem substance use in young adults: The impact of adverse life experiences

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Introduction: Data from community samples have shown that the risk of negative outcomes during the transition to adulthood is greater for those who engage in substance use. Alcohol use is common among young adults in the U.S., with 82% using in the past year and 34% engaging in havy episodic drinking . Marijuana is the second most widely used substance among young adults and regular use has been connected to an increased risk of anxiety and depression, and linked to both psychoses and poorer outcomes in people diagnosed with schizophrenia.
Objectives: The goal of the current study is to understand the role of adverse childhood experiences (ACEs) on the likelihood of frequent marijuana and alcohol use among a sample of low-income young adults (*N*=182) in the U.S.
Methods: Some original ACE study items were examined, such as types of child maltreatment. Additional items were added, including time spent in foster care as a child, involvement in a serious accident, experienced a serious injury, violent death of a family member or friend, and witnessed a serious injury or death. Frequent alcohol and marijuana use was defined as once a week or more in the past 30 days. Logistic regression models were developed to understand the magnitude of the contribution of each individual factor on the frequent use of both alcohol and marijuana. Separate models were developed to predict marijuana use and alcohol use.
Results: The participants' mean age was 20.5. The majority of the sample identified as Black (59%) or White (34%). A little more than half (53%) identified as female. Thirty percent reported using alcohol and 35% reported using marijuana at least once a week in the past 30 days.
The logistic regression model predicting frequent alcohol use showed several significant independent variables. Time in foster care (OR=2.88), childhood sexual abuse (OR=2.59), and childhood emotional abuse (OR=4.01) were all significant. Additionally, having a close family or friend who died violently (OR=6.63) and witnessing a serious injury or death (OR=2.92) were statistically significant.
The model predicting frequent marijuana use showed similar significant independent variables. Time in foster care (OR=3.48), childhood physical abuse (OR=3.67), childhood emotional abuse (OR=9.65), and having a close family member or friend who died violently (OR=4.99) all significantly increased the odds of marijuana use.
Conclusions: Study results show the sustained negative impact of both child maltreatment and out-of-home placement. While less studied than other forms of maltreatment, emotional abuse was predictive of both alcohol and marijuana use. Youth who experienced violence in their community also showed a greater likelihood of alcohol and marijuana use. These results highlight the importance of identifying and addressing child maltreatment. Efforts to prevent and address substance use in young adults should take experiences of violence and abuse into account.

Disclosure of Interest: None Declared

EPP274

Tha cahly project: promoting health literacy about cannabis among the youth

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Introduction: The significant psychological burdens posed by cannabis use on adolescents and young adults, make them a target for interventions to enhance their health literacy regarding patterns of cannabis use (dose and frequency) that lead to higher health risks. Critically incorporating this information is known as health literacy (HL). Within the Cahly project we have designed a psychoeducational intervention to enhance HL regarding cannabis use among students aged 15-25 years old.
Objectives: Explore the efficacy of the intervention in improving HL among the students.
Methods: Prospective, randomised controlled trial with a duration of 1-month. 50 high-school centers and universities located in Barcelona were offered to participate. In those accepting, students were randomised to the experimental (received the intervention) or control groups (did not receive it). Both groups completed a baseline questionnaire on: HL, HL on cannabis use, substance use in the previous year and in the previous month, as well as sociodemgraphic data. These questions were repeated after one month of entering the study. In the present stage, we will present the baseline HL level (means, %), and the comparison among groups for the follow-up measures (using either Pearson's Chi-squared test or Fisher's exact test as appropriate, group mean comparisons utilized either the Student's t test or Wilcoxon rank sum test,).
Results: 300 students have so far finalised the study. Baseline results indicate low levels of general health literacy, and lower knowledge regarding HL on cannabis, with a predominance of use of informal sources of information. Those receiving the intervention improve significantly their knowledge regarding the patterns of cannabis use that lead to higher risks. However, the intervention did not affect their patterns of substance use.
Conclusions: We propose an innovative intervention aiming to disseminate a definition of cannabis risky use among a vulnerable population such as youth. Preliminary results are promising.

Disclosure of Interest: None Declared

Bipolar Disorders

EPP276

Semantic similarity analysis in speech samples of patients with first-episode bipolar disorder

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Introduction: Individuals with first-episode bipolar disorder (FEBD) may have language abnormalities and sub-threshold formal thought disorder (FTD). Natural language processing (NLP) methods that have been shown to assess FTD in psychosis can be used in the early stages of bipolar disorder (BD).
Objectives: The purpose of this study was to examine the differences between FEBD and healthy controls (HC) utilizing NLP methods.
Methods: Speech samples were collected from 20 FEBD and 20 HC while describing eight Thematic Apperception Test images. The manually transcribed text was then processed using word2vec to generate vectors. The semantic similarity between words was computed utilizing a moving window method to windows ranging in size from 5 to 10. Finally, the average, variance, maximum, and minimum of these similarities were calculated.
Results: All mean similarities (windows of 5 to 10) were significantly higher in FEBD (p< .001, p=0.001, p=0.002, p=0.002, p=0.003, and p=0.004, respectively). Additionally, all variances of similarities were highly significant and were increased in FEBD (all p values< .001). Regarding maximum values, except for the window of 5, all of the remaining windows were significantly higher in FEBD (all p values <.05.).
Conclusions: Our findings indicate that semantic similarity increased in the FEBD group compared to HC. Overall, NLP methods offer an easily applicable approach for assessing FTD in FEBD and discriminating between FEBD and HC.

Disclosure of Interest: None Declared

EPP277

Evidence-based interventions for bipolar disorder: an open-access platform to guide treatment decisions based on efficacy, safety, and patient preferences.

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Introduction: Bipolar disorder (BD) is a psychiatric condition characterized by a wide range of symptoms, for which many interventions have been proposed. Although the literature contains numerous meta-analyses (MAs) and network meta-analyses (NMAs) summarizing this evidence, the large volume and variability of information can make it difficult to apply in daily clinical practice, guide researchers, or inform the development of clinical guidelines.
Objectives: To offer a freely accessible platform, developed within the U-REACH framework, providing updates on the latest therapeutic strategies for BD in terms of efficacy and safety, aligned with patient preferences. Informed by a living umbrella review, the platform aims to grade the current evidence to support informed decision-making.
Methods: We conducted an umbrella review by searching PubMed, PsycINFO, and the Cochrane database up to December 31, 2023, for (N)MAs of randomized controlled trials investigating interventions for BD. Each association was assessed using the GRADE. Effect sizes were standardized into equivalent standardized mean differences (eSMD), with eSMD>0 indicating clinically positive effects and eSMD<0 indicating clinically negative effects. The results are made available on an open-access online platform. Users can filter data by age group, BD stage, intervention, effect size, outcome, comparison, type of meta-analysis, GRADE evidence level, and (N)MA quality. For any filter combination, users can visualize key interventions, outcomes, and a forest plot with eSMD. The database will be regularly updated. Additionally, a preference-based tool allows users to rank safety outcomes by importance (0-10) and the system will recommend medications based on these preferences.
Results: From the 4,352 records retrieved, we included 71 (N)MAs evaluating the effects of pharmacological (n=87), brain stimulation (n=13), psychosocial (n=8), and circadian rhythm-based therapies (n=3), on 132 efficacy (n=85) and safety (n=47) outcomes. For the preference-based tool, we included 10 first-line interventions for at least one mood state of BD (aripiprazole, asenapine, cariprazine, lamotrigine, lithium, lurasidone, paliperidone, quetiapine, risperidone, valproate) and 15 safety outcomes based on clinical judgment (e.g., akathisia, weight increase, QTc prolongation, insomnia), resulting in 150 potential combinations.
Conclusions: This platform represents a pioneering approach to delivering the most complete evidence on interventions for BD. With its regular updates, it provides clinicians and researchers with a freely accessible resource to guide treatment decisions based on efficacy, safety, and patient preferences. This tool aims to support the development of future guidelines, facilitate ongoing professional education, and ultimately improve the quality of care for individuals with BD.

Disclosure of Interest: None Declared

EPP278

Temperament in People with Familial High Risk for Bipolar Disorder and Psychosis: An exploration of Schizotaxia and Cyclotaxia

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Introduction: Research on temperament in individuals with familial high risk for psychosis (FHR-P) and bipolar disorder (FHR-BD) suggests that specific temperament patterns may mirror characteristics of the associated disorders. Terms such as schizotaxia and cyclotaxia describe these patterns: schizotaxia is linked to traits such as cognitive disorganization and social withdrawal seen in those at risk for psychosis, while cyclotaxia involves emotional instability and reactivity associated with bipolar disorder.
Objectives: This study aims to investigate the relationship between temperament traits associated with psychosis and bipolar disorder as suggested in the concept of schizotaxia and cyclotaxia.
Methods: We recruited a total of 94 participants, comprising 29 people at familial high risk for psychosis (FHR-P), 41 people at familial high risk for bipolar disorder (FHR-BD), and 24 controls (HC). Participants from familial high-risk groups were identified through patient records or outpatient settings at Dokuz Eylül University. Several self-report measures are selected to investigate the temperament traits of schizotypy and cyclothymia. Those measures listed as; the Schizotypal Personality Questionnaire (SPQ), Behavioral Inhibition System/Behavioral Activation System (BIS/BAS) Scale, Temperament Evaluation of Memphis, Pisa, Paris and San Diego-auto questionnaire version (TEMPS-A), Pittsburgh Sleep Quality Index (PSQI), Barratt Impulsiveness Scale (BIS). One-way ANOVA is used to analyze the data using Jamovi Version 2.6.2.0.
Results: FHR-P individuals, but not FHR-BD, had significantly higher scores of depressive($p<.001$), cyclothymic ($p=.005$) and anxious($p=.002$) temperament than HC in TEMPS-A subscales. Both familial groups had significantly higher scores in activation($p=.001$) but not in inhibition in BIS/BAS. Moreover, they had worse sleep quality indicated by significantly higher PSQI ($p=.014$) scores. BIS scores and SPQ total scores do not significantly differ across groups however, FHR-P had significantly higher scores in negative subscores($p=.032$) of SPQ than HC.
Conclusions: Our findings show significant differences in the FHR-P group across most temperament scores, indicating a greater vulnerability to schizotypal and cyclothymic traits. This may result from various factors, such as participants being recruited from outpatient psychiatric settings. Both familial groups also demonstrated lower educational levels and premorbid IQ scores on the WAIS, with more pronounced differences in the FHR-P group compared to the FHR-BD group. Additionally, the unequal sample sizes among the groups could affect the results. Therefore, further research is needed to account for the influence of common psychiatric conditions associated with participants' help-seeking behaviour and to ensure better educational matching with healthy controls.

Disclosure of Interest: None Declared

EPP279

Risk of Respiratory Disease in people with Bipolar Disorder: A Systematic Review and Meta-Analysis.

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Introduction: People with bipolar disorder (BD) have an increased risk of premature mortality, and the respiratory mortality rate is higher than those of the general population. However, the evidence on respiratory disease in this population has not been meta-analyzed.
Objectives: To systematically review and meta-analyze the frequency of respiratory diseases in patients with BD and to compare prevalence and Odds Ratio (OR) with the general population.
Methods: A systematic literature search was conducted in Pubmed, PsycINFO, Scielo and Scopus from inception to June 2, 2023, and a snowball search of reference and citation lists was conducted. Inclusion criteria were studies reporting diagnoses of respiratory diseases (asthma, chronic obstructive pulmonary disease (COPD), pneumonia, lung cancer and tuberculosis) in people with BD according to operationalized criteria and where possible, control group. This study followed Preferred Reporting Items for Systematic Reviews and Meta-analyses (PRISMA) and MOOSE reporting guidelines. A pair of reviewers independently extracted data using a predefined data extraction form and a senior co-author was consulted in cases of disagreement. The risk of bias and methodological quality was assessed using the adapted Newcastle-Ottawa scale.
Results: Of the 2,158 articles screened, 20 including 962,352 people with BD and 37,340,405 control group, met the inclusion criteria (see Figure 1). Prevalence and OR of respiratory disease in people with BD was the main outcome as percentage point estimates with corresponding 95% CIs. In people with BD, the prevalence of COPD was 9.14% (95%CI: 6.61%-12.5%), asthma 6.4% (95%CI: 4.56%-8.91%), pneumonia 2.78% (95%CI: 2.51%-3.08%) and lung cancer 0.44% (95%CI:0.23%-0.84%) (see Figure 2). Compared to the general population (see Figure 3), people with BD had significantly higher rates of COPD (OR: 1.73; 95% CI: 1.40-2.14), showing an increased rate in younger and female patients; asthma (OR: 1.91, 95% CI: 1.25-2.94), with a greater rate in younger patients; and pneumonia (OR: 2.82, 95% CI: 1.33-5.99).

Image 1:

Figure 1: Study screening and selection flowchart

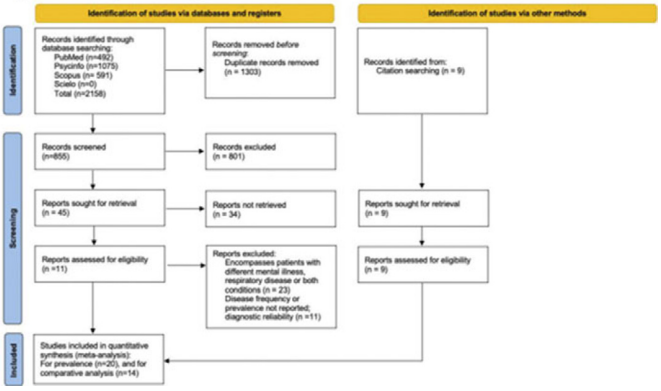


Image 2:

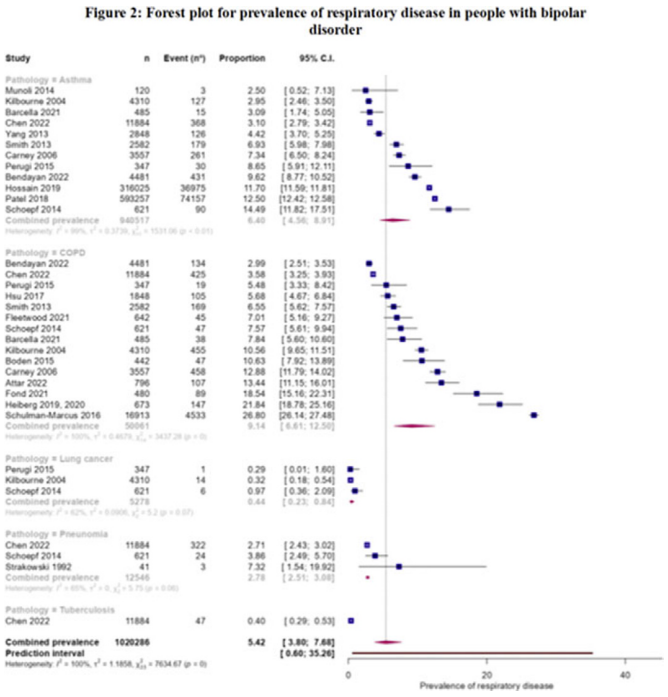
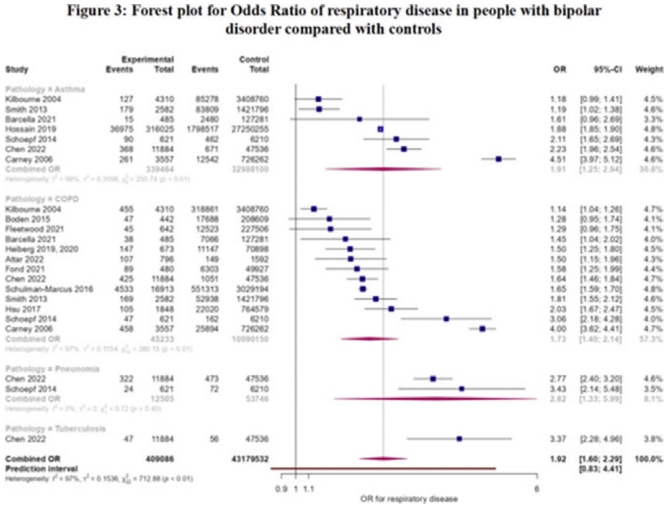


Image 3:



Conclusions: In the first meta-analysis on the topic, BD was associated with an increased risk of respiratory illness versus the general population. In COPD and asthma, young people and women are at particular risk. Prevention programs are urgently needed.

Disclosure of Interest: None Declared

EPP280

Prevalence of Dermatologic Side Effects of Mood Stabilizers in Bipolar Disorder: A Systematic Review and A Meta-Analysis

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doi: 10.1192/j.eurpsy.2025.586

Introduction: Bipolar disorder (BD) is a chronic illness affecting approximately 2-3% adults worldwide. Mood stabilizers, such as lithium, valproate, carbamazepine, and lamotrigine are mainstays of the treatment. Despite their benefits, mood stabilizers carry a risk of side effects, which can lead to treatment discontinuation and non-adherence rates ranging from 10 to 60% in BD patients (Dols *et al.* Int Clin Psychopharmacol 2013; 28, 287-296). Dermatologic side effects, also known as cutaneous adverse drug reactions, are particularly distressing, often impacting patients' self-esteem and social interactions, and contributing to non-compliance. These reactions can range in severity from mild rashes, acneiform eruptions, hair loss and psoriasis to severe, life-threatening conditions like Stevens-Johnson syndrome (SJS) and toxic epidermal necrolysis (TEN) (Mitkov *et al.* Psychosomatics 2014; 55, 1-20).
Objectives: Despite the well-documented association between mood stabilizers and dermatologic adverse effects (AE), the overall prevalence of these reactions across mood stabilizers remains unclear. This systematic review and meta-analysis aims (1) to estimate the prevalence of dermatologic AE associated with mood stabilizer (lithium, valproate, carbamazepine and lamotrigine) use in patients with BD, and (2) to summarize the available evidence on the onset and timing of these reactions.
Methods: We searched Ovid MEDLINE®, Embase, Cochrane Library, Web of Science, Scopus, and PsycINFO from 1970 onward for studies on dermatologic AEs in BD patients treated with lithium, valproate, carbamazepine, or lamotrigine (CRD42022357268). Study selection, data extraction, and bias risk assessment were performed by two reviewers. Meta-analyses were conducted to estimate the prevalence rates for dermatologic AEs.
Results: The initial database searches yielded 5,354 studies. 47 articles were deemed relevant and included in this systematic review. Study designs included 16 randomized controlled trials, 10 non-randomized open-label trials, 12 cohort studies, and 9 cross-sectional studies.
Lithium was associated with acneiform eruptions in 4.4% (95% CI: 1.0-17.0%), rash in 1.8% (95% CI: 0.7-4.8%), and hair loss in 1.7% (95% CI: 0.4%-6.4%) of patients. For valproate, hair loss was observed in 4.6% of patients (95% CI: 3.0-6.7%) and rash in 2.9% (95% CI: 1.6-5.3%). Carbamazepine was associated with rash in 6.0% of patients (95% CI: 4.4-7.6%), but severe reactions such as SJS and TEN were not reported. Lamotrigine had the highest rash prevalence with 9.2% (95% CI: 7.2-11.8%), while severe reactions were rare (0.04%, 95% CI: 0.00-0.63%).
Conclusions: Mood stabilizers showed varying levels of dermatologic AEs, but severe reactions were rare. Future studies should explore factors influencing these outcomes, their impact on quality of life and treatment participation, and potential management strategies.

Disclosure of Interest: None Declared

Philosophy and Psychiatry

EPP281

Convergence of Phenomenology and Neuroscience in Autism Therapy: A Case Study of Exchange and Development Therapy

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Introduction: This abstract explores the integration of phenomenology and neuroscience in understanding and managing Autism Spectrum Disorder (ASD) through Exchange and Development Therapy (EDT). EDT, developed by Professor Gilbert Lelord, focuses on restoring impaired functions in children with autism through principles of calm, receptiveness, and reciprocity.
Objectives: This study investigates the similarities between EDT principles and phenomenological concepts like intersubjectivity, intercorporeality, and intentionality, aiming to demonstrate the value of phenomenology in understanding autism.
Methods: The research involved a two-part approach:

1. Theoretical argumentation, explaining EDT principles and relevant phenomenological concepts in autism.
2. Phenomenological analysis of autobiographies of individuals with autism to identify recurring themes and align them with EDT principles.

Results: The study revealed a significant convergence between EDT principles and phenomenological concepts. Calmness in EDT aligns with intercorporeality, receptiveness with intentionality, and reciprocity with intersubjectivity. This convergence suggests that phenomenology is crucial for understanding the lived experiences of individuals with autism, which can inform and enhance neuroscience-based therapeutic approaches.
Conclusions: The integration of phenomenology and neuroscience offers a promising avenue for developing more effective and compassionate autism therapies. By incorporating the subjective experiences of individuals with autism, therapists can tailor interventions that resonate with their unique phenomenological worlds, leading to improved therapeutic outcomes. This research advocates for a more holistic and individualized approach to autism treatment, highlighting the indispensable role of phenomenology in contemporary psychiatry.

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Ethics and Psychiatry

EPP282

The right to mental health protection and its status in European Union primary law

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Introduction: Mental health is one of the fundamental personal values of every human being. Thus its protection should be one of the primary obligations of every state. To ensure common standards in aforementioned matter, it is necessary to exist an universal (supranational) grounds and rules for the protection of mental health, as well as the protection of people with mental disorders rights. Especially that, mental disorders are found all over the world, and in an age of globalisation and migration, borders are only a legal construct. In the Western European axionormative order, one of the factors shaping common normative standards is European Union law.
Objectives: The aim of this study is to identify the norms of European Union primary law from which the right to mental health protection can be derived (directly or indirectly), with a subsequent assessment of their adequacy.
Methods: The study is based on a dogmatic analysis of the primary legislation of the European Union (i.a. the founding Treaties or the Charter of Fundamental Rights of the EU - CFR) with analysis of the relevant literature of the subject and jurisprudence of the Court of Justice of the European Union.
Results: No provision of EU primary law explicitly statutes a 'right to mental health protection'. Currently, this right can be derived indirectly from norms relating to its particular aspects - e.g. the protection of mental integrity (Article 3 of CFR or Article 165 (2) of the Treaty on the Functioning of the European Union - TFEU), the removal of threats to mental health (Article 168 (1) TFEU) or the prohibition of discrimination on grounds of disability (Article 10 TFEU).
Conclusions: The current regulations are incomplete and therefore inadequate. The protection of mental integrity or the fight against discrimination are necessary for mental health (well-being) of entities, but do not fully cover the latter concept. The strengthening of the legal position of people with mental disorders requires the introduction into EU legislation of a comprehensive regulation that statutes the right to mental health protection, together with mechanisms for its enforcement against state authorities.

Disclosure of Interest: None Declared

Classification of Mental Disorders

EPP284

LLM-Powered Evolutionary System for Generating Large-Scale Databases in Speech-Related Psychiatric Conditions

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Introduction: In clinical studies on psychosis prediction, small sample sizes have been a persistent issue. Most studies rely on limited data, lack cross-validation, and use poor model strategies, leading to overfitting and overestimated accuracy. This challenge also affects traditional studies, where recruiting few participants introduces biases. Data harmonization is another hurdle, especially in speech analysis, which is crucial in psychiatry for conditions like psychosis, aphasia, and PTSD, but suffers from inconsistent methodologies across databases.
Objectives: Our goal was to develop an method using Large Language Models (LLMs) to create diverse, synthetic speech datasets, addressing these challenges: 1. Develop an evolutionary system for optimizing high-quality speech data generation. 2. Incorporate contrastive learning for improved model decision boundaries. 3. Provide a methodology for training classification models and conducting cross-cultural studies. 4. Create a large-scale, diverse database of synthetic psychiatric speech samples.
Methods:
Results: We presented a case study focused on the phenomenon of "Illogical Thinking," a language disorder proven to correlate with psychosis risk. Results:

1. Top-performing LLMs: Claude Sonnet 3.5 and GPT-4.
2. Optimal prompt structure determined
3. Database size: 3,000 samples
4. Computational efficiency: 200 evolutionary steps, 400 API calls
5. High data quality and diversity
6. Useful rationales for developing explainable models

Image 1:

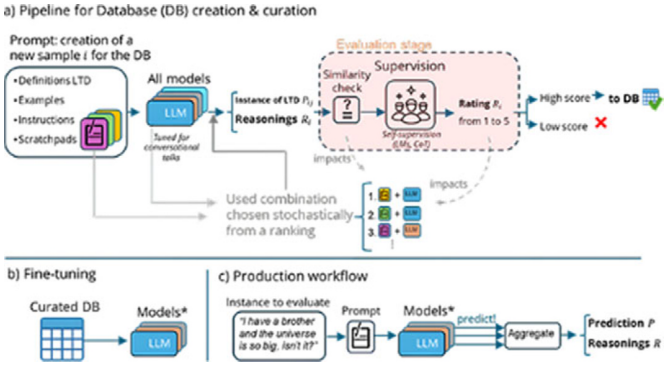
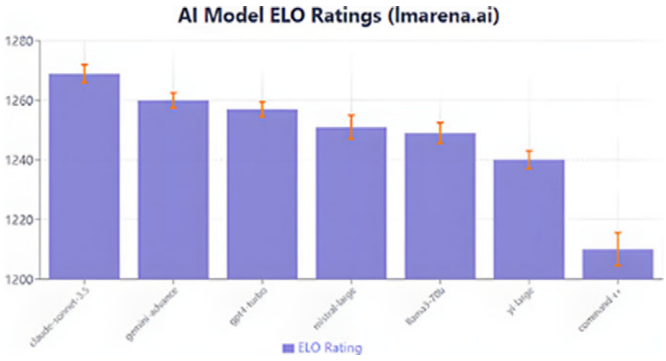


Image 2:



Conclusions: Our findings suggest that this approach could significantly benefit psychiatric research by addressing the challenges of small sample sizes and data inconsistency. The method shows promise for creating more reliable and generalizable predictive models, which could lead to advancements in mental health care practices. The system's flexibility indicates potential applications beyond our case study, possibly extending to other areas where data scarcity has impeded progress.

Disclosure of Interest: None Declared

Philosophy and Psychiatry

EPP285

Is it possible for artificial intelligence (AI) to develop a personality?

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Introduction: The development of artificial intelligence (AI) has led to significant advancements in various fields, including mental health applications. As AI technologies like ChatGPT continue to evolve, questions have arisen about whether AI can eventually develop a true personality, and what implications this might have for fields such as psychology and psychiatry. Isaac Asimov's ideas about AI and the Turing test have gained renewed attention, yet these frameworks do not address the core psychological components such as empathy, emotion, and personal interaction—key elements in therapeutic settings.
Objectives: This article explores whether AI could develop a personality and replace human therapists in psychological counseling and psychiatry. Specifically, it aims to evaluate AI's current capabilities in providing emotional and psychological support and to address whether AI can evolve to meet therapeutic practice's deeper, human-centered requirements.
Methods: The analysis is based on reviewing current AI applications in mental health, such as AI-based therapy platforms for post-traumatic stress disorder (PTSD), which provide symptom management tools and promote adaptive coping strategies. These applications were compared to the human therapist's role,

focusing on emotional interaction, empathy, and the therapeutic relationship. Additionally, the philosophical and psychiatric aspects of personality formation in both humans and AI were examined.
Results: AI systems have made progress in simulating therapeutic techniques, providing guidance, and mimicking emotional responses. They can support symptom relief and enhance coping strategies, especially in areas where human therapists are scarce. However, AI's ability to engage with deeper aspects of the therapeutic process, such as emotional empathy and personal connection, remains limited. AI lacks subjective experience, emotional depth, and self-awareness—essential factors for forming a genuine personality.
Conclusions: While AI has the potential to augment clinical practice, it cannot replace the human element in therapy. The development of AI-based tools is valuable for symptom management, but psychotherapy is inherently rooted in human connection, intuition, and emotional engagement—qualities AI does not possess. For AI to truly replace human therapists or develop a personality, significant advancements in consciousness and emotional cognition would be required, which remain speculative at this stage. Thus, AI will likely continue to serve as a supportive tool rather than a replacement for human therapists in the foreseeable future.

Disclosure of Interest: None Declared

Consultation Liaison Psychiatry and Psychosomatics

EPP286

The Role of Gut Microbiome in Psychiatric Disorders

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Introduction: Emerging evidence on the bidirectional connection between gastrointestinal microbiota and brain, through the gut-brain axis, and its influence on mental disorders makes the gut microbiota a potential target for novel therapeutic approaches.
Objectives: We aim to study and synthetize the current data about the influence of gut microbiome on psychiatric disorders.
Methods: Our literature research focused on some of the most significative English-written articles published in the last decade.
Results: Most of the relevant literature suggests that the presence of a healthy and diverse gut microbiota is essential to normal cognitive and emotional processing. Also, it has been shown that consumption of probiotics can modify the functional activity of the areas in the brain that are implicated in cognitive functions.
The literature also supports that stress can change gut permeability as well as the composition of gut microbiota resulting in a pro-inflammatory profile of cytokines produced by gut microbiota. Besides, gut microbes can modulate the stress response and the level of anxiety through alterations in serotonin signaling.
It has been also demonstrated that in animal models of depression the composition of gut microbiota was changed. On the other hand, other studies demonstrated certain probiotics can attenuate depressive symptoms in rodent models.
Regarding eating disorders, Anorexia Nervosa seems to have impact on the gut microbiota balance through restrictive diets and the abrupt change in diet during nutritional rehabilitation. The use of prebiotics, probiotics, antibiotics or faecal transplantation looks promising as important novel adjuvant treatments.
Conclusions: The effect of gut microbiota on several mental disorders is supported by a increased volume of experimental data. However, research in this field is still unfolding and more studies should be performed to apply new techniques focusing on gut-brain axis in clinical practice.

Disclosure of Interest: None Declared

EPP287

Psychedelic-assisted therapy for functional neurological disorders: a review of the literature

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Introduction: Functional neurological disorders (FND), also referred to as conversion disorder or psychogenic neurological disorders, are one of the most common and disabling conditions in the neurology practice field, with very limited treatment options. FNDs present with sensory and/or motor symptoms that can mimic other neurological conditions, but appear to be related to recognizable psychological factors and are thought to occur via mechanisms other than those related to identifiable structural neuropathology. This condition has very limited treatment options, but there is preliminary evidence that psychedelic-assisted therapy (PAT) might be effective in a growing number of psychiatric disorders, including FNDs.
Objectives: We aim to review the current literature regarding the role of psychedelic-assisted therapy in the treatment of functional neurological disorders.
Methods: We search PubMed with the following keywords: psychedelics, functional neurological disorder and conversion disorder.
Results: Only nine studies were published, between 1954 and 1967, reporting the use of psychedelics in the treatment of FNDs, with a total of 22 patients, of which 69% (n = 18) were found to have made at least some recovery, though the included studies were of low quality, often lacking control groups and valid outcome measures.
Conclusions: There is a lack of evidence for the efficacy of PTA on the treatment of FNDs. Nevertheless, the discussion remains, as several abnormalities of the default mode network activity (DMN) have been reported in patients with FND and many of the proposed

therapeutic benefits of psychedelics have been theorized to relate to their action on the DMN.

Disclosure of Interest: None Declared

EPP290

Depression in Patients with Chronic Heart Failure: Correlation with Hemodynamic Parameters and Lipids' Metabolism

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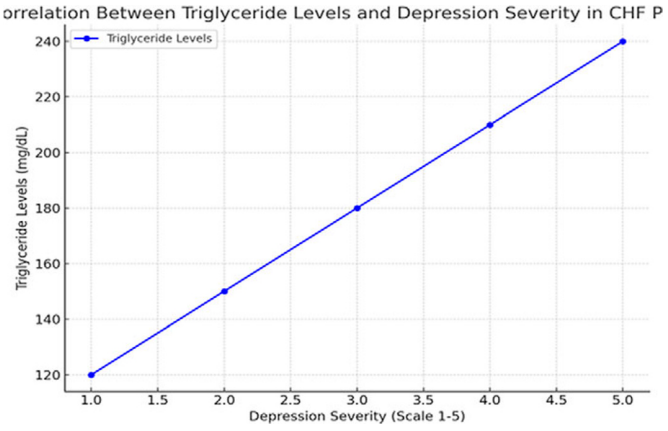
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Introduction: Depression is a major concern in patients with chronic heart failure (CHF), with a prevalence of approximately 20-40%. It has been linked to worsened outcomes, including mortality and significant declines in physical and social functioning. Understanding the relationship between depression and hemodynamic as well as lipid metabolism parameters in CHF patients can provide insights into the underlying mechanisms of these worsened outcomes.
Objectives: This study aims to evaluate the correlation between depression and central hemodynamic and lipid metabolism parameters in patients with chronic heart failure (CHF).
Methods: The study involved 80 patients with CHF II-III NYHA classes caused by chronic coronary artery disease. They were divided into two groups: 20 without signs of depression and 60 with depression, as diagnosed using the Zung Self-Rating Depression Scale, Beck Depression Inventory, and Hamilton's Depression Scale. Hemodynamic parameters were assessed using echocardiography (EchoCG), and lipid levels were measured in blood plasma. Statistical analyses were performed using t-tests, Mann–Whitney U tests, and correlation coefficients to determine relationships between variables.
Results: Depressive symptoms were prevalent in 71.6% of the CHF patients, with severe depression observed in 3.3%. Significant correlations were found between depression severity and blood pressure, triglyceride levels ($r = 0.7$, $p < 0.05$), and key echocardiographic measures such as left atrium diameter ($r = 0.57$, $p < 0.05$), end-diastolic size ($r = 0.53$, $p < 0.05$), and ejection fraction ($r = -0.29$, $p < 0.05$). Additionally, situational anxiety was significantly correlated with serum urea levels ($r = 0.42$, $p < 0.05$), triglycerides ($r = 0.91$, $p < 0.05$), and echocardiographic parameters.

Image 1:

Parameter	Correlation Coefficient (r)	p-value	Interpretation
Systolic Blood Pressure (SBP)	-0.3	< 0.05	Moderate inverse correlation
Diastolic Blood Pressure (DBP)	-0.35	< 0.05	Moderate inverse correlation
Triglycerides (TG)	0.7	< 0.05	Strong direct correlation
Left Atrium Diameter (LA)	0.57	< 0.05	Moderate direct correlation
End-Diastolic Size (EDS)	0.53	< 0.05	Moderate direct correlation
Ejection Fraction (EF)	-0.29	< 0.05	Weak inverse correlation

Image 2:



Conclusions: Patients with CHF and depression exhibit more severe central hemodynamic and lipid metabolism disorders than those without depression. These findings suggest that addressing depression in CHF management may mitigate some of the adverse effects on cardiovascular health.

Disclosure of Interest: None Declared

E-mental Health

EPP291

Harnessing Artificial Intelligence in Psychiatry: Innovations, Applications, and Ethical Considerations

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Introduction: The field of psychiatry is going through a rapid transformation as a result of the rapid advancements in artificial intelligence (AI), which are providing novel opportunities for the diagnosis, treatment, and management of mental health disorders. AI can deliver more precise and personalized mental health care by utilizing machine learning algorithms, natural language processing (NLP), and neuroimaging analysis. This paper investigates the current applications of AI in psychiatry, its prospective benefits, and the challenges that must be overcome in order to effectively integrate AI into clinical practice.

Objectives: To investigate contemporary advancements in artificial intelligence (AI) applications in psychiatry, emphasizing enhancements in diagnostic precision, therapeutic personalization, and ethical considerations for integration into clinical practice.

Methods: A thorough examination of AI applications in psychiatry was performed, encompassing AI utilization for psychiatric diagnosis, digital mental health therapies, neuroimaging analysis, and suicide risk assessment.

Results: Artificial intelligence demonstrated considerable potential in enhancing diagnostic precision, especially via technologies such as natural language processing for evaluating speech and text, and machine learning algorithms for assessing brain imaging. AI-driven chatbots and virtual therapists shown effectiveness in administering cognitive behavioral therapy (CBT) and facilitating continuous mental health care. Predictive algorithms for suicide risk and digital phenotyping instruments present opportunities for early intervention. Nonetheless, obstacles including algorithmic bias, data security issues, and the necessity for human oversight were identified as barriers to full implementation.

Conclusions: Artificial intelligence possesses revolutionary potential in psychiatry, facilitating earlier diagnoses, more individualized treatment strategies, and continuous monitoring of mental health disorders. For AI to be included into standard psychiatric care, continuous efforts are required to guarantee ethical implementation, mitigate algorithmic bias, and preserve the vital human connection in psychiatric therapy. Collaboration among AI engineers, physicians, and ethicists will be essential to fully leverage AI's potential while ensuring the safety of patients.

Disclosure of Interest: None Declared

EPP292

Evaluating Social Media as a source of Mental Health Information: Insights from Mental Health Practitioners

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Introduction: Social media has significantly changed the way we communicate, interact, and access mental health information for both the public and practitioners. Research indicates that rising rates of suicidal behaviors among adolescents may be linked to increased screen time on social media (Balt et al., 2023). Excessive use of online social networks can exacerbate self-harm and suicidal thoughts in vulnerable young people (Memon et al., 2018). Given Emergency Mental Health Professionals are most often in contact with suicidal patients, we developed a survey to gain a deeper understanding of their practices and attitudes toward social media platforms.

Objectives: We aim to explore social media usage patterns among mental health practitioners in Singapore's sole psychiatric emergency department, assess their views on the impact of social media as a mental health resource, and evaluate whether they believe suicide posts on social media should be treated with the same seriousness as traditional suicide notes.

Methods: The authors surveyed 58 mental health professionals - psychiatrists, nurses, psychologists, social workers, and pharmacists - who worked during 2023-2024. The survey, consisting of 19 multiple-choice questions, assessed attitudes toward mental health-related internet technologies and the perceived advantages and disadvantages of social media, based on a previous scientific paper titled "The Role of Social Media as a Resource for Mental Health Care". Responses were measured on a Likert scale (1 = Strongly Disagree to 5 = Strongly Agree). SPSS 16.0 was used to analyze correlations between demographics and attitudes toward social media as a mental health resource.

Results: Of the practitioners, 58.6% viewed social media's impact on mental health as negative. Notably, 32.4% of those with less than one year of experience held this view, compared to just 8.8% of those with 6 to 9 years of experience. A significant negative correlation was found between actively following mental health content on social media and the belief that social media increases suicide risk among vulnerable individuals ($P = 0.003$, $R = -0.389$). However, years of work experience did not significantly correlate with this belief ($P = 0.213$).

Conclusions: The study finds that while mental health professionals generally view social media negatively, those who engage with mental health content online are less likely to associate it with increased suicide risk. Our limited literature review found no similar studies, and we aim to provide new insights into how familiarity with mental health content influences professional attitudes. Expanding the research beyond Emergency Department practitioners could reveal how demographic factors shape opinions on social media.

Disclosure of Interest: None Declared

EPP293

A digitally supported guided self-help for depression and anxiety –The development and results of the Finnish guided self-help (F-GSH)

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Introduction: *Increasing access to short, evidence-based psychotherapies is essential for responding to the rapid increase of demand. This can be achieved only by implementing scalable digital solutions. The Finnish guided self-help (F-GSH) is a digitally supported treatment based on Cognitive Behavioral Therapy (CBT). It was implemented in 2020 onward as part of the national First Line Therapies initiative to face the increased demand and shortage of therapists in primary health care.*
Objectives: *We describe the implementation and preliminary results of the Finnish Guided Self-Help (F-GSH) of GSH for depression and anxiety in adults.*
Methods: *Description of the digitally supported F-GSH and therapist training using e-learning platform. We report preliminary outcomes from F-GSH for depression (n=766) and anxiety (n=1043). As outcomes we report self-reported depression (PHQ-9) and anxiety (GAD-7) symptoms measured at the beginning and end of the F-GSH treatment, patient and employee satisfaction, and proportion of patients in need of further treatment after F-GSH. Results are gathered from a wide geopraphical area covering 12 well-being counties.*
Results: *The training program includes a 5-7 hours online training. A multiple-choice exam must be passed at the end course to gain certification. The training can be enhanced locally by skills workshops, to refine abilities, discuss specific GSH programs and patient groups, or address local implementation issues. In August 2024 more than 2700 employees had undergone the F-GSH training. The symptom severity changes during the treatment in our sample were as follows: Depression program the mean PHQ-9 for depression were at the beginning and end of the treatment 15.4 (SD 5.4)- 11.2(6.0) and for anxiety symptoms GAD-7 10.3(4.7)-7.9(4.8). Respectively, for during the treatment program targeted for anxiety symptoms the GAD-7 levels were 12.25(4.8)- 8.8(5.0) and for PHQ-9 12.43(5.5)- 9.1 (5.6). Worsening of the symptoms were reported for 0-2% of the patients. Further treatment needed 38% of patients after F-GSH for depression and After F-GSH 38% of patients had no need for any further treatment.*
Conclusions: *E-learning platform forms a scalable and acceptable solution for training large number of professionals on a short time period at low cost for an evidence based treatment model. The symptoms reductions during the digitally supported F-GSH for depression and anxiety were comparable with previously reported in other studies, and comparable with longer CBT treatments. The F-GSH seems to be acceptable for the patients and employees. Also, the symptoms seem to ameliorate clinically significantly during the treatment.*

Disclosure of Interest: None Declared

Epidemiology and Social Psychiatry

EPP296

Attachment styles among Tunisian women: cross-sectional study

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Introduction: Attachment styles are essential for understanding how individuals form and maintain emotional connections and relationships, significantly influencing emotional well-being and interpersonal dynamics. In Tunisia, where cultural expectations around gender and relationships play a prominent role, exploring attachment styles provides insight into how women navigate intimacy, trust, and emotional security.
Objectives: This study aims to assess the prevalence of attachment styles among Tunisian women and investigate their associations with various sociodemographic and psychological factors
Methods: a cross-sectional study was conducted online using a Google Forms questionnaire between July and August 2024. The inclusion criteria were sexually active women aged 18 years or older who provided informed consent to participate. Participants completed a self-administered questionnaire that included sociodemographic information, personal medical history, lifestyle habits, and psychometric assessments. The relationship Questionaire (RQ) was used to evaluate attachement style and self-esteem was assessed using the Rosenberg Self-Esteem Scale (RSE).
Results: A total of 180 women participated in the study, with an average age of 32.79 years, ranging from 21 to 60 years. The majority, 97.78%, resided in urban areas, while 94.44% held a university degree, and 80% were employed. Medical history revealed that 21.11% reported organic issues, and 27.22% had a psychiatric history. Lifestyle habits indicated that 18.9% of women smoked, 21.1% consumed alcohol, and only 1.1% used psychoactive substances.
Evaluation of attachment styles showed that 57.78% of women exhibited a secure attachment style (n=104), 26.67% had an avoidant style (n=48), 8.89% displayed a disorganized style (n=16), and 6.67% had an anxious style (n=12). Attachment styles were significantly associated with age (p=0.003), employment status (p=0.004), marital status (p=0.01), organic health issues (p=0.02), history of suicide attempts (p<0.001), self-esteem (p<0.001), and the number of sexual partners (p=0.01).
Conclusions: The findings highlight that attachment styles are significantly linked to several sociodemographic and psychological factors among Tunisian women. Understanding these associations is crucial for developing targeted interventions that promote secure attachment patterns, improve emotional well-being, and enhance relationship quality. By addressing these dynamics, we can foster psychological resilience and support healthier relational patterns. Further research could extend these insights to broader sociocultural contexts, offering more tailored approaches to improving women's mental health and relational satisfaction.

Disclosure of Interest: None Declared

EPP297

Examining predictors of non-suicidal self-injury among college students: A prospective cohort study

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Introduction: Non-suicidal self-injury (NSSI) refers to the deliberate act physical harm without intent of suicide. Common forms of NSSI include cutting, burning, and hitting oneself. The prevalence of NSSI among college students have been estimated to be between 15% to 25%.and higher than in the general population. Investigating patterns associated neurobiological and personality traits may provide a more comprehensive understanding of NSSI.
Objectives: We aim to identify latent trajectory classes for NSSI behavior among college students. We expect that baseline personality and the behavioral inhibition/activation scales (BIS/BAS) will predict NSSI trajectory.
Methods: A total of 704 first-year university students at University of Victoria, Canada, were recruited in the beginning of the first semester over two consecutive academic years. Participants attended a baseline testing session completing self-report measures including the Ten Item Personality Inventory, BIS/BAS and NSSI instruments. There were monthly follow-up sessions from October to April. Longitudinal data will be analysed with latent growth curve modeling and group-based trajectory modeling, and baseline predictors will be analysed with multivariate logistic regression.
Results: Latent class growth analysis found three distinct classes of NSSI during the follow-up period. A small percentage (2.4%) of the participants had a high degree of self-injury throughout the follow-up period. A second class of 13.4% of the participants had a moderate degree of self-injury at baseline, which fell throughout the follow-up period. Lastly, a third class of the majority of the participants (84.3%) had minor or none self-injury both at baseline and in the follow-up period. Concerning baseline predictors, higher openness and BAS drive were associated with lower NSSI at baseline.
Conclusions: In line with previous studies, we identified three distinct trajectories of NSSI behavior among college students. Notably, low openness and low BAS drive were associated with a degree of NSSI at baseline. These findings suggest that openness and drive may play a protective role in NSSI, providing valuable insights for future prevention and intervention efforts. The project is part of the Collaborative Research Program at the International Society for the Study of Self-Injury.

Disclosure of Interest: None Declared

EPP299

Exploring the subjective role of diet for people living with severe mental illness: insights from a biopsychosocial perspective

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Introduction: People living with severe mental illness (SMI) face a life expectancy reduction of 10 to 20 years, often due to physical comorbidities. In addition to medication side effects, unhealthy lifestyle choices may contribute to this disparity.
Objectives: Understanding the experiences and views of people living with SMI regarding diet is essential in addressing these challenges.
Methods: To explore the role of nutrition and its determinants within a biopsychosocial framework, 28 semi-structured interviews were conducted with service users living in Germany, Austria, and Australia. A generic thematic analysis was applied to uncover key themes around implications of dietary behavior and its determinants.
Results: Both positive and negative effects of diet were reported. A prominent theme was the mental strain related to body weight, which contributed to feelings of guilt and experiences of stigma. Numerous biological, psychological, and social factors were identified as influencing dietary choices and behaviors. Many participants expressed a desire for greater support in achieving dietary balance and breaking the vicious cycle between diet and mental health.
Conclusions: From the viewpoint of people living with SMI, dietary interventions should be more integrated into mental health care. Psychosocial aspects, such as the emotional impact of eating, are as important as biological factors like nutrient intake, emphasizing the need for a holistic approach to addressing diet in mental health care.

Disclosure of Interest: None Declared

EPP300

Prevalence and Risk Profile of Depression Among Adolescents in Rural and Indigenous Communities of Mexico: A Cross-Sectional Study

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Introduction: Depressive disorders are the most prevalent chronic mental disorders globally, affecting approximately 322 million people, or 4.4% of the world's population, with a significant portion residing in the Americas, including Mexico. Adolescence represents a critical period for the onset of depression, where preventive interventions should focus on enhancing cognitive abilities, which are malleable and can mitigate the impact of early negative experiences, particularly in marginalized areas and indigenous communities.
Objectives: To identify the prevalence of depressive symptoms and characteristics associated with the presence or absence of depressive

symptoms in a population of adolescents and young adults residing in rural and indigenous communities in San Luis Potosi state, Mexico.
Methods: A cross-sectional study was conducted. Depressive symptoms were assessed using the Patient Health Questionnaire-9 (PHQ-9), while anxiety symptoms were measured using the Generalized Anxiety Disorder-7 (GAD-7) scale. Descriptive statistics, a comparative analysis and a principal components analysis were performed with the sociodemographic data and the evaluations of each item of the PHQ9 and GAD7.
Results: 1,057 participants aged between 15 and 25 years (16.63 ± 1.53 years) were included in the study. The sample comprised 60.51% females 39.48% males, and 7 participants reported speaking an indigenous language. 28.67% of participants had responses compatible with anxiety, while 34.98% had depression, of which 46.1% qualified as having major depressive disorder. Regarding GAD7, participants with higher severity scores presented a higher average response on item 3 about feeling excessively worried about different things, while those with depression did not respond predominantly to questions regarding mood, but rather to item 3 referring to having difficulty falling or staying asleep and item 4 about feeling tired or having low energy. 4.67% of participants reported suicidal ideation almost every day. When the GAD7 and PHQ9 items were subjected to a principal component analysis, it was observed that PC1=51.67%. The factors self-reported as most closely linked to depressive and anxious symptoms included the age of the caregiver, sex and age of the participant, as well as whether they spoke an indigenous language.
Conclusions: Difficulty falling and staying asleep, as well as perceived lack of energy or fatigue, are the main ways in which this population recognizes signs of depression, rather than feelings of sadness or anhedonia. Given the high prevalence of depressive symptoms and the identified risk profiles, there is an urgent need for targeted mental health services and interventions in these vulnerable populations.

Disclosure of Interest: None Declared

Forensic Psychiatry

EPP302

Incidents of violence and proportionality of restrictive practices: a D-FOREST study

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Introduction: Aggression and violence are common in psychiatric in-patient wards. Preventive measures such as de-escalation, increased observations, extra medication, restraint and seclusion are utilised by nurses and authorised by doctors in a highly skilled way that should be proportionate to the risks posed. There is limited empirical data on the proportionality of the use of restrictive practices within Irish forensic psychiatric units.
Objectives: The aim of this study was to rate the severity of incidents and proportionality of response to incidents in the high secure unit within the National Forensic Mental Health Service.
Methods: This is a prospective cohort study set in the Central Mental Hospital. Patients were assessed each day using the Dynamic Assessment of Situational Aggression (DASA) scale and incidents were rated each day using the DUNDRUM Restriction-Intrusion of Liberty Ladders Scales (DRILL), which includes the assessment of adverse incidents, violence and self-harm, interventions including restrictive practices and consequences. In this study we used episodes of restriction as an outcome measure. Data were gathered as part of the Dundrum Forensic Redevelopment Evaluation Study (D-FOREST). Generalised Estimating Equations were used to analyse repeated measures in the same subjects.
Results: There were 384 patient days in scope, 411 lines of data including 326 patient-days, 85 incidents and 63 incidents of seclusion. The DRILL scales had good internal consistency (DRILL behaviours scale Cronbach's alpha=0.789; DRILL interventions scale Alpha=0.866). The DASA on the day before an incident predicted the score on the DRILL behaviours scale (severity of behaviours) Wald X^2=39565.2, p<0.001, with DUNDRUM-1 triage security scale also contributing significantly to the model Wald X^2=884.3, p<0.001. The best model to predict the DRILL interventions scale included DASA on the day before (Wald X^2=14.6, p=0.012) DRILL-behaviours scale (Wald X^2=728.7, p<0.001) and DUNDRUM-1 (Wald X^2=10,819.4, p<0.001). This was also the best model to predict whether or not a patient was secluded (DASA day before Wald X^2=46.4, p<0.001; DRILL-behaviours scale Wald X^2=173.2, p<0.001; DUNDRUM-1 Wald X^2=6153.5, p<0.001).
Conclusions: Harmful behaviours and preventive and restrictive interventions can be described by rating items ('ladders') with good internal consistency, demonstrating that behaviour escalates in a meaningful sequence of increasingly serious harmful occurrences. The more serious the incident, the higher the level of restrictive practice used, demonstrating proportionality. This model of short term risk assessment and preventative interventions can be used to develop more effective and less restrictive interventions. Future research will explore moderating and mediating factors.

Disclosure of Interest: None Declared

EPP303

The application value of facial expression analysis system in violence risk assessment of patients with mental disorders

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Introduction: Patients with mental disorders often engage in extreme and unpredictable violent behaviors that seriously endanger the public security and stability of the society. Violence risk is commonly assessed by subjective judgement, which may lead to bias and uncertainty in the appraisal results. Existing expression recognition and analysis techniques have limitations in identifying the emotional states of patients with mental disorders.
Objectives: The study aimed to explore the association between violent behaviors and facial expression in patients with mental disorders by machine learning algorithm, to evaluate the application value of facial expression analysis system in violence risk assessment of individuals with mental disorders.
Methods: Thirty-nine patients with mental disorders were enrolled and assessed by using Modified Overt Aggression Scale (MOAS), positive and negative syndrome scale (PANSS) and brief psychiatric rating scale (BPRS). An emotional arousal paradigm was performed and the intensity of baisc emotions and expression action units was recorded before, during and after the paradigm. The processed quantitative data was used to generate one-dimensional waveform maps and two-dimensional time-frequency maps and then quantized feature data were extracted. A machine learning model with high accuracy was trained using these feature data, which can accurately determine the violence risk states of patients and output the probability. All individuals participated voluntarily and provided informed consent. This study was approved by the ethics committee of the Academy of Forensic Science.
Results: The intensity difference of sadness, surprise and fear in different time periods was statistically significant. The intensity of the left medial eyebrow lift action unit was found significantly different before and after the emotional arousal. The intensity of anger and disgust was positively correlated with the MOAS scores, PANSS scores and BPRS scores. The features of time-frequency diagrams of 5 expression action units (medial eyebrow raise, eyebrow lowering, slightly open lips, chin drop and eye closure) and 8 basic emotions were selected and then support vector machine was used for triple classification, which is a classifier that can well distinguish the three stages of non-violence risk period, violence risk period, and post-violence risk period. In the 4:1 training-testing grouping, the classification accuracy reaches 91.2%.
Conclusions: Featured expressive action units and various baisc emotions might be used to capture information associated with violent behaviors. The facial expression analysis system mentioned above can be used as an auxiliary tool to assess the potential risk of violence in patients with mental disorders.

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Emergency Psychiatry

EPP304

Transforming Psychiatric Emergency Care: A Community-Focused Model in Trento, Italy

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Introduction: Psychiatric emergencies are a global challenge requiring timely, effective interventions. Traditional intra-hospital approaches often struggle to address the complexity of these crises in a patient-centered and family-inclusive manner. Trento's Mental Health Service has implemented a community-based, multidisciplinary approach to manage psychiatric emergencies, emphasizing the socio-familial context of each crisis.
Objectives: This study aims to evaluate the effectiveness of the Trento Crisis Team in managing psychiatric emergencies outside of hospital settings, reducing hospital admissions, and enhancing patient and family engagement in the recovery process. Additionally, we assess the impact of the crisis service on public stigma related to mental health crises.
Methods: The study reviews the structure and organization of the Trento Crisis Team, which operates within the Mental Health Centre. The team includes 3 psychiatrists, 5 nurses, 5 educators/psychiatric rehabilitation technicians (TERP), and 5 Peer Support Specialists (*"ESP"* in Italian). Data were collected from emergency intervention records, hospital admission rates, and user satisfaction surveys. Comparisons were made between territorial and intra-hospital crisis management outcomes, with statistical analysis on key performance indicators such as the number of hospital admissions and compulsory health treatments.
Results: Preliminary results indicate a reduction in hospital admissions (*Image 1*) and a significant decrease in the number of compulsory interventions (*Image 2*) since the establishment of the dedicated Crisis Team. While overall user numbers have increased (*Image 3*), the availability of peer support and home-based interventions has improved patient satisfaction and engagement. However, the system still faces challenges in reducing hospital admissions due to the increasing volume of psychiatric emergency cases.
Image 1:

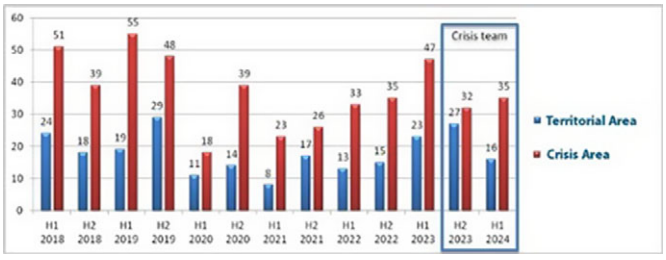


Image 2:

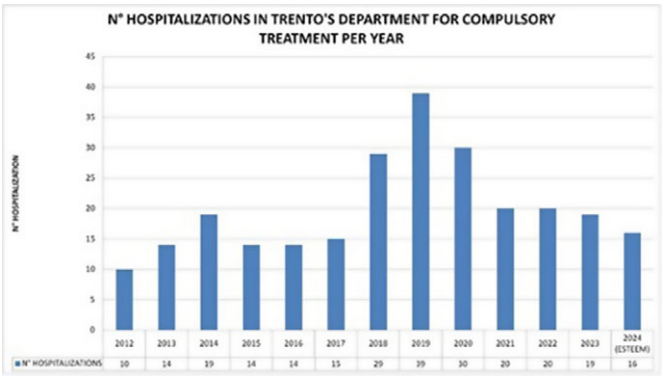
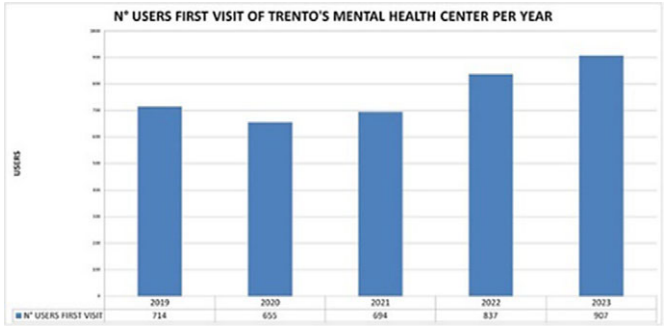


Image 3:



Conclusions: The community-based crisis management model adopted by the Trento Crisis Team offers a promising alternative to traditional hospital-based interventions. By focusing on the individual's socio-familial environment and engaging Peer Support Specialists, the service has demonstrated a capacity to humanize mental health crises and reduce public stigma. Continued efforts are necessary to address resource constraints and further integrate crisis management into community mental health pathways.

Disclosure of Interest: None Declared

Forensic Psychiatry

EPP305

The application of traffic psychology scales in assessment for fitness-to-drive of individuals with mental disorders

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Introduction: Mental disorder may affect individual's ability to operate the motor vehicle. Previous studies have found that patient's negative emotions may trigger aggressive driving behaviors. Thus, efficiently evaluating the correlation between emotions and driving behaviors in individuals with mental disorders has been drawn emphasis.

Objectives: To explore the related factors of fitness-to-drive of individuals with mental disorders, to determine the application value of traffic psychology scales in assessment for fitness-to-drive of individuals with mental disorders, and to help establish consummate and effective assessment systems.

Methods: One hundred individuals with mental disorders were enrolled as the patient group, and 100 healthy individuals were enrolled as the control group. Positive and Negative Syndrome Scale (PANSS) was used to assess the psychiatric symptoms of the patient group. Driver Profile of Mood States (DPOMS), Driver Anger Scale (DAS), and Driving Behavior Scale (DBS) were used to evaluate the performance during driving within two groups. T-test were used to compare the differences in each factor score of traffic psychology scales within two groups. Pearson's correlation analysis was used to calculate the correlation between scores of PANSS and scores of traffic psychology scales of the patient group.

Results: The patient group had significantly higher score of driving function deficit in DBS than the control group ($t=2.48$, $P<0.05$), but scores of hostile gestures, impolite driving, overly cautious behaviors in DBS and total score of DAS showed the opposite ($P<0.05$). Positive syndrome in PANSS was positively related to traffic congestion in DAS ($r = 0.315$, $P < 0.05$). Anger in DPOMS was positively related to driving function deficit ($r = 0.488$, $P < 0.01$) and hostile behaviors in DBS ($r = 0.510$, $P < 0.01$), whereas it was negatively related to overly cautious behaviors in DBS ($r = -0.417$, $P < 0.05$). Anxiety and depression were also related to some factors in DAS and DBS.

Conclusions: The study found the practical application value of DPOMS, DAS, and DBS in assessment for fitness-to-drive of individuals with mental disorders. Patient's anger in specific traffic situations such as traffic congestion may be mainly related to their positive syndrome. Patient's anger may be a trigger of aggressive driving behaviors, and other emotions such as anxiety and depression also play important roles. Patient's aggressive driving behaviors may be attributed to the compounding of many negative emotions.

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Genetics and Molecular Neurobiology

EPP306

Evaluation of Mitochondrial DNA (mtDNA) Copy Number Alterations and Clinical Parameter Correlations in Patients with Methamphetamine Use Disorder

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doi: 10.1192/j.eurpsy.2025.607

Introduction: Methamphetamine use disorder (MUD) and associated conditions impose a significant burden not only on affected individuals and their families but also on communities. Neurotransmitter system imbalances, mitochondrial dysfunction, oxidative stress, and activation of the inflammasome have all been implicated in methamphetamine-induced neurotoxicity. However, whether MUD is associated with peripheral mtDNA alterations remains uncertain.
Objectives: This study aimed to investigate the relationship between mtDNA copy number and clinical parameters in individuals diagnosed with MUD, comparing them with healthy controls.
Methods: Our study is a case-control research involving 52 patients diagnosed with MUD based on DSM-5 criteria and 52 healthy controls. Peripheral blood samples were collected, and leukocytes were isolated using the ELK Biotech Genomic DNA Extraction Kit for genomic DNA extraction. DNA samples were diluted to a concentration of 0.5-2 ng/µl for mtDNA copy number analysis, which was performed using the ScienCell qPCR Assay Kit. Two qPCR reactions were carried out for each sample using mtDNA and SCR primer sets. Known mtDNA copy number samples were used as references, and mtDNA copy numbers for each sample were calculated using the comparative $^{\Delta\Delta}$Cq method.
Results: When comparing the mtDNA copy numbers between patients diagnosed with MUD and the control group, the mtDNA copy number in individuals with MUD was found to be significantly lower than that of the control group (p=.001). After controlling for age and gender, clinical parameters (suicide attempt, non-suicidal self-injury, duration of disorder, withdrawal symptoms, psychosis) and scale scores were compared based on mtDNA copy numbers. Among these, only substance use duration showed a statistically significant difference between the groups (p=.045). Additionally, in this study, a significant negative correlation was found between mtDNA copy numbers and the duration of disorder in MUD patients (r=-.369, p=.008).
Conclusions: This is the first study examining the relationship between peripheral mtDNA alterations and clinical parameters in individuals diagnosed with MUD. A previous study showed that individuals with MUD exhibited decreased mtDNA copy numbers and increased mtDNA damage compared to healthy individuals in the Chinese population. Consistent with these findings, it was suggested that methamphetamine could lead to mitochondrial dysfunction and a reduction in mtDNA copy numbers in cell lines and animal models. In conclusion, individuals with MUD show decreased mtDNA copy numbers in peripheral blood samples, potentially related to increased autophagy. In this context, the reduction in mtDNA copy numbers could be used as a biomarker for MUD, and preventing this reduction may be beneficial in the clinical treatment of addiction.

Disclosure of Interest: None Declared

EPP307

Polygenic risk score for autoimmune disorder SLE predicts current depression but independently of exposure to recent stress

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doi: 10.1192/j.eurpsy.2025.608

Introduction: Inflammation has emerged in recent year as one potential contributor pathway in the background of several neuropsychiatric disorders, including depression. It is also increasingly understood that inflammation may exert its role via mediating the effect of stress in the etiology of such conditions. Therefore, understanding the role of inflammation in the background of depression would offer novel insight into the involved processes facilitating the identification of related biomarkers, novel treatment targets, as well as possibilities for early screening, risk identification, and prevention and intervention. In spite of these promising possibilities, currently we know little about the shared genetic risk in case of autoimmune or inflammatory conditions and depression.
Objectives: Our present analyses aimed at investigating, using polygenic risk scores, if genetic predisposition to inflammatory or autoimmune disorders predicts depression scores and if recent exposure to life stressors interacts with the effect of genetic variation.
Methods: For establishing polygenic risk scores (PRS) for different inflammatory/autoimmune conditions, we pre-existing GWAS summary statistics were used for systemic lupus erythematosus (SLE) (7219 cases, 15991 controls), autoimmune thyroid disease (AT) (859 cases, 324074 controls), and atrophic gastritis (AG) (180 cases, 456168 controls). The NewMood database (N=1820) was used as target data. Brief Symptom Inventory Depression Scale scores reflecting current depressive symptom severity was used as outcome depression phenotype. PRS calculations were performed with LDpred2. Linear regression models performed with R (4.1.3) were used to investigate the main effect of the PRS and the interacting effect of recent stress and PRS on current depression score.
Results: The main effect analyses showed that SLE-PRS had a significant effect on depression (beta=0.2389, p=0.0175) while AT-PRS (beta=0.4094, p=0.9763) and AG-PRS (beta=0.4741, p=0.5795) did not show significant main effects. Interaction analyses did not show significant effect in case of any of the examined autoimmune/inflammatory disorders (SLE-PRS x recent stress:

beta=0.1041, p=0.2016; AT-PRS x recent stress: beta=19.82, p=0.05811; AG-PRS x recent stress: beta=0.3169, p=0.6661).
Conclusions: Our present results show that while there is an overlap in the genetic background of depression and some autoimmune or inflammatory conditions, current stressors may not have an interacting role in this relationship. Our results need replication in larger samples, and should be extended to investigate polygenic scores for other conditions and other types of stress.
This study was funded by NAP2022-I-4/2022, K143391, 2019-2.1.7-ERA-NET-2020-00005, TKP2021-EGA-25, ÚNKP-23-3-I-SE-73.

Disclosure of Interest: None Declared

EPP308

COX-2 gene rs689466 polymorphism and nicotine dependence among schizophrenia patients

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doi: 10.1192/j.eurpsy.2025.609

Introduction: In addition to play a key role in the generation of the inflammatory response, cyclooxygenases (COXs) are involved in a variety of other physiological processes, including dopaminergic signaling, and the skin flush response to the water-soluble B vitamin niacin. Patients with schizophrenia frequently exhibit abnormal signaling of dopamine and other neurotransmitters and attenuated niacin skin flush response. Clinical studies reported beneficial effects of selective cyclooxygenase-2 (COX-2) inhibitors on the simptom expression of schizophrenia, as measured by the Positive and Negative Syndrome Scale (PANSS). Several studies investigated potential correlations between functional rs689466 polymorphism (A/G polymorphism) of the COX-2 gene and etiology of schizophrenia, but the results have not been consistent. While we did not find evidence that the COX-2 polymorphism was associated with an elevated risk of schizophrenia risk in a Croatian population, we observed that the COX-2 polymorphism contributes to attenuated niacin skin flushing in patients with schizophrenia.
Objectives: To the best of our knowledge, no studies have investigated the potential associations between any COX-2 gene polymorphisms and the etiology of nicotine dependence. Based on the elevated smoking rate observed consistently in patients with schizophrenia and the possible relevance of COX-2 genes in schizophrenia and nicotine dependence via dopaminergic signaling, we investigated whether the risk of nicotine dependence among patients with schizophrenia is associated with the COX-2 gene rs689466 polymorphism. Given evidence suggesting that smoking influences the severity of schizophrenia, we also hypothesized that an interaction between smoking and the COX-2 polymorphism may contribute to the age of schizophrenia onset and/or PANSS psychopathology.
Methods: Polymerase chain reaction analysis/restriction fragment length polymorphism analysis was used to genotype 190 chronically ill schizophrenia patients treated with antipsychotic medications (104 males/86 females).
Results: There were no significant differences in the distribution of COX-2 genotypes and alleles in male or female schizophrenia patients who were stratified based on their smoking status and no COX-2 genotype-smoking interaction on PANSS psychopathology ($P > 0.05$). We revealed a significant COX-2 genotype-smoking interaction on the time of disease onset among female patients ($P < 0.05$). An earlier onset, observed for female smokers carrying the G-allele in their COX-2 genotypes (COX-2-GG homozygous and COX-2-AG heterozygous), in comparison to nonsmoking COX-2-G allele carriers, contributed mostly to this finding.
Conclusions: Our results indicate no COX-2 gene polymorphism's effect on the risk of nicotine dependence, but they suggest that COX-2 genotype-smoking interaction might be of relevance in disease onset, in a gender-specific fashion.

Disclosure of Interest: None Declared

EPP310

Quantitative Co-expression and Pathway Analysis Reveal the Shared Biology of Intellectual Disabilities

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doi: 10.1192/j.eurpsy.2025.610

Introduction: Intellectual disabilities(ID) are heterogeneous conditions, where mutations in more than 1000 genes are associated with ID. In the Genomic England gene panel, at least 1399 genes have sufficient evidence to be deemed diagnostic grade. The cellular pathways in some of these genes function remain ill-defined.
Objectives: Identification of molecular pathways or upstream regulators common across multiple intellectual disability genes would increase our understanding of the pathophysiological mechanisms and potentially identify therapeutic targets. Quantitative network analysis, using large datasets, is a potentially robust way to identify functional pathways, yet it has not been applied to ID genes at scale.
Methods: We have used co-expression analysis to identify functional modules of genes co-expressed with 1399 causative ID gene in human brain tissues. Specifically, we optimised existing large-scale transcriptomic data from three separate human brain data sets (>1,000 samples), one of which is neocortex (Kang *et al.* Nature 2011; 478 483–489, Trabzuni *et al. Nat Commun*2013; 4, 2771). Optimisation included reannotation, signal filtering, data scaling and then application of Multiscale Embedded Gene Co-expression Network Analysis (MEGENA) framework (Song W-M, Zhang B PLoS Comput Biol 2015; 11 11), to define robust network structures. Gene ontology was carried out using Metascape (Zhou Y *et al.* Nat Commun. 2019 Apr 3;10(1):1523).
Results: Following validation steps, we have confirmed our strategy produced valid co-expression modules for genes with known biology. For example, OXPHOS genes were detected in the same module (Image 1). Moreover, for modules containing ID genes,

that have been extensively studied, ontology analysis of the module identified terms related to their known function. A sunburst plot was generated to map intellectual disability genes against co-expression modules (Image 2). The most ID gene enriched neocortex module underwent gene ontology (Image 3) consisting of twelve ID genes, gene ontology was consistent with neuronal cell biology including "trans-synaptic signaling" and "brain development".

Image 1:

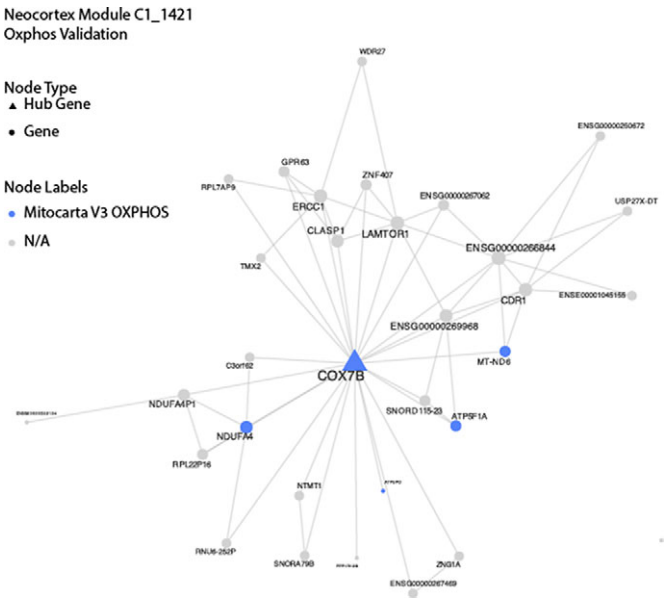


Image 3:

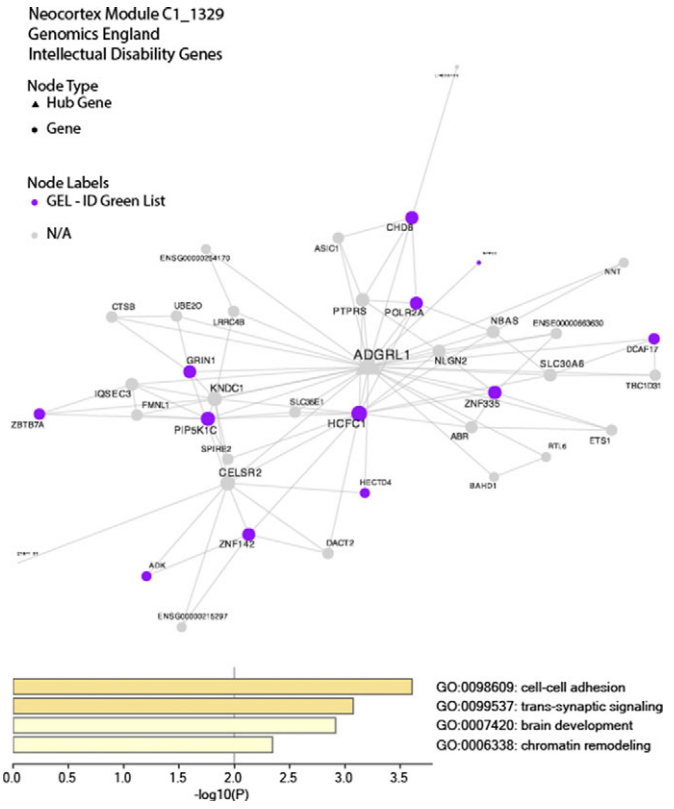
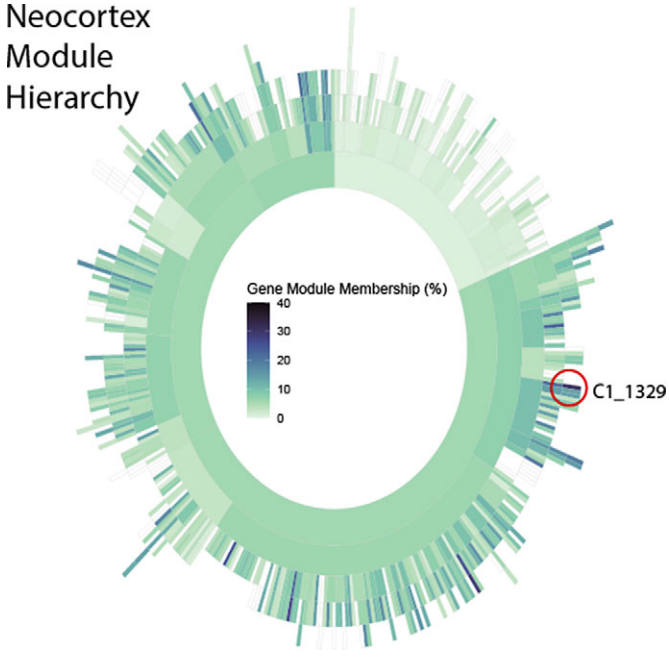


Image 2:



Conclusions: We have identified functional modules of genes that co-expressed with causative ID genes in human brain. The genes HCFC1, ZNF355, GRIN1, POLR2A and PIP5K1C in neocortex module C1_1329 are associated with microcephaly and ID (Koufaris C *et al.*Biomed Rep. 2016, Stouffs K *et al.* Clin Genet. 2018;, Platzer K *et al.* GeneReviews 2019, Haijes HA *et al.* Am J Hum Genet. 2019, Morleo M *et al.* Am J Hum Genet. 2023). Defining ID gene co-expression modules provided new insights into their underlying biology, revealing novel molecular links between different intellectual disability genes. This should improve molecular classification of these diseases as well as highlight therapeutic targets, facilitating drugs discovery and repositioning for rare causes of intellectual disabilities.

Disclosure of Interest: None Declared

Climate Change

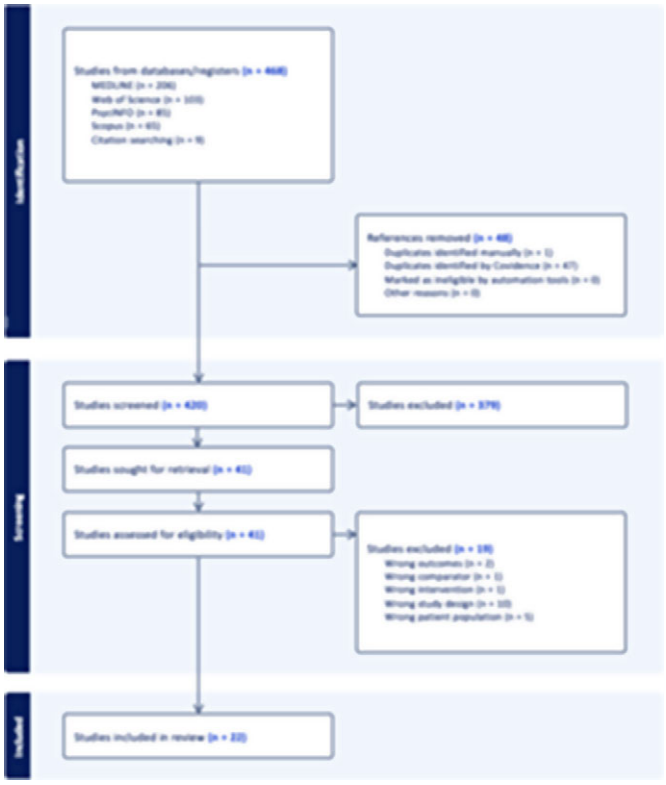
EPP313

Extreme temperature and mood disorders: A systematic review of literature

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Introduction: The prevalence of extreme temperature is increasing largely due to the progression of climate change globally (LaSorte *et al.* Climate Change 2021; 166 1-2). Existing research indicates extreme temperatures have an impact on mental health, including its effect on mood disorders (Rony & Alamgir. Health Sci Rep 2023; 6 12). While there is evidence to suggest that mood disorders can be influenced by various environmental, biological, and social factors (Zhang *et al.* Environmental International 2020; 143), no study has synthesized findings on the relationship between extreme temperature and mood disorders in existing literature.
Objectives: The study aims to: investigate the linkage between extreme temperature and mood disorders in terms of symptom severity, hospital admissions and adverse events; describe factors moderating the relationship between extreme temperature and mood disorders; outline study-defined interventions and make policy recommendations.
Methods: This review was conducted following the Preferred Reporting Items for Systematic Reviews and Meta-Analyses (PRISMA) guideline. Major databases (Medline/PubMed, PsychINFO, Scopus, Web of Science) were searched for eligible reports using a search strategy developed for the study. This was supplemented by snowball searching for references in relevant studies. Title and abstract screening and data extraction were completed by at least two independent investigators and conflicts were resolved by discussion amongst investigators or consulting the senior author. All included studies will be assessed with the National Institutes of Health Study Quality Assessment Tools.
Results: As seen in Image 1, 468 articles were identified from searching databases. Following screening and full-text review, 22 articles were selected for data extraction. Preliminary findings showed that the included studies were conducted in North America, Europe, Asia, and Oceania-Australia among others. The included studies were of different designs, including case-crossover, cohort and cross-sectional studies. Findings across studies indicate that extreme temperatures have a complex and significant impact on mood disorders. High temperatures were associated with increased hospital admissions, with adolescents, women, and the elderly especially vulnerable. Individuals with bipolar disorder and depression showed increased sensitivity to heat exposure. While some studies found increased emergency department visits for mood disorders during periods of extreme heat, others revealed insignificant correlations. Moreover, short-term exposure to humidity was also linked to elevated risk for mood disorders.

Image 1:



Conclusions: This study underscores the impact of extreme temperatures on mood disorders and highlights the need for real-world solutions, like policy implementation, to reduce exposure to such conditions due to climate change.

Disclosure of Interest: None Declared

EPP314

Unveiling the Psychological Impact of Climate Change: Generational Differences of Eco-Anxiety Among Italian Blood Donors

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doi: 10.1192/j.eurpsy.2025.612
Introduction: Climate change is a pressing issue with significant impacts on both physical and mental health. Beyond threats to basic needs (e.g., water, clean air, food, and stable housing) and trauma from extreme weather events, its broader psychological effects, such as eco-anxiety, are gaining recognition. The American Psychological Association defines eco-anxiety as "a chronic fear of environmental doom," which can lead to cognitive, emotional, and functional decline, along with somatic symptoms. Despite its growing recognition, climate

change-related anxiety is still an emerging concept. In Italy, studies on eco-anxiety are limited but necessary, as the country is identified by the Intergovernmental Panel on Climate Change (IPCC) as particularly sensitive to climate change.
Objectives: The aim of this study is to assess the prevalence of eco-anxiety in a population of Italian blood donors, with a particular focus on its distribution across different generational cohorts.
Methods: An online questionnaire, structured on the Qualtrics platform, was administered via QR code among blood donors affiliated with AVIS (Associazione Volontari Italiani Sangue) in Bologna, Italy, in May 2024. Demographic and social data were collected, and the HEAS questionnaire was used to assess eco-anxiety.
Results: The study included 1,795 participants (1,060 males, 727 females, 8 non-binary) with an average age of 46.6 years (range 18-70). The results revealed variation in the detection of eco-anxiety among participants (mean HEAS score: 5.09; SD: 5.84). Analyzing differences in the presence of eco-anxiety across various age groups, the mean HEAS score was found to be higher in the GenZ group, defined as those aged 18-28 years (mean: 8.65; SD: 7.50), compared to other groups. Kruskal-Wallis analyses confirmed statistically significant differences in the presence of eco-anxiety across generations (p-value < 0.001). The data indicate that, in the GenZ sample considered, the prevalence of eco-anxiety is 48.4%, representing nearly five out of ten young individuals (chi-square value: 81.3; p < 0.001). Spearman's correlation and univariate logistic regression confirm the statistical validity of the association between generation and anxiety experiences related to climate change.
Conclusions: The data highlight the alarming spread of eco-anxiety in contemporary society, particularly among younger generations. Given the significant consequences, it is crucial to deepen our understanding of this condition and its psychosocial determinants.

Disclosure of Interest: None Declared

Migration and Mental Health of Immigrants

EPP315

Breaking the Silence: Exploring Self-experienced Discrimination Among Non-EU Physicians in Denmark

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doi: 10.1192/j.eurpsy.2025.613

Introduction: Discrimination against foreign healthcare professionals is an underexplored issue. Like many other countries, Denmark is experiencing an increasing influx of non-European Union (EU) physicians. These physicians face higher levels of requirements to obtain authorization to practice and be included in the Danish healthcare sector compared with their European peers, which can lead to an experience of perceived discrimination. Considering importance of physicians' mental health, addressing this perceived discrimination is crucial.
Objectives: This study aims to evaluate the perceived daily discrimination among non-EU physicians residing in Denmark. We focus on those who have immigrated within the past 10 years to shed light on the challenges faced during their integration into the Danish healthcare system.
Methods: 62 non-EU physicians who immigrated to Denmark within the last decade participated in the online survey during January 2024. The survey consisted of demographic information and Perceived Discrimination Scale (PDS). PDS was used to assess daily discrimination. Participants were grouped based on their duration of stay in Denmark and employment status. A Kruskal-Wallis H Test was conducted to compare the median daily discrimination scores across the different groups, using SPSS version 29.
Results: The study revealed that 74% of the participants who had lived in Denmark for less than four years were unemployed (p-value=0.001), suggesting significant challenges in finding employment. Furthermore, participants living in Denmark for over four years reported significantly higher levels of perceived daily discrimination compared to newcomers (p-value=0.016), indicating difficulties in integration. Similarly, employed physicians, reported higher discrimination levels than their unemployed peers (p=0.053), suggesting discrimination experiences at work.
Conclusions: This study reveals that non-EU physicians in Denmark face significant challenges to secure employment, especially in their first years of residence. Additionally, perceived discrimination for the physicians may be influenced by both employment status and duration of stay. High unemployment rates among recent arrivals and increased discrimination for those residing longer suggest that extended integration into the Danish healthcare system can intensify feelings of bias.

Disclosure of Interest: None Declared

Psychopathology

EPP316

Sartre's Existential Psychopathology: The Role of Freedom and Personal History in Mental Health

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doi: 10.1192/j.eurpsy.2025.614

Introduction: The existentialist approach to psychopathology emphasizes the need to understand the conditions that allow for the emergence of psychological disorders, referred to as "conditions of psychopathologization." This perspective, rooted in phenomenological methodology, rejects deterministic biomedical models, favoring a holistic view that considers the subject's lived experience, freedom, and choice. Drawing on the work of Jean-Paul Sartre, this study aims to analyze how existential conditions such as past events, personal choices, and social contexts contribute to the development of psychopathological states.

Objectives: The primary objective of this research is to explore the existentialist understanding of psychopathology, particularly focusing on Sartre's contributions to making psychopathological experiences comprehensible.
Methods: Narrative review of relevant literature.
Results: The findings highlight that psychopathological conditions often arise when individuals are alienated from their own projects of being. These conditions are shaped by personal histories, societal structures, and choices made in "bad faith" (self-deception). Past events, such as family dynamics, social oppression, and traumatic experiences, play a critical role in shaping the individual's choices and actions. Sartre argues that when individuals distance themselves from their authentic desires and intentions they experience existential alienation, which manifests as psychopathology. A key result is the understanding that psychopathology should not be seen as a mere malfunction of the brain, as suggested by the biomedical model. Rather, it is a comprehensible event in the subject's individual and social history. The deviation from an authentic life project is central to understanding the origin of psychological disorders.
Conclusions: Sartre's existentialist framework offers significant contributions to the field of psychopathology by making psychological suffering comprehensible through the lens of personal freedom and choice. The rejection of a purely biomedical or deterministic approach allows for a more nuanced understanding of the individual's psychological struggles as part of their broader life context. Psychopathology is thus seen as a breakdown in the relationship between the subject's life project and their historical or existential situation, where the individual either chooses to distance themselves from their authentic self or is forced to do so by external contingencies. Sartre advocates for a "reciprocal" clinical relationship that recognizes the patient's subjectivity, transforming the clinical space into one of genuine listening and understanding. This existentialist clinical model focuses on the subject-in-situation.

Disclosure of Interest: None Declared

Psychophysiology

EPP317

Transdiagnostic investigation of schizophrenia and autism spectrum: Heart rate variability changes during rest, relaxation, and cognitive tasks

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doi: 10.1192/j.eurpsy.2025.615

Introduction: Autism spectrum disorder (ASD) and schizophrenia (SCH) are distinct diagnoses. However, they share common features such as high heritability, neurodevelopmental origins, and difficulties in social communication. Despite this, the etiology and precise pathophysiology of both conditions remain unclear, and no biomarker can definitively distinguish between them. In addition to higher-level cognitive and social-communication skills, autonomic regulation capacity is crucial for emotional regulation in social situations, which has been shown to differ in ASD and SCH according to the literature.
Objectives: Our study, part of a larger research project, aimed to explore autonomic regulation in ASD and SCH by investigating heart rate (HR) and heart rate variability (HRV) as key markers of autonomic nervous system functioning. We measured these parameters during rest, relaxation (body scan), and cognitive tasks to assess changes in autonomic regulation capacity across different conditions.
Methods: Participants underwent an electrocardiogram (ECG) recording during a longer EEG experiment. We analyzed heart rate and HRV data from 114 participants (N_{ASD}= 38, N_{SCH}= 37, and N_{NTP}= 39), with a particular focus on the RMSSD parameter as a key marker of parasympathetic regulation. We hypothesized that HRV would be lower in ASD and SCH groups compared to neurotypical controls (NTP), with the differences between groups diminishing during tasks. The experimental setup avoided additional stressors outside of the social context of the study.
Results: As hypothesized, we found significant differences in RMSSD between groups during the initial resting state (eyes open $F(2,111)=6.314$, $p=0.003$, $\eta p2=0.102$, eyes closed (EC): $F(2,98)=6.800$, $p=0.002$, $\eta p2=0.122$). Although HRV was nominally lower in the ASD group (EC: M_{ASD}= 26.10), only the SCH group (EC: M_{SCH}= 19.77) showed a significant difference from the NTP group (EC: M_{NTP}= 32.78) based on post hoc comparisons. Contrary to expectations, HRV did not significantly change in the SCH and NTP groups during tasks. However, in the ASD group, HRV increased after body scan relaxation and, notably, during cognitive tasks (group main effect in repeated measures ANOVA: $F(2,105)=6.068$, $p=0.003$). This suggests that the structured nature of the task may have a calming effect, observable in autonomic regulation.
Conclusions: Our findings indicate distinct autonomic regulation patterns in ASD and SCH, with structured situations potentially having a calming effect, particularly in individuals with ASD. In the next phase of our research, we will systematically examine the relationship between electrophysiological parameters and key symptoms such as attachment insecurity, mentalization deficits, disorganization, and the severity of clinical symptoms, all of which have significant implications for clinical conditions and everyday functioning.

Disclosure of Interest: None Declared

EPP319

Objective Measures of Stress: Association of Speech Features and Cortisol

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Introduction: Stress is a physiological and psychological response that contributes to the development and worsening of psychiatric

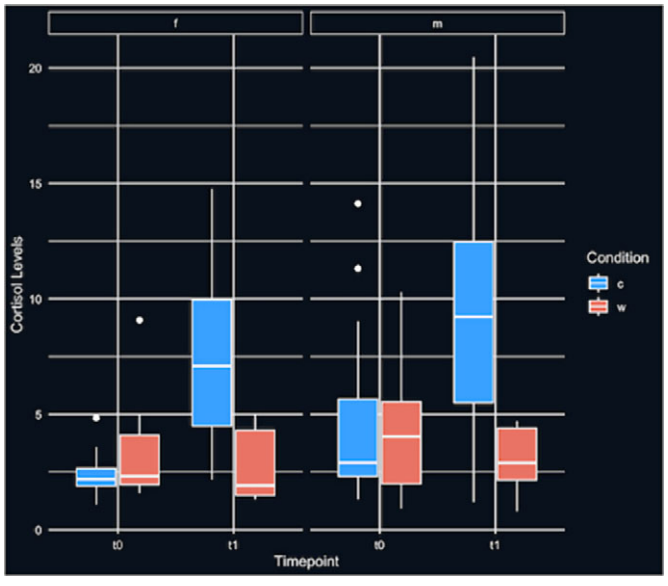
disorders such as depression and anxiety. Objective stress measurement is crucial in psychiatric settings, as stress affects the onset and progression of these conditions. Reliable data can improve diagnosis, treatment, and management. Speech analysis offers a non-invasive way to assess stress, as stress-induced physiological changes can influence features like pitch, jitter, and speaking rate.

Objectives: This study aims to explore whether automatic speech analysis can serve as an objective stress measure by examining the relationship between speech features and cortisol levels during an acute stressor.

Methods: Participants were recruited at the Department of Psychiatry, University of Frankfurt, Germany. Cortisol levels were measured in saliva before (T0) and 20 minutes after (T1) a stress-inducing or control task. Participants immersed their hand in cold or warm water while being observed via video, then completed a speech task by reading 16 standardized sentences before and after the task. Various speech features, including frequency, energy, and spectral characteristics, were analyzed in relation to cortisol levels. Correlations and mixed-effects models were calculated.

Results: A total of 52 participants (n=28 stress, n=24 control) read 1040 sentences across T0 and T1. Cortisol levels increased in both sexes in the stress condition compared to the control (Figure 1). Vocal tremor showed a strong positive correlation with cortisol at T0 and a strong negative at T1 regardless of condition. The harmonic-to-noise ratio had no correlation at T0 but displayed a negative one at T1. Pitch range showed no initial correlation but was strongly negative post-stress. Mixed-effects models revealed significant interactions between time point and group for features like number of pauses and loudness standard deviation ($p=.036$ and $p<.001$, respectively). Loudness rate was significantly associated with time point ($p<.001$). In the linear mixed-effects model, an interaction effect was observed between time point and group for the harmonics-to-noise ratio, with a significant decrease in the stress condition ($p<.001$).

Image 1:



Conclusions: This study supports speech analysis as a potential objective stress measure. Findings suggest that features like vocal tremor and pitch range are sensitive to acute stress, indicating that speech analysis could provide a non-invasive, real-time tool for assessing stress in psychiatric settings, offering an alternative to traditional self-report methods.

Disclosure of Interest: None Declared

EPP320

Adrenal gland volume measurement in depressed patients

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Introduction: Prior studies have shown contradicting results regarding adrenal gland volume (AGV) in depressed patients, with some reporting significant enlargement and others not.

Objectives: The aim of this study was to retrospectively compare CT image segmentations of the adrenal glands in patients with depression to a control group with stringent exclusion criteria to minimize confounding factors.

Methods: We included patients diagnosed with depression (ICD-10: F32/33) who underwent abdominal CT imaging between 2012 and 2022 and did not have any other psychiatric disorders. Diagnoses that could potentially influence AGV were excluded. The resulting 31 depressed patients were compared to a matching control group of 31 patients without depression. The AGV was manually segmented in thin-sliced reconstructions (≤1 mm).

Results: Total AGV in the depressed group was 6.78 (5.19-7.56) cm^3 compared to 6.90 (5.54-10.05) cm^3 in the control group. There was no significant difference in AGV between the two groups after adjusting for age, height, and weight. A positive correlation was observed between AGV and height ($r=0.41$, $p<0.001$) and weight ($r=0.52$, $p<0.001$). Males showed significantly larger AGV than females ($p\leq0.001$), and left AGV was significantly larger than right AGV ($p<0.001$). Patients within the depressed group who underwent imaging after a suicide attempt showed larger total AGV compared to the control group, though not statistically significant.

Conclusions: AGV is not increased in the well-selected cohort of depressed patients in this study, which contrasts with some previous reports in literature. Further multi-centric studies are required to identify potentially influencing factors such as attempted suicide.

Disclosure of Interest: None Declared

Psychoneuroimmunology

EPP321

Investigation of cytokine imbalance in schizophrenia, assessment of the possible role of serum cytokine levels in predicting treatment response, prognosis and psychotic relapses

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Introduction: Schizophrenia, a multisystem chronic psychiatric disorder of unknown etiology, is associated with several immune dysfunctions, including abnormal levels of circulating cytokines. Emerging data suggest a potential causative role for cytokines in schizophrenia symptom development. Furthermore, disease duration, symptom severity, aggressive behavior, and cognitive deficits are correlated with levels of inflammatory cytokines. Despite the development of new antipsychotics, the negative and cognitive symptoms of schizophrenia often do not respond adequately to pharmacotherapy.
Objectives: 1. Can there be a cytokine or cytokines among the different cytokine levels detected in schizophrenia that can be used as biomarkers of treatment response? 2. Can changes in cytokine levels indicate the occurrence of psychotic relapse? 3. Can changes in the cytokine level play a role in predicting the prognosis of the disease?
Methods: We investigated cytokine levels in blood samples collected at hospital admission. Plasma levels of established inflammatory cytokines and chemokines have been measured by Cytometric Bead Array. The possible role of abnormal cytokine levels and their association with symptoms severity and their potential clinical implications have been investigated. The severity of the symptoms is monitored with the PANSS
Results: 16 schizophrenic patients who were hospitalized due to a psychotic relapse have been included. Blood samples were collected to measure cytokine levels, and the PANSS scale was recorded during a psychotic relapse. Additionally, we have included 11 age- and gender-matched healthy controls, from whom blood samples were also collected for cytokine measurement.. We found no differences plasma levels of G-CSF, GM-CSF, TNF, INF, VEGF, Il-6 and Il-10 in the patients compared with healthy controls. The levels of MCP-1 were higher in the schizophrenia patients than in the healthy control group.
Conclusions: These data demonstrated elevated plasma levels of MCP-1 in schizophrenia patients. The role of MCP-1 in various CNS disorders that involve inflammation is emerging. Among these, chronic inflammation reportedly contributes to the onset and progression of neurodegenerative disorders such as Parkinson's disease (PD), Alzheimer's disease (AD), and Multiple Sclerosis. Links between circulating MCP-1 levels and the progression of schizophrenia has also been suggested by previous studies and further studies are required understand the underlying mechanisms.
Significant outcomes: Patient with a psychotic relapse showed higher levels of plasma MCP-1 compared with healthy controls.
Limitation: The number of samples is too low to detect a statistically significant differences in blood MCP-1 during a psychotic relapse. Involvement of additional patients is ongoing.

Disclosure of Interest: None Declared

Psychopharmacology and Pharmacoeconomics

EPP322

Clozapine: overview of high-risk drug associations in French psychiatric hospitals. A multicenter survey on a given day

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Introduction: Clozapine is the reference treatment for resistant schizophrenia. Its pharmacokinetic characteristics (metabolism by cytochromes CYP1A2, CYP2C19, and CYP3A4, among others) as well as its pharmacodynamic properties are the source of numerous high-risk drug interactions. According to the French marketing authorization, clozapine is contraindicated with bone marrow depressants, and associations with benzodiazepines, omeprazole, fluvoxamine, and lithium require specific precautions.
Objectives: Collaboration between a national multi-professional network operating in various public or private mental health hospitals (the PIC network) and a regional psychiatric research federation (FERREPSY Occitanie) enabled the implementation of a study describing the prevalence of high-risk drug associations in a large panel of French psychiatric hospitals
Methods: An observational cross-sectional study was conducted in December 2023 across 30 centers that are members of the PIC network and/or FERREPSY.
Results: The medical records of 795 patients were analyzed by hospital pharmacists from the participating centers. Several high-risk associations with clozapine were identified. In 1.5% of cases, clozapine was associated with carbamazepine, in 1.1% of cases with omeprazole, and in 3% of cases with fluvoxamine. More frequently, associations with lithium salts were found in 15.6% of patients and with benzodiazepines in 68.3% of patients.
Conclusions: This study provided an overview of high-risk co-prescriptions with clozapine in French psychiatric institutions. It highlights a high prevalence of certain high-risk associations, which underscore the discrepancy between clinical practices and health agency recommendations.

Disclosure of Interest: None Declared

Psychoneuroimmunology

EPP323

Effects of circulating tryptophan, kynurenine, kynurenic acid, IL-8, IFN-γ and IL-1β on neurocognition in clinically stable schizophrenia patients

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Introduction: Cognitive impairments represent core features in schizophrenia, impact the functional capacity of patients, and are highly predictive of poor functional outcomes. There is a huge unmet need for improvement of these impairments, and the development of new therapies is conditioned by understanding underlying pathophysiology that is not clear enough. Kynurenic acid (KYNA) is the major matabolite of kynurenine (KYN) pathway (KP) of tryptophan (TRP) degradation, which acts as the inhibitor of NMDA and α7-nicotinic receptors that are crucial for cognitive functioning. Excessive antagonism of these receptors by KYNA is hypothesized to contribute to cognitive deficits while data indicate that proinflammatory cytokyines activate this TRP catabolic cascade.
Objectives: The objective of this study was to assess correlation between blood levels of TRP, KYNA, KYN, KYN/TRP ratio, IL-8, IFN-γ, IL-1β and cognitive functioning in clinically stable schizophrenia patients.
Methods: We measured plasma concentrations of TRP, KYNA, KYN, IL-8, IFN-γ, IL-1β and conducted assessment of cognitive functioning in domains of verbal memory, working memory, attention and processing speed, motor speed, verbal fluency, and executive functions using Brief Assessment of Cognition in Schizophrenia Scale (BACS) in 64 clinically stable schizophrenia (SCZ) patients. Patients were matched by age, sex and body mass index and exclusion criteria included obesity class 2 or higher, any concomitant organic mental or neurological disorder, acute or chronic inflammatory disease, and use of immunomodulatory drugs or psychoactive substances.
Results: A significant positive correlation was observed between BACS verbal fluency subtest score and kynurenine levels ($p<0.05$), along with a significant negative correlation with IL-β levels ($p<0.05$). There were no other significant correlations of blood levels of TRP, KYNA, KYN, KYN/TRP ratio, IL-8, and IFN-γ, and cognitive impairments in domains of verbal memory, working memory, attention and processing speed, motor speed, and executive functions.
Conclusions: While the relationship between KP metabolites and cognitive functioning in schizophrenia in domains of verbal and working memory is more reported, specific correlation between KYN levels and verbal fluency observed in our study is less studied and understood. Furthermore, negative correlation between IL-1β levels and verbal memory performance is a valuable finding and can be further explored in the context of suggested detrimental role of IL-1β on hippocampal neurogenesis. Our findings should be interpreted cautiously and corroborated in larger studies with parallel measurement of preferal and central levels of analyzed parameters since there are data that suggest that peripheral concentrations of TRP, KYNA, KYN, IL-8, IFN-γ, IL-1β do not mirror those in the central nervous system.

Disclosure of Interest: None Declared

Psychopharmacology and Pharmacoeconomics

EPP324

Evaluating the in-hospital initiation of 6-monthly paliperidone palmitate: a retrospective study

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Introduction: Long-acting injectable antipsychotic treatments (LAIA) have marked a significant therapeutic advancement. For certain patients, clinical necessity may dictate that the most suitable treatment option is to initiate a 6-monthly LAIA earlier than standard protocols recommend. This can involve transitioning directly from an oral antipsychotic regimen or accelerating the switch from a monthly LAIA, a process known as alternative initiation.
Objectives: The objective of this study is to describe our experience with alternative initiation protocols for 6-monthly paliperidone palmitate (PP3M) in psychotic patients, as implemented at Torrevieja University Hospital.
Methods: This retrospective descriptive study utilized a sample selected through non-probabilistic consecutive sampling over a 27-month period (n=43). The study included patients who initiated 6-monthly paliperidone palmitate treatment through an alternative approach between May 2022 and August 2024 at Torrevieja University Hospital. All alternative initiations were performed in acute patients, who were decompensated at the time of initiating PP6M treatment, with very low therapeutic adherence. A descriptive analysis was conducted, with mean and standard deviation calculated for quantitative variables, and frequencies (N) and percentages calculated for categorical variables.
Results: Over the 27-month duration of this study, PP6M was administered to 43 patients (n=43). The average age was 41 years (SD ± 14.07). 53.49% (n=23) were male and 46.51% (n=20) female. The mean duration of disease progression was 6.67 years (SD ± 7.16). 20.9 % (n=9) of the patients were using substances with abuse potential. The diagnoses were distributed as follows: schizophrenia (32.56%), unspecified psychosis (30.23%), bipolar disorder (11.63%), delusional disorder (11.63%), borderline personality disorder (9.30%), and schizoaffective disorder (4.65%).
A total of 24 alternative initiations were made from oral antipsychotics, 15 from monthly paliperidone palmitate (PP1M), and 4 from aripiprazole LAIA 400 mg/month. During the 27-month study period, there were 4 hospital admissions and 7 visits to the emergency department. Treatment adherence after the alternative initiation of PP3M was 72 %, with patients completing all administrations on the scheduled dates. 74% of the patients are in outpatient follow-up. One patient experienced extrapyramidal symptoms as a side effect..
Conclusions: The present study indicates that there is a subset of patients who may benefit from an alternative initiation with PP6M, potentially enhancing adherence due to the simplified administration regimen. Initiating PP6M as an alternative, whether transitioning from oral antipsychotics, from PP1M or from another LAIA, could be an effective approach for managing decompensated patients with very low therapeutic adherence, demonstrating excellent tolerability and improved adherence.

Disclosure of Interest: None Declared

EPP325

The Quest to Find True ADHD: Navigating the Diagnostic Challenge of Malingering – A Systematic Review

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Introduction: Attention-Deficit/Hyperactivity Disorder (ADHD) is a prevalent neurodevelopmental disorder and accurate diagnosis is essential but remains challenging due to the potential for malingering. Additionally, the increasing demands of a fast-paced society place, prompting quick solutions, may lead to simulated presentations or feigning. This paper examines the complexities of distinguishing genuine ADHD cases from malingering, emphasizing the need for refined diagnostic protocols. Malingering, in fact, involves deliberately fabricating symptoms to achieve a desired result, such as:

- **Academic Advantages**
- **Access to Medications**
- **Avoiding Responsibilities**

Objectives: Given all these challenges, we explored how current scientific literature addresses this issue. Inspired by the work of many colleagues, we aimed to summarize their efforts in this systematic review to propose a possible solution for collaborative improvement.
Methods: We analyzed over 296 papers from major scientific databases focusing on "malingering and ADHD" to create a comprehensive overview of this increasingly widespread problem.
Results: The main results, after a thorough analysis of all parameters, emphasize the need for:
1. Advanced Assessment and Objective Measures: dynamic assessment techniques, combined with psychophysiological measures and parental input.
2. Enhanced Diagnostic Protocols and Tools Integration: ADHD rating scales and Symptom Validity Tests (SVTs) like TOMM (Test of Memory Malingering) and WMT (Word Memory Test) to minimize diagnostic errors, make the criteria more robust.
The following table summarizes the criteria analyzed in the 37 articles selected after a thorough review.

Study Reference	Participants	Age	ADHD Assessment Tools	Malingering Assessment Tools	Comorbidities	Main Findings
Selected studies (37)	Diverse populations such as college students and ADHD patients.	Mean ages ranging from early 20s to late 20s; gender distribution varies.	Various scales including CAARS, BAARS-IV, ImPACT.	Several scales, including NV-MSVT, PAI, b Test, WMCD.	Commonly reported: anxiety and depression.	Challenges in differentiation, high prevalence of comorbidities, issues with malingering detection.

Conclusions: Traditional ADHD assessments, based heavily on self-reported symptoms, are becoming less reliable, especially with the growing trend of self-diagnosis and malingering. To address this, adding performance-based tests like TOMM and WMT is key for spotting malingering and improving diagnosis accuracy. Our study aims to elucidate this issue, which has subtle but profound implications for the quality of life of thousands of patients, who may receive a superficial diagnosis that could affect them for a lifetime, even pharmacologically.

Disclosure of Interest: None Declared

Schizophrenia and Other Psychotic Disorders

EPP326

Gender difference in eye dominance in patients with schizophrenia and normal controls

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Introduction: Hemispheric imbalance might underlie the genesis of psychosis. In patients with schizophrenia left eye dominance was higher than in control subjects. The aim of the study is to investigate sexual differences in left eye dominance as a biological marker of neuronal dysontogenesis in schizophrenic patients and control subjects. This study is part of a larger investigation project on the intriguing relations between six groups of markers of neuronal dysontogenesis - left-handedness, left-footedness, left-eyedness, minor physical anomalies, digit ratio, and cognitive (attention and memory) deficit.
Objectives: Altered cerebral lateralization is a key trait found in many neurological and psychiatric disorders. This study investigates the gender difference in eye dominance between patients with schizophrenia and controls.
Methods: The study was conducted in the Clinic of Psychiatry at the University Hospital in Sofia and the State Psychiatric Hospital in Radnevo. The sample included 98 (56 men, 42 women) consecutively admitted schizophrenic inpatients with a mean age 34.45 years for men and 42.20 years for women and 82 control subjects (30 men, 52 women) with a mean age 34.70 for men and 44.50 years for women. Three tests for eye dominance were administered as performance tasks- Looking through a monocle, Hole test and Porta test.
The non-parametric Mann-Whitney test was used to analyse the data.
Results: The mean left-eyedness is significantly higher in schizophrenic patients than in control subjects in the three eye tests: Looking through a hole - .81 vs. .39, p<.001, over two times increase; Looking through a monocle - .78 vs. .39, p<.002, two times increase; Porta test - .86 vs. .41, p<.002, over two times increase.
In male subjects the difference between schizophrenia and controls reaches statistical significance for Looking through monocle (p=.037), but does not reach statistical significance for Hole test (p=.196) and Porta test (p=.077). In contrast, all female intra-gender comparisons between schizophrenia and controls reach statistical significance- Looking through monocle (p=.013) and Porta test (p=.015) reach statistical significance at p<.05, while Hole test at p=.001.
Conclusions: The patients with schizophrenia have significantly higher mean left-eyedness than the controls in both sexes, but this difference is much more pronounced in women than in men for all three eye tests. Altered eye dominance in patients with schizophrenia is related to a prenatal maldevelopment and exhibits clear gender difference.

Disclosure of Interest: None Declared

EPP327

Neurological Soft Signs in Patients with Schizophrenia May be Related to Treatment Resistance

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Introduction: Motor abnormalities in schizophrenia are important as they are measurable objective parameters. Neurological soft signs (NSS), which are one of the primary motor abnormalities, are minor motor and sensory abnormalities that cannot be localised to a specific brain region, reflect the areas of sensory integration, motor coordination and motor sequencing. Instrumental measures of motor abnormalities have the potential to improve detection, early intervention and treatment strategies in psychotic disorders.
Objectives: Our aim in this cross-sectional study was to compare NSS in patients with treatment-resistant schizophrenia (TRS) and treatment responsive schizophrenia (non-TRS) and healthy controls (HC), and to examine the relationship of NSS with sociodemographic and clinical variables, premorbid adjustment, functioning, negative and cognitive symptoms.
Methods: 30 TRS patients, 30 non-TRS patients and 30 HC were included in the study between November 2021 and November 2022. The inclusion criteria for the TRS group were to meet the criteria for resistance to antipsychotic treatment. Neurological Evaluation Scale (NES) was applied to all participants to evaluate NSS. The scale assesses impairment in four different functional areas: "sensory integration", "motor coordination", motor sequencing" and "other signs". Brief Psychiatric Rating Scale (BPRS), Brief Negative Symptom Scale, General Assessment of Functioning (GAF), Clinical Global Impression-Severity Scale (CGI-S), Premorbid Adjustment Scale-Childhood (PAS), and a cognitive battery were applied to patients with schizophrenia. The authors declare that all methods used in this study adhere to the ethical guidelines of the corresponding national and institutional review boards for human research and are in alignment with the 1975 Helsinki Declaration, as updated in 2008. All participants provided written informed consent to participate in this study.
Results: We found significant differences in the NES-Total score and all subscale scores between patients with schizophrenia and HC (all comparisons p<0,001). NSS in patients with schizophrenia were found to be higher than in HC. TRS had higher NES-Total (p=0,002), NES-Sensory Integration (p=0,001), and NES-Other Signs (p<0,001) scores than non-TRS. NES-Total score was negatively correlated with GAF score and positively correlated with BPRS, CGI-S and PAS-childhood scores. Poor performance on cognitive tests was associated with more NSS. Only the sensory integration deficits were found to be associated with negative symptoms.
Conclusions: Our findings suggest that NSS examination in patients with schizophrenia may indicate treatment resistance or response. NSS are associated with severity of illness, lower functioning, poor premorbid adjustment, and poor cognitive performance. Longitudinal studies involving larger samples are needed to understand the course of NSS at different stages of the illness.

Disclosure of Interest: None Declared

EPP328

Cariprazine in multiple-episode dual schizophrenia: post-hoc analysis of an observational study

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Introduction: Schizophrenia frequently coexists with substance use disorders, especially cannabis use disorder (CUD). Importantly, cannabis use is known to further exacerbate symptoms, leading to more frequent and severe psychotic episodes, longer hospital stays and poorer overall treatment outcomes. The lifetime risk of relapse is around 60%. Therefore, the treatment of patients with multiple episodes is even more challenging
Objectives: To evaluate the effectiveness of cariprazine in schizophrenia patients with multiple episodes and comorbid cannabis use disorder.
Methods: This was a 6-month, multi-centre, observational study conducted at six institutions in Spain. The study included adult outpatients aged 18 to 65 years, diagnosed with schizophrenia and cannabis use disorder according to the Diagnostic and Statistical Manual of Mental Disorders (DSM-5) criteria, who were receiving cariprazine treatment based on medical judgment. Exclusion criteria included pregnant or breastfeeding women and patients with co-existing medical conditions that could potentially skew the study results.
The study evaluated changes in schizophrenia symptoms using the Positive and Negative Syndrome Scale (PANSS) and the Clinical Global Impression-Schizophrenia (CGI-SCH), as well as changes in CUD symptoms based on the Cannabis Abuse Screening Test (CAST) and the Severity of Dependence Scale (SDS). This post-hoc analysis focused on patients with multiple episodes. Patient characteristics were summarized using descriptive statistics. Least squares (LS) means were calculated for the change from treatment start to treatment end for PANSS, CGI-SCH, CAST, SDS using a mixed model for repeated measures. All analyses were conducted using SAS.
Results: From the cohort, 38 (65%) patients had multiple episodes. The mean age of these patients was 36.5 and 65.8% of them was male. Most patients received 4.5 mg/day cariprazine at baseline (60.5%). Half of the patients also took concomitant antidepressants and/or antipsychotics. Throughout the 6-month observational period significant improvement was detected in both schizophrenia (LS mean change in PANSS Total score: -46.2, p<0.001, CGI-SCH Total score: -8.0, p<0.001) and CUD symptomatology (LS mean change in CAST Total score: -6.6, p<0.001, SDS Total score: -8.0, p<0.001).
Conclusions: Cariprazine seem to be an effective treatment option for schizophrenia patients with multiple episodes and comorbid CUD.

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EPP329

The Impact of Autistic Traits on Social Cognitive Performance in Schizophrenia Spectrum Disorders

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Introduction: Social cognition impairments are well-recognized in both Schizophrenia Spectrum Disorders (SSDs) and Autism Spectrum Disorder (ASD), significantly impacting interpersonal relationships and overall quality of life. While some studies have suggested differences in social cognition between these two disorders, recent research has shown that these differences may be non-significant when controlling for factors such as age and symptom severity(Pinkham et al. Psychol Med 2019; 1-9). Given the overlap in symptoms and the potential for autistic traits to influence social cognitive functioning in SSD, it's crucial to investigate how these traits can impact social cognition in individuals with SSD.
Objectives: The aim of this study is to evaluate autistic traits in SSD and its relation with social cognition and clinical variables.
Methods: 73 participants with SSD (56 patients (mean age 37.80 ± 11.519) with schizophrenia and 17 patients (mean age 36.47± 10.909) with schizoaffective disorder) participated in the study. All participants were interviewed using the Structured Clinical Interview for DSM-IV. Current psychotic, negative and positive symptoms of all patients were evaluated using the Scale for the Assessment of Positive Symptoms and the Brief Negative Symptom Scale (BNSS). The Screen for Cognitive Impairment in Psychiatry(SCIP) was used for measuring cognitive function. Autistic traits are evaluated with the Comprehensive Autism Trait Inventory (CATI). In the assessment of social cognition, facial emotion recognition was evaluated with Penn Emotion Recognition Test (PERT), theory of mind was assessed Reading Mind in The Eyes (RMET) task.
Results: Total CATI scores weren't correlated with RMET and PERT scores. Communication and social camouflage subscores of CATI were negatively correlated with total RMET score (r=-0.289, p=0.013; r=-0.265, p=0.024). CATI total/subscale scores didn't have a relationship with age, education years, BNSS and SCIP scores. SCIP score was correlated with RMET(r=0.358, p<0.01) and PERT (r=0.259, p=0.027). Age had a negative relationship with RMET(r=-0.27, p=021) and PERT (r=-0.397, p<0.01) scores while education was positively correlated with RMET even though the the strength was low (r=0.246, p=0.036).
Conclusions: Contrary to expectations, the results did not show a relationship between higher autistic traits in SSD and social cognitive performance. The social subscales of CATI revealed a negative correlation between higher autistic traits and theory of mind performance, but no correlation with emotion recognition. In accordance with literature, aging shows a relationship with lower social cognition scores. Future research should further investigate how autistic traits impact theory of mind deficits in SSD. Interventions regarding social cognitive deficits with age should be evaluated.

Disclosure of Interest: None Declared

EPP330

Diagnostic Stability and Predictive Factors of Acute and Transient Psychotic Disorders: A Retrospective Study from Turkey

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Introduction: The 10th edition of the International Classification of Diseases (ICD-10) categorizes acute and transient psychotic disorders (ATPD) as a composite group that merges traditional acute psychosis definitions, characterized by acute onset (≤15 days) and rapid resolution (1-3 months), often linked to stress (WHO, 1992). The incidence of ATPD ranges from 4-10 per 100,000, with a prevalence between 5.8% and 19% (Marneros *et al.* Cambridge University Press 2004; Queirazza *et al.* BJPsych 2014; 204:299-305), predominantly affecting middle-aged to older individuals and females. Diagnostic stability for ATPD varies, with reported values between 35.9% and 56% (Aadamsoo *et al.* Nord. J. Psychiatry 2011; 65:381-8; Poon *et al.* Nord. J. Psychiatry; 2017; 71:139-44), influenced by factors such as age of onset, gender, comorbid substance use and symptom overlap (Taş *et al.* Noro Psikiyatr Ars 2019; 56:47-51). Studies indicate that the highest diagnostic consistency is linked to schizophrenia diagnoses (Queirazza *et al.* BJPsych 2014; 204:299-305).
Objectives: This study retrospectively investigates the temporal stability of first-episode ATPD over a three-year follow-up period. Furthermore, it aims to explore whether initial clinical presentations and sociodemographic factors may serve as prognostic indicators for diagnostic transitions to schizophrenia or other psychotic disorders.
Methods: Patients diagnosed with ATPD and followed over 3 years were evaluated retrospectively. Socio-demographic and clinical variables potentially associated with diagnostic transitions were investigated. The study was approved by the Gazi University School of Medicine Ethics Committee (2023-889).
Results: 106 patients (57 males, 49 females) with a mean age of 29.90 ± 10.33 years were included. The diagnostic stability of ATPD was found to be 17.8%. Additionally, 62.3% of the subjects received a diagnosis of schizophrenia or other psychotic disorders. Significant differences were observed between diagnostic groups with regard to education level ($\chi^2 = 9.776$, $p = 0.008$) and hospitalization rates ($\chi^2 = 8.083$, $p = 0.018$). Multivariate logistic regression analysis indicated that younger age at onset (OR = 0.951, 95% CI 0.90−0.96; p = 0.032) and lower educational attainment (OR = 0.219, 95% CI 0.08−0.54; p = 0.001) were significantly associated with a diagnostic shift to schizophrenia or other psychotic disorders.
Conclusions: In Turkey, the diagnostic stability of ATPD is notably low, with the most common diagnostic shift being towards schizophrenia-related disorders. To our knowledge, no comprehensive studies have been conducted in Turkey that evaluate patients diagnosed with ATPD. Therefore, our study aims to contribute to the existing literature. Further research involving larger sample sizes is needed to assess the influence of clinician attitudes and stigma on diagnostic changes.

Disclosure of Interest: None Declared

Post-Traumatic Stress Disorder

EPP333

Exploring the Links between Complex Post-Traumatic Stress Disorder and Psychotic-Like Experiences in Adolescents: A Gaussian and Bayesian Network Approach

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Introduction: Complex post-traumatic stress disorder (cPTSD) is a recently recognized condition characterized by the combination of core PTSD symptoms—re-experiencing, avoidance, and hyperarousal—alongside disturbances in self-organization (DSO), which include affective dysregulation, negative self-concept, and interpersonal difficulties. Emerging evidence suggests that these complex symptom domains not only lead to greater functional impairment compared to PTSD but are also closely associated with the onset of psychotic-like experiences (PLEs). PLEs, which encompass subthreshold cognitive and perceptual anomalies such as hallucinations and delusional thinking, are increasingly viewed as critical indicators of vulnerability to more severe psychopathological outcomes. Given the developmental vulnerability during adolescence, the intersection of cPTSD and PLEs during this period is of significant concern, particularly as it may signal the emergence of broader psychopathological trajectories.
Objectives: The primary aim is to identify the key cPTSD symptoms driving the comorbidity with PLEs in adolescents using two different network analysis approaches. We indeed seek to clarify what symptoms explain are modt central in the relatioship between PTSD/cPTSD and PLEs and elucidate the directionality of these symptom relationships. We finally aim to also explore whether gender moderates these associations within the network structures. We hypothesize that cPTSD symptoms are central in understanding the relationship between trauma and PLEs.
Methods: A group of 1,010 late adolescents was assessed for post-traumatic symptoms and PLEs. The study involved estimating the Gaussian Graphical network structure for PTSD/cPTSD symptoms and PLEs, examining their bridge centrality indices. Subsequently, a Bayesian network analysis was conducted to create a directed acyclic graph (DAG). Gender was considered a moderator in both the Gaussian and Bayesian models.
Results: Findings revealed that affect dysregulation, a domain of cPTSD, had the strongest connection with the PLEs cluster. The Bayesian network analysis showed a pathway linking cPTSD symptoms of worthlessness and interpersonal difficulties to PLEs symptoms like paranoia and social anxiety. Additionally, gender differences were observed in both network models.

Image 1:

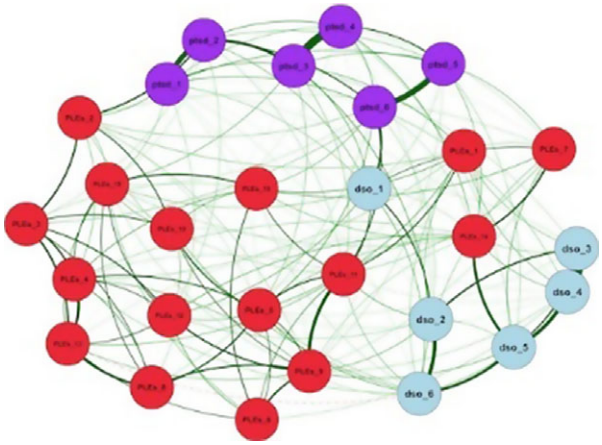


Image 2:

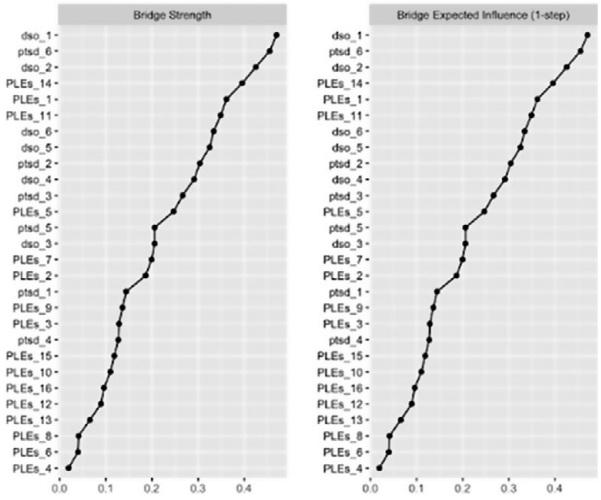
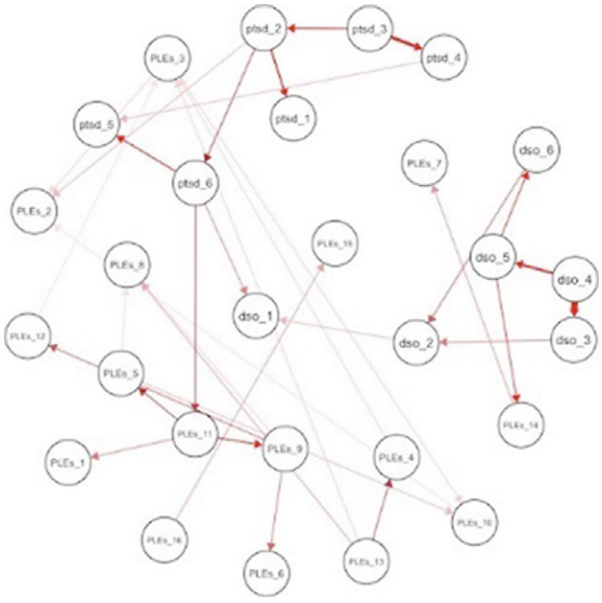


Image 3:



Conclusions: The study emphasizes the pivotal role of affect dysregulation and a negative self-concept in associating cPTSD with PLEs, highlighting gender-specific differences. These results point to the importance of gender-sensitive strategies in preventing and treating PLEs in adolescents, stressing the need for early intervention and customized treatment plans.

Disclosure of Interest: None Declared

Women, Gender and Mental Health

EPP336

Coping, Perceived Stress, And Life Satisfaction Among Female Doctors in a Low Middle-Income Country

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Introduction: This research explores the intricate relationship between coping strategies, perceived stress levels, and life satisfaction among female medical professionals. The medical field is known for its rigorous demands, and understanding how lady doctors manage stress and its impact on their overall life satisfaction is crucial. While previous studies have shed light on stress-related issues in medical undergraduates, there is a significant gap in research focused on the well-being of practicing female doctors.
Objectives: The objectives of this study are to investigate the relationship between coping behaviors and stress levels among lady doctors, assess the role of coping behaviors in shaping life satisfaction, explore the connections between coping behaviors, life satisfaction, and stress, and analyze the influence of demographic factors such as age and marital status on coping life satisfaction, and stress perception.
Methods: This study utilizes a quantitative research design and a purposive sample of lady doctors from government hospitals in Pakistan. Key measures include the COPE Inventory to assess coping behaviors, the Satisfaction with Life Scale to gauge life satisfaction, and the Perceived Stress Scale to measure stress levels. These tools allow for a comprehensive examination of the intricate interplay between these variables. SPSS 21 was used to analyze the data.
Results: Results indicated that Coping is negatively correlated with Stress ($r = -.29$, $n = 100$, $p = 0.05$) meaning that higher coping strategies are associated with lower stress levels. Similarly, Coping is positively correlated with Life Satisfaction ($r = .36$, $n = 100$, $p = 0.05$) indicating that higher coping strategies are associated with higher life satisfaction. Likewise, Stress is negatively correlated with Life Satisfaction ($r = -.22$, $n = 100$, $p = 0.05$), suggesting that higher stress levels are associated with lower life satisfaction. Also, there is a statistically significant difference in coping between Single and Married individuals ($t = 2.2$, $df = 36.6$, $p = 0.03$), with Single individuals showing higher coping scores.
Conclusions: The findings of this study provide valuable insights into the psychological well-being of female medical professionals in Pakistan. This research contributes to the broader discourse on the well-being of healthcare professionals, shedding light on the unique experiences of female doctors in a challenging healthcare environment. Ultimately, it aims to inform policies and practices that support the psychological resilience and job satisfaction of female doctors, ensuring they can continue providing high-quality healthcare services to their communities.

Disclosure of Interest: None Declared

EPP338

Impact of early menarche on increased anxiety levels in female patients

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Introduction: Previous studies show contradictory results about the relationship between the age of menarche and the intensity of anxiety symptoms. Some studies found that anxiety symptoms were significantly higher in patients with earlier age of onset of menarche. Recent studies show that early puberty and menarche are associated with greater rates of morbidity of anxiety and other psychiatric illnesses than relatively late menarche. It is presumed that girls who achieve menarche earlier are less prepared for puberty and tend to have more negative emotions associated with menstruation.
Objectives: The purpose of this research was to determine the correlation between onset of menarche and intensity symptoms of anxiety in female patient with affective and anxiety disorders.
Methods: The research is prospective and includes female patients with established diagnoses of depressive disorder, anxiety-depressive disorder, bipolar disorder (depressive episode) aged 18-65. The patients had their laboratory parameters determined, including sex hormones (estrogen, progesterone, testosterone, FSH, LH and prolactin), filled out a demographic questionnaire and questionnaires: The Suicide Behaviors Questionnaire-Revised (SBQ-R), Generalised Anxiety Disorder Assessment (GAD-7), Patient Health Questionnaire (PHQ-9), Beck Depression Inventory (BDI-II), Beck Anxiety Inventory (BAI), Matthey Generic Mood Question , Montgomery-Asberg Depression Rating Scale (MADRS), Hamilton Anxiety Rating Scale (HAMA) i Hamilton Depression Rating Scale (HAMD).
Results: The preliminary data of the prospective study showed that there was a statistically significant proportion of patients in whom a correlation was found between the age of onset of menarche and the intensity of anxiety.
Conclusions: Age of menarche could be an influence on intensity of anxiety symptoms in female patients.

Disclosure of Interest: None Declared

EPP340

Affective temperaments as potential predictors of medication adherence and infertility treatment outcomes: results from a prospective longitudinal study

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Introduction: Recent research suggests that psychological and personality factors, specifically affective temperaments, may influence adherence to prescribed pharmacotherapeutic interventions. However, this relationship has not yet been investigated in the context of infertility treatments.
Objectives: Our prospective longitudinal study aimed to assess the impact of affective temperaments on medication adherence during infertility treatments.
Methods: Among women presenting for infertility treatment at the Semmelweis University Assisted Reproduction Centre, we administered the Temperament Evaluation of Memphis, Pisa, Paris, and San Diego (TEMPS-A) questionnaire before treatment to assess their affective temperament and the Morisky Medication Adherence Scale (MMAS) questionnaire six months after treatment initiation to measure their medication adherence during treatment. The effect of affective temperaments on medication adherence was analyzed using linear regression models. All statistical analyses were performed using R statistical software version v4.4.1.
Results: In this paper, we present preliminary partial results. In our cohort of 121 women undergoing infertility treatment, higher hyperthymic affective temperament score predicted significantly higher adherence to pharmacotherapy recommendations ($\beta = 0.11$, $p = 0.042$), while the other four dominant affective temperaments predicted significantly poorer medication adherence (cyclothymic: $\beta = -0.15$, $p<0.001$, depressive: $\beta = -0.21$, $p=0.001$, irritable: $\beta = -0.14$, $p=0.004$, anxious: $\beta = -0.09$, $p=0.011$).
Conclusions: The results suggest that affective temperaments may affect adherence to prescribed pharmacotherapeutic interventions among women undergoing infertility treatment, which may thereby influence the outcome of infertility treatment administered. By screening for affective temperament profiles, it would be possible to identify patient groups at high risk of drug non-adherence and then to aid adherence by applying patient-tailored treatment, including psychological interventions, which could increase the chances of successful pregnancy among women undergoing in vitro fertilization treatment.

Disclosure of Interest: None Declared

Sexual Medicine and Mental Health

EPP341

Neuropsychiatric Manifestations in Thyroid and Sex Hormone Disorders: A Comprehensive Review

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Introduction: Thyroid and sex hormones play pivotal roles in the regulation of various physiological processes, including brain function. Dysregulation of these hormones has been increasingly associated with a range of neuropsychiatric disorders, including depression, anxiety, cognitive impairment, and mood disorders.
Objectives: This review aims to systematically examine the correlation between thyroid and sex hormones disorders and the spectrum of emerging neuropsychiatric manifestations, enlightening the pathophysiological mechanisms.
Methods: A literature search was performed in many databases including PubMed, Web of Science, and Google Scholar for studies published in recent years. Eligible randomized controlled trials, observational studies, and systematic reviews examining neuropsychiatric outcomes in patients with thyroid or sex hormone disorders were included. Findings were synthesized both quantitatively, with meta-analyses where possible, and qualitatively, with thematic analysis for heterogeneous data.
Results: The review identified a strong association between thyroid dysfunctions and neuropsychiatric disorders such as depression, anxiety, and cognitive decline. Hypothyroidism was consistently linked with depressive symptoms likely due to impaired serotonergic and dopaminergic neurotransmission, along with decreased hippocampal neurogenesis. Conversely, hyperthyroidism, characterized by elevated thyroid hormone levels, was associated with heightened anxiety, irritability, and emotional lability, possibly through dysregulation of the hypothalamic-pituitary-adrenal (HPA) axis and increased sympathetic nervous system activity.
In the context of sex hormone disorders, estrogen deficiency during menopause was correlated with a significant increase in behavioral and cognitive impairments, potentially mediated by reduced modulation of serotonin receptors, diminished synaptic plasticity, and increased neuroinflammatory responses. Similarly, testosterone decline in aging men was linked to mood and cognitive disorders, with evidence pointing to disruptions in androgen receptor signaling and alterations in γ-aminobutyric acid (GABA)ergic and glutamatergic pathways.
Conclusions: This review underscores the significant link between thyroid dysfunctions, particularly hypothyroidism and hyperthyroidism and mood disorders such as depression and anxiety, while also indicates that estrogen deficiency and testosterone decline contribute to cognitive impairments and emotional disturbances. These findings help the healthcare providers to recognize neuropsychiatric symptoms as potential indicators of underlying endocrine disorders.

Disclosure of Interest: None Declared

Sexual Medicine and Mental Health

EPP343

A look at Hypoactive Sexual Desire Disorder in Women

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Introduction: Hypoactive sexual desire disorder (HSDD) is an underdiagnosed and poorly treated condition that is highly prevalent among women. Characterised by a persistent or recurrent deficiency of sexual desire, HSDD leads to significant personal distress and

interpersonal difficulties, and can adversely affect emotional well-being and intimate relationships.
Objectives: The aim of this review is to discuss the aetiology, diagnosis, and treatment of HSDD.
Methods: A comprehensive literature search was conducted using the electronic database PubMed. The keywords used for the search included "Hypoactive Sexual Desire Disorder", "treatment", and "aetiology and diagnosis".
Results: The search yielded a total of five systematic reviews. These studies concluded that the aetiology of HSDD involves a complex interaction of biological, psychological, and sociocultural factors. The diagnosis of this disorder should include a comprehensive sexual and medical history to rule out other causes. Treatment options for HSDD are multifaceted, incorporating both pharmacological and non-pharmacological approaches.
Conclusions: HSDD may be caused by biological factors such as a reduction in sexual excitation signals, an increase in sexual inhibition signals, or a combination of both. Testosterone plays a crucial role in initiating sexual activity, desire, and behaviour, through its influence on vaginal lubrication, sensation, and clitoral engorgement. Low oestrogen levels are associated with dyspareunia and changes in the vulvovaginal mucosa. Progesterone, serotonin, dopamine, and noradrenaline also play a role in the physiology of sexual desire. Psychological factors, particularly a lack of emotional intimacy, communication difficulties, negative body image perceptions and low self-esteem, can also reduce sexual desire. Depressive and anxiety disorders can significantly affect sexual desire. Sociocultural factors, such as religious beliefs and traditional values, can have a negative impact on sexuality. The diagnosis is made through a detailed clinical history, which may be supported by a screening tool, the Decreased Sexual Desire Screener (DSDS), as well as laboratory and imaging investigations. Identified modifiable factors, such as illicit substance abuse, sleep problems, medication use, and various medical and psychological factors, should be addressed first. For women without remaining modifiable factors who need psychological support, sex therapy, cognitive-behavioural therapy, and couples therapy are recommended. In premenopausal women, pharmacological treatment with flibanserin or bremelanotide may be considered. In postmenopausal women, hormonal therapy with testosterone may be considered off-label. The combination of psychological and pharmacological interventions is the most effective approach for HSDD. However, further studies are needed to better understand the pathological mechanisms of HSDD and to develop new therapeutic options.

Disclosure of Interest: None Declared

Addictive Disorders

EPP346

Exploring the effects of theta burst stimulation on craving severity and biomarkers in patients with gambling disorder

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Introduction: Gambling disorder, previously known as pathological gambling, is a behavior that significantly impairs functioning in personal, social, and occupational domains. Currently, there is no pharmacological treatment for gambling disorder, emphasizing the need for innovative treatment modalities. Imaging studies have identified a connection between prefrontal circuit dysfunction and behavioral disinhibition, supporting the potential use of non-invasive brain stimulation in treating gambling disorder.
Objectives: The purpose of this study is to investigate the effect of theta-burst stimulation (TBS) on gambling disorder.
Methods: The study duration is 2 weeks, with 10 sessions of TBS intervention. The intervention group will receive 1800 pulses of intermittent TBS at the left dorsolateral prefrontal cortex and 1200 pulses of continuous TBS at the pre-supplementary motor area during each session, while the control group will receive sham stimulation. Primary outcomes, including the Gambling Symptom Assessment Scale (G-SAS) and the Visual Analogue Scale (VAS) for craving, were administered at weeks 0, 2, 4, and 8, and the changes between the two groups were compared using generalized estimating equations. Secondary outcomes, including Beck Anxiety Inventory and Beck Depression Inventory, and serum brain-derived neurotrophic factor (BDNF), cortisol, and hsCRP, were measured at weeks 0, 4, and the changes between the two groups were compared using repeated measures ANOVA.
Results: A total of 33 patients with gambling disorder were randomly assigned in a 2:1 ratio to the intervention group (21 patients) and the control group (12 patients) on a double-blind basis. They were included in the preliminary analysis on an intention-to-treat basis. The VAS scores of the active group decreased more than those of the sham group (active group: 53.3 to 17.9, sham group: 37.5 to 15.3), but the difference did not reach statistical significance ($p = 0.13$). Compared to the sham group, the active group showed a decreasing trend in hsCRP ($p = 0.54$) and an increasing trend in free BDNF ($p = 0.34$), but neither reached a statistically significant difference.
Conclusions: Drawing definitive conclusions is limited by small sample size. Nevertheless, the initial results from this study suggest that the alterations in levels of gambling craving, hsCRP, and serum BDNF align with our hypothesis.

Disclosure of Interest: None Declared

EPP348

Cluster analysis of relapse risk factors in alcohol use disorder

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Introduction: The chronic relapsing nature of alcohol use disorder (AUD) makes treatment and recovery especially difficult. One of the most prevalent factors contributing to relapse is craving, which is a strong urge to drink alcohol. Moreover, alcohol withdrawal symptoms experienced during abstinence can trigger the urge to

drink alcohol. Furthermore, stress and anxiety can also elicit craving and increase the motivation to drink alcohol.
Objectives: Further understanding the risk of relapse would be crucial for the treatment of AUD. Thus, the aim of this study was to identify clusters within a sample of patients with AUD based on the different factors of relapse risk, and to compare these clusters based on the severity of alcohol use disorder, craving and anxiety.
Methods: The sample consisted of 114 patients diagnosed with AUD at the Department of Psychiatry, University of Szeged, Hungary between November 2022 and January 2024. The level of AUD was measured with the Alcohol Use Disorders Identification Test (AUDIT) (subscales: consumption, dependence, harmful consequences of alcohol use) and the Severity of Alcohol Dependence Questionnaire (SAD-Q) (subscales: physical withdrawal signs, affective withdrawal signs, withdrawal relief drinking, quantity and frequency of alcohol consumption, rapidity of reinstatement of withdrawal symptoms following abstinence). State and trait anxiety were measured with the State-Trait Anxiety Inventory (STAI-S, STAI-T). Craving was measured with the Multidimensional Alcohol Craving Scale (MACS). The risk of relapse was measured with the Alcohol Relapse Risk Scale (ARRS) (subscales: stimulus-induced vulnerability (SV), emotionality problems (EP), compulsivity for alcohol (CA), negative expectancy for alcohol (NE), positive expectancy for alcohol (PE), insight into mental condition (IM)).
Results: Two-step cluster analysis was performed with the six subscales of the ARRS as predictor variables. A two-cluster solution was found, in which SV proved to be the most important predictor. Independent sample t-tests for the two clusters revealed significant between-cluster differences on all subscales except for 'lack of negative expectancy for alcohol' ($p \geq 0.001$). Independent sample t-tests and Chi-square tests were performed to compare the two clusters on the basis of age, sex, the severity of AUD, craving and anxiety. Significant differences were found in almost all factors except for age, sex and the 'rapidity of reinstatement of withdrawal symptoms following abstinence' subscale of the SAD-Q ($p \geq 0.01$).
Conclusions: The first cluster with more defined signs for the risk of relapse was characterised by more severe AUD, craving, state and trait anxiety compared to the second cluster with milder signs for the risk of relapse. These results suggest that the risk of relapse is a complex phenomenon, which can be identified through the evaluation of several different factors, which may influence treatment choices.

Disclosure of Interest: None Declared

EPP350

Effect of CYP2C19*17 gene polymorphism on plasma levels of diazepam and nordiazepam in Turkish patients with Alcohol Withdrawal Syndrome

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doi: 10.1192/j.eurpsy.2025.637

Introduction: Alcohol withdrawal syndrome (AWS) is not a common medical condition in general population however it affects patients with alcohol use disorder (AUD) and causes severe complications when diagnosed late or left untreated. Diazepam is a benzodiazepine, which is used to treat various diseases such as insomnia, anxiety, muscle spasm, pain and AWS. Compared to other benzodiazepines, diazepam is more efficient to prevent delirium and decrease withdrawal due to its long half-life. Diazepam is metabolised to its main metabolite nordiazepam with the enzymes expressed by *CYP2C19* and *CYP3A4* genes. It has been reported that metabolic activity of the enzymes encoded by *CYP2C19* gene may be varied due to genetic polymorphisms leading a change in the efficiency of treatment via effecting the plasma level of drugs metabolised by *CYP2C19*.
Objectives: The aim of this study is to investigate whether *CYP2C19*17* gene polymorphism has an impact on plasma levels of diazepam and nordiazepam in the Turkish patients with AWS and under oral diazepam treatment.
Methods: The study included 50 male patients who were in withdrawal state and taking diazepam therapy. *CYP2C19*17* polymorphism was determined by PCR-RFLP method. Plasma levels of diazepam (DZP) and nordiazepam (NDZP) were detected by HPLC.
Results: Genotype frequencies were calculated as 66% for CC, 30% for CT and 4% for TT. Dose-normalized DZP and dose-normalized NDZP values were 0.049 µg/ml per mg/day and 0,056 µg/ml per mg/day, respectively. No statistical significance was observed in the levels of normalized DZP and NDZP when CC and CT+TT genotypes were compared (p= 0.073 and p=0.282, respectively).
Conclusions: The effect of CYP2C19*17 polymorphism on the plasma levels of DZP and NDZP following long term oral diazepam to treat patients with AWS was determined for the first time. With the help of current study, first data on Turkish population was obtained and may be useful for personalized therapy in the future.
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Disclosure of Interest: None Declared

EPP351

Age-Related Cognitive Decline in Substance Use Disorder: Impact of Prolonged Substance Consumption

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Introduction: The consumption of alcohol, cannabis, cocaine, or heroin causes alterations in the central nervous system, affecting mood, perception, and behaviour. Despite the harmful effects of these substances, they remain widely used. Younger individuals tend to consume cannabis and cocaine, while older adults more commonly use alcohol and prescription medications. Ageing brings

changes in consumption patterns and has both physical and mental health consequences
Objectives: This study aims to analyze how age influences the clinical characteristics of patients with Substance Use Disorder (SUD), comparing differences between older and younger users.
Methods: A total of 297 SUD patients participated in this study. They were divided into two groups: those aged 55 and older (G1) n= 88, and those younger than 55 (G2) n= 209. The SF-36 questionnaire was used to assess quality of life, the BIS-11 for impulsivity, the ASRS v1.1 for ADHD, the STAI-R for anxiety, and the AQ for autistic traits. All participants provided informed consent, and the study adhered to ethical guidelines.
Results: G1 showed better social functioning (SF-36) but a significant physical decline compared to G2. G1 also demonstrated lower levels of impulsivity (BIS-11), aggression, anxiety (STAI-R), and ADHD symptoms (ASRS), though higher autistic traits (AQ) were observed in G1.
Conclusions: Ageing reduces impulsivity, aggression, anxiety, and ADHD symptoms in individuals with SUD, but worsens physical health and may increase social isolation and autistic traits. These findings underscore the need to adapt SUD treatments according to age, addressing both physical and psychosocial challenges specific to each group.

Disclosure of Interest: None Declared

EPP352

Can temperament dimensions predict treatment outcome in inpatients with substance use disorders?

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Introduction: Substance use disorders are among the leading causes of morbidity and mortality worldwide. SUDs are highly comorbid with other mental health disorders. Given this comorbidity, a transdiagnostic view on treatment, seems appropriate. Within such a transdiagnostic perspective, treatment outcome can be described as a decrease in comorbid clinical symptomatology and not merely in terms of abstinence/relapse in substance use. A promising transdiagnostic factor within the RDoC framework is temperament, more specifically reactive and regulative temperament. According to the dual pathways model, psychopathology arises from an imbalance between two complementary neurobiological systems: the bottom-up reactivity system in terms of behavioral inhibition (BIS) and behavioral activation (BAS) (reactive temperament) and the top-down regulation in terms of Effortful Control (EC) (regulative temperament).
Objectives: We want to investigate whether reactive (BIS/BAS) and regulative temperament (EC) are associated with treatment outcome in terms of a decrease in clinical symptomatology in a sample of adult inpatients with a SUD. When these temperamental factors turn out to be significant predictors of clinical symptomatology, treatment interventions targeting reactivity (high BAS or BIS level) or aiming at strengthening EC could possibly result in better treatment outcomes for patients with SUDs and comorbid disorders.
Methods: The sample consisted of 612 inpatients with a SUD ((76,5% males, mean age 42,9 years) admitted at a specialized treatment unit for addiction. At the start of the treatment (pre) self-report questionnaires were administered to assess the reactive temperament dimensions (the Behavioral Inhibition/Behavioral Activation System Scales), the regulative temperament dimension (the Effortful Control Scale from the Adult Temperament Questionnaire) and clinical symptomatology (Symptom-Checklist-90-Revised, SCL-90-R). At discharge, the SCL-90-R was administered again to assess treatment effectiveness (post).
Results: Paired sample t-test showed significant decreases between pre- and posttreatment symptom scores indicating that treatment was effective in decreasing symptomatology. A hierarchical regression analysis showed that higher levels of EC were associated with a stronger decrease in levels of psychological symptoms and that higher levels of BIS were associated with a lower decrease. There was however no moderating role of EC in the relation between reactive temperamental dimensions and treatment outcome.
Conclusions: We found that reactive and regulative temperament could predict psychological symptomatology after a residential treatment period of 8 weeks in a specialized addiction unit. These results point out that interventions aiming at either strengthening EC or lowering anxiety (BIS) could possibly result in better treatment outcomes for patients with SUDs their comorbid disorders.

Disclosure of Interest: None Declared

EPP353

Emotional Dysregulation, Impulsivity, and Interoceptive Awareness in Individuals with Alcohol Use Disorder

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Introduction: Impairment in emotion regulation and impulsivity are components of addiction-related mechanisms. The ability to perceive the internal state of the body is known as interoceptive awareness (IA). Impaired IA is believed to contribute to the development and progression of alcohol use disorder (AUD). IA is considered to have two dimensions: interoceptive accuracy (IAc), which measures precise monitoring of bodily sensations, and interoceptive sensibility (IS), which reflects the subjective experience of these sensations. Traits associated with alcohol use vulnerability, such as emotional dysregulation and impulsivity, may also be linked to IA.
Objectives: Our objective was to compare emotional dysregulation, impulsivity, IAc, and IS levels between abstinent patients with AUD and healthy controls. Additionally, we aimed to investigate potential associations between the dimensions of IA and emotional dysregulation and impulsivity.
Methods: The study included 52 abstinent patients with AUD and 52 healthy control subjects. Of the participants, 92.3% (n=48) in each group were male, and 7.7% (n=4) were female. Emotional dysregulation was assessed using the 16-item Difficulties in Emotion Regulation Scale (DERS-16), and impulsivity was measured

using the Barratt Impulsiveness Scale 11 (BIS-11). IAc was evaluated using the heart rate tracking task, which assessed participants' awareness of their own heartbeat by comparing the number of heartbeats they perceived with an objective heart rate measurement. IS was measured using the Multidimensional Assessment of Interoceptive Awareness Version 2 (MAIA-2). The study included patients who had completed detoxification and been abstinent for at least three weeks while participating in or undergoing a 28-day abstinence-based inpatient treatment program.
Results: Individuals with AUD scored significantly higher on self-reported measures of emotional dysregulation (AUD group: 41.50 ± 17.66; control group: 31.19 ± 8.93; $p < 0.001$, $F = 14.106$) and impulsivity (AUD group: 61.63 ± 12.30; control group: 53.06 ± 7.50; $p < 0.001$, $F = 17.828$), and significantly lower on the heart rate tracking task (IAc) (AUD group: 0.65 ± 0.15; control group: 0.84 ± 0.13; $p < 0.001$, $F = 43.615$). No significant difference was found in self-reported IS scores (AUD group: 114.06 ± 21.38; control group: 113.37 ± 13.52; $p = 0.844$, $F = 0.039$). There was a significant correlation between emotion dysregulation and impulsivity scores ($r = 0.633$, $p < 0.001$). IAc and IS scores showed significant negative correlations with emotional dysregulation scores ($r = -0.243$, $p = 0.013$; $r = -0.425$, $p < 0.001$, respectively) and impulsivity scores ($r = -0.204$, $p = 0.038$; $r = -0.416$, $p < 0.001$, respectively).
Conclusions: Our findings support the hypothesis that emotional dysregulation and impulsivity, which are linked to the development and progression of AUD, are associated with interoceptive processes.

Disclosure of Interest: None Declared

Anxiety Disorders and Somatoform Disorders

EPP354

Factors affecting anxiety in patients with multiple sclerosis

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Introduction: Anxiety is a common and often debilitating condition in individuals with Multiple Sclerosis (MS), significantly affecting their quality of life. The challenges associated with managing MS symptoms and the potential for disability can contribute to increased levels of psychological distress.
Objectives: The aim of our study was to determine the prevalence of anxiety and identify the its associated factors.
Methods: A cross-sectional study was conducted in the neurology department of Razi University Hospital (Tunisia) between October 2023 and June 2024. Patients with a diagnosis of MS based on the 2017 McDonald criteria were recruited, excluding those with active disease relapses. Participants completed questionnaires covering sociodemographic data, medical history, clinical and radiological characteristics, disability status, and psychological symptoms. Depression, anxiety and stress were assessed using the DASS-21 scale. Insomnia was evaluated using the Pittsburgh Sleep Quality Index (PSQI). Data analysis was performed using SPSS version 26.
Results: A total of 83 patients with MS were recruited, with ages ranging from 19 to 66 years. The study population had a predominantly female sex ratio of 3.4. The majority of participants (75.9%) were from urban areas, and 74.7% had a university-level education. Moreover, 49.1% were married, and 60.2% were employed. Regarding medical history, 40.3% had a comorbid condition, and 30.1% had a psychiatric history. The mean age at disease onset was 26 ± 10 years, and the most common clinical presentations were sensory and pyramidal symptoms.
The median time since the last relapse in our sample was 24 months .In our sample, first-line treatments (interferon, glatiramer acetate, teriflunomide, dimethyl fumarate) were prescribed to 27.7% of patients. Second-line treatments (natalizumab, ocrelizumab, fingolimod) were prescribed to 69.9% of patients
In our study, the prevalence of anxiety was 55.4%. In our population , 26.5% of the patients had severe anxiety. A significant association was found between anxiety and female gender ($p=0.02$), stress ($p<0.001$), and insomnia ($p=0.003$).
Conclusions: The findings indicate that anxiety is a considerable concern for individuals with MS. Addressing this mental health issue is essential for healthcare providers to offer effective support. By prioritizing mental health, we can enhance the overall well-being of individuals living with MS and improve their quality of life.

Disclosure of Interest: None Declared

EPP355

Influence of Demographic and Socioeconomic Factors on Mental Exhaustion and Social Exclusion in the Workplace

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Introduction: Mental exhaustion and social exclusion are significant challenges in the workplace that can negatively affect well-being and job performance. Various demographic and socioeconomic factors may differently impact these phenomena. This study examines how age, gender, marital status, educational level, number of children, employment status, origin, and generation influence mental exhaustion and social exclusion in the workplace.
Objectives: The primary objective of this investigation is to explore and analyze the relationships between demographic and socioeconomic factors and the dimensions of mental exhaustion and social exclusion. The study aims to identify differences and interactions among various factors, as well as to gain a deeper understanding of their impact on workplace well-being.
Methods: The research was conducted by Dr. Elif Cindik, psychologist Merve Gediz, and psychology student Dicle Mutlu. A total of 73 participants were surveyed. Standardized questionnaires

were used to measure mental exhaustion and social exclusion, and demographic as well as socioeconomic data were also collected. The analysis employed statistical methods such as Analysis of Variance (ANOVA), Post-Hoc Tests, Regression, and Pearson Correlation Tests to examine the relationships between the variables.
Results: The tests revealed significant results in the various research areas mentioned above.
Conclusions: The study highlights the complex relationships between the examined demographic and socioeconomic factors and the dimensions of mental exhaustion and social exclusion. Significantly important differences were found among older age groups, single participants, individuals with lower educational levels, and various income levels. Further research is needed to explore the causes of these differences in more detail and to develop potential intervention strategies. The findings provide valuable insights for measures aimed at improving workplace well-being.

Disclosure of Interest: None Declared

EPP359

Differential impact of comorbid depression and adjustment disorder on self-compassion in patients with anxiety disorders

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Introduction: The capacity of self-compassion may contribute to the development or protection of psychiatric disorders.
Objectives: This study aimed to examine the relationship between self-compassion and psychopathologies in anxiety disorders and to identify the impact of comorbid depression on self-compassion.
Methods: Patients diagnosed with anxiety disorders were recruited from the outpatient clinic of the Catholic University of Korea. Psychiatric diagnoses were established through interviews based on DSM-5 criteria, conducted by an experienced psychiatrist. Demographic data were collected, and clinical status was evaluated using the Clinical Global Impression (CGI) scale. The severity of anxiety, depression, somatic symptoms, hypochondriasis, and self-compassion were assessed using the Generalized Anxiety Disorder-7 (GAD-7), Patient Health Questionnaire-9 (PHQ-9), Patient Health Questionnaire-15 (PHQ-15), Illness Attitude Scale (IAS), Cyberchondria Severity Scale (CSS-12), and Self-Compassion Scale (SCS), respectively.
Results: The study included 121 participants with a mean age of 48.65 years (SD = 10.10), ranging from 20 to 70 years. The majority of the participants were female, comprising 91 (75.2%) of the sample, while 30 (24.8%) were male. A significant inverse relationship was observed between self-compassion (SCS total) and measures of general psychopathologies and hypochondriasis: PHQ-9 ($r = -0.366$, $p < 0.001$), GAD-7 ($r = -0.348$, $p < 0.001$), PHQ-15 ($r = -0.349$, $p < 0.001$), IAS ($r = -0.293$, $p < 0.005$), and CSS-12 ($r = -0.208$, $p < 0.05$). Also, strong negative correlations were found with all psychopathology measures, showing that higher negative self-compassion is significantly related to greater psychopathology: PHQ-9 ($r = -0.479$, $p < 0.001$), GAD-7 ($r = -0.423$, $p < 0.001$), PHQ-15 ($r = -0.364$, $p < 0.001$), IAS ($r = -0.374$, $p < 0.001$) and CSS-12 ($r = -0.362$, $p < 0.001$). An ANCOVA was conducted to assess group differences in self-compassion subscales among patients with anxiety disorders (N = 71), comorbid depressive and adjustment disorders (N = 22), and comorbid somatic symptom and related disorders (N = 25). The results showed a significant difference in the isolation subscale across the groups ($F = 4.636$, $p = .012$).
Conclusions: The findings underscore the role of self-compassion in moderating psychopathology severity in anxiety disorders, suggesting that interventions targeting negative self-compassion may help mitigate emotional and physical symptoms in these patients

Disclosure of Interest: None Declared

Bipolar Disorders

EPP363

Theory of Mind Deficits in Individuals at Risk and Early Onset of Bipolar Disorder

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Introduction: Impairments in theory of mind, which influence the ability to accurately perceive and comprehend the mental states of oneself and others, play a pivotal role in psychiatric diseases. Understanding these cognitive aspects is crucial for developing targeted interventions and improving overall patient outcomes.
Objectives: The purpose of this study is to examine theory of mind in individuals at risk for bipolar disorder and in the early stages of the disorder.
Methods: Sixty-two individuals with first-episode bipolar disorder (FE-BD) (mean age 21.92±4.58), seventy-eight individuals at ultra-high risk for bipolar disorder (UHR-BD) (mean age 20.5±3.93), and seventy-four healthy controls (HC) (mean age 23.36±5.28) were included in this study. The Hinting Task (HT) and the Reading the Mind in the Eyes Test (RMET) were applied to assess theory of mind.
Results: The groups differed significantly in RMET positive ($F(2\text{-}200)=5.087$, $p=0.007$), neutral ($F(2\text{-}200)=4.777$, $p=0.009$) subscores, and total score ($F(2\text{-}200)=11.267$, $p=0.000$). Similarly, differences were found among the groups in terms of hypomentalization ($F(2\text{-}174)=5.251$, $p=0.006$), hypermentalization ($F(2\text{-}174)=4.786$, $p=0.009$), and total scores ($F(2\text{-}174)=13.292$, $p=0.000$) on the

Hinting Task. No significant differences were observed in RMET negative scores among the groups (p>0.05). Both the FE-BD and UHR-BD groups exhibited significantly lower scores than the healthy controls across positive, neutral, and total RMET scores, as well as in total Hinting Task scores (p<0.05). Hypomentalization and hypermentalization errors were higher in the FE-BD and UHR-BD groups than in the HC group (p<0.05).
Conclusions: The results revealed significant differences in theory of mind performance between groups, including RMET scores and Hinting Task results. Individuals with first episode bipolar disorder (FE-BD) and those at ultra high risk for bipolar disorder (UHR-BD) consistently scored lower than healthy controls, emphasizing the need for targeted, early interventions in theory of mind and related cognitive processes. Future studies investigating clinical and neurobiological correlates of theory of mind across different stages of bipolar disorder are needed.

Disclosure of Interest: None Declared

EPP364

Thyroid Function Paremeters in Drug Naive, First Episode Mania: Are Thyroid Dysfunctions Present at The Onset of the Illness ? A Case Control Study

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Introduction: Bipolar disorder features recurrent episodes of mania, hypomania, and depression, with first-episode mania serving as an early indicator. The biological and psychological factors involved are not fully understood. Thyroid hormones play a vital role in brain metabolism, and their dysregulation has been linked to mood disorders, indicating potential abnormalities during manic episodes.
Objectives: This study aims to evaluate the presence of thyroid dysfunction in drug-naive patients experiencing their first episode of mania compared to a healty control group.
Methods: This study included forty-eight drug-naive patients diagnosed with first-episode mania, who were hospitalized for treatment, and a control group of forty-eight healthy individuals. The healthy control group was matched for age and sex and had no history of psychiatric illness or treatment. There were no physical illnesses in either group. Symptom severity was assessed using the Brief Psychiatric Rating Scale (BPRS) and the Young Mania Rating Scale (YMRS). Serum T3, T4, TSH levels were measured in both groups. The study protocol was approved by the Local Ethics Committee of Selcuk Üniversity.
Results: There were no differences in sex and age distribution between the groups. In the patient group, 54.2% (n=26) were female, with a mean age of 24.98 (±7.38). Additionally, 16.7% (n=8) had a history of depression, and 49.7% (n=23) exhibited psychotic features. Analysis of serum TSH, T3, T4, and the T3/T4 ratio showed no significant differences between groups (TSH: t=-0.466, p=0.642; T3: t=1.258, p=0.212; T4: t=-0.874, p=0.382; T3/T4: t=-1.291, p=0.200). T3 levels were higher in males overall and in the control group (t=-3.000, p=0.004; t=-3.753, p<0.001), but not in the patient group (p>0.05). Among patients, T4 levels were significantly higher in those with psychotic features (t=-2.410, p=0.020). Correlation analysis showed no significant relationships between thyroid function tests and clinical variables.
Conclusions: This study found no significant differences in thyroid function parameters between drug-naive patients with first-episode mania and healthy controls, suggesting that thyroid dysfunction may not be present at the onset of mania. While T4 levels were higher in patients with psychotic features, overall results indicate that thyroid abnormalities do not play a critical role in the immediate presentation of this disorder. These findings highlight the need for further research to explore the long-term relationship between thyroid function and bipolar disorder.

Disclosure of Interest: None Declared

EPP366

Assessing language abnormalities using NLP methods in speech excerpts of individuals at ultra-high risk for bipolar disorder

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Introduction: Detection for individuals at ultra-high risk for bipolar disorder (UHR-BD) is crucial due to the exploration of potential biomarkers at the early stages of bipolar disorder, including language abnormalities. Formal thought disorder (FTD) is an important symptom that can be observed in BD, which may be mildly noticeable during the early stages of the disease. Automated methods have demonstrated the ability to evaluate FTD in psychotic disorders and can also be employed to evaluate FTD in the speech of individuals at UHR-BD.
Objectives: This study aimed to investigate the differences in language between UHR-BD and healthy controls (HC) using natural language processing (NLP) methods.
Methods: We collected speech samples from 20 individuals at UHR-BD and 20 HC during descriptions of eight Thematic Apperception Test (TAT) pictures, which were then manually transcribed. After transcribing the text, word2vec was used to convert it into vectors. The semantic similarity between words was calculated using a moving window approach to windows of words sized 5-10. Finally, the mean and variance of similarities were determined.
Results: The variances of similarities in the windows of 5 to 9 were increased in UHR-BD (p=0.004, p=0.005, p=0.01, p=0.02, and p=0.037, respectively). There was no significant difference regarding the mean similarity.
Conclusions: To our knowledge, this is the first study to evaluate language with NLP methods in individuals at UHR-BD. Our findings showed that the variance of semantic similarity differed between the two groups. This indicates NLP methods may be used in the UHR-BD group to detect FTD.

Disclosure of Interest: None Declared

EPP367

Efficacy and Safety of Lumateperone compared to Quetiapine in Indian patients with Bipolar II depression: A subgroup analysis based on mixed symptoms

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Introduction: Lumateperone, an atypical antipsychotic drug approved for Bipolar II depression in 2021, has a dual mechanism of action by combination of activity at central serotonin (5-HT2A) and dopamine (D2) receptors.

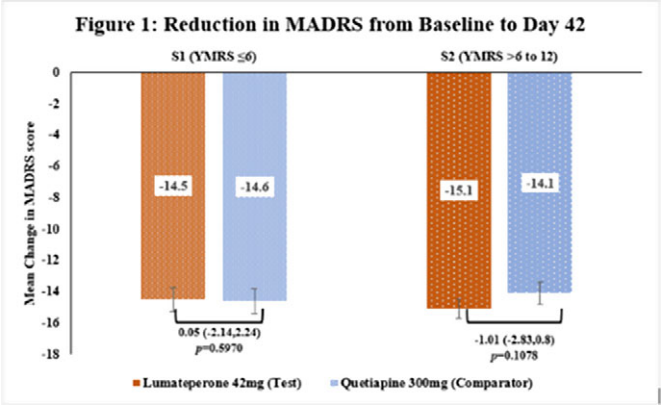
Objectives: This subgroup analysis of an Indian Phase 3 study was conducted to evaluate the efficacy and safety of Lumateperone 42mg compared to Quetiapine 300mg in treatment of Bipolar II depression when stratified based on mixed symptoms assessed via Young Mania Rating Scale (YMRS).

Methods: The phase-III, randomized, multi-centric, assessor-blind, parallel-group, active-controlled, comparative, non-inferiority study included patients with Bipolar II depression with moderate severity having a Montgomery-Asberg depression rating scale (MADRS) score ≥20 and Clinical global impression–bipolar version–severity (CGI-BP-S) score ≥4. The study was conducted after receiving regulatory and ethics committee approvals. The patients were randomized (1:1) to either receive Lumateperone 42mg [Test] or Quetiapine 300mg [Comparator] for 6 weeks. The patients were stratified based on YMRS: Subgroup 1 [S1]: ≤6 and Subgroup 2 [S2]: >6 to 12. For efficacy outcomes MADRS score, CGI-BP-S (total score, depression subscore and overall bipolar illness subscore), and Quality of life enjoyment and satisfaction-short form questionnaire (Q-LES-Q-SF) score were evaluated and for safety outcomes treatment emergent adverse events (TEAEs) were assessed. [Clinical trial registration: CTRI/2023/10/058583]

Results: This subgroup analysis included 235 patients in S1 [Test=109; Comparator=126] and 227 in S2[Test=122; Comparator=105]. The baseline demographic characteristics were comparable in between treatment arms across subgroups. The primary endpoint of reduction in MADRS score from baseline to Day 42 in Test arm was non-inferior to Comparator arm in both subgroups [Figure 1] as the upper 95% CI was below the pre-defined margin of 3.0. The reduction of CGI-BP-S (total score, depression subscore and overall bipolar illness subscore) from Day 14 to Day 42 were comparable in both Test and Comparator arms in both subgroups. The improvement in Q-LES-Q-SF score from baseline to Day 42 were comparable in both Test and Comparator arms in both subgroups. The incidence of TEAEs were similar in both treatment arms [S1: Test=28.4% and Comparator=28.6%; S2: Test=40.2% and Comparator=43.8%] and no serious adverse events were reported.

Image 1:

Figure 1: Reduction in MADRS from Baseline to Day 42



Conclusions: This subgroup analysis demonstrated that Lumateperone 42mg is non-inferior to Quetiapine 300mg in treatment of Bipolar II depression as assessed via MADRS score from baseline to Day 42, irrespective of presence of mixed symptoms and both treatments were found to be well tolerated.

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EPP368

Impact of Lumateperone compared to Quetiapine on MADRS in Indian patients with Bipolar II depression: A post-hoc analysis of a Phase 3 study

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Introduction: Lumateperone, an atypical antipsychotic drug, has a dual mechanism of action by combination of activity at central serotonin (5-HT2A) and dopamine (D2) receptors.
Objectives: This post-hoc analysis of an Indian Phase 3 study was conducted to evaluate the impact of Lumateperone 42mg compared to Quetiapine 300mg on severity of depression assessed via MADRS in patients with Bipolar II depression.
Methods: The phase-III, randomized, multi-centric, assessor-blind, parallel-group, active-controlled, comparative, non-inferiority study included patients with Bipolar II depression with moderate severity having a Montgomery-Asberg depression rating scale (MADRS) score ≥20 and Clinical global impression–bipolar version–severity (CGI-BP-S) score ≥4. The study was conducted after receiving regulatory and ethics committee approvals. The patients were randomized (1:1) to either receive Lumateperone 42mg [Test] or Quetiapine 300mg [Comparator] for 6 weeks. This post-hoc analysis evaluated MADRS total score and individual items from Question 1 to Question 10 i.e. (Q1) Apparent sadness; (Q2) Reported sadness; (Q3) Inner tension; (Q4) Reduced sleep; (Q5) Reduced appetite; (Q6) Concentration difficulties; (Q7) Lassitude; (Q8) Inability to feel; (Q9) Pessimistic thoughts; and (Q10) Suicidal thoughts respectively and for safety outcomes treatment emergent adverse events (TEAEs) were assessed. [Clinical trial registration: CTRI/2023/10/058583]
Results: This subgroup analysis included 462 patients, out of which 231 were in the Test group and 231 in the comparator group. The baseline demographic characteristics were comparable in between treatment arms. The reduction in MADRS score (total and individual items) from baseline to Day 42 in Test arm was comparable to Comparator arm [Figure 1 & 2]. The incidence of TEAEs were similar in both treatment arms [Test: 34.6%; Comparator: 35.5%] and no serious adverse events were reported.

Image 1:

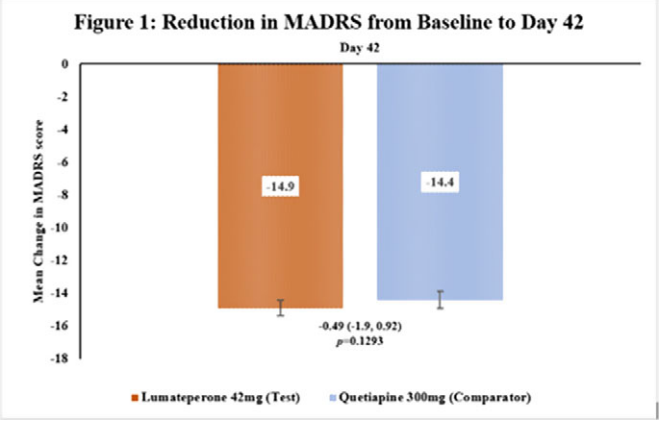
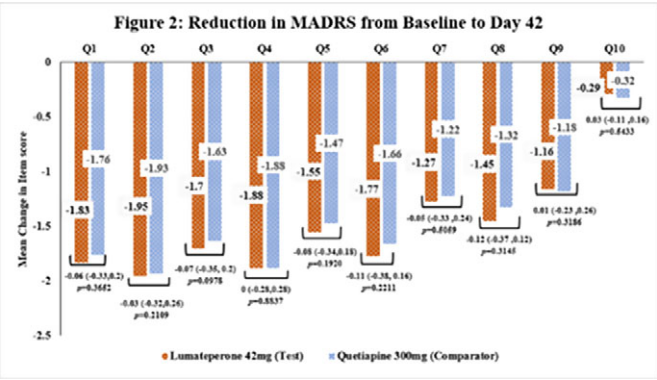


Image 2:



Conclusions: This post-hoc analysis demonstrated that Lumateperone 42mg is comparable to Quetiapine 300mg in treatment of Bipolar II depression as assessed via MADRS score from baseline to Day 42, and both treatments were found to be well tolerated. Hence, Lumateperone can be considered as valuable treatment option in management of Bipolar II depression.

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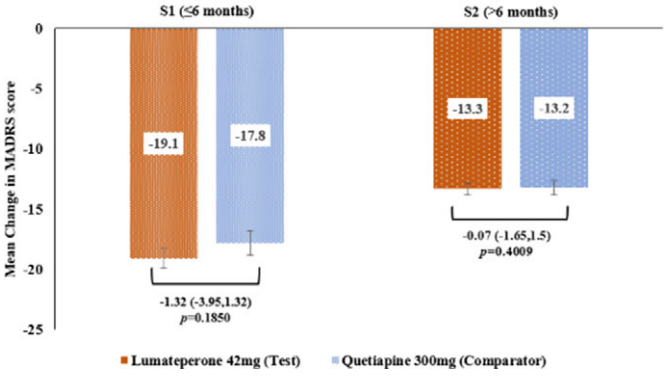
Efficacy and Safety of Lumateperone compared to Quetiapine in Indian patients with Bipolar II depression: A subgroup analysis based on disease duration

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Introduction: Lumateperone, an atypical antipsychotic drug, has a dual mechanism of action by combination of activity at central serotonin (5-HT2A) and dopamine (D2) receptors.
Objectives: This subgroup analysis of an Indian Phase 3 study was conducted to evaluate the efficacy and safety of Lumateperone 42mg compared to Quetiapine 300mg in treatment of Bipolar II depression when stratified based on disease duration.
Methods: The phase-III, randomized, multi-centric, assessor-blind, parallel-group, active-controlled, comparative, non-inferiority study included patients with Bipolar II depression with moderate severity having a Montgomery-Asberg depression rating scale (MADRS) score ≥20 and Clinical global impression–bipolar version–severity (CGI-BP-S) score ≥4. The study was conducted after receiving regulatory and ethics committee approvals. The patients were randomized (1:1) to either receive Lumateperone 42mg [Test] or Quetiapine 300mg [Comparator] for 6 weeks. The patients were stratified based on disease duration: Subgroup 1 [S1]: ≤6 months and Subgroup 2 [S2]: >6 months. For efficacy outcomes MADRS score, CGI-BP-S (total score, depression subscore and overall bipolar illness subscore), and Quality of life enjoyment and satisfaction-short form questionnaire (Q-LES-Q-SF) score were evaluated and for safety outcomes treatment emergent adverse events (TEAEs) were assessed. [Clinical trial registration: CTRI/2023/10/058583]
Results: This subgroup analysis included 462 patients, out of which 118 in S1[Test=62; Comparator=56] and 344 in S2[Test=169; Comparator=175]. The baseline demographic characteristics were comparable in between treatment arms across subgroups. The primary endpoint of reduction in MADRS score from baseline to Day 42 in Test arm was non-inferior to Comparator arm in both subgroups [Figure 1] as the upper 95% CI was below the pre-defined margin of 3.0. The reduction of CGI-BP-S (total score, depression subscore and overall bipolar illness subscore) from Day 14 to Day 42 were comparable in both Test and Comparator arms in both subgroups. The improvement in Q-LES-Q-SF score from baseline to Day 42 were comparable in both Test and Comparator arms in both subgroups. The incidence of TEAEs were similar in both treatment arms [S1: Test=30.6% and Comparator=30.4%; S2: Test=36.1% and Comparator=37.1%] and no serious adverse events were reported.
Image 1:

Figure 1: Reduction in MADRS from Baseline to Day 42



Conclusions: This subgroup analysis demonstrated that Lumateperone 42mg is non-inferior to Quetiapine 300mg in treatment of Bipolar II depression as assessed via MADRS score from baseline to Day 42, irrespective of chronicity of the disease and both treatments were found to be well tolerated. Hence, Lumateperone can be considered as valuable treatment option in management of Bipolar II depression.

Disclosure of Interest: A. Dharmadhikari: None Declared, P. Chaurasia: None Declared, Y. Patel: None Declared, D. Choudhary: None Declared, P. Dasud: None Declared, M. Bhirud: None Declared, P. Meena: None Declared, F. Shah: None Declared, G. Ganesan: None Declared, B. P. Rathour: None Declared, K. Mistry: None Declared, M. Dutta: None Declared, A. Ramaraju: None Declared, S. Mangalwedhe: None Declared, S. G. Goyal: None Declared, G. Kulkarni: None Declared, A. Mukhopadhyay: None Declared, P. Chaudhary: None Declared, G. T. Harsha: None Declared, M. Parikh: None Declared, S. Dey: None Declared, S. Sarkhel: None Declared, N. Jyothi: None Declared, A. Kumar: None Declared, N. Sooch: None Declared, A. Shetty Employee of: Sun Pharma, S. Saha Employee of: Sun Pharma, P. Devkare Employee of: Sun Pharma, A. Shetty Employee of: Sun Pharma, D. Patil Employee of: Sun Pharma, P. Ghadge Employee of: Sun Pharma, A. Mane Employee of: Sun Pharma, S. Mehta Employee of: Sun Pharma.

Child and Adolescent Psychiatry

EPP370

Characteristics of Children and Adolescents with High Functioning Autism and Optimal Outcome

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Introduction: In general, Autism spectrum disorders (ASDs) are considered lifelong disorders but recent data suggests that after treatment, symptomatic improvement and even loss of diagnosis can be achieved in some cases. Although there is not yet a consensus, the term 'optimal outcome' is generally used for this group of children. Literature on optimal outcome contributes in evaluating treatment efficacy and in identifying factors influencing good prognosis.
Objectives: The aim of this study is to describe a group of children who achieved optimal outcome and compare sociodemographic and clinical features with the cases still being followed up with the diagnosis of High Functioning Autism (HFA).
Methods: This study consists of 60 cases aged 4-18 years who were diagnosed with Autism Spectrum Disorder according to DSM-IV (before 2013) or DSM-5 criteria by clinicians in Dokuz Eylul University Faculty of Medinice Hospital Child and Adolescent Psychiatry Department Outpatient Clinic and during follow-up considered optimal outcome and cases who still meet the diagnosis of High Functioning Autism. The necessary data were collected through retrospective examination of the medical records and during clinical interviews. Comorbid psychopathologies were assessed with the Schedule for Affective Disorders and Schizophrenia for School-Age Children-Present and Lifetime version (K-SADS-PL) semi-structured interview. Childhood Autism Rating Scale (CARS) were applied to evaluate the severity of the symptoms. Intelligence and developmental test results were recorded if available in the medical records for cognitive assessment.
Results: The optimal outcome (OO) group was diagnosed and started special education at a significantly earlier age than the HFA group (p=0.001). The duration of pre-school education was also significantly higher in the optimal outcome group (p=0,023). Symptom severity assessed by CARS at both the time of diagnosis and the current situation was significantly lower in the optimal outcome group (p<0.001, p<0.001). There was no significant difference between the two groups in terms of early verbalization skills and WISC-R scores.
Conclusions: In our study we defined a group of children who lost their diagnosis of autism after special education. Early diagnosis and initiation of special education and less severe ASD symptoms at the time of diagnosis were found to be important factors contributing to optimal outcome.

Disclosure of Interest: None Declared

EPP371

Biomarkers of oxidative stress and inflammation in urine samples of extremely preterm newborns and risk for autism at corrected-age 24 months

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Introduction: Extremely preterm birth (defined as birth before 28 weeks' gestational age) has been associated with an increased risk of developing autism spectrum disorder (ASD) in infancy. The underlying pathophysiological mechanisms driving the emergence of ASD in these children remain unknown, although growing evidence suggests that oxidative stress and inflammation play important roles.
Objectives: To detect if urinary protein oxidation could serve as a non-invasive early predictor of ASD risk in extremely preterm newborns.
Methods: In two Spanish cohorts recruited between 2020 and 2022, consisting of 76 extremely preterm newborns, we collected urine samples from birth up to the first week of life (T1 = birth, T2 = 24–72 hours, T3 = day 7) and analyzed biomarkers of oxidative stress and inflammation. We assessed the risk for ASD at a corrected age of 24 months. Using liquid chromatography-mass spectrometry, we measured levels of lipid peroxidation, DNA and protein oxidation metabolites, along with markers of inflammation. We investigated the association between longitudinal urine marker levels and the primary outcome (risk for ASD, defined as an MCHAT-R/F score ≥ 2 at 24 months).
Funding: The study was supported by the Spanish Ministry of Science & Innovation, Instituto de Salud Carlos III (grant numbers PI17/01997, PI18/01352, PI20/01342, PI23/00368); co-financed by ERDF Funds from the European Commission, "A way of making Europe", Fundación Familia Alonso & Fundación Alicia Koplowitz.
Results: Thirty-two of the 76 patients completed the 24-month follow-up period and had samples available from at least two of the three time points. Compared to those with no risk for ASD (n = 21), patients at risk for ASD (n = 11) exhibited significantly lower O-tyrosine levels at birth (d = 1.296, p = .048). Moreover, O-tyrosine levels increased significantly over time in at-risk patients relative to non-ASD risk patients from birth to day 7 (p = .032), suggesting protein damage due to significant oxidative stress.
Conclusions: These findings indicate that urinary protein oxidation markers could serve as promising, non-invasive early predictors of ASD risk in extremely preterm newborns.

Disclosure of Interest: None Declared

EPP372

Evaluation of NCAM1, NRXN1, NLGN4, N-CADHERİN Levels in Peripheral Circulation of Children with Autism Spectrum Disorder and Their Siblings

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Introduction: Autism spectrum disorder (ASD) is linked to synaptic function and plasticity, and cell adhesion molecules play an important role in these processes. Dysfunction of CAMs disrupts synaptic activity and plasticity processes.

Objectives: This study aims to investigate NCAM1, NRXN1, NLGN4, and N-cadherin levels in the peripheral circulation of individuals with ASD, their siblings, and healthy controls without any psychiatric diagnosis. We also investigate how these biochemical parameters affect autism severity, behavioral problems, and autistic traits in siblings.

Methods: The patient group of the study consisted of 41 children aged between 18-72 months who were diagnosed with ASD according to DSM-5 diagnostic criteria and 41 healthy siblings aged between 24-72 months of the child diagnosed with ASD (Control Group 1). We assessed the severity of ASD symptoms in participants diagnosed with ASD using the Childhood Autism Rating Scale and the Autism Behavior Checklist. Control Group 2 consisted of 41 children aged between 18-72 months who did not have ASD or any other psychiatric disorder or physical illness (Control Group 2). The parents of the patient group completed the Autism Spectrum Screening Scale for the sibling of the individual diagnosed with ASD. We determined serum NCAM1, NRXN1, NLGN4, and N-Cadherin levels in peripheral blood samples by ELISA.

Results: There was no statistically significant difference in NCAM1, NRXN1, NLGN4, and N-Cadherin levels between all three study groups. There was a statistically significant positive correlation between NCAM1 and NRXN1 levels in the ASD group.

Conclusions: In this study, we investigated the serum levels of NCAM1, NRXN1, NLGN4, and N-Cadherin, which are cell adhesion molecules potentially associated with ASD etiology. Although the proteins we investigated were expressed differently between the groups, we did not find any statistically significant difference between ASD patients, healthy siblings, and healthy groups. More research is needed in this area.

Disclosure of Interest: None Declared

EPP373

The use of computer-aided analysis of facial expressions based on the support vector machine in the diagnosis of ASD

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Introduction: Autism spectrum disorder (ASD) is characterized by communication challenges, particularly in non-verbal aspects such as facial expressions.Research in this area is limited due to the lack of accurate methodologies. Existing literature generally agrees that individuals with ASD often show a disconnect between verbal communication and emotional expression, with facial expressions being diminished or inappropriate. Most studies have relied on ratings by highly trained observers, which can reduce accuracy and introduce biases, such as confirmation bias.

Objectives: Our goal was to create a model for capturing and analyzing facial expressions using computer algorithms and assess its effectiveness in identifying individuals with ASD.

Methods: The study involved 100 participants, divided into two groups based on ASD diagnosis. The ASD group included 73 individuals, 51 (69.8%) of whom were male, while the control group comprised 27 participants, with 16 (59.2%) being male. ASD diagnoses were made by a specialist child and adolescent psychiatrist using developmental history and mental state examinations, confirmed with the ADOS-2 protocol. In the control group, ASD was ruled out using the same protocol. A significant age difference was found between the ASD group (mean age: 14 years; 95% CI: 13.5-14.5) and the control group (mean age: 16.3 years; 95% CI: 15.2-17.5), according to the Mann-Whitney U test.

All participants completed three tasks: a semi-structured conversation, recognizing facial expressions displayed on a screen, and imitating these expressions. Throughout the tasks, participants' faces were recorded using five cameras positioned around them. Faces were then detected in the images using a sliding window algorithm in a multi-resolution representation of the Gaussian pyramid utilizing a linear classifier based on the Support Vector Machine (SVM) with a classical Histogram of Oriented Gradients (HOG) descriptor. An Ensemble of Regression Trees was applied to these detected faces to model facial landmarks in each frame. Using these landmarks, anthropometric distances and proportions were calculated, which were then used to train the SVM classifier.

Results: The obtained model was able to predict the diagnosis of ASD in the study population with almost 100% accuracy. The mean difference between the probability of the correct class and the probability of the incorrect class determined by the SVM on the test set was 56%.

Conclusions: This method of facial expression analysis using an SVM classifier shows potential as a tool for diagnosing ASD. The technique could be applied using smartphones. However, further research is needed to evaluate its clinical viability, particularly when using non-standard devices. These findings also support the hypothesis that individuals with ASD display facial expressions significantly differently from neurotypical individuals.

Disclosure of Interest: None Declared

EPP374

Self-harm, early emotional neglect and alexithymia in young Italian help seekers

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doi: 10.1192/j.eurpsy.2025.655

Introduction: Recent studies showed that non-suicidal Self-Injury (NSSI) is a transdiagnostic behavior with multiple functions and motivational factors. More specifically, two key functions have been identified: the first is an interpersonal function (hurting/punishing others, influencing others' behavior); the second involves personal goals (emotions regulation, dissociation, self-punishment). Some distal factors may contribute to the onset of this behavior (e.g., childhood abuse, emotional neglect), resulting in emotional dysregulation and alexithymia. Alexithymia, also called emotional blindness, a coping strategy to reduce emotional pain following trauma traumatic life events, emerged as a predictor of NSSI.
Objectives: The study aimed to investigate in a sample of young Italian help seekers referred to an early intervention service and a university counseling and consultation service (1) the prevalence of NSSI behaviors; (2) their correlation to early traumatic life experiences and alexithymia symptoms.
Methods: From March 2023, the young adults participating in this study filled a standardized battery (through a QR code). In this preliminary analysis, only data concerning the Deliberate Self-Harm Inventory (DSHI), Childhood Trauma Questionnaire – Short Form (CTQ-SF), and the Toronto Alexithymia Scale (TAS – 20) were considered.
Results: Nowadays, 73 young adults participated in the study (60% women; mean age 26 years, SD 4.2). A third of the sample reported NSSI behavior lifetime, with a higher distribution among women ($\chi 2$= 9.425 p=0.002). By comparing the NSSI and No-NSSI groups, only the emotional neglect dimension exceed the clinical cut-off even if statistically significant differences emerged in all the early traumatic dimensions, with higher scores in the NSSI group as regard the emotional abuse (F= 18.321; p=0.000), physical abuse (F= 17.556; p=0.000), sexual abuse (F= 5.200; p=0.026), emotional neglect (F= 20.053; p=0.000), physical neglect (F= 12.134; p=0.001), minimization/denial (F= 13.384; p=0.000). The alexithymia symptoms, assessed with the TAS-20 scale, the NSSI group showed higher scores with a statistically significant difference compared to the No-NSSI group (F= 15.842; p=0.000) and, specifically, in the "*difficulty describing feelings*" (F= 10.351; p=0.002) and "*difficulty in identifying emotions*" (F= 13.543; p=0.000).
Conclusions: According to the social neuroscience model, these preliminary results suggested that young adults that practice self-harm behaviors may have experienced early emotional neglect, determining a vulnerability to recognize and regulate emotions in response to stressful events. It is therefore crucial to assess and monitor this behavior in all young people help seekers from mental health services, concerning the history of traumatic events and emotional difficulties, to plan personalized evidence-based interventions.

Disclosure of Interest: None Declared

EPP375

Association between substance use and sleep disturbances among adolescents: Systematic review and meta-analysis

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Introduction: Substance use is a major factor contributing to sleep disturbances in adolescents, whose developing brains are especially vulnerable. The previous studies have primarily focused on adults or individual substances.
Objectives: This meta-analysis examined the overall association between substance use and sleep disturbances in adolescents.
Methods: Relevant studies were systematically searched across multiple databases, including CINHAL (via EBSCOHOST), PubMed, Scopus, Ovid Medline, Embase, PsychINFO (via EBSCOHOST), and Web of Science, from inception until October 2021. A random-effects model was employed to calculate pooled Odds Ratios (OR) with 95% confidence intervals (CIs). Forest plots and Cochran's Q statistic p values were utilized to assess heterogeneity among the studies. Subgroup and meta-regression analyses were conducted to compare groups and identify sources of heterogeneity. Study quality was evaluated using the Joanna Briggs Institute tool, and sensitivity analysis was performed to test the robustness of the results.
Results: A comprehensive search identified 16,870 studies, of which 18 were included in the review and meta-analysis (Figure 1), published between 1993 and 2021. The studies were of high quality and had a low risk of bias. The results showed that substance use significantly contributes to sleep disturbances in adolescents (OR = 1.70, 95% CI: 1.49–1.94) (Figure2). Alcohol users, coffee drinkers, and smokers were significantly more likely to experience sleep disturbances (OR = 1.77, OR = 1.58; OR = 1.66), while marijuana showed a non-significant association (OR = 1.29) (Table 1). Additionally, alcohol and smoking were significantly associated with insomnia (OR = 1.82, 95% CI: 1.43- 2.33 and OR = 1.75, 95% CI: 1.31-2.33), hypersomnolence (alcohol: OR = 1.46, 95% CI: 1.18-1-81), and sleep-related breathing disorders (S-RBD) (alcohol: OR = 2.29, 95 % CI: 1.53-3.42; smoking: OR = 2.30, 95% CI: 1.23-4.30), with coffee also significantly associated with insomnia (OR = 1.58, 95% CI: 1.30-193). There was considerable heterogeneity among the studies, however, subgroup and meta-regression analysis indicated no statistically significant sources of heterogeneity.

Table 1 Association between individual substance use and sleep disturbances

	n Study	OR	95% CI Lower limit	Upper limit	Q -value	Heterogeneity P-Value	I^2
Alcohol	15	1.77	1.55	2.03	102.21	<0.001	86.30
Coffee	3	1.58	1.30	1.93	6.02	<0.005	66.81
Marijuana	3	1.29	0.78	2.13	24.38	<0.001	91.79
Smoking	15	1.66	1.37	2.01	278.13	<0.001	94.96

OR = Odds Ratio, CI = Confidence Interval

Image 1:

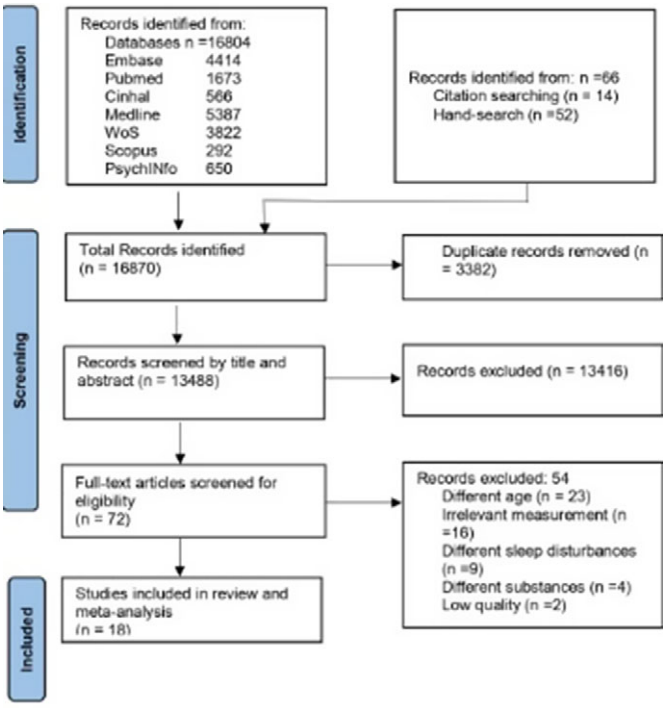
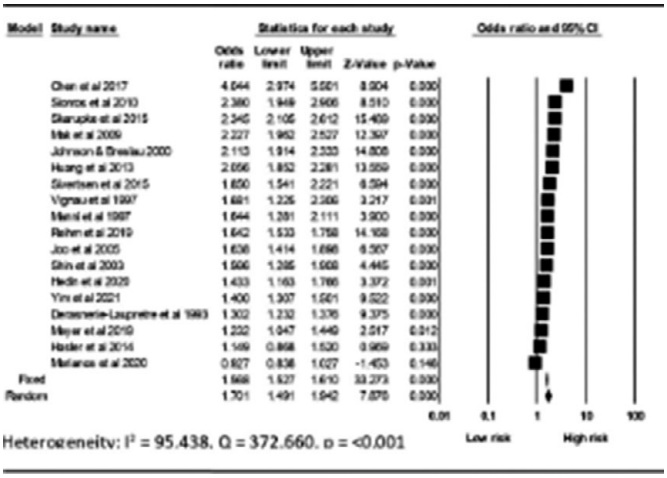


Figure 1: PRISMA Flow Chart

Image 2:



Conclusions: Substance use significantly increases the risk of sleep disturbances in adolescents, with alcohol, coffee, and smoking showing strong associations. Despite the heterogeneity among studies, the findings underscore the need for targeted interventions to mitigate these risks and improve sleep health in this population.

Disclosure of Interest: None Declared

EPP376

Let's learn about emotions - a school based universal intervention on socio-emotional learning

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Introduction: Socio-emotional problems are widely present in school aged children thus interfering with classroom climate and possibly leading to psychopathology. Several universal interventions exist but evidence-based and motivating interventions are still warranted.

Let's learn about emotions was originally developed in Kyoto, Japan. It is based on cognitive behavioral therapy, positive psychology and socio-emotional learning. It is a highly structured program including 12 lessons to be taught in the classroom by teachers. It has been aimed for primary school aged children. This program was translated in Finnish and culturally adapted to be suitable for the Finnish school environment.

Objectives: This study aims to produce an evidence based universal intervention that is feasible for teachers and motivating and inspirational for pupils. The aim is to increase the socio-emotional skills among pupils and teachers. Thus improvenment could be noticed within the individuals as well as in the classroom and school environment.

Methods: In spring 2023 (study 1) the Finnish version of the intervention was taught to each 4th grader in the city of Hyvinkää, Finland. Data was collected from pupils, parents and teachers before and twice after the intervention with Strengths and Difficulties Questionnaire (SDQ) and questionnaires of classroom environment, school safety, bullying, feasibility and satisfaction. A single group pre-post test design was used. Qualitative interviews were carried out for parents, teachers and principals after the intervention. Effectiveness on the intervention will be studied in 2025-2026 in a larger quasi-experimental study.

Results: Altogether 208 pupils and parents participated in the study 1 in Hyvinkää before and after the intervention. The results showed significant improvement in the parent-reported SDQ scores in conduct problems (0.31 points; SD 1.64, p=0-022), hyperactivity (0.37 points; SD 1.36, p=0.001), peer problems (0.19 points; SD 1.09, p=0.036) and impact of difficulties (0.98 points, SD 3.08, p<0.001). No improvement was observed in the pupil report when all pupils were icluded in the analysis. A Pearson correlation test between self-reports and parent-reports for the SDQ total score revealed significant results for both T0 ($r = 0.439$, $p < 0.001$) and T1 ($r = 0.377$, $p < 0.001$). Among the pupils with the top 20% of difficulty scores by SDQ at baseline, significant improvements were observed in the SDQ total score (1.66 points; SD = 4.94, p = 0.046), emotional problems (0.90 points; SD = 2.71, p = 0.049) and impact of difficulties (0.85 points; SD = 1.43, p = 0.005).

Conclusions: Let's learn about emotions is showing promising results and it is distinguishible from other universal interventions

by its manga figures and story-like approach. Future studies are warranted in order to investigate the effectiveness.

Disclosure of Interest: None Declared

EPP377

Childhood psychopathology dimensions as predictors of mood disorders among offspring at high risk of mood and substance use disorders

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Introduction: Prospective longitudinal research on the offspring of parents with mood and substance use disorders allows to identify specific symptoms that occur before the onset of full-blown mood episodes in these offspring at high-risk of mood disorders.
Objectives: The goal of the present analysis was to assess early psychopathology dimensions measured by the Child Behavior Checklist (CBCL), completed by parents and separately by their offspring, as potential clinical manifestations occurring before the onset of mania/hypomania or major depressive disorder (MDD) in these offspring.
Methods: As part of a family study, we have collected information on 105 interviewed probands with bipolar disorder, 76 with MDD, 21 with substance use disorders (SUD) and 101 controls, as well as on their 239 children with follow-up information. The mean age of the offspring at study intake was 10.0 (s.d. 4.4) years and the mean follow-up duration was 16.3 (s.d: 5.6) years. The CBCL was completed by the parents describing their offspring as well as by the offspring themselves at their first assessment. Parent-offspring correlation coefficients were calculated and associations of the CBCL dimensions with the subsequent risk of mania/hypomania or MDD in offspring according to either informant were established using multinomial logistic regression models, adjusted for demographics, parental mood disorders or SUD and intrafamilial correlations.
Results: According to offspring reports, 17 of them developed mania/hypomania and 92 MDD over the follow-up. Offspring reported more withdrawn/depressed symptoms as predictors of mania/hypomania than controls, whereas parents reported their offspring to have more anxious/depressed symptoms before mania/hypomania. As predictors of MDD, offspring reported more withdrawn/depressed symptomatology but less somatic complaints than controls, whereas no significant predictors of MDD were identified by parents. Among the dyads where both offspring and parents had provided information (n=206), offspring were less likely to report rule-breaking behaviors as predictors of mania/hypomania, whereas their parents reported the opposite association. Parent-offspring correlations for all CBCL dimensions were statistically significant, ranging from 0.16 to 0.32, the correlation being 0.21 for rule-breaking behaviors.
Conclusions: Offspring and parental reports of predictors of mood disorders were discordant and the parent-child agreement for CBCL dimensions in the restricted sample was moderate. Whereas parent-offspring concordance for depressive symptoms as predictors of mania/hypomania in offspring was higher than for anxious or somatic problems, the reports of rule-breaking behaviors as predictors showed the highest discordance. This underscores the necessity to include information from multiple informants in the assessment of predictors of mood disorders in offspring.

Disclosure of Interest: None Declared

EPP378

A Computerized System for Identifying Preschool Children with Suspected Neurodevelopmental Disorders in Early Childhood Education

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Introduction: Early childhood is a critical phase where the foundations for many essential skills are established. It is also a crucial time to monitor children's development for early signs of neurodevelopmental disorders (NDD).
Objectives: This study aimed to develop a computerized system to help preschool teachers identify risk signs of NDD.
Methods: Phase 1: Development and validation of content and checklists - In the first stage, checklists were created to address four NDDs: ADHD, ID, ASD, and SLD. These were based on literature reviews and validated by four experts in neurodevelopmental disorders. The experts evaluated the checklists on two criteria: comprehensiveness and adequacy. Further assessment considered comprehension, objectivity, and precision of the checklist items, ensuring clarity for teachers using the system.
Phase 2: Development of the computerized system - The system was designed to assist early childhood educators in identifying children at risk for NDDs and supporting referral decisions, without diagnosing the disorders. Teachers begin by registering themselves and the child under observation. They then complete a checklist, indicating whether the child displays certain characteristics and the frequency of occurrence. A score of 1 indicates the presence of signs for ADHD, ID, ASD, or SLD, while 0 indicates absence. At the end of the process, the system generates a report with a risk level, which can be saved, edited, or printed for discussion with parents or specialists.
Results: Phase 1 - Content validation showed high scores, particularly for ASD and ADHD (1.00), while SLD scored lower (0.75). The overall Content Validity Index (CVI) for all disorders was 0.91. Experts suggested minor adjustments to the ADHD and SLD sections, especially concerning developmental characteristics that may vary by age. The checklists were further evaluated for reliability, yielding an overall CVI of 0.87.
Phase 2 - The computerized system was built using a RESTful API in Node.js, with the Nest.js framework. The frontend was developed as a Single Page Application (SPA) using Angular, and PostgreSQL was used for data storage. The system includes data validation through the Zod library and user authentication via JWT. It is designed to be a precise, low-cost screening tool for identifying, not diagnosing, NDDs. The system does not differentiate between severity levels or subtypes of disorders, reinforcing its role as a first-line identification tool.
Conclusions: Initial usability tests confirmed that the system is intuitive and suitable for its intended purpose. However, it is crucial to emphasize that the tool is not intended to operate autonomously.

It supports, but does not replace, comprehensive clinical evaluations and the expertise of qualified professionals in diagnosing NDDs.

Disclosure of Interest: None Declared

EPP379

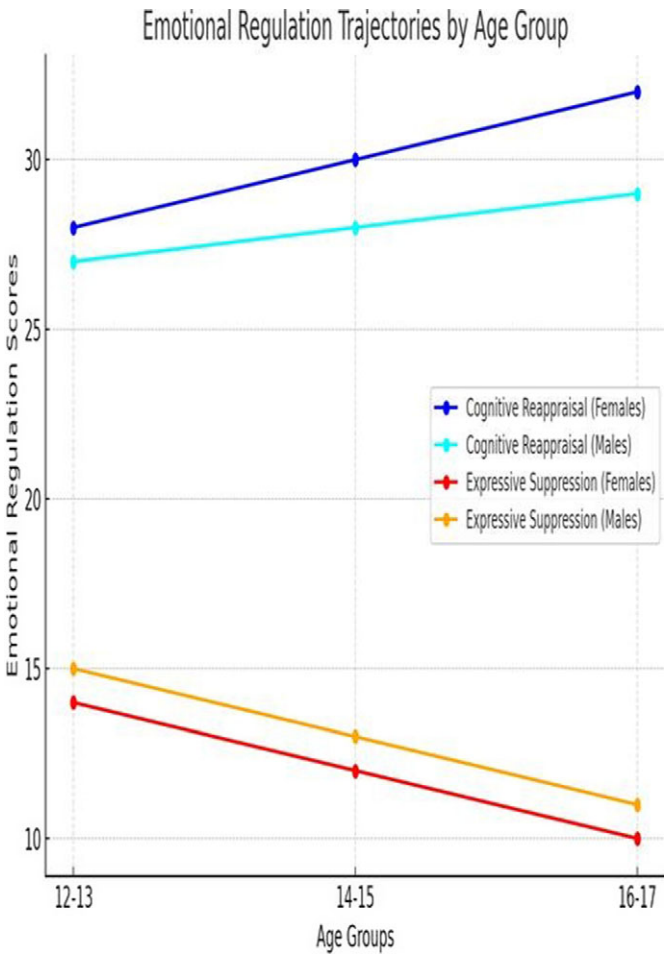
Integrating impulsivity, emotional regulation, and latent behavioural profiles to predict adolescent mental health outcomes: A Comprehensive behavioural analysis

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Introduction: Adolescence is a pivotal phase for behavioural development, where impulsivity, risk-taking, and emotional regulation mechanisms differentially impact mental health outcomes. This study examines the interaction of these factors in predicting addiction and behavioural disorders, focusing the identification of hidden behavioural profiles. The results seek to guide specific interventions for adolescents at risk.
Objectives: This study aims to: (1) investigate the predictive influence of impulsivity, risk-taking behaviours, and emotional regulation on addiction and mental health disorders in adolescents; (2) delineate distinct behavioural profiles using clustering analysis; and (3) recommend intervention strategies informed by these behavioural profiles and gender disparities.
Methods: Data were obtained from 853 adolescents aged 12 to 17 years from the NKI Rockland Sample, a continuous, institutionally focused initiative designed to establish a large-scale lifespan sample. Behavioural features were assessed via the UPPS-P Impulsive Behaviour Scale, the Emotional Regulation Questionnaire (ERQ), and the Youth Risk Behaviour Surveillance System. Clustering analysis, namely K-means and hierarchical methods, was employed to discern latent behavioural characteristics. Logistic regression and random forest models forecasted addiction and mental health outcomes, whereas time series analysis investigated emotional regulation trajectories across clusters.
Results: Clustering analysis revealed four distinct behavioural profiles: Cluster 1 (27%) exhibited few behavioural issues, Cluster 2 (15%) showed high levels of impulsivity and emotional dysregulation, Cluster 3 (38%) had moderate behavioural issues, and Cluster 4 (20%) had moderate-to-high behavioural and emotional difficulties. Emotional regulation trajectories indicated that cognitive reappraisal increased with age (mean score of 28 at ages 12-13 vs. 32 at 16-17), while expressive suppression decreased (mean score of 14 at ages 12-13 vs. 10 at 16-17) (Figure 1). Cognitive reappraisal was significantly associated with better behavioural outcomes, including lower hyperactivity ($r = -0.45$, $p < 0.01$) and aggression ($r = -0.38$, $p < 0.01$), particularly in females.

Image 1:



Conclusions: The interplay of impulsive traits, emotional regulation techniques, and risk behaviours is crucial in forecasting mental health consequences in teenagers. The recognition of unique behavioural profiles and gender-specific variations highlights the necessity for individualised interventions. Assessment of high-risk profiles, especially those characterised by elevated impulsivity and emotional dysregulation, along with the encouragement of cognitive reappraisal as a regulatory approach, can substantially reduce the likelihood of behavioural disorders and addiction.

Disclosure of Interest: None Declared

EPP381

Parental alcohol consumption during pregnancy and mental health of their children up to adulthood

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Introduction: Alcohol consumption of mothers can lead to problems in emotional and behavioural development of children. However, less is known about the effects of paternal alcohol drinking.
Objectives: We aimed to investigate whether maternal or paternal alcohol consumption during pregnancy longitudinally affected children's mental health.
Methods: We analyzed a total of 2,013 parent-child triads (52% of children were males) from the European Longitudinal Study of Pregnancy and Childhood. Data on alcohol consumption was obtained from questionnaires from both parents during pregnancy and after the child's birth. Mental health and behaviour of children was assessed with Strength and Difficulties Questionnaire (SDQ) at ages 7, 11, 15, and 18 years old, as reported by mothers and children themselves. The associations were tested using linear regression, adjusting for parent's age at child's birth, child's sex, and other socio-demographic and psychosocial covariates. We also tested an interaction between the exposure and children's sex.
Results: Maternal alcohol consumption was associated with higher total SDQ scores at ages 7, 11, and 18 years old when the outcomes were reported by mothers, but only at 11 when reported by children. We did not observe any dose-response relationship, and the effect size did not change during the follow-up. Results of the linear regressions are displayed in Table 1. We did not detect any effect modification by child's sex. The effects were observed across various domains of SDQ (except for the peer problems subscale): in the emotional symptoms subscale at age 11 when reported by both mother and child, in the conduct problems subscale at ages 7 and 11 when reported only by mother, in the hyperactivity/inattention subscale at age 18 when reported only by mother. Paternal alcohol consumption was not associated with the total SDQ score.

Table 1 Association of maternal alcohol consumption with the total score of Strength and Difficulties Questionnaire

		Maternal alcohol consumption during pregnancy	
	Child's age (years)	Once B (95% confidence interval)	Twice or thrice
SDQ reported by mothers	7	0.4 (-0.1, 0.9)	0.7 (0.1, 1.3)*
	11	0.7 (0.2, 1.2)*	0.6 (0.1, 1.2)*
	15	0.6 (0.0, 1.3)	0.5 (-0.2, 1.2)
	18	0.8 (0.0, 1.6)*	0.9 (0.1, 1.7)*
SDQ reported by children	11	0.1 (-0.4, 0.7)	0.8 (0.2, 1.5)*
	15	0.4 (-0.5, 1.2)	0.5 (-0.4, 1.4)
	18	0.1 (-1.4, 1.5)	-0.1 (-1.4, 1.2)

** p-value < .05. The reference category is no alcohol consumption. Results are from a fully adjusted model.*
Conclusions: Maternal alcohol consumption has a long-term effect on children's mental health in particular when reported by mothers. Interventions preventing maternal alcohol consumption during pregnancy may protect children's mental health.

Disclosure of Interest: None Declared

EPP382

Hyperfocus in ADHD: A Misunderstood Cognitive Phenomenon

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doi: 10.1192/j.eurpsy.2025.662

Introduction: Attention-Deficit/Hyperactivity Disorder (ADHD) is characterized by deficits in attention, impulsivity, and hyperactivity, but some cognitive phenomena within ADHD remain under-researched. One such phenomenon is hyperfocus, referring to prolonged, intense concentration on tasks of high interest. While inattentiveness is a hallmark of ADHD, hyperfocus presents a paradox where individuals become deeply absorbed in activities, often neglecting other necessary responsibilities. This focus can lead to productive work but also negative outcomes like missed deadlines or personal neglect.
Objectives: This study investigates the prevalence of hyperfocus in adults with ADHD, explores its relationship to core symptoms, and examines its impact on functional outcomes, including academic performance, employment, and relationships. It also seeks to understand individuals' perceptions of hyperfocus's benefits and drawbacks.
Methods: A mixed-methods approach was used to capture both quantitative and qualitative data. A total of 50 adults diagnosed with ADHD, aged between 18 and 45, were recruited. Participants completed the ADHD-Focused Attention Questionnaire (AFAQ), designed to measure the frequency, intensity, and duration of hyperfocus episodes. Additionally, the participants were asked to complete a structured life events questionnaire, assessing the impact of hyperfocus on various functional domains, including academic performance, employment, and personal relationships.
Results: The study found that 68% of participants reported frequent hyperfocus, with episodes lasting from several hours to days. The most common triggers were work-related tasks (35%), creative activities (25%) and gaming (20%),. While hyperfocus during gaming and creative tasks brought personal satisfaction, it often resulted in neglected responsibilities (40%). Hyperfocus at work increased productivity for 30% of participants, particularly in flexible or creative roles. There was also a strong correlation between hyperfocus and productivity, especially in flexible environments. However, hyperfocus also correlated with missed deadlines and neglected self-care, especially in less structured routines. Interviewees highlighted hyperfocus as a double-edged sword: it provided intense concentration but left many feeling "trapped," struggling to shift attention. Regarding relationships, 55% of participants said hyperfocus negatively impacted their social lives, with partners feeling neglected. However, 15% found that hyperfocus occasionally enhanced shared activities.
Conclusions: Hyperfocus in ADHD boosts productivity but can disrupt routines and relationships. Its unpredictability complicates balancing responsibilities. Recognizing hyperfocus as a core feature in ADHD could lead to better management strategies, such as time management training, external reminders, and structured breaks.

Disclosure of Interest: None Declared

EPP383

Attention-Deficit/Hyperactivity Disorder (ADHD) In Childhood, A Warning Sign Of Bipolar Disorder?

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Introduction: Early-onset bipolar disorder (BD) and attention-deficit hyperactivity disorder (ADHD) have recently been the subject of a highly controversial debate, due to theories regarding the underlying pathophysiological processes and a clinical overlap of symptoms. Epidemiological data, clinical aspect, neuroimaging, neurochemical and genetic studies suggest that there may be a possible relationship between biological factors and clinical characteristics in the development of symptoms.
Objectives: Investigation of the prevalence of ADHD symptoms in bipolar patients compared to the control group.Investigating differences in age of onset, clinical presentation, and course of affective illness between bipolar disorder patients with childhood ADHD symptoms compared to those without childhood ADHD symptoms.
Methods: The study included 20 patients with bipolar disorder, hospitalized in the Psychiatric Hospital accompanied by their parents/relatives and 30 healthy controls (matched age, sex, socio-economic status) recruited through avalanche sampling in the Directorate of QSU "Mother Tereza". The Abbreviated International Neuropsychiatric Interview (MINI) was used to identify cases with bipolar disorder or possible psychiatric pathology. The Diagnostic Interview for ADHD Adults (DIVA 2.0) was used to explore the presence of symptoms of attention deficit hyperactivity disorder (ADHD) in childhood and at the current age.Descriptive analysis in SPSS was used for data analysis.
Results: It resulted that 80% of bipolar patients had ADHD symptoms in childhood compared to 16.67% in the control group. The age of onset of bipolar disorder was 17.31 years earlier in the group of cases with history of ADHD in childhood compared to the age of 21.25 years in cases without ADHD in childhood. In cases with history of ADHD, 43.75% had longer duration of manic episodes/hypomanic compared to 25% in the group of cases without childhood ADHD. The number of suicide attempts 1 or >1 was more frequent in patients with a history of ADHD (25% and 12.5 %) compared to cases without a history of ADHD (25 %). In psychotic symptoms during mania, it was found that in patients with a history of ADHD in childhood, the prevalence was higher (81.82%) compared to (50%) in those without a history of ADHD in childhood. The prevalence of adult ADHD in cases was 35% compared to controls 6.66%. Apparently, the number of cases with comorbid ADHD with impaired social/family functioning was higher compared with the group of controls with comorbid ADHD.
Conclusions: The associations of each clinical component of bipolar disorder with the presence or absence of ADHD in childhood were not statistically significant. However, it is worth noting that in complexity, the number of patients with more severe features of bipolar disorder is higher in cases with ADHD in childhood compared to cases without ADHD in childhood in our sample.

Disclosure of Interest: None Declared

Comorbidity/Dual Pathologies

EPP386

Unmasking Depression in Dementia: A Comprehensive Review of Symptom Overlap and Management

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doi: 10.1192/j.eurpsy.2025.664

Introduction: Depression is a prevalent yet frequently underdiagnosed condition in patients with dementia, exacerbating cognitive decline and emotional health. The combination of depressive symptoms with dementia-related cognitive deficits complicates accurate diagnosis and management of depression in this group of patients. Improved diagnostic instruments specifically designed for dementia patients are essential for improving detection and treatment outcomes.
Objectives: To evaluate the prevalence and diagnostic challenges of depression in dementia, focusing on symptom overlap. Additionally, it aims to assess the efficacy of diagnostic tools and management strategies to improve patient outcomes.
Methods: A systematic review of the literature was performed to evaluate the prevalence, symptomatology, and diagnostic difficulties of depression in dementia.
Results: The results reveal a substantial intersection between the cognitive and emotional symptoms of dementia and depression, encompassing apathy, anhedonia, and mood disorders. The coexistence of these symptoms frequently results in the underrecognition of depression or its misattribution to the dementia process. Instruments such as the CSDD and NPI showed higher sensitivity in identifying depression among dementia patients. Pharmacological therapies, including psychotherapy and individualized behavioral interventions, demonstrated improvements in mood and cognitive function; nevertheless, therapeutic success fluctuated according to the stage of dementia.
Conclusions: Depression in dementia patients has distinct diagnostic and treatment issues owing to symptom overlap and cognitive deterioration. Enhanced diagnostic instruments, including the CSDD, NPI, and GDS, provide superior distinction of depression symptoms from dementia-related deficits. Early recognition and tailored treatment strategies, integrating pharmaceutical and behavioral interventions, may alleviate depression symptoms and enhance overall patient outcomes. Interdisciplinary collaboration is crucial for enhancing care.

Disclosure of Interest: None Declared

EPP387

Adaptation and agreement analysis of an ADHD symptom observation instrument for adults with ASD in a specific residential setting

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doi: 10.1192/j.eurpsy.2025.665

Introduction: Attention Deficit Hyperactivity Disorder (ADHD) is a neurodevelopmental disorder characterized by attention problems, hyperactivity, and impulsivity that can persist into adulthood. Autism Spectrum Disorder (ASD) is also a neurodevelopmental disorder with deficits in communication and social interaction, as well as restricted interests and stereotyped behaviors. High comorbidity between ASD and ADHD suggests an overlap of the two disorders, which can exacerbate the severity of both conditions.
Objectives: Adapt and analyze the inter-rater reliability of a protocol for observing symptoms of ADHD and evaluate the presence of these symptoms in a sample of adults diagnosed with ASD.
Methods: The study was conducted at a residential center dedicated to the care of adults with ASD in Granada - Spain. The experimental procedure was approved by the Ethics Committee of the University of Granada. The adapted version of the protocol for observing symptoms of ADHD in adults with ASD, consisting of 19 items that evaluate three areas: inattention; hyperactivity, and impulsivity. The response options were: Never=1, Rarely=2, Sometimes=3, Often=4, Very Often=5. The questionnaire was translated into Spanish by experts. Items were adapted to better reflect the daily activities in the residential setting. Behavior of the participants was recorded by 2 observers, the Caregiver and Technical Staff (Psychologists or Occupational Therapists), who had known the participant for at least 6 months. Each professional received training on how to fill it out. Analyses consisted of a reliability test to evaluate the agreement and consistency of the observers' responses using the Intraclass Correlation Coefficient (ICC) through a two-factor Mixed Fixed-Effects Model. The presence of ADHD symptoms in the sample of 20 participants (14 men) diagnosed with ASD was tested descriptively.
Results: The results for agreement on ICC were: 9 items were below .5 (poor); 3 items between .5 and .75 (moderate); 7 items between .75 and .9 (good). For consistency, the results were: 7 items below .5; 5 items between .5 and .75; 7 items between .75. The ICC result for absolute agreement (ICC = 0.943; 95% CI = [0.900, 0.973]; $p < 0.001$) was .94, indicating reliability above 0.9 (excellent). The ICC result for consistency (ICC = 0.949; 95% CI = [0.911, 0.976]; $p < 0.001$) was .94, with reliability above 0.9. The mean scores for the presence of ADHD symptoms indicate that both Caregivers and Technicians most frequently rated the items as 2 (Rarely) and 3 (Sometimes).
Conclusions: In the overall instrument analysis, the results of interobserver agreement and response consistency reinforce that the adapted instrument is useful to identify ADHD behaviors in individuals with ASD. The need to continue developing and adapting instruments to identify comorbidities between profiles remains important.

Disclosure of Interest: None Declared

EPP388

Is the current UK guidance for treatment of co-occurring substance use and mental health problems being implemented in practice?

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Introduction: Substance use and mental health problems commonly co-occur. Yet, people experiencing both problems commonly face barriers to getting the support they need and experience increased physical morbidity and premature mortality, compared to those with only one problem. In the UK, current guidance on treatment of co-occurring alcohol and mental health problems exist which set out standards for ways of working with this population, and how and where treatments should be offered.
Objectives: Through a secondary qualitative analysis and a systematic review, we aimed to determine the extent to which the UK guidance for care for people with co-occurring problems is being implemented.
Methods: A secondary qualitative analysis was conducted of interview transcripts from people with co-occurring depression and hazardous/harmful alcohol (N = 39). In addition, a systematic review was conducted to identify studies published in the UK since 2017 which focueds on treatment for adults with co-occurring substance use and mental health problems. For both data sources, a deductive coding framework was developed based upon the UK guidance and a thematic analysis was applied.
Results: The qualitative analysis identified four key themes from the service user perspective: Wrong doors and stigma; Responsibility and coordination of care; 'Don't discharge me' and Impacts of gaps between services. The review identified three main themes: Challenges to care for co-occurring conditions; Integration of care; and System and structural level barriers. Both studies showed that making initial contact with services was challenging, as was continued engagement with treatment. Staff attitudes and knowledge were important, because the therapeutic alliance had a significant impact on treatment outcomes and recovery. Stigma, both intrinsic and extrinsic, was identified as a barrier to accessing, engaging with, and delivering support. Both studies found evidence of inconsistent treatment offerings and conflicting advice or support, especially around the most appropriate way to treat co-occurring conditions. Barriers and facilitators were evident across individual, organisational and systems levels. Findings indicate that people are often not receiving the care they need in the ways in which guidance recommends.
Conclusions: The results suggest that despite existence of current guidance in the UK, implementation is inconsistent. This work has identified specific areas for improvement around access to treatment and a need for better coordination and integration of care. It highlights the need to explore how guidance can be better embedded in current practice to improve experiences and outcomes for this population.

Disclosure of Interest: None Declared

EPP389

Charles Bonnet syndrome: predisposing factors and more effective pharmacology therapy

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Introduction: Charles Bonnet syndrome (CBS) is a condition in which patients with a free psychiatric history manifest visual hallucinations on the basis of a diagnosed ophthalmic disease (brain disease or optic nerve damage), which causes severe vision loss (partial or total).
Objectives: Hypothesis testing: "Administration of low doses of typical and atypical antipsychotics is the more effective pharmacological treatment for visual hallucinations of CBS".
Methods: Patients underwent pathological, psychiatric and ophthalmological assessment, resulting in a complete study-appropriate medical history.
Results: The sample consisted of ten female patients and eight male patients. The median age of the sample was 84 years. None of the patients was diagnosed with major psychopathology and in no clinical case was an individual medical history of dependence on alcohol or other psychotropic substances recorded. A common cause of the dysfunctional vision of the entire sample of patients was the visual deficit due to a diagnosed cataract condition. During the examination of each patient, it was found that a significant number of predisposing factors for CBS, as described in the literature, were detected. Increased stress levels, depressed mood, cognitive deficits, damage at the level of brain tissue, living conditions of the patient in environments with insufficient light intensity, social withdrawal or poor interaction with others contributed to the vulnerability of visual hallucinations. The administration of broad-spectrum medicines of Internal Medicine was also recorded as a covariate for the triggering of visual hallucinations. As demonstrated by the majority of patients, the administration of a low dose of a typical antipsychotic led to effective treatment of the syndrome.
Conclusions: Based on the present study, in patients of both sexes (men and women), aged 73-98 years, haloperidol and risperidone in low doses of 1-2 mg and olanzapine in low doses of 2.5-5 mg appear to be more effective options in treating with optical hallucinations in CBS.

Disclosure of Interest: None Declared

EPP391

"Improvements in Reflective Functioning in Patients with Treatment-Resistant Depression and Personality Disorder Treated with Esketamine"

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Introduction: Reflective functioning, the cognitive ability to interpret both one's own and others' behaviors in terms of underlying mental states such as emotions, desires, intentions, and beliefs, is essential for effective social interaction, emotional regulation, and self-awareness and is compromised more in Personality disorders. In the context of depression, reflective functioning can be particularly compromised, leading to difficulties in processing emotional experiences and managing social interactions. (Williams, 2010; Luyten, 2013)
Objectives: This study aims to understand the impact of esketamine on RF.
Methods: Tool test: Montgomery-Åsberg Depression Rating Scale (MADRS) and the Reflective Functioning Questionnaire (RFQ-8), to monitor changes in depressive symptoms and mentalization ability across six stages of treatment with Spravato: before treatment (T0), after 1 week (T1), 1 month (T2), 2 months (T3), 3 months (T4), and 6 months (T5) of Spravato treatment.
Results: The analysis revealed significant positive correlations between mentalization scores and the severity of depressive symptoms (MADRS):

- **T1 Mentalization and T1 MADRS:** The Pearson correlation coefficient of 0.349 indicates a moderate positive relationship, suggesting that poorer mentalization at Time 1 (T1) is associated with more severe depressive symptoms at the same time point.
- **T0 Mentalization and T3 MADRS:** The Pearson correlation coefficient of 0.392 shows a moderate positive association between mentalization at Time 0 (T0) and depressive symptoms at Time 3 (T3), indicating that poorer mentalization at T0 is related to more severe depressive symptoms later.
- **T2 Mentalization and T3 MADRS:** A Pearson correlation coefficient of 0.384 indicates a moderate positive relationship between mentalization at Time 2 (T2) and depressive symptoms at Time 3 (T3), suggesting that lower mentalization at T2 correlates with higher depressive symptoms at T3.

Image 1:

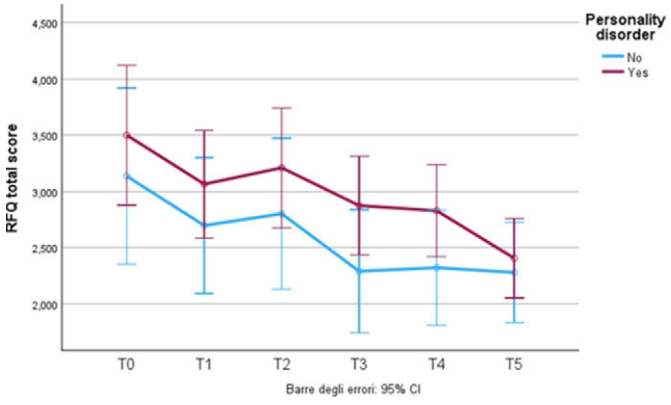


Image 2:

Category	Count	Percentage
Males	15	41.7%
Females	21	58.3%
Not Using SSRIs	16	44.4%
Using SSRIs	20	55.6%
Not Using SNRIs	24	66.7%
Using SNRIs	12	33.3%
Not on Other Antidepressants	24	66.7%
On Other Antidepressants	12	33.3%
Not on Antipsychotics	13	36.1%
On Brexpiprazole	6	16.7%
On Aripiprazole	7	19.4%
On Olanzapine	3	8.3%
On Quetiapine	6	16.7%
On Amisulpride	1	2.8%
Using Mood Stabilizers	15	41.7%
Not Using Mood Stabilizers	21	58.3%
Using Non-Pharmacological Therapies	16	44.4%
Not Using Non-Pharmacological Therapies	20	55.6%
With Personality Disorder	21	58.3%
Without Personality Disorder	15	41.7%

Conclusions: The study assessed the effects of esketamine on depressive symptoms and reflective functioning (RF) in patients with treatment-resistant depression (TRD) and a 58% comorbidity rate of personality disorders. These findings underscore the potential impact of mentalization on the severity and trajectory of depressive symptoms. The observed correlations indicate that patients with mentalization scores above 3.5 generally report higher levels of depressive symptoms. These results highlight the significant role of mentalization in influencing the severity and progression of depressive symptoms.

Disclosure of Interest: None Declared

EPP392

What are the psychosocial problem areas, needs and resources in people with coexisting type 2 diabetes and schizophrenia? Results of a survey study

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Introduction: People with schizophrenia have a higher prevalence of type 2 diabetes than the background population due to adverse effects from antipsychotics, lifestyle, and genetics.
Objectives: This study aims to explore the illness and treatment burden, mental well-being, and received support for illness management among people with schizophrenia and type 2 diabetes.
Methods: 62 Danish adults recruited from psychiatric outpatient clinics participated in this cross-sectional study using a survey developed for this specific purpose. The survey included measures of burden of illness and treatment (daily impact of diabetes and schizophrenia, multimorbidity treatment burden, diabetes empowerment), mental well-being (general well-being and diabetes distress), and social relations and support (general and illness-specific support). Descriptive analyses of survey data were conducted.
Results: Participants reported very negative daily impact from living with schizophrenia. However, diabetes also negatively impacted physical health, emotional well-being, and feelings about their future. 55% reported high treatment burden, 74% reported low/moderate diabetes empowerment. Approximately 30% had high levels of diabetes distress and 49% reported low general well-being. Half of the participants reported needing support for managing type 2 diabetes equal to schizophrenia.
Conclusions: Living with schizophrenia and type 2 diabetes often involves high burden of illness and treatment, low diabetes empowerment, high levels of diabetes distress and low general well-being. This study highlights a need for engaging mental health professionals, care coordinators, family and friends in daily diabetes management in future interventional studies and clinical practice.

Disclosure of Interest: None Declared

EPP393

Negative and depressive symptomatology in dual psychosis: three-month follow-up comparative analysis

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Introduction: Within the range of psychotic symptoms, negative symptomatology is the one that presents the least effective treatments. Depressive symptoms share characteristics with this symptomatology, making it difficult to distinguish between the two (Edwards *et al.* Psychol.Med. 2019; 1-13). In daily practice, antidepressants are used to treat the negative symptoms of psychosis, due to the absence of therapeutic alternatives.

Objectives: The aim of this work is to analyse the correlation between these symptomatic groups, comparing the effectiveness of treatment with antidepressants during a three-month follow-up.
Methods: Longitudinal and prospective clinical trial on a sample of 127 patients (95 men, 32 women) with dual psychosis (85 with schizophrenia, 42 with schizoaffective disorder), recruited from community or hospital facilities of the Hospital Provincial of Castellon. The mean age was 38.5 years. Antidepressant prescription was analysed at 4 different times, each month during follow-up, with PANSS-N for negative symptoms and MADRS and CDSS for depressive symptomatology.
Psychometric comparisons were made between the intervention group (16 patients with prescribed antidepressants, in therapeutic doses during the three months) and the control group (111 patients).
Results: Regarding the correlation between the 3 scales, we observed that at T0 there is no significant correlation, while at T1, T2 and T3 this correlation is significant ($p<0.01$), as the scores improve. A progressive increase in Pearson's coefficient (PCC) is observed between T1 and T3, emphasizing a higher correlation between MADRS and CDSS (PCC of 0.920 at T3) with respect to PANSS-N and the other two questionnaires (PCC of 0.587 and 0.619 at T3, respectively).
Comparing the means between the scales, there is a significant decrease in MADRS between T0 and T3 (61.8% decrease from baseline, F: 4.49, $p<0.05$), as well as in CDSS (-68.7%, F: 4.53, $p<0.05$). In PANSS-N there are no significant differences (F: 0.57, p: 0.45), despite a relative decrease of 51.9%.
Considering clozapine prescription, there is a significant decrease in MADRS and CDSS during the first month, with no differences in PANSS-N throughout the evolution.
Conclusions: The reduction obtained in the MADRS and CDSS scales can be associated with the prescription of antidepressants, as opposite to the reduction obtained in PANSS-N. This implies that antidepressants do not influence the reduction in negative symptoms, reflecting the clinical impression that the two entities are distinct (despite areas of overlap).
The analysis using clozapine treatment reinforces the existence of a different idiosyncrasy between symptomatic groups. This can be explained at the neurobiological level by the different mechanisms of action involved (monoamine depletion vs. dopaminergic blockade), but keeps the debate open as to how they can be differentiated and treated in clinical practice.

Disclosure of Interest: None Declared

Depressive Disorders

EPP394

Evaluating the Prevalence and predictors of anxiety and depression among elementary and high school educators in Canada.

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Introduction: Globally, anxiety and depression are primary contributors to work disability and are associated with the mental and physical well-being of educators.Anxiety and depressive disorders result in poor mental health, great human misery, enormous loss in economic output and increased public health and economic burden.
Objectives: To determine the prevalence and independent predictors of likely Generalized Anxiety Disorder (GAD) and likely Major Depressive Disorder (MDD) among teachers in Newfoundland and Labrador, Alberta, and Nova Scotia.
Methods: The study utilized a cross-sectional design. Educators in the three Canadian provinces completed an online survey after enrolling on the Wellness4Teachers program, a daily supportive text messaging program. Likely GAD and likely MDD among subscribers were respectively assessed using the Generalized Anxiety Disorder-7 scale and Patient Health Questionnaire-9. Data was analyzed with SPSS version 28.
Results: Overall,763 out of the 1912 subscribers of the Wellness4Teachers program completed the survey, resulting in a 39.91% response rate. The prevalence of likely MDD was 55.7%, and likely GAD was 46.0%. Participants who experience high stress were 7.24 times more likely to experience MDD (OR = 7.24; 95% CI: 4.22–12.42) and 7.40 times more likely to experience GAD (OR = 7.40; 95% CI: 4.63–11.80) than those with mild to moderate stress. Again, participants with emotional exhaustion were 4.92 times more likely to experience MDD (OR = 4.92; 95% CI: 3.01–8.05) and 4.34 times more likely to experience GAD (OR = 4.34; 95% CI: 2.47–7.62) than those who did not. Similarly, respondents with low resilience were 3.01 times more likely to experience likely GAD compared to those with normal to high resilience (OR =3.01; 95% CI: 2.03-7.62). Sociodemographic and work-related variables did not independently predict the presence of likely GAD and likely MDD.
Conclusions: The current study reinforces the need for governments and policymakers in the education sector to implement appropriate and comprehensive mental health support programs to address the unique stressors faced by educators, reduce emotional exhaustion and improve resilience as a way to reduce anxiety and depression, promote their well-being and enhance the quality of educational delivery.

Disclosure of Interest: None Declared

EPP395

Multimodal MRI Analysis of Brain Metrics Associated with Depression Remission

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Introduction: Treatment-resistant depression is particularly challenging in individuals with a history of suicide, often associated with lower rates of remission. The antidepressant efficacy of Acceptance and Commitment Therapy (ACT) in individuals with a history of suicide has been demonstrated (Zhao B, et al. Ann Gen Psychiatry 2023;22:34). It is crucial to further understand the underlying mechanisms driving this therapeutic effect.

Objectives: To investigate cerebral biomarkers of therapeutic response to Acceptance and Commitment Therapy (ACT) versus Progressive Relaxation Therapy (PRT) in depression and suicidal risk.
Methods: This randomized controlled trial included 32 patients with a history of suicide attempts in the past year who underwent seven weekly sessions of ACT or PRT. They completed clinical and MRI examinations (resting state, diffusion tensor, cerebral blood flow measured by pCASL, and anatomical sessions) at baseline and after therapy completion. Resting-state functional changes (graph theory, functional connectivity) in two networks identified in previous depression studies (Zhang X, Xu R, Ma H, et al. Biol Psychiatry 2024;95:1091-1099), according to the Schaefer atlas, were measured between groups and in the entire sample. A Principal Component Analysis (PCA) was conducted to combine depression, hopelessness, and psychological pain into a single composite variable, explaining 77.8% of the variance with strong correlations to the original variables: r = .91. This Depression Component (DC) was used in further analyses.
Results: The patients were predominantly women (87.5%) with a mean age of 40 years (SD = 12). 81% of patients experienced current depression. No significant Group x Time interaction was found. In the whole sample, no anatomy nor diffusion tensor metrics modification has been found. However, the reduction of the DC was negatively correlated with modularity (r = -0.476, pFDR < 0.05) for the Salience Ventral Attentional. Moreover, within this network the DC variable was negatively correlated with the cerebral blood flow of one region (r = -0.5, pFDR < 0.05) and positively correlated with functional connectivity (T = 4.72, pFDR < 0.05) (Figure 1).
Image 1:

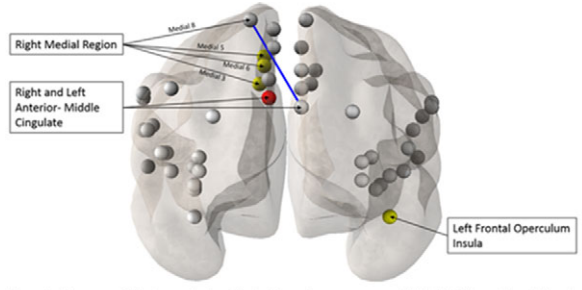


Figure 1 : Summary of Metrics correlating with the depression component variable in the Salience-Ventral-Attentional network. Red is for ROI with a CBF evolution significantly correlated to the depression component (pFDR < 0.05). Yellow represents ROI with a CBF evolution correlated to the depression component, with the correlation approaching significance (pFDR < 0.1). Blue line stands for functional connectivity evolution significantly correlated to the depression component (pFDR < 0.05). Medial 3 corresponds to part of the right middle cingulate cortex; Medial 5 corresponds to part of the precuneus; Medial 6 includes a portion of the paracentral lobule; Medial 8 encompasses part of the supplementary motor area and a small portion of the superior frontal gyrus.

Conclusions: These results suggest that the therapeutic response, and consequently the reduction of the depression component, might be related to a reorganization within the salience network. Modularity refers to how well a brain network is organized into distinct groups or clusters, where connections within each group are stronger than those between different groups. We observed increased modularity and cerebral blood flow within the salience ventral attentional network, which could reflect a more specialized and segregated functional organization. This reorganization could enhance the brain's ability to regulate emotional and cognitive processes, supporting recovery from depression.

Disclosure of Interest: None Declared

EPP396

Treatment Resistant Depression Rates and Related Clinical Variables in a Outpatient Clinic: Pilot data from Türkiye

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Introduction: Major depressive disorder is a global mental health challenge imposing a serious burden on individuals and society. Treatment resistant depression (TRD) is most commonly defined as inadequate treatment response following at least two consecutive antidepressant trials of adequate dose, duration and treatment adherence. TRD is associated with high personal suffering, considerable functional impairment and significant mental health costs.
Objectives: This study investigated the rate of TRD in treatment-seeking outpatients with major depressive disorder and clinically-related variables. We hypothesized that patients with TRD would have more severe symptoms, chronic course and more hospitalization than patients without TRD.
Methods: The files of patients diagnosed with Major Depressive Disorder who had applied to the Outpatient Psychiatry within the last 3 months and had a follow-up history of at least 1 year were reviewed (n=204). Demographic and clinical data of the patients were recorded using a structured data form. Dutch Measure for quantification of Treatment Resistance in depression (DM-TRD) scores were calculated. The study was approved by the Akdeniz University Ethics Committee (approval date:22/8/2024).
Results: Regarding the index episode, the majority of patients had received selective-serotonin reuptake inhibitor (SSRI) treatment (22% escitalopram, 14.2% sertraline). 30.9% of the patients had received augmentation. After the first treatment trial, 21.1% of the patients had treatment-response, and 30.7% achieved remission. After the second treatment trial, 10.5% showed treatment-response, and 16.3% achieved remission. The proportion of patients meeting the criteria for TRD was 29.9%.
When comparing patients with TRD, the total number of depressive episodes was significantly lower (p=0.01), the duration from the onset of the index episode to treatment and recovery was longer (p<0.001, p=0.02; respectively) in those with TRD. The number of ECT episodes and rTMS sessions was higher (p<0.001, p=0.004; respectively), the DM-TRD score, the frequency of benzodiazepine use and the rate of inpatient treatment were also higher (p<0.001, p<0.001, p=0.01; respectively). The rate of non-adherence to treatment, the rate of chronic episodes and symptom severity were higher, functional impairment was more severe, and the frequency of comorbid personality disorders was higher (p<0.001, all).
Conclusions: To the best of our knowledge, this is the first study reporting TRD data from Türkiye. Our results showed that patients with TRD had more chronic and less repetitive illness course, duration of untreated depressive symptoms were longer, use of benzodiazepine, ECT and rTMS treatments were more frequent and longer than patients without TRD. These results should alert clinicians about subprofiles of patients with TRD to predict course and develop preventive effective strategies.

Disclosure of Interest: None Declared

EPP397

Modifiable Risk Factors for Perinatal Depression among Women with Family History of Psychiatric Disorders: a nationwide register-based study in Sweden

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Introduction: Perinatal depression (PND) is characterized by depressive episodes with an onset during pregnancy or following delivery. The clinical management of PND is however challenging because patients are often concerned of the potential harm of pharmaceutical therapy on foetus via placenta or breastfeeding. Previous findings have shown that women with a family history of psychiatric disorders (FhPsy) are at high risk for PND. However, no precision prevention strategy has been developed for this high-risk population.
Objectives: To identify risk factors modifying the risk of perinatal depression (PND) among women with a family history of psychiatric disorders (FhPsy).
Methods: We conducted a cohort study of 2,195,838 pregnancies of which 1,236,980 births between 2001-2021 in Sweden. PND was defined as a depression diagnosed, or antidepressant prescribed during pregnancy or within a year postpartum. FhPsy was assessed as any psychiatric disorder diagnosed before pregnancy among biological parents/siblings. Modifiable risk factors, i.e., snuff use and smoking before and during pregnancy, and BMI in early pregnancy and at delivery, were identified from registers. Multivariable logistic regression was used to estimate the OR of PND in relation to FhPsy, modifiable risk factors, and interaction effects.
Results: In total, 94,597 (4.35%) women were diagnosed with PND at a mean age of 31.24 (SD = 5.30) years. Women with a FhPsy had 2.6 higher risk of PND (95% CI 2.58-2.61). All modifiable risk factors were also positive associated with PND (ORs ranged from 0.79 - 2.34). Interaction effects were observed between FhPsy and the modifiable factors (*P*-for-interaction <0.05). Specifically, women with FhPsy using snuff three months prior to pregnancy had 3.54 times higher odds of PND (95% CI 3.54-3.78), compared with women without such history who were non-snuff users. However, the OR was attenuated by 61% among those with FhPsy yet no use of snuff (OR 2.19, 95% CI 2.17-2.23). Similar trends were found for heavy-smoking-to-no-smoking either before or during early pregnancy and for obesity-to-normal-weight either during early pregnancy or at delivery among women with FhPsy, with an OR attenuation ranging from 11% to 58%.
Conclusions: While women with a FhPsy are at risk for PND, modifying risk factors, i.e., smoking or snuff cessation and maintaining a healthy weight, may help lower such odds. Our findings have important implications for informing prevention strategies targeting the high-risk population.

Disclosure of Interest: None Declared

EPP398

Depression Prevalence, Screening, and Treatment Rates in Adolescents with Obesity in Ambulatory Settings

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Introduction: Obesity is a growing problem in several developed countries and has a complex etiology in teenagers. Approximately one-third of children and adolescents in the United States are overweight or obese. However, it is not clear how depression and obesity are screened and treated in the primary care setting for adolescents.
Objectives: This study aims to describe the prevalence, screening, and treatment rates for depression in adolescents in ambulatory settings in the United States.
Methods: Data on 444,080,295 male and female adolescents ages 13-18 were extracted from the 2008-2018 CDC National Ambulatory Medical Care Survey datasets. Adolescents were stratified by weight groups based on CDC guidelines (i.e., body mass index percentile).
Results: Of the adolescents, 16.89% were obese, 13.81% were overweight, 43.39% were normal weight, and 25.91% were underweight. Depression screening rates in adolescents with obesity is 2.89%, overweight is 3.35%, normal weight 3.49%, and underweight is 2.83% (p=0.382). Prevalence of depression in adolescents with obesity is 7.17%, overweight is 6.04%, normal weight is 6.31%, and underweight is 12.14% (p<0.0001). Prevalence of counseling and psychotherapy in adolescents with obese status is 2.70%, overweight status is 2.89%, normal weight is 2.92%, and underweight is 11.27% (p<0.0001). Patients seen by primary care health workers, age, female gender, number of chronic conditions, and increased visits are significant predictors of depression diagnosis in adolescents.
Conclusions: Depression in adolescents who are overweight or obese is under-screened for, under-identified, and under-treated. More mental health counseling and psychotherapy must be offered to those with both depression and obesity.

Disclosure of Interest: None Declared

EPP399

Sports therapy interventions and symptom severity in unipolar depression: an intervention study

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Introduction: Physical activity can be therapeutically effective in the treatment of depressive disorders. There is a need for research in clinical practice both with regard to the framework conditions required for physical activity and whether the implementation of sports therapy under the conditions of everyday care can have an effect on physical fitness and depressive symptoms. This study

therefore examines the effect of sports and exercise therapy in the day-care treatment of unipolar depression.

Objectives:

- treatment of depressive disorders
- implementation of sports therapy under the conditions of everyday care

Methods: Patients with a depressive disorder as their main clinical diagnosis (F32./F33.) who underwent day clinic treatment for 5-11 weeks were included. People in the intervention and control groups completed a minimum of 2.0 and a maximum of 0.5 exercise sessions per week respectively. To investigate the effect of sports and exercise therapy on aerobic performance, the intervention group completed a submaximal, bicycle ergometric step test (PWC test), whereby the heart rate was measured over the individual exercise levels in a pre-post comparison. Furthermore, the change in depression symptoms between the intervention and control group was recorded at admission and discharge from treatment using the BDI-II.

Results: Patients in the intervention group (IG) showed a significantly greater reduction in depression symptoms compared to the control group (CG) (ΔBDI-II; M = - 8, p <.01).

In the pre-post comparison of PWC, IG achieved a significant increase in performance of 7 and 12 watts respectively (p <.05; t-test). Further inferential statistical results are reported.

Conclusions: Regular physical training can lead to a significant improvement in endurance performance and an improvement in depressive symptoms.

Disclosure of Interest: None Declared

EPP400

Examining the Relationship Between Depression, Rumination, and Anxiety: Insights from the DiSCoVeR Trial

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doi: 10.1192/j.eurpsy.2025.677

Introduction: The DiSCoVeR trial (The DiSCoVeR Project: Examining the synergistic effects of a cognitive control videogame and a self-administered non-invasive brain stimulation on alleviating depression) is a double-blind, sham controlled, randomized controlled trial (RCT) investigating the feasibility and efficacy of an innovative, self-applied treatment approach for patients diagnosed with major depressive disorder (MDD). The multi-site trial is conducted at three clinical trial sites (Hadassah, Israel; Riga Stradiņš University, Latvia; Ludwig-Maximilian-University, Germany). During the first study visit of this trial data on different patient baseline parameters were gathered including assesment of depressive symptoms, anxiety symptoms and rumination.

Objectives: The aim of this abstract is to examine the relationship between depression, rumination and anxiety in this patient sample. Rumination, often characterized by repetitive, negative thinking, can exacerbate symptoms of anxiety and depression by maintaining and intensifying negative emotional states. This cycle creates a challenging clinical problem making it difficult to break free without targeted interventions.

Methods: This analysis includes baseline data from 106 MDD patients enrolled in the DiSCoVeR trial as of April 2024. Depression severity was assessed using the Montgomery–Åsberg Depression Rating Scale (MADRS), anxiety symptoms were measured using the Generalized Anxiety Disorder Questionnaire (GAD-7), and rumination was evaluated with the Ruminative Response Scale (RRS). Data were analyzed using the Jamovi statistical platform, applying linear regression model to explore the relationship between depression, rumination, and anxiety. All assumptions for linear regression were met prior to analysis.

Results: The mean age of the participants in this study sample ranged from 18 to 63 years old (mean age 33.4 years). 65.7% of the participants were female. Regression analysis revealed a significant positive association between anxiety (GAD-7) and rumination (RRS), suggesting that increased anxiety symptoms are associated with higher levels of rumination (p < .001). However, age and gender were not significant predictors of rumination. While depression (MADRS) was moderately associated with rumination, this effect was not statistically significant. Educational level showed a marginal effect, with university-educated individuals showing higher rumination levels compared to those with professional education.

Conclusions: In this patient sample overall, anxiety (GAD-7 score) was the strongest predictor of rumination, while other factors such as depression, age, and gender did not show significant effects. Education level might have a marginal impact, especially for individuals with university education.

Disclosure of Interest: None Declared

EPP401

Impact of history of esketamine treatment in the current depressive episode on response to iTBS

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Introduction: An increasing number of patients with treatment-resistant depression (TRD) are treated with a novel form of transcranial magnetic stimulation (TMS): the intermittent theta burst stimulation (iTBS). In this retrospective naturalistic study, we analyzed the outcome of iTBS treatment in patients with treatment-resistant depression.

Objectives: To investigate the impact of history of esketamine treatment in the current depressive episode on response to iTBS.

Methods: In this study, we included 66 hospitalized patients (57.6% female; mean age, 52.7 years) from the University Department of Psychiatry, University of Münster. Prior to iTBS treatment, 10 patients were treated with esketamine (60% female; average age, 49.8 years) and 56 were not (57% female; average age, 53.25 years). A Chi-squared test was utilized to investigate the impact of history of esketamine treatment on response to iTBS.
Results: The overall response rate was 51.5%. Prior to iTBS, 15% of the patients were treated with esketamine in the current episode. In the patient group with history of esketamine treatment (ESK+), 40% of the patients responded to iTBS. In the patients without history of esketamine treatment (ESK-) in the current episode, the response rate to iTBS was 53.6 %. However, history of esketamine treatment in the current episode had no significant impact on iTBS outcome ($P = 0.505$; $\chi 2 = 0{,}626$; $df = 1$). The difference in baseline disease severity between the groups was not statistically significant (CGI-S 6.3 (ESK+) vs 6.1 (ESK-), $P = 0.281$; $F = 1.184$; $df = 64$). The total rate of treatment dropouts was 3%.
Conclusions: History of esketamine treatment in the current episode was associated with worse outcome of iTBS. This finding was not statistically significant. iTBS may be an effective (40% response rate) and safe treatment for patients who did not respond to esketamine therapy.

Disclosure of Interest: M. Tonkul: None Declared, B. Baune Consultant of: Received speaker/consultation fees from AstraZeneca, Lundbeck, Pfizer, Takeda, Servier, Bristol Myers Squibb, Otsuka, LivaNova, Biogen, Angelini, and Janssen-Cilag., E. Kavakbasi Consultant of: Received speaker and advisor honoraria from LivaNova and Janssen-Cilag.

EPP402

Self-Assessment Scales for Depression Screening: A Review of Recent Trends

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doi: 10.1192/j.eurpsy.2025.679

Introduction: Depression significantly impacts quality of life, and the growing global mental health burden necessitates effective strategies for early detection. Traditional diagnostic methods often involve clinician-led interviews and assessments, which can be time-consuming and may not always be accessible to individuals in underserved or remote areas. As a result, self-assessment scales have emerged as a valuable tool for initial depression screening, offering a cost-effective and timely alternative that empowers individuals to monitor their mental health independently.
Recent trends in self-assessment tools for depression highlight the development of digital platforms, such as smartphone apps and web-based applications, which allow for greater reach and real-time data collection.
Objectives: The primary objective of this study is to systematically review recent trends in the development and use of self-assessment scales for depression screening. With the growing global prevalence of depression and the necessity for early detection, self-assessment tools have become a widely adopted method for screening, offering the advantage of accessibility, cost-effectiveness, and user autonomy. This study aims to evaluate these tools in terms of their psychometric properties, including reliability, validity, and sensitivity, which are crucial for ensuring accurate and dependable depression detection.
Methods: A systematic review methodology was employed, focusing on studies published between 2015 and 2024. The sample included 40 peer-reviewed articles sourced from academic databases, with studies chosen based on their relevance to self-assessment depression screening tools. The sampling strategy involved selecting scales used in diverse settings, including clinical environments, schools, and online platforms. Key tools such as the Patient Health Questionnaire (PHQ-9), Beck Depression Inventory (BDI), and the Depression Anxiety Stress Scales (DASS-21) were analyzed.
Results: Results indicated an increase in the utilization of digital and app-based self-assessment tools, with advancements in adaptive testing and machine learning-based algorithms improving the accuracy and sensitivity of depression screening. Additionally, the results showed promising psychometric reliability and validity across different cultural contexts. However, the study also highlights challenges, including the potential for over-reliance on self-reporting and the underrepresentation of marginalized populations in the development of these tools.
Conclusions: Despite the significant advancements in self-assessment scales for depression screening, challenges remain in ensuring that these tools are both equitable and inclusive. One critical area for future research involves addressing cultural and demographic biases that may limit the effectiveness of these scales in diverse populations.

Disclosure of Interest: None Declared

EPP404

Examining the needs, outcomes, and current treatment pathways of 2461 people with Treatment-Resistant Depression: A mixed-methods study

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Introduction: Major Depressive Disorder (MDD) is a pervasive global health issue, contributing significantly to disability and impaired quality of life. A substantial proportion of individuals with MDD develop Treatment-Resistant Depression (TRD), characterised by the failure to respond to at least two adequate antidepressant treatments (at an adequate dose and duration). TRD poses additional challenges due to its complex clinical presentation and limited treatment options, making it crucial to better understand its impact and develop more effective care strategies.
Objectives: To investigate the prevalence and clinical profiles of TRD in a large NHS Mental Health Trust and explore the treatment experiences and perceptions of TRD patients and healthcare professionals (HCPs) involved in their care.

Methods: A concurrent mixed-methods approach, incorporating patient and public involvement (PPIE), was used. Quantitative analysis of anonymised electronic health records (EHRs) identified the TRD cohort and key characteristics (e.g. age, gender, employment status). Binary logistic regression explored predictors such as comorbidities and service use. The qualitative component included semi-structured interviews with TRD patients (n=7) and HCPs (n=8), analysed using thematic analysis to explore lived experiences and treatment barriers. Findings from both approaches were integrated to provide a comprehensive understanding of TRD.
Results: TRD was prevalent in 48% of patients diagnosed with MDD. Predictors of TRD included recurrent depression (OR=1.24, CI 95%=1.05–1.45), comorbid anxiety (OR=1.21, CI 95%=1.03–1.41), personality disorders (OR=1.35, CI 95%=1.10–1.65), and cardiovascular diseases (OR=1.46, CI 95%=1.02–2.07). Qualitative findings highlighted the severe emotional impact of TRD on patients' lives and revealed significant dissatisfaction with treatment options, particularly frustration with the "trial and error" approach of pharmacological treatments. HCPs echoed concerns about the lack of standardised treatment pathways, with both groups emphasising the need for more holistic and personalised care, citing limited access as a serious barrier to effective treatment.
Conclusions: This study highlights the significant burden of TRD, affecting nearly half of MDD patients within the examined NHS Trust. By combining quantitative and qualitative methods, it offers a comprehensive understanding of TRD's prevalence and complexities. The findings support a shift toward holistic, patient-centred care, addressing institutional barriers and enhancing healthcare provider resources to improve outcomes.

Disclosure of Interest: None Declared

EPP405

Changes in depression medication following the initial assessment by specialised psychiatry services in the Helsinki-Uusimaa Region

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doi: 10.1192/j.eurpsy.2025.681

Introduction: Depressive disorders often require specialised psychiatric services. Timely, appropriate medication initiation and/or change plays a crucial role in improving patient (pt) outcomes (Kraus *et al.* Transl Psychiatry 2019;9 127).
Objectives: Describe the type of, and time to, medication changes within 12 months of the initial assessment of pts with depression recorded by specialised psychiatric care (SPC).
Methods: This cohort study leveraged Finnish pt data from 19 registries from 2014– 2020. Adult pts with a depression diagnosis recorded by SPC in the Helsinki and Uusimaa region in 2015 (with no depression diagnosis given by SPC within the previous year) were included. All treatments were recorded as monotherapy or combination/augmentation therapy. The Kaplan-Meier method was used to analyse time to treatment change (TTC).
Results: 9305 pts were included; baseline characteristics are reported (**Table 1**). There was no change to the baseline treatment status in 39.7% of pts (**Table 2**). The most common change was from no medication to monotherapy (2138 pts [45.6% of those with no treatment before]). 2202 (23.7%) pts remained untreated throughout the study. Median (95% confidence interval) TTC following the initial assessment by SPC was 53 (50–56) days (**Figure 1**).
Image 1:

Table 1. Baseline characteristics

	Total (N=9305)
Age, years, mean (standard deviation)	43.7 (14.6)
Gender, male, n (%)	3420 (36.8)
Medications before first SPC assessment, n (%)	
0	3581 (38.5)
1	3984 (42.8)
2	1452 (15.6)
3+	288 (3.1)

Medications before first SPC assessment were used for ≥4 weeks in the 12 months prior.
SPC: specialised psychiatric care.

Image 2:

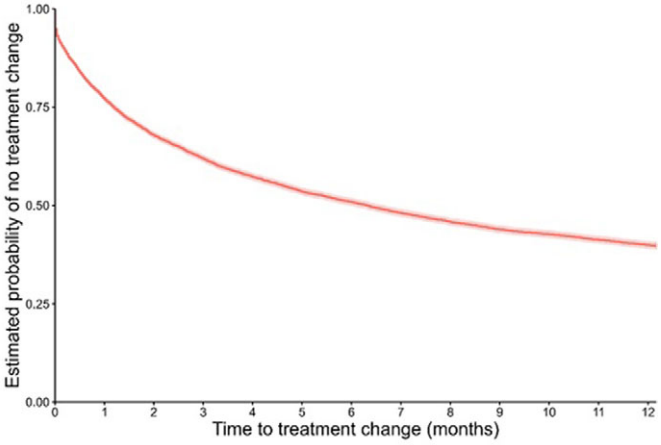
Table 2. Medication changes[a] following first SPC assessment, n, (%, calculated per 'treatment before' category)

From\To	No ongoing medication[b]	Monotherapy	C/A therapy[d]	No change
No ongoing medication[b]		2138 (45.6)	348 (7.4)	2202 (47.0)
Monotherapy	1417 (37.3)	261 (6.9)[c]	810 (21.3)	1312 (34.5)
C/A therapy[d]	75 (9.2)	414 (50.7)	150 (18.4)[c]	178 (21.8)

Treatment before/after: the latest ongoing treatment ≤12 months before consultation/the first treatment initiated ≤12 months since consultation.
[a]Medications were categorised as selective serotonin reuptake inhibitors, serotonin-norepinephrine reuptake inhibitors, TCAs, monoamine oxidase inhibitors, mood stabilisers, atypical antipsychotics or "other antidepressants"; [b]For 30 days prior to first SPC assessment; [c]Substance class changes: changes within therapy type; [d]Combination: use of ≥2 medications simultaneously for ≥30 days; Augmentation: addition of atypical antipsychotics, quetiapine, lithium or lamotrigine to existing antidepressant therapy for ≥30 days. C/A: combination/augmentation; SPC: specialised psychiatric care; TCA: tricyclic antidepressants.

Image 3:

Figure 1. Time to treatment change



Treatment change reported as a composite of all possible changes. For the full population (N=9305), median (95% CI) TTC was 189 (178–200) days. For pts experiencing treatment change within 365 days after consultation (N=5613), TTC was 53 (50–56) days.
CI: confidence interval; TTC: time to treatment change.

Conclusions: Around 40% of pts referred to SPC had no prior pharmacotherapy. Monotherapy was the most common treatment provided. Almost 40% of pts had no change in their baseline treatment over 12 months, highlighting the need for further research to optimise care.

Disclosure of Interest: None Declared

EPP406

Real world clinical practice, efficacy and safety of esketamine nasal spray in MDD patients: the French ELLIPSE study

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doi: 10.1192/j.eurpsy.2025.682

Introduction: Major depressive disorder (MDD) is the leading cause of disability worldwide. About one third of patients with MDD fails to achieve remission despite treatment and can be considered as Treatment-Resistant patients. Esketamine nasal spray (ESK) is indicated since 2019 in US and Europe for adults with Treatment-Resistant Depression (TRD), who have not responded to at least two different treatments with antidepressants in the current moderate to severe depressive episode. ELLIPSE is the first prospective observational study on ESK in real world conditions in France.
Objectives: The aim of the study is to describe the profile of all patients treated with ESK in real-world clinical practice, the modalities of the use of ESK, the patient management at the site of care and the efficacy and safety outcomes during 12 months after ESK treatment initiation for MDD patients.
Methods: ELLIPSE is a French prospective, multicenter, non-interventional study designed to describe patients presenting MDD treated with ESK, and for whom the decision to prescribe ESK is independent of the study. Data were collected from physicians as part of routine clinical practice and from patients via self-questionnaires.
Results: Thirty-one sites have included 211 MDD patients treated with ESK. The analysis will describe patient profiles (sociodemographic and disease characteristics, medical history, comorbidities), use of ESK at initiation and during study (reason for initiation, posology, frequency, administration, surveillance, treatment duration), safety profile (percentage of reported adverse events) and efficacy (MADRS response and remission rates over 12 months). The study results will be available in January 2025 and will be detailed in the poster presented at the conference.
Conclusions: ELLIPSE is the first large prospective French study providing real world evidence on patients treated with ESK, including patient's profile, condition of use of ESK treatment and follow-up efficacy and safety data. This study should confirm that ESK has its place in therapy for the treatment of MDD.

Disclosure of Interest: P.-M. Llorca Consultant of: Abbvie, Boehringer-Ingelheim, Eisai, Ethypharm, HAC, Janssen, Karla Therapeutics, Lilly, Lundbeck, MSD, Neuraxpharm, Newron, Novartis, Otsuka, Roche, Sanofi, Teva. He provided expert testimony for Janssen, Otsuka., L. Mékaoui Consultant of: Janssen, M. Rotharmel Consultant of: Janssen, P. de Maricourt Consultant of: Janssen, C. Wicart Employee of: Janssen, E. Gaudre-Wattinne Employee of: Janssen, J. Dupin Employee of: Janssen.

EPP407

Machine Learning Prediction of Suicidal Ideation in Community-Based Older Adults using Deep Phenotypes

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Introduction: Suicide is a major public health concern, especially among older adults. Early identification of individuals at risk of suicide is crucial for early intervention, which significantly improves prevention efforts. Early identification of individuals at risk of suicide is crucial for prevention.
Objectives: This study aimed to develop a model for predicting suicidal ideation in community-based older adults using deep phenotype data with machine learning classifiers.
Methods: A study investigating suicidal ideation in community-based older adults utilized a mobile assessment bus to collect data from 358 participants. Deep phenotype data, including Patient Health Questionnaire-9 (PHQ), Generalized Anxiety Disorder-7 (GAD), World Health Organization Quality of Life (WHOQOL), Perceived Stress Scale-10 (PSS) questionnaires, and 32-channel EEG recordings using the 10/20 system, were acquired. Of these participants, 238 completed all assessments. Suicidal ideation was defined by a score of 1 or higher on the ninth question of the PHQ-9. Data from both groups were compared, and features with an effect size of 1 or greater (Cohen's D) were selected for further analysis. Cohen's D. Machine-learning classifiers, including Support Vector Machine (SVM), Random Forest (RF), and Linear Discriminant Analysis (LDA) were employed to predict suicidal ideation using a 7:3 training-test split repeated 100 times to obtain performance metrics.
Results: Scores on the PHQ, GAD, and WHOQOL scales differed significantly, while the PSS data showed variations in all items except one between the group with suicidal ideation and the group without. Notably, analysis of the EEG data from eight brain regions identified disparities in 108 out of 248 features. Among all data, ten features with Cohen's D values exceeding 1 were identified, primarily consisting of questions directly related to themes of negative emotions. Using these features, the classification model achieved an

AUC of 0.8913, demonstrating strong predictive performance for suicidal ideation.

Conclusions: Our findings demonstrate the potential of deep phenotyping, even in community-based settings, to predict suicidal ideation in older adults. These insights can inform the development of suicide intervention systems. Additionally, refining predictive models to encompass broader mental health symptoms could solidify deep phenotyping as a crucial tool for early intervention in public healthcare.

Disclosure of Interest: None Declared

EPP408

Efficacy of Esketamine nasal spray in treatment-resistant depression: impact on depressive symptoms,hopelessness and suicide risk: A real-world evidence study

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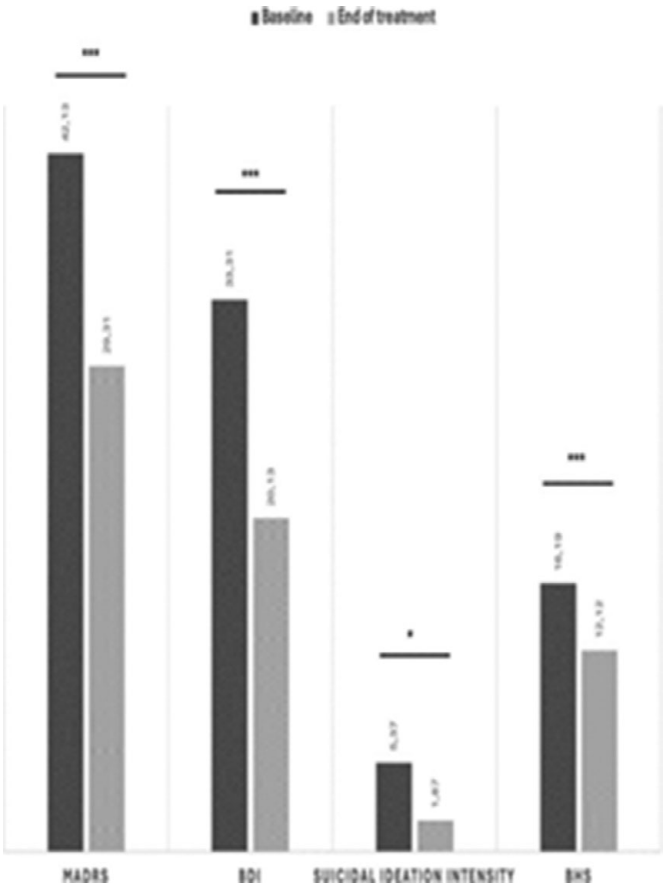
Introduction: Treatment-resistant depression (TRD) is a condition associated with multiple severe implications and high suicide risk. Esketamine is a pharmacological agent approved by the FDA and EMA recommended for adults diagnosed with TRD. The glutamatergic mechanisms of depression are currently the subject of numerous studies. Esketamine has glutamatergic neuromodulatory properties to enhance the effects of selective serotonin and norepinephrine reuptake inhibitors. Furthermore, the anti-suicidal effect of esketamine represents a reason to explore its properties since managing suicide risk in patients with MDD is complex.

Objectives: The present observational, retrospective study aimed to assess the efficacy and tolerability of Esketamine in a real-world outpatient setting. A secondary objective was to explore the potential benefits on hopelessness and suicide risk(suicide ideation and suicide attempts) to establish future research directions that may enrich knowledge on the effects of esketamine on suicide risk in patients with resistant depression.

Methods: 20 patients diagnosed with treatment-resistant depression disorder were treated with Esketamine.Depressive symptoms (MADRS and BDI), suicide risk(C-SSRS), and hopelessness(BHS) were assessed. Repeated measures analyses were conducted to evaluate changes from baseline(T0) and 3-month follow-up(T1).

Results: 11 patients(60%)were females, and the average age of the sample was 49.40 (SD= 17.38). 9 patients(45%)were single,and 11 patients (55%) were employees.At baseline,11 patients(55%) reported suicidal ideation,and 2 patients(10%)attempted suicide in the previous 3 months. Of the 20 patients, 4 patients did not complete the treatment and were excluded from analyses. Results showed that depressive symptoms decreased at the end of treatment (t1) compared to baseline (t0).Specifically,both clinician (t=7.32; p<.001) and self-report (t=4.34;p<.001)measures show lower levels of depressive symptoms(MADRS t0=33.31±4.35vs.t1= 20.13 ±5.31,and BDI t0=42.13±7.97 vs.t1=29.31±9.96, respectively). About suicide risk, at baseline 11 patients reported some level of suicidal ideation while at (T1) 7 patients did; the difference was not statistically significant(p=.125);conversely,a significant decrease in suicidal ideation intensity was found (t=2.48,p<.05; t0=5.37±5.77vs.t1=1.87±3.51). Finally,patients also reported decreased hopelessness levels(BHS;t=3.97,p=.001; t0=16.19±3.12 vs. t1=12.12±4.27).

Image 1:



Conclusions: Our findings demonstrated a robust overall response regarding depressive symptoms after Esketamine in TRD. A notable response concerning suicide ideation intensity was also observed in patients with resistant depression; however, further studies are necessary to better investigate the role of esketamine in suicide prevention.

Disclosure of Interest: M. Pompili Consultant of: M Pompili wishes to disclose that in the last five years, he has received lectures and advisory board honoraria or has engaged in clinical trial activities with Angelini Pharma, Allergan, Janssen, Lundbeck, Merck Sharp and Dohme, Otsuka, Rovi, Pfizer, Fidia, Viatris, Recordati,Boehringer Ingelheim and Teva, M. A. Trocchia: None Declared, L. Longhini: None Declared, E. Dispenza: None Declared, C. Di Legge: None Declared, S. Sarubbi: None Declared, D. Erbuto: None Declared, I. Berardelli: None Declared

EPP409

Effect of Sports Therapy Interventions on Severity of Symptoms in the Inpatient Treatment of Depression

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Introduction: Physical activity has been identified as a therapeutic intervention for the treatment of depressive disorders. It can be conducted as a standalone intervention or as a complementary therapy method within a multimodal treatment framework. Engaging in physical activity is important for maintaining physical and mental health. There is a need for research on the implementation of exercise therapy interventions that takes into account everyday clinical practice outside the controlled conditions in study protocols. Physical activity is particularly promoted in the context of sports therapy.
Objectives: Therefore, the objective of this study is to examine the impact of exercise therapy in a day clinic setting on depressive symptom severity and cardiovascular fitness.
Methods: The study sample includes patients with a primary diagnosis of depression who had completed a minimum of four and a maximum of nine weeks of inpatient treatment in a psychotherapeutic and psychosomatic hospital in Germany. Patients in the intervention group (IG) receive exercise therapy at least twice a week throughout their treatment, while patients in the control group received a maximum of 0.5 units/week of exercise therapy. As part of the multimodal treatment setting, the exercise therapy interventions in both groups include spinal exercises, equipment-based strength and endurance training, soccer and table tennis. The BDI-II is administered to both groups to assess the severity of depressive symptoms. Cardiovascular fitness of IG is monitored using a submaximal cycle ergometer aerobic fitness test (PWC test) at baseline and at the end of treatment.
Results: The total number of patients included in the analysis was n=37 in IG (male=78%, M age=42.05) and n=20 in CG (male=60%, M age=47,35). A significant reduction in the BDI-II score was observed in both the IG (M ΔBDI-II=-16.0, p<.001) and CG (M ΔBDI-II=-8.0, p<.05) from the beginning to the end of the treatment period. When comparing reduction in depressive symptoms between two groups, IG achieved statistically significant greater reduction in depressive symptoms compared to the CG (M ΔBDI-II=-8.0, p<.01). Participants in the IG showed a statistically significant improvement in performance, with an increase of 7 watts for the PWC130 and 12 watts for the PWC150 (p<.05), as measured by the submaximal cycle ergometer aerobic fitness test throughout treatment.
Conclusions: The integration of exercise therapy into a multimodal treatment framework was observed to positively impact both physical and mental health outcomes. Given the presence of physical comorbidities and relapses, further research should investigate the long-term impact of behavioral changes related to physically active lifestyle.

Disclosure of Interest: None Declared

Mental Health Care

EPP410

Addressing Mental Health Priorities in Mexican Youth: Developing a Primary Health Care and Psychiatry Model (MAP-PSI for its acronym in Spanish)

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doi: 10.1192/j.eurpsy.2025.686

Introduction: Depressive disorders among young people are a significant public health concern, particularly in underserved areas where access to mental health services is limited. The MAP-PSI model was developed to address this gap through a comprehensive approach that integrates promotion, prevention, and remote care strategies. Implemented in Ciudad Fernández, San Luis Potosí, Mexico, the model is designed to be adaptable and scalable, allowing it to meet the varying needs of different communities and leverage telemedicine and digital tools to extend mental health care.
Objectives: The MAP-PSI model aims to improve mental health outcomes for young people by providing an adaptable framework for addressing depressive disorders. Its goals are to enhance accessibility to mental health services in underserved areas, utilize bilingual and culturally sensitive materials, and integrate actions across various community settings. The model seeks to empower healthcare providers and decision-makers to implement effective, sustainable interventions that can be adapted for other health issues and locations.
Methods: The MAP-PSI model is implemented in four phases: Exploration-Planning: This phase involves community engagement, conducting needs assessments, and training local staff to ensure that the intervention is tailored to the specific needs of the community. Initial and Total Implementation: Active monitoring and real-time adjustments are made to the model to ensure its effectiveness and responsiveness to emerging needs. Sustainability: Focuses on maintaining and expanding the model's reach through continuous improvement processes, ensuring long-term impact and adaptation.
Results: Key components of the model include psychoeducation, psychological support, telepsychiatry, and community-based promotion and prevention efforts. The use of bilingual and culturally sensitive materials is emphasized to cater to diverse populations, including indigenous groups. Integration across primary health care centers, schools, and community settings enhances the support for mental health and prevention of depressive disorders.
Conclusions: The MAP-PSI model demonstrates promising social returns on investment by effectively addressing depressive disorders through a scalable and adaptable framework. Its integration of telemedicine and digital tools enhances accessibility to mental health care in underserved areas, while its culturally sensitive approach ensures relevance across diverse populations. The model's phased implementation framework supports both immediate effectiveness and long-term sustainability. The MAP-PSI model offers a valuable guide for health care providers and decision-makers, with the potential for adaptation and expansion to other health issues and regions, thereby contributing to improved mental health outcomes and sustainable intervention practices.

Disclosure of Interest: None Declared

EPP411

Effectiveness of Guided Self-Help Versus Internet-Delivered or Face-to-Face Cognitive Behavioral Therapy for Depression and Anxiety: a Randomized Controlled Non-Inferiority Trial of the Finnish First-Line Therapies –Initiative (FLT-Step)

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doi: 10.1192/j.eurpsy.2025.687

Introduction: Depression and anxiety are among the most prevalent mental health conditions, particularly in Western countries. Access to effective treatments, such as cognitive behavioral therapy (CBT), in publicly funded primary care settings is often insufficient.
Objectives: This study aims to evaluate, within a non-inferiority framework, the effectiveness and cost-effectiveness of three treatment modalities for depression and anxiety within the Finnish public healthcare system: 1) a stepped care model, which involves sequential guided self-help (GSH) followed by face-to-face CBT for non-responders; 2) internet-delivered CBT (iCBT); and 3) face-to-face CBT.
Methods: Our objective is to recruit 948 adults (16+ yrs) exhibiting symptoms of depression (scoring ≥10 on the Patient Health Questionnaire, PHQ-9) and 948 adults exhibiting symptoms of anxiety (scoring ≥10 on the Generalized Anxiety Disorder scale, GAD-7). These participants should be suitable for step 1 or step 2 treatments, such as GSH, iCBT or CBT, within the Finnish public healthcare system. Individuals currently receiving psychological treatment, those with severe suicidal ideation, cognitive impairment, or those with substance abuse issues will be excluded from the study. Participants will be randomly assigned to one of three groups: GSH, iCBT, or face-to-face CBT. Those who do not respond adequately to GSH will be stepped up for further treatment with face-to-face CBT. Participants will complete symptom measures, such as PHQ-9, GAD-7, measures of function, work ability and social support at various stages over the course of the study to track changes in their mental health. The trial and follow-up period will span 5 years. In addition to data collected from the study participants, the study incorporates direct and indirect healthcare, social care, employment, and societal cost data from Finnish national registries. These registries will also be utilized to create population-matched controls for the study participants. The study will be conducted within several wellbeing service counties in Southern Finland and Western Finland. It is part of the Finnish First-Line Therapies –initiative in Finland's public healthcare system.
Results: Recruitment of study participants began in autumn 2024 and is expected to take approximately one year. Initial results are anticipated by 2026. The study protocol has been registered in the ISRCTN registry prior to the commencement of participant recruitment. The study is primarily funded by grants from the Ministry of Social Affairs and Health in Finland (VN/29619/2023 and VN/29613/2023).
Conclusions: The study aims to improve access to effective, evidence-based treatments for depression and anxiety within the public healthcare system.

Disclosure of Interest: None Declared

EPP412

Therapy Sessions as Part of the Prenatal Care Programme

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Introduction: Prevention is key to maintain a healthy lifestyle and to ensure a positive outcome of any given condition, especially in such a vulnerable one, as is pregnancy. The progress made in prenatal care in the last century is astounding and professionals nowadays are able to provide state of the art investigations and inventions throughout pregnancy and even before, but there is a dire need to address the mental health approach of the soon-to-be mothers. Since studies have shown the link between mother's emotions and the child's well-being, providing support in order to maintain a good mental health status should be part of the prenatal care programmes.
Objectives: The initial hypothesis is that pregnancy is a delicate period for the mother to be, therefore anxiety levels can be high or prenatal depressive episodes can occur in the absence of good psychological support. We aim to prove that integrating psychotherapy as part of the prenatal care programmes has benefits for both mothers and child and can significantly reduce the struggle of battling these symptoms on one's own.
Methods: We launched an online questionnaire on groups and sites that targeted pregnant women or women who have just given birth. The questions were designed to address the anxiety and/or depressive symptoms throughout the pregnancy, the support they received from the health care providers and the impact these had on how they handled the pregnancy period. Anxiety symptoms were assessed using the HAM-A scale, meanwhile for depressive symptoms we used PHQ9 questionnaire. The study was conducted anonymously and was approved by the local ethics committee.
Results: We received 200 answered questionnaire, from which 189 were valid and relevant to the study.
The results showed that the majority of pregnant women (83%) have struggled with anxiety and/or panic attack throughout the pregnancy and the prenatal care appointments proved insufficient to alleviate their concerns. Most of them (94%) turned to the internet for answers, which was an aggravating factor for the symptoms. The impact these symptoms had on their pregnancy varied from tensions between them and their partners, insomnia, feelings of worthlessness and irritability to moderate depressive episodes. Almost all the respondents (91%) have answers affirmatively to the proposal to undergo a few therapy sessions to manage

these symptoms, if they were to be part of the prenatal care programme.
Conclusions: Pregnant women are at risk for various mental health issues which can be prevented with proper care, thus addressing further risk for both the mother and the baby. The need for integrating therapy in prenatal care programmes could have a great impact on the outcome of the pregnancy and even in women desire to bear children.

Disclosure of Interest: None Declared

EPP414

Trauma matters! Trauma-informed care among allied health professionals working with children and youth and its associations with personal factors

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Introduction: Childhood trauma can significantly impact development, function, and well-being. Allied health professionals often support individuals exhibiting trauma-related signs, but the extent of trauma-informed care (TIC) understanding and application remains unclear. Moreover, secondary traumatic stress (STS) is a significant concern for professionals who treat traumatized children and youth. Thus, it is essential to provide TIC training to these professionals while also addressing the potential effects of STS.
Objectives: The current study mapped the knowledge of trauma, the perceived relevance of TIC, and its implementation among allied health professionals working with children and youth. It also examined the relationships between knowledge of trauma, TIC perceived relevance and implementation, and relevant personal factors (resilience, self-compassion, and empathy).
Methods: 176 allied health professionals (nutritionists and occupational, speech, and physical therapists) answered an online survey including a demographic questionnaire, Trauma-Informed Approach Questionnaire, Connor-Davidson Resilience Scale, Self-Compassion Scale, and Interpersonal Reactivity Index. Descriptive statistics and ANOVA were used to describe the sample and assess differences between knowledge, attitudes, and implementation. Pearson correlations were used to assess relationships with personal factors.
Results: Significant differences were found between trauma knowledge, TIC relevance perception, and TIC implementation among the entire sample, $F(2, 352) = 127.5$, $p<.001$, $\eta^2= 0.43$. Perception of TIC relevance was higher than knowledge of trauma (p<.001) and TIC implementation (p<.001). Positive correlations were found between resilience and knowledge of trauma ($r=.22$, p<.01), TIC perception relevance ($r=.17$, $p<.05$), and TIC implementation ($r=.23$, $p<.05$). Self-compassion was positively correlated with knowledge of trauma ($r=.18$, $p<.05$) and TIC implementation ($r=.22$, $p<.01$). Perspective-taking (empathy) was positively correlated with knowledge of trauma ($r=.15$, $p<.05$), perception of TIC relevance ($r=.39$, $p<.01$), and TIC implementation ($r=.31$, $p<.01$), and empathic concern was positively correlated with perception of TIC relevance ($r=.33$, $p<.01$).
Conclusions: The findings highlight the limited knowledge of trauma and TIC implementation among allied health professionals, emphasizing the lack of TIC training. Resilience, self-compassion, and empathy can be strategies to cope with treating children and youth who have experienced trauma and prevent STS.

Disclosure of Interest: None Declared

EPP415

Community mental health centres in Slovenia: assessment of the situation and needs

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Introduction: Mental health reform was accepted in Slovenia in 2018 to provide accessible community treatment and care regionally for 40-70000 population. The implementation took place mostly with establishment of community mental health centers (CMHC), which included arround 20 000 patients in 16 community centers for the adult population. These CMHCs provide triage, needs assessment and treatment plans. The National Mental Health Plan did not adress the development of rehabilitation services. The institutional costs of treatment and care were not reduced, as well as not the number of institutional beds.
Objectives: To assess the development of CMCH's in Slovenia on the grounds of the data from the CMHC Logatec.
Methods: The data about 5761 patients included in the treatment process in one of the CMHCs were gathered regarding basic demographic data, diagnosis and treatment mode, including the definition of care coordination.
Results: 2654 patients were treated in the home environment. Medical nurses were coordinating treatment in the majority of these patients. Occupational therapist, social worker and psychiatrists were part of the team in this group. 816 patients in this group were diagnosed with dementia and had also somatic ilness. 1011 were diagnosed with schizoprenia or other psychotic disorders. 3107 patients were treated in the outpatient care, the majority of them by psychologists. Psychiatrists and social worker were included in these care coordinating teams. 1219 of them were diagnosed with depressive and 1001 anxiety disorders.
Conclusions: Community care teams in Slovenia included around 20 000 patients in three years time. The majority of these, specifically in Logatec are diagnosed with schizophrenia, dementia, depressive and anxiety disorders. Immediate access to service is still granted, with exception of psychological treatment which does not reach everybody in need in time. Development of CMCH's should be led by needs assesment on the ground of developing data. It's already obvious that increase of the number of psychologists to

improve psychological assistance to people with cognitive decline and for young people in severe but mostly manageable psychological crisis is needed.

Disclosure of Interest: None Declared

EPP416

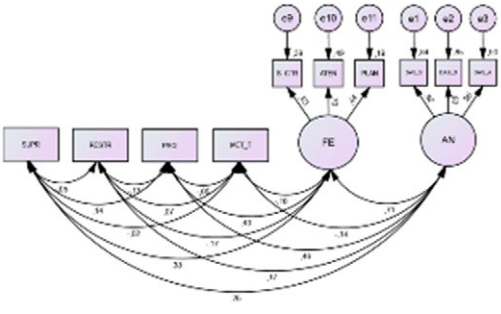
The relationship between lifestyle and negative affect. Executive functioning and emotional regulation as mediators.u

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doi: 10.1192/j.eurpsy.2025.691

Introduction: The increasing prevalence of mental health issues presents a significant challenge for modern societies. There's a crucial need for quick, affordable interventions that can be widely implemented by practitioners to support as many individuals as possible.
Objectives: In this paper we aimed to investigate the mediating role of executive functions and emotional regulation in the relationship between sleep quality and physical activity, on one hand and negative affect, on the other.
Methods: Our proposed model is a serial mediation model, with executive functions as the first mediator and the two components of emotional regulation as the second mediator. We collected data from 286 participants who completed a series of questionnaires.
Results: The initial model did nit fit the data well. Therefore, we added two paths: the direct relationship between sleep quality and negative affect and the direct relationship between executive functions and negative affect. The final model had a very good fit with the data. Thus, both the hypotheses regarding the direct relationships and those regarding the indirect relationships are supported by the data.
Image 1:

Figure 1. The measuring model



Note: AN-negative affect, DAS_A-anxiety, DAS-D-depression, DAS_S-stress, S_CTR-self-control, ATEN-atention., PLAN-planification, FE- executive function, MET_T-level of physical activity, PSQI-sleep quality, RESTR-cognitive restructure, SUPR-emotional suppression.

Image 2:

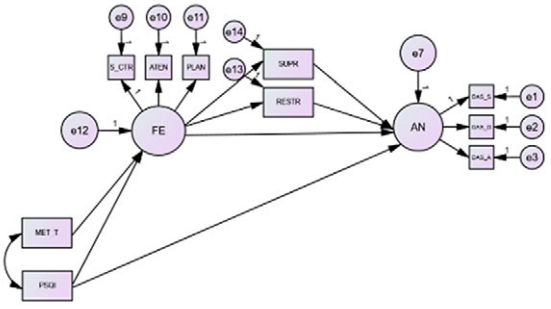
Figure 2. Initial structural model



Note: AN-negative affect, DAS_A-anxiety, DAS-D-depression, DAS_S-stress, S_CTR-self-control, ATEN-atention., PLAN-planification, FE- executive function, MET_T-level of physical activity, PSQI-sleep quality, RESTR-cognitive restructure, SUPR-emotional suppression.

Image 3:

Figure 3. *Modified structural model*



Note: AN-negative affect, DAS_A-anxiety, DAS-D-depression, DAS_S-stress, S_CTR-self-control, ATEN-atention., PLAN-planification, FE- executive function, MET_T-level of physical activity, PSQI-sleep quality, RESTR-cognitive restructure, SUPR-emotional suppression.

Conclusions: The results highlight the importance of interventions aimed at improving sleep quality and promoting physical activity. These interventions can serve to promote optimal mental health in both clinical and non-clinical populations. Additionally, this research provides a basis for developing effective strategiesfor the prevention and treatment of these populations.

Disclosure of Interest: None Declared

EPP417

Patient Journeys and Outcomes in Mental Healtcare Systems in Europe – Narrative Review and Study Protocol for a Trans-European Comparison

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Introduction: Mental healthcare systems in Europe differ greatly in terms of access and care settings. Whereas comparisons of the structures partly exist (e.g. REFINEMENT project), not much is known neither about the patient journeys for specific disease entities nor about outcomes of these differently organized systems.
Objectives: The first objective is to review the existing literature on structural differences in mental healthcare sytsems in Europe. The second objective is to discuss options for studies that gather differences in patient journeys and outcomes for specific disease entities.
Methods: Narrative review about structural differences in mental healthcare in Europe and discussion of a study protocol for assessing patient journeys for 6 important disease entities (Severe Major Depressive Disorder, Schizophrenia, Behavioural disorders in Dementia, Borderline Personality Disorder, PTSD, Alcohol Addiction).
Results: European mental healthcare systems differ greatly in terms of structures of mental healthcare provision. E.g. Belgium had 141 hospital beds per 100,000 inhabitants, Germany 131, the Netherlands 112, Switzerland 95, Austria 75, and Denmark 5 (eurostat, 2024a). However, what these numbers mean for the patient journeys and for the systems outcomes is unclear. We discuss an approach for examining prototypical patient journeys for the above-mentioned disorders and for comparing their outcomes in terms of quality of life and global psychosocial functioning.
Conclusions: We are looking for European partner institutions for establishing a mental health systems research network. The goal is to set up studies that allow to compare patient journeys and outcomes within the differing European Mental Healthcare Systems as a basis for mutual learning from best practice examples.

Disclosure of Interest: None Declared

Prevention of Mental Disorders

EPP418

Studying loneliness and its impact on mental health among University students: the SONDEU Project

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Introduction: The challenge of loneliness underlines the need for studies that allow us to analyse and understand this phenomenon, particularly in vulnerable groups. Although loneliness can occur at any stage of life, it seems to be more prevalent during phases of transition, where changes in social relationships are frequent (Mund et al., 2020). In the younger population, a significant restructuring of social life is observed, with peer relationships becoming more central while family ties become less prominent. This often coincides with key life transitions such as change of residence, first romantic relationships, work experiences, etc. (von Soest et al., 2020). This is especially noticeable during the university stage, a period often accompanied by academic pressure due to personal, familial or societal expectations and/or needs. Furthermore, this stage is especially critical from a mental health perspective, as most mental health problems appear for the first time before the age of 25.
Objectives: 1) To analyse the impact that loneliness has on the student community at the Complutense University of Madrid (UCM). 2) To find out the prevalence and types of loneliness as well as its association with different problems of mental health.
Methods: This study follows a two-phase mixed-methods approach. In the first phase, two focus groups were conducted to explore the definition and characteristics of loneliness in-depth. The convenience sample consisted of 8 to 10 students per focus group from different educational levels and academic disciplines. A pre-designed guide with open-ended questions facilitated the session (e.g., "Reflecting on your university experience, what situations or experiences have made you feel lonely?"). In the second phase, a cross-sectional observational study was conducted. While we estimated a sample size of 246 participants to explore the prevalence of loneliness, we aim to obtain a representative sample of students from the UCM. The following measures were included: loneliness (frequency, type), mental health (depression, anxiety, psychotic experiences, suicidal behaviour), well-being and social relationships, academic performance, non-behavioural addictions and lifestyle. Data is being processed and analysed using appropriate statistical and qualitative analysis software. This study has received ethical approval from the participating institution.
Results: Data from the focus groups and the online survey were compared from different educational levels and academic disciplines to explore characteristics of loneliness and mental health problems.
Conclusions: This study seeks to gain a deeper understanding of loneliness among university students. These findings aim to promote changes that integrate a new form of care and promotion of mental health in this group (i.e., identification, prevention and management of loneliness) as well as to encourage further research in this area.

Disclosure of Interest: None Declared

EPP419

Comparing mental health levels between caregivers of patients with severe mental disorders and caregivers of patients with rare genetic diseases

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Introduction: Severe mental disorders and rare genetic diseases are chronic and highly disabling conditions requiring continuous assistance by caregivers, whose personal and social burden may result in mental health problems.
Objectives: The current study aims to compare objective and subjective burden as well as levels of general well-being, anxiety, depressive symptoms, PTSD symptoms, sleep quality and suicidality between caregivers of patients with severe mental disorders, caregivers of patients aged 0-18 with rare genetic diseases, and caregivers of patients aged 50-85 with rare genetic diseases.
Methods: Caregivers of patients with severe mental disorders were recruited at the Department of Psychiatry of University of Campania, Naples, if they were more than 18 and released consent. Caregivers of all patients with rare genetic diseases were recruited at the Inherited and Rare Cardiovascular Disease Unit of University of Campania, Naples, if they were more than 18 and released consent. Caregivers' levels of personal and social burden, anxiety, depressive symptoms, PTSD symptoms, sleep quality and suicidality were assessed through standardized tools and compared between groups by carrying out analyses of variance.
Results: Seventy-seven caregivers were included, mostly women (74.0%) with a mean age of 52.2±12.5 years. Caregivers of patients with severe mental disorders were mainly mothers (31.8%) or partners (31.8%) of patients, showing the highest levels of subjective burden, as well as avoidance and need to be informed about the illness adopted as problem-solving strategies. Caregivers of patients aged 0-18 with rare genetic diseases were mainly mothers of patients (76.5%), reporting the highest levels of received support and PTSD symptoms. Caregivers of patients aged 50-85 were usually partners of patients (52.4%), who showed the lowest levels of need to be informed about the illness and PTSD symptoms.
Conclusions: Caregivers of patients suffering from chronic and disabling diseases such as severe mental disorders and rare genetic diseases are prone to develop mental health problems due to the persistent exposure to high levels of personal and social burden. To this extent, family psychosocial interventions may be effective strategies to be implemented in order to relieve the levels of burden, by taking into account the features of patient's disease.

Disclosure of Interest: None Declared

EPP420

Beyond symptoms: How mental health competencies shape everyday well-being among psychiatric patients

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Introduction: Just as our bodies have immune systems to defend against harmful biological agents, our souls also need psychological "immune competencies" to cope with stress. These competencies include effective emotional, psychological, social and spiritual functioning, resilience, creative and executive efficiency, self-regulation and savoring, the ability to enjoy positive experiences.
Objectives: The aim of the present study was to investigate whether the mental health competencies, the symptoms of mental disorder, or the interaction of the two have a stronger predictive power on subjective well-being among Hungarian adult psychiatric patients.
Methods: The psychiatric sample of 129 patients (44 men, 85 women) was recruited in a cross-sectional design in four Hungarian health care facilities. Participants completed the Symptom Checklist-90-Revised, the Mental Health Test and six well-being questionnaires.
Results: Mental health competencies are stronger predictors of the three indicators of well-being ($\beta = 0.61; 0.79; 0.51$ $p < 0.05$) than mental disorder symptoms ($\beta = 0.17; 0.12; 0.25$, $p < 0.05$). Including both mental health competencies and mental disorder symptoms in a regression model more accurately predicts indicators of well-being (BIC = 310; 359.7; 170; AIC = 289; 337.3; 148.3; $R^2 = 0.74; 0.52; 0.58$, $p < 0.05$) than either the effect of the two separately (BIC = 310.3; 365.4; 170.2; AIC = 291.1; 345.8; 151.1; $R^2 = 0.73; 0.48; 0.56$, $p > 0.05$) or the effect of their interaction (BIC = 314.9; 363.6; 173.6; AIC = 290.3; 338.4; 149.1; $R^2 = 0.74; 0.52; 0.57$, $p > 0.05$). Mental health competencies were positively ($B = 0.88; 1.64; 0.54$, $p < 0.05$) while mental disorder symptoms were negatively ($B = -0.50; -0.28; -0,17$, $p < 0.05$) related to indicators of subjective well-being.
Conclusions: The results underscore the potential of mental health competencies as protective factors that can enhance well-being and restore daily functioning even in the presence of mental disorder symptoms.

Disclosure of Interest: None Declared

EPP422

Patterns of service use in a culturally adapted NAVIGATE program for first-episode psychosis and their association with clinical and functional outcomes

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Introduction: NAVIGATE, is a comprehensive manual based intervention developed in the US for young people experiencing a first episode psychosis (FEP) . The intervention is based on four main service components: Individual Resilience Training (IRT), supported employment and education (SEE), family psychoeducation (FEP) and medication management.
Objectives: To describe the process of implementing NAVIGATE in Israel with an emphasis on cultural adaptation, fidelity, patterns of use and their relation to outcomes.
Methods: Between 2017-2021 demographic and diagnostic, service utilization data and ratings of functioning and symptoms were collected from clinical registries of 142 NAVIGATE participants.
Results: Most participants were males (70%), aged 23.5 (SD 5.5, Range 16-43). On average, participated in the program over a year. IRT was the most utilized intervention (M=23, SD 11.51). Overall, three clusters of program usage were found. Number of sessions and their frequency were highly correlated. Number of family psychoeducation meetings showed the highest correlation with improvement overtime in functioning and symptoms severity. Program Fidelity rates ranged from 2.8 to 3.3 (range 0-4).
Conclusions: The NAVIGATE program in Israel demonstrated significant clinical and functional outcomes across all service use patterns. NAVIGATE was formally offered for two years and included four components, in reality, service users attended less than what was offered. It is possible that when an effective comprehensive team-based intervention is offered flexibly to meet the often rapid changes needs of young people with FEP, the actual use is less than one might expect, which has important implications for policy and practice.

Disclosure of Interest: None Declared

EPP423

Using a co-design approach to develop, implement, and evaluate a Preventative Online Mental Health Program for Youth (POMHPY)

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doi: 10.1192/j.eurpsy.2025.697

Introduction: From March 2020 to 2021, the risk of youth developing a mental health issue increased by 50% in Canada. To address the detrimental effects of the COVID-19 pandemic, this project collaborated with youth and community partners in Ontario, Canada, to co-design a Preventative Online Mental Health Program for Youth (POMHPY) focused on improving mental, physical, and social well-being.
Objectives:
(1) To co-design a preventative online mental health program tailored to the needs of Ontario youth. (2) To evaluate the program's efficacy in improving mental well-being and health-related quality of life. (3) To engage youth in the development and continuous improvement of the program.

Methods: Initially, literature reviews were conducted to identify evidence-based programs that could be integrated into POMHPY. Surveys and focus groups were used to capture youths' mental health concerns and program needs. The findings were presented to community partners for additional feedback and refinement of the program. A second survey and focus group explored the likelihood of program use and piloted the first session. Subsequently, 53 youths (mean age=19.15) participated in the POMHPY program during the summer of 2023. Pre-, post-, and follow-up surveys measuring mental well-being were administered. Preliminary descriptive statistics and t-test analysis were conducted to measure the program's efficacy. A subset of participants (n = 21) attended 90-minute focus groups to discuss program perceptions, perceived benefits, impact on personal life, and areas of improvement.
Results: Youths' mental well-being, measured by the Warwick-Edinburgh Mental Well-being Scale, significantly improved after the completion of the program [t (24) =-2.91, p=.008]. Health-related quality of life, measured by the AqoL-6D, also significantly improved [t (6) =-3.34, p=.016]. These improvements were maintained one month after completing the program. Participants viewed the skills and strategies learned in POMHPY as beneficial in improving their stress and well-being. Peer facilitators in the same age range as participants contributed to meaningful discussions and interactive activities that contrasted with a lecture-style learning environment. Suggestions for improvement included flexible scheduling, increasing reminders, and enhancing understanding of program components.
Conclusions: Preliminary analysis supports the program's efficacy in improving mental well-being and health-related quality of life. Participants also reported a positive experience with the program and suggested improvements for integration. The program will be scaled nationally in the next phase, ensuring broader access to preventative mental health care for youth across Canada.

Disclosure of Interest: None Declared

Mental Health Policies

EPP425

Transforming Mental Health Care – Policy Implementation

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doi: 10.1192/j.eurpsy.2025.698

Introduction: The Autonomous Region of the Azores faced considerable challenges in providing comprehensive, efficient, and integrated mental health care services, exacerbated by geographical isolation, resource constraints, and the absence of a cohesive system for referrals and quality assessment in mental health care.
Objectives: Despite the recognized need, the integration of mental health services into primary health care (PHC) and the broader health system in the Azores was fragmented. Key issues included lengthy waiting lists, inadequate referral systems between primary care and specialized psychiatric services, and a lack of standardized quality assessment and performance indicators for mental health care. Additionally, there was a significant need for community mental health teams, emergency management of agitated patients, and comprehensive training for health professionals in psychiatric care.

Methods: Through collaborative efforts, the region achieved notable advancements, including the creation of referral criteria from PHC to psychiatry services, structuring inter-service referrals, reactivation of Community Mental Health Teams, and establishment of a "Physician's Bank." Noteworthy was the elimination of a waiting list of over 1,000 patients and the development of quality assessment and performance indicators. The construction of a courtyard for involuntarily hospitalized patients and the creation of an emergency room on Faial Island further exemplified the tangible improvements in patient care and system efficiency. Training programs were extensively implemented across various professional groups, enhancing the capacity for mental health care delivery at all levels.
Results: The integration efforts underscored the value of cross-sector collaboration, stakeholder engagement, and the adaptation of models like the SURE framework and COM-B theory to address the multifaceted barriers to mental health care integration. Key facilitators included the development of guidelines, training, and clinical supervision, alongside innovative approaches to public health interventions.
Conclusions: The transformative work in the Azores exemplifies how integrated care models, supported by strategic collaborations and policy reforms, can significantly enhance mental health service delivery in geographically isolated regions. It underscores the importance of systemic approaches to training, infrastructure development, and stakeholder engagement in achieving sustainable improvements in mental health care.

Disclosure of Interest: None Declared

Obsessive-Compulsive Disorder

EPP426

The role of TMS in the clinical trajectory of patients with resistant Obsessive Compulsive Disorder Systematic Review

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Introduction:

- Obsessive- Compulsive Disorder (OCD) is a neuropsychiatric illness affecting 2-3% of the United States population during their lifetime. It is a highly prevalent chronic disorder, often refractory to treatment, an understanding of the pathophysiology of OCD is crucial to optimize treatment. The most common comorbid diagnosis is major depressive disorder (MDD). In 2018, the US Food and Drug Administration cleared the treatment of resistant OCD with high frequency deep repetitive transcranial magnetic stimulation (dTMS) over the dorsomedial prefrontal and anterior cingulate cortices (DMPFC-ACC) with the H7 coil based on the efficacious results of a multi-center study. Compare to H7 coil, H1 coil which is approved for the treatment of resistant MDD, targets and stimulate the left prefrontal cortex more than the medial and right prefrontal cortices.
- Carmi L, Tendler A, Rodrigues da Silva D,

Objectives: To assess the effect of TMS in patients with refractory OCD
Methods: We conducted literature review search on treatment-specific for OCD on four databases, i.e google scholar, PubMed, PsycINFO and Mount Sinai's Levy Library.
Results: The meta-analysis combined the results of individual randomized controlled trials (RCTs) to evaluate the effectiveness of repetitive transcranial magnetic stimulations (rTMS) on obsessive-compulsive disorder (OCD). It showed that rTMS were moderately effective in reducing OCD symptom severity (studies indicated a medium-sized effect, Hedges' g = 0.59-0.65) and a threefold augmentation of treatment effects as compared with sham conditions. Studies also reported a marked heterogeneity in treatment response, which appeared to be particularly seen in patients with comorbid depression. Clinical improvement in depression was associated with greater reductions in OCD symptoms.
Certain rTMS protocols, including low-frequency stimulation (LF-rTMS) over the dorsolateral prefrontal cortex (DLPFC) and supplementary motor area (SMA), consistently showed more effects. Longer session durations and targeted stimulation of non-DLPFC regions, such as the orbitofrontal cortex and pre-SMA, were also associated with more positive outcomes.
But there are limitations - These studies were small, heterogeneous, and prone to publication bias, and few studies reported serious side effects, though some protocols especially those using high-frequency stimulation yielded higher rates of adverse effects.
Conclusions: To conclude, rTMS use as a new therapy for treatment-resistant OCD, particularly OCD comorbid with depression, is promising. However, due to study design inconsistencies and limited statistical power in individual trials, the quality of evidence is currently low. Studies using this approach need further improvement and more evidence to refine stimulation parameters better, increase our understanding of the underlying mechanisms, and confirm sustained efficacy.

Disclosure of Interest: None Declared

Eating Disorders

EPP427

Clinical correlates of plasma ghrelin and LEAP-2 concentrations in Eating Disorders and Obesity

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Introduction: Hormones such as ghrelin and the recent described human liver expressed antimicrobial peptide-2 (LEAP-2) play a pivotal role in regulating food intake and energy metabolism. In this

context, their aberrant functioning has been suggested as a mechanism underlying the pathophysiology of eating disorders (ED) and obesity. Considering the high comorbidity between binge spectrum disorders (BSD) and obesity, whether this dysfunction could be a potential shared neurobiological mechanism remained underexplored.
Objectives: To analyze plasma ghrelin and liver expressed antimicrobial peptide-2 (LEAP-2) concentrations in fasting among individuals with obesity (OB), with and without an eating disorder (ED), and compare them with a group of healthy controls (HC). Besides, to assess associations between these concentrations, psychopathological variables, and body mass index (BMI) in the clinical sample with OB.
Methods: The sample comprised 162 adult women (67 OB-ED, 35 OB+ED, and 62 HC). Peripheral blood samples, eating psychopathology, trait impulsivity, food addiction (FA), fat mass, and BMI were collected. The between-group comparisons were performed using analyses of covariance (ANCOVA), adjusting for age and fat mass, and the link between variables was evaluated through correlation and path analyses.
Results: Individuals with OB (with and without an ED) showed lower significant ghrelin concentrations than HC ($p<.001$). The OB +ED group reported significantly higher eating psychopathology, trait impulsivity, and FA than the OB-ED and HC groups. In the OB+ED group, LEAP-2 concentrations positively correlated with BMI, fat mass, novelty seeking, and FA scores. The path analysis showed that higher LEAP-2 levels and FA scores were linked to more severe eating psychopathology
Conclusions: The results suggest an interplay between biological and clinical factors that contribute to delineate vulnerability pathways in ED and OB, which could help fit more tailored therapeutic approaches.

Disclosure of Interest: None Declared

EPP429

Involuntary Treatment in Patients with Eating Disorders

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Introduction: Eating disorders, in particular Anorexia Nervosa (AN), are serious psychiatric disorders with a chronic course and high levels of disability and mortality. These disorders are characterized by a misrepresentation of body image and intense fear of putting on weight, leading to cognitive distortions related to food and weight control, as well as dysfunctional behaviors aimed at weight loss.
Objectives: The aims of this paper are to provide a summary of the current literature concerning involuntary treatment in patients with eating disorders and to assess whether there is a difference in terms of baseline characteristics and treatment outcomes between patients treated both voluntarily or involuntarily.
Methods: Relevant articles were identified by searching the following terms: "treatment refusal", "involuntary/compulsory/coercive/forced treatment/admission", "eating disorders", "anorexia nervosa", "bulimia nervosa". Research was restricted to articles concerning humans and published between 2014 and 2024 in English.
Results: The treatment of eating disorders consists in a combination of weight control/weight gain methods and psychotherapy, as well as the treatment of organic complications associated with starvation and low body weight.
Involuntary treatment is usually intended for patients having worse baseline conditions. Factors associated with increased involuntary treatment utilization were female sex, lower age, psychiatric comorbidities, more severe disease with lower weight at admission and a longer course.
Concerning short term outcomes, the involuntary treatment can be life saving and half of these patients accept the treatment in 2 weeks time. Studies show that the involuntary treatment did not have a significant negative impact in the doctor-patient therapeutic relation. In terms of long term outcomes, patients treated involuntarily had similar outcomes to those treated voluntarily, having better outcomes in some domains, including menstruation, number of admissions and functionality.
Conclusions: The denial of the illness and lack of insight in AN raise practical and ethical questions relating to the autonomy of the patient and the responsibility of the family and health care practitioners. The involuntary treatment of eating disorders is a complex area and further research including quantitative and qualitative studies is needed.

Disclosure of Interest: None Declared

Obsessive-Compulsive Disorder

EPP430

Subjective well-being in individuals with obsessive compulsive disorder: an exploratory study

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Introduction: Subjective well-being (SWB), defined as the way people think and feel about their lives, is often used to evaluate happiness. Separated into three components—positive affect, negative affect, and life satisfaction—SWB has been indirectly related to psychiatric symptoms and disorders. However, the relationship between SWB and obsessive-compulsive disorder (OCD) remains relatively unknown.
Objectives: To determine whether SWB components correlate with the clinical features of OCD.
Methods: This was a cross-sectional study evaluating 68 individuals with OCD. Sociodemographic data were collected, treatment histories were taken, and validated instruments were applied (Y-BOCS, Dimensional Y-BOCS, USP-Sensory Phenomena Scale, BDI-II, BAI, Positive and Negative Affect Schedule (PANAS), and Satisfaction with Life Scale (SWLS)).
Results: All three SWB components showed inverse correlations with the severity of depressive/anxiety symptoms and total OCD symptom scores. Life satisfaction and positive affect showed inverse

correlations with suicidality. Life satisfaction and negative affect showed inverse correlations with the hoarding and contamination/cleaning OCD dimensions, respectively. No SWB aspect correlated with any other OCD dimension.
Conclusions: Some OCD-specific factors appear to correlate with SWB. However, it seems that the effect size is greatest for depressive symptoms, which suggests that depression mediates the relationship between OCD and SWB. Studies with larger samples and control groups are needed to confirm our findings.

Disclosure of Interest: None Declared

EPP431

The application of Matching Law in exploring obsessive-compulsive behaviour: A case-control study

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Introduction: The rigid maintenance of an acquired response in participants with obsessive-compulsive (OC) traits has been widely reported in the literature (e.g., Hassoulas et al., 2014; 2017; 2024). As such, demonstrating flexibility in responding to concurrently presenting stimuli with differing rates of reinforcement has also been shown to be difficult for those diagnosed with OCD (e.g., Clayton et al,, 1999). Matching Law proposes a quantifiable description of behaviour when consequences to responding under two concurrently presented schedules of reinforcement differ. The application of a matching procedure, whereby participants exhibiting OC traits are presented with concurrent schedules of reinforcement, would highlight this difficulty in distinguishing between stimuli that provide different rates of reinforcement. That is, the competing sources of reinforcement would relate to the concurrent stimuli that individuals with OCD have been shown to have trouble attending to separately.
Objectives: Sensitivity to concurrent schedules has not been previously investigated in the context of OCD. As such, two experiments were designed to measure matching behaviour between groups of participants with and without OC traits.
Methods: A total of 60 participants (33 females, 27 male) were recruited to take part in the two studies. The Maudsley Obsessive-Compulsive Inventory (MOCI) was used to screen for the presence of OC traits. Concurrent variable intervals (VI) were presented over ten trials, with an aversive auditory stimulus serving as a punisher superimposed during every second trial. During the first experiment, VI 20-second schedules were concurrently presented with VI 40-second and VI 60-second schedules. The ratio between concurrent schedules was widened during the second experiment; with VI 20-second schedules presented alongside VI 100-second and VI 180-second schedules.
Results: A significant interaction of trial with OC traits was revealed when the punisher was presented in experiment 1, $F(4,68)=2.68$, $p < 0.05$, but not in experiment 2 ($p>0.05$). The findings suggest that the presence of an auditory punisher facilitates schedule-sensitive responding in participants with OC traits, but that schedule-sensitivity is lost when intervals between concurrent schedules are widened. Figures 1 and 2 display response ratios for both high and low scoring groups during experiments 1 and 2 respectively.
Image 1:

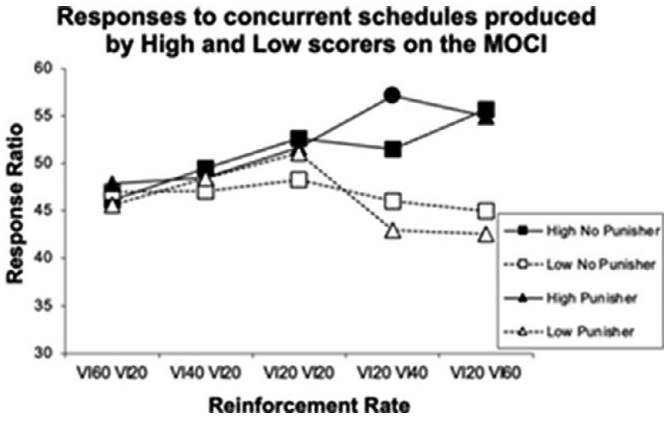
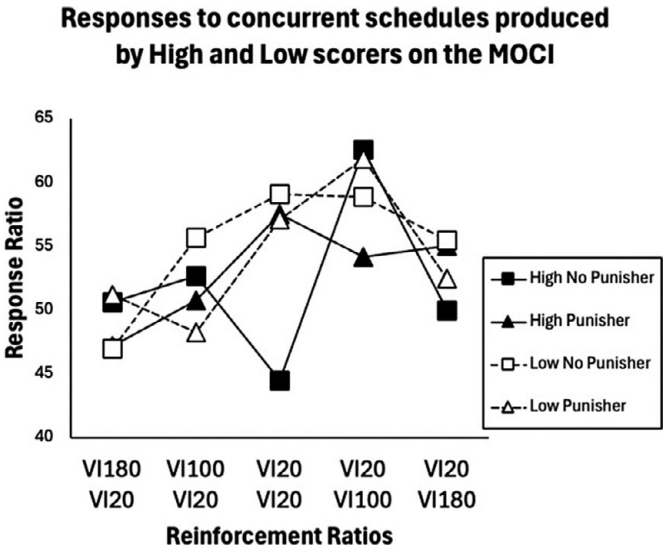


Image 2:



Conclusions: The widening of the schedule ratios in the second experiment disrupted sensitivity to the schedule contingencies for the OC group. Greater flexibility in responding within this group can therefore be facilitated by considering specific parameters and rates of reinforcement.

Disclosure of Interest: None Declared

EPP432

Obsessive-Compulsive Disorder Following Sydenham Chorea: A Case Report

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Introduction: Sydenham chorea (SC) is the most common form of autoimmune chorea and is one of the major clinical manifestations of acute rheumatic fever. Although related to group A streptococcal infection, its pathogenesis is not fully understood, and neither is its contribution to the development of Obsessive-Compulsive Disorder (OCD), with hypotheses like autoimmune mechanisms and neuroinflammation being probable. The prevalence of OCD in SC patients is higher than in the general population, with one study reporting obsessive-compulsive symptoms in 24% of SC patients (Moreira *et al.* Parkinsonism Relat Disord 2014;20(2):233-236). Psychiatric symptoms often fluctuate with motor symptoms, but their prognosis is poorly understood.
Objectives: To describe a case of a patient who developed OCD symptoms after SC.
Methods: We report a case of OCD that followed the development of chorea, and we perform a non-systematic review of the literature.
Results: A 34-year-old woman is referred to a Liaison Psychiatry consultation due to cognitive anxiety related to her non-psychiatric history. The patient, with no previous psychiatric history, has a personal history of rheumatic fever (9 years ago) and SC previously evaluated by Neurology consultation where brain magnetic resonance imaging and head computed tomography changes were ruled out, as well as the genetic panel for Huntington disease. No relevant family history. Medicated with sertraline 100mg daily, alprazolam 1mg three times a day, clopidogrel 75mg daily, propranolol 10mg three times a day and atorvastatin 10mg daily. Upon the evaluation, the patient referenced anxiety related to a programmed cardiac surgery and initial and intermediate insomnia. When questioned, the patient reported, after the development of chorea, obsessive ideas and verification rituals/compulsions. These symptoms are time-consuming and cause clinically significant distress and impairment in her work and social functioning. The patient was started on risperidone 0.5mg daily due to its high-potency dopamine D2 receptor blockage that could benefit the chorea and its proprieties in obsessive-compulsive disorder. Six months later, the patient presented an improvement in motor symptoms and a satisfactory Y-BOCS reduction response to the initiated plan.
Conclusions: This case underscores the unusual but significant association between SC and the development of obsessive-compulsive symptoms, contributing to the growing body of evidence that autoimmune processes may underlie neuropsychiatric manifestations such as OCD. The patient's favorable response to risperidone, a dopamine receptor antagonist, emphasizes the role of dopaminergic dysregulation in both SC and OCD. This case underscores the need for a multidisciplinary approach, including neurology and psychiatry, to manage SC's neuropsychiatric effects. Further research is needed to clarify how SC relates to OCD and to improve treatment strategies.

Disclosure of Interest: None Declared

Eating Disorders

EPP433

Orthorexia Nervosa, Eating Disorders, and OCD: A Literature Review and Diagnostic Challenges

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Introduction: Orthorexia Nervosa (ON) is characterized by an obsessive focus on healthy eating, leading to extreme restrictions and negative impacts on mental and social health. ON shares traits with eating disorders (EDs) and obsessive-compulsive disorder (OCD), but its diagnostic status remains unclear. Recent studies suggest ON may be linked to personality traits like perfectionism, common in both EDs and OCD (3,5). The COVID-19 pandemic has exacerbated these issues, stressing the need for better understanding of ON and its overlaps with other disorders (6).
Objectives: This study reviews literature from the past seven years to explore the connections between ON, EDs, and OCD. It examines ON as a possible distinct diagnosis, focusing on the role of personality traits like perfectionism and evaluates the clinical implications and treatment needs, considering cultural and contextual factors.
Methods: A systematic review was conducted using PubMed, PsycINFO, and Scopus, covering studies from 2017 to 2023. The studies included clinical and non-clinical samples, focusing on psychopathological features and personality traits linked to ON, EDs, and OCD (1-2). The review analyzed diagnostic criteria, prevalence, personality trait correlations, and the impact of contextual factors like the COVID-19 pandemic.
Results: ON has a complex relationship with EDs and OCD. In ED patients, especially those with anorexia nervosa (AN) and bulimia nervosa (BN), orthorexic behaviors were more prevalent, suggesting ON might be a subtype of EDs rather than a separate condition. ON scores in ED patients decreased after targeted treatment, supporting this connection (1). Personality studies showed that orthorexic individuals often display perfectionism, particularly concerns about mistakes and unrealistic standards. These traits are transdiagnostic, affecting ON, EDs, and OCD (2-3). ON was also linked to specific personality profiles, such as paranoid and narcissistic traits, which worsen symptoms and complicate treatment (2). ON symptoms were strongly correlated with anxiety, depression, and ED and OCD symptoms, indicating shared psychopathological mechanisms (5). The ego-syntonic nature of ON, where behaviors are seen as normal, may lead to underdiagnosis and reduced treatment-seeking (5). The COVID-19 pandemic further exacerbated orthorexic behaviors, highlighting the need for tailored clinical interventions for at-risk individuals (6).
Conclusions: ON should be viewed within the ED spectrum, with significant overlaps with OCD and influence from traits like perfectionism. Cultural and definitional differences complicate its classification as a distinct disorder. The COVID-19 pandemic has highlighted the clinical importance of ON and the need for effective prevention and treatment strategies. Future research should aim to develop standardized diagnostic criteria and explore personality traits to improve ON diagnosis and treatment.

Disclosure of Interest: None Declared

Schizophrenia and Other Psychotic Disorders

EPP434

Efficacy and Safety of Evenamide, a glutamate modulator: Results from a Phase 2/3, international, randomized, double-blind, placebo-controlled add-on trial

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Introduction: Treatment of schizophrenia remains a challenge despite the development of numerous antipsychotics (AP) (Pompili et al CNS NDDT 2017; 16 870-884). The various strategies to address patients' unmet needs, such as AP polypharmacy or switching AP, do not seem to provide adequate benefit. A reason for this may reside in the similarity of mechanisms of action of most APs. However, the monoaminergic systems targeted by these drugs are not always disrupted in schizophrenia, as it is widely accepted that patients who fail to respond to AP have glutamatergic, but not dopaminergic dysfunctions (Moghaddam et al NPP 2012; 37 4-15). Evenamide normalizes excessive glutamate release without affecting its basal levels, and it does not interact with >150 CNS targets. It has been shown to be effective in animal models of psychosis as monotherapy and add-on to AP. Previous trials indicate that evenamide benefits patients with schizophrenia with inadequate response and have shown clinically important benefits lasting up to 1-year in TRS (Anand et al IJNPP 2023; 26 523-528).
Objectives: Study 008A, a phase 2/3 international, randomized, double-blind, placebo-controlled, 4-week trial, assessed the efficacy and safety of evenamide 30 mg *bid* as add-on in patients poorly responding to an SGA.
Methods: Outpatients with a diagnosis of schizophrenia, still symptomatic (PANSS 70-85; CGI-S 4-6) despite treatment with an SGA at a therapeutic dose (confirmed through plasma levels) for an adequate period, were enrolled. Efficacy was assessed on the PANSS, CGI-S, and LOF through the comparison of changes from baseline to Day 29 between evenamide and placebo groups using a MMRM analysis. Moreover, the proportion of patients reaching a clinically important improvement on the PANSS and CGI-C were compared between groups using a logistic regression model (chi-square test). Safety measures comprised: TEAEs, vital signs, labs, ECG/EEG, seizure checklist, physical/neurological/eye examinations, C-SSRS, ESRS-A, CDSS.
Results: 291 patients were randomized in the study in 11 countries (EU, Asia and LATAM), and 280 completed the study. The low attrition rate (<4%), and proportion of patients with TEAEs (~25% in both groups) indicate that evenamide was well tolerated. A statistically significant greater improvement was found on the PANSS total score and on the CGI-S in the evenamide compared to the placebo group. Furthermore, a significantly higher proportion of patients treated with evenamide, compared to those receiving placebo, experienced clinically meaningful benefit measured on the PANSS (≥20% improvement) and CGI-C (at least much improved).
Conclusions: This is the first randomized, placebo-controlled trial to demonstrate the clinical benefit of adding a NCE modulating glutamate in patients with schizophrenia who did not experience adequate response from treatment with a SGA.

Disclosure of Interest: R. Anand Consultant of: AbbVie, Acadia, BiolineRx, Domain, Enkam, Erydel, Forest, Janssen, Hoffman La Roche, Lundbeck, Noema, Ono, Pfizer, UCB, Shire, Sigma-Tau, Takeda, Teva, A. Turolla Employee of: Newron Pharmaceuticals SpA, G. Chinellato Employee of: Newron Pharmaceuticals SpA, R. Giuliani Employee of: Newron Pharmaceuticals SpA, F. Sansi Employee of: Newron Pharmaceuticals SpA, R. Hartman Consultant of: Newron Pharmaceuticals SpA.

EPP435

Childhood maltreatment associated with elevated Herpes simplex virus 1 antibody concentrations in severe mental illness

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Introduction: Adverse childhood events have been associated with immune aberrations. Herpes simplex virus 1 (HSV1), a neurotropic pathogen, establishes persistent infection after primary exposure. Elevated HSV1 immunoglobulin (IgG) levels have been found in HSV1-infected patients with severe mental illness (SMI), which likely reflects immune dysregulation.
Objectives: We assessed childhood maltreatment and HSV1 IgG concentrations in adult patients with SMI and healthy controls. We hypothesized that maltreatment would be associated with elevated HSV1 IgG concentrations reflecting a failure in immune competence, and that such a putative association would be stronger in or even restricted to patients.
Methods: We included 448 adult patients with SMI (mean age=31 years, 48% women, 46% HSV1 seropositive), i.e., 259 patients with schizophrenia spectrum and 189 patients with bipolar disorders, and 271 adult healthy controls (mean age=32, 41% women, 46% HSV1 seropositive). We assessed childhood maltreatment with the Childhood Trauma Questionnaire (CTQ), a 28-item retrospective self-report scale. We evaluated circulatory HSV1 IgG concentrations, expressed as continuous and dichotomous measures. In our main analyses, we applied sex- and age-adjusted multiple regressions on HSV1 IgG concentrations.
Results: In patients with SMI ($p=0.002$) but not in healthy controls ($p=0.203$), CTQ total score was associated with HSV1 IgG seropositivity. Among seropositive patients ($p<0.001$) but not healthy controls ($p=0.957$), CTQ total score was associated with increased HSV1 IgG concentrations. Post-hoc analysis among seropositive patients showed that the five subscale scores for physical ($p=0.002$), sexual ($p=0.019$) and emotional abuse ($p=0.002$), and physical

(p=0.012) and emotional neglect (p=0.016) were all associated with increased HSV1 IgG concentrations.
Conclusions: Among patients with SMI, childhood maltreatment is associated with an increased risk of HSV1 infection. Further, among HSV1-infected patients, maltreatment is associated with elevated HSV1 antibody concentrations which may reflect a link between childhood adverse experiences and an immune system dysregulation.

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EPP436

Am I sentenced to life-long use of antipsychotics? A qualitative analysis of Q&A data about stopping antipsychotics from the perspective of users and their relatives

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Introduction: The majority of antipsychotic users at some point want to stop their antipsychotic medication and many do so without consulting their attending physician. So-called non-adherence to antipsychotics has been estimated to be as high as 60% and it has been identified as the most important predictor for relapse, resulting in a four times higher risk of relapse. When asking antipsychotic users, different reasons for wanting to stop are mentioned. These reasons include severe side effects, reduced functioning, experiencing no benefits and long-term physical health concerns. From the perspective of patients, wanting to stop can be considered an understandable and rational reaction given the burdens that antipsychotic use often imposes. Given the current uncertainties surrounding stopping antipsychotics, and given the patients' wish to be involved in treatment decisions and a move away from a paternalistic mental health care model, several shared decision initiatives have been formed to involve patients more in the decisions about stopping or reducing the dose of their antipsychotic. In order to support shared decision-making, insight is needed in which questions antipsychotic users have.
Objectives: The current study aims to gain insight in which questions antipsychotic users and their relatives have, and which factors influence stopping or reducing the dose of antipsychotics, by qualitatively analysing questions posted on an online expert Q&A.
Methods: Data were used from a Dutch existing publicly available anonymous expert Q&A. Questions about stopping or reducing the dose of antipsychotics were analysed using an inductive thematic approach. Questions antipsychotic users and their relatives had about this topic and factors that influences the process were identified.
Results: In total 194 out of 3000 screened questions were about stopping or reducing antipsychotic dose. The most common question was whether it was sensible to stop or reduce the dose. Questions focused on how fast to reduce the dose, what their minimum dose should be and where they could find support. Those that were phasing out their antipsychotic asked when withdrawal symptoms or side effects would subside. Motivations to stop were side effects, difficulties in assuming a normal life and social roles and experiencing no benefits. Barriers were lack of support and return of symptoms. Facilitators were support from others and experiencing a relief from side effects and/or symptoms. Finally, questions were asked about activities that might support discontinuation.
Conclusions: Antipsychotic users continue to be left with many questions about stopping or reducing the dose of antipsychotics. These questions reveal attitudes, preferences and concerns regarding antipsychotic treatment that are important to address when discussing antipsychotic treatment.

Disclosure of Interest: None Declared

EPP437

Effectiveness of a community-based, multicomponent and case managed treatment for patients with severe schizophrenia

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Introduction: Case management is a model of community intervention in people with severe mental illness.
Objectives: To explore the treatment adherence and effectiveness of patients with severe schizophrenia undergoing treatment in a community-based, case management program (CMP) with an integrated pharmacological and psychosocial approach compared to the standard treatment.
Methods: An observational, longitudinal study was conducted with a ten-year follow-up of patients with severe schizophrenia (CGI-S ≥ 5) treated in mental health units (MHUs) or on a CMP (N = 688). All causes of treatment discontinuation, psychiatric hospital admissions, suicide attempts, and antipsychotic (AP) medications were recorded. Clinical severity was assessed with the CGI-S.
Results: Adherence to the CMP was higher than to the standard treatment ($p < 0.001$). There were fewer hospital admissions and suicide attempts on the CMP than in standard care ($p < 0.001$). Clinical severity decreased more in the CMP than in MHUs ($p < 0.005$). Long-acting injectable (LAI) AP medication was more closely related to these outcomes than oral APs ($p < 0.001$) in both settings, but especially on the CMP.

Treatment clinical outcomes after 10-year follow-up

N = 688	Mental Health Units (N = 344)	Case Management Program (N = 344)	χ^2; P value
Treatment discontinuation (N (%))	150 (43.6)	42 (12.1)	26.16; < 0.0001
CGI-S (Av (SD))	3.9 (1.1)	3.1 (0.9)	7.63; < 0.005
Hospitalization (N (%))	160 (46.5)	60 (17.4)	10.54; < 0.0001
Hospitalization (Av (SD))	3.2 (3.4)	0.9 (0.3)	13.23; < 0.0001
Involuntary hospital. (N (%))	34 (9.9)	5 (1.4)	28.01; < 0.0001
Involuntary hospital. (Av (SD))	0.5 (0.3)	0.01 (0.2)	21.31; < 0.0001
Suicide attempt (N (%))	85 (24.7)	20 (5.8)	10.54; < 0.0001
Num. suicide attempts (Av (SD))	0.3 (0.1)	0.07 (0.02)	11.32; < 0.0001

N: number of patients %: percentage of patients Av: average SD: standard deviation
: basal (at beginning of program) **: standard treatment *: Program treatment*

Conclusions: The treatment of patients with severe schizophrenia in a multicomponent, case-managed program recorded higher compliance and effectiveness compared to standard care. Treatment with LAI antipsychotics was linked to these outcomes. A combination of case management, psychosocial approach, and LAI AP medication contributed more to the achievement of clinical goals in these patients than the standard treatment and oral APs.

Disclosure of Interest: None Declared

EPP438

Reconsidering evidence for psychedelic-induced psychosis: An overview of reviews, a systematic review, and meta-analysis of human studies

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Introduction: Persons with schizophrenia are currently excluded from psychedelic-assisted therapy due to concerns about psychedelic-induced acute or persistent psychotic symptoms. However, meta-analytic evidence of the precise risk for psychedelic-induced de novo and exacerbation of psychosis in people with pre-existing psychotic disorders is lacking.
Objectives: We conducted an overview of reviews, systematic review, and meta-analysis to examine the incidence of psychedelic-induced psychosis and the exacerbation of psychotic symptoms in schizophrenia.
Methods: Our pre-registered protocol (CRD42023399591) covered: LSD, psilocybin, mescaline, DMT, and MDMA. Embase, PubMed, PsyARTICLES, PsyINFO, and trial registries were searched from inception until 11/2023.
Results: The incidence of psychedelic-induced psychosis was computed using a random-effects model, and standardized assessments of study quality was performed. We retained 131 publications: 14 systematic reviews, 20 reviews, 35 randomized-controlled trials (RCTs), 10 case-control studies, 30 uncontrolled trials (UCT), and 22 cohort studies with overall low study quality. The meta-analysis included nine studies. Incidence of psychedelic-induced psychosis was 0.002% (95%CI 0-0.006, I^2=0%, N=123,800; n=2) in population studies; 0.2% (95%CI 0.1-0.3, I^2=0%, N=6,535; n=6) in UCT, and 0.6% (95%CI 0.2-1.8, I^2=0%, N=563; n=3) in RCTs excluding individuals with a history of psychotic symptoms. In UCT including patients with schizophrenia, 3.8% (95%CI 1.6-8.9, I^2=0%, N=133; n=2) developed long-lasting psychotic symptoms. In cohort studies, 13.1% (95%CI 9.4-17.9, I^2=24%, N=353; n=3) of those with psychedelic-induced psychosis developed schizophrenia. Sensitivity analyses confirmed the main findings. The incidence for psychedelic-induced psychosis is low but slightly higher in studies including patients with schizophrenia. The risk of transition to schizophrenia after psychedelic-induced psychosis is considerable.
Conclusions: In summary, the reviewed evidence suggests that schizophrenia might not be a definite exclusion criterion for clinical trials exploring safety and efficacy of psychedelics for treatment-resistant depression and negative symptoms. However, given the low quality and limited number of studies, more high-quality research is needed, and a conservative approach is recommended until further data is available.

Disclosure of Interest: None Declared

EPP439

Do Patients with Psychosis See Their Symptoms the Same Way Clinicians Do?

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Introduction: Psychosis includes positive (e.g., hallucinations) and negative symptoms (e.g., anhedonia), with tools like the PANSS traditionally used for evaluation. Although clinician-administered scales are considered the gold standard, patient self-reports provide critical insights into subjective experiences.
Objectives: This study explores the discrepancies between patient-reported and clinician-assessed symptoms, aiming to improve psychosis diagnosis and treatment.
Methods: Part of the BSNIP project, this study analyzed data from 159 participants (primarily male, average age 34.33) at the Boston site. Diagnoses were based on SCID, with most participants having schizophrenia, schizoaffective disorder, or bipolar disorder with psychotic features. The DSM-5 Level 1 Cross-Cutting Symptom Measure assessed psychiatric domains, including depression, anxiety, suicidal ideation, and psychosis, and was compared with clinician-reported assessments of the same symptoms.

Results: Clinicians generally reported higher anxiety levels than patients with SZ (Z = -2.462, p = 0.014), while no significant differences were observed for the bipolar disorder (BP) and schizoaffective disorder (SAD) groups. Regarding suicidal ideation, patients typically reported higher levels than clinicians, particularly in the SZ group (Z = -3.507, p < 0.001) and the SAD group (Z = -2.007, p = 0.045). Similarly, patients in the BP (Z = -2.822, p = 0.005) and SAD (Z = -2.145, p = 0.032) groups reported more hallucinations compared to clinician assessments, while clinicians reported higher levels of hallucinations in the SZ group (Z = -3.451, p = 0.001). In terms of delusions, clinicians generally reported higher levels than patients in the SZ group (Z = -2.925, p = 0.003). Additionally, neither insight (PANSS_G12) nor cognitive function (BACS Composite) significantly impacted the discrepancies between patient and clinician reports of suicidal ideation, hallucinations, or delusions.
Conclusions: The study highlights significant discrepancies in the reporting of anxiety, suicidal ideation, hallucinations, and delusions, especially in schizophrenia, where patients tend to underreport anxiety and psychotic symptoms but report higher suicidal ideation. Our findings point to the value of obtaining both patient and clinician assessments when evaluating psychosis.

Disclosure of Interest: None Declared

EPP440

Neurological Soft Signs and Thyroid Hormones in Schizophrenia

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Introduction: Neurological soft signs (NSS) are subtle sensory and motor deficits linked to neurodevelopmental disorders, schizophrenia, and thyroid disorders (TH). TH are essential for neurodevelopment and the modulation of the proinflammatory response. Indeed, a growing body of evidence suggests that thyroid function is altered in individuals with schizophrenia spectrum disorders (SSD).
Objectives: We aimed to evaluate the relationship between TH, NSS, and psychopathology in individuals with schizophrenia.
Methods: Opportunistic recruitment took place at the 3rd Department of Psychiatry at AHEPA University General Hospital of Thessaloniki, Greece. Inclusion criteria were an SDD diagnosis and age above 18 or below 65 years. Patients were excluded if they had a history of neurological or other somatic disorder, a history of substance abuse, an IQ estimate <70, and if they were pregnant, or on treatment with glucocorticoids and/or thyroxin. Clinical symptomatology was assessed using the Positive and Negative Syndrome Scale (PANSS), and NSS were assessed using the Neurological Evaluation Scale (NES; Greek version). Blood samples were drawn after an overnight fast to measure serum levels of TSH, fT4, and fT3. We used the t-test to compare differences between sex and the Pearson correlation to test for correlations between PANSS scores, NES scores, and TH (R statistical software version 4.3.2).
Results: A total of 73 patients (31 female) with SSD were included [mean age 41.2 (SD 11.6) years]. TSH and fT4 levels were significantly higher in females, p<0.0005 and p=0.020, respectively. fT3, but not fT4 or TSH, was negatively correlated with age (r=-0.479, p<0.001). A negative correlation between NES total score and fT4 (r=-0.416, p=0.014) was only found in males. Serum fT3 levels exhibited no significant correlation with NES scores but the PANSS negative subscore was negatively associated with fT3 (r=-0.471, p<0.001).
Conclusions: Our study suggests that TSH and fT4 abnormalities are more prevalent in females with SSDs. Moreover, it appears that with increasing age, the likelihood of hypothyroidism increases. Interestingly, in individuals with SSDs, lower fT4 levels predicted NSS severity but only in males, and lower fT3 levels predicted an increase in negative symptoms. Hypothyroidism has been reported to cause damage to the central nervous system and has been associated with increased apoptosis and altered expression of cerebellar neurons leading to impairment in motor function. In this sense, restoring fT3 and fT4 levels might have a positive effect on negative symptoms and NSS severity (in males), respectively. However, antipsychotic medication may affect TH levels in SSDs. Thus, future studies should examine a larger sample of drug-naïve individuals with SSDs, followed-up longitudinally in time to infer causality.

Disclosure of Interest: None Declared

EPP441

Functional Outcomes Over 5 Years in First-Episode Schizophrenia Patients: Key Insights from a Longitudinal Cohort Study in Turkey

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Introduction: First-episode schizophrenia (FES) is a critical period where early intervention can influence long-term outcomes. Tracking functional changes and finding their correlates are essential for understanding the disease process.
Objectives: This study aims to evaluate the progression of functional outcomes over a five-year follow-up in FES patients and to examine the clinical correlates of functioning in the fifth year.
Methods: This cohort study included 197 FES patients admitted to the Istanbul Faculty of Medicine Department of Psychiatry Psychotic Disorders Research Program. Global Assessment of Functioning (GAF), Brief Psychiatric Rating Scale(BPRS), and Scale for the Assessment of Negative Symptoms(SANS) scores were recorded, and a comprehensive neuropsychological battery was applied at baseline. FES patients were evaluated regularly with the same clinical scales and GAF scores. The baseline clinical and cognitive parameters and clinical parameters at 1st, 2nd and 5th years were compared with GAF scores over the years. A repeated measures ANOVA was conducted to examine the effect of time on GAF scores over a 5-year follow-up, as well as the effects of gender and education. SPSSv29 was used to conduct all statistical analyses, and significance levels were set at p<0.05.
Results: Seventy-seven FES patients had a follow-up duration of at least five years. Of these, 36.4% (n=28) were female, and the mean

age was 22.18±6.09 years. The mean follow-up duration was 133.09 ±56.94 months. The mean GAF scores were 51.44±12.71 at baseline, 60.00±9.48 at the end of the first year, 62.14±9.04 at the end of the second year, and 62.89±8.34 at the end of the fifth year. There was a significant effect of time on GAF scores, $F(2.56, 182.8) = 26.43$, $p < 0.001$, partial $\eta^2 = 0.29$, with scores improving significantly from baseline to year 1 ($p<0.001$), and further improving by year 5 ($p=0.034$). There was also a significant effect of time*gender interaction on GAF scores, $F(2.56,40.9) = 6.17$, $p=0.001$, although there is no direct effect of gender ($p=0.740$). No direct effect of education or time*education interaction was found (p values >0.05). Additionally, baseline RAVLT-5 (r=0.725; p0.001), Stroop Time difference (r=-0.718; p0.001), WCST correct answers (r=0.644; r=0.003), category completed (r=0.630; p=0.004), and SANS scores (r=-0.427; p=0.42) significantly correlated with GAF in the 5th year. Among the CTQ subscores, physical abuse was significantly correlated with GAF in the 5th year (r=-0.415; p=0.009).

Image 1:

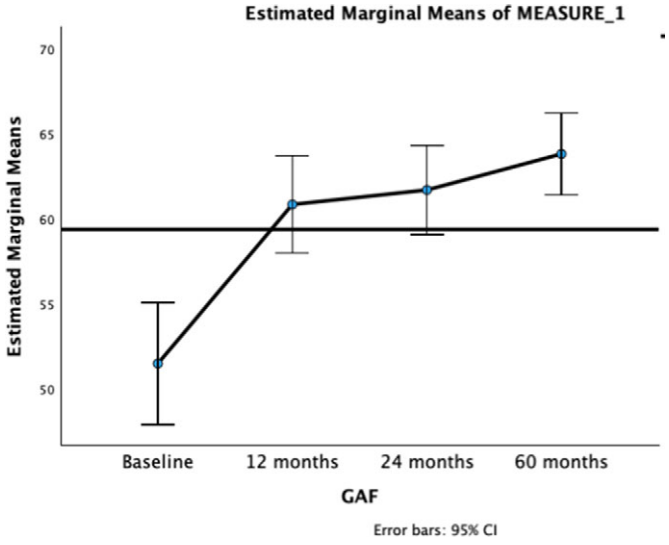
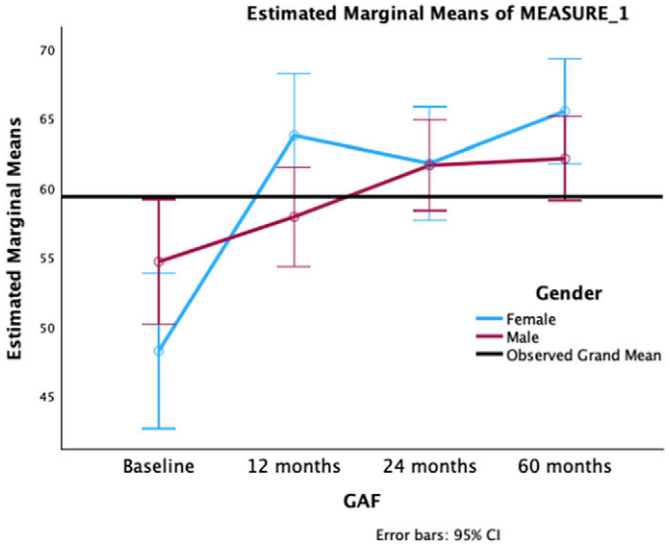


Image 2:



Conclusions: GAF scores improved significantly over the 5-year follow-up in FES patients, with notable improvements occurring in the first year. Baseline cognitive performance, negative symptoms, and childhood trauma were found to be significant correlates of functioning, highlighting potential targets for early intervention.

Disclosure of Interest: None Declared

EPP442

Voices in patients with schizophrenia talk in short, simple sentences

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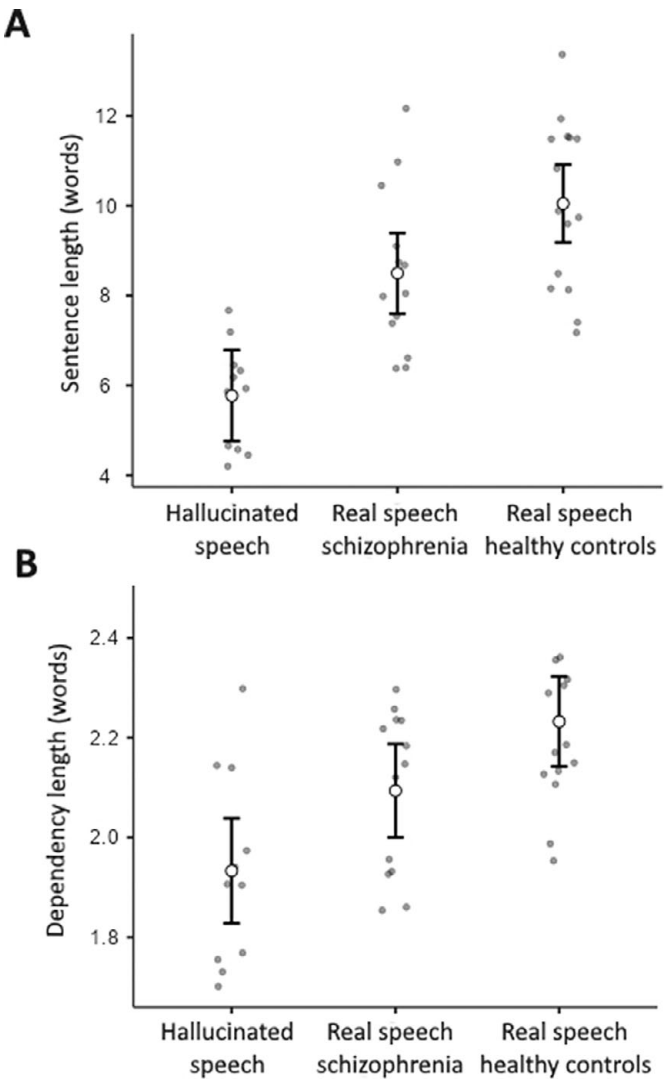
Introduction: Auditory verbal hallucinations (AVH) are prevalent in schizophrenia and are often distressing. However, relatively little is known about their linguistic structure, although a number of authors have commented that they tend take the form of short, syntactically simple sentences (Tovar *et al* Schizophr Res 2019; 206 111-117; Corona-Hernández *et al* Schizophr Res 2022; 241 210-217). It has been suggested that these features may be related to the high frequency with which AVH feature insults and commands (which are normally short and simple).

Objectives: We aimed to quantify sentence length and complexity of AVH in schizophrenia patients, and to examine how far length reductions were attributable to presence of insults and commands. We also examined the same variables in real speech from patients with schizophrenia and healthy controls.

Methods: We transcribed verbatim AVH from 11 patients with very frequent AVH following a previously used protocol (Fuentes-Claramonte *et al* Sci Rep 2021; 23 18890). Mean sentence length and mean dependency distance (a measure of syntactic complexity) were calculated using the *udpipe* package in R. Insults and commands were also coded. For comparison, (real) speech samples were collected and transcribed from patients with schizophrenia (N=14) and healthy controls (N=15). All groups were matched for age, sex and estimated premorbid IQ.

Results: We found that AVH sentences were on average significantly shorter ($t_{(37)}= -6.51$, $p < 0.001$; see Fig. 1A) and syntactically simpler ($t_{(37)}= -4.37$, $p < 0.001$; see Fig. 1B) than in the (real) speech of healthy controls. AVH sentences were also shorter (Fig. 1A) and simpler (Fig. 1B) than the speech of schizophrenia patients, although the latter comparison only approached significance ($t_{(37)}= -4.09$, $p < 0.001$ and $t_{(37)}= -2.31$, $p = .08$, respectively). After insults and commands were removed from the analysis, AVH sentences were still shorter ($t_{(37)}= -6.09$, $p < 0.001$) and simpler ($t_{(37)}= -3.89$, $p < 0.001$) than those in the speech of controls, and shorter ($t_{(37)}= -3.68$, $p < 0.01$) than those in the speech of patients, but not simpler ($t_{(37)}= -1.86$, $p = 0.213$).

Image 1:



Conclusions: From our data AVH mainly (though not exclusively) take the form of short and simple sentences. These features are not explained by presence of insults and commands.

Disclosure of Interest: None Declared

EPP443

Clozapine: prescribing practices in French psychiatric hospitals, multicenter survey on a given day

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Introduction: Efficacy of clozapine has now been proven for all symptoms of resistant schizophrenia. Yet it remains underused in view of the prevalence of drug resistance and unevenly prescribed worldwide despite a general trend towards increasing prescribing (Bachmann et al. Acta Psychiatr Scand 2017; 1-15). Data on hospital clozapine prescribing in France are older and single-center (Mercier et al. L'Encéphale 2009; 35, 321-329). Collaboration between a national multi-professional network (pharmacist, general practitioner, psychiatrist) working in various public or private mental health establishments (the PIC network) and a regional psychiatric research federation (FERREPSY Occitanie) has enabled a broad and up-to-date study of practices.

Objectives: To assess the prevalence of clozapine prescribing among patients hospitalised in full-time psychiatry on a given day. To assess the prevalence of clozapine prescribing in inpatients with a diagnosis of non-organic psychotic disorder (ICD 10: F20-F29). To study the characteristics of patients treated, prescribing methods and clinical monitoring.

Methods: A cross-sectional observational study was carried out in December 2023 with teams from establishments belonging to the PIC and/or FERREPSY network who had volunteered.

Results: 30 centers took part in the study, with a total of 795 patients included. The average age was 44.1 years (66% men and 34% women). 14.05% of hospitalised patients were receiving clozapine treatment on the day of the survey. 25.07% of patients with a diagnosis of non-organic psychotic disorder were receiving clozapine treatment. 26.83% of clozapine prescriptions were off-label, mainly for patients with mood disorders. 91.94% of patients had had their blood pressure measured in the quarter preceding the survey, and 91.82% had been weighed. Conversely, only 31.94% had their umbilical circumference measured.

Conclusions: This study found that the prevalence of prescribing among patients with non-organic psychotic disorders in the hospital was higher than expected, according to European data on clozapine prescription Further data on outpatient use are still required.

Disclosure of Interest: None Declared

EPP444

Sex-related differences in long-term tolerability of Risperidone ISM treatment in adult patients with schizophrenia

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Introduction: Sex-related differences in antipsychotic treatment exist with some specific differences having been reported with risperidone use. Women may respond better to antipsychotics than men, but also experience more side effects. In a randomised

controlled trial of 1460 participants, a significantly higher proportion of female than male study participants treated with risperidone reported greater rates of gynecomastia/galactorrhoea and incontinence/nocturia. There is a call to consider sex differences in mental health research [Galbally et al. CNS Drugs 2024; 38(7):559-570]. Risperidone ISM (Risp-ISM) is a monthly long-acting injectable (LAI) formulation of risperidone, recently authorised in Europe, USA and some other countries.

Objectives: To investigate the sex-related differences in the safety of Risp-ISM in patients with schizophrenia during the PRISMA-3 study.

Methods: A post-hoc analysis was performed on the PRISMA-3, 12-month open-label extension (OLE) study (NCT03870880) data [Filts et al. Schizophr Res. 2022; 239:83-91 [published correction in Schizophr Res. 2022; 246:258-259]].

Results: 215 patients received at least one dose of Risp-ISM. 84 (39%) were female. 66 (78.57%) females and 100 (76.33%) males experienced a treatment-emergent adverse event (TEAE). A lesser proportion of treatment-related (TR) TEAEs were experienced by females (F:45%; M:55%).

Overall, the most frequently reported (in ≥2% cases) TR-TEAEs are shown in Figure 1 and those leading discontinuation in Table 1. No cases of incontinence/nocturia were reported in either sex.

Image 1:

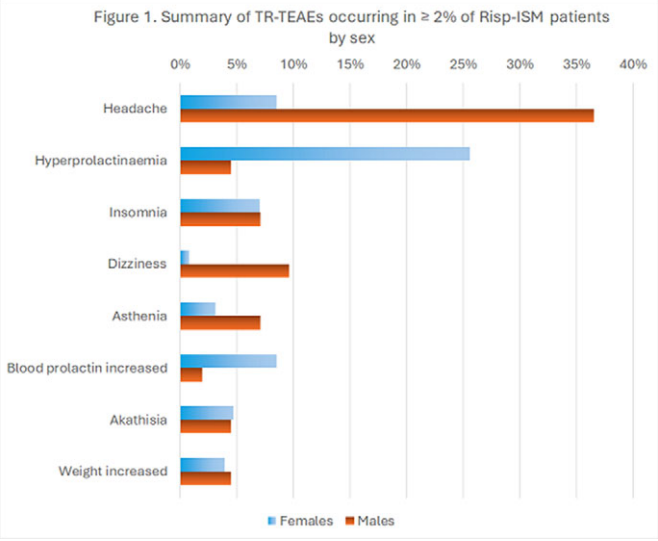


Image 2:

Table 1. Summary of treatment-related TEAEs leading to study drug discontinuation and their overall incidence by sex.

	Females		Males	
	Overall incidence n (%)	Incidence leading to discontinuation n (%)	Overall incidence n (%)	Incidence leading to discontinuation n (%)
Akathisia	6 (4.65)	0 (0)	7 (4.49)	1 (0.64)
Diabetes mellitus	1 (0.78)	1 (0.78)	0 (0)	0 (0)
Extrapyramidal disorder	4 (3.1)	1 (0.78)	0 (0)	0 (0)
Gynaecomastia	0 (0)	0 (0)	1 (0.64)	1 (0.64)
Hepatic steatosis	1 (0.78)[a]	1 (0.78)	0 (0)	0 (0)
Hepatocellular injury	1 (0.78)[a]	1 (0.78)	0 (0)	0 (0)
Libido decreased	1 (0.78)	0 (0)	2 (1.28)	1 (0.64)
Weight increased	5 (3.88)	1 (0.78)	7 (4.49)	0 (0)

[a] Both TR-TEAEs occurred in the same participant

Conclusions: Relating to the use of Risp-ISM, a lesser proportion of TR-TEAEs were experienced by females than males (45% vs 55%). Male participants were more likely to report dizziness and headache. Females were more likely to report raised blood prolactin and hyperprolactinaemia. This is in line with the findings in a large study which reported a significantly greater increase in prolactin levels among female participants [Galbally et al. CNS Drugs 2024; 38(7):559-570]. Very few participants discontinued Risp-ISM following a TR-TEAE (7/215 [3.3%]) during this 12-month extension phase [Filts et al. Schizophr Res. 2022; 239:83-91. [published correction in Schizophr Res. 2022; 246:258-259]].

Disclosure of Interest: J. Martínez González Employee of: Laboratorios Farmaceuticos ROVI S.A., C. Sherifi Employee of: ROVI Biotech Ltd. , L. Anta Carabias Employee of: Laboratorios Farmaceuticos ROVI S.A., M. Almendros Gimenez Employee of: Laboratorios Farmaceuticos ROVI S.A., C. Salazar García Employee of: Laboratorios Farmaceuticos ROVI S.A., C. Correll Shareolder of: Cardio Diagnostics, Kuleon Biosciences, LB Pharma, Mindpax, and Quantic., Grant / Research support from: Janssen and Takeda., Consultant of: AbbVie, Acadia, Alkermes, Allergan, Angelini, Aristo, Biogen, Boehringer-Ingelheim, Cardio Diagnostics, Cerevel, CNX Therapeutics, Compass Pathways, Darnitsa, Denovo, Gedeon Richter, Hikma, Holmusk, IntraCellular Therapies, Jamjoom Pharma, Janssen/J&J, Karuna, LB Pharma, Lundbeck, MedAvante-ProPhase, MedInCell, Merck, Mindpax, Mitsubishi Tanabe Pharma, Mylan, Neurocrine, Neurelis, Newron, Noven, Novo Nordisk, Otsuka, Pharmabrain, PPD Biotech, Recordati, Relmada, Reviva, Rovi, Sage, Seqirus, SK Life Science, Sumitomo Pharma America, Sunovion, Sun Pharma, Supernus, Takeda, Teva, Tolmar, Vertex, and Viatris.

EPP445

Copenhagen prodromal study III : Long term stability of self-disorders

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Introduction: Detailed knowledge on prognostic predictors and illness trajectories of many mental disorders, especially schizophrenia spectrum disorders, is needed towards implementation of more personalized treatment.

A potential candidate to predict prognosis and illness trajectories is self-disorders. Self-disorders are non-psychotic symptoms that seem to be present years prior to illness onset and to persist after remission from psychotic episodes. Self-disorders describe a fundamental disturbance of consciousness and can be assessed with the *Examination of Anomalous Self-Experiences* (EASE) scale.

We know from previous studies that self-disorders are non-psychotic symptoms central to schizophrenia spectrum disorders.

Objectives: The purpose of this study is to examine if self-disorders are related to clinical and functional outcome as well as illness trajectories and life courses.

We will test if high levels of self-disorders at baseline predict worse outcome in terms of psychopathology, social function, recovery, more malign illness trajectories and life courses for the individual patient.

Additionally, we will examine if self-disorders remain stable over a period of 25 years.
Methods: This ongoing study is a 25-year follow-up study of a cohort of 151 first-admission patients, comprising 51 patients with schizophrenia, 50 patients with schizotypal disorder, and 50 patients with other mental disorders (including bipolar disorder, major depression, anxiety, and personality disorder).
This cohort is the oldest and largest sample in the world that has been assessed for self-disorders. By combining psychosocial and psychopathological history as well as psycho-diagnostic assessments and tests at follow-up examination, with information from the Danish registers, we will obtain as complete a picture as possible of the patients and their illness trajectories and life courses. This will not only be at the point in time of the follow-up, but throughout the last 25 years and gain further knowledge about self-disorders over time. For assessments of psychopathology we will use semi-structured interview using EASE as well using OPCRIT, PANSS, GAF-S and parts of the Bonn Scale for psycho-diagnostic. Social functioning will be measured using the Personal and Social Performance scale (PSP) and GAF-F.
Results: Ongoing study, results are pending.
Conclusions: Ongoing study.

Disclosure of Interest: None Declared

EPP446

Autoimmune Encephalitis - a diagnosis not to be overlooked in cases of psychosis

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Introduction: Autoimmune encephalitis (AE) is a neuroinflammatory condition that often presents with psychiatric symptoms, such as psychosis, mood disturbances, and cognitive impairment, mimicking psychiatric disorders like schizophrenia or bipolar disorder. These symptoms frequently appear before neurological signs, complicating diagnosis and delaying treatment. Early recognition of this condition is fundamental to improve patients outcomes.
Objectives: This review examines the psychiatric manifestations of AE, highlights challenges in differentiating AE from primary psychiatric disorders, and emphasizes the importance of interdisciplinary collaboration.
Methods: A nonsystematic review of literature focusing on the psychiatric presentation of AE.
Results: AE often presents with psychiatric symptoms like hallucinations, delusions, agitation, and mood disturbances, frequently leading to misdiagnoses such as schizophrenia or bipolar disorder. In particular, anti-NMDA receptor encephalitis is associated with severe psychiatric manifestations like psychosis. Diagnosis is based on recognizing the rapid progression of psychiatric symptoms, along with seizures or other neurological signs, and confirming the autoimmune cause through specific autoantibody tests. Early treatment is essential to reverse these psychiatric symptoms. However, delayed diagnosis can result in persistent cognitive and psychiatric difficulties even after treatment. Diagnosing the psychiatric manifestations of AE is challenging due to their overlap with primary psychiatric disorders. However, the rapid onset and progression of symptoms, combined with neurological signs, should prompt clinicians to consider an autoimmune origin. Autoantibodies, particularly those against NMDA receptors, disrupt neurotransmitter systems, explaining the psychiatric features of AE. While psychotropic medications may provide temporary symptom relief, they do not target the underlying immune dysfunction. Timely immunotherapy significantly improves outcomes, and multidisciplinary collaboration between psychiatrists and neurologists is crucial for comprehensive patient care.
Conclusions: AE should be considered in cases of acute psychosis, mood disturbances, or cognitive impairment. Early diagnosis and treatment are key to preventing long-term psychiatric and neurological issues. Greater awareness of AE's psychiatric presentations aids in distinguishing it from primary psychiatric disorders and facilitates timely treatment. Further research is needed to explore the neuroimmune mechanisms behind AE and optimize treatment. Collaborative efforts between psychiatry and neurology are essential for successful patient outcomes.

Disclosure of Interest: None Declared

EPP448

A novel self-report instrument (APPA) to measure psychotic symptoms – development and content validity

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Introduction: Various interviews are available to measure psychotic symptoms, including e.g. the Positive And Negative Syndrome Scale (PANSS) when a psychotic disorder is suspected or the Comprehensive Assessment of At Risk Mental States (CAARMS) when there is a suspicion of an increased risk of developing a first psychosis. Conducting these interviews is time-consuming (60-90 minutes) for both patient and professional, and requires a trained interviewer. To our knowledge, no self-report questionnaire is available to measure the degree of psychotic symptoms, while such an instrument is desirable to measure e.g. treatment effects.
Objectives: The aim of the current research: 1. to use gold standard interviews that measure psychosis spectrum problems to develop a self-report questionnaire based on DSM-V, and 2. to examine the content validity of the newly developed instrument.
Methods: Based on the instruments PANSS, CAARMS and SCID-S (Structured Clinical Interview for DSM disorders) the first version of the Asser Psychotische Klachtenlijst (Asser Psychotic Phenomenology Assessment; APPA) was constructed. The APPA assesses symptoms over a three-month time period. To assess content validity, interviews took place with the target population and MH care professionals, followed by alterations based on the results.
Results: Interviews were held with six patients (women: 2; age range: 19-52) with a psychotic disorder, within the first five years after diagnosis. Patients were positive about the questionnaire, thought it was comprehensible and gave a good reflection of their

psychotic problems. Furthermore, they thought the APPA had clear instructions and a good scaling (5-point-Likertscale). Two out of the 36 questions were considered more difficult to comprehend. Eight MH care professionals (one nurse, one nurse practitioner, two psychiatrists, and four psychologists) were interviewed about the APPA. They considered the instrument to be clear and complete with regard to psychotic symptoms, with clear instructions and good scaling. In their opinion two questions were vague, 14 questions contained ambiguous words and five questions were formulated in a complicated way. Based on the findings of the target population and professionals, several questions were adjusted, or reformulated into multiple questions, resulting in a 41-item questionnaire on a 5-point-Likertscale.

Conclusions: The APPA was found to be a comprehensible, clear instrument, giving a good reflection of psychotic problems according to the target population and professionals. The content validity of the APPA was found to be good. As a next step we are collecting data within the target population to establish reliability, this will be followed by a study measuring other psychometric properties, in which the APPA will also be compared to gold standard instruments. The APPA thus far seems a promising instrument for both research and daily practice.

Disclosure of Interest: None Declared

EPP449

The effect of a mindfulness based-group psychotherapy on stress parameters in schizophrenia spectrum disorders

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Introduction: Recent studies have demonstrated the positive effects of mindfulness-based interventions on stress reduction in healthy individuals. Individuals with schizophrenia spectrum disorders (SSD) often experience elevated stress levels due to multiple factors. According to literature, plasma and saliva levels of oxytocin (OXT) and cortisol can serve as biological stress markers. However, the interaction between mindfulness, stress, and the oxytocinergic system in SSD remains unexplored.

Objectives: This exploratory study investigates the impact of mindfulness-based group therapy (MBGT) on biological stress parameters, including OXT and cortisol levels in plasma and saliva, and changes in psychological stress parameters.

Methods: A blinded, randomized, and controlled study was conducted. Participants were assigned to either MBGT with four weekly sessions in addition to treatment as usual (MBGT+TAU) or only treatment as usual (TAU). Venous blood and saliva samples were collected before and after the MBGT sessions to determine OXT and cortisol levels. Self-reported questionnaires measured stress via visual analogue scales before and after the MBGT sessions.

Results: A total of 48 outpatients with SSD received either MBGT +TAU (n=25) or TAU (n=23). Analyses revealed a significant reduction in subjective stress levels during each MBGT session. After the MBGT sessions, a significant reduction in cortisol levels was observed, which correlated with the reduction in subjective stress experience. During the first session, oxytocin levels significantly increased in the saliva. However, in the last session, there was a significant decrease in oxytocin levels in both blood and saliva. Additionally, the MBGT +TAU group showed significantly lower OXT plasma levels at the end of the intervention compared to the TAU group.

Image 1:

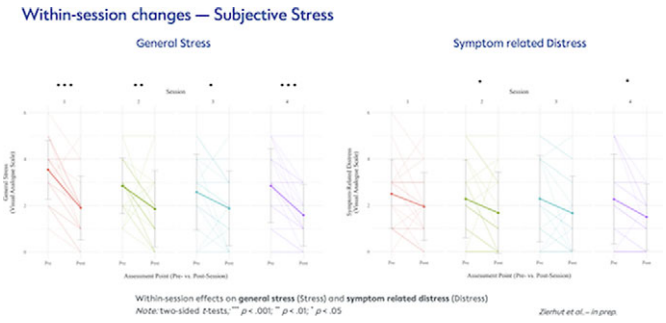


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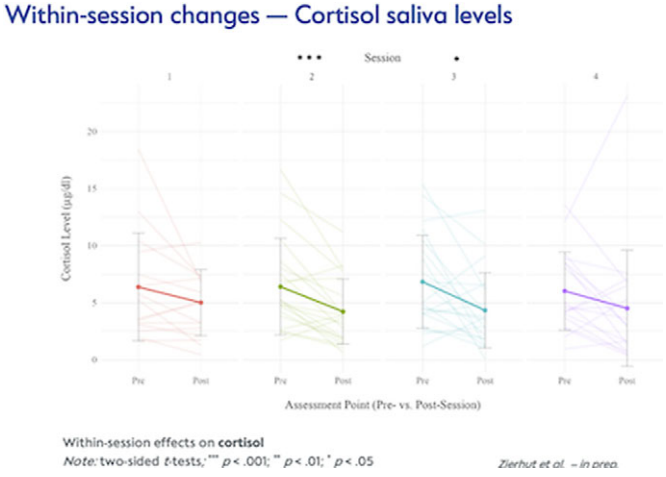
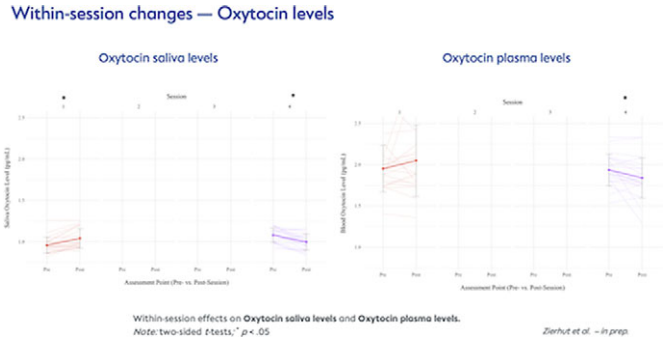


Image 3:



Conclusions: The outcomes of this study provide insights into the potential effects of mindfulness on biological and psychological stress parameters in SSD. Consistent with recent research, we found significant effects on subjective stress and changes in oxytocin and cortisol levels throughout the MBGT intervention. A fully powered trial is needed to determine the efficacy of these findings.

Disclosure of Interest: None Declared

Suicidology and Suicide Prevention

EPP450

Shattered Dreams: Dysfunctional Families and Suicidal Behaviour among Armenian Adolescents

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Introduction: The family is the cornerstone of a child's physical, emotional, and psychological development (Masteller & Stoop. Servant Pub. 1996; Ubaidi. J Fam Med Dis 2017; 3:059). While a stable family fosters healthy growth and positive interpersonal relationships, a dysfunctional family can lead to severe consequences, especially in adolescence (Kurtz & Derevensky. Can. J. Sch. Psychol 1994; 9(2) 204-216; Holland *et al.* J. Youth Adolesc. 2017; 46(7) 1598–1610). In Armenia, where domestic violence is widespread and underreported due to societal norms prioritising family unity and reputation preservation (Kharatyan & Tovmasyan. Eur. J. Soc. Sci. Educ. Res. 2021; 8 (1) 56-65), research on the effects of dysfunctional family dynamics on adolescent suicidality remains notably scarce.
Objectives: This study explores the role of dysfunctional family structures in suicidal behaviour among adolescents in Armenia.
Methods: A qualitative analysis employing the documentary method was conducted on the patient histories of 67 adolescents hospitalised at 'Muratsan' University Hospital Complex following suicide attempts.
Results: Of the 67 adolescents, 30 had divorced parents, and 37 had intact families. Five key themes—pathological, authoritarian, conflict-driven, chaotic, and neglectful family environments—emerged, highlighting the development of adolescent suicidal behaviour. Adolescents from pathological families, where one or both parents struggled with substance abuse or mental health conditions, frequently witnessed and experienced ongoing domestic violence. In authoritarian families, adolescents were subjected to coercive and controlling behaviour, while those from conflict-driven families were often caught in intense interpersonal strife or between feuding, divorced parents. In chaotic families, parents were unable to meet the adolescents' emotional needs due to their overwhelming focus on financial responsibilities and coping with the fallout of divorce. In neglectful families, adolescents experienced a profound lack of parental involvement and support, often feeling abandoned. These dysfunctional family environments fostered suicidal behaviour, with adolescents attempting suicide as they 'couldn't bear their situation any longer', wanted to 'escape reality', 'couldn't see a way out', 'didn't feel needed by their parents', 'couldn't find a reason to live' and 'wished to die'.
Conclusions: The study revealed that adolescent suicidality arose within dysfunctional family environments characterised by ongoing exposure to domestic violence, coercive and controlling behaviour, conflicts, parental neglect, and a lack of emotional support. These findings highlight the critical need for targeted interventions to support at-risk youth, emphasising the urgency of addressing domestic violence against women and children in Armenia and assisting parents in fostering a caring and safe family environment.

Disclosure of Interest: None Declared

EPP453

Thyroid hormone levels are linked to history of suicidal behavior in individuals with anxiety and mood disorders

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Introduction: The relation between thyroid function and depression has long been recognized. However, studies analyzing coexistence of thyroid dysfunction and suicidal behavior still offer contradictory results. Thyroid hormones that may play an important role in suicidal behavior have not been thoroughly investigated in the sample of individuals with comorbid anxiety and mood disorders (AMD).
Objectives: The aim of this cross-sectional study was to identify potential associations between thyroid function and suicide attempts (SA) in individuals with AMD.
Methods: This study comprised 147 consecutive participants (mean age 42.4±13.1 years; 69% women). Thirty-five percent (n=51) of the sample was hospitalized after a suicidal attempt, 34 percent (n=50) patients with AMD and without a history of SA, and 31 percent (n=46) individuals without a life time history of mental disorders or suicidal attempt (control group). All participants were interviewed for current psychiatric diagnoses and suicidal behavior using the Mini International Neuropsychiatric Interview. The biochemical blood tests were performed for the concentrations of free thyroxine (FT4), free triiodothyronine (FT3) and thyroid stimulating hormone (TSH). All data were reported as means, standard deviations, or medians (interquartile range [IQR]). Analysis of variance (ANOVA), chi-square test, independent samples t-test, Kruskal-Wallis test, were used for the group comparisons. Multivariable logistic regression analyses were used to assess the associations between thyroid hormones parameters and SA.
Results: All participants had serum FT4, FT3 and TSH level within normal range. Patients with AMD and SA were more likely to be younger than patients with AMD only and the control group (36.1 ± 13.6 vs. 41.5 ± 11.9 and 48.4±12.1 years; p<0.001). There were no significant differences according to gender, BMI, mean values of TSH and FT4 between groups. In our study, FT3, but not the other thyroid axis hormones, was independently associated with suicidal behavior. Patients with AMD and SA had lower FT3 levels in comparison to patients with AMD without SA and the control group (5.20 (0.65) pmol/L vs. 5.52 (0.62) and 5.65 (0.71, p=0.005)). A multivariable logistic regression revealed that FT3 levels of female SA were significantly lower than non-attempters (4.92 (0.64)

pmol/L vs. 5.42 (0.71), p=0.029) and significantly lower than male-attempters (5.61 (0.61), p<0.001). We not found any significant differences with regard to FT3 levels between male SA and non-attempters and controls.
Conclusions: Lower FT3 concentrations, even within the normal reference range, were related to SA in female gender, but not male. This finding supports the importance of evaluating FT3 levels in clinical decision-making on suicide risk of patients with AMD.

Disclosure of Interest: None Declared

EPP454

Euthanasia and assisted suicide of patients with psychiatric disorders in the Netherlands between 2021 and 2023

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Introduction: Medical-assistance in dying, either by euthanasia or assisted suicide (EAS), for mental disorders as the main reason is a complex and controversial practice. owing to the inevitable tension between the seriousness of the mental disorder and the requirement that the patient can make a well-reasoned decision. Systematic investigations of the characteristics of the patients (disorders, previous treatment, comorbidities) and the procedures of granting EAS for mental disorders have been limited.
Objectives: To describe the characteristics of patients receiving EAS for psychiatric conditions in the Netherlands between 2021 and 2023.
Methods: We reviewed psychiatric EAS case summaries made available publicly online by the Dutch regional euthanasia review committees between 2021 and 2023. All summaries were translated with ChatGPT and those with mental disorders as the main reason were selected. We extracted information about the patients' clinical and social characteristics, type of treatments previously administered, how physicians handled patients' requests and the euthanasia review committees' assessments of the physicians' actions.
Results: Thirty-six cases were identified. Of these, 86% (n = 31) were women. Regarding age, 30.5% (n = 11) were 70 years or older, 36% (n = 13) were 50 to 70 years old, 16.6% (n = 6) were 30 to 50 years old and 16.6% (n = 6) were less than 30 years old. Most had chronic conditions, with histories of attempted suicides (39%; n=14) and psychiatric hospitalizations (69%; n=25). One third (n = 12) of patients were described as socially isolated. Depressive disorders were the primary psychiatric diagnosis in 27.7% (n = 10) of cases. Other conditions included personality disorders (19.4%; n=7), particularly borderline (11%; n=4), somatoform disorders (17%; n=6) and posttraumatic stress disorder (11%; n=4). Comorbidities with medical conditions or physical symptoms were present in 27.7% (n = 10) of cases. Most frequent treatments previously administered were medications and psychotherapy, particularly cognitive behavioral (19.4%; n=7) therapy and EMDR (14%; n=5). Fifty percent (n = 18) of patients received EAS from Euthanasia Expertise Center physicians, 17% (n=6) from their general practitioner. In 11% (n = 4) of the cases there was disagreement among consultants.
Conclusions: Individuals who received EAS for psychiatric reasons in the Netherlands between 2021 and 2023 were mostly women, with complex and chronic psychiatric conditions, often with medical comorbidities. Despite the fact that EAS requires agreement from two independent physicians, there were instances where it was performed without it.

Disclosure of Interest: None Declared

EPP455

Monocyte-to-lymphocyte ratio and further inflammatory parameters as potential biomarkers of suicide risk in bipolar affective disorder

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Introduction: Suicide is an unresolved issue in psychiatry to this day. Suicide risk (SR) is highest for psychiatric patients with bipolar affective disorder (BD). Recent studies suggest an immunological dysregulation in the background of suicidality, and in accord with former results, our research group has previously found monocyte-to-lymphocyte ratio (MLR) and further inflammatory parameters to be reliable indicators of SR in patients with major depressive disorder.
Objectives: Determining SR remains a challenge for clinicians. Alterations in the number and ratio of inflammatory cells have been proposed as potential biomarkers of SR, therefore our aim was to investigate changes of these parameters in relation to acute and long-term SR in BD patients.
Methods: In our restrospective study, we investigated laboratory parameters of psychiatric inpatients diagnosed with BD between January 2020 and June 2024. Data was collected regarding the following parameters: white blood cell, neutrophil, lymphocyte, monocyte and platelet count, MLR, neutrophil-to-lymphocyte (NLR) and platelet-to-lymphocyte ratio (PLR), C-reactive protein (CRP), erythrocyte sedimentation rate (ESR), red blood cell distribution width (RDW) and mean platelet volume (MPV). Individuals with recent (≤ 48 hours prior) suicide attempt (SA) (n = 21) and with past (> 48 hours prior) SA (n = 16) represented the high SR group (n = 37). BD patients with no history of SA (n = 79) composed the intermediate SR group. Statistical analyses were carried out using the GraphPad Prism 10.3.1 programme.
Results: We found a significant increase in MLR (p = 0.0021, Fig. 1), monocyte count (p = 0.0045), CRP (p = 0.0036), ESR ($p \leq 0.0001$) and MPV ($p \leq 0.0001$) in patients with recent SA compared to those with no history of SA. Comparing high and intermediate risk patients, MLR (p = 0.012, Fig. 2), monocyte count (p = 0.0293), CRP (p = 0.0499, Fig. 3), ESR (p = 0.0009) and MPV (p = 0.008) remained elevated in the former group. We found no significant differences regarding the rest of the parameters. According to ROC analysis, the probability of the significant results was outstanding in case of ESR and acceptable for the rest of the parameters.

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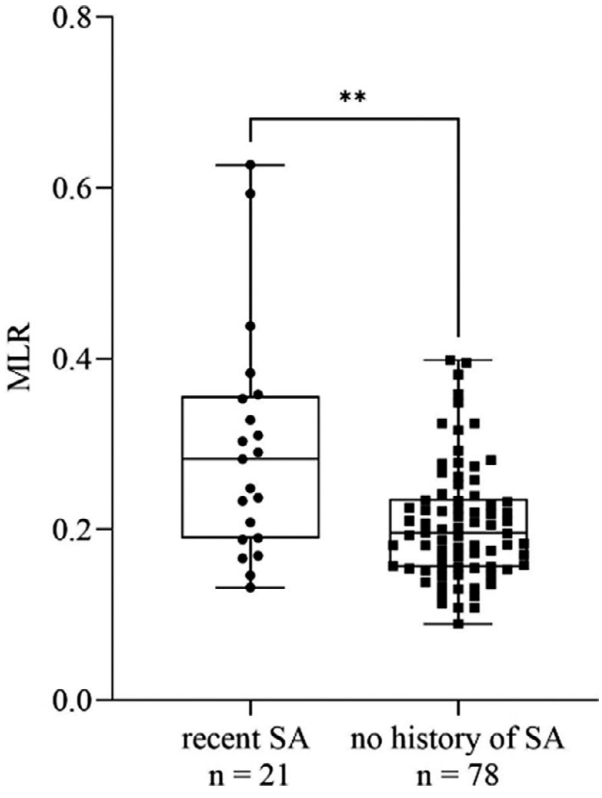


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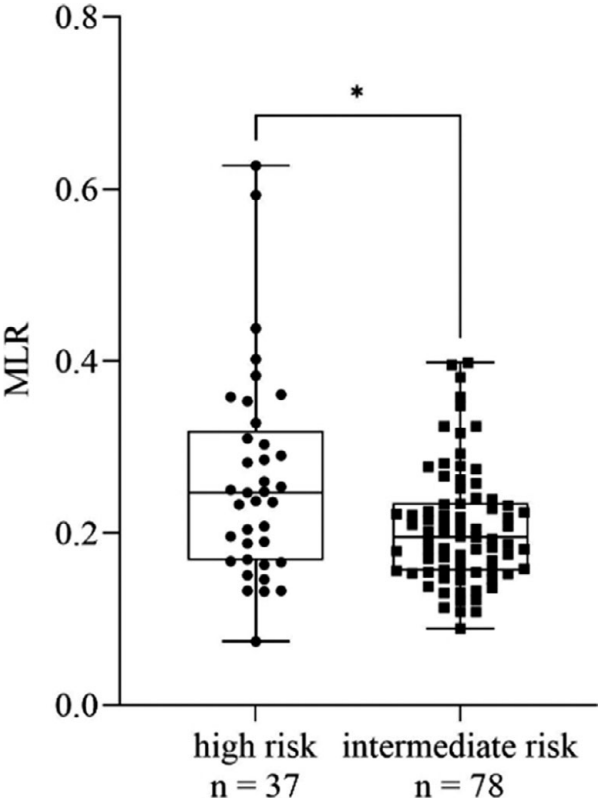
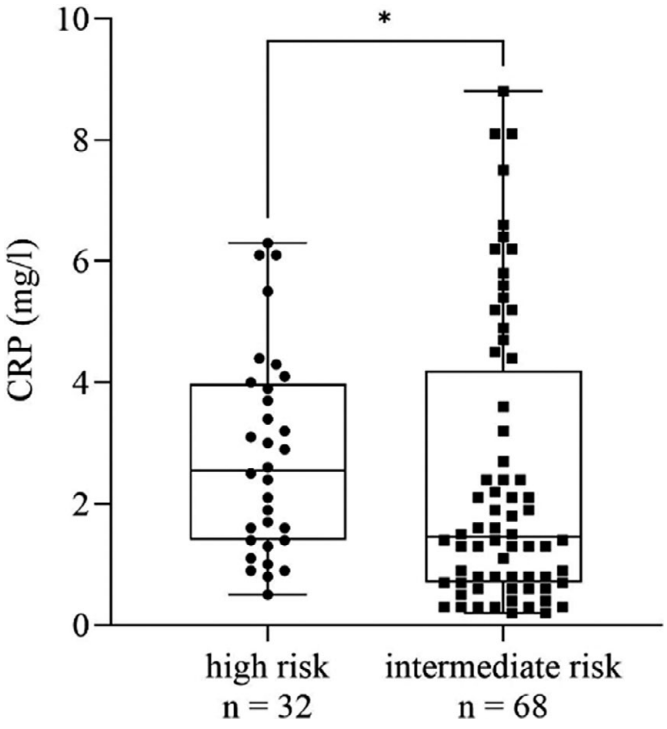


Image 3:



Conclusions: As implied by previous research, immunological mechanisms may contribute to the emergence of suicidality. Investigating BD patients as the subgroup most at risk, we found MLR, monocyte count, CRP, ESR and MPV to show significant alterations in recent attempters, signalling acute SR. Furthermore, all of these markers were significantly elevated in high risk patients, therefore they may be indicative of long-term SR. Changes in these inflammatory markers further strengthen the assumption of immunological processes in the background of suicidality, and these parameters may serve as potential future biomarkers of SR.

The study was supported by the EKÖP-24-3-II-PTE-168 project.

Disclosure of Interest: None Declared

EPP458

Highlights from Suicide Prevention Research in 2024

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doi: 10.1192/j.eurpsy.2025.725

Introduction: Suicide is a worldwide leading cause of mortality in youth, estimated to be the second leading cause of death for 10 to 24-year-olds. Increasing suicidality rates prompted worldwide

national efforts to implement extensive suicide prevention plans. Those include crisis helplines, brief interventions such as safety planning and lethal means counseling, along with gatekeeper training and social prescribing.
Objectives: This rapid review aimed to highlight the focus on suicide prevention-related research and review various preventive strategies reported throughout 2024.
Methods: Participants from the European Psychiatric Association 2022 Summer School on "Focus on Suicide Behaviours - One Step Beyond" gathered and conducted a rapid, selective review of original research and review articles on the PubMed database using the search term "suicide prevention" with a time restriction to January-September 2024. Of 1529 results, 14 were selectively included depending on their specific discussion topics, such as suicide prevention in the perinatal period, social prescribing, social support system, and social network interventions, and crisis helplines. The main findings of the articles were summarized in specific brief sections.
Results: Suicide being one of the leading causes of maternal mortality, the need for appropriate interventions for preventing maternal suicide was indicated (Gelabert *et al.* Matern Child Health 2024; 28(9) 1443-1453). Another topic of interest regarding the suicide rates among individuals without a mental disorder diagnosis being as high as one in five suicide attempters emphasized the scarcity of identifying this population's risk factors (Oquendo *et al.* JAMA Psychiat 2024; 81(6) 572). A focus on crisis helplines as promising tools with a potential supportive impact on suicide prevention was obtained. Social prescribing, social support systems, and social network interventions were also identified as promising intervention strategies, particularly in adolescents (Dash *et al.* Front Public Health 2024; 12 1396614, Zheng *et al.* Prev Med Rep 2024; 39 102654). Gatekeeper training that aims to train community members to identify high-risk individuals and facilitate timely referrals and adequate support were found to have positive effects on gatekeeper behaviours (Spafford *et al.* Prev Sci 2024).
Conclusions: Recent research in suicide prevention includes an emphasis on adolescent and perinatal suicidality. The evaluated interventions involve crisis helplines, social network interventions, and gatekeeper training. Meanwhile, this review was focused on specific aspects of suicide prevention; thus, its results are limited. Considering particular methodological and ethical challenges in studying the efficacy of suicide prevention interventions, further research encapsulating new approaches is needed.

Disclosure of Interest: None Declared

EPP461

The burden of suicide in the Emergency Room: a 3-year single center experience

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doi: 10.1192/j.eurpsy.2025.726

Introduction: Suicide is one of the leading causes of death worldwide with more than 700.000 deaths per year. Its risk factors encompass socioeconomic elements, psychological burdens and mental health disorders, and biological variables. Still, the understanding of different risk factors and their interplay remains incomplete. Suicide attempts are estimated to be from ten to forty times more frequent than suicide deaths.
Objectives: The main objective of this ongoing research is to investigate socio-demographic and clinical variables of suicidal patients in an emergency setting. The secondary objective is to analyze risk factors, clinical presentation and outcome comparing patients with single or repeated psychiatric assessments in the emergency room.
Methods: This study retrospectively analyzes data from patients who underwent psychiatric evaluation in the ER setting following suicide ideation and suicide behavior, at the "Maggiore della Carità" hospital in Novara, from January 2021 to January 2023. Initial descriptive statistics have been performed using frequencies and percentages. Additional statistical analyses on collected data are in development.
Results: Preliminary results showed that 1674 patients were admitted at the ER for psychiatric consultation in the three-year period, 177 of whom evaluated for SI and SB (females = 116, 66.3%) mainly from Italy (n = 151, 88.3%). The mean age was 41.26 ± 18.54 years (range = 16-88 years). The majority of patients were unmarried (=79, 53.0%), employed (=40, 34.5%), with lower secondary education (=36, 38.3%) and living with family (=108, 71.5%). A pre-existing psychiatric condition was reported nearly in two-thirds of individuals (=129, 74.1%); linked predominantly with personality disorders (=47, 34.6%), major depressive disorders (=30, 22.1%) and anxiety disorders (=13, 9.6%). The most common methods for suicidal attempts were overdose with medication (=106, 60.6%) and self-inflicted injuries (=31, 17.7%). A single psychiatric assessment was conducted nearly in the totality of cases (=147, 86.4%), while a minority of records consisted of repeated access from the same patient (=30, 13.6%).
Conclusions: Initial findings are in line with current literature on suicide risk factors. Further statistical analyses will be conducted to search for known associations between risk factors, and to shed light on the most important elements to consider when evaluating suicide ideation and suicide behavior risks in an emergency setting.

Disclosure of Interest: None Declared

EPP463

Emotional responses to suicidal patients and burnout syndrome: the impact of physicians' mental health on clinical evaluation

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Introduction: Clinicians' emotional responses to patients (countertransference) have a significant impact on treatment outcomes. This process is particularly relevant when assessing patients at risk for suicide, as they elicit powerful feelings such as sadness, disapproval, hostility, and distance. These feelings influence risk assessment and have not been the subject of many research studies. Burnout syndrome is a state of complete exhaustion related to work

and represents an important factor that impairs the decision-making process. However, there is little existing literature on the impact of physician burnout on emotional responses to suicidal patients. We hypothesized that burnout impacts clinicians' emotional responses to suicidal patients.
Objectives: This study aims to identify whether burnout influences physicians' emotional responses (countertransference), comparing psychiatrists and non-psychiatrists.
Methods: An anonymous web-based survey was conducted using the software REDCap and employed a snowball sampling method. Participants were volunteers and could withdraw at any time. The study was approved by the University Ethics Committee. The survey included the Informed Consent Form (ICF), a Sociodemographic Questionnaire, the Burnout Assessment Tool (BAT), and the Rating Scale for Countertransference (RSCT), which evaluates the main emotional responses (approach, indifference, or rejection). Other scales were included but are being developed in separate studies.
Results: Of the 210 respondents, 179 (85.2%) completed the survey: 108 (60.3%) were female, and 166 (92.7%) self-identified as white-colored-skin. The mean age was 37.22 years (SD = 12.33), with a median of 6 years (range: 0 to 48) of professional experience. Among the respondents, 65 (36.3%) were medical residents, and 112 (62.6%) were already specialists; of these, 54 (48.2%) identified as psychiatrists. Physicians with a lower age (r = -0.346), lower income (r = 0.226), and less time since graduation (r = 0.332) experienced more burnout. When evaluating physicians in general, those who experienced burnout tended to exhibit emotional responses of indifference (r = 0.259). When comparing medical specialties, psychiatrists reported less burnout than non-psychiatrists.
Conclusions: We found preliminary evidence that burnout syndrome compromises emotional responses (countertransference), as physicians who experience burnout exhibit more indifference and less approach when evaluating suicidal patients.

Disclosure of Interest: None Declared

EPP464

Association between physician's sexual orientation, gender and their emotional response when evaluating suicidal patients

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Introduction: Despite several efforts and public awareness campaigns, suicide rates are still rising in some countries, being third leading cause of death among 15-29-years-old. Some populations are at higher risk for suicidal behavior, such as LGBTIQ+ people and physicians. We found no literature regarding a possible association between physicians emotional response to suicidal patients (countertransference), sociodemographic factors and physicians mental health.
Objectives: Identify a possible association between sociodemographic factors, countertransference and Burnout Syndrome.
Methods: An anonymous web-based survey was implemented through the software REDCap, collected by snowball sampling. Participants were volunteers and could withdraw at any time. The study was approved by the University Ethics Committee. The survey consisted of the Informed Consent Form (ICF), Sociodemographic Questionnaire, Rating Scale for Countertransference (RSCT), which evaluate the main emotional responses (approximation, indifference or rejection). Scales also included Burnout Assessment Tool (BAT) and the Interpersonal Reactivity Index of Davis. Other scales were included, but are being developed in other studies.
Results: From the 210 respondents, 179 (85.2%) completed the query: 108 (60.3%) were female; 166 (92.7%) were self-declared white-colored skin; 139 (77.7%) had a sexual partner. The mean age was 37.22 (SD=12.33), 65(36.3%) were medical residents; 112 (62.6%) were already specialists, 54 (48.2%) of those, declared to be psychiatrists. Indifference varies according to sexual orientation (p = 0,002), even when controlling for burnout (p < 0,001). Bissexual physicians had lower indifference rates than the other groups (Heterosexual: N=104, M 1,52, SD 1,52, CV 0,998; Homosexual: N=15, M 2,60, CV 0,870; Bisexual: N=17, M 0,64, SD 0,20, CV 1,332). Females had higher approximation rates when compared to male (Male: N = 53; M 15,71; SD 5,77; Female: N = 90; M 17,94; SD 3,70; p = 0,006). There's no difference between gender when evaluating indifference and rejection. Homosexual and bisexual physicians experience more burnout (Heterosexual: N = 118, M 49,94, SD 14,5. Homosexual: N = 16; M 60,0; SD 15,2. Bisexual: N = 18; M 59,6; SD 4,6). F (2) = 5,51; p = 0,05.
Conclusions: We find preliminary evidence that sexual orientation could influence emotional response when evaluating suicidal patients. Women have higher approximation. Both results remain the same when controlling for Burnout syndrome.

Disclosure of Interest: None Declared

Neuroimaging

EPP466

Quality of life and Magnetic resonnance imaging(MRI) in multiple sclerosis

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Introduction: Multiple sclerosis (MS) is a chronic neurological disorder that can profoundly affect patients' quality of life due to its diverse symptoms and disease progression. MRI findings are critical in assessing the extent of neurological damage and may correlate with various aspects of patients' health and well-being.
Objectives: identify the relationship between MRI findings and quality of life in individuals with MS.
Methods: A cross-sectional study was conducted in the neurology department of Razi University Hospital (Tunisia) between October 2023 and June 2024. Patients with a diagnosis of MS based on the 2017 McDonald criteria were recruited, excluding those with active disease relapses. Participants completed questionnaires covering sociodemographic data, medical history, disability status, clinical and radiological characteristics. Quality of life was assessed using the SF-36 and the Multiple Sclerosis Quality of Life (MSQoL-54) scales.

Results: A total of 83 patients with MS were recruited, with ages ranging from 19 to 66 years. The study population had a predominantly female sex ratio of 3.4. The majority of participants (75.9%) were from urban areas, and 74.7% had a university-level education. Moreover, 49.1% were married, and 60.2% were employed. Regarding medical history, 40.3% had a comorbid condition, and 30.1% had a psychiatric history. The mean age at disease onset was 26 ± 10 years. First-line treatments were prescribed to 27.7% of patients. Second-line treatments were prescribed to 69.9% of patients.
The mean overall score on the SF-36 scale was 53.56 . According to MSQ ol54, the most affected domains were sexual function, physical health limitations, and sleep. The least affected domains were pain, social function, and sexual satisfaction.The SF-36 mean score decreased from 50.59 in patients with more than 10 lesions to 21.37 in those with fewer than 10 lesions, with a statistically significant difference ($p = 0.012$). We found a significant relationship between a higher number of lesions (>10) and the dimensions of physical health ($p = 0.007$), emotional well-being ($p = 0.027$), perception of health ($p = 0.025$), social function ($p = 0.017$), distress ($p = 0.049$), cognitive function ($p = 0.038$), and overall quality of life ($p = 0.029$). Thalamic lesions were associated with the dimension of distress ($p = 0.048$). The presence of new lesions in the most recent follow-up MRI was associated with emotional well-being ($p=0.018$).
Conclusions: The study highlights a significant correlation between MRI findings and quality of life inpatients with MS. Understanding this relationship is crucial for developing targeted treatment strategies that address both the physical and psychological aspects of the disease. By integrating MRI assessments into routine care, healthcare providers can better support the well-being of individuals living with MS and tailor interventions to their specific needs.

Disclosure of Interest: None Declared

EPP469

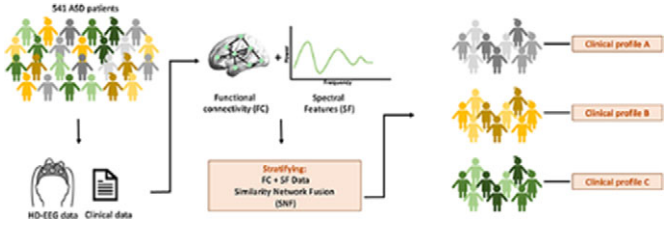
Using EEG to challenge ASD heterogeneity: Stratification of brain functional connectivity reveals clinically meaningful subgroups of ASD

B. Rodriguez-Herreros[1]*, A. Mheich[2,3], S. Yassine[4], J. M. A. Osório[1], S. Richetin[1], V. Junod[5], L. Mendes[1], K. Gschwend[1], V. Aeschbach[1], L. Arnold[1], D. Romascano[1], P. Yu[1], M. Jequier Gygax[1], A. M. Maillard[1], M. Hassan[3,6] and N. Chabane[1]

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Introduction: Heterogeneity in both the etiology and the phenotypic presentation of autism spectrum disorder (ASD) poses a major challenge to clinical and translational research. Attempts to stratify individuals with ASD have been primarily based on behavioral criteria, but clinical subtyping is blind to the underlying neurobiological mechanisms and has limited predictive value of the forthcoming developmental path. Yet, it is still unclear whether and how atypical brain functional connectivity can account for individual differences across ASD-related symptomatology and behaviors.
Objectives: The goal of the study was to identify clinically meaningful subgroups of young children with ASD based on distinctive patterns of brain functional connectivity, to better understand the neural substrates underlying ASD heterogeneity.
Methods: We combined resting-state EEG data from 4 independent datasets on 541 children with ASD aged 2-12 years to estimate and stratify brain functional connectivity measures. We performed an unsupervised clustering analysis of the cortical network properties, using data-driven similarity network fusion and source-based spectral analysis. We then compared the clinical profile of the identified clusters to define symptom-linked connectivity dimensions.
Results: We identified four subgroups of ASD children with distinct cortical network properties, mainly mapped in the fronto-parietal and precentral cortices for the alpha band, and in the middle temporal cortex for beta band. These four clustered dimensions of functional connectivity were associated to distinctive different clinical symptom profiles, specially with respect to cognitive level, adaptive behavior and motricity.

Image 1:



Conclusions: Our findings shed light on atypical brain network topology conferring risk for specific phenotypic manifestations of ASD, which may implicate unique underlying neurobiological mechanisms. Cross-validation stability hints at a solid stratification model to challenge ASD heterogeneity. Collectively, the stratification of well-defined neural signatures that give rise to the clinical heterogeneity of ASD has the potential to provide more accurate prognosis and help to select the optimal strategy for therapeutic intervention.

Disclosure of Interest: None Declared

EPP470

Neuroanatomical and neuroimaging biomarkers of "MRI-defined vascular depression"

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Introduction: "MRI-defined vascular depression" suggests that vascular lesions and small vessels disease induce depression by disruption of frontal–subcortical–limbic networks.Vascular depression is associated with disruption or cortico-striato-pallido-thalamo-cortical pathways or their modulating systems.
Objectives: Based on clinical correlates and structural MRI findings we aim to evaluate causal relationship between specific brain changes

and its related lesions in localization and number, through visual rating scales semi-automated and fully automated volumetric methods of specific software packages as part of deep machine learning.
Methods: We have included 50 T2/FLAIR MRI brain scanned images, 30 patients (both genders) with late-onset vascular depression and 20 controls. In all subjects, T2/fluid-attenuated inversion recovery (FLAIR) sequences of the brain were collected during a single session using a 3 Tesla scanner (Siemens Skyra Medical Systems). FLAIR-white matter hyperintense lesions were identified and quantified using a local thresholding segmentation technique using specific software. FLAIR lesion volume and number was reported for the whole brain and for each hemisphere separately, without distinction between deep and periventricular.
Results: There is statistical significance in total number and total regional volume of interest in brains of patients with late-onset vascular depression compared to controls ($p<0.05$). Median number of white matter hyperintensities was 14 per patient, and white matter hyperintensities median volume was 721 mm3. No difference was found between right and left hemisphere in terms of number ($p>0.05$) and volume ($p>0.05$) of white matter hyperintensities. Statistical significance was faound in volume and localisation of lesions in the brain ($p<0.05$).

Image 1:

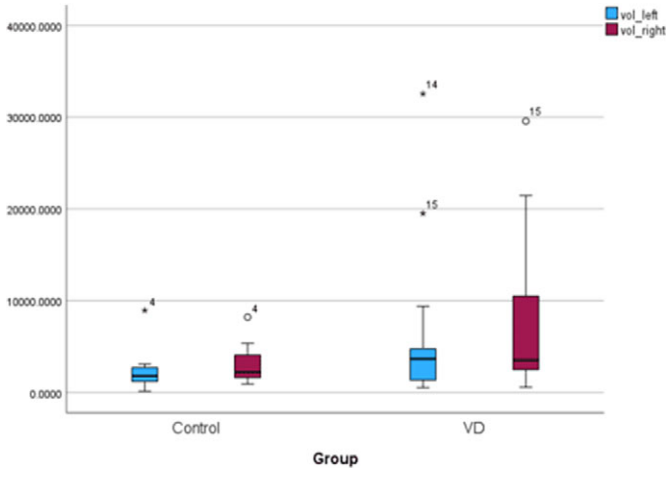


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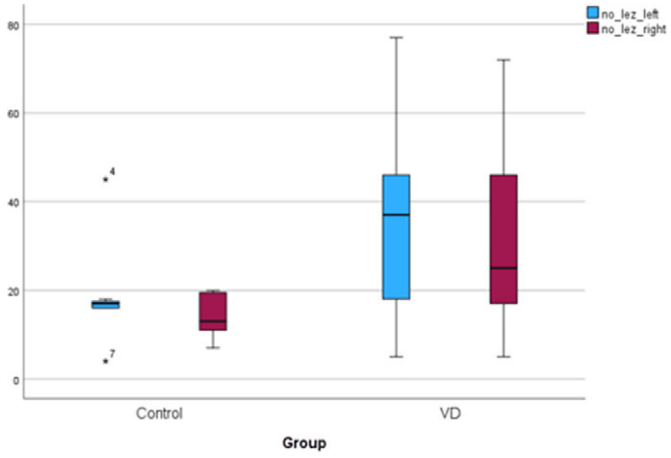
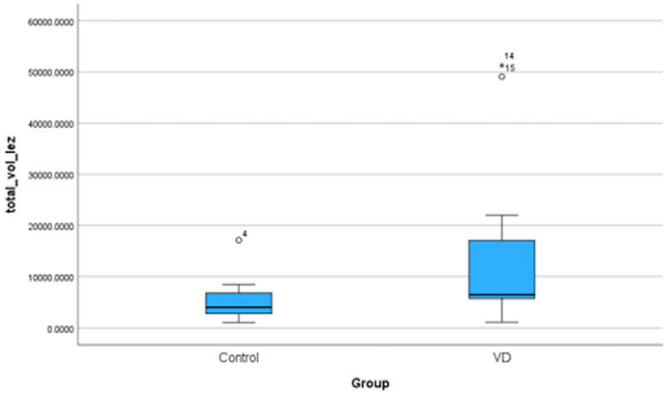


Image 3:



Conclusions: Higher burden of white matter hyperintensities in patients with vascular depression could be associated with progression of clinical depressive symptomatology as well as with severity of brain damage.

Disclosure of Interest: None Declared

Neuroscience in Psychiatry

EPP472

Association Between Neuronal Pentraxin 2, ADHD Symptoms, and Executive Functioning in Adults with ADHD: A case-control study

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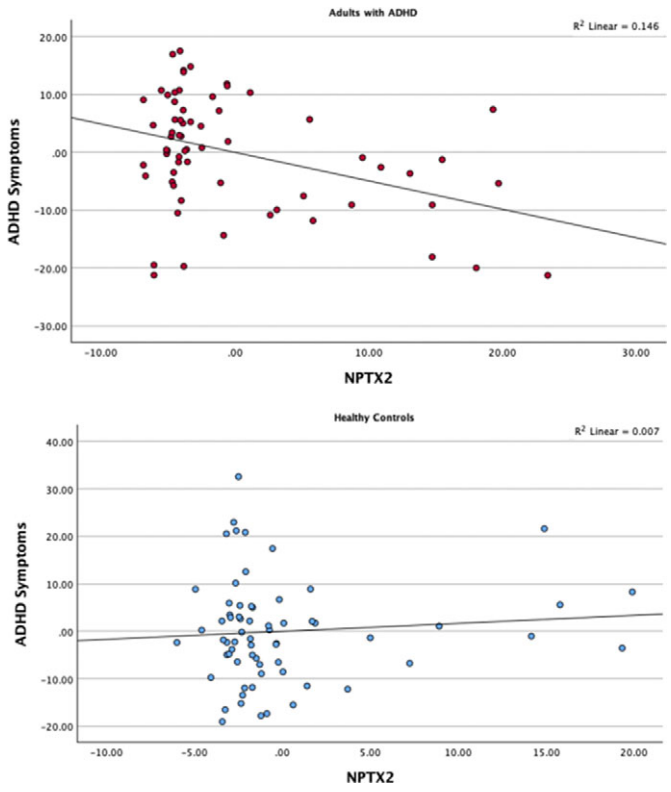
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doi: 10.1192/j.eurpsy.2025.732

Introduction: Neuronal pentraxins (NPTXs), particularly NPTX2, play a key role in glutamate modulation and the stabilization of AMPA receptors, influencing synaptic plasticity. Studies have shown a positive correlation between NPTX2 levels and neurocognitive function in neurodegenerative diseases, and it has been proposed as a potential biomarker for synaptic degeneration (San José *et al.* J Neural Transm 2022; 129 207-230). However, the role of NPTX2 in the etiology of ADHD has not been explored in human samples.
Objectives: This study aims to investigate the relationship between NPTX2 levels and ADHD symptoms in adults with ADHD, while also exploring the potential impact of NPTX2 on executive functions, which are frequently impaired in this population.
Methods: Adults with ADHD who were medication-free and had no comorbid psychiatric diagnoses, along with a similar control group with no psychiatric diagnoses, were included in the study. All participants were diagnostically assessed using the Structured Clinical Interview for DSM-5 Disorders-Clinician Version. Participants completed measurements related to both ADHD and comorbid conditions. In addition, participants underwent a battery of neuropsychological tests, including the Stroop Test, Cancellation Test, Serial Digit Learning Test, Wisconsin Card Sorting Test, and Judgment of Line Orientation Test. The serum samples obtained after centrifugation were stored at -80°C

until the time of analysis, at which point NPTX2 levels were measured using the ELISA method. Informed consent was obtained from all participants, who voluntarily agreed to participate. The study was approved by the Local Ethics Committee of Selçuk University under decision number 2023/495.

Results: The study included 79 adults with ADHD and 70 healthy controls. Among the participants, 57.7% (n=86) were female, with a mean age of 23.50 ± 4.37 years. Both groups were comparable in terms of age, gender, total years of education, and body mass index. Individuals with ADHD showed higher levels of ADHD- and comorbidity-related symptoms, as well as poorer executive function profiles, compared to healthy controls. NPTX2 levels were significantly elevated in the ADHD group. Significant positive correlations between NPTX2 levels and clinical and neurocognitive data were observed in the ADHD group, but not in the control group. Finally, linear regression analyses conducted separately for each group revealed significant F values, showing that in adults with ADHD, NPTX2 levels were significantly associated with ADHD symptoms independent of age, gender, years of education, and anxiety/depression scores, whereas this relationship was not observed in healthy controls (Image 1).

Image 1:



Conclusions: These results highlight the need for further research into the role of NPTX2 and other neuronal pentraxins in ADHD and suggest that NPTX2 may serve as a biological marker for this disorder.

Disclosure of Interest: None Declared

EPP473

Anti-NMDA Receptor Encephalitis following Herpes Simplex Encephalitis presenting as Mania with Psychotic Features: Case Report

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doi: 10.1192/j.eurpsy.2025.733

Introduction: Herpes Simplex Encephalitis (HSE) and anti-NMDA receptor autoimmune encephalitis (ANMDARE) are severe neurological conditions that can lead to significant psychiatric symptoms. While these conditions commonly cause cognitive and behavioral disturbances, mania with psychotic symptoms is an uncommon manifestation. Understanding this rare presentation is crucial for accurate diagnosis and management.

Objectives: To describe a case of mania with psychotic symptoms in a 33-year-old woman approximately one month after Herpes Simplex Encephalitis (HSE), further complicated by anti-NMDA receptor autoimmune encephalitis.

Methods: We conducted a detailed review of the clinical process and heteroanamnesis from family reports. A non-systematic literature review was performed using the terms "encephalitis," "mania," "psychosis," "herpes simplex," and "anti-NMDA" in the PubMed®/MEDLINE® database.

Results: A 33-year-old woman, seven months postpartum with no prior psychiatric history, presented with psychomotor agitation, distractibility, elevated mood, verbose speech, tachypsychia, impulsivity, verbal perseveration, insomnia, and mystical and persecutory delusions, including auditory-verbal hallucinations, starting 15 days after discharge from hospitalization for HSE. Her subsequent hospitalization revealed severe and fluctuating behavioral changes, significant memory deficits, and spatial-temporal disorientation. Neuroimaging showed atrophy of the left temporal lobe, ipsilateral insula, and notable involvement of the left hippocampus. Cerebrospinal fluid analysis detected anti-NMDA receptor antibodies, leading to treatment with corticosteroids and immunoglobulins. The patient was stabilized on clozapine 150 mg/day, valproate 1000 mg/day, clonazepam 1 mg/day, and monthly injectable risperidone 100 mg.

Conclusions: Discussion: HSE is a major cause of death in sporadic encephalitis cases, with a 12% relapse rate linked to viral reactivation and the development of anti-NMDA receptor encephalitis. ANMDARE, caused by anti-NMDA receptor IgG antibodies targeting the NR1 subunit, affects about 25% of HSE patients within three months. Psychiatric affective syndromes have been described both as possible initial symptoms of HSE and as long-term sequelae, but the underlying mechanisms remain not fully understood.

Disclosure of Interest: None Declared

EPP474

Psychiatric comorbidity in a outpatient sample with Parkinson's disease

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doi: 10.1192/j.eurpsy.2025.734

Introduction: Parkinson's disease (PD) is a progressive neurodegenerative disorder with a wide variety of clinical symptoms such as tremor, stiffness, and slowness. Additionally, prodromal features, psychological or cognitive problems may be observed which may complicate the treatment.
Objectives: In this study, we aimed to investigate the rate and extent psychiatric comorbidity (PC) in PD patients admitting to psychiatric outpatient clinic.
Methods: A retrospective, cross-sectional study was designed. Electronic medical records were examined for data collection of all outpatients admitting to Erenköy Mental Health and Neurological Diseases Training and Research Hospital outpatient psychiatric clinics between June 1, 2023, and June 1, 2024 who had an ICD diagnosis of G20, G21, and G22, along with their subcategories. Informed consent was obtained.The findings were grouped according to PC.
Results: Out of 37 533 outpatients, 61 outpatients (27 male, 34 female) of them were matching the inclusion criteria. Three of them had no PC and the prevalence of PC in PH was found as 95%. The patients presented with PC were chronologically categorized into 3 groups. Each of these categories was further divided into 6 subcategories based on ICD codes (F10–19, F20–29, F30–39, F40–48, G47.0–47.9, others) (See Table 1). Of note, 3 of 61 patients (4.9%) had dopamine dysregulation syndrome (DDS), characterized by addictive use of dopaminergic drugs, mood swings, compulsive and impulsive behaviors and psychosis (1).
Despite we have chronologically grouped the sample, it is not possible to determine with certainty whether the PC diagnosed before PD is a prodromal symptom or a seperate diagnosis.
Since the study was conducted at a mental health hospital, the prevalence of PC in our sample was higher than what is reported in the literature, which was expected due to sampling biases.

Image 1:

	ICD - Codes	N / %	Age (mean / median / ±SD)	Gender (F / M)
No psychiatric comorbidity		3 / 4,9 %	71,6 / 76,5 / ±11,2	1 / 2
Psychiatric comorbidity (first presentation before PD diagnosis)	F 10 - 19	1 / 1,6 %	31	0 / 1
	F 20 - 29	3 / 4,9 %	63,6 / 66 / ±4,1	1 / 2
	F 30 - 39	17 / 27,8 %	71,4 / 76 / ±8,7	13 / 4
	F 40 - 48	8 / 13,1 %	75,25 / 77 / ±7,1	5 / 3
	G 47,0 - 47,9	-	-	-
	Others	1 / 1,6 %	48	1 / 0
Psychiatric comorbidity (first presentation after PD diagnosis)	F 10 - 19	3 / 4,9 %	55 / 63,5 / ±14,9	0 / 3
	F 20 - 29	16 / 26,2 %	69,3 / 70 / ±13	6 / 10
	F 30 - 39	12 / 19,6 %	71,5 / 68 / ±10,5	6 / 6
	F 40 - 48	3 / 4,9 %	83 / 85 / ±3,6	3 / 0
	G 47,0 - 47,9	-	-	-
	Others	3 / 4,9 %	76 / 79,5 / ±7	1 / 2
Psychiatric comorbidity (Unknown time onset)	F 10 - 19	-	-	-
	F 20 - 29	-	-	-
	F 30 - 39	14 / 22,9 %	72,8 / 71,5 / ±12,1	9 / 5
	F 40 - 48	4 / 6,5 %	70 / 69 / ±5,4	1 / 3
	G 47,0 - 47,9	22 / 36 %	76,1 / 78,5 / ±8,3	14 / 8
	Others	-	-	-
Dopamine Dysregulation Syndrome	-	3 / 4,9 %	55 / 63,5 / ±14,9	0 / 3

References

Conclusions: PC is common among PD patients. It may present as prodromal symptoms of PD, may occur due to disease or medication after the onset of PD, or primary neurological and psychiatric conditions may be concomitant.
PC are often overlooked in the diagnosis and treatment and this situation complicates treatment and increases burden. Multidisciplinary approach is essential.
In our study, the highest prevalence of PC being F 30–39 is consistent with the literature. It has been determined that the most common psychiatric disorders in PD are depression (31%) (2,3).
It is noted that the most common PC before and after the diagnosis of PD were F30–39 and F20–29, respectively. It is compatible with literature. PD may present prodromal symptoms such as depression, on the contrary, it may progress with psychotic symptoms. The prevalence of psychosis in PD varies between 43-60% (4).
Special attention should be given to DDS, which is 4,9% and consistent with the literature in our sample (The estimated prevalence of 3.4–4%) (5,6). DDS is a very challenging condition to treat.

Disclosure of Interest: None Declared

EPP475

Association between the Level of Enriched Environment and serum Brain-Derived Neurotrophic Factor (BDNF) in patients with Major Depressive Disorder

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doi: 10.1192/j.eurpsy.2025.735

Introduction: Major Depressive Disorder (MDD) is a neuropsychiatric condition whose neurobiological characteristics include alterations in brain plasticity, modulated by Brain Derived Neurotrophic Factor (BDNF). In animal models, Environmental Enrichment promotes neuroplasticity and reduces depressive-like behaviors. It has been proposed to measure the level of Enriched Environment (EE) as a protective or risk factor for the development and severity of MDD using the EE Indicator (EEI).
Objectives: Determine the relationship between the level of EE and serum levels of BDNF in participants with MDD and healthy controls.
Methods: Treatment-free MDD patients and controls were recruited, who underwent an analysis of their LES, clinical factors, and serum BDNF levels.
Results: 25 participants were recruited, of which 6 participants with MDD and the same number of controls were selected in a paired manner, who were divided into two groups:
medium and low EE. Although no differences were found between the concentration of BDNF between the groups, positive correlations were observed between social EE and BDNF, as well as negative correlations between this same domain with the Hamilton scale score for depression and the presence of this condition. No differences were found in the EE groups classified by total score between the cognitive, social and physical domains; But when breaking them down, it was observed that the sum between cognitive and social EE has a positive correlation with the serum concentration of BDNF (p=0.0451).

Image 1:

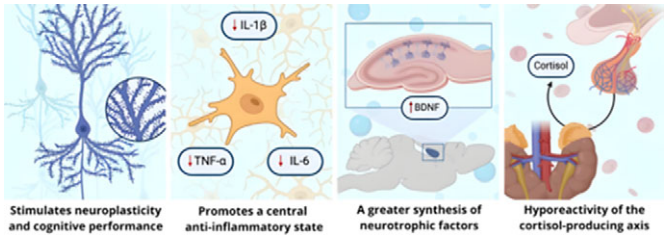


Image 2:

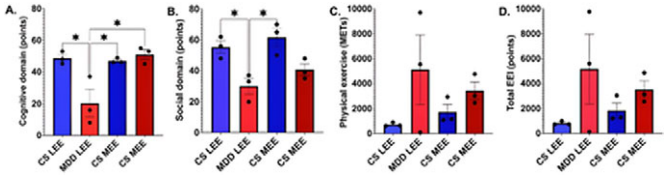
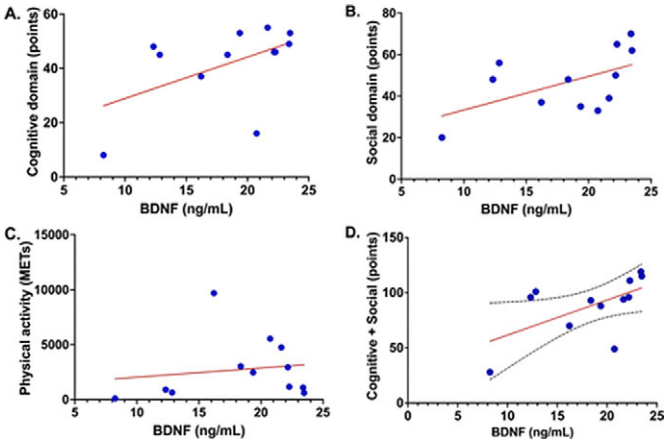


Image 3:



Conclusions: The level of EE is potentially modulating the presence and severity of MDD at a clinical level, but it can also influence at a neuroplastic level through promoting or limiting the concentration of BDNF.

Disclosure of Interest: None Declared

Old Age Psychiatry

EPP477

Neurocognitive predictors of progression from late-life depression to all-cause dementia and Alzheimer's disease: a systematic review and meta-analysis

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doi: 10.1192/j.eurpsy.2025.736

Introduction: Late-life depression (LLD) is consistently linked with higher risk of subsequent dementia (Livingston G et al. Lancet 2024; 404: 572-628); however, predictors of progression from LLD to dementia are yet to be identified.
Objectives: In this systematic review and meta-analysis, we focus specifically on cognitive phenotypes of LLD as predictors of progression to dementia. This review aims to summarize findings from longitudinal studies exploring which cognitive domains affected by LLD are more likely to predict progression to all-cause dementia and Alzheimer's Disease.
Methods: MEDLINE, Embase and PsycINFO were searched for relevant studies published by April 18th, 2024. Study search and selection, data extraction and risk of bias assessment were performed by two reviewers separately, in accordance with the updated Preferred Reporting Items for Systematic Reviews and Meta-Analysis (PRISMA) 2020 guidelines (Page MJ et al. BMJ 2021; 372). Effect sizes for performance on neurocognitive tests were extracted and pooled separately for all-cause dementia and Alzheimer's disease (AD) outcomes.
Results: Six studies were selected for inclusion (See Fig. 1 for PRISMA flowchart). Conversion from LLD to all-cause dementia was strongly predicted by worse performance on delayed recall (SMD 0.84 [0.64 – 1.05]), immediate recall (SMD 1.02 [0.63 – 1.41]), attention/working memory (SMD 1.17[0.82 – 1.52]), processing speed (SMD 1.23 [0.37 – 2.10]), delayed recognition (SMD 1.30 [0.59 – 2.01]) and orientation (SMD 1.13 [0.90 – 1.36]); and moderately by verbal fluency (SMD 0.70 [0.50 – 0.91]), naming (SMD 0.54 [0.16 – 0.93]), and construction (SMD 0.67 [0.37 – 0.98]), but not intelligence (see Fig. 2). For AD, strong effects were observed for deficits in delayed recall (SMD 1.30 [0.59 – 2.01]), immediate recall (SMD 1.26 [0.74-1.79]), and orientation (SMD 1.64 [0.67 – 2.62]), and small to moderate for verbal fluency (SMD 0.47 [0.06 – 0.87]) and processing speed (0.66 [0.26 – 1.07]); attention or naming were not significant predictors (See Fig. 3).

Image 1:

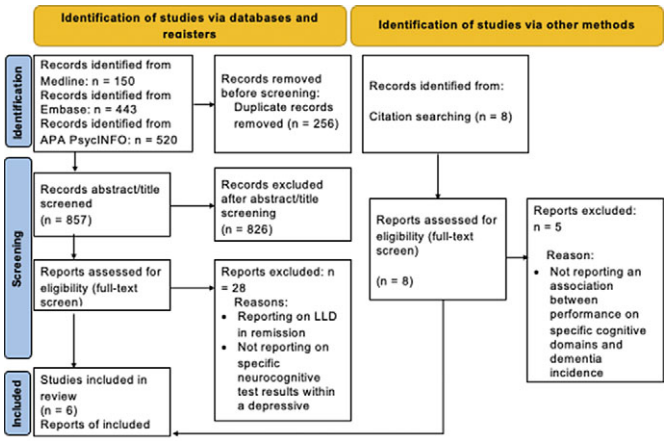


Fig. 1. PRISMA flowchart illustrating the screening and selection process for studies included in the meta-analysis

Image 2:

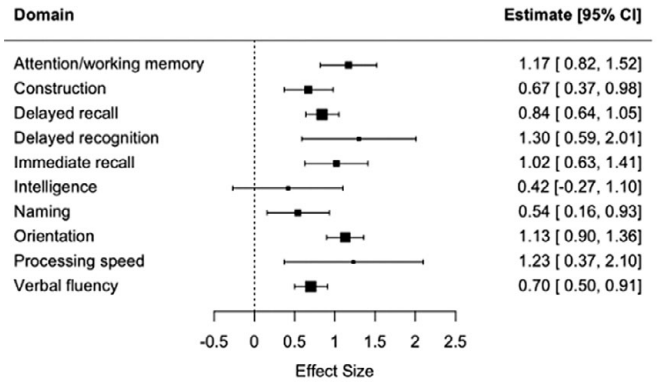


Fig 2. Forest plot showing effect sizes for mean differences in performance on neurocognitive tests at baseline between converters and non-converters to all-cause dementia

Image 3:

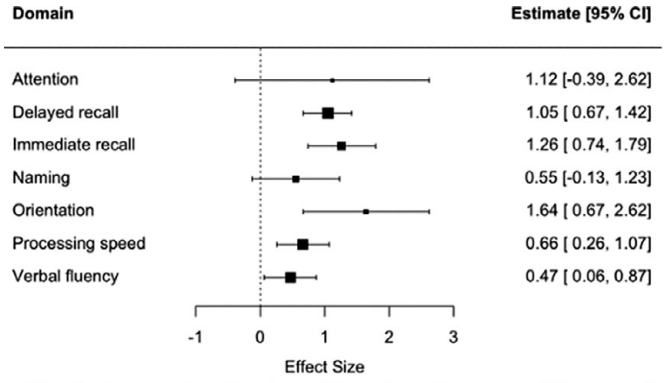


Fig 3. Forest plot showing effect sizes for mean differences in performance on neurocognitive tests at baseline between converters and non-converters to Alzheimer's disease

Conclusions: There appear to be significant neurocognitive differences across a wide range of domains within an episode of LLD between those who convert to dementia and those who do not. Future studies should aim to establish a neurocognitive profile of LLD associated with risk of conversion to specific subtypes of dementia.

Disclosure of Interest: None Declared

EPP479

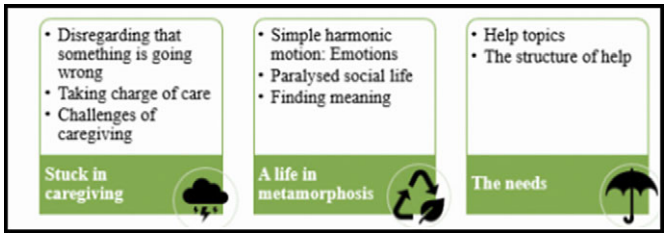
Perspectives of Family Caregivers of People With Alzheimer's Disease on Caregiving Experience and Needs: A Qualitative Study

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Introduction: Over 55 million people currently have Alzheimer's disease (AD), with estimates predicting a rise to 78 million by 2030. The burden of AD impacts not only the affected individuals but also their families and society due to the increasing care demands. Caring for people with AD is emotionally and physically taxing. The World Health Organization emphasizes the need for caregiver support.
Objectives: This study aims to understand the caregiving experiences and needs of family caregivers for individuals with AD.
Methods: A qualitative descriptive design was used. Data were collected from 23 caregivers at a university hospital's geropsychiatric clinic. Participants were family members caring for individuals with AD for at least four hours per day. Interviews were analyzed using content analysis.
Results: Sample Characteristics: The mean age of participants was 57.82 and 57% were female. More than 85% lived with the care recipient, the average caregiving duration was 81.34 hours per week. The following themes were extracted from data collected during the interviews (Figure 1).
Themes:
Stuck in Caregiving: Participants found caring for loved ones with AD to be an unexpected challenge. Many initially missed the onset of AD due to their loved ones' previous abilities. Family conflicts over caregiving tasks, shaped by differing spiritual and cultural beliefs, were common. Caregivers faced difficulties, especially with stubborn behavior and personal care tasks.
A Life in Metamorphosis Most participants experienced profound changes in their personal lives, including social isolation and emotional turmoil. Half of the participants found meaning in caregiving, gaining new perspectives on life.
Needs: Caregivers identified specific needs, including psychosocial support, disease education, in-home care, and adult daycare services.

Image 1:



Conclusions: The gradual onset of AD delays symptom recognition, making diagnosis hard for families to accept. As caregiving demands increase, conflicts between caregiving and personal responsibilities cause stress and neglect of personal life. Despite these challenges, many caregivers find personal growth. They seek temporary care options, home assessments, and improved access to education and counseling, highlighting areas for better caregiver support.

Disclosure of Interest: None Declared

EPP480

Insights into emotional wisdom: Older adults' experiences of emotion and mental health

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Introduction: Emotions wield a substantial influence on mental and physical well-being in old age, encompassing both positive and negative feelings, and effective emotional regulation is linked to aging well. Therefore, understanding the intricate connection between emotions and mental health is essential for promoting healthy aging in late adulthood.
Objectives: This study aims to explore the dimensions between emotions and mental health and the crucial role of emotional wisdom in old age, shedding light on how it influences mental health and overall well-being among older adults.
Methods: This cross-national study included 348 older adults, aged 65 and older, from Portugal and England. Participants' experiences were portrayed through semi-structured interviews, which were analyzed using content analysis.
Results: Findings revealed four themes: (1) Emotional expression (88.3%), (2) Wisdom acquisition (79.2%), (3) Emotional self-regulation (71.7%), and (4) Ability to calm oneself (68.9%).
Conclusions: Through an exploration of emotional health and wisdom across various cultural lenses, this study illuminated the complex interactions between emotions and mental well-being. It emphasizes the imperative for nuanced understanding and targeted strategies that bridge emotional aging with mental health outcomes, advocating for policies and interventions that foster holistic psychological resilience in older adults.
Keywords: Emotion; emotional regulation; emotional health; emotional wisdom; mental health; older adults.

Disclosure of Interest: None Declared

Others

EPP481

The Impact of Childhood Maltreatment on Emotional Dysregulation in Adults with ADHD: A Comprehensive Study

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Introduction: Attention Deficit/Hyperactivity Disorder (ADHD) is a neurodevelopmental disorder characterized by symptoms of inattention, hyperactivity, and impulsivity, which adversely affect an individual's functioning across various domains, including home, work, and social environments. Recent research has underscored the presence of emotional dysregulation in individuals with ADHD, contributing to significant clinical and functional impairments.
Objectives: This study aims to investigate the presence and severity of emotional dysregulation and childhood maltreatment in adults with ADHD and to explore the potential association between emotional dysregulation and childhood maltreatment within this population.
Methods: The study included 80 newly diagnosed adult patients with ADHD and 80 healthy control participants. ADHD diagnosis or exclusion was conducted using the Diagnostic Interview for ADHD in Adults (DIVA 2.0) based on DSM-5 criteria. Additionally, the ADHD group underwent screening with the DSM-IV Structured Clinical Interview (SCID-I). Participants were assessed using the Difficulties in Emotion Regulation Scale (DERS), the Childhood Trauma Questionnaire (CTQ), the Beck Depression Inventory (BDI), the Beck Anxiety Inventory (BAI), and ADHD self-report scales (WURS and ASRS).
Results: The ADHD group exhibited significantly higher total and subscale scores on the DERS compared to the healthy control group ($p<0.001$). Similarly, except for the "physical neglect" subscale, all subscale scores and the total score on the CTQ were significantly elevated in the ADHD group relative to the control group ($p<0.001$). Significant correlations were identified between the subscales and total scores of the DERS and CTQ. Depression and anxiety levels emerged as predictors of emotion regulation difficulties within the ADHD group. Across the entire sample, childhood trauma exposure (CTQ score), ADHD symptoms in adulthood (ASRS score), and levels of depression and anxiety were identified as predictors of emotion regulation difficulties.
Conclusions: The findings indicate that adults with ADHD exhibit more pronounced emotional dysregulation and higher levels of childhood maltreatment compared to healthy controls. Furthermore, childhood maltreatment appears to exacerbate emotional dysregulation in this population.

Disclosure of Interest: None Declared

EPP482

The public health and mental health implications of alcohol consumption: a focus on epidemiology and prevention strategies

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Introduction: Alcohol use remains a significant public health issue across Europe, contributing to approximately 5% of premature deaths and 25% of all fatal road accidents. The effects of excessive alcohol consumption are widespread, impacting both physical and mental health. In Moldova, as in many other regions, alcohol use is a contributing factor to a range of health issues, including alcohol dependence and alcohol-induced psychoses. This underscores the importance of comprehensive strategies to address these challenges and promote better mental health outcomes.
Objectives: This study aims to analyze the epidemiological trends of alcohol use in Europe, particularly Moldova, and its associated mental health consequences. It explores the role of alcohol in the development of psychiatric comorbidities, including depression and anxiety, and discusses strategies for prevention and treatment.
Methods: Data from WHO and local health authorities were used to assess the incidence and prevalence of alcohol dependence and alcohol-induced psychoses. The study tracked trends from 2019 to 2023 across different regions in Moldova, comparing them with European data. Furthermore, the study examined the links between alcohol use and mental health disorders like depression and bipolar disorder, highlighting the complexities of managing these co-occurring conditions.
Results: The analysis of alcohol use patterns in Moldova revealed significant regional variations in both alcohol dependence and

alcohol-induced psychoses. For instance, the Northern region experienced an increase in alcohol dependence rates from 79,2 cases per 100,000 in 2019 to 99,2 in 2023. Similarly, the prevalence of alcohol-induced psychoses in the Central region rose from 26,4 cases per 100,000 in 2019 to 35,2 in 2023. These patterns are consistent with trends observed across Europe, where alcohol consumption is frequently linked to heightened risks of developing mental health disorders, particularly depression and anxiety. Furthermore, alcohol-related psychiatric conditions pose challenges for effective treatment, often requiring integrated care that addresses both substance use and mental health.

Conclusions: The evolving patterns of alcohol use and its associated mental health consequences highlight the need for integrated, non-stigmatizing public health interventions. Prevention strategies that combine public health education, policy reform, and improved access to mental health services can help reduce the burden of alcohol use on individuals and communities. Early intervention and personalized care approaches are essential for mitigating the dual impact of alcohol and mental health issues.

Disclosure of Interest: None Declared

EPP483

Assessing Knowledge and Confidence in caring for Autistic Patients: An Observational Cross-Sectional Study of Maltese General Practitioners and Psychiatrists

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Introduction: Autism is a neurodevelopmental condition affecting 1 in 36 people worldwide. Approximately one third of autistic individuals report a diagnosed mental health condition. Autistic people constitute 20% of referrals to outpatient psychiatry clinics. Limited knowledge and awareness of autism is the main barrier to receiving appropriate diagnostic and therapeutic support. Autistic individuals' increased mental health needs coupled with greater barriers to accessing healthcare necessitate that both primary care physicians as well as specialised services are well versed in working with these patients.

Objectives: This study aimed to evaluate knowledge of autism and self-reported confidence in caring for autistic patients amongst psychiatrists and general practitioners (GPs) in Malta. This will facilitate identification of lacunae in doctors' knowledge and advocating for greater training and awareness.

Methods: A online, anonymous questionnaire was distributed amongst psychiatrists and general practitioners in Malta as well as psychiatry and GP trainees. The questionnaire consisted of demographic questions, a 22-item modified Knowledge of Autism Scale as well as a 14-item Self-efficacy Scale targeting confidence in working with autistic patients. Data was analysed using SPSS and scores were adjusted for chance responses. Scores of the psychiatry group and the GP group were compared.

Results: The questionnaire was answered by 98 participants of which 60% (n=59) were female. The mean score on the knowledge of autism scale was 89.2% (SD=7.7) for psychiatry and 83.1% (SD=8.5) for GP. Mann Whitney U test revealed that psychiatrists fared better than GPs with an effect size of 0.35 (p=0.0003). The mean self-efficacy score was 6.7 (SD=0.4) for psychiatry and 5.7 (SD=0.8) for GP. Independent sample t-test revealed that psychiatrists scored better than GP (p=0.0003, 95% CI [0.509,1.49]). In both groups, there was no significant correlation between knowledge of autism scales and self-efficacy scales (psychiatry p = 0.26; GP p = 0.14).

Conclusions: General practitioners, psychiatrists and their trainees overall have good knowledge about autism, and feel moderately confident in working with autistic patients. As expected, psychiatrists scored better than GPs for both knowledge and self-reported efficacy. The scores obtained are comparable to studies done on a similar population in the United Kingdom. Unfortunately, Malta stilll lacks autism diagnostic services in the public sector. Nonetheless, undergraduate medical education and postgraduate training must strive to prepare doctors for working with this common cohort of patients. This will ensure a high standard of care and avoidance of adverse health outcomes or iatrogenic harm.

Disclosure of Interest: None Declared

EPP484

Happy in The Homeland? Satisfaction with Life and its Correlation with Flourishing and Affect Balance in Foreign-trained physicians who have Repatriated to Pakistan

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Introduction: International Medical Graduates add up to nearly one-third (23-28%) of the total physician workforce in the US, the UK, Australia, and Canada, of which around 40%-75% are from low-income countries. Pakistan is one of the three leading source countries following India and the Philippines. As per 2002 statistics by the Bureau of Emigration and Foreign Employment, only 10-15% of emigrated Pakistani physicians repatriate. No official data on the exact number of repatriated Pakistani physicians are available. This is the first original study that assessed satisfaction with life in physicians repatriating to a lower-middle-income country.

Objectives: To assess satisfaction with life (SWL) and its correlation with psychological well-being in foreign-trained, repatriated Pakistani physicians.

Methods: We conducted this cross-sectional study from April'22 to Nov'23, through purposive sampling among foreign-trained Pakistani physicians who repatriated at least three months before participating. We used the Scale of Positive and Negative Emotions (SPANE), Flourishing Scale, and Satisfaction with Life (SWL) scale. After transforming data to normality in SPSS 25 through the Distribution Fraction method, the independent sample t-test, and one-way ANOVA were applied. We assessed the correlation between affect balance, flourishing, and SWL through Pearson's correlation and ascertained the predictors of SWL through binary logistic regression (α=0.05).

Results: Of 109 respondents, the majority (70.6%) were males, from Punjab (83.5%), trained in USA/Canada (68.8%), and from the private sector (69.7%), with a Mean±SD age of 47.31±7.9. The total Mean ± SD SWL scores were 27.48± 5.03. 99 (90.8%) were satisfied with life while only 9.2% weren't. The currently married respondents (27.8±4.9 vs 24.6±5.4, p=0.04) while those from Sindh and KPK provinces had lower scores. We found a positive moderate correlation between SWL and flourishing (r=0.488), positive emotions (r=0.391), and affect balance (r=0.327) all at p=<0.001. We found good fitness of the final model with SWL as the outcome variable and Flourishing and Overall Affect Balance as predictors: Omnibus Tests of Model Coefficients (p=0.001) and Hosmer and Lemeshow tests (p=0.322). Only flourishing predicted SWL and with higher perceived flourishing, there were 1.3x higher odds of SWL.
Conclusions: This is the pioneer study to have addressed SWL and its correlation with psychological well-being in repatriated physicians, who using their skill sets and expertise, may help strengthen the healthcare system of the lower-middle income countries of origin, hence it's imperative to identify factors linked to their psychological well-being. We recommend further research on this particularly qualitative exploration.

Disclosure of Interest: None Declared

EPP485

Topiramate-Induced Phantosmia: A Case Report on Reversible Olfactory Hallucinations in Epilepsy Treatment

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Introduction: Topiramate is a widely prescribed anticonvulsant and migraine prophylactic agent, recognized for its efficacy in treating epilepsy and preventing migraines. While its use is generally well-tolerated, it is known to cause a range of side effects. However, olfactory hallucinations, also referred to as phantosmia, represent a rare and poorly documented adverse effect of Topiramate. Phantosmia involves the perception of smells in the absence of an external odor source. This case report presents the case of a woman who developed olfactory hallucinations following the re-initiation of Topiramate for epilepsy. The hallucinations resolved completely upon discontinuation of the drug. This report highlights the need for clinicians to be aware of this potential side effect.
Objectives: Topiramate is a well-established treatment for epilepsy and migraine prevention, but it can cause neurological and cognitive side effects like paresthesia, dizziness, memory issues and confusion. However, olfactory hallucinations are rare and underreported. This case report aims to contribute to the limited literature by documenting a case of reversible phantosmia related to Topiramate.
Methods: A woman presented with complaints of persistent olfactory hallucinations, perceiving unpleasant odors in the absence of any external source. Her medical history was unremarkable, apart from a diagnosis of epilepsy. After other treatments had limited success, she was started on Topiramate a couple of weeks before the manifestation of the olfactory hallucinations. Weeks after starting Topiramate, the patient began experiencing olfactory hallucinations which interfered with her daily life. The patient had no prior history of olfactory disorders, nasal pathology or psychiatric conditions and her physical examination was unremarkable. Upon investigation, no structural abnormalities were found.
Results: The patient's medication history revealed that the onset of olfactory hallucinations coincided with the initiation of Topiramate. After discussing the side effect profile of the drug, it was decided to discontinue Topiramate. Within two weeks of discontinuation, the patient reported a complete cessation of the olfactory hallucinations. A follow-up evaluation showed no recurrence of the symptoms after switching to an alternative therapy. Given the temporal relationship between the onset of olfactory hallucinations and Topiramate use, alongside the resolution of symptoms upon drug discontinuation, a diagnosis of Topiramate-induced phantosmia was made.
Conclusions: This case highlights a rare but significant adverse effect of Topiramate, olfactory hallucinations. Given the reversibility of this side effect upon discontinuation of the drug, physicians should be vigilant in monitoring for sensory disturbances in patients administered with Topiramate. Awareness of phantosmia as a potential adverse effect will allow for appropriate management, potentially preventing patient distress.

Disclosure of Interest: None Declared

Oncology and Psychiatry

EPP487

Anxiety and depression as aspects of influence on the quality of life in patients with lymphoproliferative diseases

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Introduction: The high prevalence of anxiety and depression among patients with cancer has an impact on a decrease in quality of life. there are practically no studies among people with lymphoproliferative diseases, which determines the relevance of our study. Purpose: to assess the prevalence of anxiety-affective spectrum disorders and their impact on the quality of life and adaptability in patients with non-Hodgkin lymphoma (NHL), Hodgkin lymphoma (HL) and a group, including malignant neoplasm of the body of the stomach and T- and B- cellular lymphoma.
Objectives: 95 patients (women - 52, men - 44) diagnosed with NHL, HL, others were examined using a continuous sampling method.
Methods: Clinical interviews; the author's questionnaire; HADS, EQ-5D, EQ-VAS, PSM-25. STATTECH were used to process the data.
Results: The average age was 52.8±8.3 years (18 to 86). 3 groups: 1-non–Hodgkin's lymphoma, 2-Hodgkin's lymphoma, 3- malignant neoplasm of the stomach body and T- and B-cell lymphoma. In gr-s 1 and 2 (90% and 85%), no symptoms of anxiety were detected. In gr 3, clinically pronounced anxiety levels were uniformly detected in 50%. Depressive symptoms a predominantly

absence in all groups (1 - 95%; 2 - 86% and 3 - 75%) p>0.05. The assessment of quality of life: in gr 1 and 2, most of the patients noted that they experience some difficulties in the final indicator (55% and 61%), pronounced problems prevail in gr 3 (50%). The mobility of the majority in all groups does not suffer or suffers to a minor extent, 80% of all noted the absence of difficulties in self-care. "daily activity" were a statistically significant - 64% maintained it at a high level (p=0.006); Pain/discomfort is experienced by more than half of the respondents to a moderate degree 55% (p=0.003). In gr 1 and 3, the average of EQ-VAS determined at a level of more than 70 (the arithmetic mean 78 and 73), which indicates a more favorable sense of self. In gr 2 the average was determined at 68, also characterizes a high level of assessment of their general condition, in all patients with CLL, according to PSM 25, the stress level was determined to be low, indicates a state of psychological adaptation to workloads in 100%. In the gr 1, 12 people (17%) were identified with an average level of stress and reduced adaptation and need the rest for this contingent.

Conclusions: our pilot study showed that patients with lympho-proliferative diseases are characterized by a slight decrease in their quality of life, a high level of life satisfaction, good stress resistance to workloads. The main symptoms (reliably expressed in 55%), are moderate severity of pain and discomfort. The obtained data make it possible to emphasize the heterogeneity of the prevalence and severity of anxiety-affective symptoms in patients with various types of oncological diseases.

Disclosure of Interest: None Declared

EPP488

Psychological distress and unmet support needs among individuals at high hereditary cancer risk: Preliminary findings from a national needs assessment

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Introduction: Individuals at high familial or genetic risk of cancer face unique psychological challenges that can lead to significant distress, including worry, fear, and uncertainty about their future health and family members' risk. This study assessed mental health challenges, including anxiety and depression, in this population and explored their preferred forms of psychological support.

Objectives: To examine the prevalence of psychological distress in individuals at high hereditary cancer risk, the relationship between their current perceived support and distress, and preferred psychological support forms to inform the development of tailored mental health services.

Methods: Participants (N = 152; 95% female, 3% male, 2% non-binary; mean age = 42.6 ± 8.3) were cancer-free residents of the Republic of Ireland identified as high-risk for hereditary cancer through high-risk clinic attendance or self-reported genetic screening or family history. They completed a cross-sectional survey using standardised mental health assessments, including Generalized Anxiety Disorder-7 (GAD-7) and Patient Health Questionnaire-9 (PHQ-9), and self-reported adequacy of psychological support and preferences. Descriptive statistics and post-hoc tests were used to analyse psychological distress, support adequacy, and preferences.

Results: Moderate to severe anxiety (GAD-7 ≥10) was reported by 23%, and moderate to severe depression (PHQ-9 ≥10) by 18%. Participants reporting inadequate support had significantly higher anxiety (M = 8.1 ± 6.2) and depression (M = 6.4 ± 5.7) scores than those with adequate support (GAD-7: M = 4.2 ± 3.9; PHQ-9: M = 3.6 ± 3.9). ANOVA indicated significant differences in anxiety ($F(2,132) = 7.04$, $p = .001$) and depression ($F(2,130) = 4.68$, $p = .011$) scores across support levels. Post-hoc Tukey tests showed poorer mental health for those without support ($p < .001$ for anxiety; $p = .013$ for depression). Mental health professionals (psychologists and counsellors) were the top preferences for support, chosen by 74.8% of participants, with 47.5% selecting a psychologist and 27.3% a counsellor. An additional 12.2% preferred a healthcare professional (e.g., General Practitioner or nurse).

Conclusions: This study provides important insights into the mental health challenges faced by individuals at high hereditary cancer risk, particularly those lacking adequate psychological support. Participants reporting inadequate support experienced significantly higher levels of anxiety and depression. These findings highlight the importance of ensuring adequate psychological support services for this population and their strong preference for professional psychological care. Integrating this care into routine genetic counselling and oncology services could help to address the unmet mental health needs of this underserved population.

Disclosure of Interest: None Declared

EPP489

Does caregivers' mental health impact the quality of life of adolescent and young adult cancer survivors? Preliminary results of a dyadic study

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Introduction: When an adolescent or young adult is diagnosed with cancer, they're frequently accompanied by their caregiver. Literature shows that caregivers of adolescents and young adult cancer survivors (AYACS) frequently experience high anxiety and depressive symptoms. Being these caregivers an important source of support to AYACS during this challenging journey, one question emerges: does caregivers' mental health impact AYACS' quality of life (QoL)?
Objectives: Considering this, this study examined the associations between caregivers' mental health and AYACS' QoL.
Methods: Forty-eight dyads were recruited in four hospitals and one association in Portugal. AYACS were mostly women (62.5%) and off-treatment (62.5%). They were, on average, diagnosed at 18.9 years (range: 15-25) and currently 21.98 (range: 15-38). Their caregivers were mostly women (77.1%) and, on average, 47.02 years (range: 19-76). Parent-child dyads were the most frequent. The Quality of Life Questionnaire Core-30 assessed the AYACS' QoL. Caregivers' mental health, the Hospital Anxiety and Depression Scale, and the FCR7 scale assessed caregivers' anxiety and depressive symptoms and fear of cancer recurrence, respectively.
Results: Preliminary results show that among AYACS' QoL, only low social functioning was significantly related to high anxiety and depression in caregivers. Treatment status was also significantly positively related to AYAs' social functioning and negatively to caregivers' anxiety and depression. AYAs and caregivers' ages at recruitment were also negatively correlated with caregivers' anxiety. Age of AYACS at diagnosis, living with caregiver, and type of caregiver were not related to AYACS social functioning nor caregiver anxiety and depression. A model was tested, showing that caregivers' anxiety and depression predict AYAs' social functioning, having treatment status as covariable.
Conclusions: Caregivers' mental health and treatment status were shown to be important for AYACS' QoL, especially social functioning. This supports the need to assess how caregivers are adapting to this new stage of life and provide specialized support when needed. This could indirectly have a positive impact on the QoL of AYACS. It's important that the support provided considers the diverse challenges these caregivers face, which can differ from other caregiver groups.

Disclosure of Interest: None Declared

EPP490

Effectiveness of psychosocial interventions on resilience, posttraumatic growth, and meaning in cancer survivors: a systematic review and meta-analysis of randomized controlled trials

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Introduction: A growing body of literature focuses on psychosocial interventions that include positive outcomes such as resilience, posttraumatic growth, and meaning in cancer survivors. A research synthesis is needed to provide a comprehensive understanding of this field.
Objectives: This systematic review and meta-analysis of randomized controlled trials (RCTs) aimed to determine the effectiveness of psychosocial interventions on resilience, posttraumatic growth, and meaning in cancer survivors.
Methods: CINAHL Plus with Full Text (EBSCOhost), CENTRAL, Pubmed, and WOS Core Collection databases were searched with no publication date or language restrictions. In addition, backward and forward citation searching was conducted in the Scopus database. The risk of bias of included studies was performed using the Revised Cochrane risk-of-bias tool for randomized trials (ROB2). The Grading of Recommendations, Assessment, Development, and Evaluation (GRADE) approach was used for rating the certainty of evidence assessment. Analyses were carried out using IBM SPSS Statistics 28, trial version.
Results: The review included 14 RCTs with 1801 participants, published between 2005 and 2022. 10 of 14 RCTs reporting posttraumatic growth and/or meaning outcomes were involved in quantitative analysis. The overall risk of bias was judged as "some concerns" or "high" for all but one study. The pooled results suggested a small, beneficial effect in favor of psychosocial interventions on meaning "from pre-to immediately post-intervention," compared with routine care (Cohen's d = -0,298, 95% CI: -0,518 to -0,077; p = 0.008; I^2 = 0%; 319 participants; low-certainty evidence), but no sustained effects "from pre-intervention to the longest follow-up" period (Cohen's d = -0,172, 95% CI: -0,361 to 0,018; p = 0.075; I^2 = 0%; 433 participants; low-certainty evidence). No significant differences were found for posttraumatic growth between the effects of psychosocial interventions and routine care "from pre-to immediately post-intervention" (Cohen's d = -2.310, 95% CI: -5.735 to 1.115; p = 0.186; I^2 = 99.6%; 498 participants; very low-certainty evidence) and "from pre-intervention to the longest follow-up" (Cohen's d = -1.612, 95% CI: -3.847 to 0.623; p = 0.157; I^2 = 99.6%; 947 participants; very low-certainty evidence) periods. The effects of psychosocial interventions on resilience could not be pooled since only two studies existed.
Conclusions: The effectiveness of psychosocial interventions on all study outcomes is uncertain, and additional evidence are needed. Future RCTs of high methodological quality are warranted to meet the robust effects of psychosocial interventions in cancer survivors.

Disclosure of Interest: None Declared

Psychopathology

EPP491

Reevaluating Auditory Hallucinations: Beyond the Psychotic Disorder Paradigm

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Introduction: Auditory hallucinations (AH) are frequently considered a hallmark of psychotic disorders. Even in the absence of any other features, persistent AH will fall under the DSM-5 label of Other Specified Schizophrenia Spectrum and Other Psychotic Disorder. However, AH are not exclusive to psychosis and can occur across various psychiatric and neurological conditions. Furthermore, AH have been reported in the general population, with prevalence estimates ranging from 4% to 21%. While typically transient and sporadic, a minority may experience recurrent and

persistent AH. These experiences, spanning from subclinical to pathological, have been lately understood within the framework of the "extended psychosis phenotype".
Objectives: This study aims to challenge the conventional view of AH as definitive indicators of psychotic disorders by examining their occurrence in different contexts and exploring the relevance of the "extended psychosis phenotype" in understanding these symptoms.
Methods: A literature review was conducted using the keywords "auditory hallucinations", "extended psychosis phenotype" and "phenomenology" in the PubMed and Google Scholar databases.
Results: Psychotic experiences seem to run in families, suggesting a transdiagnostic psychosis trait that may be passed down independently of emotional or thought regulation processes. As a result, psychosis - and AH in particular - can be expressed across multiple disorders, including schizophrenia, bipolar disorder, major depressive disorder, anxiety disorders, autism spectrum disorders, post-traumatic stress disorder (PTSD), and certain personality disorders, such as borderline personality disorder (BPD). Phenomenological differences of AH across these conditions remain unclear. Notably, evidence challenges the concept of 'pseudohallucinations' in BPD, showing that AH can be as severe and persistent as those in schizophrenia. Neurobiologically, AH are not always linked to abnormal dopamine activity, which calls into question the routine use of antipsychotics for all psychotic-like symptoms. Environmental and psychological factors, such as trauma, also play a role in AH, especially in BPD and PTSD. In such cases, psychosocial interventions, such as cognitive-behavioral therapy and trauma-focused therapies, are often more effective than pharmacological treatments. Finally, AH can occur in isolation, with a generally low risk of progressing into a full psychotic disorder unless accompanied by other psychotic symptoms or functional impairments.
Conclusions: The diagnostic approach to AH should be reconsidered to avoid automatic narrowing of differential diagnosis to psychotic disorders. AH can emerge from various mechanisms, including non-dopaminergic pathways. Recognizing the extended psychosis phenotype and transdiagnostic psychosis trait is crucial for understanding the continuum of psychotic experiences and improving treatment approaches.

Disclosure of Interest: None Declared

Psychotherapy

EPP492

Imagery Rescripting and Emotional Regulation: Evidence from Neuroimaging Studies

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Introduction: Dysfunctions in mental imagery are linked to various psychopathologies, including intrusive memories from trauma, distorted perceptions of reality, and mood disorders. Therapeutic approaches, such as Imagery Rescripting (ImRs), address emotional dysfunctions by modifying mental images. ImRs is a cognitive-behavioral process requiring substantial visuospatial working memory, where distressing memories are recalled and actively altered to reduce their emotional impact. Neuroimaging studies suggest that ImRs engages mechanisms related to sensory perception and autobiographical memory recall.
Objectives: The objective of this paper is to review recent functional neuroimaging evidence on the effects of ImRs on emotional regulation. Specifically, it seeks to explore the neurological mechanisms of ImRs, focusing on its interaction with visuospatial working memory and sensory-perceptual processes to influence emotional outcomes.
Methods: An integrative review of neuroimaging studies on ImRs was conducted using databases like PubMed and Google Scholar, with keywords such as "ImRs" and "functional MRI (fMRI)." The review focused on studies from the last 10 years. Brain areas involved in emotional regulation, such as the visual cortex, amygdala, prefrontal cortex, and hippocampus, were emphasized. Both experimental and clinical studies were included to provide a comprehensive understanding of ImRs' neurobiological mechanisms.
Results: ImRs improves emotional regulation by activating brain systems involved in visuospatial working memory and emotional responses. Neuroimaging studies reveal that ImRs stimulates the visual cortex and other regions, depending on the type of mental imagery. Emotional systems responsible for primary responses like fear and reward are influenced through these sensory-perceptual processes. Since these emotional systems develop before language, ImRs effectively modifies emotional responses tied to distressing memories by altering the brain's sensory processing. The findings suggest that ImRs reshapes neural pathways related to visuospatial memory and emotional processing, with significant activation of the visual cortex, amygdala, and prefrontal cortex during rescripting. This highlights its potential as a therapeutic tool for emotional dysfunctions, such as trauma and mood disorders. However, gaps remain in fully understanding its long-term neurological effects and the complete range of brain regions affected by ImRs.
Conclusions: This review highlights the potential of ImRs in regulating emotions by influencing key brain regions. While ImRs shows promise in modifying emotional responses and neural pathways, there are still gaps in understanding its long-term effects. Future research should focus on these gaps, using advanced neuroimaging techniques and examining its effects across diverse clinical populations to fully elucidate its neurobiological mechanisms and optimize therapeutic applications.

Disclosure of Interest: None Declared

Psychopathology

EPP493

Prevalence and characteristics of Attention Deficit Hyperactivity Disorder in Adults with Autism Spectrum Disorders without intellectual disabilities

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Introduction: Autism spectrum disorder (ASD) and attention deficit hyperactivity disorder (ADHD) are two common neurodevelopmental conditions, whose prevalence in the general population has

significantly increased in the last decade (2.2% and 2.5%, respectively). The co-occurring prevalence of ASD and ADHD is estimated at approximately 28% (Lai et al. 2019), and the differential diagnosis between these two conditions has become increasingly challenging, especially in adulthood. For instance, both individuals diagnosed with either ASD or ADHD might present social difficulties, despite the underlying causes are notably different: individuals with ASD struggle with social approach and communication, while individuals with ADHD might show distractibility and rapid loss of interest in social activities, or even exhibit behaviors perceived as annoying or rude, such as interrupting and intruding conversations (Antshel & Russo, 2019). Most importantly, in both ASD and ADHD (and especially in women) copying strategies such as the well-known "camouflaging" were observed, to mask autistic- or ADHD-related traits, to try to fit into a society mainly structured by and for neurotypical individuals (Lai & Baron-Cohen, 2015), but ultimately affecting their physical and mental health.

Objectives: Aim of this study was to estimate the prevalence of ADHD traits and diagnosis in a sample of adult individuals with ASD without intellectual disabilities, examine sex differences in ADHD features, and explore the association between impulsivity and autistic traits.

Methods: 146 adults with ASD completed assessments for autistic-, ADHD-traits, and impulsivity. Those above the ADHD-traits cut-off underwent the Diagnostic Interview for ADHD in adults (DIVA-5).

Results: 42 subjects (28.8%) were diagnosed with ADHD comorbid with ASD (26 combined type, 16 inattentive, 0 impulsive). Most diagnosed subjects (71.4%) were females, but males scored higher on inattentive and hyperactive-impulsive symptoms. Autistic traits were positively correlated with attentive impulsiveness.

Conclusions: Adults with ASD without intellectual disabilities show a significant prevalence of comorbid ADHD, particularly with inattentive symptoms. Attention difficulties are common in both disorders. Further studies and tailored diagnostic processes are needed to assess sub-threshold symptoms in ASD, ADHD, and other neurodevelopmental conditions.

Disclosure of Interest: None Declared

Psychotherapy

EPP494

Network Analysis of Symptom Structures in Autism, Schizophrenia, and Non-Diagnosed Controls

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Introduction: Despite differences in the onset and symptomatology, Autism Spectrum Disorder (ASD) and Schizophrenia (SCH) are neurodevelopmental conditions with evolving conceptual links in modern psychiatry. This stems from increasing evidence suggesting overlap in social cognition, attachment and the conceptualization as disorders of the self. A transdiagnostic approach, in which network analysis can play an important role, offers valuable insights into the complex interrelationships between symptoms and key constructs in the psychopathology of them. It may reveal underlying similarities and differences, contributing to more targeted interventions.

Objectives: Our study aims to investigate the symptom structures of ASD, SCH, and neurotypical individuals (NTP) using network analysis. By comparing them, our explorative goal was to identify key constructs and their connections, providing potential intervention targets. We hypothesize that both ASD and SCH networks will significantly differ from the NTP network, and that mentalization and disorganized schizotypy would be the most central nodes in the networks of ASD and SCH.

Methods: In a cross-sectional study, 1694 participants were involved in the analysis (NNTP=1477, NASD=155, NSCH=62). Participants completed self-report questionnaires. Based on theoretical and methodological considerations we included psychological inflexibility, mentalization, insecure attachment, perceived social support, minimal and narrative self, negative and disorganized schizotypy, autistic traits, anxiety in the analysis. Gaussian Graphical Models were used to estimate relationships between constructs, with LASSO regularization, focusing on network centrality and predictability measures. Network Comparison Test was applied to unveil local and global differences.

Results: A comparative representation with node scaling for predictability values are shown in image 1 and image 2. Minimal self was the most predictable node in each case. Central nodes in the ASD network were psychological inflexibility and minimal self, in the SCH network narrative self and insecure attachment, in the NTP network psychological inflexibility and minimal self. Significant differences in global strength were observed between ASD and NTP networks. Details of a relevant pattern are shown on image 3.

Image 1:

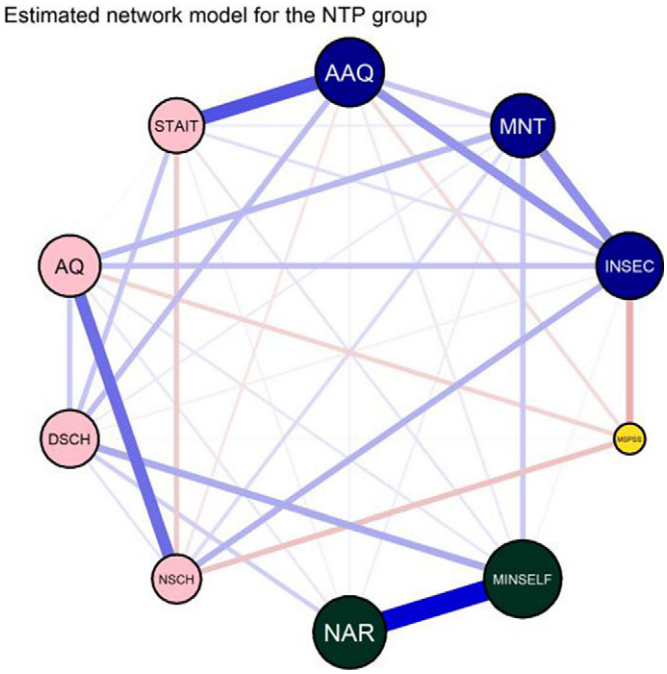


Image 2:

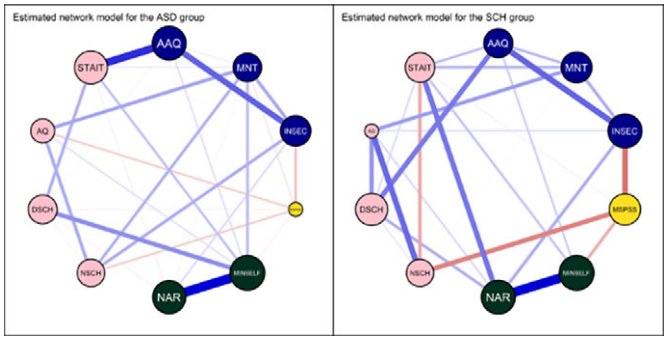


Image 3:

Node1	Node2	NTP	ASD	SCH
mentalization	minimal self	0.1304	0.1467	0
mentalization	narrative self	0.0415	0.0176	0
insecure attachment	minimal self	0.0244	0	0
insecure attachment	narrative self	0	0.0805	0.1712
perceived social support	minimal self	0	-0.0281	-0.1695
perceived social support	narrative self	-0.003	0	0
minimal self	autistic traits	0.0565	0.0700	0
narrative self	autistic traits	0.0516	0	0.0835

Conclusions: Our study highlights distinct symptom networks in ASD and SCH, with distinct centralities emerging. Results suggest interventions targeting psychological inflexibility and self-concept may be effective for ASD, while in SCH, narrative self experience and attachment insecurity may be beneficial. Results show that focusing on isolated constructs may overlook the importance of other constructs. By focusing to the strongest edges and relevant patterns, clinicians may benefit from interventions that simultaneously target the dimensions of the relationships, also considering the most central nodes in the network.

Disclosure of Interest: None Declared

Psychopathology

EPP495

The Phenomenology of Bereavement: Sensory Experiences of the Deceased

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Introduction: Many grieving individuals report sensory and phenomenological experiences involving deceased loved ones, such as visual, auditory, or sensed presences. These experiences are common across cultures, with 40-70% of bereaved spouses reporting them. They can provide comfort or cause distress, and can last from brief moments to several years. Despite their prevalence, there is limited empirical research on these occurrences, leaving mental health professionals often unprepared to address them.
Objectives: This study aims to explore the phenomenology of sensory experiences with the deceased, the factors associated with these experiences, and their impact on grieving individuals.
Methods: A bibliographic review was conducted using PubMed, using terms like "Bereavement," "Hallucinations," "Phenomenology," and "Sensory Experiences."
Results: The review indicates that sensory experiences involving deceased loved ones should not automatically be viewed as pathological. Rather, these experiences may function as adaptive responses that help maintain emotional bonds with the deceased, facilitating the grieving process. Research highlights that "sensing a presence" is the most frequently reported phenomenon, followed by visual and auditory encounters. Key factors influencing these experiences include sensory deficits, cognitive difficulties and poor sleep.These phenomena are particularly common among older adults, with women more likely than men to report them. Strong emotional ties, marital satisfaction, and having children with the deceased correlate positively with these sensory experiences. High levels of avoidant coping are significant predictors of experiencing these phenomena, while a more detached coping style appears to help in accepting the finality of the loss. Studies suggest that those who have these experiences often report greater levels of prolonged grief, PTSD, depression, and feelings of emotional loneliness compared to those who do not. However, these experiences do not necessarily result in better or worse clinical outcomes. Mental health professionals must create a supportive environment where individuals can discuss these experiences without fear of judgment or being labeled as mentally ill. Understanding these phenomena as psychologically meaningful and significant to the bereaved can promote healing.
Conclusions: This review emphasizes the need for a nuanced understanding of sensory experiences involving the deceased, moving beyond simplistic interpretations as signs of mental illness. Instead, these experiences should be seen as contextually meaningful and part of the bereaved's relationship with the deceased. For those distressed by these experiences, therapeutic interventions could focus on reshaping their relationship with the deceased or modifying their responses.

Disclosure of Interest: None Declared

Personality and Personality Disorders

EPP499

Prevalence of personality disorder diagnoses in people referred to specialized gender identity clinics in Finland

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Introduction: Personality disorders are defined as maladaptive traits of personality and behavior causing severe harm to an individual or people around them. Personality development is closely related to identity development. Higher prevalence on personality disorder diagnoses has been found to be associated with gender dysphoria. However, previous research on this topic has been scarce and methodically varying (Table 1, Image 1&2).
Objectives: The object of this research was to determine the prevalence of personality disorder diagnoses in individuals requesting medical gender reassignment.
Methods: A register-based follow-up study of individuals who contacted the nationally centralized gender identity services in Finland in the period 1996-2019 (n=3,665) and 8:1 age and sex-matched population controls (n=29,292). All their specialist-level psychiatric treatment contacts in 1994-2022 were identified in the National Care Register for Health Care. ICD-10 diagnoses and dates of the contacts were extracted.
Results: Among the gender dysphoria group, 15.0% (551 out of 3,665) had received a diagnosis in the personality disorder group (F60-69 excluding F64.x) in specialized psychiatric health care, while among the control subjects, 2.1% (625 out of 29,292) had received such a diagnosis (Table 2). The most common personality disorder among the gender dysphoria group was borderline personality disorder.

Image 1:

Table 1. Studies examining the prevalence of personality disorders in GD populations. Terminology used as in the referenced studies.

Reference	Samplesize	AMAB/MtF	AFAB/FtM	Age (years). Range (Mean (sd))	Tool(s)	PD %/Sample	Controls, PD %, (p)
Anzani et al. 2020(Anzani et al., 2020)	91	48	43	17–65 (28.2(11.7))	SCID II + PID-5	49.5% /*	Controls assessed with PID 5 but not with SCID-II
Bodlund et al. 1993(Bodlund et al., 1993)	19	10	9	19–50 (30 women and 37 men)	SCID II + GAF>70	26% /*	133 healthcare workers and students, 17% (p<0,05)
Bodlund and Armelius 1994(Bodlund & Armelius, 1994)	18 + 11 (GIDAANT)	9+9	9+2	19-56 (39 men, 32 women) + 23-51 (33)	SCID II + GAF	39.8% (GIDAANT), 28.6% transsexual. /*	133 controls, 17.1%, (p<0,05 GIDAANT)
Cole et al. 1997(Cole et al., 1997)	435	318	117	MtF (32(9)) FtM (30(8))	Clinical interview, MMPI (n=137)	3.7% /* / **	---
Deiana et al. 2016(Deiana et al., 2016)	25	14	11	(29.6(9.5))	MMPI-2 and SCID-II	39.1% /*	---
Duišin et al. 2014(Duišin et al., 2014)	30	21	9	19–49 (30.4(14.5))	SCID-II	66% /* / **	30 controls, anonymous online survey, 37% (0,029)
Hepp et al. 2005(Hepp et al., 2005)	31	20	11	(33.4(10.3))	SCID-II	41.9% / **	---
Heylens et al. 2014(Heylens et al., 2014)	144			MtF (35.3 (12.3)) ja FtM (28.5(10.1))	SCID-II	15% /*	---
James et al. 2020(James et al., 2020)	82	49	31	5–74 (24)	Diagnosed in the healthcare system	22% /*	---
Lingiardi et al. 2017(Lingiardi et al., 2017)	44	28	16	17–44 (29(8))	SWAP-200	16% / **	---
Madeddu et al. 2009(Madeddu et al., 2009)	50	34	16	(31.74(7.06))	SCID II	52% /*	---
Meybodi et al. 2014(Meybodi et al., 2014)	73	42	31	(25.3(6.4))	MCMI II	81.4%, /*	
Miach et al. 2000(Miach et al., 2000a)	82	82		33.5((10.8)) (transsex.) 35.6 ((10.5)) (GIDAANT)	MMPI-2	65% (GIDAANT) and 29% transsexuals / *	---
Strauss et al. 2019(Strauss et al., 2020)	859	220	639	14–25 (19.37 (3.15))	Anonymous online survey	20.5% /population based	---
Zimmerman et al. 2022(Zimmerman et al., 2022)	69			18–80 (26.7(14.4))	SIDP-IV"	36% / psychiatric inpatients	2143 Cis-gendered psychiatric inpatients; 18.8% (P<0,05)

PD = Personality disorder diagnoses, *GD group seeking for gender-affirming interventions, ** GD group undergoing/undergone gender-affirming interventions, "SIDP-IV (Structured Interview for DSM-IV Personality) focused exclusively on the BPD section. AMAB=Assigned Male at birth, AFAB= Assigned Female at birth, MtF= Male to Female, FtM= Female to Male, GIDAANT= Gender Identity Disorder in Adolescence and Adulthood Non-Transsexual, SCID = Structured Clinical Interview for DSM, MMPI= The Minnesota Multiphasic Personality Inventory, MCMI = Millon Clinical Multiaxial Inventory, SWAP = The Shedler-Westen Assessment Procedure, GAF = Global assesment of functioning, PID-5 = The Personality Inventory for DSM-V

Image 2:

Image 3:

Table 2. Distributions of the different F60-69 group diagnoses.

Personality Disorder	All (%)	GD %(n)	Control % (n)	P value
Paranoid (F60.0) Schizoid (F60.1)	0.1	0.6 (23/3665)	0.1 (19/29292)	<0.001
Antisocial (F60.2) Histrionic (F60.4)	0.1	0.1 (5/3665)	0.1 (19/29292)	0.2
Borderline (F60.3)	1.5	6.1 (222/3665)	0.9 (259/29292)	<0.001
Obsessive (F60.5), Avoidant (F60.6) Dependent (F60.7)	0.5	2.6 (94/3665)	0.3 (85/29292)	<0.001
NOS (F60.9)	0.6	2.3 (84/3665)	0.4 (110/29292)	<0.001
Mixed (F61)	0.6	2.4 (87/3665)	0.3 (95/29292)	<0.001
F62, F63, F65, F66, F68, F69	0.2	0.8 (29/3665)	0.2 (50/29292)	<0.001

Conclusions: Personality disorders are overrepresented among those seeking medical gender reassignment. Further research is needed to explore the factors contributing to the higher prevalence of personality disorders among individuals with gender dysphoria.

Disclosure of Interest: None Declared

EPP500

On the 'border-lines' of ADHD: Personality Traits, Diagnostic Overlaps and Clinical Implications

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Introduction: Attention Deficit and Hyperactivity Disorder (ADHD) is a neurodevelopmental condition characterized by persistent patterns of inattention, hyperactivity, and impulsivity. Beyond

these core symptoms, ADHD seems to present complex associations with certain personality traits and to share several clinical features with personality disorders (PDs), particularly those within Cluster B. This overlap of symptomatology may lead to diagnostic challenges and potential misdiagnoses. This paper reviews the literature on the relationship between ADHD and personality traits, highlighting overlaps with personality disorders and exploring their clinical and diagnostic implications.
Objectives: The primary objective of this review is to understand the potential associations between ADHD and specific personality traits, focusing on the extent to which these traits overlap with clinical features of personality disorders.
Methods: A non-systematic literature review was conducted using major databases such as PubMed, Wiley and ScienceDirect targeting peer-reviewed studies published over the last two decades. The search terms included "ADHD," "personality traits," "personality disorders," and "diagnostic overlap." Relevant studies were selected based on their focus on adult ADHD and its association with personality traits and personality disorders. Review articles and cross-sectional studies were included.
Results: The currently available literature reveals significant associations in the clinical presentation of ADHD and specific personality traits (changing accordingly to different models of personality assessment), as well as a relevant diagnostic overlap with Cluster B personality disorders, particularly Borderline Personality Disorder (BPD) and Antisocial Personality Disorder (ASPD). Shared features include impulsivity, emotional dysregulation, and difficulty in maintaining relationships. The presence of ADHD seems to increase the likelihood of personality pathology, with some studies suggesting a high co-occurrence of ADHD with traits of increased neuroticism and novelty-seeking, and decreased conscientious inhibition.
Conclusions: ADHD and personality disorders share multiple overlapping clinical features, making accurate diagnosis challenging and potentially delaying adequate treatment. Thus, as suggested in some of the articles reviewed, an integrative and dimensional approach to such clinical pictures may be more adequate, so to ensure a profound understanding of the difficulties presented by patients, aiming at providing accurate and tailored treatment. Further research is needed to refine diagnostic criteria and strengthen a standardized dimensional thinking to address this diagnostic ambiguity.

Disclosure of Interest: None Declared

Psychoneuroimmunology

EPP501

The association of salivary biomarkers with self-compassion and perfectionism in medical students exposed to pre-exam stress

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Introduction: Evidence has shown that perfectionism is linked with increased perceived stress, whereas self-compassion might mitigate poor outcomes related to stress. However, how these traits influence stress responses in a naturalistic setting is unclear.
Objectives: The study aims to test the associations of perfectionism and self-compassion traits with stress-related biomarkers, namely C-reactive protein (CRP), alpha-amylase, and cortisol, in medical students exposed to pre-exam stress.
Methods: 61 second-year medical students were enrolled in this study. At baseline, perfectionism and self-compassion were self-rated using the Self-Compassion Scale and the Short-Revised Almost Perfect Scale, respectively. Morning saliva samples were collected at baseline and one week before the exam. The levels of salivary CRP, alpha-amylase, and cortisol were quantified as biomarkers for inflammation, sympathetic activity, and hypothalamus-pituitary-adrenal axis, respectively, using enzyme-linked immunosorbent assay. Multiple linear regression analysis was performed to test the associations between the two traits with pre-exam salivary biomarkers, adjusted for baseline salivary biomarkers, age, sex, and body mass index (BMI). Other potential confounding variables, including acute illness, underlying mood disorder, and lifestyle factors, were also added to the model as sensitivity analyses.
Results: Adjusted for the baseline level of biomarker, age, sex, and BMI, perfectionism traits significantly predicted pre-exam salivary alpha-amylase (B = 0.04, 95% CI 0.01 to 0.07, p = .007), but not CRP (B = -0.03, 95% CI -0.07 to 0.01, p = .177) or cortisol (B = 0.004, 95% CI -0.005 to 0.012, p = .424). No significant associations were found between self-compassion traits and the pre-exam levels of all three salivary biomarkers. The sensitivity analysis, additionally adjusted for other potential confounding factors, confirmed the significant positive association between perfectionism traits and pre-exam salivary alpha-amylase (B = 0.04, 95% CI 0.01 to 0.07, p = .006).
Conclusions: Perfectionism traits could positively predict the level of morning salivary alpha-amylase in naturalistic stress exposure, suggesting a heightened sympathetic activity among those with high perfectionism in response to stress. Replication studies in a larger sample with more diverse populations are warranted.

Disclosure of Interest: None Declared

Psychopharmacology and Pharmacoeconomics

EPP502

Impact of Grapefruit Consumption on Plasma Concentrations of Psychiatric Medications through CYP3A4 Inhibition

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Introduction: The interaction between grapefruit juice and certain psychiatric medications can lead to significant clinical implications due to the inhibition of the cytochrome P450 3A4 (CYP3A4) enzyme (Fuhr et al. CPT 2023, 114(2), 266-275; Guttman et al. Phytother. Res 2020, 34(5), 1168-1176; Paine et al. Drug Metab. Dispos 2004, 32(10), 1146-1153; Paine et al. J. Pharmacol. Exp. Ther 2005, 312(3), 1151-1160; Schmiedlin-Ren et al. Pharmacol. Ther 1997, 66(2), 234-241). Grapefruit juice contains furanocoumarins, specifically bergamottin and 6',7'-dihydroxybergamottin

(DHB), which irreversibly inhibit CYP3A4, potentially increasing drug plasma concentrations and the risk of adverse effects (Bailey et al. CPT 1998, 64(3) 248-256; de Castro et al. J. Agric. Food Chem 2006, 54(7) 2498-2503; Row et al. J. Med. Chem 2005, 49(20), 6139-6146).
Objectives: This review aims to quantify the impact of grapefruit juice on the plasma concentrations of buspirone, carbamazepine, and diazepam and to understand the duration of these effects to better manage patient safety.
Methods: A comprehensive review of existing pharmacokinetic studies (Furukori et al. BJCP 2003, 55(3), 307-311; Lane et al. Psychopharm 2001, 155(3), 356-359; Tanaka et al. Clin. Pharm 2013, 52(5), 397-420; Wang et al. CPT 1993, 65(3), 314-321; Yasui et al. Psychopharm, 145(1), 84-87) was conducted to gather data on the effects of grapefruit juice on CYP3A4 substrate psychiatric medications. Quantitative increases in plasma concentration metrics (AUC and Cmax) were extracted, and the duration of the inhibition effect was analyzed.
Results: Buspirone plasma concentrations increased by 4.3-fold, with effects lasting 24 hours. Carbamazepine showed a 1.4-fold increase in AUC and a 1.2-fold increase in Cmax, with effects persisting up to 24 hours. Diazepam concentrations increased by 3-fold in AUC and 2-fold in Cmax, with an effect duration of 24 hours. No significant interaction was observed for clozapine and haloperidol.
Conclusions: Grapefruit juice significantly increases the plasma concentrations of buspirone, carbamazepine, and diazepam by inhibiting CYP3A4, with effects lasting up to 24 hours. Clinicians should educate patients on avoiding grapefruit consumption while on these medications and monitor for potential toxicity. Further research is needed to develop guidelines for managing these interactions and to explore genetic variations in response to grapefruit consumption.

Disclosure of Interest: None Declared

Psychoneuroimmunology

EPP503

Immune4Plasticity: do non-pharmacological interventions modulate the inflammatory pattern of major depressive disorder? A study protocol

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Introduction: Major depressive disorder (MDD) is a severe mental disorder with a prevalence rate of 10%. Approximately 30-40% of patients suffering from MDD show higher levels of proinflammatory cytokines, associated to low response to pharmacotherapy. Thus, modulation of immune system might have a key role in the management of MDD.
Objectives: This study is aimed to: 1) assess the interrelation between immune hyperactivation and neuronal plasticity; 2) assess how non-pharmacological treatments impact on the immune hyperactivity in patients suffering from MDD; 3) identify biological makers able to predict the course of MDD and the effectiveness of treatments.
Methods: Immune4Plasticity is a longitudinal, multisite trial funded by Italian Ministry of Health. Preclinical analyses aimed at investigating the interrelation between immune hyperactivation and neuroplasticity as well as the identification of biological markers of MDD will be carried out at National Institute of Health in Rome. Clinical part of the study will be performed at the Department of Psychiatry of University of Campania, Naples, and at the Vita-Salute San Raffaele University, Milan. Seventy patients aging 18-65, with a diagnosis of MDD according to the DMS-5 criteria without psychotic symptoms, scoring more than 14 at the 17-item Hamilton Depression Rating Scale and able to release informed consent will be included. Thirty-five participants will attend a lifestyle psychosocial intervention in Naples; thirty-five will undergo light-therapy sessions in Milan. Assessments of both groups will be performed at recruitment (T0), after 3 months (T1) and after 6 months (T2), by using standardized psychometric tools and blood samples. The project will be carried out for 24 months.
Results: This multidisciplinary, translational study will shed more light on the complex interrelationship between MDD, immune system and neuroplasticity by investigating the role of psychosocial intervention and light therapy as 'modulators'. This will make it possible to develop innovative therapeutic strategies by integrating non-pharmacological approaches with anti-inflammatory drugs and to identify new peripheral markers to assess the response to treatment of patients with MDD.
Conclusions: MDD is a complex mental disorder associated with higher expression of inflammation. Sometimes, it is not adequately responsive to pharmacotherapy. Understanding the effect of non-pharmacological treatments as "modulators" of the inflammatory pattern of MDD may be an important strategy to optimize clinical management of this disorder.

Disclosure of Interest: None Declared

Psychopharmacology and Pharmacoeconomics

EPP504

Lipopolysaccharide induced acute inflammation leads to a higher systemic and brain exposure to olanzapine in mice

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Introduction: Pro-inflammatory mediators inhibit drug metabolism and transport. Detailed knowledge is lacking on the mechanism and extent of alterations in olanzapine pharmacokinetics during acute inflammatory states accompanying infections.
Objectives: To quantify the extent of systemic and brain exposure to olanzapine in a murine model of endotoxemia compared to a non-endotoxemia model.

Methods: Acute endotoxemia model was established in C57BL/6N mice intraperitonealy injected with 5 mg/kg *Escherichia coli* lipopolysaccharide (LPS). On Day 2 following LPS administration, LPS-injected mice and saline-treated controls were given single doses of olanzapine orally (p.o.) or intravenously (i.v.) or desmethylolanzapine (DMO) i.v. Concentrations and unbound fractions of olanzapine and DMO were measured in plasma samples and brain homogenates. Moreover, plasma biochemistry parameters and mRNA expression patterns were evaluated of pro-inflammatory cytokines, selected phase I and II drug-metabolizing enzymes and transporters in the liver, ileum and brain.
Results: Following p.o. olanzapine, the areas under the concentration-time curve (AUC) for olanzapine and DMO in the plasma were increased 3.8-fold and 2.6-fold ($P<0.05$) in LPS-injected mice vs. controls. The AUC for olanzapine in the brain homogenate was 5.2-fold higher ($P<0.05$). Brain DMO was hardly detectable in both groups. The penetration ratios ($K_{p,brain}$) of 8.5 and 6.3 confirmed that LPS increased the passage of olanzapine into the brain. Expression of mRNAs was decreased in the liver of CYP1A2 and UGT1a1/1a5 enzymes and Abcb1a, Bsep and Ntcp transporters and of ileal Abcb1a, whereas Abcb1a and Abcb1b in the brain and inflammatory cytokines and chemokines mRNAs in the liver were upregulated.
Conclusions: Investigation of olanzapine pharmacokinetics in endotoxemia mice clearly indicates a considerable increase in systemic and brain concentrations of the drug after oral administration. Further studies should clarify whether or not the inflammation-induced inhibition of metabolism and efflux transport results in brain overexposure to the drug and adverse effects in accutely infected patients treated with oral olanzapine.

Disclosure of Interest: None Declared

Psychoneuroimmunology

EPP505

Immune/inflammatory parameters as potential predictors of high-lethality suicidal behavior in individuals with/without psychiatric conditions: a retrospective single-center study

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Introduction: Accumulating research has suggested a possible role of the immune/inflammatory response system in the pathophysiology of suicidal behavior, more specifically of specifically high-lethality suicide attempts (SA). To count with reliable and affordable biological markers of high-lethality SA to complement clinical assessment for early detection of individuals at a high risk of committing suicide is thus mandatory.
Objectives: To assess if immune/inflammatory parameters may differ between suicide attempters with and without SA, taking into account the type of suicide method. The odds of repeating a high-lethality SA in the future will also be explored.
Methods: In this retrospective observational single center study, medical records of suicide attempters admitted to the Emergency Department at Vall d'Hebron University Hospital (Barcelona, Spain) between 2017-2021, will be reviewed. The following immune/inflammatory parameters (i.e., total and differential white blood cell count, platelet counts, C-reactive protein levels) will be extracted for comparisons between subjects without a history of previous suicide attempt (SA), and those with a history of previous SA. Additionally, the following ratios/indexes will be calculated as a proxy of subject's inflammatory status: neutrophil-to-lymphocyte ratio (NLR), basophil-to-lymphocyte-ratio (BLR), monocyte-to-lymphocyte ratio (MLR), platelet-to-lymphocyte ratio (PLR), systemic inflammatory response index (SIRI). Analyses will be controlled for clinical and sociodemographic variables, such as age, gender and/or primary psychiatric diagnosis. Analyses will be also stratified according to the attempt method. Moreover, the capability of the previously mentioned parameters to predict a high lethality SA or to commit suicide in the coming two years will also be evaluated.
Results: Results from the interim analysis will be presented at the congress.
Conclusions: Peripheral immune/inflammatory parameters may allow us to discriminate subjects at risk of committing suicide. In case of positive findings, immune/inflammatory parameters could be incorporated in the comprehensive evaluation of high-lethality SA in individuals admitted to the emergency setting, contributing to improve early detection of suicide risk.

Disclosure of Interest: L. Martorell Mensua Shareolder of: First authorship, W. Vidal Cachay Shareolder of: First authorship, M. Quesada Franco: None Declared, A. Beneria Gonzalez: None Declared, J. Ramos Quiroga: None Declared, A. Motger Albertí: None Declared, G. Arteaga-Henriquez Shareolder of: Last authorship, D. Braquehais Conesa Shareolder of: Last authorship.

Psychosurgery and Stimulation Methods (ECT, TMS, VNS, DBS)

EPP507

Optimizing Pulse Frequency in Electroconvulsive Therapy

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Introduction: Effective seizure induction with minimal adverse effects in Electroconvulsive Therapy (ECT) are influenced by administered electrical pulse frequency. Optimized pulse frequency is key to ensure therapeutic efficacy and reduce side effects.
Objectives: This study examines electrical pulse frequency impact on neuronal excitability and seizure quality in ECT, guided by chronaxie and refractory periods.
Methods: A comprehensive literature review was conducted to assess neurophysiological properties affected by ECT and how different frequencies influence treatment outcomes.
Results: Neurons fire action potentials when membrane potentials reach a -55 mV threshold. Lower frequencies (20-32 Hz) balance depolarization and repolarization to trigger seizures without excessive neuronal firing. The neuronal absolute refractory period is 1-2 msec,

and the relative refractory period is 2-4 msec. Lower frequencies optimize repolarization recovery.
ECT is clinically administered at 20-70 Hz. Studies show 20-32 Hz is effective at triggering seizures with optimal treatment outcomes. Lower Hz also minimizes tissue damage from reduced power. The total charge delivered is affected by current amplitude, pulse width, frequency, and train duration. Shorter pulse widths (0.3 ms) reduce total energy and minimize tissue heating.
The neuronal soma is sensitive to electrical stimulation. Chronaxie is the minimum time that an electric current is applied to stimulate a neuron. Chronaxie is 0.2-0.3 msec. Aligning pulse frequencies with these values ensures stimulation with reduced adverse effects. The soma exhibits a lower spike threshold and shorter refractory period when facing prolonged steady depolarization, making it highly sensitive to pulse frequencies that align with its chronaxie values.
In contrast, axons have a higher density of voltage-gated Na+ channels that allow quicker recovery and shorter refractory periods. This high density enables axons to rapidly transmit action potentials, facilitating efficient neuronal signal propagation. Shorter axonal refractory period means they handle higher frequencies more effectively, but optimizing the overall frequency for ECT must balance the excitability of both the soma and axons.
Studies indicate that frequencies around 20-32 Hz are effective in initiating convulsive activity, aligning well with the end of the stimulus train. Frequencies over 50 Hz may suppress ictal activity and be inefficient in seizure induction due to "stimulus crowding," with neurons stimulated during their absolute refractory period.
Conclusions: Optimizing ECT pulse frequency is vital to balance therapeutic efficacy and safety. Fine-tuning ECT's electrical parameters enhances patient outcomes. Lower frequencies (20-32 Hz) are more effective to induce seizures and minimize adverse effects. 20-70 Hz in ECT is most clinically used, and lower end Hz could optimize results. Further frequency range research could lead to improved ECT protocols.

Disclosure of Interest: None Declared

EPP508

A Randomized Controlled Trial Comparing the Efficacy of High-Frequency rTMS and Intermittent Theta-Burst Stimulation on Depressive and Anxiety Symptoms in Depressive Disorder

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Introduction: Depressive disorder is one of the most prevalent neuropsychiatric conditions in the world, significantly affecting both individuals and society. Despite numerous therapeutic options, many patients do not respond adequately to treatment, highlighting the need for novel approaches, in the case of this study repetitive transcranial magnetic stimulation (rTMS).
Objectives: The main objective of this study was to compare the therapeutic efficacy of high-frequency rTMS (HF-rTMS) and intermittent theta-burst stimulation (iTBS) in reducing depressive and anxiety symptoms in patients with depressive disorder.
Methods: This double-blind, randomized controlled trial was conducted at the psychiatric ward of Most Hospital. Patients (N=97) diagnosed with depressive disorder were randomly assigned to receive either HF-rTMS or iTBS both aimed at left dorsolateral prefrontal cortex. Data were collected using both self-assessment and clinician-rated questionnaires, such as the Zung Self-Rating Depression Scale (ZSDS), Beck Anxiety Inventory (BAI), Hamilton Depression Rating Scale (HAMD), and Hamilton Anxiety Rating Scale (HAMA), before and after 10 stimulation sessions.
Results: The analysis showed a significant reduction in depressive and anxiety symptoms after ten stimulation sessions using both HF-rTMS and iTBS across all applied questionnaires. Specifically, the ANOVA results for the ZSDS demonstrated a significant decrease in symptoms over time ($F=414$, $p<.001$), with a mean reduction of 6.54 points (95% CI=4.64–8.43). Similarly, the HAMD scores showed a significant reduction ($F=299.72$, $p<.001$), with a mean reduction of 7.83 points (95% CI=5.79–9.87). For anxiety symptoms, the BAI revealed a significant decrease ($F=389.26$, $p<.001$), with a mean reduction of 5.72 points (95% CI=4.45–6.99) and the HAMA showed a similar trend ($F=656.15$, $p<.001$), with a mean reduction of 7.39 points (95% CI=5.58–9.20).
No significant difference in efficacy was found between the two stimulation protocols across all measures: ZSDS ($F=0.142$, $p=0.237$), HAMD ($F=0.431$, $p=0.376$), BAI ($F=0.269$, $p=0.365$), and HAMA ($F=0.813$, $p=0.370$).
Conclusions: This study confirms that both HF-rTMS and iTBS are effective in reducing depressive and anxiety symptoms, with no significant difference in their efficacy across all measured outcomes after ten stimulations. However, iTBS offers distinct advantages over HF-rTMS, including a shorter stimulation duration and a lower incidence of side effects.

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Disclosure of Interest: None Declared

Rehabilitation and Psychoeducation

EPP511

Individual selection of augmentative and alternative communication for people with mental disabilities

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Introduction: More than 150,000 adults with mental disabilities live in social shelters in Russia and almost 50% of them do not use speech for communication and can't communicate at all. Social institutions lack a system for training those in need of Augmentative and alternative communication (AAC).
Objectives: Development and testing of an algorithm for selecting AAC method for adults with mental disorders and severe speech communication disorders.
Methods: A questionnaire for people with mental disabilities who do not use speech for communication was developed and tested. It included questions accompanied by illustrations, photographs

and graphic symbols. A survey was conducted among 50 people of both sexes, aged 17-58 living in social welfare institutions. 56% of them had a diagnosis of intellectual disability, 18% - Autism, 26% - Schizophrenia. An algorithm for preparing and including respondents in the study was developed, consisting of several components (Establishing primary contact, Determining the preferred means of communication, Determining the ability to understand and use oral speech, Determining the ability to understand and use gestures, images and symbols, written speech).
Results: 92% of people completed the full study. 4 respondents withdrew from the experiment due to their mental state (psychosis, passivity, profound intellectual disability, fatigue). Despite successfully completing the preparatory stage, 74% managed to obtain full results.
Conclusions: The study made it possible to identify potential opportunities for using communication tools, analyze barriers in communication with others, and develop personal recommendations for using AAC, which will undoubtedly improve the quality of life of a person with mental disabilities.

Disclosure of Interest: None Declared

EPP513

Clients Mixed Experiences of Receiving Job Support and Getting a Job When Participating in Individual Placement and Support in Norway

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Introduction: People with severe mental illness (SMI) view employment as central to their recovery process, principally when work task is experienced as meaningful, manageable, and comprehensible. However, unemployment rates remain extremely high among people with SMI, especially those diagnosed with schizophrenia. The costs are high: significant numbers of people are at risk of loss of life's purpose, social isolation, poverty, and even suicide. Internationally, there is a knowledge gap of lived experience of receiving IPS in a job development and working phase. We need to know more about those who do not get or stay in a job. Correspondingly, in a national context more knowledge is needed about mainstream ESs' practices from an IPS client's perspective.
Objectives: Thus, the aim of this study was to explore clients' experiences of receiving job support from employment specialists (ESs) working with individual placement and support (IPS) in Norway. IPS is developed to help people with severe mental illness (SMI) into competitive employment as an integral component of mental health services.
Methods: Using a hermeneutic phenomenological methodology, this study comprises individual semi-structured interviews with ten participants engaged in IPS at two districts psychiatric centers. Data analysis was conducted according to systematic text condensation.
Results: Three themes emerged: (1) ES—a door opener? (2) Striving to sidestep a "spider web" of triggers at and away from work; and (3) Calling for a safer route.
Conclusions: This study highlights the importance of ESs offering IPS clients' opportunities to try out diverse jobs and focusing more on assessing the work environment in the jobs they place people into. Our findings imply that ESs should spend more time on building a good working alliance with both clients and employers, and pay more attention on understanding individuals' vocational capacities and support needs at the worksite. The ES training should focus not simply on the technical processes of job development and placement, but more directly on empowering clients to stay focused on their vocational ambitions and prospects. The salutogenic model of health can help ESs to analyze whether clients experience workplaces as meaningful, manageable, and comprehensible.

Disclosure of Interest: None Declared

EPP514

Study of a group of infants with risks of hearing impairment and mental difficulties

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Introduction: One of the little-studied nosologies with severe delay in psychomotor development in the first year of life is children with risks of damage to the auditory analyzer, which requires the development of an adapted method for diagnosing impaired auditory function and taking into account some external factors that do not depend on the state of the child's auditory function.
Objectives: to study the characteristics of the auditory function in infants at risk for hearing impairment with delayed psychomotor development.
Methods: 60 children (4-11 months) with suspected hearing loss were examined (Federal State Budgetary Scientific Institution "Institute of Correctional Pedagogics"); interview with parents; psychiatric and pedagogical examination.
Results: Three groups of children were identified depending on the level of psychomotor development (a level close to the norm, with a slight delay of 1-3 months, with a significant delay - from 4 months):
The first group (34%) included children admitted with suspected hearing loss, with a level of psychomotor development close to the norm, without concomitant developmental disorders. All children in this group were found to have significant and minor hearing loss. In two children, the hearing condition (according to the better hearing ear) was assessed as normal with atresia of the auditory canal on one side.
The second group (50%) consisted of children with suspected hearing loss, whose psychomotor development was delayed by 1-3 months. Most of them had significant hearing loss. In two children, the suspicion of hearing loss was not confirmed.
The third group (16%) included children with suspected hearing loss with a significant delay in psychomotor development for more

than 4 months. Half of them (8%) had disharmonious development. Most had significant hearing loss.
Conclusions: given that each group included children with significant hearing loss and deafness, it became obvious that their psychomotor development level is independent of their hearing status. The identified risks of sensory impairments combined with a pronounced delay in psychomotor development in the first year of life necessitate a search for markers of these disorders, and above all, factors and conditions that affect their manifestation and the dynamics of psychomotor development in children in the first year of life; presumably, this may be the child's social environment.

Disclosure of Interest: None Declared

EPP515

A program to reduce self-stigma in patients with endogenous psychiatric disorders

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Introduction: Stigmatization and self-stigmatization remains an actual problem for patients with endogenous mental illnesses, as it is an obstacle to seeking psychiatric help. Taking this into account, it is necessary to develop effective psychosocial interventions aimed at reducing self-stigmatization and improving patients' integration into society.
Objectives: To identify the features of self-stigmatization in patients with schizophrenic spectrum disorders and, taking into account these features, to develop a program to reduce it.
Methods: 30 patients with schizophrenic spectrum disorders (F20, F23, F25 according to ICD-10) were included in the study. The average duration of the disease was 13.5±3.2 years. Among them, 14 were males, 16 were females, and the median age of the patients was 42.21±10.36 years. To assess the severity of self-stigmatization and to determine its components, the "Questionnaire for assessing the phenomenon of self-stigmatization in psychiatric patients" (Yastrebov V.S., Mikhailova I.I., Yenikolopov S.N. et al., 2005) was used.
Results: A rather high general level of self-stigmatization (1.20 ±0.57 points) was revealed in the studied patients, exceeding the average indices according to the mentioned questionnaire. The most pronounced were the indicators on the following scales: "Overestimation of inner activity" (1,61±0,67 points); "Overestimation of self-actualization" (1,48±0,78 points); "Willingness to distance from mentally ill patients in the social sphere" (1,44±0,72 points); "Violation of self-identity" (1,17±0,59 points). Taking into account the identified disorders, a program including psychoeducation, as well as art-therapeutic training based on the approach of Z. Russinova et al. "Anti-stigma photovoice Intervention" (2014) was developed and adapted for the Russian population. The psychoeducation included three sessions where the manifestations of mental disorders, their treatment, forms of psychiatric care, issues of stigmatization and its overcoming were discussed. The training included six sessions discussing the following topics: "My daily life", "Health and illness", "Me and others", "Accepting help and giving help", "My achievements and my possibilities", and "The next chapter of my life". Participants provided pictures according to the session topic and discussed personal experiences, their emotions and feelings. The sessions were held in a closed group, the number of participants from 8 to 12 people, and the duration of the session was 90 minutes.
Conclusions: The developed program contributed to the identification of resources that help in overcoming the disease and reducing self-stigma. The program can be used for patients in the initial stages of the disease and with a long-term course of the disease.

Disclosure of Interest: None Declared

Schizophrenia and Other Psychotic Disorders

EPP517

The association of familial factors with drug treatment compliance in psychotic disorders in adolescents and young adults: a follow-up study of former adolescent inpatients

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Introduction: Schizophrenia and other psychotic disorders have a high social and economic cost. Antipsychotic drugs are the main approach to schizophrenia treatment. Drug adherence can be assessed with the Medication Possession Ratio (MPR), which means the days covered by the drugs purchased / 1 year.
Objectives: The aim of this study was to investigate the effect of primary family factors and adverse childhood experiences (ACEs) on antipsychotic MPR among patients with schizophrenia spectrum disorder (SSD). Furthermore, we analyzed long-acting injectable antipsychotics (LAIs) and mood stabilizers separately.
Methods: We had access to a database of former adolescent psychiatric inpatients (n=508) treated during the years 2001-2006 in Oulu university hospital, Finland. Participants were followed for SSD diagnosis via National care register for healthcare (CRHC) and physician-prescribed antipsychotic drug purchases via Social Insurance Institute (SII) register up to June 2023.
Results: The participants using clozapine (OR 5.26, 95%CI 1.79-15.39) or mood stabilizers (OR 5.34, 95%CI 1.37-20.83) were significantly more likely to have MPR > 80% compared to participants using other antipsychotics. Sibling position, the size of primary family or ACEs did not associate with MPR.
Conclusions: Clozapine and mood stabilizers increased the likelihood of higher antipsychotic MPRs among former adolescent psychiatric inpatients having SSD.

Disclosure of Interest: None Declared

EPP518

No sex-related differences in CGI-S score reductions in adult patients with acutely exacerbated schizophrenia treated with Risperidone ISM

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Introduction: There is an increasing emphasis on incorporating sex differences into mental health research [Galbally *et al.* CNS Drugs 2024; 38(7):559-570; Ercis *et al.* J Affect Disord. 2024; 352:171-192]. Reports on evaluating sex-related differences in risperidone efficacy are limited [Galbally *et al.* CNS Drugs 2024; 38(7):559-570]. Recently, Risperidone ISM (Risp-ISM), a monthly long-acting injectable (LAI) formulation has been authorised in Europe, USA and some other countries.
Objectives: To assess potential sex-related differences in the short-term efficacy of Risp-ISM LAI in adults with schizophrenia [Correll *et al.* NPJ Schizophr. 2020; 6(1):37].
Methods: Post-hoc analysis of a double-blind (DB), randomised, placebo-controlled, 12-week study conducted in participants with acutely exacerbated schizophrenia (NCT03160521). Data from the Clinical Global Impressions-Severity (CGI-S) rating scale were analysed by sex to reveal potential differences in efficacy versus placebo. The data were analysed within three separate study groups: 75 mg Risp-ISM, 100 mg Risp-ISM and placebo using a mixed effect with repeated measures model (MMRM). Herein, CGI-S scores changes from baseline (the key secondary efficacy endpoint) are shown.
Results: In the double-blind phase, 437 eligible participants were randomly assigned 1:1:1 to receive Risp-ISM 75 mg, 100 mg or placebo every 28 days. 144 (33%) were female and 293 (67%) male. Analysis showed no sex-related differences on CGI-S scores. Decreases from baseline (Figures 1 and 2) were significantly greater versus placebo at Day 8 (after first injection) and beyond in both male and female subgroups at the 100 mg Risp-ISM dose; likewise, at Day 15 and beyond for the 75 mg Risp-ISM dose.

Image 1:

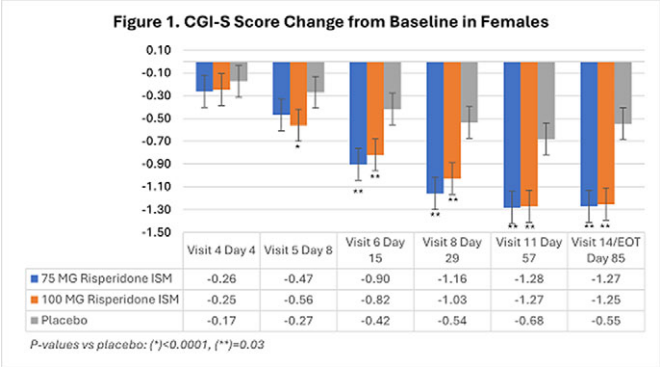
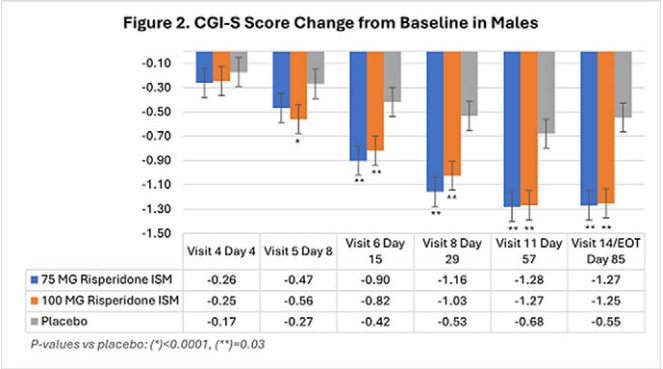


Image 2:



Conclusions: There were no statistically significant differences in efficacy, measured as CGI-S score change from baseline, for male or female participants versus placebo with Risp-ISM 75 mg or 100 mg. Risp-ISM, using monthly intramuscular doses of 75 mg or 100 mg provided significant reduction in severity of the disease as early as 8 days after the first dose in acutely exacerbated patients with schizophrenia regardless of their sex.

Disclosure of Interest: C. Sherifi Employee of: ROVI Biotech Ltd. , J. Martínez González Employee of: Laboratorios Farmaceuticos ROVI S.A., L. Anta Carabias Employee of: Laboratorios Farmaceuticos ROVI S.A., M. Almendros Gimenez Employee of: Laboratorios Farmaceuticos ROVI S.A., C. Salazar García Employee of: Laboratorios Farmaceuticos ROVI S.A., C. Correll Shareolder of: Cardio Diagnostics, Kuleon Biosciences, LB Pharma, Mindpax, and Quantic., Grant / Research support from: Janssen and Takeda., Consultant of: AbbVie, Acadia, Alkermes, Allergan, Angelini, Aristo, Biogen, Boehringer-Ingelheim, Cardio Diagnostics, Cerevel, CNX Therapeutics, Compass Pathways, Darnitsa, Denovo, Gedeon Richter, Hikma, Holmusk, IntraCellular Therapies, Jamjoom Pharma, Janssen/J&J, Karuna, LB Pharma, Lundbeck, MedAvante-ProPhase, MedInCell, Merck, Mindpax, Mitsubishi Tanabe Pharma, Mylan, Neurocrine, Neurelis, Newron, Noven, Novo Nordisk, Otsuka, Pharmabrain, PPD Biotech, Recordati, Relmada, Reviva, Rovi, Sage, Seqirus, SK Life Science, Sumitomo Pharma America, Sunovion, Sun Pharma, Supernus, Takeda, Teva, Tolmar, Vertex, and Viatris.

EPP519

Corpus Callosum Volume in Treatment-Resistant compared to Treatment Responsive Schizophrenia patients with and without cannabis use disorder: a Novel Artificial Intelligence Method Applied to Single-Subject Magnetic Resonance Imaging

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Introduction: The corpus callosum (CC) is essential for interhemispheric communication, and its abnormal integration is central to the neurobiology of schizophrenia (SCZ). SCZ patients have a 10-fold higher risk of cannabis use disorder (CUD) and about 20-35% show a lack or poor response to antipsychotics and are defined as treatment-resistant schizophrenia (TRS) Until now, no study has analyzed the morphology of the CC in TRS compared to healthy controls (HC) and non-TRS patients with and without CUD.
Objectives: The aim of the study is to assess whether the diagnosis of psychosis, the response to antipsychotic treatment, and CUD can influence the volume of the CC. To achieve this, we used an innovative artificial intelligence program applied to MRI, which provides structural information on a single subject.
Methods: We included 20 HC and 48 SCZ patients, of whom 14 were affected by TRS and 34 were non-TRS. Among the non-TRS group, 20 had CUD comorbidity (non-TRS-CUD^{+}) and 14 did not have CUD (non-TRS-CUD^{-}). All were assessed cross-sectionally through the Neurological Evaluation Scale, the Brief Assessment of Cognition in Schizophrenia, the Positive And Negative Syndrome Scale. We assessed them cross-sectionally using psychometric tools, cognitive tests. All patients underwent a brain MRI 1.5 T, for white matter volume group analysis, and MRI applied to Artificial Intelligence (MRI-AI-Pixyl.Neuro) for single-subjects analysis.
Results: TRS was associated with higher PANSS total score (fig. 1) and neurological soft signs (fig. 2) and lower negative symptoms (trend) than non-TRS groups. The TRS group performs worse in the Tower of London task compared to non-TRS and HC groups. Only the condition of TRS is associated with a significantly smaller CC volume (64.28%) compared to HCs and non-TRS patients (Fig. 3). Only one patient from the non-TRS-CUD^{-} group showed a reduction in the volume of the CC like TRS patients.

Image 1:

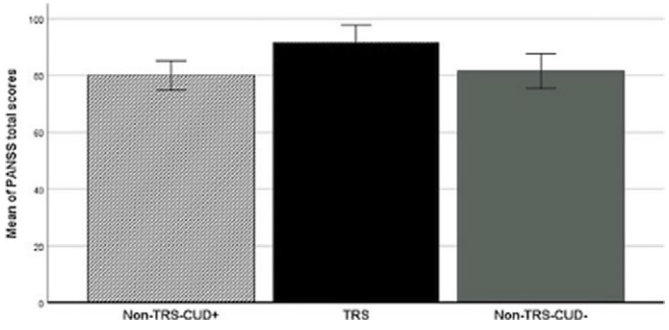


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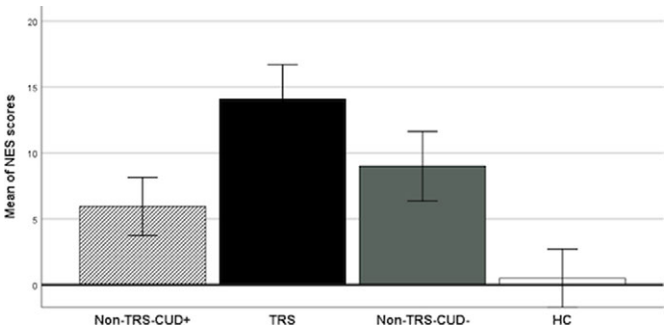
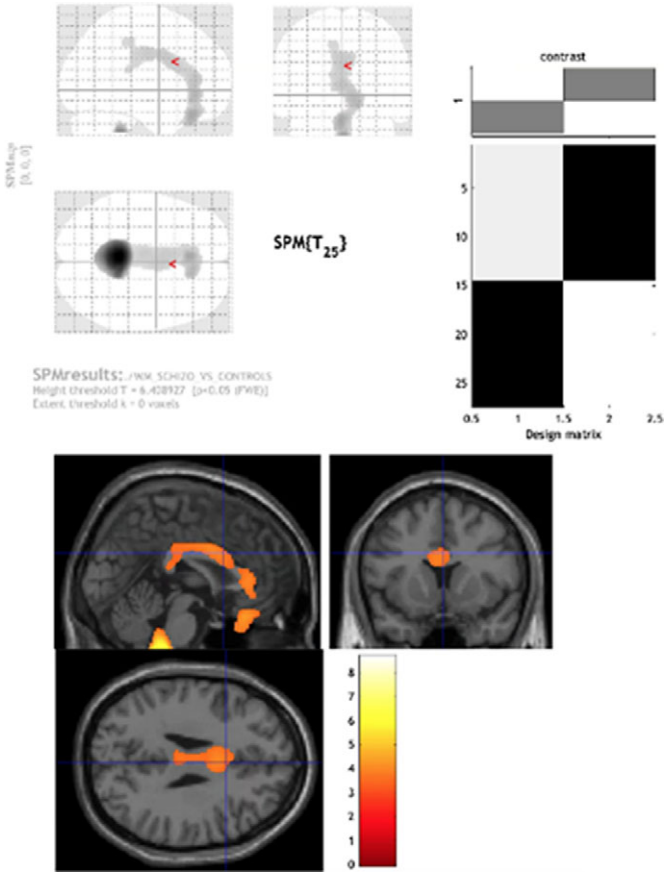


Image 3:



Conclusions: TRS is associated with more severe general and negative symptoms, NSS, and cognitive dysfunctions and with a significantly smaller CC volume, demonstrating the role of this structure in the pathogenesis of TRS and probably in executive function impairment. Is conceivable that TRS has unique evolution and course characteristics, and that continuous cannabis use for 6.95 years is probably not sufficient to cause the structural alterations typical of TRS.

The MRI-AI applied to a single subject has shown reliable results, confirmed by classical group analysis, and represents a revolutionary tool for identifying potential neuroradiological biomarkers of disease, enabling quick TRS diagnosis in clinical practice, faster clozapine treatment following TRIPP guidelines, and easy application using only a standard volumetric sequence without post-scan analysis.

Disclosure of Interest: None Declared

EPP520

Exploring the association between schizophrenia and multiple sclerosis: a case report

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Introduction: Schizophrenia (SCZ) is a chronic psychiatric disorder affecting cognition, perception, and behavior, while multiple sclerosis (MS) is a neurological disorder impacting the central nervous system. Despite unclear etiologies, both share commonalities such as immune-inflammatory pathways, neurocognitive impairment, and sleep disturbances (Misiak et al., 2023). Psychotic symptoms in MS typically follow neurological onset. This case report presents a patient diagnosed with SCZ a decade before developing neurological symptoms consistent with MS. His psychotic relapses coinciding with MS onset suggest potential interactions between the two disorders, raising questions about their connection.
Objectives: To investigate the potential link between SCZ and MS through a case report of a patient with SCZ who developed MS a decade later. This study aims to explore the relationship between MS onset and psychotic relapses, focusing on shared neuroinflammatory mechanisms and their implications for co-occurring SCZ and MS.
Methods: We present a case report and a non-systematic review on the subject.
Results: Male patient, 33 years old, diagnosed with SCZ at the age of 23. No previous hospitalisations. No other comorbidities. Stabilised with aripiprazole 10mg for several years. In April 2023, the patient presented to the emergency department with binocular oblique diplopia on levoversion, which had progressed for 4 days due to ophthalmoparesis. Initial diagnostic tests, including an analytical study and a CT scan, showed no abnormalities. He was referred to neurology for further investigation. He underwent an electromyography with repetitive nerve stimulation, which was normal, and an MRI-CE which revealed multiple focal hyperintense areas in T2 and T2-FLAIR in the white matter suggestive of inflammatory demyelinating lesions, consistent with MS. In December 2023, the patient was hospitalized due to psychotic decompensation. He was discharged in January 2024 stabilised with aripiprazole 30mg. However, in March 2024 he was re-hospitalized with another psychotic decompensation attributed to non-compliance with medication. Aripiprazole was reintroduced and transitioned to a long-acting injectable formulation, and the patient was discharged.
Conclusions: This case highlights important aspects of the relationship between SCZ and MS. The patient's decade-long stable psychiatric history before MS onset suggests that neuroinflammation from MS may have triggered or worsened psychotic symptoms. The neuroinflammatory processes and immune-mediated mechanisms, common to both SCZ and MS, potentially explain their co-occurrence. The timeline of neurological symptoms preceding psychiatric relapse strengthens this connection. Further research is needed to clarify the shared pathophysiology between these disorders and guide effective treatments for individuals affected by both conditions.

Disclosure of Interest: None Declared

EPP521

Clozapine: prevalence and modalities of associations with antipsychotics and mood stabilizer in French psychiatric hospitals. Multicenter survey on a given day

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Introduction: Clozapine is indicated for resistant schizophrenia as monotherapy. However, the response is inadequate in 40-70% of patients. In this context, the combination of clozapine with a second antipsychotic or a mood stabilizer is a strategy frequently used to potentiate its effects (**Barlatier, A. (2014)** *Human Medicine and Pathology*. [Doctoral thesis, University]). However, the level of evidence for these practices remains low, and data on the prevalence of such combinations in France are limited. Against this backdrop, collaboration between a national multi-professional network operating in various public and private mental health establishments (the PIC network) and a regional psychiatric research federation (FERREPSY Occitanie) enabled the study of the prevalence and modalities of these associations in a large panel of French psychiatric establishments.
Objectives: Estimate the prevalence of co-prescriptions of antipsychotics and mood stabilizer with clozapine for patients hospitalized in full-time psychiatry.
Methods: Observational cross-sectional study conducted on a given day in December 2023 in 30 participating centers that are members of the PIC network and/or FERREPSY.
Results: The computerized records of 795 patients were analyzed by the referring pharmacists at the participating centers. 78.4% of patients had at least one antipsychotic in association with clozapine. 64.5% of antipsychotics associated with clozapine were conventional antipsychotics. Among atypical antipsychotics, aripiprazole was combined with clozapine in 9.9% of patients, amisulpride in 10.7%, risperidone in 8.2%, olanzapine in 4.3% and quetiapine in 3%. For mood stabilizer, the combination of clozapine with valproate was the most commonly used combination (23.64% of patients), ahead of lithium salts (15.6% of patients) and lamotrigine (10.1% of patients).
Conclusions: The combination of psychotropic drugs with clozapine remains a majority practice, which seems to have little connection with existing literature data.

Disclosure of Interest: None Declared

EPP522

Evaluating Cognitive Bias in Psychosis: A Novel Approach Using Large Language Models on Spanish Speech Data

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Introduction: Jumping to conclusions (JTC) is a cognitive bias strongly involved in the genesis of psychotic symptoms. Accurate evaluation of JTC is crucial for early intervention and treatment planning. However, traditional assessment methods are time-consuming and subject to human error. This study leverages state-of-the-art Large Language Models (LLMs) to evaluate JTC in a unique Spanish population database collected through the DISCOURSE protocol at the Instituto de Investigación Marqués de Valdecilla (IDIVAL).

Objectives: Our primary objectives were to:

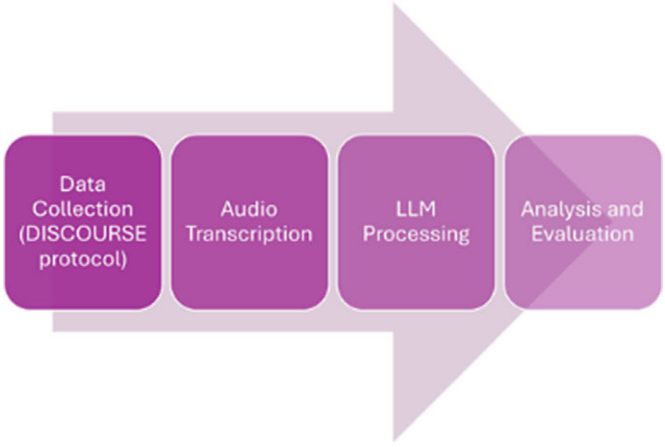
1. Assess the efficacy of LLMs in evaluating JTC bias from transcribed speech.
2. Compare different LLM models and prompting techniques for optimal performance.
3. Explore the potential of AI-assisted cognitive bias evaluation in clinical settings.

Methods: We utilized a database of approximately 170 participants, including patients, controls, and relatives, collected through the DISCOURSE protocol. This protocol is particularly valuable as it includes tasks designed to elicit JTC behaviors, such as ambiguous picture interpretation. Audio recordings were automatically transcribed using two speech-to-text algorithms and manually revised for accuracy.

We investigated various LLM models ("gpt4o", "claude-sonnet-3.5", "llama3", "gemini pro") and experimented with different prompting techniques, including instruction combinations and reasoning scratchpads (Chain of Thoughts).

Results: Our evaluation has provided valuable insights into the potential of LLMs for assessing Jumping to Conclusions (JTC) bias. We observed varying degrees of effectiveness across different LLM models in identifying JTC behaviors from transcribed speech, with some showing promise in capturing subtle linguistic cues. Prompting techniques, particularly Chain of Thought reasoning, demonstrated potential in enhancing the models' analytical capabilities. Given our Spanish-language database, we gained important insights into LLM performance in non-English contexts. Error analysis identified common limitations, informing future refinements. Preliminary findings suggested performance variations across demographic subgroups, highlighting areas for further investigation.

Image 1:



Conclusions: This study represents a step towards integrating AI and automation into clinical workflows for psychosis evaluation and treatment. The understanding of the ability of LLMs to assess JTC from speech samples could significantly enhance the objectivity of cognitive bias evaluations. These findings lay the groundwork for future research exploring the integration of AI in psychosocial interventions for psychosis, including potential applications in cognitive remediation, metacognitive training, and personalized treatment planning.

Disclosure of Interest: None Declared

EPP525

Pathways to care for patients with schizophrenia and severe social impairment

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doi: 10.1192/j.eurpsy.2025.772

Introduction: This presentation sheds light on a group of patients with schizophrenia that are often overlooked. These minority groups include homeless patients and patients with very poor social functioning. Homeless patients with schizophrenia often have complex problems and are difficult to diagnose and treat. While many resources are allocated to early detection and prevention of psychosis programs, few resources are spent on treating the patients who have fallen through the cracks of society and various support systems. These patients are undeniably among the most severely ill psychiatric patients of our time. Patients who are not homeless (domiciled patients) with schizophrenia and very poor social functioning are also often challenging to treat, and they often end up living an isolated existence in their own homes.

Objectives: This presentation will examine the pathways and barriers to care for patients with schizophrenia who are homeless or have serious social function impairment.
Methods: The presentation is based on results from an explorative, cross-sectional study of 85 patients with schizophrenia spectrum diagnosis and severely impaired social function, who either were homeless or domiciled but in need of an outreach team to secure continuous treatment. The study was conducted in Copenhagen in 2020-2024.
Results: We found striking delays in both groups, but most severe in the homeless group. We found a duration of untreated psychosis of ten years and a service delay (period from first contact to psychiatry until a schizophrenia spectrum diagnosis) of four years. Possible reasons for the alarming delays will be discussed, including diagnostic overshadowing and the difficult-to-recognize presentations of schizophrenia. Potential solutions for moving forward will also be highlighted, such as rekindling the diagnostic process.
Conclusions: The overall results from this presentation indicate that there are highly vulnerable minority groups of patients with schizophrenia who have not benefited from the improvements in diagnosis and treatment that we have witnessed in psychiatry in the last 100 years. Acquiring a better understanding of these patients' conditions, symptom presentations, and barriers to timely diagnosis is highly warranted.

Disclosure of Interest: None Declared

Suicidology and Suicide Prevention

EPP527

Enhancing men's engagement in suicide prevention: Integrating masculine norms and personal narratives

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Introduction: In Western countries, men die by suicide three to four times more often than women, a disparity driven by masculine norms that emphasize stoicism and self-reliance. These cultural expectations often discourage men from seeking help, leading them to face their struggles in isolation. Reluctance to seek support significantly reduces access to the social connections that are vital for suicide prevention. Remote services, such as France's national suicide prevention helpline 3114, offer a discreet and accessible way for men to bypass these barriers and receive the support they need.
Objectives: The national coordination center of the 3114-helpline set out to enhance men's engagement with its services by developing a strategy that accounts for the impact of masculine norms on their willingness to seek and accept help. To ensure the strategy is relevant and effectively addresses the specific needs of men, it aimed to incorporate insights from those who had been directly affected by suicide.
Methods: A Cyclical Evaluation Process was employed to design and assess this digital public health intervention, comprising three key phases: (1) conducting interviews with men who had contacted the 3114 helpline; (2) developing narratives based on their testimonies; and (3) distributing these narratives through social media and the 3114 website. The stories were specifically crafted to boost readers' self-efficacy and encourage help-seeking behaviours. This approach triangulates data to evaluate the narratives' impact on men's attitudes and behaviours concerning suicide prevention.
Results: Phase 1 involved interviews with five men aged 35 to 51, revealing that hegemonic masculine norms, such as stoicism, significantly impede help-seeking behaviors. In Phase 2, a multidisciplinary team transformed the participants' testimonies into compelling narratives, which were published between April and May 2024. Phase 3 saw these narratives garner 2,264 website visits and 49,782 social media impressions, indicating strong public engagement. The anonymity provided by telephone helplines facilitated emotional expression, helping to redefine traditional notions of masculinity. The stories played a significant role in raising awareness, normalizing help-seeking among men, and actively dismantling harmful gender stereotypes.
Conclusions: Incorporating the narratives of individuals who have experienced suicidal episodes offers a deeper, more nuanced understanding of this complex issue. When shared through empathetic and respectful approaches, testimonies significantly enhance prevention strategies. Co-constructing knowledge with those directly affected leads to interventions that are more relevant, tailored, and responsive to their actual needs. This approach underscores the ethical imperative of amplifying the voices of vulnerable individuals to develop more equitable and inclusive solutions.

Disclosure of Interest: None Declared

EPP528

The Role of Dark and Vulnerable Personality Traits in Self-Harm, Suicide, and Risky Behaviors Among Young Adults in Tehran

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doi: 10.1192/j.eurpsy.2025.775

Introduction: Suicidal behaviors, non-suicidal self-injury, and risky behaviors are significant concerns in young adulthood.
Objectives: This study investigates the causal relationships between dark and vulnerable personality traits, guilt and shame proneness, and these behaviors among young adults (ages 18-40) in Tehran. Adopting a dimensional and dynamic perspective on personality, the study aims to develop a comprehensive model that incorporates proposed pathological personality traits from DSM-5 (PID-5).
Methods: Using a cross-sectional design and structural equation modeling, the study analyzed data from a large sample of 1,876 participants, including both a general population sample (n=1,696) and a clinical population (n=180) with suicidal/self-harm behaviors or personality disorders. Data were collected using the Short Dark Tetrad (SD4), Triple Scales of Vulnerable Dark Personality Traits,

Guilt and Shame Proneness Scale (GASP), Domain-Specific Risk-Taking (DOSPERT), Self-Harm Inventory (SHI), and Suicidal Behaviors Questionnaire-Revised (SBQ-R).
Results: The study evaluated three main models and nine sub-models. Findings from the comprehensive research model indicated that the proposed causal model, incorporating dark and vulnerable personality traits and guilt and shame proneness, effectively explains self-harm, suicidal, and risky behaviors in both young adults and those with diagnosed personality disorders. Key findings include:
A spectrum of dark and vulnerable personality traits significantly influences self-harm, suicidal, and risky behaviors. Pathological shame proneness, particularly when accompanied by detachment, increases suicidal tendencies. The absence of healthy guilt and shame proneness is associated with higher levels of risky behaviors and non-suicidal self-injury. All dimensions of the dark and vulnerable personality spectrum predict lower healthy guilt and shame proneness and higher pathological shame proneness.
Finally, Healthy guilt and shame proneness plays a mediating and protective role, reducing the likelihood of self-harm and risky behaviors.
Conclusions: This study contributes to the conceptualization of self-harm, suicidal, and risky behaviors within a dimensional and spectrum-oriented framework, considering personality traits, moral emotions, and behavioral consequences. Practical and research implications are discussed.
Keywords: Dark Personality Traits, Risky Behaviors, Self-Harm Behaviors, Suicide, Guilt and Shame Proneness, Vulnerable Personality Traits, Young Adults.

Disclosure of Interest: None Declared

Women, Gender and Mental Health

EPP531

The Effect of Cognitive Behavioral Intervention on Cognitive Situation, Quality of Life, Depression, Anxiety and Stress Levels of Menopausal Women: Mixed Method Study

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doi: 10.1192/j.eurpsy.2025.776

Introduction: Menopause causes physiological, cognitive, and psychological changes in women and negatively affects women's quality of life.
Objectives: This study aimed to examine the effects of cognitive behavioral approach-based intervention on the cognitive situation, quality of life, anxiety, depression, and stress levels experienced by women after menopause with mixed-method research.
Methods: The research was carried out between March 2022 and August 2023 as a mixed-method research consisting of three phases (quantitative, qualitative, and intervention). Eighty women (experiment=27, control=53) attended in the quantitative phase. Quantitative data were collected before & after intervention by The Sociodemographic Data Form, The Montreal Cognitive Assessment Test, The Menopause-Specific Quality of Life Scale, and The Depression Anxiety Stress Scale. In the intervention phase, a six-session, cognitive behavioral approach-based nursing intervention was conducted with five groups using online Zoom. Hermeneutic phenomenology design was used in the qualitative phase. Qualitative data were collected online, via Zoom platform, and through three focus group interviews. Qualitative data were evaluated by the Thematic Analysis method. In the analysis of quantitative data, descriptive statistics, Independent Samples Groups t-test, Mann-Whitney U Test, and Wilcoxon Test were used.
Results: There was no statistically significant difference between intervention and control groups in terms of sociodemographic characteristics, age, age of onset of menstruation, and menopause. Post-intervention cognitive scores (Z=-3.936, p=0.001) and psychosocial quality of life scores (Z=-2.771, p=0.006) of women who were in the intervention were higher than their pretest scores. There was no statistically significant difference in the post-intervention mean scores between groups in terms of other variables (p>0.05). The themes were loss, stigma, loneliness, not being understood, aging, loss of health, sexuality, acceptance, self-awareness, and coping ability. Women's perceptions of menopause changed mostly functionally after the intervention study.
Conclusions: The research findings showed that Cognitive Behavioral Intervention had some curative effects on women's cognitive changes and psychosocial changes they experienced during menopause. Nurses working with menopausal women can use Cognitive Behavioral approaches to manage the changes brought about by menopause effectively.

Disclosure of Interest: None Declared

EPP532

Navigating Grief: Understanding the Impact of Pregnancy Loss on Parental Attachment to the Second Child

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doi: 10.1192/j.eurpsy.2025.777

Introduction: Pregnancy loss is a significant emotional experience that can shape subsequent parenting dynamics, particularly the attachment process to the next-born child. While attachment theory provides a framework for understanding how parents bond with their children, the effects of pregnancy loss on attachment to a subsequent child remain complex and understudied. This review aims to synthesize current research on the relationship between pregnancy loss and parental attachment to the next-born child, considering factors such as grief, coping mechanisms, and emotional healing.
Objectives: The primary objective of this review is to examine existing literature to determine: (1) How pregnancy loss impacts parental attachment to a subsequent child; (2) The emotional, psychological, and contextual factors that influence the attachment process post-loss; (3) Gaps in the research and potential areas for future investigation.
Methods: This review study systematically examines peer-reviewed articles, empirical studies, and theoretical papers published between 2000 and 2024 on the topic of pregnancy loss and subsequent child attachment. The databases used include PubMed and

Google Scholar. Studies were included if they explored parental attachment post-loss, considered factors like grief and coping, and employed qualitative or quantitative measures of attachment. The literature was evaluated for methodological rigor and relevance to the study's objectives.
Results: The review identified consistent evidence that pregnancy loss can significantly affect attachment to the second child. Factors such as unresolved grief, heightened anxiety, and fear of loss contributed to difficulties in forming secure attachments. However, some parents demonstrated increased emotional investment in the second child as part of their healing process. The role of external support systems, such as counseling and social support, was identified as critical in mitigating attachment challenges. Additionally, research showed that fathers and mothers might experience attachment differently after loss, with cultural and individual factors influencing outcomes.
Conclusions: This review underscores the complex and nuanced relationship between pregnancy loss and attachment to a subsequent child. While many parents experience heightened emotional challenges, supportive interventions can facilitate healthier attachment processes. Further research is needed to explore the long-term implications of these attachments and to develop targeted therapeutic strategies for parents navigating pregnancy after loss. The findings have significant implications for healthcare providers, offering guidance on how to support families during this critical period.

Disclosure of Interest: None Declared

EPP533

A Mental Health Hospitalization at Home program as a novel healthcare delivery model on the postpartum period

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doi: 10.1192/j.eurpsy.2025.778

Introduction: The early postnatal period is at high risk for new and recurrent episodes of severe mental illness, with around one to two women in 1,000 requiring admission in the first few months after birth.
Home visits by midwives/obstetricians/paediatricians have been tested on preventing mental health problems on the postpartum with no home specific treatment when mental ill relapse appears. Indeed, scarce literature is found on acute relapses on mental health on the postpartum in terms of home visiting programs.
Objectives: Authors aim to explore the role of a Mental Health Hospitalization at Home (MH-HaH) program on acute mental health status on the postpartum period.
Methods: A descriptive study on women attended in a HaH-MH program due to an acute mental health crisis on the postpartum period has been conducted.
Results: Ten mother-baby dyad were attended: 7 were on an avoidance admission regimen (two directly referred from the obstetric ward) and 3 were early discharged from a psychiatric inpatient unit. Three patients were admitted due to psychotic symptoms, 6 due a depression features and one due to manic symptoms. All of them were discharged to a minor intensity setting and none required of hospital admission after a month of the MH-HaH. At a year of follow-up, only one patient required a new hospital admission due to a relapse.
Conclusions: MH-HaH programs could be a safe and respectful alternative to psychiatric admissions with a low relapse rate. However, the need of personalized approach of the dyad and the family as well as collaboration with the Perinatal Mental Health Units is required.

Disclosure of Interest: None Declared

Sexual Medicine and Mental Health

EPP537

Characterization of a transgender population in Portugal and the portuguese outlook on transgender health care

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Introduction: Gender incongruence (GI) and gender dysphoria (GD) represent a health condition in which the individual's gender identity does not correspond to their assigned gender at birth, when dysphoria is present it means there is significant distress. This population needs specific healthcare from a multidisciplinary team involving psychiatry, psychology, endocrinology, urology and/or gynecology, otorhinolaryngology and plastic surgery. In Santo Antonio Hospital, currently, Unidade Local de Saúde de Santo António (ULSSA), there is a sex and gender unit (USEG – Unidade de Sexo e Género), with the previous described specialties, that evaluates and follows transgender individuals through their transition process. A mental health assessment is a major part of this process since, in Portugal, it is required an evaluation, from a mental health professional with clinical experience in this field, to have hormonal treatment, and two to have surgical procedures done.
Objectives: Characterization of a population of transgender individuals in Portugal, framing the results in the current Portuguese panorama of transgender health care.
Methods: Retrospective study of individuals that attended sexology/psychiatry consultation from USEG. Age, type of treatments they have made so far and expectations, type of transition – male to female (MtF) or female to male (FtM) or non-binary (NB), occupation and education, relationship status, city of origin and comorbidities were analyzed.
Results: 143 people were assessed and/or followed for gender incongruence and/or dysphoria, with a minimum age of 17 and a maximum of 61 at the time of their first consultation, mean age of 24,4 years. Of these 49,65% had FtM GI/GD, 38,46 % MtF and 11,89% identified as NB. Several individuals had concomitant medical conditions, and there were high rates of psychiatric comorbidity like anxiety and depression but also neurodevelopmental disorders. The majority of the individuals intended to start hormonal treatment with many expressing fear and anxiety related to the surgical

procedures but with a still high proportion looking forward to them in the future. Many of our patients lived in places far from our hospital.
Conclusions: We found a higher prevalence of FtM than MtF, which is in contrast with most studies in the field but similar to another Portuguese study. The high percentage of medical, specifically psychiatric comorbidities, enhances the importance of a mental health assessment and follow up in this population. A significant percentage of our patients came from cities far away reflecting the scarcity of specialized trans health care in our country. GD and GI diagnosis is increasing worldwide and the transition process is long and highly complex requiring a multidisciplinary team that can collaborate on a unique individual's care in a coordinated and safe way.

Disclosure of Interest: None Declared

EPP538

Autism and Sexuality: Breaking Taboos and Embracing Desires

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Introduction: Autism spectrum disorders (ASD) are a group of neurodevelopmental conditions characterized by impairments in social interaction, communication (both verbal and non-verbal), and repetitive behaviors. The global prevalence of ASD has increased significantly, with an estimated 28.3 million cases worldwide. Although many individuals with ASD have normal cognitive and language skills, difficulties with social interactions and understanding nonverbal cues can interfere with their ability to form romantic and sexual relationships, potentially leading to inappropriate behaviors and a distorted experience of sexuality.
Objectives: This paper aims to review the literature on sexuality in individuals with ASD, focusing on typical sexual behaviors, sexual preferences, as well as hypersexuality and paraphilic fantasies and behaviors within this population.
Methods: A non-systematic literature review was conducted, with article selection from PubMed using the keywords: "autism spectrum disorders", "sexuality", "hypersexuality" and "paraphilia".
Results: Studies have shown that adolescents with ASD experience higher rates of inappropriate sexual behaviors and gender dysphoria compared to neurotypical peers. Variants in sexual orientation, including homosexuality, asexuality, and bisexuality, are more prevalent in this population. Recent research indicates that sexual experiences, both alone and with others, are common among individuals with high-functioning ASD, with one study revealing that 47% expressed interest in having a romantic partner. Despite this, adults with ASD, especially men, are generally less likely to be in romantic relationships. They also exhibit more hypersexual and paraphilic fantasies and behaviors than neurotypical individuals. Hypersexual behaviors are predominantly observed among male ASD individuals, while paraphilias, such as voyeurism and fetishism, are frequently reported among both ASD men and women. Sadistic and masochistic fantasies and behaviors are also common in this group.
Conclusions: The results indicate that individuals with ASD have a higher prevalence of sexual orientation variants and inappropriate behaviors compared to their peers. Although they have sexual interests and desires for relationships, their ability to express sexuality in a healthy way is hindered by communication deficits, social interaction challenges, and an unsupportive environment, exacerbated by inadequate sexual education. These challenges prevent many from fully embracing their sexuality. Specialized, evidence-based sexual education addressing the unique needs of individuals with ASD is essential for promoting healthier sexual behaviors and improving psychosocial well-being.

Disclosure of Interest: None Declared

Women, Gender and Mental Health

EPP540

How elevated testosterone levels are responsible for frequent hospitalizations in female patients

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Introduction: Studies that have investigated the relationship between testosterone and psychiatric disorders in women report inconsistent results. Some studies suggesting that female depression patients have lower serum testosterone levels than healthy controls while others report higher serum testosterone levels in female depression patients. Testosterone has also been found to modulate depression and anxiety symptoms. Social research suggests high androgen levels cause aggressive behavior in men and women and as a consequence may cause depression and possible results with more often hospitalization.
Objectives: The purpose of this study was to determine whether there is a link between the intensity of psychological symptoms that required hospital psychiatric treatment and the level of testosterone in the blood.
Methods: The research is prospective and includes female patients with established diagnoses of depressive disorder, anxiety-depressive disorder, bipolar disorder (depressive episode) aged 18-65. The patients had their laboratory parameters determined, including sex hormones (testosteron, estrogen, progesterone, FSH, LH and prolactin), filled out a demographic questionnaire and questionnaires: The Suicide Behaviors Questionnaire-Revised (SBQ-R), Generalised Anxiety Disorder Assessment (GAD-7), Patient Health Questionnaire (PHQ-9), Beck Depression Inventory (BDI-II), Beck Anxiety Inventory (BAI), Matthey Generic Mood Question, Montgomery-Asberg Depression Rating Scale (MADRS), Hamilton Anxiety Rating Scale (HAMA) i Hamilton Depression Rating Scale (HAMD).
Results: The preliminary data of the prospective study showed that there was a statistically significant proportion of patients in whom

higher testosterone levels are linked with higher number of hospitalizations (rho=0.511, p=0.036).
Conclusions: Preliminary results show an association between testosterone levels and frequent psychiatric hospitalizations.

Disclosure of Interest: None Declared

Addictive Disorders

EPP541

Social Media and E-Cigarette Use Among Adolescents and Young Adults: A Systematic Review of the Role of Influencers and Platforms in Promoting Vaping Culture

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Introduction: The widespread use of electronic cigarettes (e-cigarettes) among adolescents and young adults has become a significant public health concern. With the rise of social media, exposure to content promoting e-cigarette use, including endorsements by influencers, has become increasingly pervasive. This overlap between social media and vaping culture may contribute to the normalization and growing use of e-cigarettes among this vulnerable population.
Objectives: This article aims to systematically examine the influence of social media use and endorsements by influencers on e-cigarette use among adolescents and young adults, identifying patterns of exposure and consumption across various platforms and providing insights for future prevention and intervention strategies.
Methods: This systematic review aims to explore the impact of social media use and influencers on e-cigarette use among adolescents and young adults. A PRISMA model review was conducted across four databases: PubMed, Science Direct, Google Scholar, and Scopus. Medical Subject Heading (MeSH) terms and keywords (vape, e-cigarette, smoking, social media, influencer, adolescent) were used to search for full-text studies published in English from the last five years. The studies included focused on human subjects aged 10-21 and met predefined eligibility criteria.
Of the 1,064 articles initially identified, 37 were included after screening and removing duplicates.
Results: Thirty-seven articles met the eligibility criteria. The analysis focused on five key social media platforms: TikTok, Instagram, YouTube, Twitter, and Facebook. However, significant methodological limitations were noted in the studies.
Conclusions: The research highlights a strong link between social media use and youth e-cigarette consumption. Exposure to vaping content, ads, and peer influence on social media increases the risk, particularly among younger and vulnerable groups. Social media enables both direct marketing and peer-to-peer promotion. Stricter regulations on online ads and enhanced parental controls are necessary to mitigate these risks and reduce youth vaping rates.

Disclosure of Interest: None Declared

EPP542

Predicting return to use for people with substance abuse disorders

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Introduction: Substance Use can be a lifelong issue. Recovery is not necessarily easy and not necessarily predictable. Treatment can be expensive and is potentially offset by other influences.
Objectives: We wanted to predict the likelihood of returning to use for Indigenous clients being treated for Substance Use Disorders in the United States.
Methods: We interviewed 35 people who had been diagnosed with a Substance Use Disorder and had been treated in a conventional detox program followed by 30 to 120 days of residential treatment. The participants were obtained by word of mouth referrals, posters and flyers announcing the studiekeeeeeeWe gathered their life stories using a modification of the Northwestern University Life Story Interview which we called the Maine Life Story Interview. We correlated elements from the life story with the likelihood of return to use. By virtue of where the authors worked (Clinics providing services to Indigenous people), all the clients were Indigenous, though we did not aim for that at the outset. Logistic regression methods were used to predict return to use.
Results: The combination of an ACE Score of 5 or greater, a history of substance use for 4 or more years, couipled with returning to the environment of the original substance abuse (physical and/or human) was associated with a 100% probability of return to use regardless of substance used and despite treatment received., With an ACE score of less than 5, the probability of return to use dropped to 80%. The length of treatment before returning to community did not matter. Adverse Childhood Events were measured using the ACE score and resiilience was assessed using a qualitative rating that has been shown to be reliable. Logistic regression confirmed the above – that the most powerful predictors were returning to the community in which the abuse began and returning to the same social network of people who abused. These variables predicted 84% of the variance. Treatment type or duration did not emerge as significant.
Conclusions: For Indigenous clients, returning to the environment of substance abuse and to the people with whom substance have been used is a powerful factor that overrides the effects of treatment. The higher the ACE score, the more likely the return to use. The length of treatment (ranging from 10 to 130 days) did not seem to matter. Based upon this data, one could argue that tretment should take place in the community from which the person came and be oriented toward changing social networks and eliminating environmental cues. If this is not possible, returning to community appears frought with peril, though inevitable for Indigenous people who need to come home again. Resilience was not a predictive factor once one had returned to the social and environmental locale of the original substance use.

Disclosure of Interest: None Declared

EPP543

Examination of Theory of Mind, Cognitive Functions and Acute Period Clinical Features in Patients Diagnosed With Substance Use-Related Psychotic Disorder

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Introduction: There are recent studies examining the cognitive functions, depressive symptoms, social cognitive characteristics (Terms of Theory of Mind) and acute symptoms of patients with substance-induced psychosis, as well as varying effects of different substances on development of psychosis (Beckmann et al. Child Adolesc Psychiatr CNA.2020;131-143).
Objectives: It was aimed to examine sociodemographic characteristics, clinical symptoms in acute psychotic period, cognitive functions, social cognition characteristics of hospitalized patients diagnosed with substance related psychosis; compare the severity of clinical symptoms, improvement in acute period symptoms with treatment, cognitive functions and social cognitions according to substance (methamphetamine, cannabis, polydrug).
Methods: 34 hospitalized patients in acute psychotic episode diagnosed with Substance-Induced Psychosis according to DSM-5 were included in study. Socidemographic Data Form, Reading the Mind in the Eyes Test, Stroop Test, Calgary Schizophrenia Depression Scale and every 3 days during the treatment PANSS (Positive Negative Syndrome Scale) were administered.
Statistical analyses done with R program. Kruskal-Wallis test was used to compare numerical variables between groups. For the significant differences between groups, Bonferroni correction was applied in post hoc analyses. P-value of less than 0.05 was considered statistically significant for all analyses. Chi-square test was used to analyze categorical variables.
Results: It was determined that drug-induced psychosis patients were mostly male, unemployed, young adults, started using drugs before the age of 18, lived in irregular urban areas. Methamphetamine, cannabis and polydrug-related psychosis were compared; There was no difference in cognitive functions and social cognition characteristics between all groups. At the end of treatment, it was observed that the rate of improvement in positive and negative symptoms and the decrease in PANSS scores were greatest in methamphetamine group, there was no difference between cannabis and polydrug groups. We found that PANSS and negative symptom severity before starting treatment were not different between methamphetamine and cannabis, and initial positive symptoms were more severe in methamphetamine than cannabis.
Conclusions: Methamphetamine group showed greater improvements in positive and negative symptoms and total PANSS scores compared to cannabis and polydrug. The fact that there was less improvement in cannabis group than in methamphetamine group supports the data in the literature identifying the relationship between cannabis and chronic psychosis (D'Souza et al, The World Journal of BP, 2022, 719–742).
No difference was found between social cognitions and cognitive functions of 3 groups.

Keywords: Drug Induced Psychosis, Methamphetamine, Cannabis, Theory of Mind.

Disclosure of Interest: None Declared

Bipolar Disorders

EPP546

Pregnancy and reproductive health in women with bipolar disorder at the Arrazi Psychiatric University Hospital in Salé

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Introduction: Bipolar disorder, like other severe mental illnesses, is considered to be a condition with an increased risk of unsafe sexual practices [1]. Unsafe sex in bipolar disorder has been empirically linked to manic episodes due to symptoms of hypersexuality, cognitive impairment and substance and alcohol abuse.
Unprotected sex poses health risks for both sexes in terms of sexually transmitted diseases, but for women it also means a risk of unplanned pregnancy. Unplanned pregnancies can have negative consequences for the health, social and psychological lives of women and children [2].
Translated with DeepL.com (free version)
Objectives: To assess reproductive health and unplanned pregnancies in patients with bipolar disorder followed and hospitalised at the Arrazi psychiatric hospital in Salé.
Methods: This was a descriptive cross-sectional study using a questionnaire including sociodemographic and clinical criteria as well as questions on the sex life of patients with bipolar disorder type I or II, questions on contraception, and on pregnancies and their outcomes.
Inclusion criteria: women with bipolar disorder type I or II.
Exclusion criteria: psychosis, intellectual disability.
Results: The average age of the participants was 33 years. 68% were married and 57% had children. The majority were unemployed (87%). 85% had a substance use disorder. 61% had type I bipolar disorder and 44% were hospitalised, with the remainder receiving outpatient treatment. Almost all the patients were sexually active at the time of the study, and 88% had only one sexual partner. 77% were using contraception, mainly the pill. The average age of first pregnancy was 22 years. 66% of pregnancies were unplanned. 89% gave birth and 11% had abortions.
Conclusions: Bipolar disorder, like other serious mental illnesses, is considered to be a condition with an increased risk of unsafe sexual practices. Female patients with bipolar disorder have an early age of onset of sexual activity. This leads to frequent unplanned pregnancies. These unplanned pregnancies can have negative consequences for the health, social and psychological life of women and children. Clinicians must be aware of reproductive health and take steps to improve access to family planning when treating young women with bipolar disorder, in order to avoid negative consequences.

Disclosure of Interest: None Declared

EPP548

Course and severity of bipolar disorder determining TGF-beta

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Introduction: Bipolar Disorder (BD) is a severe and chronic psychiatric condition, with complicated course and substantially reduce psychosocial functioning. Alterations in immune response are considered to be one of the major factors underlying the etiopathogenesis of BD, causing alterations in neurotransmitter systems, neuroendocrine systems, neurotrophic factors, and producing oxidative stress. Inflammatory cytokines have potential value for the clinical diagnosis and prognosis of BD.

Objectives: The primary aim of the study was to assess the effect of disease course and clinical-characteristics on alterations of transforming growth factor-beta (TGF-beta), in BD.

Methods: This cross-sectional study included 82 patients with BD in remission. Multivariate linear regression with TGF-beta value as an outcome, and duration of illness, number of hospitalizations, residual symptoms estimated as Brief Psychiatric Rating Scale (BPRS) score, gender, and age, was used to produce the model.

Results: The explored linear regression model was significant, explaining 39.4% of the variance ($p<0.001$). Higher TGF-beta was predicted by less previous hospitalizations ($p<0.001$) and lower BPRS score (0.034), while longer duration of illness was almost significant predictor ($p=0.054$). Age and gender showed no predictive effect in the model.

Conclusions: The study points out to the better course of BD characterized by less episodes and less residual symptoms in determining the TGF-beta levels, potentially creating a more favorable immunological state. The importance of neuroprotective and neurodegenerative balance of immune mediators, their interplay and relation to chronicity and severity of BD should be further explored.

Disclosure of Interest: None Declared

EPP549

The Evolution and Impact of Mixed Mood States: From Ancient Observations to Modern Understanding

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Introduction: Mood disorders with mixed features, characterized by the concurrent presence of manic and depressive symptoms, represent a complex and significant area in psychiatric research. Historically, the recognition of such mixed states traces back to ancient Greek scholars, with evolving understanding through the 19th century. This evolution reflects substantial contributions from early thinkers to modern psychiatric frameworks.

Objectives:

1. To trace the historical development of the concept of mixed mood states from ancient Greece to the 19th century.
2. To analyze the contributions of key figures such as Areteo of Cappadocia, Wilhelm Griesinger, Jean-Pierre Falret, Emil Kraepelin, and Wilhelm Weygandt in shaping the understanding of mixed states.
3. To evaluate the impact of Kraepelin's and Weygandt's work on contemporary classifications of mood disorders.

Methods: A historical review of primary and secondary sources, including classical texts and psychiatric literature, was conducted. The analysis focused on the contributions of significant historical figures, examining their theories and classifications of mood disorders. Key publications, such as Kraepelin's treatises and Weygandt's monographs, were scrutinized to assess their influence on modern psychiatric nomenclature.

Results: The study highlights the foundational observations of mixed mood states by ancient Greek scholars, particularly Areteo, who first proposed that mania and melancholia were facets of the same condition. The 19th-century revival of interest in these states saw important contributions from Griesinger and Falret, with Kraepelin's systematic framework in his 1899 treatise integrating mixed states into a unified concept of manic-depressive insanity. Weygandt's 1899 monograph further refined the understanding of mixed states, reflecting a collaborative intellectual effort with Kraepelin.

Conclusions: The historical evolution of mixed mood states demonstrates a significant advancement in psychiatric theory. Kraepelin's comprehensive framework, supported by Weygandt's detailed analysis, laid the groundwork for contemporary classifications of mood disorders. Recognizing the collaborative nature of these developments underscores the importance of shared intellectual contributions in the advancement of psychiatric science.

Disclosure of Interest: None Declared

EPP550

The Syndrome of Irreversible Lithium-Effectuated Neurotoxicity: A Report of Two Cases

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Introduction: Lithium is a widely used treatment for mood disorders, particularly bipolar disorder, but its narrow therapeutic range often leads to toxicity. A major complication is lithium-induced neurotoxicity, which is generally reversible with dose adjustment or discontinuation. However, symptoms persisting beyond two months after cessation are deemed irreversible and may result in permanent neurological damage(Verdoux *et al.* Encephale 1991;17:221-4).

The permanent sequelae, first recognized in the 1980s, are known as "Syndrome of Irreversible Lithium-Effectuated Neurotoxicity" (SILENT). SILENT is marked by irreversible neurological damage, including cerebellar dysfunction, dementia, parkinsonian syndromes, choreoathetosis, brainstem syndromes and peripheral neuropathies (Farouji et al. Cureus 2023;15).

Objectives: This case report aims to highlight the rare SILENT syndrome and underscore the importance of early diagnosis and management of lithium-induced neurotoxicity.

Methods: Case 1: A 61-year-old male with a long-standing diagnosis of bipolar disorder, managed since age 18, presented in 2022 with speech and gait disturbances while on lithium therapy. His lithium level was elevated (2.31 mmol/L), and he underwent emergency hemodialysis after the suspected interaction of NSAIDs with lithium. Despite normal brain imaging, the patient experienced persistent symptoms of postural instability, ataxic gait, dysarthria and tremor over two years. Subsequent imaging revealed cerebral atrophy and ischemic white matter changes. Neuropsychological testing showed frontal-type memory deficits, leading to a diagnosis of Syndrome of Irreversible Lithium-Effectuated Neurotoxicity.

Case 2: A 71-year-old male with a 40-year history of bipolar disorder presented with tremors, bradykinesia, dysarthria and anorexia. Blood tests showed renal impairment (creatinine 2.3 mg/dL) and elevated lithium levels (1.7 mmol/L), likely secondary to chronic kidney disease. Lithium was discontinued, and valproate was initiated. Nine weeks later, he returned with increased energy, insomnia, impulsivity, auditory hallucinations, temporal disorientation, perseverative speech, and gait instability. Examination revealed agitation, a blank stare, mild dysarthria and gait imbalance despite normal routine blood tests.

Results: Lithium poisoning is a common clinical issue. Elevated lithium levels can result from excessive intake, impaired excretion or drug interactions. SILENT syndrome, a rare complication of lithium therapy, leads to permanent neurological damage, including cerebellar dysfunction, ataxia, dysarthria and tremor (Konieczny *et al.* Alpha Psychiatry 2024; Mar.).

Conclusions: This emphasizes the importance of monitoring for drug interactions and conducting regular neurological assessments to detect and manage lithium-related complications early. The case underscores the need for heightened clinical awareness to prevent permanent lithium neurotoxicity.

Disclosure of Interest: None Declared

Comorbidity/Dual Pathologies

EPP551

People with severe mental illness are not adequately screened for non-communicable diseases: Findings of a multi-country cross-sectional study in South Asia

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Introduction: People with severe mental illness die 10-20 years earlier than the general population. This is largely due to non-communicable diseases (NCDs) such as hypertension, diabetes and hypercholesterolaemia increasing the risk of cardiovascular disease, which is the greatest contributor to the excess mortality seen. The effect of these NCDs is likely to be greater in low-and middle-income countries such as Bangladesh, India and Pakistan due to additional barriers to health care access, lack of resources and other sociodemographic variables.

Objectives: Our study aimed to estimate the proportion of individuals with SMI in Bangladesh, India, and Pakistan who were screened for NCDs and offered health risk modification advice. Furthermore, we also explored socio-demographic factors associated with the likelihood of being screened for NCDs within this demographic.

Methods: This cross-sectional study gathered data from three national mental health institutions in South Asia. Participants aged ≥18 years diagnosed with SMI were included. Data collection involved face-to-face interviews based on the World Health Organisation Stepwise (WHO-STEPS) approach to NCD risk factor surveillance, supplemented by anthropometric measurements and blood tests to confirm NCDs. The prevalence of screening, diagnosis, health risk modification advice, and treatment for diabetes, hypertension, and high cholesterol was assessed. A logistic regression model assessed the associations of sociodemographic characteristics with NCD screening.

Results: 3,989 participants were recruited. Screening prevalence varied by country and disease, with hypertension being the most commonly screened NCD (Bangladesh = 52.5% [50.0-55.1], India = 43.1% [40.3-45.9], Pakistan = 60.9% [58.2-63.5]), and cholesterol was the least common (Bangladesh = 4.1% [3.2-5.2], India = 14.8% [12.9-17.0], Pakistan = 9.6% [8.1-11.3]). Characteristics such as BMI, age and education level were positively associated with screening, and females were more likely to be screened than males. The provision of health risk modification advice was most common in India (diet = 66.7% [62.1-71.1], physical activity = 71.5% [67.0-75.6], smoking = 17.1% [13.8-21.0]), and least common in Bangladesh (diet = 17.8% [15.8-20.0], physical activity = 12.0% [10.3-13.8], smoking = 9.8% [8.3-11.5]).

Conclusions: There is a consistent gap in the screening of NCDs among individuals with SMI in South Asia, with marked sociodemographic disparities. There is a pressing need for standardised screening protocols and health risk modification interventions tailored to South Asian populations. Improving health literacy and implementing culturally sensitive, cost-effective prevention strategies could mitigate the increased risk of NCDs in South Asian individuals with SMI.

Disclosure of Interest: None Declared

EPP553

The Relationship Between Attention Deficit Hyperactivity Disorder and Major Depressive Disorder in Young Adults: Mediating Role of Mood and Anxiety Disorder Symptoms

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Introduction: Attention Deficit Hyperactivity Disorder (ADHD) is a lifetime co-diagnosis of one or more psychiatric disorders in 70-80% of cases. In adults, ADHD is associated with anxiety, MDD, bipolar disorder and substance use disorder. (Faraone, S.V. *et al., Nature Reviews Disease Primers* (2024)). The aim of this study was to examine the relationship between ADHD and MDD symptoms in young adults and the mediation of mood and anxiety disorder symptoms on this relationship.
Objectives: In this study, we examined the explainability of the relationship between ADHD and MDD symptoms in young adults through mood and generalized anxiety disorder scales. The aim was to reveal the relationships between different psychiatric dimensions in young adults presenting with these symptoms and to present the necessary treatment approaches.
Methods: Between September 2019 and September 2022, 935 students who applied to Koç University Psychological Counseling and Psychotherapy Center were examined. Sociodemographic information and data were collected using the Adult ADHD Self-Report Scale (ASRS-v1.1), Patient Health Questionnaire-9 (PHQ-9), Generalized Anxiety Disorder-7 (GAD-7) and Mood Disorder Questionnaire (MDQ). Data were evaluated with descriptive statistics and Pearson correlation analysis. The effect of ASRS on PHQ-9 and the mediating effect of GAD-7 and DSQ scores were analyzed with Process macro model 4. The study was approved by Koç University Ethics Committee (Protocol No: 2024.291.IRB2.124).
Results: 82.8% of the students were classified as ADHD positive according to the ASRS 24 cut-off score. According to PHQ-9, the rate of depression was 78.1%. The rate of ADHD and depression positives was 70% according to ASRS24, 57.6% according to ASRS30 and 22.8% according to ASRS44. In the mediation analysis in which ASRS, PHQ9, GAD7 and MDQ scales were evaluated, the model explained 52% of the variance ($p<0.00001$). The direct effect of ASRS on PHQ9 (β: 0.35; $p<0.00001$; 95% CI: 0.29-0.39) was higher than the indirect effects via GAD7 (β: 0.21; 95% CI: 0.175-0.245) and DBQ (β: 0.025; 95% CI: 0.0027-0.048); the effect of MDQ was minimal.
Conclusions: The study shows that ADHD symptoms are frequently associated with depression and that anxiety and mood disorder symptoms may strengthen this association. The possible bidirectional relationship between disorders should be considered in young adulthood assessment and should be followed up with longitudinal studies. The strengths of the study are its large sample size and focus on a significant age range; limitations are its cross-sectional nature and reliance on self-report scales.

Disclosure of Interest: None Declared

EPP554

Crossing Boundaries: Unraveling the Link Between Gender Dysphoria and Autism

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Introduction: Gender dysphoria (GD) and Autism Spectrum Disorder (ASD) are two complex conditions that can significantly impact an individual's identity and well-being. Emerging research suggests a notable overlap between these two conditions, yet the nature and implications of this relationship remain underexplored. This paper aims to investigate the intersection of gender dysphoria and autism, considering both psychological and social dimensions.
Objectives: The primary objectives of this study are to: (1) analyze the prevalence of gender dysphoria among individuals with autism, (2) explore the psychosocial factors contributing to the co-occurrence of GD and ASD, and (3) examine the implications for treatment and support strategies.
Methods: A comprehensive literature search was conducted across multiple databases, including PubMed and Google Scholar, focusing on studies published between 2000 and 2024. Inclusion criteria centered on peer-reviewed articles that discuss the relationship between GD and ASD. Data were extracted and analyzed to identify common themes, prevalence rates, and psychosocial factors.
Results: Preliminary findings indicate that individuals with ASD may experience higher rates of gender dysphoria compared to the general population. Factors such as social communication difficulties, rigid thinking patterns, and heightened sensitivity to social norms appear to influence the experience of gender identity. Qualitative data reveal that many individuals navigate significant challenges in accessing appropriate support and validation, often feeling marginalized within both the autistic and gender-diverse communities.
Conclusions: This study highlights a critical intersection between gender dysphoria and autism, emphasizing the need for tailored support systems that acknowledge the unique experiences of individuals at this intersection. Increased awareness and understanding among healthcare providers can lead to more effective interventions and improved outcomes for those navigating both gender identity and autism. Future research should continue to explore this relationship to inform policy and practice, ultimately fostering a more inclusive environment for all individuals.

Disclosure of Interest: None Declared

EPP555

Methylphenidate for Emotional Dysregulation in patients with Comorbid ADHD and Borderline Personality Disorder

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Introduction: Emotional dysregulation (ED) is highly heterogeneous in its definition, presentation, and classification. It manifests in a variety of ways, including emotional impulsivity, heightened emotional intensity (both positive and negative), and emotional lability. This pattern of emotional experience and expression is seen in several psychiatric disorders, such as Attention-Deficit Hyperactivity Disorder (ADHD) and Borderline Personality Disorder (BPD). Methylphenidate (MTH) has been extensively studied for its efficacy in treating ED in patients with ADHD, but it has been less studied for specific dimensions of BPD, such as impulsivity and executive dysfunction, and even less studied for ED in patients with comorbid ADHD and BPD.
Objectives: This retrospective observational study evaluates the efficacy of MTH in reducing ED in patients with a dual diagnosis of BPD and ADHD. Specifically, we report the efficacy of MTH on emotional impulsivity, emotional lability, and emotional intensity (both positive and negative).
Methods: Patients with a dual diagnosis of ADHD and BPD treated with MTH were evaluated. Descriptive statistics were used to assess the presentation of the comorbidity. The Negative Emotion Dysregulation (NED) subscale of the Reactivity, Intensity, Polarity, and Stability Questionnaire (RIPoSt-40) was used to measure emotional lability and emotional intensity (both positive and negative). In addition, the C-T-Score representing 'Impulsivity/Emotional Lability' from the Conners' Adult ADHD Rating Scales-Self Report: Short Version (CAARS-S:S), was assessed at baseline, week 2, and week 4. A repeated measures ANOVA test was used to assess mean differences.
Results: Of the 24 patients (37.5% female, median age = 24, IQR: 21-37), 23 participants (96%) in the cohort had attention deficits, 9 participants (38%) had hyperactivity, and 19 participants (79%) had impulsivity. Most participants had overlapping symptom profiles (Figure 1). The median dose of MTH was 20 mg [10-30 mg], and the median duration of treatment was 4 months [3-10 months]. Statistically significant reductions in both NED and C-T-Score were observed from baseline to week 2 and from week 2 to week 4 (Table 1, Figure 2).

Table 1

	BASELINE mean (sd)	WEEK 2 mean (sd)	WEEK 4 mean (sd)	p-value
NED	122 (2.43)	105.92 (5.94)	91.83 (8.46)	0.0001
C-T-Score	74.54 (5.27)	66.92 (5.85)	62.88 (5.76)	0.0001

Image 1:

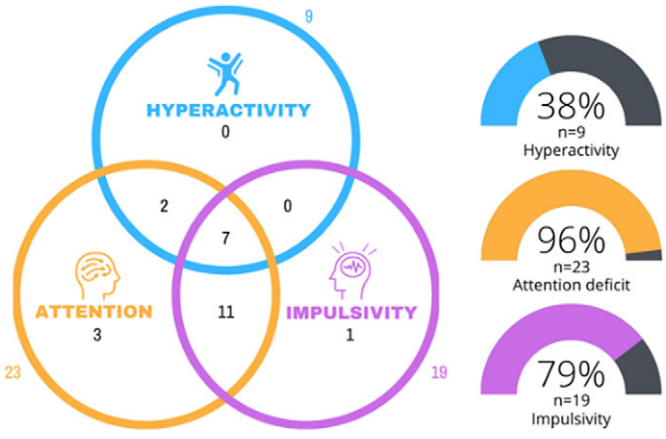
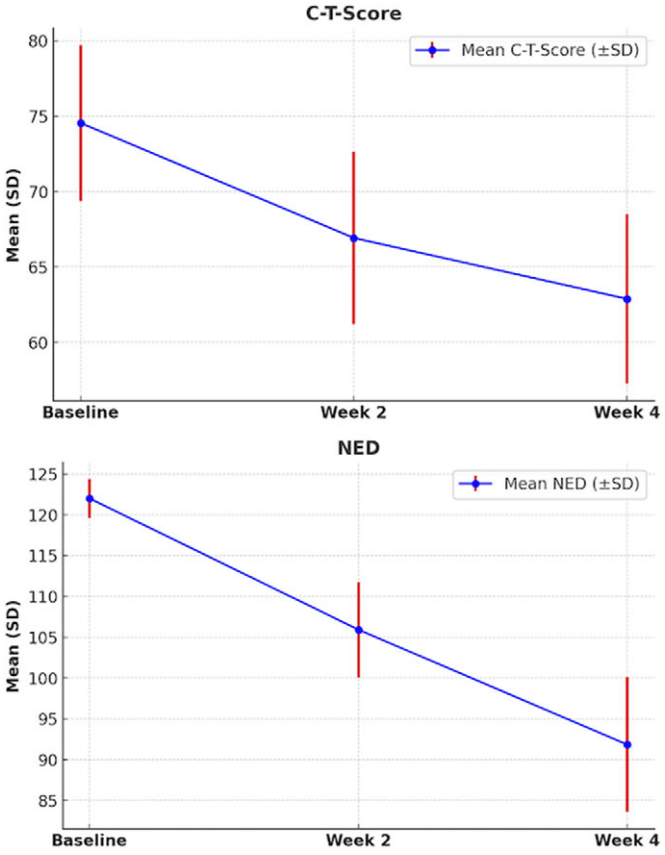


Image 2:



Conclusions: ED is a core symptom of BPD and an important aspect of ADHD psychopathology. Targeting this pattern is complex because it encompasses multiple dimensions such as emotional impulsivity, lability, and intensity. In our study, MTH demonstrated efficacy in reducing these aspects in a real-world population with a dual diagnosis of ADHD and BPD, suggesting a possible role in improving ED, but further controlled studies are needed to confirm these findings.

Disclosure of Interest: None Declared

Depressive Disorders

EPP556

The clinical utility of biomarkers in diagnosing Major Depressive Disorder in adults: A Systematic Review of literature from 2013 to 2023

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Introduction: The variety and efficacy of biomarkers available that may be used objectively to diagnose Major Depressive Disorder (MDD) in adults are unclear. This systematic review aims to identify and evaluate the variety of objective markers used to diagnose MDD in adults.
Objectives: This systematic review aims to identify and evaluate the variety of objective markers used to diagnose MDD in adults.
Methods: The search strategy was applied via PubMed and PsycINFO over the past 10 years (2013-2023) to capture the latest available evidence supporting the use of biomarkers to diagnose MDD. Papers were excluded if they were published in a non-peer-reviewed journal and/or not published in English; featured non-primary study designs (e.g. systematic review, meta-analysis, literature review); included children or adolescents in the study population; featured participants without a clinical diagnosis of MDD; featured participants with a diagnosis of other forms of MDD such as treatment resistant depression, vascular depression, remitted depression. Data was reported through narrative synthesis.
Results: 42 studies were included in the review. Findings were synthesised based on the following measures: blood, neuroimaging/neurophysiology, urine, dermatological, auditory, vocal, cerebrospinal fluid and combinatory – and evaluated based on its sensitivity/specificity and area under the curve (AUC) values. The best predictors of blood (MYT1 gene), neuroimaging/neurophysiological (5-HT1A auto-receptor binding in the dorsal and median raphe), urinary (combined albumin, AMBP, HSPB, APOA1), cerebrospinal fluid-based (neuron specific enolase, microRNA) biomarkers were found to be closely linked to the pathophysiology of MDD.
Conclusions: A large variety of biomarkers were available to diagnose MDD, with the best performing biomarkers intrinsically related to the pathophysiology of MDD. Potential for future research lies in investigating the joint sensitivity of the best performing biomarkers identified via machine learning methods and establishing the causal effect between these biomarkers and MDD.

Disclosure of Interest: None Declared

EPP558

Intermittent white light at 60Hz, a novel non invasive brain stimulation (NIBS), modulates neuroplasticity and ameliorates depressive-like symptoms in animal models - preliminary preclinical and in human data

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Introduction: Non-invasive brain stimulation (NIBS) is emerging as a promising option for the treatment of psychiatric diseases, including major depressive disorder (MDD). In this context intermittent white light at a specified frequency holds high promise. We have previously shown that 60Hz stimulation in mice induces selective brain entrainment associated with microglia-mediated remodeling of the perineuronal nets (Venturino et al., Cell Reports 2021).
Objectives: Here, we extend our previous findings with 60Hz stimulation to assess behavioral effects in mice and EEG response in healthy volunteers.
Methods: For the preclinical data, we exposed C57Bl6/J mice to a battery of behavioral tests to assess anxiety level, learning capability, and response to various stress paradigms after 60Hz light (2h per day/5 days) compared to constant light. Weight change, water and food intake were recorded. For human studies, a cohort of 12 healthy volunteers (6M, 6F) was recruited; their EEG response was investigated with an 8-channel EEG setup following acute (same day), short (5 days), and intermediate (3 weeks) stimulation with 60Hz entrainment (n=6) or sham light (n=6).
Results: Preliminary data from the preclinical behavior studies indicate that 60Hz treatment improves the social interaction of socially defeated mice compared to sham light stimulation. Furthermore, the animals showed less anxiety-related behavior when exposed to the elevated plus maze. No differences were noticed in weight change, water and food intake following 60Hz stimulation.
In healthy volunteers, we observed robust and widespread entrainment at 60Hz after acute 60Hz stimulation; the entrainment spread beyond the visual cortex and reached the frontal cortex. The normalized power of the 60Hz component slightly declined over time but remained significant as compared to sham stimulation at three weeks, indicating sustained EEG response. The stimulation was very well tolerated overall, without major side effects.
Conclusions: 60Hz intermittent light induces strong and sustained neuronal response in mice and humans, is well tolerated, and ameliorates depressive-like symptoms in the social defeat model in mice. 60Hz might represent a novel NIBS for the treatment of psychiatric disorders, including MMD.

Disclosure of Interest: None Declared

EPP559

Effectiveness of Psychotherapy vs Antidepressants for Depression in Primary Care in India: A Randomized Pilot Trial

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Introduction: Depression is commonly treated with psychotherapy or antidepressants, but predicting which intervention will work best for a given patient remains a challenge. This pilot trial compared the feasibility, acceptability, and effectiveness of psychotherapy based on behavioral activation (Healthy Activity Program, HAP) and antidepressant medication (fluoxetine) in a primary care setting in India.

Objectives: The trial had three key objectives: (1) assess the feasibility and acceptability of a randomized pilot trial comparing HAP and fluoxetine; (2) collect outcome data to refine study instruments and the baseline assessment; and (3) evaluate the preliminary comparative effectiveness of psychotherapy versus medication.
Methods: The pilot trial was conducted at eight primary health care centres in Madhya Pradesh (India) from August 2023 to February 2024. Eligible participants (aged 18+, PHQ-9 score ≥10) with moderate to severe depression were randomized to receive either HAP or fluoxetine. Feasibility was assessed by recruitment, retention, and adherence to study procedures. Acceptability was measured by adherence to interventions. Preliminary efficacy, as a secondary outcome, was assessed through changes in depressive symptoms (PHQ-9) from baseline to the 3-month follow-up.
Results: 76 participants were randomized, with primary endpoint data available for 63 (83%). Retention rates and study assessment completion were acceptable across both arms. Intervention adherence was high, with 79% (30/38 in HAP and ADM groups) completing the treatment per protocol (≥6 HAP sessions or 70% medication adherence). PHQ-9 scores improved significantly, with an average reduction from 15.02 at baseline to 6.73 at the 3-month follow-up, with no statistically significant differences between treatments. Full remission (PHQ-9 < 5) was achieved by 45.16% (28/62) of participants. Additionally, the pilot study identified logistical challenges and facilitators that will help refine the protocol for the larger trial.
Conclusions: This pilot trial successfully demonstrated the feasibility and acceptability of the study design, procedures, and interventions. The preliminary data suggest that both HAP and Fluoxetine are viable treatments for moderate to severe depression in primary care settings in India. The findings will be instrumental in informing the design and implementation of a larger precision trial.

Disclosure of Interest: None Declared

EPP560

Effect of antidepressants on neurodegeneration and neuroplasticity in patients with depression: A comparison between SSRI and SNRI

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Introduction: Depression affects 57 million people in India and is often linked to neurodegeneration (10-90% of cases). However, there's insufficient evidence comparing the effectiveness of SSRIs and SNRIs in managing neurodegeneration symptoms.
Objectives: This prospective observational study aims to compare the effects of SSRI and SNRI monotherapy on neurodegeneration, neuroplasticity, and social cognition.
Methods: This prospective observational study aims to compare the effects of SSRI and SNRI monotherapy on neurodegeneration, neuroplasticity, and social cognition.
Treatment-naïve patients with unipolar depression were evaluated for treatment response using the Hamilton Depression Rating Scale (HDRS) and neurodegeneration parameters at enrollment and after six weeks of antidepressant treatment. Neurodegenerative serum biomarkers [indoleamine-2,3-dioxygenase (IDO), neurofilament light chain protein (NLCP), brain derived neurotrophic factor (BDNF)] were assessed using ELISA. Social cognition was assessed using Social Cognition Rating tools in Indian setting (SOCRATIS). Neuroplasticity was assessed by resting state MRI.
Results: A total of 150 patients of unipolar depression were enrolled, out of these n=126 patients were prescribed SSRI and 24 patients were prescribed SNRI. Both SSRI and SNRI group have significant reduction in HDRS score at 6-week compared to baseline (both $p<0.001$), but no intergroup difference. Overall treatment responder rate (HDRS score reduction >50%) was 11.33%, but SSRI group has more responder (12.69%) compared to SNRI (4.16%). After 6 weeks of follow-up, serum IDO in SSRI group and NLCP levels in both groups were significantly decreased when compared to baseline ($p<0.001$) and BDNF levels were significantly increased in SSRI group when compared to baseline ($p<0.01$). As per SOCRATIS, after 6 weeks treatment, SSRI and SNRI didn't show any significant difference. fMRI assessment of depression patients showed significant decrease in cortical thickness of inferiortemporal, parsopercularis and precuneus regions of brain ($p<0.05$) in comparison with healthy controls. But there was no significant difference/increase in cortical thickness after 6 weeks of follow-up when compared to baseline.
Conclusions: After six weeks of antidepressant treatment, the treatment responder rate among all depression patients was 11.33%, with better outcomes observed in the SSRI group compared to the SNRI group. Likewise, in the assessment of social cognition and neurodegeneration-related biomarkers, the SSRI group showed superior performance over the SNRI group.

Disclosure of Interest: None Declared

E-mental Health

EPP561

From Instagram to TikTok: How Social Media Fuels Eating Disorders, Anxiety, Depression, and Insomnia in Gen Z

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Introduction: Social media is now known as a vital aspect of the younger generation's existence, significantly impacting their emotional and psychological growth. In contrast to prior generations, Generation Z has been raised in an environment of continuous digital connectivity, which poses distinct issues with body image, emotional health, and sleep quality. Platforms such as Instagram, TikTok, and Snapchat have been increasingly associated with mental health conditions, including eating disorders, anxiety, depression, and insomnia. Considering the ubiquity of these platforms, it is imperative for psychiatrists, public health practitioners, and educators to comprehend the mental health ramifications associated with social media participation.
Objectives: This study attempts to examine the relationship between social media exposure and mental health disorders in Generation Z, specifically emphasizing eating disorders, anxiety, depression, and sleep disturbances.
Methods: Relevant studies and existing research on social media usage patterns and their effects on mental health in Gen Z were reviewed. Attention was given to how different platforms contribute to the development of body dissatisfaction, social comparison, and sleep difficulties. The analysis included an exploration of platform-specific features and user behavior, focusing on Instagram's image-centric nature, TikTok's short-form, high-stimulation content, and Snapchat's emphasis on transient communication.
Results: The analysis indicated that Instagram, being predominantly a visual medium, exacerbates body dissatisfaction and increases the likelihood of eating disorders by consistently advocating unattainable beauty ideals and trends such as "thinspiration" and "fitspiration." TikTok, although promoting mental health awareness, may also induce anxiety and attention deficits because to its intensely stimulating, rapid content. Snapchat's design, that encourages continuous monitoring of temporary content, seems to exacerbate anxiety stemming from the fear of missing out (FOMO). Cyberbullying has surfaced as a substantial factor exacerbating mental health conditions across all platforms, particularly with anxiety and desperation, along with severe instances associated with suicidal ideation.
Conclusions: Social media has a complex influence on the mental health of Generation Z, with each platform uniquely affecting conditions such as eating disorders, anxiety, depression, and insomnia. Instagram's emphasis on aesthetics, TikTok's rapid content consumption, and Snapchat's addictive interaction present unique mental health issues. These findings underscore the necessity for medical professionals to integrate social media practices into their evaluations and therapies for Generation Z, while public health professionals and educators are encouraged to work together to promote better online habits.

Disclosure of Interest: None Declared

EPP562

Transforming Mental Health Care in Moldova through Telemedicine

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Introduction: In Moldova, telemedicine has emerged as a pivotal intervention in addressing the persistent disparities in mental health care. Geographic isolation, coupled with socio-economic constraints, severely limits access to essential mental health services. The prevalence of mental health disorders is alarming, with approximately 17.34% of the population affected, particularly by anxiety and depression among vulnerable populations. This underscores the urgent need for innovative, scalable solutions. Telemedicine harnesses advanced technology to enhance the availability and continuity of mental health support, particularly in rural areas where traditional services are often inaccessible.
Objectives: This study investigates the transformative potential of telemedicine in tackling the unique mental health challenges faced by the Moldovan population. It specifically examines how high rates of anxiety and depression, exacerbated by socio-political factors and historical trauma, can be addressed through telemedicine strategies tailored to the local context.
Methods: A comprehensive literature review was conducted utilizing PubMed, focusing on studies and systematic reviews published since 2020. This analysis aimed to identify global best practices in telemedicine and evaluate their applicability within Moldova's socio-cultural and economic landscape. The synthesis of these findings will inform future telemedicine initiatives aimed at improving mental health outcomes.
Results: The findings indicate that telemedicine has significantly enhanced access to mental health services, facilitating timely interventions while reducing the stigma often associated with seeking help. The implementation of remote consultations during the COVID-19 pandemic has been particularly illuminating, demonstrating the effectiveness of telemedicine in maintaining continuity of care for individuals in remote areas who struggle to access traditional mental health services. Furthermore, telemedicine has led to significant reductions in treatment costs, thereby making mental health support more accessible to at-risk populations.
Conclusions: As telemedicine solidifies its role within Moldova's mental health framework, it promises to enhance public health outcomes and promote a more equitable healthcare environment. Future policy initiatives must prioritize the integration of telemedicine into routine mental health practices. This includes fostering partnerships between healthcare providers, policymakers, and community organizations to ensure that telemedicine solutions are both sustainable and tailored to meet the diverse needs of all patients, particularly those in underserved regions.

Disclosure of Interest: None Declared

EPP565

Exploring Digital Solutions: A Pilot Study on the Intersection of Autistic Traits and Mental Health

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Introduction: Digital interventions are increasingly popular in addressing various issues, including mental health problems, executive functions, and social cognitive skills in clinical and non-clinical populations. Previous studies have revealed that neurotypical individuals with elevated autistic traits may be more susceptible to other mental health conditions such as anxiety disorders, mood disorders, internet addiction, substance abuse, and suicidal risk. While there is no definitive explanation for this susceptibility, social and cognitive impairments may be contributing factors, including problems with executive functions and social cognitive skills.
Objectives: The main goal of this research is to develop an online social cognitive training program and conduct a pilot study to assess its feasibility within the current sample.
Methods: 36 participants (randomly assigned to 16 for the experimental group and 20 for the control group) were recruited for the pilot study and the experimental group completed 6 weeks of an online intervention program, while the control group was assigned to the waiting list. Autism Quotient, Depression Anxiety Stress -21, Patient Health Questionnaire -9, and Generalized Anxiety Questionnaire– 7 were used to assess mental health symptoms. Executive functions were evaluated using the Wisconsin Card Sorting Task, N-back Task, and Go/No-Go task. At the same time, social cognition was assessed through the Interpersonal Reactivity Index, The Eyes test, and the Self-Assessment Manikin.
Results: 2 x 2 mixed repeated measure ANOVA was conducted. The main effect of time and group was significant for mental health symptoms and working memory ($p < 0.5$). However, the interaction of time and group was not significant ($p > .05$). Communication and attention switching (two components of autistic traits) have significant impacts on the scores ($p < 0.5$).
Conclusions: This pilot study demonstrated significant improvements in mental health scores, laying a solid foundation for further development and efficacy testing of the digital intervention program. This suggests that the intervention holds promise, particularly in targeting mental health improvements. Attention switching and communication contribute to the overall main effects highlighting the program's potential in addressing key aspects of mental health.

Disclosure of Interest: None Declared

Epidemiology and Social Psychiatry

EPP566

Substance use and adolescents' activities in digital space

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Introduction: Representative surveys have shown a decline in alcohol and tobacco use among adolescents over the last years. The rapid spread of adolescents' activities in digital space may have contributed to these changes. However, there is still considerable scope for examining the relationship between activities in digital space and substance use behaviour of adolescents.
Objectives: The study aims to assess the association between adolescents' alcohol use, cigarette smoking and their activities in digital space. The respective associations are controlled for adolescents' subjective well-being as a putative confounder related to both substance use and digital activities.
Methods: Data from the 2022 Czech part of the *Health Behaviour in School-aged Children* study were used. Only 15-year-old respondents were analysed (N=4263, 50.7% boys). To measure substance use, data on the frequency of alcohol use and cigarette smoking in the past 30 days were used. Digital activities were measured by data on typical daily free time spent on social media and computer gaming. To control for subjective well-being the WHO-5 scale was used. Pairwise associations between substance use, social media use, and computer gaming were examined using Spearman rank correlation coefficients (*rho*). Ordinal logistic regression models were used to adjust the respective associations for gender and psychological well-being.
Results: Significant pairwise associations were found between time spent on social media and both frequency of alcohol use (*rho* = 0.181, P<0.05) and cigarette smoking (*rho* = 0.191, P<0.05). In contrast, computer gaming was not significantly correlated with either alcohol use or cigarette smoking (*rho* = -0.015 and *rho* = -0.014, respectively; P>0.30). Poor subjective well-being was a significant risk factor for substance use and time spent on social media. Controlling for adolescents' well-being did not significantly attenuate the former relationship between the substance use and social media use.
Conclusions: The results suggest that among adolescents, different forms of digital activity have markedly different associations with substance use. While increased time spent on social media was significantly associated with higher frequency of substance use, no such association was found for computer gaming. Future research will focus on whether the relationship between specific digital activities and substance use can be explained by other factors related to mental health.
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Disclosure of Interest: None Declared

EPP567

Analysis of adolescent psychiatry hospitalization in integral beds in a city in northeast Brazil

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Introduction: Psychiatric hospitalization of adolescents can have biological, psychological and social impacts on these patients with psychiatric illness if not managed correctly. To achieve this, the aim is to keep the hospitalization time as short as possible and to have a clear goal of the intervention (i.e., to diagnose, monitor risks, and stabilize comorbidities). This care is important because the effectiveness of the hospitalization process and its articulations after discharge are related to the chances of these patients being readmitted.
Objectives: To describe the general aspects related to the hospitalization of adolescents with psychiatric illnesses who require hospitalization in a general hospital in northeastern Brazil.
Methods: This is a longitudinal study carried out in a general hospital in the state of Pernambuco, in the northeastern region of Brazil Medical records of hospitalizations that occurred between January 2018 and January 2023 were analyzed. The medical records of patients aged 12 to 17 years and 11 months were included in the study. Sociodemographic and clinical data were collected from the medical records to be submitted to statistical analysis. This study was approved by the local ethics committee (number 6.880.316).
Results: Five hundred and nineteen adolescents were admitted to the general hospital under study for mental reasons throughout that time. After evaluating the data for consistency, 484 medical records were included in this study. It was observed that approximately 53.7% of hospitalized patients were male. The median age was 16 years (IQR 14-17 years). Regarding the clinical profile of hospitalizations, 39 different diagnoses of psychiatric illnesses were listed throughout the period. Following the ICD-10 classification, the three main reasons for hospitalization are: F23 - acute and transient psychotic disorders (13%); F19 - mental and behavioral disorders due to multiple drug use and use of other psychoactive substances (12.4%), and F32 - depressive episodes (11.4%). Notably, during the study period, 63 individuals were hospitalized more than one time.
Conclusions: The primary mental health diagnoses of teenagers who were hospitalized to a northern Brazilian general hospital were described. From the standpoint of public health, the existence of patient readmissions highlights the deficiency of proper care provided to the adolescents after being discharged from the facility. Nevertheless, the examination of the variables associated with the hospitalization of adolescents was made difficult by the lack of uniformity and precision in medical records.

Disclosure of Interest: None Declared

EPP569

Population models for the main indicators of mental health of the Russian population in the period 1992-2022

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Introduction: The mental health of the population at the level of the psychiatric service has a number of main indicators: the levels of general morbidity (prevalence) and primary morbidity (incidence) of mental disorders. Population models allow you to demonstrate the scale of problems and assess the resources to solve them.
Objectives: Building population-based epidemiological models of mental health of the Russian population to analyze the relationship between indicators of mental disorders and the human resource of psychiatric care, as well as demographic, socio-economic factors in the period 1992-2022.
Methods: The work uses data from Russian socio-economic statistics, materials from medical and research institutions and results published in scientific periodicals (see, [1] and references). In the formation of population models, the methods of systematic data analysis presented in the work [1] and statistical analysis in the framework of MS Excel were used.
Results: At the first stage, correlation analysis was used to select demographic, socio-economic factors and the factor of the personnel resource of psychiatric care, which significantly affect the indicators of general and primary morbidity of mental disorders. It turned out that the most significant factors are: population size, life expectancy at birth, unemployment rate, number of psychiatrists and psychotherapists. The correlation coefficients between these factors and the indicators of general and primary morbidity of mental disorders are (in absolute value) in the range of 0.65-0.93 with a reliability level of 95%. At the second stage, linear regression (one-factor, two-factor) and nonlinear (logistic) models were obtained, linking the incidence of mental disorders with the selected factors. The obtained regression models are characterized by high reliability with a coefficient of determination R^2 in the range 0.81-0.92 for single-factor and, respectively, 0.90-0.98 for two-factor models. The obtained nonlinear logistic model for the indicator of general morbidity allowed us to obtain a maximum morbidity value for the Russian population equal to 34.4% of the population. This result practically coincides with the result obtained in the well-known work [2]. In this epidemiological study on the European continent, it was found that 38.2% of European residents suffer from mental disorders.
Conclusions: The obtained models make it possible to quickly monitor the impact of medical, demographic, socio-economic factors and changes in the personnel resource of psychiatric care on the morbidity rates of the Russian population. 1. Mitikhin V., Yastrebov V. et al. *Neuroscience and Behavioral Physiology*. 2019; 49(2): 233-239. doi: 10.1007/s11055-019-00720-4. 2. Wittchen, H. U., Jacobi, F., Rehm, J., et al. *European Neuropsychopharmacology*. 2011; 21: 655-679. doi:10.1016/j.euroneuro.2011.07.018

Disclosure of Interest: None Declared

EPP570

Is Long-term mental health care in Portugal ensuring psychosocial rehabilitation? – analysis of the discharge destinations

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Introduction: Since 2017, the reform of mental health services implemented in Portugal has included the establishment of a national network of long-term mental health care (MH-LTC) to promote the psychosocial rehabilitation of people with mental

illness. Different facilities are available according to the degree of psychosocial disability, functionality and family and social support network. Thus, residential structures, home support teams, and socio-occupational units are available to reintegrate these users into society and their families.
Objectives: To assess discharge destinations according to the MH-LTC typology (home care teams, residential structures and socio-occupational units).
Methods: We conducted a national retrospective observational study to analyse the MH-LTC discharge destinations using secondary data publicly available. The following discharge destination categories were considered in the analysis: home (with or without support), social facilities, nursing home, other typologies from the long-term care network (LTC), and others. The analysis included the discharge destinations between May 2018 and March 2024.
Results: A total of 119 discharges were recorded, with 50 patients (42.0 %) going home, four (3.3%) to social facilities, 46 (38.7%) to other LTC typologies and 19 (16.0%) to unspecified destinations. Regarding discharge to home, 27 (54.0%) came from home care teams, 14 (28.0%) from socio-occupational units and 9 (18.0%) from residential facilities. The remaining discharge destinations included 34 (49.3%) from home care teams, 13 (18.8%) from socio-occupational units and 22 (31.9%) from residential facilities.
Conclusions: Although these results do not allow us to gauge the level of disability before and after joining the MH-LTC, they raise some questions. Firstly, the number of discharges is small considering the span of more than five years. In addition, non-residential facilities have the highest number of discharges compared to residential facilities. On the other hand, less than half of the discharge destinations are to the patient's homes, which may lead us to question whether the MH-LTC fulfils its purpose of psychosocial rehabilitation or whether it is a transitional structure aimed at responding to social issues.

Disclosure of Interest: None Declared

Forensic Psychiatry

EPP571

"Hidden" Voices
Marginalised community perspectives on policing and community safety; an international scoping systematic review

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Introduction: Community safety is about everyone having the right to be and feel safe in their community. People from marginalised communities (including people with mental illness, intellectual disability, migrants, and homeless) are over-represented in policing contacts. Yet, little is known about the real world perspectives of these marginalised groups in respect of perceived safety and interventions that work to improve this.
Objectives: To systematically review the published literature concerning the experiences of people from marginalised communities on policing and community safety.
Methods: Research database SCOPUS (inception to 1 January 2024) was searched for English-language publications using key words. The electronic search was augmented by manual searching through reference lists and websites of governmental and non-governmental organisations. Published studies with information about the experiences of persons from marginalised communities on policing and community safety were included. Opinion articles or reviews that did not contain qualitative data were excluded, as were studies that focused on law enforcement professionals views.
Results: Of the 857 papers identified, 17 studies met eligibility criteria with a total of 1254 participants from 5 countries. A recurring theme from different marginalised communities was "greater fear" and "less trust" of police and a reluctance to report crime. Those with physical disabilities were less likely to use public transport. Latin migrants feared speaking Spanish in America. African refugees in Australia felt targeted by the police because of their ethnicity. Muslims in England reported they were under increased police surveillance. Homeless youths in Canada with early negative experiences with law enforcement personnel were less likely to seek police involvement if needed in future. Conversely both Mexican-origin residents and Chinese immigrants living in America identified police as having a critical role in making them feel safe.
Conclusions: This study scoped the experiences of people from marginalised communities in respect of policing and community safety. To the author's knowledge, this is the largest scoping study of this type, to date. It is evident from this review that there are voices, sometimes "hidden voices", from marginalised communities that perceive policing approaches differently. This guides not only their future interactions with police but also their social outlook. Working closely and proactively with individuals within these marginalised communities will help find the balance between "over policing" and "under policing" to help contribute to the overall community safety. A key recommendation from this review would be for authorities to meaningfully incorporate these voices when developing or reviewing policies relating to community safety.

Disclosure of Interest: None Declared

EPP573

Exploring the link between exposure to sexual interpersonal violence and subsequent child sexual offending: Insights from a Danish Study

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Introduction: Child sexual offending is a significant societal concern with profound consequences. While some individuals with a history of childhood sexual abuse (CSA) may reenact their traumatic experiences later in life, the link between CSA and subsequent offending patterns among individuals convicted of child sexual offending (ICSOs) remains complex and under-researched.
Objectives: This study aimed to investigate the prevalence of self-reported physical and sexual violence among ICSOs and explore the link between self-experienced CSA and offending behavior, particularly focusing on the age and relationship with their victims. We hypothesized that ICSOs would replicate their own victimization experiences when perpetrating CSA.
Methods: A cohort of 78 male ICSOs referred to the Danish Sexual Offender Treatment and Research Program (DASOP) between October 1, 1997, and October 1, 2001, for court-ordered pre/post-trial evaluations was analyzed. Data on self-reported experiences of CSA, physical violence, and characteristics of their victims were collected and examined for patterns.
Results: Of the 31% of ICSOs who reported CSA exposure, 82% of those abused before age 11 targeted victims under 11, while 71% of those abused at 11 or older offended against victims in the same age group, indicating a significant association (p=0.004) between offenders' age at the time of abuse and the age of their victims. Additionally, 86% of those who reported CSA by family members, predominantly targeted children within their households, suggesting a link between family-based CSA and intra-familial offending (86% vs. 48%, p-value= 0.059). Furthermore, among the 55% exposed to physical violence, more used physical force on their victims than those who did not report such adverse experiences (75% vs. 25%, p-value 0.401).
Conclusions: The findings indicate a potential link between offenders' own CSA experiences and their subsequent victim selection, supporting the hypothesis that reenactment of trauma may play a role in offending behavior (Garbutt et al., 2023). These results emphasize the importance of understanding the influence of early trauma to inform prevention and intervention strategies aimed at reducing CSA perpetrated by both children and adults with prior victimization histories. However, most victims of such trauma do not reenact their trauma.

Disclosure of Interest: None Declared

EPP574

Analysis of the therapeutic effect of the long-acting injectable form of aripiprazole in incarcerated adult males in Greece

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Introduction: The World Health Organization (WHO) estimates that in Western societies the incidence of psychiatric disorders is up to seven times higher in the prison population. Drug dependence is also a major destabilizing factor in this population. Our study is the first one in Greece with a focus group of incarcerated males which have comorbidity of emotional psychosis and Substance Use Disorder.
Objectives: Hypothesis testing: "Aripiprazole LAI antipsychotic treatment is associated with improved quality of life and functionality in incarcerated patients with comorbidity of Bipolar disease - I (BD-I) and Substance Use Disorder (SUD)".
Methods: 30 patients with BD I were prisoners at the Penitentiary of Neapolis of Lasithi of Crete (Greece). Median age was 36 years (all men). 76.67 % had comorbidity of bipolar disorder type I (BD-I) and alcohol use disorders. 80% had comorbidity of BD-I and cocaine use disorders. 93.3% had comorbidity of BD – I and Cannabis Use Disorder. All were medicated in prison by aripiprazole LAI 400mg/month. For the evaluation of our hypotheses the instruments WHOQOL-BREF questionnaire and the CGI-S scale were used. The quality of life and the functionality were compared in each patient, before the initiation of the LAI medication and during the active treatment period. The minimum of follow-up period was 6 months. Five cases of patients, who remained compliant with LAIs treatment after release from prison for a period of at least 6 months maintained a very good quality of life without ever getting into trouble with the law again.
Results: In all 30 patients (imprisoned) of our sample, the CGI-S score with depot aripiprazole therapy administrated at least for 6 months decreased statistically significantly from 5.72 ±0.88 to 2.94±1.33 (Paired Samples Wilcoxon Signed Rank Test p-value<0.001). Additional, the quality-of-life scale score of these patients increased statistically significantly from 0.7 ±0.53 to 3.6±0.67 (Paired Samples Wilcoxon Signed Rank Test p-value<0.001) with depot aripiprazole therapy administrated at least for 6 months too.
Conclusions: Aripiprazole LAI significantly improves the quality of life and functionality of patients with dual diagnosis of emotional psychosis and SUD in prison. Our study highlights that ensuring medication compliance, during the incarceration and after the release from prison, delays the time to reincarceration for this specific population or diminishes importantly the probability of the reincarceration.

Disclosure of Interest: None Declared

Migration and Mental Health of Immigrants

EPP576

Ways to Support Mental Health and Mental Well-being of Racialized and Immigrant Communities: A Concept Mapping Study

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Introduction: Although there is recent growing attention on mental health and mental well-being across the globe, supports in this area of healthcare can be a challenge for immigrant and racialized groups with frequent experiences of hardship.
Objectives: This study aimed to gather perspectives of immigrants and racialized community members on strategies central to support their mental health and well-being, with the aim of addressing research-to-practice gaps.
Methods: The study was co-designed in collaboration with a Community Action Table in Markham, Ontario, a setting with 93% of residents self-identifying as Canadian visible minorities (i.e., non-Caucasian descent). A mixed method Concept Mapping methodology was used to engage residents, service providers, and policy-makers (n = 68) through three phases of data collection and interpretation.
Results: Participants first brainstormed ways to support their mental health and well-being, generating 283 statements in three group sessions. A consolidated list of 68 statements was then prepared by removing duplicates and merging similar ideas. This list was shared with participants in three group sessions for the sorting and rating actvities: each participant made groups of statements based on a shared meaning and labelled the groups; and rated each statement on a scale of 1-5 for its importance and feasibility to act in next six-months to support the mental health and well-being of their community. The sorted and rated data was then analyzed statistically through techniques of similarity index and hierarchical cluster analysis to produce visual maps, which were shared with participants in the interpretation session for review and naming of clusters followed by open discussion. This led to a 9-cluster concept map comprising of Family Wellness, Awareness & Education, Cultural Sensitivity, Social Service Access, Community Building, Socioeconomic, Food Security, Healthcare Access, and Housing Stability. The rating data showed the clusters of Family Wellness, Housing Stability, Healthcare Access, and Awareness & Education were ranked high for the dimension of importance. In terms of feasibility to act in next six-months, the clusters of Awareness & Education and Family Wellness remained among the top three while the clusters of Housing Stability and Healthcare Access scored low – which was discussed by participants as requiring a multi-year action plan with short- and long-term goals.
Conclusions: Overall, participants viewed mental health and well-being as being closely tied to their living and working conditions while also focusing on family wellness and intergenerational dynamics. The gained insights emphasize a need for multi-sectoral response to support the mental health and well-being supports of immigrant and racialized communities.

Disclosure of Interest: None Declared

EPP577

Factors Influencing Mental Health of an Afghan Refugee Community in the U.S.

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Introduction: Rates of mental health disorders in resettled refugees surpass those of the host population (Hameed et al, KJM 2018;11 20-23). However, most studies suggest heterogenicity between populations, suggesting a need for a non-generalized approach to resettled-refugee mental health (Silove et al, World Psychiatry 2017;16 130-139). Since the Taliban assumed control in August 2021, the United States has taken in about 90,000 Afghan refugees (Green, Wilson Center 2023), 15,000 have settled in Houston, Texas (Schneider, Texas Standard 2023).
Objectives: This study investigates factors that may predict higher rates of distress and symptoms of PTSD and depression within an Afghan refugee community resettled in Houston, Texas.
Methods: Seventy-four Afghan refugees located in Houston, Texas were surveyed for demographic information and physical or emotional symptoms as directed by the Refugee Health Screener-15 (RHS-15). An average score of ≥ 12 on the RHS-15 or a self-reported distress score ≥5 indicated a positive result on the screening tool. Mann-Whitney and Fisher's exact tests were used to compare differences in patient baseline characteristics and responses stratified by a positive RHS-15 or distress screen. Spearman's Rank Correlation Coefficient was used to assess the correlation between selected response variables and outcomes as well as between the RHS-15 and distress scores.
Results: 40% of subjects scored ≥12 on the RHS-15 and 35% indicated a distress score ≥ 5. Income differed significantly between the RHS <12 group and the RHS ≥12 group (p=.02). The RHS <12 group had a higher proportion of individuals in the lowest income bracket, < $10,000, and a greater proportion in the $20,000-$30,000 bracket. Meanwhile, the RHS ≥12 group had a higher proportion in the $10,000-20,000 income bracket. There was a negative correlation between self-reported health scores with both RHS-15 score (ρ=-.508, p<.001) and distress score (ρ=-.423, p=.001) as well as between neighborhood support levels and distress scores(ρ=-.314, p=.018).
Conclusions: This Afghan refugee cohort shows theoretical rates of PTSD and MDD higher than the average American (40.3% RHS-15 score vs. 3.6% PTSD and 8.3% MDD) (NIH 2023). The increased risk of mental disorder may be attributed to lower perceived community support, poor physical health, and low socioeconomic status. If income growth is a function of increased time spent in the United States, the unique pattern in income between the two RHS groups may reflect a "honeymoon period" that has previously been demonstrated in studies on migrants and culture shock (Maillet et al, APMH 2023; 50 563–575). Following this honeymoon period, however, lower income may predict worsened mental health in resettled refugees. These results support multi-factorial initiatives to support resettled refugees especially in areas of community interconnectedness, health and economic support.

Disclosure of Interest: None Declared

EPP579

Dismantling task-sharing psychosocial interventions to personalize care for people affected by common mental disorders in poor resource settings

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Introduction: The global burden of common mental disorders is high, particularly for migrants and people living in low-resource settings. Although psychosocial interventions delivered by locally available lay or community health workers are effective, the mechanisms of intervention response are poorly understood. One of the major barriers is that psychosocial interventions are delivered as complex, multi-component 'packages of care'.
Objectives: The aim of the project is to systematically review all randomized controlled trials (RCTs) that have tested the efficacy of task-sharing psychosocial interventions for the treatment of people suffering from common mental disorders (depression, anxiety, and related somatic complaints), to dismantle the intervention protocols, to create a taxonomy of active intervention components, and to re-evaluate their efficacy.
Methods: This project uses a mixed methods approach. In the first phase (qualitative), intervention manuals are reviewed and components are extracted to create a component taxonomy. The components and manual files were transferred to Dedoose, a qualitative data analysis computer software package. An initial two manuals were reviewed by two coders who piloted the entire codebook and assessed inter-rater reliability; any code discrepancies were discussed with a senior author. The two coders independently coded the same manual and repeated until an 80% IRR was achieved. The two coders then divided 12 manuals and coded them separately. In the second phase (quantitative analysis), we will use component network meta-analysis (cNMA) methodology. The main advantage of cNMA is the ability to disentangle intervention components and examine their effectiveness separately or in different combinations. According to the additive cNMA model which we will implement, adding a component "c" to a composite intervention "X" will lead to an increase (or decrease) of the effect size by an amount only dependent on "c", and not on "X". We will denote the corresponding component specific incremental standard mean difference (iSMD) so that iSMDc = SMD(X+c) v. (X). Combining these component-specific iSMDs will allow the estimation of SMD between any two composite interventions.
Results: The component taxonomy will be presented at the conference, along with a network of comparisons and a hierarchy of all intervention components expressed as iSMD, indicating the added benefit of adding a component to an intervention.
Conclusions: By selecting the most effective components, it will be possible to outline a novel task-shifting psychosocial intervention to be tested in future RCTs for the benefit of people with common mental disorders living in low-resource settings. These findings will form the basis for further investigations in the field of precision medicine.

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Disclosure of Interest: None Declared

Others

EPP580

Evaluating the Prevalence and correlates of high stress and low resilience among Educators

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Introduction: High-stress levels can be problematic for teachers and indirectly affect students. Knowledge about the prevalence and predictors of high-stress and low resilience will provide information about the extent of the problem among teachers in Canada.
Objectives: To examine the prevalence and correlates of perceived stress and low resilience among Alberta, Nova Scotia, Newfoundland and Labrador teachers.
Methods: This is a cross-sectional study. Participants self-subscribed to the Wellness4Teachers text-messaging program and completed the online survey on enrollment. Data collection occurred from September 2022 to August 2023. Resilience and stress were respectively assessed using the Brief Resilience Scale (BRS) and the Perceived Stress Scale (PSS-10). Data was analyzed with SPSS version 28.
Results: A total of 1912 teachers subscribed to the Wellness4Teachers program, and 810 completed the baseline survey, yielding a response rate of 42.40%. The prevalence of high stress and low resilience were respectively 26.3%, and 40.1%. Participants with low resilience were 3.10 times more likely to experience high-stress symptoms than those with normal to high resilience (OR = 3.10; 95% CI: 2.18–4.41). Conversely, participants who reported high stress were 3.13 times more likely to have low resilience than those with low to moderate stress (OR = 3.13; 95% CI: 2.20–4.44).
Conclusions: Our study findings infer there's an incidence of high levels of stress and low resilience among teachers in the three Canadian provinces. Governments and policymakers in the education field should integrate stress management and resilient building strategies into teachers' ongoing professional development programs to help prevent and address high stress.

Disclosure of Interest: None Declared

EPP582

Postnatal depression and bonding disorder: A tautology or two overlaping phenomena?

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Introduction: Perinatal disorders occur in 25% of childbearing women. Postnatal depressive symptoms (PDS) have been widely studied, whilst PDS usually overshadows bonding disorder (BD) in clinical practice and research. BD includes mild disorders, such as delay, ambivalence or loss of maternal emotional response, and severe disorders, such as pathological anger or rejection of the child (Brockington et al., Arch Womens Ment Health 2006; 9 (5) 243-251).
Objectives: To estimate the prevalences of PDS and BD in mothers during the six months after birth.

Methods: Women and their male partners aged ≥ 18, without delivery and neonatal complications, were recruited at the Maternity Ward in a public hospital in Madrid, during 2021-2022. Data was collected at immediate puerperium (T0), sixth week (T1), fourth month (T2), and sixth month (T3). The last observation carried forward (LOCF) was used. An Ad hoc Socio-Demographic questionnaire was used. To determine the presence of PDS and BD, respectively, there were used the Edinburgh Postnatal Depression Scale (EPDS), cut off ≥ 11 (Ascaso-Terrén et al., Med Clin (Barc) 2003; 120(9) 326-329) and Postpartum Bonding Questionnaire (PBQ), cut off ≥ 13 for BD, and ≥ 18 for severe BD (Torres-Giménez et al., Span J Psychol. 2021; 24, e47, 1-9).
Results: 1502 couples were recruited at T0. The main characteristics of female participants were: mean age 34.1 years, 53.9% married, 54.1% primiparous, 27.8% migrants, 67.3% university degree or higher, 83.2% employed, 14.8% financial difficulties, 4.9% smoking during pregnancy and, 21.7% c-section. At T0, the prevalences of PDS were 13.0% of mothers, 10.5% of fathers, and 3.5% of both parents. Applying LOCF, 874 women responded to the questionnaires at some timing during the follow-up. The results were divided into two groups (see Table 1 and Table 2) depending on whether they presented PDS at T0. In mothers with PDS at T0, PDS and BD rates eventually decrease at T3. In the other group, while BD rates decrease at T3, a slight increase in PDS presentation at T3 is observed.

Table 1. LOCF of mothers with PDS at T0

N	Follow-up	No-PDS	BD	Severe BD
106	T1	53/87 (60.9%)	49/87 (53.3%)	32/87 (36.78%)
PDS at T0	T2	47/74 (63.5%)	33/74 (44.6%)	19/74 (25.7%)
	T3	44/73 (60.3%)	30/73 (41.1%)	14/73 (19.2%)

Table 2. LOCF of mothers without PDS at T0

N	Follow-up	PDS	BD	Severe BD
768	T1	46/638 (7.2%)	225/638 (35.3%)	106/638 (16.6%)
No-PDS at T0	T2	47/575 (8.2%)	147/575 (25.6%)	66/575 (11.5%)
	T3	45/525 (8.6%)	122/525 (23.2%)	57/525 (10.9%)

Conclusions: Depressive symptoms and impaired bonding could have different severity and timing during the postnatal period. More research on bonding disorder is needed to clarify more accurately the psychopathological features that distinguish it from postnatal depression to provide more targeted treatment that will also reduce the associated stigma of childbearing difficulties.

Disclosure of Interest: None Declared

Quality Management

EPP583

Sociodemographic analysis of the psychiatric domiciliary hospitalization (DH) program at Hospital General Universitario of Ciudad Real (HGUCR), Spain

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Introduction: Domiciliary hospitalization emerged in the late 20th century as a new mental health intervention, designed to providing care of patients with mental disorders at home. This approach offers benefits to hospitals, patients and their surroinding support systems (Megías, F. et al. EVES 2004; 16: 11-107). Although numerous international studies have evaluated the quality and advantages of domiciliary hospitalization, there is a paucity of research in Spain.
Objectives: To describe and compare the sociodemographic characteristics of psychiatric patients admitted to the Short-term Hospitalization Unit (UHB) at HGUCR with those of patients admitted to DH Unit from January 1 to December 31, 2019; and to compare this results with the statistics found in other similar studies.
Methods: This study is a descriptive observational analysis of 281 patient admissions to psychiatric hospitalization units (UHB or DH) in 2019 at HGUCR. The variables analyzed include the type of hospitalization, age, sex, marital status, type of cohabitation and employment status. SPSS was used as a statistical analysis tool. A literature review was carried out, using PubMed to identify comparable national and international studies.
Results: The mean age of patients was 44±15 years, with no significant differences between patients admitted to UHB and those admitted to DH unit, consistent with findings from other studies. The percentage of men and women is similar, with a majority of singles (40%) or married/in partnership (38%) compared to those who were separated or widowed. Regarding types of cohabitation, 37% of patients lived with their own family, 35% with their family of origin and 18% lived alone, with no significant differences between the two types of hospitalization. As regards employment status, the largest group (27%) was inactive, followed by 18% who were incapacitated and 17% of active workers. Significant differences were found in employment status: there were more active people in DH and more incapacitated individuals in UHB. However, we found that in other studies from Germany, there were significantly more unemployed people in DH (Bechdolf et al. FDNP 2011; 79 (1): 26-31). This can be explained by the exlusion criteria for DH at HGUCR, which include patients with severe social problems and multiple or decompensated organic comorbidity. Therefore, it is consistent that most of DH patients were in relatively good health and capable of working actively before admission.
Conclusions: No significant differences between DH and UHB were observed in most variables. Where differences were observed, they could be explained by the differing exclusion criteria between the two types of hospitalization. Our results are similar to those reported in other studies.

Disclosure of Interest: None Declared

Neuroscience in Psychiatry

EPP586

Appetite-regulating hormones, executive functions, and eating attitudes in adults with ADHD: A case-control study

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Introduction: Although the literature suggests a strong association between attention deficit hyperactivity disorder (ADHD) and obesity, the underlying mechanisms remain unclear. Eating attitudes and appetite-regulating hormones (ARH) are considered to play a role in this relationship. Recent studies have shown that ARH may be linked to executive functions, and dysregulation of these hormones may help explain the connection between ADHD and obesity.
Objectives: We aimed to investigate the levels of ARH, executive functions, eating attitudes, and ADHD symptoms in adults with ADHD compared to healthy controls.
Methods: The study included 44 drug-naive non-obese adults with ADHD who had no comorbid psychiatric diagnoses and 44 healthy controls matched for age, gender, education, and body mass index (BMI). All participants were diagnostically assessed using the Structured Clinical Interview for DSM-5 Disorders-Clinician Version. Also, participants completed the Adult ADHD Self-Report Scale, the Mind Excessively Wandering Scale, the Hospital Anxiety and Depression Scale, and the Eating Attitude Test (EAT). A battery of neuropsychological tests—Stroop Test (ST), Cancellation Test, Serial Digit Learning Test (SDLT), Wisconsin Card Sorting Test (WCST), and Judgment of Line Orientation Test (JLOT)—was administered. The serum samples obtained from fasting blood, after centrifugation were stored at -80°C until the time of analysis, at which point ARH levels (insulin, leptin, neuropeptide Y, orexine A, ghrelin, adiponectin) were measured using the ELISA method. The study was approved by Selçuk University Local Ethics Committee with the decision numbered 2023/328.
Results: Adults with ADHD exhibited worse ADHD symptoms, disordered eating attitudes, more severe anxiety and depression, and reduced executive functioning compared to healthy controls. Although ADHD groups showed more disordered eating attitudes compared to healthy controls, there was no significant difference in ARH levels between the two groups; however, these hormone levels were associated with specific parameters from ST, SDLT, WCST, and JLOT. Linear regression analyses to identify factors associated with each ARH separately revealed significant F values, except for ghrelin, which explained a unique variance ranging from 23.5% to 36%. These results indicated that visuospatial ability was associated with each ARH levels, even after controlling for age, gender, years of education, body mass index, severity of disordered eating attitudes, and the absence of an ADHD diagnosis.
Conclusions: Our findings suggest that dysregulation of ARH may associate cognitive processes related to executive functioning independent of disordered eating attitudes, BMI, and ADHD diagnosis. However, these hormones may be mediating factors in relation between ADHD and obesity, and to figure out this relation, longitudinal clinical studies with larger samples are needed.

Disclosure of Interest: None Declared

EPP588

Balancing Dopamine: Managing Parkinson's Disease and Psychiatric Symptoms through Agonist-Antagonist Pharmacotherapy

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Introduction: Parkinson's disease (PD) is characterized by basal ganglia dopamine depletion, leading to motor symptoms. Psychiatric symptoms, like psychosis, are associated with dopamine overactivity in the mesolimbic and mesocortical system. PD patients sometimes require both motor and psychiatric treatment. However, the pharmacologic treatments for each have opposing dopaminergic effects. Understanding the balance between dopamine antagonists to treat psychosis while increasing dopamine agonists (DAs) to treat PD is a difficult clinical task.
Objectives: We aim to explore how dopamine agonists and antagonists affect the responsiveness of dopamine receptors in various brain regions.
Methods: We conducted a comprehensive literature review on pharmacological management of patients with PD and concurrent psychiatric symptoms. Special attention was given to balancing dopamine agonists (e.g., Carbidopa-Levodopa) for PD and dopamine antagonists (e.g., Quetiapine) for psychiatric symptoms.
Results: While dopamine agonists and antagonists appear counterintuitive when used concurrently, their efficacy is contingent on target brain regions. DAs (Carbidopa-Levodopa) are most beneficial for increasing dopamine deficits in the striatum and nigrostriatal pathway, where voluntary movement is controlled. In PD, this pathway is primarily affected, and DAs are used to target the striatum's high concentration of D1 and D2 sub-receptors. Gold-standard DAs mainly target D1 and D2 receptors.
Dopamine antagonists mitigate excess dopamine activity in the mesolimbic and mesocortical systems, which affect reward, memory, and executive functioning. These systems possess a high concentration of D3 and D4 sub-receptors. Typical antipsychotics have strong D2 receptor affinity, making them counterintuitive to DA motor treatment. Atypical antipsychotics have partial D2 affinity, but also readily bind D3 and D4. Some atypicals minimize D1/D2 affinity to allow DAs to be more effective. Quetiapine is currently used for psychosis in PD, but the drug's MOA is not fully understood. Cariprazine binds D3 well but does cause extrapyramidal effects with its D2 affinity. Clozapine strongly binds D4 but can have severe adverse effects. Additionally, pramipexole and ropinirole have strong D3 and D4 affinity. Ultimately, the key lies in symptom control: achieving optimal motor function while controlling psychiatric manifestations.
Conclusions: PD management with concurrent psychiatric disease requires diligent pharmacologic balance of countering dopamine treatments. Dopamine agonists and dopamine antagonists do have opposed pharmacodynamics, but clinicians must understand that certain pharmacologic agents do not all target the same brain area nor dopamine sub-receptor. Clinicians must use this pharmacologic knowledge to carefully balance these therapies by adapting to the individual patient's symptomatology and treatment response.

Disclosure of Interest: None Declared

EPP589

Detecting electrophysiological alterations in psychiatric disorders through event-related microstates: a systematic review

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Introduction: Measurements of event-related potentials (ERP), recorded through electrophysiology (EEG) during sensory and cognitive processing tasks, have been widely employed to investigate the pathophysiological basis of mental health disorders. In the last two decades, the analysis of EEG microstates (MS) has been increasingly applied to ERP data. This methodology allows the detection of spatio-temporal changes in neuronal activity potential at the scalp level, providing new insights into neurobiological alterations detectable in psychiatric disorders.
Objectives: The current systematic review aims at providing an extensive and detailed description of the studies that characterized alterations in ERP-microstates in psychiatric and neurodevelopmental disorders.
Methods: A systematic review of English articles using PubMed, Scopus and Web of Science databases was undertaken in April 2024. The review included case-control studies that employed ERP-microstates analysis to compare MS features between subjects (age > 10 years) diagnosed with a mental health disorder and healthy controls.
Results: Out of the 756 records screened, 15 studies were included in the final qualitative synthesis. The studies included patients with schizophrenia (n=7), alcohol use disorder (n=2), borderline personality disorder (n=1), panic disorder (n=1), autism (n=1), major depressive disorder (n=1), post-traumatic stress disorder (n=1) and attention-deficit/hyperactivity disorder (n=1).
The studies investigated alterations of MS characteristics through different types of tasks. Cartool and RAGU were the main software used for MS analysis. Only rarely studies used similar tasks, showing comparable microstate maps. Fourteen of 15 studies showed a significant difference ($p<0.05$) in MS characteristics between patients and healthy controls. Main differences regarded parameters such as duration, area under the curve and the order of occurrence of MS.
Conclusions: The present literature review aims to highlight the effectiveness in using microstate analysis to identify spatio-temporal alterations in brain electrical activity in subjects with psychiatric disorders, showing the possible implications of the use of this technique in clinical practice and its advantages, as compared to ERP peak analysis.

Disclosure of Interest: None Declared

Psychopathology

EPP590

Procrastination as a transdiagnostic construct in psychiatric disorders: a conceptual scope review

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Introduction: Procrastionation is commonly conceptualized as an irrational, conscious, and sometimes intentional tendency to delay the start or to complete tasks or decisions, despite consequences. The behavior may be present in several psychiatric disorders, especially OCD, ADHD and anxiety disorders However, there is no consensus definition of procrastination, nor established pathophysiology or motivation.
Objectives: To analyze the descriptive psychopathology as well as the presence or absence of associated symptoms, motivations, and consequences of procrastination. In sequence, to conceptualize the construct of "procrastination" based on the literature published and define the motivations and consequences of the behavior for the individuals.
Methods: The scoping review complies with the recommendations of the Preferred Reporting Items for Systematic Reviews and Meta-Analyses (PRISMA) and included articles published English, Spanish and Portuguese, between 1973-2023 and indexed in PubMed/MEDLINE, LILACS, Scielo, EMBASE, Scopus, Web of Science, and PsycINFO database. Research conducted in animals, poster publications, conferences in scientific conclaves, and letters to the author were excluded.
Results: We found 387 studies with different designs (295 [76,2%] were cross-sectional, 12 [3,1%] systematic reviews and 5 [1,3%] were meta-analysis) and published in English (86,6%), Spanish (9,3%) and Portuguese (3,9%). Only 5 studies (1.3%) used populations with AHDH and 1 study (0.02%) used a population with OCD, 7 studies (1.8%) used populations with other disorders (Depression, Anxiety) and 374 studies (96.4%) involved students (mainly university students), workers, or the general population. Of the population the majority was female (63,98%), single, young and has some occupation. In 323 articles, at least one scale was used to assess procrastination, with a total of 40 different ones. Furthermore, 337 studies define procrastination and 305 use the definition of other authors.
Conclusions: Procrastination is a complex event, so far without a defined concept. More investigation is necessary for a more comprehensive understanding of this phenomenon.

Disclosure of Interest: None Declared

Pain

EPP591

Mental and functional disabilities in patients with chronic pain

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Introduction: Pain has a significant impact on a person's quality of life, limiting general activity (work, social interaction, problems with family relationships, hobbies/interests, self-care ability), contributing to the development of mental disorders such as depression and anxiety.
Objectives: Our study aimed to determine the level of anxiety, depression, and functional disabilities caused by chronic pain among outpatients in order to further dynamic research of the long-term consequences.
Methods: The study group included 85 outpatients with chronic pain. As a part of psychiatric screening, the HADS depression and anxiety scale was used to study psychopathological symptoms. The WHO self-questionnaire WHODAS 2.0 was used to study the dysfunction caused by chronic pain.
Results: The study found that a significant part of patients with chronic pain had symptoms of anxiety 38% and depression 46% of varying severity. The medial WHODAS 2.0 score among all patients with pain and patients with comorbid depression and anxiety was 23.62 (95% CI: 21.19-24.63), 32.80 (95% CI: 30.33-35.16), and 34.35 (95% CI: 32.11-37.60), respectively. Disability was significantly higher in patients with depression (1.72, $p < 0.01$) and anxiety symptoms (1.60, $p < 0.01$) than in patients with chronic pain without anxiety and depression.
Conclusions: Effective treatment of chronic pain requires a comprehensive approach using psychotherapeutic, psychopharmacological, and physical therapy.

Disclosure of Interest: None Declared

Psychopathology

EPP593

The Role of Extraversion and Psychopathological Symptoms in Drug Resistance in Psychiatric Patients: A Preliminary Study

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Introduction: Drug resistance is a major clinical challenge in psychiatry, with limited understanding of influencing factors. Personality traits and psychopathological symptoms may contribute to drug resistance, affecting treatment response to standard interventions.
Objectives: This study aims to assess whether personality traits, mainly neuroticism and extraversion, and psychopathological symptoms correlate with drug resistance profiles in clinically stable patients with severe mental disorders.
Methods: The study included 36 outpatients (17 males, 19 females) consecutively treated at the Mental Health Centre of Rieti, Italy. Patients were diagnosed with Major Depressive Disorder (39%), Bipolar Disorder (25%), Schizophrenia (28%), and other diagnoses, including Obsessive-Compulsive Disorder (8%). Drug resistance was defined as a lack of response to previous antidepressant treatments, requiring either dual antidepressant therapy, add-on therapy with a tricyclic or lithium, or a lack of response to atypical antipsychotic treatments, necessitating either dual atypical antipsychotic therapy, the addition of a typical antipsychotic, or the prescription of clozapine. Mann-Whitney U tests were used to compare 11 patients with a drug resistance profile to the remaining 25, and stepwise logistic regression was conducted to assess the association between drug resistance (dependent variable) and study variables, including the Brief Psychiatric Rating Scale (BPRS), Eysenck Personality Questionnaire factors (e.g., extraversion, neuroticism), and Global Assessment of Functioning (GAF) scores. The local ethics committee approved this study (Protocol No. 0948/2023).
Results: Mann-Whitney U tests revealed significant differences between groups in total BPRS scores ($p = 0.032$) and the BPRS Negative Symptoms subscale ($p = 0.001$), with higher scores in the drug-resistant group. GAF scores also differed significantly ($p = 0.022$), with lower scores in resistant patients. Logistic regression showed that extraversion had a significant negative association with drug resistance ($\beta = -0.803$, $p = 0.033$), suggesting higher extraversion is linked to reduced resistance. The BPRS Negative Symptoms factor had a significant positive association ($\beta = 0.467$, $p = 0.026$), while Positive Symptoms showed a trend toward a positive relationship ($\beta = 0.508$, $p = 0.059$). The final model explained a substantial proportion of variance (McFadden's $R^2 = 0.543$) and improved over previous models (ΔX^2, $p = 0.042$).
Conclusions: Extraversion negatively correlates with drug resistance profiles in clinically stable patients with severe mental disorders. BPRS negative symptoms are positively correlated with resistance, and positive symptoms show a similar trend. This study highlights the importance of personality and psychopathological aspects in treatment response and the need for personalized interventions for patients with drug resistance.

Disclosure of Interest: None Declared

Precision Psychiatry

EPP596

Attention to effective treatment for Attention Deficit Hyperactivity Disorder (ADHD) - A data science project

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Introduction: ADHD (Attention-Deficit/Hyperactivity Disorder) is a common treatable disorder that impairs daily functioning along the life span. Pharmacotherapy plays a central role in managing ADHD, but adherence rates can be low, impacting treatment effectiveness.
Objectives: To compare the adherence to the specific medication used to treat ADHD on specific patient populations.
Methods: In this study, we used "Clalit Medical Services" anonymized data base and focused on the first year of treatment with the four available first-line pharmacotherapy products: Methylphenidate tablets, Methylphenidate Slow Release tablets, Methylphenidate Long Aacting capsules, and Oros Methylphenidate tablets. Analyzing data from 214,035 patients of all ages diagnosed with ADHD who initiated pharmacotherapy between 2000 and 2022, we used a Negative Binomial Regression to develop a model to predict the number of prescriptions purchased in the first year of treatment, serving as a proxy for adherence. Our main focus was on identifying medications that enable better adherence.
Results: Oros Methylphenidatehad the highest number of predicted purchases (RR CI 95%: 5.85-5.96). After adjusting for calendar year effects, our results identified gender, age group, and socioeconomic status (SES) as significant predictors of adherence. A significant interaction effect revealed that the predicted number of purchases for a specific medication is influenced by the patient's SES level, i.e., for the lower SES levels adherence with Methylphenidate was better than adherence with Oros Methylphenidate.
Conclusions: The choice of the specific medication available as first-line treatment for ADHD, has a significant effect on adherence. Oros Methylphenidatehas has better adherence than the other MPH formulas. This would guide physicians to prefer the use of Oros Methylphenidateas first line therapy. This is not true for the lower SES. Strengthening our assumptions that knowledge about medication adherence and patient characteristics are potential indicators for improving the treatment of ADHD.

Disclosure of Interest: None Declared

EPP599

Plasma microRNAs reveal a schizophrenia patient subgroup with high inflammation and severe symptoms

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Introduction: Schizophrenia is a complex and highly heterogeneous psychiatric disorder, and it is crucial to understand the different pathophysiology among patients to realize precision psychiatry.
Objectives: This study aims to evaluate the potential of plasma microRNAs (miRNAs) as clinical biomarkers to stratify schizophrenia patients based on molecular profiles and understand the heterogeneous pathophysiology.
Methods: We measured the Positive and Negative Syndrome Scale (PANSS) scores, which are severity scores of clinical symptoms of schizophrenia, along with levels of 179 plasma miRNAs in 26 schizophrenia patients experiencing acute psychosis. We applied hierarchical clustering analysis for the plasma samples on miRNA levels to explore patient subgroups. We then conducted miRNA set enrichment analysis, literature-based text mining and manual literature survey on characteristic miRNAs for each patient subgroup to interpret the heterogenous pathophysiology. This study has been approved by the Ethical Research Practice Committee of Daiichi Sankyo Co., Ltd.
Results: The schizophrenia patients were stratified into three subgroups based on the plasma miRNA profiles. One of these patient subgroups showed a tendency to have relatively high PANSS scores. This patient subgroup was characterized by distinctively low levels of four miRNAs. The enrichment analysis revealed an enrichment of 'Immune Response' pathways associated with these four miRNAs. Consistent with the enrichment results, literature-based text mining confirmed that these four miRNAs were frequently associated with 'inflammation' and IL-1β, IL-6, and TNFα in the literature. We also identified literature-based experimental evidence demonstrating that these four miRNAs reduce IL-1β, IL-6 and TNFα. These results suggest that the patient subgroup with high PANSS scores has relatively high inflammation.
Conclusions: miRNAs may potentially be clinical biomarkers that reflect both the symptoms and molecular pathology of schizophrenia, and they may be able to identify patient subgroups with relatively high inflammation. Such patient stratification based on molecular profiles is expected to be a key tool to realize precision psychiatry, e.g., prescribing right drugs for right patients.

Disclosure of Interest: T. Miyano Employee of: Daiichi Sankyo Co. Ltd., T. Mikkaichi Employee of: Daiichi Sankyo Co. Ltd., K. Nakamura Employee of: Daiichi Sankyo Co., Ltd., Y. Yoshigae Employee of: Daiichi Sankyo Co., Ltd., K. Abernathy Employee of: Sirtsei Pharmaceuticals, Inc., Y. Ogura Employee of: Daiichi Sankyo Co., Ltd., N. Kiyosawa Employee of: Daiichi Sankyo Co., Ltd.

Psychoneuroimmunology

EPP600

Hashimoto's encephalopathy in a patient with hypothyroidism and bipolar disorder: a case report

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Introduction: Hashimoto's encephalopathy (HE) is a rare, steroid-responsive neuropsychiatric disorder associated with Hashimoto's thyroiditis. The pathophysiology of HE remains unclear, but it is hypothesized to involve an autoimmune mechanism, distinct from thyroid hormone levels. The condition often presents with a variety of neurological and psychiatric symptoms, including cognitive decline, seizures, mood disorders, and movement abnormalities. Timely diagnosis and treatment are crucial to prevent further neurological impairment.
Objectives: This report highlights a case of HE in a patient with bipolar disorder and hypothyroidism.
Methods: A 42-year-old male patient, followed in psychiatry for bipolar disorder type I and in endocrinology for hypothyroidism secondary to Hashimoto's thyroiditis, was admitted to the

endocrinology department of Farhat Hached hospital, Sousse, due to fatigue, psychomotor retardation, and an enlarged goiter, in the context of discontinuation of his replacement therapy. Laboratory tests revealed a significantly elevated TSH level of 17.5mUI/L, indicating profound hypothyroidism. Hospitalization was therefore prompted by this endocrine decompensation to reinitiate treatment and to monitor him to prevent complications.
During the hospital stay, thyroid hormone replacement therapy was resumed. However, despite adequate treatment, the patient quickly became unstable, exhibiting vague persecutory delusions, marked irritability, changes in behavior, distractibility, attention problems, insomnia and confusion. This clinical picture raised the possibility of either a manic relapse with psychotic features, potentially triggered by the resumption of thyroid treatment, or Hashimoto's encephalopathy.
Further investigations, including brain imaging and anti-thyroid peroxidase antibodies (ATPO) measurement, were performed. Brain imaging was normal, and ATPO were elevated. Given the clinical history and elevated thyroid antibodies, the diagnosis of Hashimoto's encephalopathy was considered. The patient was started on corticosteroid therapy (prednisone), leading to a significant improvement in both psychiatric and cognitive symptoms within weeks.
Results: This case illustrates the importance of considering HE in patients with neuropsychiatric symptoms and underlying thyroid disease. The combination of elevated ATPO levels and progressive psychiatric deterioration, with normal neuroimaging, and significant improvement with immunomodulatory treatment supports the diagnosis of HE. It is a rare condition with a reported prevalence of 2.1/100000. It presents with a wide range of neurological and psychiatric symptoms and the presentation varies among patients.
Conclusions: This case underscores the need for increased awareness of HE as a differential diagnosis in patients with thyroid disorders and neuropsychiatric manifestations.

Disclosure of Interest: None Declared

EPP602

The hidden wolf – Case report of valproic acid drug-induced cerebral lupus erythematosus

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Introduction: Neuropsychiatric symptoms associated with valproic acid were already described in the 1980s. Valproic acid is known to cause valproate encephalopathy and hyperammonemia[(1,2)]. Rarely it can cause drug induced lupus erythematosus[(5)]. Previous studies and case reports have documented manifestations such as rash, pulmonary involvement, pleuritis and carditis due to valproate-induced lupus erythematosus. However, little is known about other manifestations[(3,4,6)]. To date, there are no descriptions of cerebral drug-induced lupus erythematosus due to valproic acid.
Objectives: We report the case of a female 63-year-old patient who was initially treated in our inpatient clinic for prolonged delirium and major neurocognitive disorder following severe traumatic brain injury with bilateral traumatic intracerebral temporal bleeding eight months prior. Symptoms from the severe traumatic brain injury included aphasia, impulse control disorder, reduced frustration tolerance and depression, which were treated with valproic acid and quetiapine. The patient experienced a strongly fluctuating, progressively deteriorating neuropsychiatric syndrome that began six months before hospitalization. Additionally, a fluctuating neurological syndrome including temporary complete hemiparesis, hyperreflexia and loss of consciousness, which lasted from 30min to hours, and halluzinations was observed. The patient also developed epileptic seizures, which could not be managed by a combined antiepileptic therapy with valproic acid, brivaracetam and clobazam. Previous examinations (brain-MRI and CT, CFS, extended lab testing) excluded acute cerebrovascular insult, encephalitis and hyperammonemia.
Methods: The diagnosis of cerebral vasculitis was considered after excluding infection or cerebrovascular insult. Anti-nuclear antibodies and anti-histone Antibodies were detected in the blood sample. Anti-NMDA receptor antibodies as well as antibodies for paraneoplastic syndromes and Bickerstaff encephalitis were not detected. MRI scans over eight months showed an increase of white matter lesions periventricular and in the brain stem.
Results: Based on these results and the medical history, we considered a drug-induced vascular lupus erythematosus due to valproic acid. We initiated immunosuppressive therapy with high-dose prednisone while tapering valproate acid. Within days, the neurological symptoms declined and epileptic seizures ceased.

Image 1:

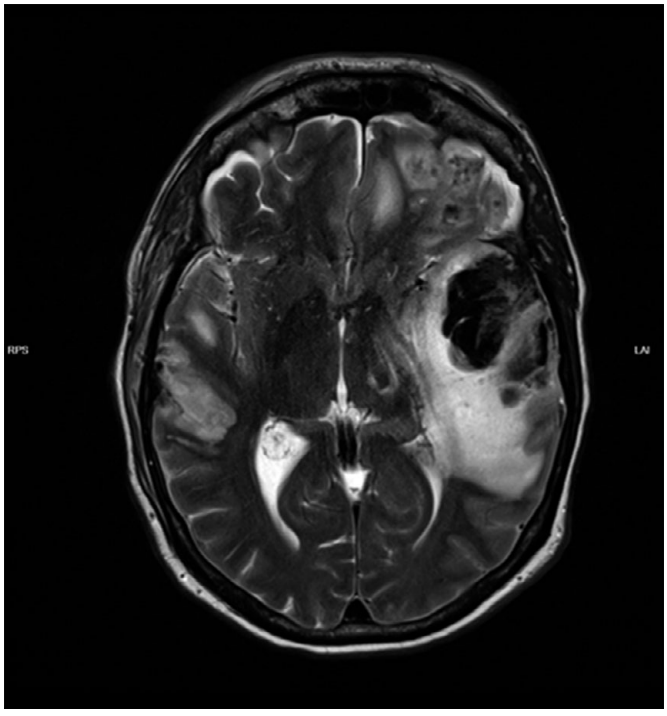


Image 2:



Imange 2: Six weeks after treatment with valporic acid, white matter lesions increase.

Image 3:

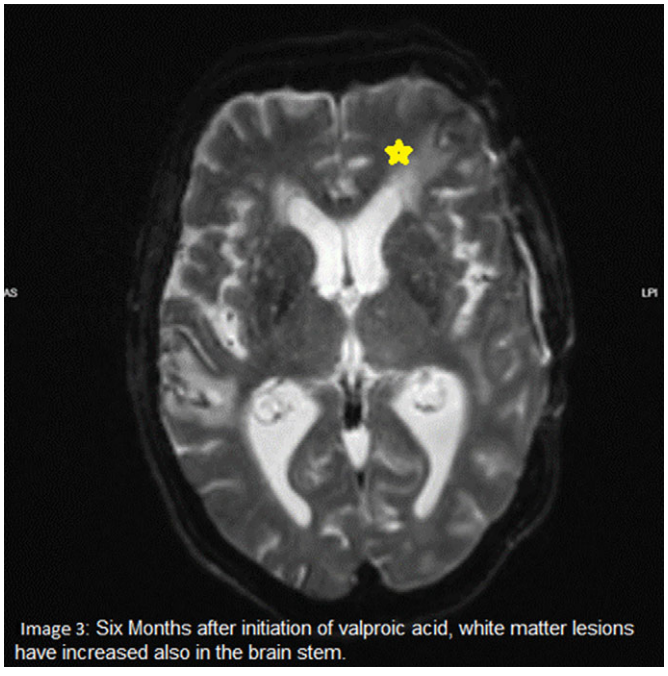


Image 3: Six Months after initiation of valproic acid, white matter lesions have increased also in the brain stem.

Conclusions: This is the first described case of valproic acid-induced cerebral lupus erythematosus. There are no established recommendations for therapy or knowledge about the course and outcome of this condition. This case highlights the importance of evaluating valproate-induced lupus erythematosus in patients with fluctuating neuropsychiatric symptoms under valproic acid medication, in addition to valproate-induced encephalopathy. Prednisone might be a viable treatment option.

Disclosure of Interest: None Declared

Rehabilitation and Psychoeducation

EPP605

"Step by Step" Toward Recovery for People with Severe Mental Illness – The Example of a Community Mental Health Structure on the Outskirts of Lisbon

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Introduction: Addressing severe mental illness requires assertive community intervention. The "Assertive Program – Step by Step", implemented in 2016, involves a mental health team in the Sintra region (Lisbon). Through a case manager model and regular patient contact, an Individualized Care Plan is developed to ensure treatment continuity, coordinate psychosocial interventions, and reduce both the frequency and duration of hospital admissions. The goal is to contribute to clinical improvement, enhance social functioning, and improve the quality of life for individuals with severe mental illness through several measures: regular psychiatric consultations; promotion of adherence to psychopharmacological treatment; individual or group psychological support; participation in rehabilitation programs; psychoeducational programs for patients and families; and facilitation of general medical consultations and social support.
Objectives: This study aims to characterize the sociodemographic profile, occupational status, and number of hospital readmissions among patients followed by the Assertive Program, and to reflect on the relevance of these interventions in preventing relapses.
Methods: A retrospective analysis of data collected from the clinical records of patients enrolled in the Assertive Program in September 2024, with a minimum follow-up period of one year.
Results: In September 2024, a total of 29 patients were enrolled in the Assertive Program, with 19 receiving follow-up for more than one year. The average age was 36.4 years, and 68.4% were male. The majority of patients were either single (68.4%) or divorced (21.1%), and most were not working, with 52.6% being unemployed and 5.3% retired. The predominant diagnosis was schizophrenia (52.6%), followed by Bipolar Affective Disorder (31.6%) and Psychosis Not Otherwise Specified (10.5%). The average number of total hospital admissions was 2.9 (maximum 12, minimum 0). After joining the Assertive Program, 68.4% (n=13) of patients were not readmitted to the hospital. Of those readmitted (31.6%; n=6), most had a diagnosis of schizophrenia (n=4) and were unemployed (n=5).
Conclusions: This study highlights the specific sociodemographic profile of patients with severe mental illness, who appear to be predominantly single and unemployed. The proposed program may help reduce the number of relapses in the care of this patients. Hospital readmissions appear to occur primarily among unemployed patients, underscoring the need for close, personalized follow-up, with a focus on improving occupational functionality.

Disclosure of Interest: None Declared

EPP606

Cultivating new identities through horticulture, cooperation and mutual learning: the SOGNI project

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Introduction: Circular economy is a model of production and consumption entailing both environmental and social aspects. The collaborative dimension of this model is evident in the reuse of waste that can constitute a resource for other productive processes, encouraging cooperation and exchange. Also, the regeneration of disused spaces, in both urban and rural contexts, can stimulate social participation, cohesion and community development, thus becoming a resource for community-oriented interventions in the field of mental healthcare.
Objectives: In 2024 a horticultural activity has been developed on the fields surrounding the facility, to grow edible species (mainly herbs and small fruits). The activity involved people hosted in the TC, local farmers, students of one agricultural high school and one catering school, to develop processes of agricultural products' cultivation, exchange and transformation, as well as mutual learning. In particular, the project entails the reuse of TC's organic waste (to produce compost), the cultivation of culinary plants and fruits, the production of derivatives (e.g. juices and jams) in the cooperation with the abovementioned schools, local producers, and consumers. The exchange of both products and skills aims to constitute (also metaphorically) fertile ground for the germination of new opportunities, supporting care in a broad sense and cultivating new individual and group identities. The original meaning of the acronym – "dreams" – points to the dreamlike dimension of a project that – within the controlled, safe perimeter of a pilot intervention – introduces innovative (sometimes bizarre) practices and unprecedented relationships between heterogeneous social actors, inviting the latter to "suspend every judgment". Hopefully, configurations experienced during the pilot project and evidence supporting their therapeutic potential will be translated into the waking life, providing the basis for improved practice that intersects mental health, sustainability, and social cohesion.
Methods: observational work and data collection conducted by healthcare professionals and an ethnographer.
Results: The performance of practical tasks and the prolonged time of the activity throughout months provided each person with the time needed to gradually explore new relational spaces. The aim of growing food, a necessary step in this circular and collective enterprise, supported motivation as well as the development of a social identity of the group, who felt part of the wider community and actively involved in its development.
Conclusions: Preliminary findings suggest further investigation and encourage collaboration between different social actors to develop inclusive, effective, and community-based interventions in the field of mental health and recovery.

Disclosure of Interest: None Declared

EPP607

Inpatient Rehabilitation Psychiatry: A Literature Review and Illustrative Case Series

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Introduction: Physical rehabilitation is usually required after serious illness or injury; there is a significant need for simultaneous psychiatric rehabilitation as well. Psychiatric consultation to inpatient rehabilitation units presents with unique clinical questions distinct from consultation to other units.
Objectives: To present a literature review and an illustrative case series of common psychiatric referrals from physical rehabilitation units.
Methods: First, the current literature was reviewed on PubMed looking at current models of psychiatric consultation to inpatient physical medicine and rehabilitation units. Second, cases were reviewed from tertiary post-acute care units including stroke, acquired brain injury, post-fracture fast and slow stream, and complex continuing care. Third, thematic analysis was performed to extract illustrative themes presented in a case series of four mock patients.
Results: There is a paucity of literature on psychiatric consultation to inpatient physical rehabilitation units. The current literature, however, supports high utilization of psychiatric consultation in comorbid physical illness (Daly et al 2023, PMR). Four major themes emerged on psychiatric consultation to inpatient physical rehabilitation: (1) Interdisciplinary management of basophobia [the fear of falling], (2) Managing severe persisting mental illness and addressing medications that increase the risk of falling, (3) Managing new onset trauma-related disorders and pain-related disorders, (4) Assessing partial cognitive improvement and impairment in the setting of brain injury.
Conclusions: Psychiatrists often deal with patients recovering from an episode of serious physical illness or injury. There is significant overlap between the work done in physical and psychiatric rehabilitation. Patient and staff education, judicious prescribing and de-prescribing, and interdisciplinary management are critical to successful outcomes.

Disclosure of Interest: None Declared

EPP608

Analysis of adherence and dropout factors from psychosocial treatment among people with serious mental illness

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Introduction: Psychosocial treatment is a crucial component of the rehabilitation process for individuals with serious mental illness

(SMI). However, adherence to these interventions is often low, with high dropout rates posing challenges to successful outcomes. Understanding the factors that influence patient adherence, and dropout is essential for improving program efficacy and patient well-being.
Objectives: This study aims to analyze the demographic, clinical, and motivational factors that contribute to adherence or dropout from the "*Programa Mais de Perto*" (PMDP), a psychosocial rehabilitation initiative for individuals with SMI, in order to enhance patient retention and optimize therapeutic outcomes.
Methods: The study included all patients with SMI enrolled in the PMDP activities until December 2023. Data were collected through clinical file reviews and telephone interviews using a structured questionnaire, including the World Health Organization Disability Assessment Schedule (WHODAS 2.0). Demographic and clinical variables, as well as patient-reported experiences, were analyzed to identify factors associated with continued participation or dropout.
Results: The study initially included 87 patients, of whom 41 adhered to the program and 46 dropped out. However, after further filtering and questionnaire analysis, a subset of 36 patients was evaluated in detail (22 in the adherence group and 14 in the dropout group). The adherence group had lower disability scores on WHODAS 2.0 and reported higher intrinsic motivation, such as improving physical and mental well-being. In contrast, the dropout group highlighted external pressures from mental health professionals as reasons for initial participation and cited fatigue, lack of integration, and distance from the program as reasons for discontinuation. *Tai Chi Chuan* was the most popular activity (39% participation), while the *Book Club* had the lowest engagement (3%).
Conclusions: Intrinsic motivation is a key predictor of adherence to psychosocial rehabilitation programs, while external pressures may increase dropout risk. Enhancing flexibility, offering a wider range of activities, and fostering peer support systems could improve retention rates. These findings reinforce the importance of adapting psychosocial interventions to the needs and motivations of individuals with SMI for better long-term outcomes.

Disclosure of Interest: None Declared

EPP609

Assessing the Impact of a Men's Mental Health Peer Support Program Using Participatory Methods

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Introduction: There is a growing interest in the field of men's mental health, given that men experience elevated rates of certain mental health outcomes including suicide, substance use disorder and overdoses. Evidence suggests that certain male sub-populations are at particular risk, including fathers who are divorced or separated. This increased risk has been attributed to several factors including painful separation from children, an intense decrease in social support, and a sense of failure and shame associated with marital breakdown. Despite these risks, there is a lack of official services targeted at divorced or separated fathers with mental health issues, with only a few grassroots programs available for this demographic. One such service is a peer support program known as Pères Séparés (seperated fathers). This program is officially accredited by the *ministère de la Santé et des Services sociaux du Québec* to provide psychosocial support including one-on-one peer coaching, weekly support groups and financial/legal advice to divorced or separated men in Montreal.
Objectives: We set out to conduct a project using a method known as participatory video. The aim was to elicit the lived experience of service users, including their experiences within the peer support program, and represent these experiences in a short video that can be used for the education of other peers, health care providers, family members and the general public.
Methods: The project involved creating a workgroup of program service users who were initially trained in basic video-techniques. Workgroup members then interviewed each other about their experiences on camera. All interviews were transcribed, with workgroup members reading the transcripts and distilling prominent themes from these interviews for inclusion in the final video.
Results: The resultant 20 minute video contained three themes (i) the unique struggles of separated fathers including intense loneliness, isolation, depression, and suicidality; (ii) the important of the program in reducing this isolation and providing invaluable social support; and (iii) the rehabilitative role of peer support in providing psychosocial education regarding self-care, social reintegration and pathways to recovery from mental health issues. The video was shown in a series of screenings at targeted settings including health-care, community and educational venues. It was also uploaded to social media where it has been viewed over 5,000 times.
Conclusions: The results imply that such grassroots peer-support programs are very well-situated to help vulnerable fathers in their recovery. Moreover, this program provides a model that can be used as a template elsewhere. Indeed, relevant organizations, funders and service providers could consider creating and implementing similar peer support programs oriented towards seperated fathers. These can benefit such men, their families and society as a whole.

Disclosure of Interest: None Declared

Schizophrenia and Other Psychotic Disorders

EPP610

Phase 3 program of evenamide, a glutamate release modulator, as add-on in patients with treatment-resistant schizophrenia: design of a potentially pivotal, international, randomized, double-blind, placebo-controlled trial

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Introduction: Treatment-resistant schizophrenia (TRS) develops in ~30% of patients, resulting in higher hospitalization rates, morbidity, mortality, and suicidality, and increased costs (Pompili et al CNS NDDT 2017; 16 870-884). Despite inconsistent findings of its efficacy, antipsychotic polypharmacy (APP) is frequently prescribed in an attempt to treat refractory symptoms (Correll ClinNorthAm 2012; 35 661-681). While marketed APs all act through the modulation of 5HT/DA transmission, clozapine, the only drug approved for TRS,

seems to act on multiple receptor systems (Brunello et al NPP 1995; 13 177-213). The need to modulate non-monoaminergic targets is supported by findings of excessive glutamatergic activity, rather than increased dopamine synthesis, in patients with TRS (Demjaha et al BioPsy 2014; 75 11-3). Evenamide, devoid of biological activity at >150 CNS targets, is able to normalize excessive glutamate release without affecting basal levels. Evenamide has demonstrated benefits in several animal models of psychosis (monotherapy and add-on to AP). Benefit of evenamide as add-on was demonstrated in a phase 2, open-label trial (Anand et al IJNPP 2023; 174 216-229) and in a phase 2/3 randomized, double-blind study in patients not responding adequately to SGAs.
Objectives: Evaluate the efficacy, safety, and tolerability of evenamide 30 mg bid as add-on treatment in patients with documented TRS receiving AP treatment but not adequately benefitting from a stable therapeutic dose.
Methods: This is a prospective, potentially pivotal, phase 3, randomized, double-blind, placebo-controlled, 1-year international study, with a primary efficacy endpoint at 12 weeks and long-term efficacy endpoints at 26 and 52 weeks. Eligible patients must have a diagnosis of TRS according to the TRRIP consensus guidelines (Howes et al AmJPsy 2017; 174 216-229). During the 6-week screening period and throughout the study, adherence to background AP(s) and evenamide will be confirmed through measurements of plasma levels. Selection criteria include CGI-S of mildly to severely ill (3-6); BPRS total score ≥45, with a score ≥18 on core symptoms of psychosis, and PANSS total score ≥70. An Independent Eligibility Committee will determine patients' eligibility. Patients improving ≥20% on the BPRS or ≥1 category on the CGI-S during the screening period will be excluded. Efficacy (PANSS, CGI-S/C, Q-LES-Q-SF, PSP scales) and safety (vital signs, ECG, lab tests, physical/neurological/eye exams, ESRS-A, CDSS, C-SSRS) will be evaluated at regular intervals.
Results: Results from this study will determine whether addition of evenamide 30 mg bid to APs is associated with clinically important benefit in TRS patients.
Conclusions: Positive results would support the role of glutamate modulators for the optimal treatment of TRS.

Disclosure of Interest: R. Anand Consultant of: AbbVie, Acadia, BiolineRx, Domain, Enkam,Erydel, Forest, Janssen, Hoffman La Roche, Lundbeck, Noema, Ono, Pfizer, UCB, Shire, Sigma-Tau, Takeda, Teva, A. Turolla Employee of: Newron Pharmaceuticals SpA, G. Chinellato Employee of: Newron Pharmaceuticals SpA, R. Giuliani Employee of: Newron Pharmaceuticals SpA, F. Sansi Employee of: Newron Pharmaceuticals SpA, R. Hartman Employee of: Newron Pharmaceuticals SpA

EPP612

Myocardial deformation and pro-arrhytmic indices in a group of first-episode patients with psychosis after one year of antipsychotic treatment

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Introduction: Heart Rate Variability assesses the autonomic system function. We have previously reported increased sympathetic activation (i.e. increased proarrhythmic risk) and asymptomatic left ventricular myocardial dysfunction in a group of drug-naïve, First Episode Patients with psychosis. We performed the same cardiological evaluation in a subgroup of these patients one year after the initiation of antipsychotic treatment.
Objectives: To find out the impact of antipsychotic medications in cardiac function.
Methods: Thirty three consecutive patients diagnosed with first psychotic episode were included in the current analysis. None of the patients had a previous history of cardiovascular diseases. All patients were assessed by 24-hour Holter ECG monitoring (including QT analysis and heart rate variability indices) and a thorough echocardiographic study (including myocardial strain analysis – global longitudinal strain GLS) at baseline (shortly after stabilization) and 1 year after treatment.
Results: The mean age of our population was 29±7 years, 75% were males and their body surface area was 1.87±0.21 m^2. At baseline 1) the mean value of QTc was normal in all subjects although the greatest QTc value measured was above 500msec in 35% of patients, 2) SDNNI<50 msec was observed in 50% of the patients, all patients had an abnormal HRV index, low RMSSD <20 msec was observed in 35% of patients, no patient had abnormally low PNN50 values. No patient had evidence of overt structural heart disease and the value of left ventricular ejection fraction was within normal range (57.5±5.1 %). GLS was decreased (i.e. < -16%) in 25% of patients. At follow-up maximum QTc value (517±52 vs 485±69, p=0.014) and PNN50 (14.1±12.1 vs 9.8±10.5, p=0.05) were increased while left atrial volume index (20.1±6.3 vs 23.3±6.4, p=0.031) and GLS (-18.6±2.5 vs -17.5±2.5, p=0.007) were decreased compared to baseline. No other significant changes were observed at follow-up. At follow-up, abnormal GLS, QTc max, SDNNI, HRV index, RMSSD and PNN50 values were observed in 16%, 60%, 38%, 96%, 15% and 0% respectively of included patients.

Normal values
SDNNI >100 (especially <50)
HRV INDEX >60
RMSSD 13-48 MS
Pnn50 -3 – 43%
Conclusions: In patients with a first psychotic episode without a previous history of cardiovascular disease or risk factors, a significant proportion showed abnormal autonomous system function and subclinical myocardial dysfunction of the left ventricle. After 1 year of treatment, improvement was observed in left ventricular function and parasympathetic system activity with a concomitant increase QTc interval. Optimal management of psychotic episodes may lead to an amelioration of the risk of future myocardial impairment without affecting the risk for arrhythmias and sudden death.

Disclosure of Interest: None Declared

EPP614

Examination of Hematological Parameters in Patients with First-Episode Psychosis within the Bipolar Disorder or Schizophrenia Spectrum

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Introduction: First-episode psychosis (FEP) provides a crucial opportunity to investigate these biological markers before the influence of long-term treatment or disease progression. Both bipolar disorders with psychotic features and schizophrenia spectrum disorders are linked to systemic inflammation, and examining blood cell counts and inflammatory ratios may provide insights into the biological foundations of these conditions.
Objectives: This study aims to compare key hematological parameters and inflammation markers (neutrophil/lymphocyte ratio (NLR), platelet/lymphocyte ratio (PLR), monocyte/lymphocyte ratio (MLR)) between untreated first-episode psychosis patients diagnosed with psychotic mania, schizophrenia spectrum disorders, and healthy controls, examining potential differences between these groups.
Methods: 55 patients (F:28, M:27) diagnosed with schizophrenia spectrum disorder, 68 patients (F:38, M:30) diagnosed with bipolar disorder, all without a history of treatment, who were admitted to psychiatric clinics due to a first-episode psychosis, and 61 healthy volunteer individuals (F:24, M:37) matched for age and gender were included in the study. Hemogram data were obtained from medical records, and the hemograms taken within the first 48 hours of the patients' admissions were used in the study.
Results: The white blood cell, neutrophil, and monocyte counts were significantly higher in both patient groups than healthy individuals. The eosinophil count varied between the groups, with patients diagnosed with schizophrenia spectrum disorder having significantly lower counts compared to healthy individuals (p=0.003). When the analysis was conducted by gender, white blood cell, neutrophil, and monocyte counts were found to differ in women from both patient groups compared to healthy individuals, while in men, only the eosinophil count was lower in patients diagnosed with schizophrenia spectrum disorder (p=0.023). There were no significant differences in the NLR and PLR between the groups. The MLR value showed no difference between male patients and healthy individuals, but it varied between the groups in women, with patients diagnosed with psychotic mania having higher MLR compared to the other groups (p=0.01).
Conclusions: Changes observed in specific hematological parameters in both bipolar disorder and schizophrenia spectrum patients may contribute to understanding the pathophysiology of these disorders. However, given the heterogeneity in the presentation and etiology of these conditions, larger-scale and prospective studies are needed to determine the roles of these parameters in their pathophysiology. It may also be necessary to consider gender-based differences when assessing the potential roles of these hemogram parameters in the pathophysiology of the diseases.

Disclosure of Interest: None Declared

Addictive Disorders

EPP615

The Laughing Gas Trap: Subacute Spinal Degeneration with Normal B12 levels and Co-Morbid Functional Gait Disorder

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Introduction: Subacute combined degeneration (SCD) of the spinal cord is a well-known neurological disorder commonly associated with vitamin B12 deficiency. However, the condition can also present in individuals with normal B12 levels, making diagnosis more difficult.
Objectives: This paper aims to examine the diagnostic challenges posed by subacute combined degeneration of the spinal cord in patients with normal B12 levels. Specifically, it aims to highlight the importance of early screening for nitrous oxide use and the complexities introduced by co-occurring functional gait disorders.
Methods: Literature research was conducted using PubMed databases. The following keywords were used "whippets" or "nitrous oxide" or "inhalant use disorder", and "subacute degeneration of spinal cord" and/ or "normal B12 levels". Furthermore, a comprehensive clinical evaluation was conducted, including a detailed inquiry into the patient's substance use history.
Results: The 56-year-old patient developed symptoms of subacute combined degeneration (SCD) despite normal B12 levels. He experienced worsening tingling sensations, starting in the extremities and moving upward, along with new gait instability requiring a cane. Initially denying substance use, he later admitted to daily nitrous oxide inhalation, which disrupts B12 metabolism and causes spinal demyelination, leading to neurological deficits even with normal B12 levels. The presence of a functional gait disorder complicated the diagnosis, but persistent questioning about substance use and recognizing the effects of nitrous oxide were key to accurate diagnosis.
Conclusions: This case highlights the importance of early and comprehensive substance use screening, particularly in patients presenting with unexplained neurological symptoms. The disruption of B12 metabolism by nitrous oxide can cause significant spinal cord degeneration, even when serum B12 levels are normal. This underscores the need for detailed, persistent questioning about substance use in clinical settings, particularly for patients with risk factors for inhalant abuse. Additionally, an awareness of the multifaceted nature of functional gait disorders is essential for accurate diagnosis and optimal patient outcomes. Routine screening for nitrous oxide use and a thorough examination of gait abnormalities can aid in the timely detection and treatment of subacute spinal degeneration, preventing further neurological damage. By incorporating recommended screening questions and being vigilant about the neurological effects of nitrous oxide, clinicians can better address the diagnostic challenges of SCD and functional gait disorders.

Disclosure of Interest: None Declared

EPP617

Nomophobia and other psychological symptoms among nursing students community

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Introduction: Nomophobia among university students is recognized as an addictive issue, as their attention is often difficult to divert from smartphones, especially during class. This issue is increasingly evident among nursing students, who frequently check

their smartphones during class ($p < 0.001$), making nomophobia an important concern.
Objectives: We conducted an umbrella review aimed at assessing the prevalence of different psychological and behavioral symptoms among nursing students, including nomophobia, anxiety, sleep disturbances, fear, and stress.
Methods: This meta-synthesis combined evidence from 20 systematic reviews and meta-analyses, incorporating 354 primary studies. Publication records were retrieved from PubMed, CINAHL, PsycINFO, and Scopus. The methodological quality of each meta-analysis was assessed using the AMSTAR-2 tool. Reporting followed the PRISMA guideline checklist.
Results: Our synthesis revealed that 28% (95% CI: 24%–33%) of nursing students experience psychological and behavioral symptoms. Nomophobia/smartphone addiction was observed at 30% (95% CI: 12%–49%). Other prevalent symptoms included anxiety at 29% (95% CI: 17%–40%), sleep disturbances at 48% (95% CI: 5%–91%), stress at 27% (95% CI: 17%–37%), and fear at 41% (95% CI: 7%–75%).
Conclusions: Our findings suggest that nursing students are increasingly involved in nomophobia. As smartphones play a central role in daily life, digital detoxification is not easy. Although our research did not explore the relationship between nomophobia and other symptoms, the presence of issues such as anxiety, sleep disturbances, fear, and stress in nursing students warrants further investigation.

Disclosure of Interest: None Declared

EPP618

Tunisian Parental Perspectives on Smartphone Use: Assessing Its Impact on Children

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Introduction: The rapid increase in smartphone usage among minors raises significant concerns about problematic smartphone use in children and adolescents. As the first generations immersed in high-tech media, today's youth may be more vulnerable to its negative effects compared to older age groups. Understanding these impacts is essential as smartphones become integral to daily life.
Objectives: This study seeks to assess the prevalence of problematic smartphone usage among a group of children, explore its impact on social, emotional, and academic outcomes, identify associated risk factors, and above all evaluate parental awareness and intervention strategies.
Methods: An online questionnaire was administered to parents of children aged from 1 to 18 years. It included sociodemographic information, the Smartphone Addiction Proneness Scale (SAPS) and additional questions designed to explore various aspects of smartphone use.
Results: In total, 100 parents participated in the study. The preliminary results revealed that 60% of children started using smartphones before the age of 6 years and displayed signs of problematic smartphone use, with a notable negative correlation between high usage and academic performance. Additionally, half of parents expressed concerns about their children's social skills, reporting that excessive smartphone use often diminished social interactions, communication and attention. Withdrawal symptoms were common, with 30% of parents indicating that their children experienced anxiety or restlessness when separated from their devices. Finally, 86% of parents expressed interest in receiving expert advice on healthy and balanced smartphone use for their children.
Conclusions: The results indicate a troubling trend of smartphone addiction among children.This highlights the urgent need for greater parental awareness and active strategies to manage smartphone use. Future research should focus on developing and evaluating intervention programs aimed at fostering healthier technology habits in children.

Disclosure of Interest: None Declared

EPP619

Motivation to treatment-seeking among individuals with addiction to benzodiazepines: a qualitative study

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Introduction: Many individuals with long-term use benzodiazepines and benzodiazepine-like hypnotics, commonly prescribed for the short-term management of anxiety or sleeping problems, develop addiction. It is therefore important to better understand what motivates individuals with addiction to quit. Few prior qualitative studies have explored patients' perceptions and experiences of addiction to benzodiazepines in the context of motivation to seek treatment.
Objectives: This study explored how individuals perceive addiction to benzodiazepines and aimed to describe the experiences that motivated them to seek treatment.
Methods: This exploratory qualitative study was conducted among nineteen adults (≥18 years) diagnosed with sedative, hypnotic, or anxiolytic use disorder. Participants were purposively recruited from a publicly funded outpatient addiction clinic in Sweden and were undergoing tapering treatment at the time of their in-depth interviews. The interviews, which followed a semi-structured guide, were completed between April 2021 and February 2023. Transcripts were analyzed using reflexive thematic analysis by a multidisciplinary team. All participants provided written informed consent and the study was approved by the Swedish Ethical Review Authority (Dnr. 2019-05302).
Results: Participants described perceptions of addiction and motivation to quit in terms of the growing harms they experienced from continued use of benzodiazepines. We identified three themes that reflect the nonlinear process and multifaceted consequences which to a "tipping point" where individuals made the decision to seek treatment. Theme one described how benzodiazepine use required

increasing mental energy and time, and how participants felt their freedom was restricted by the need to "hunt" for medication. In theme two, participants described facing a crossroads regarding their benzodiazepine use as the effectiveness decreased. Some participants defined addiction in relation to the negative cycle of dose escalation and withdrawal symptoms they experienced, which also motivated them to seek treatment. Theme three discusses the ways that benzodiazepines negatively impacted different psychosocial and practical aspects of daily life, including conflicts related to changes in personality and negative impacts on relationships, which resulted in further areas of motivation.
Conclusions: The results suggest that individuals with addiction to benzodiazepines reach the decision to seek treatment both through processes of change over time and through individual factors that act as a tipping point. These motivational factors are of clinical importance in the decision to seek treatment and should be identified by healthcare providers and cultivated in individuals with addiction to benzodiazepines.

Disclosure of Interest: None Declared

EPP620

From prevention to treatment of addiction: Porto's comprehensive approach through the Municipal Health Plan

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Introduction: The Porto Municipal Health Plan for 2022-2024 prioritized initiatives targeting addictions within the community. Built in the collaboration between the Public Health Unit, the Faculty of Psychology (FPCEUP), and the Drug Addiction Intervention and Reduction Division (DICAD), Porto aimed to comprehensively address addiction-related challenges. This includes developing monitoring tools, identifying areas lacking intervention, and promoting innovative social programs.
Objectives: To define and implement a plan from prevention to treatment of addictive behaviors and addiction within the Porto Municipal Health Plan.
Methods: After defining priorities within this scope, tasks were defined together with the different institutions of the Municipality, including disseminating information on tobacco and alcohol legislation and improving community literacy on health-conscious environments. Additionally, integrated projects focus on evaluating existing interventions, identifying best practices, and fostering collaboration among entities to address addiction effectively were listed as main steps.
Results: By aligning with strategic objectives outlined in the Porto Municipal Health Plan, such as building citizen and professionals' capacity, improving prevention strategies, and facilitating access to resources, Porto is addressing addictive behaviors comprehensively. Initiatives include capacity building, implementing intervention strategies, and promoting harm reduction approaches in recreational settings.
Conclusions: Porto's efforts to combat addiction highlight its commitment to public health. Through targeted communication, integrated projects, and resource optimization, Porto aims to mitigate the impact of addictive behaviors and promote a healthier community, aligning with the Municipal Health Plan.

Disclosure of Interest: None Declared

EPP621

Sociodemographic characteristics and quality of life between persons with addiction disorders and their caregivers

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Introduction: Disorders caused by alcohol and opiate addiction lead to physical, mental and socioeconomic deterioration not only of the patient, but also of their families. Family caregivers are persons who provide unpaid care to other family members who need supervision or help in case of illness or disability, as well as to persons with special needs (1). Studies have shown that the illness of one family member affects the quality of life of other family members, especially the caregiver of the patient (2). Previous studies indicate that the support of family members is of great importance and influence on the initiation of addiction treatment, compliance and participation in it, but also on the outcome itself, i.e. the success of the treatment (3).
Objectives: Primary aims of this study included sociodemographic characteristics and analysis of the quality of life between persons with addiction disorders and their caregivers.
Methods: The study included 136 patients who were being treated at the Special Hospital for Addiction Diseases in Belgrade, for the treatment of addiction to psychoactive substances (opiates and opioids or alcohol), and 136 of their caregivers. Data on respondents were collected in the period from April to October 2014. During this research, a cross-sectional study was conducted. As measuring instruments in this research, in addition to the general questionnaire, specific questionnaire was used for assessment of quality of life (*36 item Short-Form Health Survey – SF-36* (4,5).
Results: Sociodemographic characteristics indicate that there are more male addicts, as well as female caregivers ($p< 0.001$). Psychoactive substance addicts belong to the age group ≤39 years, compared to caregivers who belong to the group older than 50 years ($p<0.001$). The marital status of the respondents showed that the largest percentage of patients were without a partner, while the same number of guardians were married ($p<0.001$). The socioeconomic status of the respondents showed a statistically significant difference in relation to the socioeconomic conditions of the patients and their caregivers. SF-36 domain scores in caregivers were similar to those in with addictive disorder, with the exception that 2 domains were significantly lower, related to physical functioning ($p < 0.001$) and bodily pain ($p = 0.003$). A greater number of patients report a better state of health compared to last year compared to caregivers who consider their health to be the same or worse in the mentioned period ($p<0.001$).
Conclusions: Assessment of the quality of life of persons addicted to psychoactive substances, as well as their caregivers, is an important

aspect of the therapeutic protocol in order to provide the necessary help and more successful treatment.

Disclosure of Interest: None Declared

Child and Adolescent Psychiatry

EPP623

The Association Between Internet Game Addiction and Social Anxiety Symptoms Among Adolescents in The Kingdom of Saudi Arabia

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Introduction: Internet gaming addiction (IGA) can have a significant impact on the characteristics of individual gamers, and may even be a contributing factor to the development of social anxiety symptoms. This study of adolescent Saudi Arabian Internet gamers examined the influences of Internet gaming time and probable Internet Gaming Disorders (IGDs). It investigated the association between Internet game addiction and social anxiety symptoms among them.
Objectives: The aim of this study was to investigate the association between internet game addiction and social anxiety symptoms among Saudi adolescents. Since very few researches examined the association between internet game addiction and psychiatric illnesses among Saudi youth, Our study focused on social anxiety symptoms which has not been done so far.
Methods: A cross-sectional, survey was conducted from March to June of 2023 among adolescents in the Saudi population. Probable Internet Game Addiction was measured by using the DSM-5 checklist and the Arabic version of the Social Phobia Inventory (SPIN) was used to evaluate social phobia or anxiety.
Results: A total of 764 participants were enrolled in the current study, majority of gaming addiction participants were 15-16 years old. There was a significant association between gender and gaming addiction (p-value ≤ 0.05). 86.6% of Saudis have been significantly associated with gaming addiction. The majority of the participants have moderate social phobia compared to severe social phobia. There was a significant association between social phobia and age (p-value ≤ 0.05). 34.9% of male participants have moderate social phobia and 24.6% of females have moderate social phobia. There was an insignificant association between social phobia and nationality. The participants with gaming addiction showed 37.2% had mild, 60.5% had moderate, 68.1% had severe and 79.5% had very severe social phobia. There was a significant association between Social Phobia and gaming Addiction (p-value≤0.05).
Conclusions: This study examines the association between video game addiction and social anxiety amongadolescents in Saudi Arabia. Despite its limitations of less sample size and small setting, the findings imply a significant correlation between IGA and these psychological concerns, particularly among male adolescents. Excessive video gaming use leads to higher levels of social anxiety. Future research should adopt experimental or longitudinal designs to establish causal relationships and consider the potential reciprocal nature of the association. Mental health educators and practitioners should be mindful of the adverse impacts of excessive video gaming, with a specific focus on male adolescents who might be more susceptible to heightened social anxiety.
Disclosure of Interest: B. Alsubaie Employee of: General physician in psychiatry department. Declare no conflict of interest, N. Alhujaili Consultant of: Psychiatry. Declare no conflict of Interest, S. Alzahrani Employee of: General physician. Declare no conflict of interest, F. Aljahdali Employee of: Medical Intern. Declare no conflict of interest, W. Alghamdi Consultant of: Associate professor of psychiatry. Declare no conflict of interest, M. Almatrafi Consultant of: Psychiatry. Declare no conflict of Interest, A. Alghamdi Consultant of: Psychiatry. Declare no conflict of interest

EPP625

Circle of Security (COSP) Implementation in a Public Clinical Setting in Spain

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doi: 10.1192/j.eurpsy.2025.839

Introduction: Evidence shows that attachment insecurity and disorganization increase the risk of developing psychopathology. The Circle of Security-Parenting Intervention (COSP; Cooper, Hoffman & Powell 2009) is designed to enhance secure attachment between caregivers and children under six years old, based on decades of attachment research. This evidence-based program has been translated into 14 languages and is present in almost 30 countries. However, in Spain, it is not currently offered in the public system, despite having a public health, education, and social services system intended to provide universal coverage.
Our team works in a Child Psychiatry Consultation, where we evaluate toddlers when Autism Spectrum Disorder (ASD) is suspected by general pediatricians or schools. Over the years, we've found that many children do not have ASD but instead present attachment difficulties that the system does not currently support.
Objectives:
- To provide parents whose children present difficulties that don't meet the criteria for disorders receiving resources from the educational or social system with tools to help their children.
- To implement an intervention in a public clinical setting in Spain, specifically in a Child Psychiatry Consultation, that could help caregivers with attachment difficulties.

Methods: From the patients referred to our hospital for ASD evaluations, we identified seven parents whose children didn't meet the criteria for a neurodevelopmental disorder but presented attachment difficulties and could benefit from COSP.
We conducted a group with these parents, consisting of 90-minute sessions over eight weeks. The program provides caregivers with relationship tools, with each chapter building on the previous one. COSP uses visual support and offers participants opportunities to reflect and learn how to better understand and respond to both children's and caregivers' needs.
Results: Six of the seven caregivers who began the group completed it. The caregiver who didn't finish had to leave due to medical issues but requested to rejoin future sessions to complete all eight chapters.

In the satisfaction survey, participants gave the highest possible ratings. Some statements from participants included: "The group has been essential to understanding how I relate to my daughter," "I can now see relationships from a new perspective," and "COSP offers very useful tools."
All participants said they would recommend the program to other parents, stating COSP is something every caregiver should become familiar with.
Conclusions: This pilot group established an initial framework for providing parents who attend our medical consultation and present attachment problems with an intervention that meets their needs. Given the evidence that secure attachment is key to preventing psychopathology, interventions such as COSP should be more frequently offered.

Disclosure of Interest: None Declared

EPP626

Beyond Participation: Adolescents' Perspectives on Meaningful Engagement and Data Quality in Health Research

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Introduction: A lack of participation from representative populations, limited long-term engagement, and potentially inaccurate self-reported responses have compromised the validity of health research findings in adolescents. Despite positive trends in some areas of adolescent health, others—such as mental health—have alarmingly deteriorated, highlighting the continuous need for adolescent health research. Therefore, it is vital to explore barriers to meaningful participation of adolescents and the factors that contribute to decreased data quality.
Objectives: This study aimed to examine adolescents' preferences and concerns about participating in health research to inform strategies for improving their likelihood of participation, meaningful engagement, and the provision of accurate responses.
Methods: Nine focus groups were conducted at three secondary schools and two sixth form colleges in England to explore the perspectives of 46 adolescents aged 16 to 18 years. The constructivist grounded theory methodology was employed to develop a framework that offers insights into the mechanisms influencing young people's participation, engagement, and provision of accurate responses in health research.
Results: "Five categories emerged as underlying factors that contribute to adolescents' participation, meaningful engagement, and provision of accurate responses. Participants suggested that a (1) *Positive Relationship with Researchers* cultivates an atmosphere of (2) *Emotional Security*, which in turn minimises the potential influence of (3) *Others' Judgments*. If adolescents are given some (4) *Choice and Control* over research processes and the data they provide, they are more likely to feel secure, which encourages continued engagement and accurate responses. The combination of a *Positive Relationship with Researchers* and young people's *Choice and Control* over research processes allows them to perceive their participation as an (5) *Impactful Collaboration in Research Processes*, empowering them to participate and provide accurate answers, especially to questions about their personal life experiences."
Image 1:

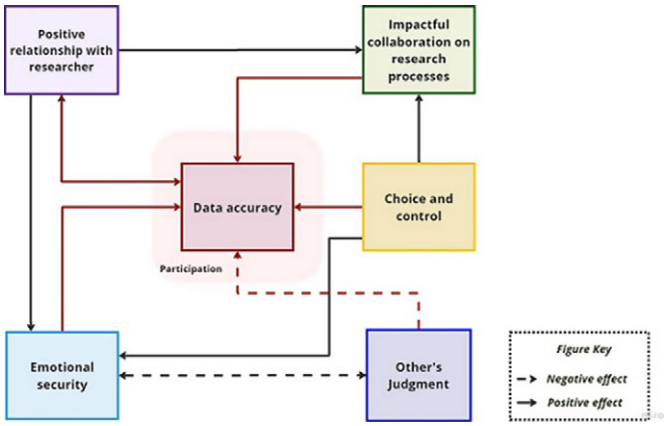
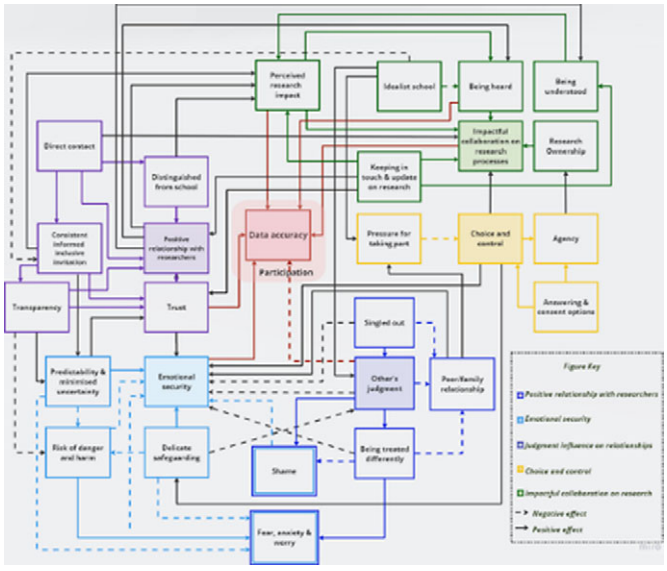


Image 2:



Conclusions: This study suggests that adolescent health research would improve by investing more in building positive relationships with young people. This can be achieved by offering them choice and control over study processes as much as feasible, as well as by highlighting the expected impacts of their participation. Given the concerns surrounding judgment and potential legal or safeguarding issues related to research participation, open and reassuring discussions about these aspects would support adolescents' emotional security throughout the research process. The current study recommends balancing attention between research processes and the emotional and relational aspects of adolescents' experiences of health research.

Disclosure of Interest: None Declared

EPP627

Prediction of Mental Health Problems Among Children Using Machine Learning Techniques

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Introduction: Developmental language delay in children is characterized by the qualitative and quantitative underdevelopment of vocabulary and insufficient expressive language skills. These delays frequently co-occur with mental health issues including the emotional and behavioral sphere difficulties and it may result in adaptation difficulties in school. A multifactorial etiology has been identified for developmental language delay, highlighting the necessity for early prediction and intervention tools. The early prediction of speech and language delays in children under one year of age can help to prevent complications of the existing impairments in future.
Objectives: To develop an algorithm of developmental language delay prediction in toddlers, based on anamnesis data.
Methods: The training dataset had been collected from anamnesis of 232 children aged 18 till 36 months. Signs of developmental language delay had been presented in 50% children; typical language development had been presented in the other half of the sample. The neural network architecture had been developed using the Python 3.0 programming language and the Keras library. The compiled neural network had been trained on data which represented anamnesis of children under 1 year old. 70% of the collected data array were used for neural network training, 30% were used for validation.
Results: The algorithm architecture consisted of direct propagation neural network of 5 Dense layers. A one-dimensional tensor of 58 values had been fed to the input of the network. At the output, the value of the probability of developmental language delay had been obtained. During 1000 of training iterations the accuracy of 95% had been achieved. Sensitivity and specificity of the model reached 95% and 100%, respectively.
Conclusions: For the first time in the world, a neural network model of predicting the developmental language delay in early age children had been developed. This model considers data of intrauterine period of development, as well as the life of a child up to 1 year. It may help to prevent severe mental disorders which are comorbid to speech disorders.

Disclosure of Interest: None Declared

EPP629

Gender-Specific Manifestations and Diagnostic Challenges of Autism Spectrum Disorder in Women: A Focused Study

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doi: 10.1192/j.eurpsy.2025.842

Introduction: Autism Spectrum Disorder (ASD) is often underdiagnosed in women due to gender-specific manifestations and the use of diagnostic criteria primarily based on male presentations. This underdiagnosis can lead to delayed or inadequate support and interventions for women with ASD. There is a growing recognition of the need for gender-sensitive diagnostic approaches to better identify and support women on the spectrum.
Objectives: This study aims to explore the unique manifestations of ASD in women, identify key diagnostic challenges, and propose recommendations for refining diagnostic criteria to improve accuracy and timeliness of diagnosis in female populations.
Methods: A mixed-methods approach was employed, combining quantitative data from standardized ASD diagnostic tools (e.g., ADOS-2, ADI-R) and qualitative data from in-depth interviews with 50 women diagnosed with ASD. Participants were recruited from clinical settings and ASD support groups. Data were analyzed using thematic analysis to identify gender-specific behavioral patterns and diagnostic challenges, while statistical analysis compared symptom presentation between male and female groups.
Results: Women with ASD exhibited distinct behavioral patterns, such as enhanced social masking abilities, higher levels of camouflaging, and differences in special interests compared to men. Table 1 highlights the frequency of common ASD symptoms in women vs. men, demonstrating significant differences in social communication ($p < 0.05$) and repetitive behaviors ($p < 0.01$). Table 2 illustrates the discrepancy in diagnostic ages between genders, with women receiving a diagnosis on average 5 years later than men. Table 3 outlines the diagnostic tools used and their respective sensitivity rates for female ASD presentation. Figure 1 visually represents the comparative analysis of symptom profiles by gender, showing a higher prevalence of internalizing symptoms in women.
Conclusions: The study confirms that ASD in women often presents differently, leading to significant diagnostic delays and underdiagnosis. Gender-specific manifestations, such as social masking and camouflaging, challenge the current diagnostic criteria, which are largely based on male-centric data. To improve the diagnosis and care of women with ASD, it is crucial to adapt existing diagnostic tools to account for these gender differences and develop new guidelines that reflect a broader spectrum of presentations.

Disclosure of Interest: None Declared

EPP630

Use of attention deficit hyperactivity disorder medication among Danish children and adolescents from 2010-2020

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doi: 10.1192/j.eurpsy.2025.843

Introduction: To ensure rational drug use, there is a need to continously monitor the use of medication for attention deficit hyperactivity disorder (ADHD) among children and adolescents.
Objectives: The aim was to describe the use of ADHD medication among Danish children and adolescents.
Methods: We used data on filled prescriptions of ADHD medication to Danes aged 5-17 years between 2010 and 2020. We calculated the incidence rate, and prevalence proportion, and described treatment duration, age at initiation, prescriber type, and concurrent use of psychotropic medication. Analyses were stratified by age and sex.
Results: The incidence rate of ADHD medication use followed a u-shaped pattern among boys from 2010-2020. This was most pronounced for boys 10-13-years old, with an incidence rate of 0.62 per 100 person-years in 2010, decreasing to 0.35 in 2013, and rising to 0.59 in 2020. The incidence rate among girls increased continuously from 2010 to 2020. The prevalence proportion increased in girls from 0.65% in 2010 to 1.04% in 2020 and in boys from 2.22% in 2013 to 2.65% in 2020. Girls started ADHD medication later than boys (median age 13 vs 11). Child- and adolescent psychiatrists issued 90% of initial prescriptions in 2010 with an increasing proportion over time. Sixty-four percent of 5-9-year-olds and 43% of 10-13-year-olds were covered by an ADHD prescription after five years compared to 27% of 14-17-year-olds. Approximately 20% users in 2020 had concurrent use of other psychotropic medication.
Conclusions: Use of ADHD medication increased in Denmark from 2010-2020. The steady increase in use among girls likely reflect an increased awareness of ADHD in girls. However, the delayed treatment onset in girls should be a focus of attention.

Disclosure of Interest: None Declared

EPP631

Victimization in Youth with Autism Spectrum Disorder in Tunisia: Prevalence and Associated Factors

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doi: 10.1192/j.eurpsy.2025.844

Introduction: Autism Spectrum Disorder (ASD) is a neurodevelopmental disorder that attracts interest, fascination, and controversy. Due to their developmental characteristics that hinder autonomy and socialization, children with ASD appear to be vulnerable and prone to victimization. Indeed, victimization has severe consequences for these children, who face risks of rejection and stigmatization. However, research on this phenomenon in Tunisia is still limited, highlighting a significant gap in the current knowledge base.
Objectives: Our study aimed to determine the prevalence of victimization among children and adolescents with ASD consulting at the Regional Rehabilitation Unit of Monastir- Tunisia and identify the associated factors.
Methods: This is a cross-sectional analytical study. It included children and adolescents with ASD aged between 5 and 18 years consulting at the Regional Rehabilitation Unit in Monastir during the year 2023. Sociodemographic and clinical data of the children were collected using a pre-established form created by the working group. We used the Juvenile Victimization Questionnaire ScreenerSumVersion (JVQ-SSV) to assesse childhood victimization and major forms of aggression against youth.
Results: Our study included 74 participants, demonstrating a male predominance with a sex ratio of 6.4. The average age of the patients was 9 years, ranging from 6 to 14 years.The main results of our study showed that participants with ASD are particularly vulnerable to victimization, with 77% having experienced at least one victimizing event in their lifetime and nearly 69% in the past year. The most commonly reported victimization events included bullying (56.7%), peer or sibling aggression (50%)… Our results revealed that 56.2% of these incidents occurred at school. Additionally, nearly 46% of children with ASD were reported by their parents to be perpetrators of victimization towards other. Univariate analysis identified significant factors associated with victimization, including the parent's age, attendance at specialized education centers, and being a perpetrator of victimization.
Conclusions: The social inclusion of children with ASD, though crucial, remains fragile amid widespread victimization in both school and family environments. The concerning repercussions of these experiences necessitate focused efforts to develop and implement strategies that safeguard and support these children. Addressing the multifaceted nature of victimization and promoting protective measures are essential for improving their well-being and fostering a more inclusive environment.

Disclosure of Interest: None Declared

EPP632

Can Executive Functions and Severity of Attention Deficit Hyperactivity Disorder Predict Symptom Levels of Developmental Coordination Disorder in Children with Attention Deficit Hyperactivity Disorder? a Preliminary Study

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doi: 10.1192/j.eurpsy.2025.845

Introduction: Attention Deficit Hyperactivity Disorder (ADHD) is a childhood-onset disorder characterized by symptoms of attention deficit, hyperactivity and impulsivity, and executive functioning difficulties. Developmental Coordination Disorder (DCD) is a neurodevelopmental disorder that involves motor coordination problems with frequent difficulties in movements that most typically developing children can easily accomplish. The most common comorbidity accompanying DCD is ADHD. It has been reported that DCD frequently accompanies ADHD even if it is not at the diagnostic level and may cause loss of functionality in daily life. In this study, we aimed to investigate the relationship between DCD

symptoms and ADHD severity and executive functions in children and adolescents with ADHD without a diagnosis of DCD.
Objectives: The study sample consisted of children aged 7-15 years with ADHD who were evaluated in the outpatient clinic of the Department of Child and Adolescent Psychiatry at Selçuk University. Children with medical conditions requiring physical therapy, neurological disorders, DCD, tic disorders, movement disorders, autism spectrum disorder, and intellectual disability were excluded from the study.
Methods: The Turgay Disruptive Behavior Disorders Screening and Evaluation Scale based on DSM-IV was used to determine the severity of ADHD and the Stroop Test was used to evaluate executive functions. Revised Developmental Coordination Disorder Battery was applied for the symptoms of DCD. Ethics committee approval for the study was obtained from Selçuk University Faculty of Medicine Local Ethics Committee. (2024/411)
Results: 15 girls and 19 boys between the ages of 7-15 participated in the study. The mean age was 10.71±2.83 years. A significant correlation was found between patients' Turgay attention subscale (p:0.010), oppositional defiant subscale (p:0.027) and conduct disorders subscale (p:0.028) scores and DCD symptom levels. No correlation was found between Stroop test results and DCD symptom levels.
Conclusions: In this study, the relationship between ADHD severity, executive functions and symptoms of DCD in children and adolescents diagnosed with ADHD was examined. The findings indicate that ADHD severity and DCD symptoms may be related in individuals with ADHD without a diagnosis of DCD. This may indicate that in individuals diagnosed with ADHD, DCD symptoms may be related to ADHD severity rather than executive functions. The fact that the study was single centered and the sample size was small limits the generalizability of the findings. Studies with larger samples are needed.

Disclosure of Interest: None Declared

EPP634

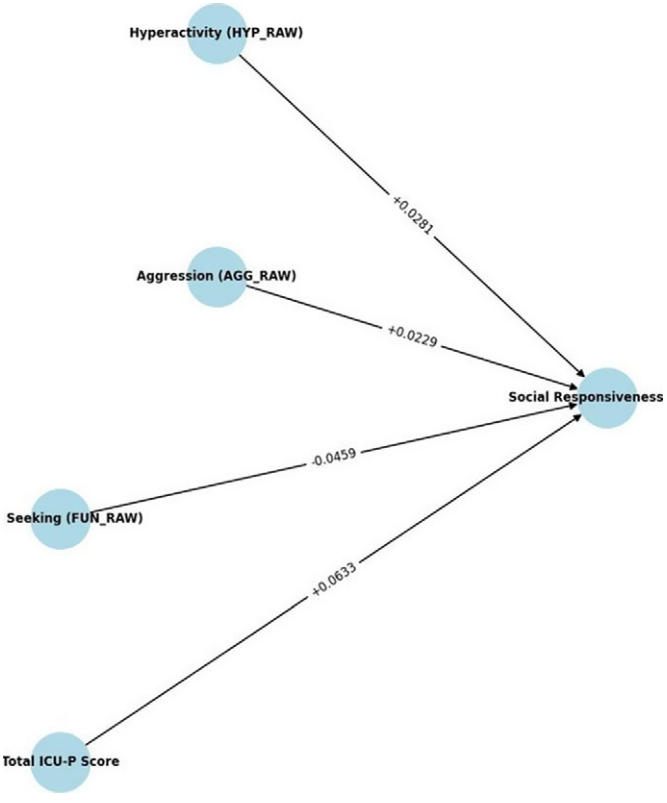
Family dynamics and adolescent behavioral disorders: Insights from the NKI Rockland Sample

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doi: 10.1192/j.eurpsy.2025.846

Introduction: Familial dynamics profoundly impact the behavioural development of adolescents. This study investigates the impact of family-related behaviours, such as hyperactivity, aggression, and callous-unemotional features, on social responsiveness and the propensity for behavioural disorders, offering essential insights for targeted interventions.
Objectives: The study aimed to: (1) examine the influence of hyperactivity, aggression, callous-unemotional traits(CU), and thrill-seeking behaviour on social responsiveness and behavioural disorders; (2) assess the predictive efficacy of various behavioural traits through structural equation modelling (SEM) and logistic regression; and (3) recommend practical interventions derived from these findings.
Methods: Data were obtained from adolescents 12 to 17 years participating in the enhanced Nathan Kline Institute Rockland Sample (NKI-RS), a continuous, institutionally focused initiative designed to establish a large-scale lifespan sample. Behavioural evaluations comprised the Behaviour Assessment System for Children (BASC), Social Responsiveness Scale (SRS), and Inventory of Callous-Unemotional Traits (ICU-P). Structural Equation Modelling (SEM) was utilised to investigate the intricate associations between behavioural characteristics and social responsiveness (Figure 1), whereas logistic regression was applied to forecast the probability of behavioural disorders (Figure 2).
Results: Structural Equation Modelling analysis indicated that CU traits were the most significant predictor of diminished social responsiveness ($\beta = 0.738$, $p < 0.001$), succeeded by hyperactivity ($\beta = 0.384$, $p = 0.069$) and agression ($\beta = 0.183$, $p = 0.038$). Engagement in fun-seeking behaviour demonstrated a protective effect ($\beta = -0.638$, $p = 0.001$). Logistic analysis indicated that elevated ICU-P scores heightened the probability of behavioural problems (OR = 2.09, $p < 0.001$), whereas fun-seeking behaviour diminished this probability (OR = 0.52, $p < 0.001$), yielding an AUC of 0.83 (Figure 3).

Image 1:



Conclusions: CU qualities represent the most significant risk factor for behavioural disorders, whereas a propensity for fun-seeking behaviour offers a protective effect. Practical implementation should focus on two main areas: (1) early screening for CU traits

and hyperactivity in family settings to identify at-risk adolescents, and (2) promoting adaptive fun-seeking activities that enhance social responsiveness and reduce behavioral risks. Family-oriented therapies that include good social activities and behavioural management can markedly diminish the risks associated with behavioural disorders.

Disclosure of Interest: None Declared

EPP637

Psychiatric Care for Children and Adolescents After the Onset of Type 1 Diabetes: Implementation of a Multidisciplinary Programme

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doi: 10.1192/j.eurpsy.2025.847

Introduction: Type 1 Diabetes Mellitus (T1DM) is a chronic autoimmune disease characterized by the destruction of insulin-producing beta cells in the pancreas. It commonly presents in childhood or adolescence. As one of the most prevalent chronic conditions in children, T1DM significantly affects the lives of patients and their families. In Western Europe, the incidence rate is 10-20 new cases per 100,000 individuals per year. T1DM requires structured insulin self-management, blood glucose monitoring, physical activity, and a healthy diet what can be challenging for children and adolescents. T1DM in children and adolescents is associated with various psychosocial problems, including a heightened risk of psychiatric disorders such as depression or anxiety, and problems with eating, alcohol use, or sleep. Effective management requires a multidisciplinary approach, involving psychiatric care to address mental health concerns and improve disease management.
Objectives: Here we present a novel programme that aims to address the integration of psychiatric care for children and adolescents with T1DM by facilitating early detection of mental health issues, enhancing education for patients, families, and healthcare providers, promoting multidisciplinary collaboration, and offering tailored treatment. We present preliminary outcomes of our programme.
Methods: Our programme at the Puerta de Hierro University Hospital involves comprehensive mental health assessments for paediatric T1DM patients. Paediatricians refer patients to Child Psychiatry after T1DM onset. The initial evaluation includes a clinical history, mental health background, risk factor assessment, and the completion of routine measures. Follow-up is scheduled based on the clinical presentation with a maximum treatment time of 12 months. Image 1 shows the flowchart with the referral and treatment process in our programme. Our multidisciplinary team consists of one child and adolescent psychiatrist, one clinical psychologist and one mental health nurse and we work collaboratively with paediatricians.
Results: From October 2023 to September 2024, we received 13 referrals (61.5% females) with a mean age of 10.4 years. Of those, 38.5% had a diagnosis of emotional disorder, 30.8% attention-deficit hyperactivity disorder, 7.7% conduct disorder, 15.4% required parenting support, and 15.4% required psychological support. Patients and families show high rates of improvement regarding their mental health problems and psychological adjustment and are satisfied with the care provided.

Image 1:

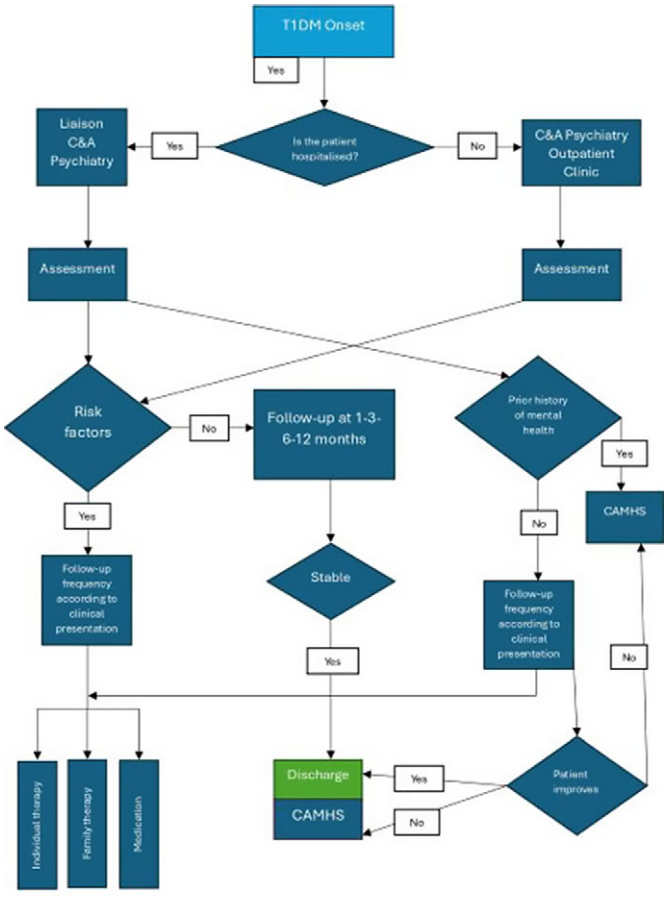


Figure 1. Flowchart of referral and treatment process.
CAMHS = Child and Adolescent Mental Health Service; C&A = Child and adolescent; T1DM = Type-1 Diabetes Mellitus

Conclusions: Early and effective psychiatric intervention is crucial in managing the complex needs of children and adolescents with T1DM. The implementation of this multidisciplinary programme is feasible, and it has shown promising results. In the future, a randomised controlled trial should be conducted to assess the effectiveness of this intervention.

Disclosure of Interest: None Declared

EPP638

Early-onset psychosis as a manifestation of Fahr's syndrome: a case report

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Introduction: Fahr's syndrome/disease is a rare neurological disorder characterized by calcification in brain areas such as the basal

ganglia, cerebellum, and subcortical white matter. The disorder may manifest with both neurological and psychiatric symptoms. Fahr's syndrome has a genetic basis and is inherited in an autosomal dominant manner. It may also develop as a result of injuries, carbon monoxide poisoning, or hormonal disturbances. If the calcification is idiopathic, the term Fahr's disease is used.
The neurological symptoms of the condition include motor disorders, delirium, and dementia. However, it may also manifest in psychiatric symptoms such as anxiety, obsessive-compulsive symptoms, cognitive decline, psychotic symptoms, and mood disorders. Available data indicate that the early onset of Fahr's syndrome symptoms is associated with a worse prognosis compared to the later onset.
Objectives: Our work aims to emphasize the necessity to look for/exclude the neurological basis of early forms of psychosis.
Methods: Herein, we present a case report of a thirteen-year-old patient hospitalized in the Department of Child and Adolescent Psychiatry in Poznań because of persistent psychotic symptoms. Due to severe headaches, episodes of vomiting, balance disorders, and hallucinations experienced before psychiatric hospitalization, the patient was referred to a neurological ward where imaging tests were performed revealing calcifications in both globi pallidi. Consequently, Fahr's syndrome was diagnosed.
During the patient's hospitalization in the Department of Child and Adolescent Psychiatry, her mother reported that the patient had exhibited aggressive and self-aggressive behavior. Moreover, the patient's school performance had been deteriorating for approximately two years before being admitted to the hospital. The girl described visual hallucinations (seeing figures) and auditory hallucinations (thought echo and hearing voices telling her to harm herself) that had been occurring for over a year. She expressed delusions of reference and delusions of thought insertion.
Interestingly, during the further diagnostic process, similar neurological changes as in the patient were found in her mother's brain. This was unexpected because it was the patient's father who was treated for schizophrenia (for formal reasons, it was not possible to check whether he also had neurological changes).
Results: The patient was diagnosed with both schizophrenia and Fahr's syndrome. Pharmacotherapy was implemented (olanzapine and then additional aripiprazole), and she was also provided with psychotherapeutic care. The implemented treatment has led to only partial improvement.
Conclusions: Further studies on Fahr's syndrome are needed to better understand the disease course across the lifespan. Neuroimaging seems essential in early-life psychosis to exclude possible neurological basis of the condition.

Disclosure of Interest: None Declared

Consultation Liaison Psychiatry and Psychosomatics

EPP639

Association between personality traits and medication adherence in people who live with type 2 diabetes and hypertension: A systematic review

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Introduction: Chronic diseases, such as type 2 diabetes and hypertension, are rapidly increasing worldwide. These conditions can have significant negative impacts on patients' daily lives.
Objectives: Our aim was to investigate the correlation between personality traits and medication adherence as part of self-care among individuals living with type 2 diabetes and hypertension.
Methods: We conducted a thorough and comprehensive literature search for published articles in PsycINFO, CINAHL, and PubMed from inception to September 2024, following PRISMA guidelines. The included studies were primary quantitative research conducted in English and focused on adults aged 18 and above, diagnosed with hypertension or type 2 diabetes mellitus.
Results: We identified a total of 41 studies that met our inclusion criteria, analyzing the relationship between personality traits and medication adherence. Specifically, 23 studies indicated that traits such as agreeableness were associated with improved medication adherence in individuals with type 2 diabetes, while traits such as extraversion and neuroticism were linked to reduced adherence. With regard to hypertension, 18 studies showed neuroticism was associated with decreased medication adherence, while extraversion was associated with increased medication adherence.
Conclusions: Personality traits play a crucial role in self-care, with one of its key aspects being adherence to medication in chronic conditions such as type 2 diabetes and hypertension.

Disclosure of Interest: None Declared

EPP640

Affective temperaments, anxiety, and depression as predictors of perioperative pain and analgesic requirements

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Introduction: Psychological factors, including personality and temperament show an association with various somatic conditions and may also influence perioperative analgesic requirements. Understanding the role of psychological factors could help personalise pain management, improving well-being of patients and reducing postoperative complications. Affective temperaments (AT) have previously been associated with course and characteristics of several somatic conditions, but have not been studied in this context.
Objectives: We aim to investigate the association between ATs and postoperative analgesic needs in a prospective study.
Methods: In our ongoing study we plan to enroll 350 women awaiting non-obsetrical, non-oncological gynecological surgery. Type of surgery and anesthesia are standardized. Psychological evaluation is carried out at three timepoints: 5 days preoperatively (ATs, anxiety, depression, pain catastrophizing)? 24 hours postop

(amount and quality of pain experienced, anxiety, depression, current pain catastrophizing); 7 days postop (same as before, plus length of stay and quality of life). Tools include TEMPS-A (ATs), STAI-S and T (anxiety), PHQ9 (depression), PCS (pain catastrophizing) and BPI (pain experience and QoL). Intraoperative vital parameters and opioid use are also observed, as well as the use of postoperative analgesic medications. Statistical associations between pain and psychological factors are analysed using MANOVA, regression, correlation and path analysis.
Results: Currently we are at 50% of our data collection (N=175). At this stage of our research we already have significant preliminary results. Apart from psychological factors, age has a negative predictive effect on pain experienced on day 1 ($p<0.001$, $st\beta=-0.327$, $R2=0.14$) and also predicts the effectiveness of painkillers on day 1 ($p=0.006$, $st\beta=0.036$). When controlled for age ATs also predict pain experienced on day 1: anxious scores predict amount of pain experienced ($p=0.049$, $st\beta=0.283$), whereas higher dysthymic scores predict smaller amount of pain experienced ($p=0.006$, $st\beta=-0.382$). Preoperative anxiety and pain expectations do not seem to predict pain, but pain expectations predict how pain effects overall mood (postop day 1 $p=0.002$, $st\beta=0.227$ and day 7 $p=0.035$, $st\beta=0.226$). Postop day 7 pain is less influenced by the investigated factors, but state anxiety on postop day 1 predicts postop pain on day 7 ($p=0.028$, $st\beta=0.251$).
Conclusions: Our study may help in clinical practice to identify patients who are likely to experience more postoperative pain. While age is a significant negative predictor of early and late postoperative pain, when controlling for age, ATs seem to be sensitive predictors of early postoperative pain experience, whereas other investigated factors have a less direct effect on pain experience. Further data analysis with more complex models is needed after data collection is finished.

Disclosure of Interest: None Declared

EPP642

Risk of Developing Major Mental Disorders in Hypertensive Patients: A Retrospective Observational Study Using the Common Data Model

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Introduction: Chronic medical conditions like hypertension may increase the risk of mental disorders such as anxiety and depression.
Objectives: This study aimed to investigate if hypertension is associated with a higher incidence of major mental disorders, including anxiety disorders, depressive disorders, bipolar disorders, psychotic disorders, sleep disorders, vascular dementia, and Alzheimer's dementia, compared to controls.
Methods: I analyzed standardized data from patients with hypertension (n = 48,466) and those without hypertension (n = 442,660) at a university hospital. Clinical data was standardized into a common data model. Using propensity score matching (PSM) at a 1:5 ratio, I compared the incidence of mental disorders between the hypertension and control groups over a 5-year period. A multivariate Cox proportional hazards model was used to estimate the risk of mental disorders, with hazard ratios (HR) and 95% confidence intervals (CI).
Results: After PSM, the hypertension group had a higher prevalence of being elderly (over 60 years old) and having conditions like diabetes, hyperlipidemia, atrial fibrillation, cerebrovascular disease, and heart disease compared to controls. The hypertension group also had significantly increased use of antithrombotic agents, beta-blockers, calcium channel blockers, diuretics, acid-related disorder drugs, diabetes medications, lipid-modifying agents, and opioids. The incidence rates per 1,000 patient-years for mental disorders were as follows: anxiety disorders (7.22 vs. 4.49), depressive disorders (8.51 vs. 5.47), bipolar disorders (1.13 vs. 0.91), psychotic disorders (0.18 vs. 0.22), sleep disorders (16.32 vs. 8.60), vascular dementia (0.77 vs. 0.14), and Alzheimer's dementia (9.29 vs. 2.53). Compared to controls, the hypertension group had a higher risk of developing vascular dementia (HR, 6.03; 95% CI, 4.34–8.44; $p<0.01$), Alzheimer's dementia (HR, 3.89; 95% CI, 3.56–4.24; $p<0.01$), sleep disorders (HR, 1.96; 95% CI, 1.85–2.07; $p<0.01$), anxiety disorders (HR, 1.69; 95% CI, 1.56–1.83; $p<0.01$), and depressive disorders (HR, 1.64; 95% CI, 1.52–1.76; $p<0.01$). There were no significant differences for bipolar disorders (HR, 1.17; 95% CI, 0.95–1.43; $p=0.12$) or psychotic disorders (HR, 0.85; 95% CI, 0.51–1.34; $p=0.50$).
Conclusions: Hypertensive patients have an increased risk of major mental disorders, particularly vascular dementia, Alzheimer's dementia, sleep disorders, anxiety disorders, and depressive disorders. Older age, age-related diseases, and various medication uses contribute to this increased risk.

Disclosure of Interest: None Declared

EPP643

Innovative Approaches to Addressing Addiction in Real-World Clinical Settings

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Introduction: Addiction is a complex condition affecting millions globally, involving behaviors from substance use to behavioral addictions like gambling disorder (GD). It frequently co-occurs with psychiatric disorders, such as bipolar disorder (BD) and bulimia, complicating treatment. Individuals with BD are six times more likely to develop GD, especially men. This presentation explores managing various forms of addiction across different populations.
Objectives:
1. Provide updated knowledge on addiction and its comorbidities.
2. Explore integrated treatment for co-occurring psychiatric disorders.
3. Highlight the role of cultural contexts in addiction treatment.
4. Equip clinicians with practical tools for comprehensive addiction care.

Methods: Four key areas of addiction management are discussed using case studies and comparative analysis:

1. Compulsive Sexual Behavior in Veterans: Examining compulsive sexual behavior as a PTSD symptom, diagnosis, and treatment approaches.

2. Polish Addiction Treatment Standards: A comparative analysis of Polish standards and recent reforms, and their impact on practice.
3. Dual Diagnosis: Alcohol Addiction and Bulimia: Case-based discussions on integrating treatment for co-occurring alcohol addiction and bulimia.
4. BD and GD Comorbidity: Reviewing pharmacological (e.g., lithium) and psychosocial interventions for BD-GD comorbidity.

Results:
1. Compulsive Sexual Behavior in Veterans: Tailored interventions improve outcomes for veterans.
2. Polish Addiction Standards: Reforms improve accessibility, but aligning with European standards for dual diagnosis remains challenging.
3. Dual Diagnosis: Integrated treatment for alcohol addiction and bulimia improves outcomes and reduces relapse rates.
4. BD and GD Comorbidity: Lithium and psychosocial interventions stabilize mood and reduce gambling, but more research is needed.

Conclusions: Innovative approaches to addiction management, particularly for co-occurring psychiatric disorders, improve clinical outcomes. Tailored interventions for veterans, analysis of treatment standards, and integrated strategies for dual diagnoses provide practical solutions for clinicians. Further research is needed to optimize treatments for BD-GD comorbidity.

Disclosure of Interest: None Declared

EPP644

Impact of Vortioxetine on Inflammatory Biomarkers and Quality of Life in Patients with Chronic Heart Failure and Comorbid Depression: A Comparative Analysis of CRP, TNF-α Levels, and Functional Outcomes

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Introduction: Chronic heart failure (CHF) is a progressive condition often accompanied by comorbid depression, which exacerbates the overall disease burden and worsens clinical outcomes. Inflammatory processes play a crucial role in the pathophysiology of both CHF and depression. Biomarkers such as C-reactive protein (CRP) and tumor necrosis factor-alpha (TNF-α) are known to be elevated in these conditions. Vortioxetine, a multimodal antidepressant, is recognized for its efficacy in treating depression, but its impact on inflammatory markers and heart failure outcomes remains underexplored.

Objectives:
1. To assess the impact of Vortioxetine on CRP levels in patients with CHF and comorbid depression.
2. To evaluate the effect of Vortioxetine on TNF-α levels in the same patient population.
3. To measure the improvements in quality of life and functional outcomes using the MLHFQ and KCCQ scales.
4. To determine the significance of the observed changes in both biomarker levels and functional outcomes.

Methods:
- Patients: A cohort of 30 patients with chronic heart failure and comorbid depression was selected. Baseline inflammatory biomarker levels and functional outcomes were recorded.
- Intervention: All patients were treated with Vortioxetine at a dose of 10 mg/day for six months.
- Biomarkers: CRP and TNF-α levels were measured before and after six months of treatment.
- Functional Outcomes: MLHFQ, and functional status was evaluated using the KCCQ. Both assessments were conducted before and after the treatment period.

Results: Biomarkers:
- CRP: Baseline CRP levels ranged from 2 mg/L to 256 mg/L, with a mean of [89mg/L]. After six months of treatment, CRP levels significantly decreased, ranging from [2mg/L], with a mean post-treatment CRP level of [10,2mg/L].
- TNF-α: Baseline TNF-α levels ranged from 0 pg/mL to 523 pg/mL, with a mean of [118pg/mL]. After treatment, TNF-α levels showed a significant reduction, with a range of [0pg/mL] and a mean post-treatment level of [18,9pg/mL].

Functional Outcomes:

- MLHFQ Scores: The mean MLHFQ score before treatment was [67], which improved by 54% after six months of Vortioxetine treatment.
- KCCQ Scores: The mean KCCQ score before treatment was [12], which improved by 46% after treatment.

Conclusions: Vortioxetine has demonstrated significant potential in treating both the mental and physical aspects of chronic heart failure and comorbid depression. The observed reductions in CRP and TNF-α levels, along with the notable improvements in MLHFQ and KCCQ. scores, highlight its ability to address both inflammatory processes and patient-reported outcomes. Further research is needed to explore the long-term effects of Vortioxetine in larger patient populations and to better understand the mechanisms underlying its anti-inflammatory properties.

Disclosure of Interest: None Declared

EPP645

The Impact of Childhood Trauma on Fatigue: Preliminary Results Highlighting Emotion Dysregulation as a Mediator in Multiple Sclerosis

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Introduction: Fatigue is one of the most significant factors impairing functionality in patients with multiple sclerosis (MS). Research has demonstrated that psychological factors, in addition to neurobiological ones, play a crucial role in fatigue among MS patients.

Previous research has demonstrated that emotional neglect and emotional abuse are associated with fatigue in patients with MS (Pust et al. Front Psychiatry 2020; 11:811). While the role of emotion dysregulation as a mediator between adverse childhood experiences and long-term effects of childhood trauma has been studied, this relationship has not been previously examined in patients with MS.
Objectives: This study aims to investigate the association between adverse childhood experiences and fatigue and to examine the mediating effect of emotion dysregulation in patients with MS.
Methods: Patients with MS followed in the Neurology Outpatient Clinic at Marmara University, who were evaluated during their clinical examination to be cognitively competent and without any physical disabilities that would prevent them from completing the forms, were included in the study. Adverse childhood experiences were assessed using the expanded version of the Childhood Trauma Questionnaire (CTQ-33), emotion dysregulation was measured by the 16-item Difficulties in Emotion Regulation Scale (DERS-16) and fatigue was evaluated using the Fatigue Severity Scale. The impact of CTQ subscale scores on fatigue and the mediating role of emotion dysregulation were analyzed using SPSS with Process Macro v4.2.
Results: A total of 119 patients completed the survey, with a mean age of 37.45 years, and 71.4% of the participants were women. Emotional abuse and emotional neglect were associated with fatigue in patients with MS. The effect of emotional abuse on fatigue was mediated by emotion dysregulation, with the total effect being 0.81 (95% CI [0.04, 1.58]), the direct effect -0.12 (95% CI [-0.86, 0.63]), and the indirect effect 0.93 (95% CI [0.50, 1.55]). Similarly, the relationship between emotional neglect and fatigue was also mediated by emotion dysregulation, with the total effect being 0.66 (95% CI [0.10, 1.22]), the direct effect -0.05 (95% CI [-0.60, 0.49]), and the indirect effect 0.71 (95% CI [0.39, 1.10]). These results indicate that emotion dysregulation fully mediates the effects of both emotional abuse and emotional neglect on fatigue in patients with MS.
Conclusions: Our findings indicate that the link between fatigue severity and emotional neglect or abuse in MS patients is fully mediated by difficulties in emotion regulation. Consequently, it is suggested that interventions aimed at enhancing emotion regulation strategies may potentially mitigate the effects of adverse childhood experiences on MS-related fatigue. Further research, especially focused on intervention strategies, is needed in this area.

Disclosure of Interest: None Declared

Depressive Disorders

EPP647

Unlocking Potential: The Re-emerging Role of Thyroid Hormone Therapy in Treatment-Resistant Depression

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Introduction: Treatment-resistant depression (TRD) poses a significant challenge in clinical psychiatry, affecting a substantial proportion of patients who do not respond adequately to standard antidepressant therapies. Recent studies have rekindled interest in thyroid hormone therapy as a potential augmentation strategy for enhancing treatment outcomes in both unipolar and bipolar depression. Thyroid hormones, particularly levothyroxine (LT4) and triiodothyronine (LT3), have been shown to influence mood regulation through their interactions with neurotransmitter systems, thereby offering a promising avenue for improving depressive symptoms in TRD patients.
Objectives: This study explores the potential of thyroid hormones, specifically levothyroxine (LT4) and triiodothyronine (LT3), to enhance treatment outcomes for patients who have not adequately responded to standard antidepressant therapies. It also synthesizes recent findings on the safety profile of thyroid hormone therapy and examines potential gender differences in treatment response.
Methods: A comprehensive review of the literature was conducted, focusing on studies published in the ten years that examined the role of thyroid hormones in TRD. Databases such as PubMed were searched for randomized controlled trials, meta-analyses, and observational studies that assessed the effects of LT3 and LT4 on depressive symptoms and treatment outcomes.
Results: The literature review shows that adjunctive triiodothyronine (T3) significantly enhances treatment response in treatment-resistant depression. A randomized trial found that 53% of patients on T3 had a ≥50% improvement in depression scores after three weeks, compared to 19% for those on levothyroxine (LT4). While LT4 may benefit chronic cases, T3 is generally preferred for its superior efficacy. Thyroid hormone therapy also benefits bipolar depression, especially in rapid cycling patients. Functional imaging studies indicate that supraphysiologic LT4 can improve symptoms by modulating anterior limbic network activity. Some evidence suggests women may respond better than men. Overall, thyroid hormone therapy is well tolerated, with low incidences of adverse effects like tremor, anxiety, and palpitations. However, long-term efficacy remains mixed, with some studies showing no significant differences compared to placebo, and the safety of high-dose therapy is uncertain, highlighting the need for further research.
Conclusions: Thyroid hormone therapy, particularly LT3 and LT4, is a promising augmentation strategy for treatment-resistant unipolar and bipolar depression. While LT3 is noted for its rapid response, further research is needed to clarify its long-term safety and optimal dosing. These findings highlight the importance of considering thyroid therapy for patients who do not achieve satisfactory outcomes with conventional antidepressants.

Disclosure of Interest: None Declared

EPP648

Silexan reduces functional impairment in patients with a major depressive episode

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Introduction: In a multi-centre, double-blind, randomised, placebo- and reference-controlled clinical Phase III trial in patients with a mild to moderate major depressive episode, Silexan, a special essential oil from *Lavandula angustifolia,* demonstrated a clinically meaningful and statistically significant antidepressant effect (Kasper *et al.* Eur Arch Psychiatry Clin Neurosci 2024; Apr 1, Epub ahead of print). Patients with depression often experience functional impairment, i.e. in their ability to perform activities of daily

living, in their capacity to form and maintain interpersonal relationships, and in their work productivity.
Objectives: We present data from the trial to assess the impact of the symptoms of the depressive episode on the patient`s functional abilities in daily living.
Methods: Adult patients (≥18 years) suffering from a major depressive episode of mild to moderate severity according to ICD-10 were included. Further inclusion criterion was a total score of 19 – 34 points in the Montgomery-Åsberg-Depression Rating Scale (MADRS). Randomised patients took 80 mg Silexan, 50 mg Sertraline, or placebo once daily over 8 weeks. Functional impairment was assessed using the change of the Sheehan Disability Scale (SDS total score) between baseline and week 8, changes of each SDS single item "work" (item 1), "social life/leisure activities" (item 2), and "family life/home responsibilities" (item 3), as well as the number of lost (DL) and underproductive days (DU). The scientific questions if the active treatment groups are superior to placebo in improving functional impairment was investigated as secondary objectives, which were analysed descriptively using an analysis of covariance model with factors for treatment and centre and the baseline value as covariate.
Results: The full analysis set consisted of 498 patients. The changes of the SDS total score differed by 2.40 ($p<0.001$) points (adjusted mean difference) in favour of Silexan compared to placebo and by 0.82 ($p=0.267$) points in favour of Sertraline compared to placebo. The mean differences between Silexan and placebo were 0.98 points for item 1, 0.65 for item 2, and 0.78 for item 3 ($p<0.05$, each). Compared to placebo, both DL ($p=0.055$) and DU ($p=0.011$) occurred less frequently with Silexan. In the primary efficacy endpoint of the trial, the change of the MADRS total score, Silexan was significantly superior to placebo ($p<0.01$).
Conclusions: With Silexan treatment, patients with a major depressive episode coped better with work, social life, or family responsibilities and had fewer lost or underproductive days.

Disclosure of Interest: H.-P. Volz Consultant of: Lundbeck, Pfizer, Schwabe (Spitzner), Bayer, Janssen, neuraxpharm, AstraZeneca, S. Klement Employee of: Dr. Willmar Schwabe GmbH & Co. KG, E. Seifritz Grant / Research support from: Swiss National Science Foundation and University of Zürich, Consultant of: Lundbeck, Schwabe, Janssen, Otsuka, Mepha Pharma, Otsuka Pharma, Recordati, OM Pharma, Takeda, Sunovion Pharma and Angelini, S. Kasper Consultant of: Angelini, Biogen, Boehringer, Esai, Janssen, IQVIA, Mylan, Recordati, Rovi, Sage and Schwabe, Speakers bureau of: Angelini, Aspen Farmaceutica S.A., Biogen, Janssen, Recordati, Schwabe, Servier, Sothema, and Sun Pharma

EPP649

Top-line Results from ESCAPE-LTE: An Open-Label Extension Study to Assess Long-term Safety of Esketamine Nasal Spray in Treatment Resistant Depression

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Introduction: ESCAPE-LTE was a phase 4, long-term, open-label extension (OLE) study for patients (pts) with treatment resistant depression (TRD) who were continuing esketamine nasal spray (ESK-NS) treatment following ESCAPE-TRD. ESCAPE-TRD was a randomised, phase IIIb trial comparing the efficacy and safety of ESK-NS versus quetiapine extended release (Q-XR), when both were flexibly dosed alongside an ongoing selective serotonin/serotonin-norepinephrine reuptake inhibitor (SSRI/SNRI), in pts with TRD. The study demonstrated that ESK-NS significantly increased the probability of achieving remission at Week 8, and of being relapse-free through Week 32 after remission at Week 8, versus Q-XR (Reif *et al.* NEJM 2023; 389 1298–309).
Objectives: To assess the long-term safety, tolerability and efficacy of ESK-NS alongside an SSRI/SNRI in pts with TRD. Here, the study design of ESCAPE-LTE is described; top-line results will be reported in the poster.
Methods: ESCAPE-LTE was a single-arm, 2-year OLE to ESCAPE-TRD in 14 countries. Pts eligible for ESCAPE-LTE were those who completed ESK-NS treatment in combination with an SSRI/SNRI in ESCAPE-TRD through to the end of the study (Week 32), continued to benefit from the ESK-NS treatment regimen and for whom commercial ESK-NS was not accessible in their country. The starting dose of ESK-NS was based on the pts' dose (28 mg [≥65 years and adults of Japanese ancestry], 56 mg or 84 mg) and frequency (weekly or biweekly) at completion of the maintenance phase (Week 32) of ESCAPE-TRD. Investigators were able to change the dose and frequency within label recommendations during the OLE based on clinical judgment.
The primary objective was to assess the long-term safety and tolerability of ESK-NS. The secondary objective was to assess the long-term efficacy of ESK-NS based on the proportion of pts being relapse-free at Week 104 (or end-of-study).
The primary endpoints were the number of pts who developed treatment-emergent adverse events, and suicidal ideation and behaviour, assessed by the Columbia-Suicide Severity Rating Scale (C-SSRS). Safety assessments also included body weight and vital sign measurements and clinical laboratory tests. The secondary endpoint was no relapse until the end of the prospective observation at Week 104 (or end-of-study); relapse was defined as a worsening of depressive symptoms as indicated by a total Montgomery-Åsberg Depression Rating Scale (MADRS) score of ≥22 at two consecutive assessments; hospitalisation for worsening depression, suicide prevention or attempt; or any other event assessed by the investigator to be indicative of relapse.
Results: 183 pts were enrolled in the ESCAPE-LTE. Top-line study results will be reported in the poster.

Conclusions: Results from the ESCAPE-LTE will provide evidence for the long-term safety, tolerability and efficacy of ESK-NS as a treatment for pts with TRD.

Disclosure of Interest: None Declared

EPP650

Male Depression – Are gender-related personality traits associated with the severity of depressive symptoms?

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Introduction: Higher prevalence & incidence rates of depressive disorder in women compared with men are among the recurring findings from epidemiologic & clinical studies. The literature suggests that this is not due to a lower need for treatment of depression in men. In the context of the concept 'male depression' (MD), it is often argued that men tend to have so called 'non-typical' depressive symptoms. These symptoms (such as aggressiveness, irritability, alcohol use, risk-taking & antisocial behavior) are rarely considered in the diagnosis of depressive disorders, which may lead to underdiagnosis. With regard to the occurrence of 'non-typical' depressive symptoms and the concept MD, the importance of masculine personality traits is often discussed. The topic of the session is the extent to which gender-related personality traits such as masculine, feminine, androgynous & undifferentiated are associated with the occurrence and severity of 'non-typical' and 'typical' depressive symptoms in women and men with a depressive disorder.
Objectives: The results of a study in a clinical setting will be presented. The aim of the study was to investigate whether above mentioned gender-related personality traits are associated with increased severity of depressive symptoms and whether there are differences between women & men.
Methods: Depressive symptoms (GMDS & BDI II) and gender-related personality traits (GEPAQ) were assessed in female & male patients (≥ 18 years) with an unipolar depressive disorder (ICD-10). Participants were recruited from inpatient settings & day clinics of specialized psychiatric-psychotherapeutic hospitals in Germany. The multicenter study with a cross-sectional design has been completed. Data from the clinical sample were analyzed using multiple linear regression analysis.
Results: Multiple linear regression analysis: criteria variable **GMDS** & predicting variable **GEPAQ** (**masculine** pt) b-coefficient women = -1.36 (n.s.) & b-coefficient **men** = **-1.48** ($p \leq .01$); criteria variable GMDS & predicting variable GEPAQ (feminin pt) b-coefficient women = .12 (n.s.) & b-coefficient men = .79 (n.s.); criteria variable **BDI II** & predicting variable **GEPAQ** (**masculine** pt) b-coefficient women = -1.72 (n.s.) & b-coefficient **men** = **-4.23** ($p \leq .01$); criteria variable BDI II & predicting variable GEPAQ (feminin pt) b-coefficient women = .95 (n.s.) & b-coefficient men = .-24 (n.s.)
Conclusions: Gender-related personality traits are associated with the occurrence and severity of 'non-typical' & 'typical' depressive symptoms. They should be considered in the diagnosis & treatment of depression. Gender differences have also been identified. In men, the expression of masculine personality traits does not lead to an increase in depressive symptoms, especially not in 'non-typical' depressive symptoms, as was originally thought. Based on these and other recent findings, the concept of MD can be critically discussed.

Disclosure of Interest: None Declared

EPP651

Retrograde autobiographical amnesia following electroconvulsive therapy in patients treated for depression - a mixed-methods systematic review with meta-analysis and thematic meta-synthesis

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Introduction: Electroconvulsive therapy (ECT) is a treatment received by approximately 1.4 million people worldwide annually, depressive disorder being the most prevalent indication. Retrograde autobiographical amnesia (RAA) refers to difficulties in retrieving memories of past events. Despite being the most commonly reported side effect of ECT, its nature, duration and impact on patients' lives remains uncertain.
Objectives: (1) Assessing RAA severity in patients treated with ECT for depression compared with other treatment methods. (2) Assessing RAA severity in patients treated with right unilateral (RUL) vs bilateral (BL) ECT for depression. (3) Assessing overall RAA severity (pre-post effect) following an acute course of ECT. (4) Summarising patients' lived experiences of RAA following ECT for depression.
Methods: This systematic review was registered prospectively with PROSPERO (CRD42024445105). Seven databases were searched for eligible articles. Quantitative and qualitative studies assessing RAA in patients treated with ECT for depression published since 1985 were included. Abstract, full-text screening and data extraction were done in duplicates and independently. Quantitative data were meta-analysed using random effects model and qualitative data were analysed using thematic meta-synthesis.
Results: Of initial 6126 records, 22 quantitaive and 20 qualitative studies were included. ECT caused significantly greater RAA compared with other treatments (SMD -0.73, 95% CI -1.31; -0.15, I2=54%, Figure 1). BL treatment caused significantly greater RAA than RUL (SMD -0.29, 95% CI -0.57; -0.01, I2=32%, Figure 2). The pre-post effects were big for RUL (SMD -0.77, 95% CI -1.15; -0.38, I2=93%, Figure 3) and BL ECT (SMD -1.16, 95% CI -1.79; -0.52, I2=93%). The main effect moderator was RAA assessment tool. Few studies reported delayed effects of ECT on RAA. Four analytical themes were identified from qualitative data: (1) Uncertainty regarding the cause, nature and severity of memory loss may cause distress for patients, undermine the quality of information provision and post-ECT care. (2) Ambiguous testimonies – perception of

memory loss often shaped by ECT effectiveness. (3) Returning to 'normal' daily life may be a challenging, frustrating and lonely process, which requires developing adaptive coping strategies. (4) Some memories may not come back for years; re-leaning facts about oneself and reshaping own identity may be important steps on the journey to recovery.

Image 1:

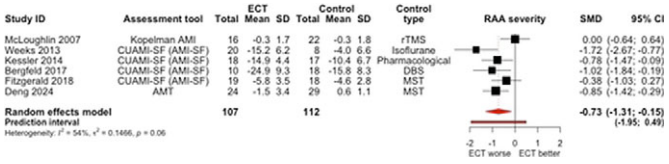


Image 2:

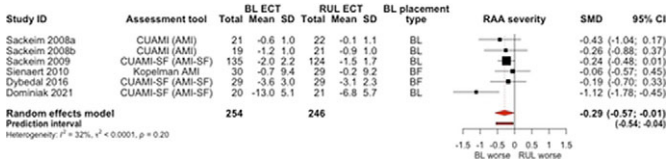
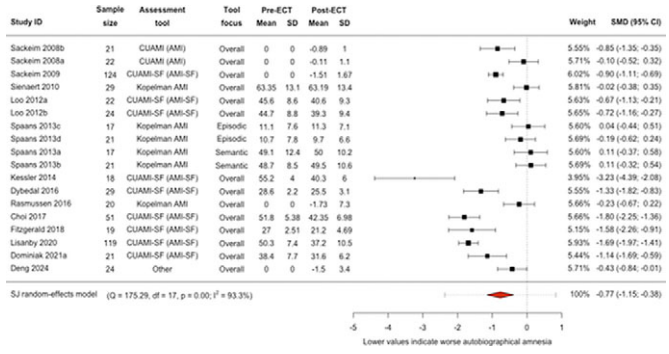


Image 3:



Conclusions: ECT causes more severe (sometimes long-lasting) RAA than other forms of treatment with BL being more harmful than RUL. RAA measurement is not unified hindering identifying technical aspects of ECT, which may impact memory loss. Information provision and post-ECT care could be improved by reducing uncertainty around the nature and severity of RAA.

Disclosure of Interest: None Declared

EPP653

Rebalancing Life: A "MOBILE" Model for Addressing Mood Instability and Occupational Challenges in MDD

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Introduction: Major Depressive Disorder (MDD) is one of the most well-known causes of disability worldwide. It is characterized by a persistent pattern of low mood, low self-esteem, and loss of interest and pleasure, leading to extensive functional impairment. Another characteristic is emotional dysregulation, leading to mood instability (MI), a frequent and intense fluctuations in emotions over time. MI affects the daily function of people with MDD. MI and daily function difficulties disrupt the ability to manage daily routine, causing impairment in occupational balance (OB) and affecting the resilience and quality of life (QoL) of people with MDD.

Objectives: A preliminary cross-sectional study was conducted to advance the understanding of MI and its relationships to daily function, OB, and QoL in people with MDD.

Methods: "MOBILE" Model Development: Data was collected using various assessments, utilized by Ecological Momentary Assessment (EMA), zooming in on real-life patterns of daily lives of people with MDD. Based on the research findings, a theoretical model, the **Mood-Occupation Balance Reciprocal Model (MOBILE),** was constructed, presenting the relationships between the variables.

Results: This presentation will showcase the research findings and the reciprocal relationships between study variables, which form the foundation for this model development.

Conclusions: The "Mobile" model addresses the two core components of depression - MI and functional impairment, and explores their relationships to QoL, OB, participation, and personal resilience in people with MDD. The model serves as a platform for building a personalized clinical intervention, which will be tested in further research.

Implications for Future Practice: Currently, most treatments offered for MDD combine pharmacological and psychosocial treatments. Yet, their efficacy in improving functional abilities is limited. The development of the current model, and subsequently the development of a clinical intervention, allows for the expansion of treatment options for people with MDD. In this way, it may assist in reducing the heavy burden of the disease, improve functioning, and prevent recurrence. Additionally, the use of EMA allows for the efficient and accurate collection of data, thereby extending the diagnostic and treatment processes from the clinic to everyday environments.

Disclosure of Interest: None Declared

EPP654

Outcomes with esketamine nasal spray in patients with or without earlier partial or full response: post hoc analyses of ESCAPE TRD

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Introduction: There are limited data to guide treatment continuation decisions for clinicians caring for patients with treatment resistant depression (TRD). Identifying the magnitude of early improvement (at Weeks 4 and 8) as a predictor of long-term outcomes for TRD can guide treatment continuation decisions.
Objectives: To evaluate the probability of achieving response or remission by Week 32 in patients with TRD after 4 or 8 weeks of esketamine nasal spray (ESK-NS) treatment, flexibly dosed in combination with an ongoing selective serotonin/serotonin-norepinephrine reuptake inhibitor (SSRI/SNRI).
Methods: ESCAPE-TRD was a randomised phase IIIb trial comparing the efficacy of ESK-NS versus quetiapine extended release, both in combination with an ongoing SSRI/SNRI, in patients with TRD (Reif *et al.* NEJM 2023; 389 1298–309). Remission was defined as a Montgomery-Åsberg Depression Rating Scale (MADRS) total score ≤10, and partial response and response as ≥25% and ≥50% improvements, respectively, in total MADRS score (or remission). Long-term outcomes were based on the best outcome on-treatment across 32 weeks (≥1 instance of response or remission) from earliest outcome endpoint onwards. Non-responder imputation (NRI) was applied after treatment discontinuations.
Results: 336 patients were randomised to ESK-NS; 334 received ≥1 dose. **Table 1** shows long-term outcomes following at least partial response, response or no partial response at Weeks 4 and 8. For example, among those who had at least a partial response at Week 4, 94.1% and 79.8% had response and remission by Week 32, respectively.

Image 1:

Table 1. Long-term outcomes following outcomes at Week 4 and 8

	Week 4			Week 8		
	No partial response N=98	At least partial response[a] N=238	Response N=120	No partial response N=78	At least partial response[a] N=258	Response N=174
% patients (N=336)	29.2	70.8	35.7	23.2	76.8	51.8
% response at any point by Week 32[b]	56.1	94.1	100.0[c]	29.5	95.7	100.0[c]
% remission at any point by Week 32[b]	39.8	79.8	93.3	19.2	81.0	89.7

[a]Week 4 and 8 at least partial response includes partial response, response and remission; [b]Percentages of patients achieving response or remission are relative to the percentage of patients achieving each outcome (no partial response, at least partial response or response); [c]By definition of "response/remission at any point by Week 32" these values are 100%.

Conclusions: This analysis demonstrated a relationship between short- and long-term outcomes. Presence of at least partial response at Week 4 led to more favourable outcomes by Week 32. Moreover, most patients with response by Week 4 achieved remission by Week 32. Continued symptom improvements were observed beyond the induction phase even in some patients with no partial response at Week 4.

Disclosure of Interest: None Declared

EPP655

Efficacy and safety of vortioxetine in cardiological patients

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Introduction: The most important conditions for the using of antidepressants in cardiological practice are good tolerability, minimal interaction with other drugs, and the absence of a toxic effect. All of the above qualities among antidepressants have a multimodal antidepressant – vortioxetine.
Objectives: Evaluation of the efficacy and safety of vortioxetine in the treatment of concomitant depressive disorders in cardiological patients.
Methods: 37 patients aged 45-66 years who were admitted for inpatient treatment at the Regional Clinical Cardiology Dispensary with a diagnosis of "coronary heart disease, Angina pectoris II-III FC" were examined. Upon the hospitalization, they were consulted by a psychiatrist. During the consultation, the patients were diagnosed with a Major depressive disorder, single episode, moderate (F 32.1 according to ICD – 10). Therapy of depressive disorder was carried out in average therapeutic doses with vortioxetine for 8 weeks. To evaluate the efficacy, scales and questionnaires were used: HADS, PDQ–20, CGI–C, SF–36. Statistical processing of the

material was carried out using a package of applied statistical programs: Excel, Word (version 2108).
Results: Analysis of the results of assessing the severity of depressive and anxiety manifestations on the HADS scale and the level of cognitive functioning using the PDQ questionnaire allowed us to state that at the end of 8 weeks of therapy with vortioxetine, 89% of patients showed significant clinical improvement. The positive dynamics of patients is confirmed by data on the CGI–C scale. The answers to the SF–36 questionnaire indicate an improvement in the life quality indicators. Statistically significant changes were observed in the parameters "Physical condition", "Mental health" and "Vital activity".
The tolerability of vortioxetine in all patients was good, side effects in 13.5% of the subjects in the form of dizziness, nausea and daytime drowsiness were reduced within 1 week.
There were no significant changes in the biochemical parameters of blood, coagulogram, electrolyte composition. When assessing the indicators of blood pressure, heart rate, there was a significant improvement in indicators by the end of the research. In 8 weeks, the frequency of angina attacks and arrhythmias significantly was decreased.
Conclusions: When prescribing vortioxetine to patients with cardiological pathology for 8 weeks, there was distinct positive dynamics both in terms of indicators of the cardiovascular system, and in the emotional sphere, cognitive and social functioning.

Disclosure of Interest: None Declared

EPP656

Depression in multiple sclerosis and associated factors

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Introduction: Multiple sclerosis (MS) is a chronic, immune-mediated disorder that affects the central nervous system, leading to a range of neurological impairments. Depression is a common comorbidity in MS, affecting up to 50% of patients over the course of the disease. This association not only worsens functional outcomes but also increases disability, reduces treatment adherence, and negatively impacts overall quality of life.
Objectives: The aim of this study is to assess the prevalence of depression in patients with MS and identify its associated factors.
Methods: A cross-sectional study was conducted in the neurology department of Razi University Hospital (Tunisia) between October 2023 and June 2024. Patients with a diagnosis of MS based on the 2017 McDonald criteria were recruited, excluding those with active disease relapses. Participants completed questionnaires covering sociodemographic data, medical history, clinical and radiological characteristicsand psychological symptoms. Disability was evaluated via the Expanded Disability Status Scale (EDSS). Depression, anxiety and stress were assessed using the DASS-21 scale. Insomnia was evaluated using the Pittsburgh Sleep Quality Index (PSQI). Data analysis was performed using SPSS version 26.
Results: A total of 83 patients with MS were recruited, with ages ranging from 19 to 66 years. The study population had a predominantly female sex ratio of 3.4. The majority of participants (75.9%) were from urban areas, and 74.7% had a university-level education. Moreover, 49.1% were married, and 60.2% were employed. Regarding medical history, 40.3% had a comorbid condition, and 30.1% had a psychiatric history. The mean age at disease onset was 26 ± 10 years. First-line treatments (interferon, glatiramer acetate, teriflunomide, dimethyl fumarate) were prescribed to 27.7% of patients. Second-line treatments (natalizumab, ocrelizumab, fingolimod) were prescribed to 69.9% of patients.
In our study, the prevalence of depression was 52.6% according to the DASS-21 scale. In our population, 24.1% had severe depression, 18.1% had moderate depression, and 10.4%. Depression was significantly associated with employment status (p=0.05), socioeconomic status (p=0.02), personal organic history (p=0.01), personal psychiatric history (p=0.02), the presence of more than 10 lesions on MRI (p=0.01), disability status measured by the EDSS score (p=0.03), as well as anxiety, insomnia, and stress (p<0.001).
Conclusions: The relationship between MS and depression is complex. Routine screening for depression during MS follow-ups is crucial. Effective management of mood disorders in MS patients can significantly improve their quality of life.

Disclosure of Interest: None Declared

EPP657

Outpatient Intravenous Ketamine Protocol for Psychiatric Care at the General Hospital of Corfu

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Introduction: Intravenous (IV) ketamine has garnered increasing attention as a rapid-acting treatment for severe psychiatric conditions such as major depressive disorder (MDD) and suicidal ideation, particularly in treatment-resistant cases. Unlike traditional antidepressants, which often take weeks to exhibit therapeutic effects, IV ketamine can provide relief within hours. While the nasal spray form of ketamine has been approved for clinical use, it remains costly and may not be accessible to all patients. Developing a standardized, cost-effective protocol for the outpatient administration of IV ketamine could enhance treatment accessibility while maintaining safety and efficacy.
Objectives: To develop and evaluate a protocol for the outpatient administration of IV ketamine that ensures patient safety, maximizes clinical effectiveness, and reduces costs compared to alternative ketamine formulations, while maintaining practical outpatient management without requiring inpatient monitoring.
Methods: This study enrolled 46 patients diagnosed with treatment-resistant MDD. Each patient received an initial IV ketamine infusion at a dose of 0.2 mg/kg, followed by 0.5 mg/kg in subsequent sessions, administered over 45 minutes in a 100 mL saline solution. Treatments were performed in an outpatient setting with close monitoring during the infusion and for one hour post-infusion. Symptom improvement was evaluated using standardized psychiatric assessment tools, such as the Montgomery-Åsberg Depression Rating Scale (MADRS) and the Hamilton Depression Rating Scale (HAM-D).

The protocol also outlined strategies for managing side effects, including transient dissociation, nausea, and hypertension.
Results: The outpatient ketamine protocol demonstrated rapid and significant symptom relief in the majority of patients, with most reporting improvement after the first or second session. Adverse effects were generally mild, with the most common being transient dissociation and elevated blood pressure, both of which resolved without requiring additional intervention. Importantly, the need for expensive inpatient care or nasal spray formulations was minimized, making the treatment more accessible. The cost savings compared to other ketamine delivery methods were notable, making this protocol a viable option for outpatient psychiatric care.
Conclusions: This study establishes that IV ketamine can be safely and effectively administered in an outpatient setting, offering rapid symptom relief for treatment-resistant MDD while minimizing side effects and reducing overall treatment costs. The protocol presents a practical, cost-effective alternative to more expensive ketamine formulations, providing a feasible solution for broader clinical use in psychiatric outpatient settings. Further research is recommended to validate these findings across larger patient populations and explore long-term outcomes.

Disclosure of Interest: None Declared

EPP658

Prevalence and Associated Risk Factors of Toxoplasma gondii IgG Antibodies in Patients Diagnosed with Depression from Western Romania: A Case–Control Study

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Introduction: Chronic toxoplasmosis has been reported to cause neuroinflammation in humans, linking it to neuropsychiatric disorders, including depression.
Objectives: To assess the prevalence of *Toxoplasma gondii* IgG antibodies in patients diagnosed with depression from Western Romania and compare the findings with a control group of healthy volunteers from the general population without any psychiatric disorders.
Methods: We included 230 participants, consisting of 115 psychiatric patients diagnosed with depression at the Psychiatric Clinic, County Emergency Hospital of Arad, Western Romania. These patients were matched by age and gender with a healthy control group of 115 volunteers. Clinical evaluations, a brief questionnaire to assess the risk factors, and laboratory tests were conducted, including serological testing for the presence of *Toxoplasma gondii* IgG antibodies.
Results: In both the study group and the control group the mean age was 52.96 ± 10.29 years and 72/115 (62.61 %) were female. A significantly higher seroprevalence of *Toxoplasma gondii* IgG antibodies was demonstrated in patients with depression when compared to healthy volunteers (p value <0.001). We noted a higher prevalence of *Toxoplasma gondii* IgG antibodies in depressive patients aged between 50-59 years (p value = 0.008) and 60-69 years (p value = 0.03) when compared to their counterparts from the control group. Females diagnosed with depression presented a significantly higher seroprevalence of *Toxoplasma gondii* IgG antibodies (p value <0.001) when compared to healthy female volunteers. No difference between the two groups was noted when we assessed the participants educational level, contact with the soil, consumption of undercooked meat and contact with cat feces.
Conclusions: The presence of *Toxoplasma gondii* IgG antibodies was significantly higher in depressive patients attending the Psychiatric Clinic in Arad County, Western Romania, when compared to healthy controls. Our findings suggest a potential link between chronic *Toxoplasma gondii* infection and depression.

Disclosure of Interest: None Declared

EPP660

State and Trait Characteristics Based on Affective Temperament in Patients with Major Depressive Disorder

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Introduction: Affective temperament is associated with various clinical characteristics in patients with mood disorders. However, little is known about clinical characteristics based on affective temperament specifically in patients diagnosed with major depressive disorder (MDD).
Objectives: This study aims to explore the impact of affective temperament on both the traits and states of individuals diagnosed with MDD.
Methods: This study consecutively recruited 247 outpatients, aged 18 to 49, presenting for their initial visit to a mood disorder clinic. Affective temperament was assessed using the Temperament Evaluation of the Memphis, Pisa, Paris and San Diego-Autoquestionnaire. A Z-score of 1 or higher on each affective temperament was defined as a dominant affective temperament. The patients completed various assessments, including the Patient Health Questionnaire-9, Generalized Anxiety Disorder-7, Seasonal Pattern Assessment Questionnaire, Alcohol Use Disorders Identification Test, Hypomania Checklist-32, Interpersonal Sensitivity Measure, and Depressive Symptom Index - Suicidality Subscale. Multiple linear regression analysis was conducted to identify the impact of affective temperament on both psychiatric states and trait characteristics.
Results: This study comprised 247 patients with a mean age of 29.34 ± 9.16, of whom 152 (61.5%) were female. Depressive (β = 0.247, p < 0.001) and irritable temperament (β = 0.138, p = 0.032) were positively associated with the severity of depressive symptoms, while hyperthymic temperament (β = -0.123, p = 0.041) showed a negative association. Furthermore, depressive (β = 0.246, p < 0.001), irritable (β = 0.195, p = 0.002) and cyclothymic temperament (β = 0.148, p = 0.018) were positively associated with the severity of anxiety symptoms. Cyclothymic (β = 0.211, p = 0.001) and anxious temperament (β = 0.136, p = 0.027) were positively correlated with seasonality. Hyperthymic temperament showed a positive correlation with harmful drinking patterns (β = 0.179, p = 0.006). Also, hyperthymic (β = 0.200, p = 0.002) and cyclothymic temperament (β = 0.140, p = 0.036)

were positively correlated with hypomanic features. Cyclothymic (β = 0.255, $p < 0.001$) and anxious temperament ($\beta = 0.173$, $p = 0.004$) were positively correlated with hypersensitivity to interpersonal rejection. Depressive temperament (β = 0.184, p = 0.004) was positively associated with the severity of suicidality.

Conclusions: Among patients with MDD, variations in psychiatric states and traits were observed based on the dominant affective temperaments. This suggests a correlation between affective temperaments and diverse psychopathological manifestations. Consequently, there appears to be a need for further research to elucidate the therapeutic implications associated with affective temperaments.

Disclosure of Interest: None Declared

EPP661

Esketamine in Treatment Resistant Depression: Acute Effects on Dissociation and Therapeutic Effects at the End of the Induction Period

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Introduction: Esketamine has been linked to dissociation, which was claimed to predict or not to predict antidepressant response. Speculations regarding predictivity were based on results obtained with the CADSS, a scale investigating dissociative symptoms, with higher scores indicating more symptoms.

Objectives: To investigate the effect of intranasal esketamine on dissociation and its subsequent influence on clinical response, we administered the CADSS 40 minutes after inhalation at the first esketamine administration and 40 minutes after the ninth inhalation and measured clinical response through the Clinical Global Impressions-Severity (CGI-S), the Young Mania Rating Scale (YMRS), the Montgomery-Åsberg Depression Rating Scale (MADRS), and the 24-item Brief Psychiatric Rating Scale (BPRS).

Methods: We included 61 adults (33 women and 28 men; age, mean, 52.69±11.80, range 20-73 years) with Thase & Rush (J Clin Psychiatry 1997;58 [Suppl 13]:23-29) treatment-resistant depression. All patients received intranasal esketamine spray and were assessed at the first and ninth administrations (one month after the first administration, i.e., the end of the induction period and the beginning of maintenance), at the day of the spray after 40 min with the CADSS and 1 month later with the CGI-S, the BPRS, the MADRS, and the YMRS.

Results: CADSS scores dropped from 6.59±7.42 40 min after the first administration to 3.12±4.41 40 minutes 1 month later (dropped by 3.48 points, 47.27% of baseline); t=3.15; p=0.0021. CGI-S scores dropped from 5.12±0.61 at baseline to 3.95±0.76 1 month later (t=9.32; p<0.00001). BPRS scores dropped from 51.85±11.55 at baseline to 41.21±10.64 after 1 month (t=5.29; p<0.00001). MADRS scores dropped from 34.29±7.89 at baseline to 22.61±9.07 after 1 month (t=7.59; p<0.00001). Responders (≥50% drop of MADRS from baseline) were 12 patients (19.67%), while remitters (MADRS score≤10) were 2 (3.28%). YMRS scores moved from 2.18±2.59 at baseline to 1.72±2.37 1 month later (t=1.02; p=0.309, n.s.), always in the normal range. Blood pressure 40 minutes after spray at the first administration was unchanged in 35 patients, increased in 16 (maximum by 20 mmHg), and decreased in 10 (maximum drop 20 mmHg). Contrary to previous claims, CADSS scores did not correlate at any time with scores on clinical scales or therapeutic response (Pearson's r from 0.232 with p=0.072 to 0.013 with p=0.918). As for side effects, 15 patients reported dissociation, 15 sedation, 8 vertigo, 8 dizziness, 6 confusion, 5 headache, 4 nausea/vomiting, and 0 hypertension.

Conclusions: Patients in our sample scored very low on the CADSS. At the end of the induction period, esketamine was associated with significant decreases in the severity of psychopathology.

Disclosure of Interest: None Declared

EPP662

Descriptive study on esketamine and ketamine treatment in real-world patients with a diagnosis of resistant depression

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Introduction: Depressive disorder is one of the health problems that carries the greatest burden of morbidity, with high prevalence and impact on people's quality of life. It also affects the family environment and contributes to the social and economic burden on health systems (World Health Organization, depression, 2023). Currently, the treatment of depression has limitations and there is a high frequency of patients who do not respond despite multiple trials of antidepressants. Up to two-thirds of patients diagnosed with depression do not achieve remission despite treatment, and 30% of patients are considered treatment-resistant, defined as a minimum of two failures to previous treatments, in adequate doses and duration (Gaynes et al., 2019). Recent innovations in the management provide promising opportunities to improve the symptomatology of these patients. New drugs such as ketamine and esketamine, which have glutamatergic neuromodulatory properties, are used under supervision for the treatment of patients with treatment-resistant depression (Vasiliu, 2023).

Objectives: The aim is to describe a sample of real-world patients with a diagnosis of resistant depression referred to esketamine/ketamine treatment. The individuals were being followed by psychiatrists of a public hospital in the city of Barcelona and were selected to start treatment indicated by the refractoriness and severity of the episode.

Methods: We used a database that collected multiple sociodemographic, clinical and treatment variables of 32 patients with refractory depression who were referred to treatment with esketamine/ketamine. SPSS software was used for data processing. All the patients in the group were followed up by psychiatry in a public hospital in the city of Barcelona during the period from July 2015 to September 2024.

Results: Of the 32 patients evaluated, 11 were male (34.4%) and 21 were female (65.6%). The mean age at the time of receiving ketamine/ketamine treatment was 53 years with a standard deviation of 10.7. Nearly 60% had a comorbid psychiatric diagnosis. Twenty-eight percent had undergone electroconvulsive therapy. The mean

number of previous episodes was 3.72 with a median of 2.5. Regarding the response to treatment we found that it was partial in 15 patients (46.9%) and complete remission could be obtained in 7 patients (21.9%), with no response to treatment in 10 of them (31.2%). In 5 patients the response was considered a late response.
Conclusions: In most of the patients a partial improvement was assessed as evidenced by a reduction in the Montgomery-Asberg Depression Rating Scale (MADRS). Few cases obtained a complete remission with treatment.
As limitations to the results, we can refer to the small sample size. However, we consider that the severity and chronicity of the episodes make the description of the response in a real world group seem of interest for future studies.

Disclosure of Interest: None Declared

Mental Health Care

EPP663

Accident-Related Stress in the Elderly: A Review of Current Trends and Implications for Mental Health

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Introduction: Accidents, whether minor or severe, can have significant psychological impacts, especially in elderly populations. Stress related to accidents often exacerbates pre-existing conditions or leads to new mental health challenges such as anxiety, depression, or post-traumatic stress disorder (PTSD). The psychological impact of accidents on elderly individuals is often compounded by physical frailty, social isolation, and diminished coping mechanisms. Following an accident, elderly individuals may face prolonged recovery periods, limited mobility, and a reduced sense of independence, all of which can heighten stress levels. Additionally, the fear of future accidents may lead to avoidance behaviors, further isolating them from social interactions and routine activities, thus exacerbating anxiety and depression. Pre-existing mental health conditions, such as mild cognitive impairment or chronic illness, can worsen under accident-related stress.
Objectives: This study aims to explore recent trends in understanding and addressing accident-related stress in elderly individuals, focusing on the psychological, social, and physiological factors contributing to their vulnerability. The primary objective of this study is to examine the psychological, social, and physiological factors that increase the vulnerability of elderly individuals to accident-related stress.
Methods: A mixed-methods approach was used, combining a systematic review of literature from 2015 to 2024 and interviews with mental health professionals. The sample consisted of 30 peer-reviewed studies and 25 elderly individuals aged 65 and above who had experienced accidents within the last year. Studies were selected based on relevance to accident-related stress in the elderly, with an emphasis on post-accident psychological outcomes and interventions.
Results: Results indicated that the elderly are more susceptible to prolonged stress responses following accidents due to physical fragility, social isolation, and reduced coping mechanisms. The review also highlighted an underutilization of mental health services in this demographic, despite the availability of stress-reduction programs. Furthermore, findings showed that older adults who participated in targeted mental health interventions, such as cognitive-behavioral therapy and peer support groups, experienced better outcomes in managing stress compared to those who did not.
Conclusions: In conclusion, accident-related stress in the elderly presents unique challenges that require specialized attention. Healthcare providers should prioritize early identification and tailored interventions to mitigate the long-term psychological effects of accidents in this vulnerable population.

Disclosure of Interest: None Declared

EPP665

Mental Health Protection Programme BOJE (Colours) for LGBTQIA+ people in Croatia – Empowering Resilience

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Introduction: The phenomenon of minority stress frequently emerges as a contributing factor to mental health discrepancies among sexual and gender minority people, manifesting in elevated rates of mental distress, anxiety, depression, suicidality and substance misuse (Plöderl et al. Int. Rev. Psychiatry 2015; 27 367-385, Russell et al. Annu Rev Clin Psychol. 2016; 12 465–487). Building on insights from previous research, the Mental Health Protection Programme BOJE (Colours) was launched to offer comprehensive support tailored to the needs of LGBTQIA + individuals within the Croatian public mental healthcare system.
Objectives: The presentation of the BOJE - Mental Health Protection Programme that aims to address minority stress to offer specialized support tailored to the unique needs of LGBTIQ+ individuals, fostering resilience and well-being.
Methods: In October 2023, a multidisciplinary team at the University Psychiatric Hospital Sveti Ivan in Zagreb, Croatia, formed a Mental Health Protection Programme BOJE which consists of a counseling center, an outpatient clinic and a three-month therapeutic and educational cycle for LGBTQIA+ users. Additionally, a platform was provided for training healthcare professionals in LGBTQIA+ affirmative practice. The goal is to offer support, create an inclusive, safe environment and raise awareness of LGBTQIA+ mental health needs.
Results: To date, 50 participants have been supported, with 50% identifying as TGD. We had approximately 574 procedures (counsellings, psychiatrist consultations and reviews and psychotherapies) and two cycles of closed-group workshops have been completed with a low dropout rate, and most participants rated the program as useful or very useful for their mental well-being.
Conclusions: Despite the recognition of the mental health disparities between sexual and gender minority people and the general population there is still limited availability of gender-affirming

mental and physical health services. The investigation of how affirming healthcare access influences resilience building among transgender and gender non-binary individuals highlighted the urgent need for additional interventions in public healthcare systems. Following this, a mental health program for LGBTQIA+ individuals was launched within the Croatian healthcare system to buffer the negative health effects of minority stress and improve mental health among sexual minorities and gender-diverse populations.

Disclosure of Interest: None Declared

EPP666

Unveiling Loneliness in Multiple Sclerosis: Insights from a Nationwide Cross-Sectional Study in Greece

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Introduction: Multiple sclerosis (MS) is a chronic and progressive inflammatory autoimmune disease of the central nervous system. Beyond physical symptoms, it can cause various socio-affective symptoms such as depression, anxiety, sleep disorders and loneliness, leading to a significant psychosocial burden.
Objectives: This study aimed to identify factors contributing to loneliness in MS patients and to examine its associations with psychological distress, stigma, and resilience.
Methods: We conducted a nationwide cross-sectional study of patients with MS from October 2022 to January 2023. Data were collected using an online questionnaire, which included sociodemographic information, disease characteristics, experiences of social stigma, psychological distress, coping strategies, and perceived social support. Validated tools used were the Stigma Scale of Chronic Illness (SSCI-8), Kessler Psychological Distress Scale (K10), Brief Resilient Coping Scale (BRCS), and UCLA Loneliness Scale.
Results: A total of 108 patients, 69.4% women, mean age 44.8 years, participated in the study. Higher loneliness scores were associated with greater psychological distress ($p<0.001$) and higher perceived stigma ($p<0.001$). Inversely, higher loneliness levels correlated with lower resilience ($p<0.001$). Patients living in small urban or rural areas reported higher levels of loneliness compared to those in large urban centers ($p=0.002$). Additionally, full-time employment ($p=0.032$) and better financial status ($p = 0.025$) were associated with reduced loneliness, while a family history of psychiatric illness was linked to higher loneliness ($p=0.043$).
Conclusions: This study reveals that loneliness is an important issue in MS patients and is associated with mental health problems, stigma and reduced coping resilience. Patients living in smaller urban areas, with poorer financial status, or a family history of psychiatric illness are particularly vulnerable. Addressing loneliness should be a priority in psychosocial interventions to improve quality of life. Future research with larger samples is recommended to confirm and extend these findings.

Disclosure of Interest: None Declared

EPP667

Recognition of Mental Illness among Primary Care Providers in Hungary: Strengths and Limitations

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Introduction: With 1 in every 8 people living with a mental disorder according to the World Health Organization, the need for appropriate identification and treatment of mental health conditions is paramount. As the majority of people with mental health problems seek help and receive their mental health care from primary care providers (PCPs), PCPs assume an important role in the identification of mental illness.
Objectives: This study examined mental health literacy and predictors of disorder recognition among primary care providers (PCPs) in Hungary.
Methods: Hungarian PCPs (n = 208) completed a survey assessing demographics, mental health stigma, and exposure to mental health. Participants read six vignettes describing obsessive-compulsive disorder (OCD) harm/aggression subtype (OCD-Aggression), OCD order/symmetry subtype (OCD-Order), generalized anxiety disorder (GAD), social anxiety disorder (SAD), panic disorder (PD), and major depressive disorder (MDD) and were asked to identify each condition and provide treatment referrals. Descriptive analyses were used to characterize disorder recognition rates, perceived disorder causes, and treatment referrals. Binary logistic regression analyses were conducted to examine the degree to which demographic characteristics, mental health stigma, and exposure to mental health predict accurate disorder recognition.
Results: Identification rates for each vignette were: OCD-Aggression (27.9%), OCD-Order (75.5%), SAD (34.1%), GAD (76.0%), PD (78.8%), and MDD (91.3%). First-choice treatment referrals were a psychiatrist for OCD-Aggression (63%), OCD-Order (53.8%), and MDD (46.6%), a psychologist/therapist for SAD (58.7%) and GAD (48.6%), and a PCP for PD (39.9%). Anxiolytics (e.g., benzodiazepines) were the most commonly recommended medication for the anxiety disorders. Mislabeling conditions was significantly associated with older age (for GAD, OCD-Aggression, PD and MDD), male gender (for GAD), greater mental health stigma (for OCD-Order), and not having a family member/friend with a mental health condition (for SAD).
Conclusions: Findings highlight strengths (e.g., depression recognition) and limitations (e.g., OCD-Aggression) in knowledge of mental health conditions among PCPs in Hungary. Our findings add to the literature by outlying potential intervention targets (e.g., increasing education on appropriate anxiolytic use) to improve mental health literacy in primary care. Future research should investigate the efficacy of psychoeducation interventions, particularly for

OCD and anxiety disorders, in improving the mental health literacy of PCPs in Hungary.

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EPP668

Associated factors of the quality of therapeutic alliance in people with severe mental illness: A systematic review

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Introduction: Given the high rates of disengagement of psychological and/or psychopharmacological treatment in individuals with severe mental illness (SMI), building a strong therapeutic alliance (TA) in treatment is crucial. Despite the awareness of a favorable role of the TA in mental health care for people with SMI, there is a paucity of research that contributes to the formulation of concrete guidelines for establishing a strong TA.
Objectives: This review aims to systematically synthesize existing literature of associated factors of the TA across six domains: client, mental health professionals (MHPs), clinical, social, care, and other. These include the views of clients with SMI, MHP, and independent raters of the TA.
Methods: Parallel literature searches in PsycInfo, Medline, and PubMed between 2000-2022 identified 2699 possible articles, of which n=53 met inclusion criteria.
Results: Associated factors of better client-rated TA were: high insight, secure attachment, higher outcome expectancy at baseline, specific personality traits, less internalized stigma, more therapists' empathy and frequent use of supportive techniques by MHP. MHP-rated and/or independent observer-rated TA was significantly related to: more insight, sex of client (female), MHP without anxious attachment, and less severe symptomatology of client.
Conclusions: Clinical symptom severity only affected TA when rated by MHP, but not when rated by clients. Attachment style affects the TA bidirectionally: clients' secure attachment to the MHPs may help modify maladaptive attachment patterns, and anxious/insecure attachment style from either client or MHP affects the TA negatively. Furthermore, having an early positive click with the client builds the foundation for a later stable and supportive relationship, making the client more likely to continue perceiving the alliance as positively as treatment progresses. It is therefore crucial to provide a warm and supporting environment from the start of treatment, where clients have the opportunity to overcome perceived (self-)stigma and develop a positive mindset towards outcome expectations. Focusing on supportive techniques like providing feedback or shared agenda setting instead on the clients clinical symptomatology solely might result in a more favorable perception of the TA. Notably, current TA measurements assume a one-on-one relationship between clients and MHP, while nowadays multiple MHPs are involved. We recommend re-evaluating the assessment of TA within SMI care.

Disclosure of Interest: None Declared

EPP669

People with unbearable psychiatric suffering and a chronic death wish: Who are they and what changes do they experience in the care and expertise centre Reakiro? A Belgian cross-sectional study

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Introduction: People with unbearable psychiatric suffering and a chronic death wish are a subgroup of patients with Severe and Persistent Mental Illness (SPMI; Moureau *et al.*, FiP 2023; 14:1094038). They suffer from at least one, but usually multiple psychiatric disorders, in a chronic course, resulting in severe limitations in psychosocial functioning (Woods *et al.*, CJP 2008; 53 725-736.). Their chronic death wish is rooted in their struggle with life and death and diminished perspective on the alleviation of their suffering. They are at risk for suicide and/or are eligible to request euthanasia as legislated in Belgium. Reakiro is a Belgian pilot project and a drop-in, care and expertise centre developing tailored mental healthcare for this target population in addition to continued care as usual.
Objectives: To describe psychological and existential characteristics, care needs, experienced changes and the correlations between these variables in 107 consecutive Reakiro patients who agreed to participate in this study.
Methods: The Beck Scale for Suicide Ideation (BSSI), Dutch Empowerment Scale (DES), Herth Hope Index (HHI), Meaning In Life Measure (MILM), Existential Concerns Questionnaire (ECQ), Outcome Questionnaire-45 (OQ-45) and the Change Questionnaire (CQ) were administered combined with an assessment of their life and death wish and of how they experience the care in Reakiro.
Results: The BSSI (M = 21.78, SD = 8.48), DES (M = 113.39, SD = 20.42), HHI (M = 24.15, SD = 5.40), MILM (M = 5.39, SD = 1.50), ECQ (M = 62.13, SD = 12.10) and OQ-45 (M = 98.93, SD = 20.50) show heightened levels of suicidality, existential anxiety and symptomatology and lowered levels of hope, meaning in life and empowerment, compared to other psychiatric and non-clinical samples. Longer trajectories in Reakiro were correlated with heightened hope and lowered symptomatology, but not with suicidality. The preliminary CQ-analysis revealed 31 participants reporting positive changes in their relation to life and death, to self and others and to hope and future; 8 participants reported negative changes in their relation to life and death.
Conclusions: The results depict a concrete profile of the severity of the suffering and suicidality in these patients. The mixed-methods design reveals a major group that does not report any change and

suffers greatly, but also a minor group that reports positive changes and even lowered suicidality. Clinical implications for psychiatric healthcare professionals will be discussed.

Disclosure of Interest: None Declared

Promotion of Mental Health

EPP672

Differences in stigmatizing attitudes towards people with mental illness between psychiatry trainees and Family Medicine trainees: A comparative study

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Introduction: Mental illness stigma continues to be a significant challenge in healthcare. Trainees in different medical fields may have varying levels of exposure and understanding, which can shape their attitudes towards patients with mental health conditions.
Objectives: To examine differences in stigmatizing attitudes towards people with mental illness between Family Medicine trainees and psychiatry trainees.
Methods: A comparative study was conducted. Psychiatry trainees affiliated with the faculties of medicine in Tunisia (n=120) and Family Medicine trainees affiliated with the faculty of medicine of Sousse (n=206) were invited to respond to a survey comprising the Attribution Questionnaire (AQ-27), a measure that evaluates nine stigma factors, blame, pity, anger, help, dangerousness, fear, segregation, avoidance, and coercion. Higher scores indicated more endorsed stigma. Self-report measures of affirming attitudes were also used, including the Self-Determination Scale (SDS), the Empowerment Scale (ES), and the Recovery Scale (RS). Higher scores represent enhanced views of these concepts.
Results: In total, 94 psychiatry trainees and 66 Family Medicine trainees responded to the survey, with respective response rates of 78% and 32%. The two groups were comparable in terms of age, gender, family and personal psychiatric histories.
Family Medicine trainees reported significantly higher AQ-27 total scores (p=.042). Additionally, they reported significantly higher scores for blame (p=.025), dangerousness (p=.006), fear (p=.048), and segregation (p=.005) stigma factors.
No significant differences between the two samples were found in avoidance (p=.525), coercion (p=.379), pity (p=.741) and help (p=.092).
Concerning affirming attitudes, there were no significant differences between the two groups in SDS (p=.148), RS (p=.552), and ES (p=.727) scores.
Conclusions: Results revealed that psychiatry trainees endorse less stigmatizing attitudes towards patients with mental illness, particularly regarding the dangerousness of these patients. Nevertheless, they still endorse negative attitudes regarding the concept of recovery and affirming attitudes towards patients with mental illness. Anti-stigma interventions should promote not only increased contact but also other strategies that will promote believing in recovery and social inclusion.

Disclosure of Interest: None Declared

EPP673

Promotion of emotional competence in nurses who cares people in end of life: a continuous improvement project for mental health nursing care

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Introduction: The constant contact with death and dying processes increases the risk of mental suffering in nurses. The evidence suggests the need for training programs in the area of promoting emotional competence that allow the management of emotions and consequently the improvement of care for people at the end of life.
Objectives: Capacitate a group of nurses to promote emotional competence towards end-of-life patients, through a specialized intervention in Mental Health and Psychiatric Nursing; and evaluate attitudes and coping with death and levels of emotional competence [and respective capabilities], pre and post-intervention.
Methods: A continuous quality of care improvement project was carried out based on the Deming cycle, with pre and post intervention evaluation. The following instruments were applied: Veiga-Branco Emotional Competence Scale - Reduced (EVCE-reduced); Scale for Assessment of the Profile of Attitudes about Death; and, Coping with Death Scale. The training program consisted of seven in-person sessions, in groups, with approximation to the principles of psychoeducational intervention and based on the cognitive-behavioural sequence.
Results: Eleven nurses participate in program. Most of respondents were female (90%) aged between 26 and 50 years (M=36±7.98). Regarding the coping with death scale, it was possible to observe in the factor "coping with one's own death", after application of the program, an overall average of 73.38 (SD=4.21), verifying statistically significant differences between the pre- and post-intervention ($Z=1.963$, $p< 0.05$). It was also possible to observe an increase in the global score of EVCE-reduced (M=170.01; SD=20.88), accompanied by a slight increase in capabilities: self-awareness (M=45.88; SD=4.64) and empathy (M=28.13; SD=3.44). Regarding the scale referring to the profile of attitudes towards death, there was an increase in the attitude of acceptance by approach (M=44.00; SD=12.22). On the contrary, there was a decrease in the fear attitude (M=24.63; SD=9.61), in the avoidance attitude (M=11.25; SD=4.49) and the attitude of acceptance as an escape (M=14.25; SD=4.50), compared to pre-intervention values.
Conclusions: Our findings indicate that there is an integration of death as a natural event and an integral part of life. On the other hand, adequate management of fear of death and a non-avoidance attitude contribute to more compassionate care, and therefore more centered on the person at the end of life. Besides, this study allow us to confirm the importance of training programs in socio-emotional regulation, as they focus on the mobilization of intra and

interpersonal resources, as well as the expressiveness of emotions in the face of one's own death and the death of others, enabling the development of deeper levels of introspection.

Disclosure of Interest: None Declared

EPP675

"Postnatal" Outpatient Program for Postpartum Women at the University Psychiatric Hospital Vrapce, Zagreb

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Introduction: Postpartum mental health challenges are common, with some women experiencing anxiety, depressive symptoms, or difficulties related to childcare and familial support. To address these issues, the University Psychiatric Hospital Vrapče in Zagreb, Croatia, launched the "Postnatal" outpatient program in 2023, offering structured support for women in the postpartum period.
Objectives: The objective of the program is to provide psychological support for women with children aged 0–2 years through a combination of online and in-person group therapy, to address postpartum mental health issues and provide a supportive environment.
Methods: The program is promoted through the clinic's website, social media, maternity hospitals, pediatric centers, and visiting nurse services. Women join the program through self-referral or on the recommendation of healthcare professionals. A team of three psychiatrists conduct an initial assessment, and approximately 80% of those evaluated are admitted into the program. The program comprises two 90-minute weekly sessions: an online educational workshop and an in-person group therapy session. Each cycle lasts for 8 weeks, followed by monthly 90-minute in-person group meetings.
Results: A total of 45 participants have completed the program so far. About 30% of participants met the clinical criteria for anxiety or depressive disorders, while there were two cases of postpartum psychosis. The majority reported non-specific concerns, such as tension, insomnia, fatigue, and emotional instability. Around 30% indicated a lack of support from their partners, and 10% had pre-existing psychological diagnoses (including OCD, borderline personality disorder, and anxiety-depressive disorder). Most participants were first-time mothers, with around 10% being second or third-time mothers. In the program, participants share experiences related to conception, pregnancy, maternity hospital stays, postpartum mental health changes, and the challenges of maternal care. Participation rates have been consistently high, with only one dropout. Post-program evaluations show a high level of satisfaction, with participants highlighting the group meetings and peer support as the most valuable aspects.
Conclusions: The "Postnatal" program has demonstrated positive outcomes in providing support to postpartum women. The combination of educational workshops and group therapy has been effective in addressing both clinical and non-specific postpartum challenges. Further cycles and long-term follow-ups are recommended to evaluate the program's sustained impact.

Disclosure of Interest: None Declared

Prevention of Mental Disorders

EPP676

Examining the impact of loneliness and resilience on mental health: Empirical evidence from a nationally representative sample of American college students

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Introduction: Mental health disorders, including anxiety and major depressive disorder, are highly prevalent among college students, often leading to significant impairments in academic functioning and psychosocial well-being. Loneliness, characterized as subjective distress arising from a perceived deficit in social connectivity, is frequently associated with the exacerbation of psychiatric symptoms. In contrast, psychological resilience, defined as the capacity to adaptively manage stress and adversity, is increasingly recognized as a key protective factor against the development of psychopathology.
Objectives: Despite understanding the roles of loneliness and resilience, their combined effects on mental health, specifically anxiety and depression, have not been fully explored in a large-scale, diverse population of college students in the United States. This study seeks to address this gap.
Methods: Using data from the 2023-2024 Healthy Mind Study (N=104,729), we employed logistic regression to assess the predictors of anxiety and depression, focusing on two key predictors: loneliness and resilience. Our models also controlled for other relevant factors, such as campus climate, financial stress, and sociodemographic control variables, including sex, race/ethnicity, and traditional student status. Analysis was conducted with a sample delimited to undergraduate students (n=22,927).
Results: Feeling lonely was positively related to moderate-to-severe depression ($\beta = 2$, $p < 0.001$) and moderate-to-severe anxiety ($\beta = 1.45$, $p < 0.001$). Resilience was a protective factor and was negatively associated with self-reported moderate-to-severe depression ($\beta = -1.54$, $p < 0.001$) and moderate-to-severe anxiety ($\beta = -1.54$, $p < 0.001$). The effect of loneliness and resilience on depression and anxiety remains consistent with the baseline models after controlling for campus climate, financial stress, and sociodemographic variables. High levels of financial stress and perceived poor campus climate were positively related to moderate-to-severe depression and anxiety. Finally, female, non-White, and non-traditional-aged students were less likely to exhibit moderate-to-severe depression and anxiety.
Conclusions: The findings highlight the importance of loneliness and resilience in shaping mental health outcomes among undergraduate college students. Loneliness was negatively associated with

the evaluated mental health burdens, while resilience emerged as a protective factor against these outcomes. Our findings underscore the importance of considering loneliness, resilience, financial stress, and campus climate as variables of interest when designing mental health interventions to improve academic performance and overall well-being among undergraduate college students.

Disclosure of Interest: None Declared

EPP677

Faster rhythmic auditory stimulation induced less severe movement abnormalities in people with psychotic-like experiences

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Introduction: People with psychotic-like experiences (PLE) have slow movements and uncontrolled movements, which are indicative of transition to psychotic disorders afterwards. Earlier research has reported that rhythmic auditory stimulation (RAS) is a promising therapeutic technique for movement abnormalities in people in the psychosis continuum. However, the small sample size was a major limitation in earlier research and restricted result generalizability.
Objectives: This study was to increase the sample size and examine if faster RAS induced faster movements and less uncontrolled movements at both hands in people with PLE.
Methods: A total of 55 right-handed people with PLE (age: 20.51 ±2.50 years; 28 females) and 55 age- and gender-matched right-handed healthy controls (age: 20.53±3.10 years; 24 females) were recruited. Participants used the index finger to perform the alternate touching task for each hand when the motion capture system recorded the movement procedure. They were required to follow each beat of RAS with the normal tempo (100% of the fastest movement tempo without RAS) and the fast tempo (110% of the fastest movement tempo), the order of which was counterbalanced, when performing the alternate touching task. Kinematic variables were calculated to reflect severity of slow movements and uncontrolled movements in participants.
Results: Two-way analysis of variance showed no interaction between groups and RAS in right-hand and left-hand kinematic values. People with PLE had slow movements at both hands and uncontrolled movements at the right hand. Faster RAS induced faster movements and less uncontrolled movements at both hands in people with PLE.
Conclusions: The major contribution of this study was to use a relatively large sample size to demonstrate effectiveness of faster RAS on inducing faster movements and less uncontrolled movements at both hands in people with PLE and thus increase result generalizability. Given that movement abnormalities are initial signs in the psychosis continuum and risk factors of transition to psychotic disorders, when healthcare practitioners design early intervention for movement problems in people with PLE, incorporating RAS in therapy is suggested.

Disclosure of Interest: None Declared

Promotion of Mental Health

EPP678

Associations of working experience as public health physicians allocated in the rural area and mental health in young general practitioners

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Introduction: Young general practitioners allocated in the rural area sustain the community healthcare frontline and endure the limited medical resources and social supports. Physician mental health could affect the quality of healthcare.
Objectives: We examined the association of work-related experience with mental health in young public health physicians in the rural area.
Methods: Study promotional document was posted on the Korean Association of Public Health Doctors (PHD) website (http://kaphd.org) on July 2023. Three-hundred PHD (among the total 1,256 PHD) completed a web-based self-reported questionnaire on demographics, working experiences, and mental health on a first-come, first-served basis. Adjusted odds ratios(aOR) of depression, anxiety, lower self-esteem, and distress for working experiences in PHD were calculated in the multivariable logistic regression model with the best fit combinations of significant explanatory variables ($P<0.05$) in univariate logistic regression.
Results: Distress, depression, anxiety, and lower self-esteem were reported by 39.7%, 25.3%, 11.3%, and 8.7% of the PHDs, respectively. Higher odds of worse mental health in PHD were associated with patient-physician conflicts at workplace, isolated residence from local facilities, and higher workload. Conversely, perceived expertise utilization and social connections with peers were related to the lower odds of worse mental health in PHD.
Conclusions: This study highlights the needs of governmental policy targeting the young general practitioners in rural area to enhance the expertise utilization and social connectedness, and to reduce the patient-physician conflict.

Disclosure of Interest: None Declared

Old Age Psychiatry

EPP681

Dementia with Lewy bodies: a review of disease-modifying therapies for α-synucleinopathies

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Introduction: Neurodegenerative disease prevalence is high in the elderly, as aged brains accumulate molecular and cellular damage.

Protein misfolding and aggregation are pathological processes underlying neurodegeneration, as seen in dementia. This coupled with oxidative stress, disrupted ubiquitin-proteosome system and neuroinflammation may contribute to neuronal damage. Lewy body dementia (LBD) collectively refers to Parkinson's disease (PD), Parkinson-disease dementia and dementia with Lewy bodies (DLB) (Delenclos, Moussaud, & McLean, 2017). It is characterised by Lewy body (LB) deposits in the CNS, predominantly compromised of misfolded α-synuclein protein. Disease-modifying therapy (DMT) targets underlying protein misfolding and promotes LB clearance.

Objectives:

- To review international trial data on DMT safety, tolerability and efficacy in DLB.
- To consider molecular basis for protein misfolding and DMT in DLB.

Methods: Two international registries (ClinicalTrials.gov; EU clinical trials register) were consulted to identify agents being tested in completed, ongoing and recruiting trials. Both databases were searched by disease "Lewy body dementia" or "LBD" or "alpha-synuclein pathology" and study type "interventional" for phase I-III trials. Trials solely investigating diagnostic biomarkers, approved symptomatic DLB treatment or PD without dementia symptoms were excluded from final analysis.

Results: 11 trials were found studying DMTs for DLB. 10 out of the 11 trials were in phase II and one in phase I. The main agents investigated were tyrosine-kinase inhibitors (TKIs), phosphodiesterase-9 inhibitors, β-adrenergic agonists, and β-GCase chaperones. Primary and secondary outcome measures were "safety/tolerability of agent", "changes in cognitive function" or "changes in serum/CSF α-synuclein". Results from a phase I trial demonstrated a 3.85 and 3.5-point increase in mini-mental state examination scores at 6 months with nilotinib doses 300mg and 150mg, respectively (Pagan *et al.,* 2016). Slight reduction was observed in CSF/plasma α-synuclein levels. Phase II trials for bosutinib versus placebo showed no significant difference in cognitive function (Pagan *et al.,* 2022). Ambroxol trials, a β-GCase enzyme enhancing inhibitory chaperone, remain in recruiting stages but have proven drug tolerability. Data on CSF biomarker changes in DLB was unavailable.

Conclusions: Current understanding of protein misfolding in α-synucleinopathies suggests that a single DMT may be insufficient in mixed pathology. Cocktail therapy targeting various misfolded proteins may be necessary for a cure. DMTs have limited use as most patients are diagnosed with advanced DLB. Sensitive diagnostic biomarkers with high specificity are required for accurate DLB diagnosis in the prodromal phase, a critical window for protein misfolding reversal with DMT. TKI cardiotoxicity may also limit clinical use of this DMT, especially in the elderly.

Disclosure of Interest: None Declared

EPP683

Elderly patients in psychiatry: Evolution and social challenges after a first hospitalization at an advanced age

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Introduction: Due to longer life expectancies, improvements in psychiatry, and reduced stigma about mental health in Tunisia, we are seeing more elderly people hospitalized for the first time in our department. Caring for this group presents both social and clinical challenges. While we are getting better at handling the clinical aspects, we often forget the social factors, which are crucial for the progress, follow-up, and mental well-being of older patients. These social issues can also lead to relapses or new mental health problems in this population.

Objectives: Determine the evolution of elderly patients hospitalized for the first time in the psychiatric department.

Methods: This is a retrospective study. We examined the records of all patients aged over 65 who were admitted to the Avicenne Psychiatric Department at Razi Hospital from September 2022 to September 2024.

Results: A total of 22 patients were identified, including 16 men and 6 women. The average age of these patients was 68 years, with ages ranging from 64 to 80 years. The majority came from an urban background (81%). The educational level of our patients was primary at 19%, an university level at 34% and a secondary school education at 47%. Among our patients, 13% are still professionally active and 57% retired. The socioeconomic level of our patients was affluent in 42%, average in 34%, and low in 24%. Within our patient population, 61% were married, 24% divorced, 10% were single and 4% widow or widower. 23% of our patients were living alone and 77% were living with one or more family members. Concerning the diagnosis, we observed mental confusion caused by an organic pathology in 9%, a purely neurological cause of the disorder in 14% (dementia in 10% and Parkinson's disease in 4%), a depressive episode in 31%, a manic episode within the context of bipolar disorder in 37%, and schizophrenia in 9%. During hospitalization, 27% of the patients experienced family rejection from their relatives. After leaving the hospital, a significant number of patients were lost to follow-up (63%), 22% had regular follow-up and 13% attended appointments irregularly.

Conclusions: This study shows that more elderly patients are being hospitalized for the first time in psychiatry. Many face social challenges, such as family rejection and losing contact after leaving the hospital.The creation of retirement homes and social support systems may be a solution to provide safe living and support for these patients, helping them stay healthy and connected after hospitalization.

Disclosure of Interest: None Declared

EPP685

The Effectiveness of Multi-Component Support Programs for Alzheimer's Caregivers on Burden: A Systematic Review and Meta-Analysis

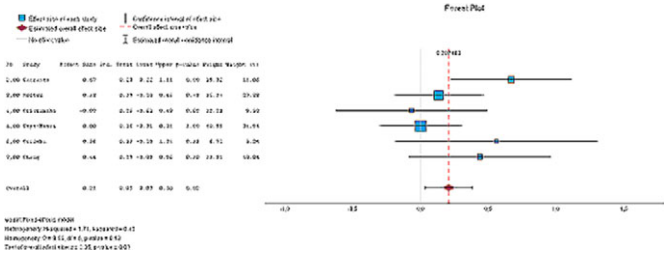
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Introduction: Alzheimer's disease, necessitates continuous, long-term care primarily provided by family members. As the disease progresses, caregivers experience increasing stress and burden. Research indicates that caregivers of Alzheimer's patients are at higher risk for depression, social isolation, and health problems. In order to help the caregivers, multi-component support programs, which integrate approaches such as education, psychoeducation, and social support, have shown more positive outcomes. However, systematic reviews and meta-analyses examining the impact of these programs remain limited.

Objectives: This systematic review and meta-analysis aimed to evaluate the effectiveness of multi-component support programs on the caregiver burden of individuals caring for Alzheimer's patients.
Methods: The research was conducted through searches in five databases (CENTRAL, CINAHL, PsycINFO, PubMed, WOS), focusing on randomized controlled trials that met the inclusion criteria. Two researchers independently evaluated the full texts, assessing risk of bias with the Cochrane 'Risk of Bias-2' tool and evidence quality using the GRADE tool. Participants included individuals aged 18 and older who were the primary caregivers for those diagnosed with Alzheimer's disease and had provided care for at least three months. The intervention included at least two types of support, such as skill training, education, counseling, or therapy. The primary outcome was caregiver burden.
Results: The review included 8 studies overall. Among the 1147 participants, only one study was web-based, while the other seven interventions were conducted face-to-face. The components of the interventions were mainly educational, supportive, and skill-building, with only one intervention including respite care. Overall risk of bias assessment recorded one study with high risk, four with unclear risk, and one with low risk. The effect sizes of the interventions were calculated based on the means and standard deviations of caregiver burden scores before and after the intervention, as well as follow-up measurements. The multi-component intervention programs were found to have an uncertain short-term effect (Cohen's d = 0.12; 95% CI: -0.06 - 0.29; p = 0.39) but were effective in the long term (Cohen's d = 0.21; 95% CI: 0.03 - 0.38; p = 0.02). The certainty of evidence for caregiver burden outcomes was determined to be low before the intervention and follow-up, and very low from pre-intervention to post-intervention measurements. The data is current as of 12/12/2023.

Image 1:



Conclusions: Multi-component support programs are effective in reducing caregiver burden for Alzheimer's caregivers in the long term; however, more high-quality studies are needed to confirm this effectiveness.

Disclosure of Interest: None Declared

EPP686

Sexuality in the Elderly: Challenges and Opportunities

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Introduction: Sexuality in the elderly has become an increasingly important topic in healthcare as the global population continues to age, raising new challenges and considerations related to the quality of life and well-being of older adults.
Objectives: This work aims to explore the barriers faced by the elderly regarding sexuality and propose strategies for promoting healthy and fulfilling sexuality at this stage of life.
Methods: A narrative review was employed on the topic, aiming to broadly and exploratorily understand the main aspects related to sexuality in the elderly population.
Results: Recent studies suggest that sexual activity can remain an important part of life for older individuals, positively influencing both mental and physical health. The main obstacles to healthy sexuality in old age can be broadly categorized into physiological, psychological, and sociocultural factors. **Physiological changes** include a natural decline in hormone levels, such as estrogen in women and testosterone in men, leading to reduced libido, vaginal dryness, and erectile dysfunction. Chronic illnesses like cardiovascular disease, diabetes, and arthritis, along with medications for these conditions, can further impact sexual function. **Psychological factors**, such as anxiety, depression, and reduced self-esteem due to aging-related body changes, also play a significant role in diminishing sexual desire and activity. **Sociocultural factors** include long-standing societal taboos around older adults and sexuality, which can lead to embarrassment, reluctance to discuss sexual health issues, and feelings of shame. Healthcare professionals can adopt several strategies to improve sexuality in aging such as o**pen communication.** Regular sexual health assessments should be integrated into routine care, including questions about sexual function, relationship satisfaction, and any challenges faced. **Medical interventions**, such as hormone replacement therapy or treatments for erectile dysfunction can address physiological barriers. **Psychosocial support** can improve communication, body image issues, and mental health factors like anxiety or depression that often accompany aging.
Conclusions: The approach to sexuality in the elderly should be multifaceted, integrating biopsychosocial perspectives, with an emphasis on promoting sexual education and providing appropriate treatments that address individual challenges. Healthcare professionals shouldadopt a welcoming and open attitude, encouraging dialogue on this topic to improve the quality of life of older adults.

Disclosure of Interest: None Declared

EPP687

Cluster analysis of aging and sexual well-being: Insights from Portuguese and Spanish older adults

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Introduction: Aging well in a cross-cultural perspective may encompass pertinent challenges in terms of adjustment, sexual well-being and satisfaction with life in the late years.
Objectives: Considering the paucity of empirical data concerning cultural diversity of experiencing aging, this study aims to help fill this gap by assessing the specific patterns of sexual satisfaction,

adjustment to aging (AtA), and life satisfaction with life (SwL) of older adults in Portugal and Spain.
Methods: This cross-national study included 443 older adults, aged 65 and older, from Portugal and Spain. Five instruments were applied: (a) Adjustment to Aging Scale (ATAS); (b) Satisfaction with Life Scale (SwLS); (c) New Sexual Satisfaction Scale - Short (NSSS-S); (d) Mini-Mental State Exam; and (e) Sociodemographic, health and lifestyle questionnaire. K-means cluster analysis was employed to identify and characterize the clusters considering adjustment to aging, sexual satisfaction and life satisfaction. One-way ANOVAs were conducted to analyze differences for sexual-well-being among clusters.
Results: Findings indicated three clusters, which explained 79.3% (*R-sq* = 0.793) of the total variance: Cluster #1: "Well Adapted" (*n* = 37, 8.8%), Cluster #2: "Struggling to Adapt" (*n* = 141, 31.8%), and Cluster #3: "Active Agers" (*n* = 265, 59.8%). Participants in Cluster #1 were mostly Portuguese, with high levels of AtA, sexual satisfaction, and SWL. Conversely, Cluster #2 integrated mostly Portuguese participants with moderate sexual satisfaction, and lower levels of AtA and SwL. Participants from Cluster #3 were mostly Spanish with moderate levels of AtA and reduced sexual satisfaction and SwL.
Conclusions: This study innovates by exploring the elaborate interplay among sexual satisfaction, AtA, and SwL in a cross-cultural perspective, with implications for tailoring interventions, service planning, development and evaluation of culturally-diverse older populations.
Keywords: Adjustment to aging; cluster analysis; older adults; satisfaction with life; sexual satisfaction.

Disclosure of Interest: None Declared

Psychosurgery and Stimulation Methods (ECT, TMS, VNS, DBS)

EPP688

Noninvasive Neuromodulation Therapies: The Cure For Depression?

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Introduction: Depressive disorder is a common mental disorder, with an estimated 3.8% of the population experiencing it. Despite the advent of new antidepressant medication, many patients presenting with Major Depressive Disorder (MDD) do not recover after multiple trials. Although the prevalence of treatment-resistant depression (TRD) is not clear due to the lack of a standard definition, its prevalence ranges from approximately 30 to 70 percent.
Objectives: Considering the high prevalence of treatment-resistant depression, this work aims to evaluate the effectiveness of alternative treatments, namely Noninvasive Neuromodulation Therapies in the treatment of MDD.
Methods: Non-systematic literature review, using Pubmed as database, with the keywords "depression treatment", "neuromodulation" and "noninvasive neuromodulation".
Results: We can divide non-invasive neuromodulation into convulsive therapies (CV) and therapies that do not involve inducing a seizure. Additionally, we can also divide them into clinically available therapies and others only available in investigational settings. Regarding clinically available CV, we have Electroconvulsive Therapy (ECT), the oldest neurostimulation procedure. Being heavily studied, ECT is superior to pharmacotherapy for MDD based upon meta-analyses of randomized trials and is generally considered the most efficacious treatment for depression, albeit recurrence following remission is common.
Other CV, but still in investigational stages, are Magnetic seizure therapy (MST) and Focal electrically administered seizure therapy (FEAST) both showing positive results in prospective studies and MST in a small head-to-head randomized trials with ECT, that showed a similar efficacy between these two therapies.
Other clinically available, but not convulsive therapies, are Repetitive Transcranial Magnetic Stimulation (rTMS) and Cranial Electrical Stimulation (CES). Meta-analyses of randomized trials indicate that rTMS is beneficial for treating TRD, being also approved by the FDA. In its turn, multiple reviews indicate that no high-quality studies have demonstrated that CES is efficacious for MDD or TRD.
Additional non-convulsive therapies, available in investigational settings, include Transcranial Direct Current Stimulation, Transcranial Low Voltage Pulsed Electromagnetic Fields, Trigeminal Nerve Stimulation, Low Field Magnetic Stimulation and Transcutaneous Vagus Nerve Stimulation, with all of them showing positive effects in the treatment of MDD or TRD, except for Low field magnetic stimulation.
Conclusions: With this review, we were able to verify that clinically available non-invasive neurodomulation therapies, such as ECT and rTMS, present robust results in the treatment of MDD and TRD, however, resistance to these therapies also exists.
Considering the positive results of multiple novelty therapies, these could be the solution to this scourge.

Disclosure of Interest: None Declared

EPP689

Comparative Analysis of Postictal Delirium Following ECT and Post-Anesthesia Delirium

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Introduction: Postictal delirium (PD) following Electroconvulsive Therapy (ECT) and Post-Anesthesia Delirium (PAD) are significant postoperative cognitive disturbances often encountered in the post-anesthesia care unit (PACU). While both manifest with cognitive impairments, their etiologies, clinical features, and management strategies differ. Recognizing these distinctions is essential to enhance patient care and outcomes, particularly in critical recovery settings where prompt recognition and intervention are paramount.
Objectives: This study compares delirium's onset, duration, and course following ECT-induced seizures and general anesthesia. It aims to elucidate the clinical features of PD and PAD and offer evidence-based recommendations for distinguishing and managing these conditions in the perioperative setting.

Methods: A comprehensive literature review was conducted, focusing on studies from 2000 to 2023 sourced from PubMed, MEDLINE, and Cochrane Library. Search terms included "postictal delirium," "Electroconvulsive Therapy," "post-anesthesia delirium," and "perioperative cognitive disorders." Key variables analyzed included onset, duration, cognitive and behavioral symptoms, associated risk factors, and treatment protocols for both conditions.
Results: The analysis revealed key differences between PD and PAD. PD generally presents immediately after ECT and resolves within minutes to hours, whereas PAD has variable onset, occurring immediately after surgery or several days later, with symptoms lasting hours to days. Cognitive symptoms also differ. PD is characterized by brief confusion and both anterograde and retrograde amnesia, while PAD presents with prolonged confusion, disorientation, and short-term memory impairment. Behaviorally, PD often involves repetitive, patterned, involuntary movements (stereotypies), such as hand flapping and rocking, whereas PAD is characterized by non-patterned agitation, including both voluntary and involuntary movements. PD typically includes fatigue and altered consciousness, while PAD may present with hallucinations, delusions, and significant sleep disturbances. Risk factors for these syndromes also vary. PD is linked to the intensity of the ECT stimulus and pre-existing neurological conditions, while PAD is influenced by factors such as patient age, type of surgery, anesthesia duration, and baseline cognitive status.
Conclusions: PD and PAD share clinical overlap, particularly in cognitive symptoms, but they differ in onset, duration, behavioral patterns, and associated risk factors. PD following ECT is typically brief and marked by stereotyped movements, while PAD presents with prolonged confusion and non-patterned agitation. Accurate differentiation between these conditions is crucial for appropriate diagnosis and management in the PACU setting. Further research is needed to uncover the underlying mechanisms and enhance therapeutic strategies for these syndromes.

Disclosure of Interest: None Declared

EPP690

Effect of intermittent theta-burst stimulation on chronobiological hypothalamic-pituitary-thyroid axis activity in resistant depressed patients

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Introduction: So far, the effects of intermittent theta-burst stimulation (iTBS) treatment—a form of repetitive transcranial magnetic stimulation (rTMS) technique—on the hypothalamic-pituitary-thyroid (HPT) axis activity are poorly understood. In depression, and especially in treatment resistant depressed patients (TRDs), this axis is often dysregulated. We have previously demonstrated that the difference between the 23:00 h and 08:00 h thyrotropin (TSH) response to protirelin (TRH) tests on the same day (ΔΔTSH test) is a very sensitive chronobiological index since it is reduced in about three quarters of major depressed inpatients.
Objectives: The present study aimed at assessing the effects of iTBS treatment applied to the left dorsolateral prefrontal cortex (LDPFC) in hospitalized TRDs (defined as having at least 2 treatment failures) with abnormal chronobiological HPT functioning at baseline (BL).
Methods: The ΔΔTSH test was performed in 18 TRDs and 18 matched healthy hospitalized control subjects (HCs). To be enrolled in this study, patients had to show at BL reduced ΔΔTSH values (i.e., < 2.5 mU/L) and a score of 18 or greater on the 17-item Hamilton Rating Scale for Depression (HAMD-17). All included TRDs were treated with antidepressants at the time of hospital admission. Drug dosages remained unchanged over the past month and kept stable throughout the course of iTBS. The ΔΔTSH test was repeated in all inpatients after 20 iTBS sessions (single daily session for 5 days of the week). Clinical response was defined as a reduction in HAMD-17 total score > 50% from BL and a final HAMD-17 score ≤ 8.
Results: Compared to HCs, ΔΔTSH values were lower in TRDs at BL ($p < 0.00001$ by U test). After 20 iTBS sessions, HAM-D scores decreased ($p = 0.001$ by T-test) and ΔΔ TSH values increased ($p = 0.01$ by T-test) compared to BL, although endpoint ΔΔTSH values remained lower than those of HCs ($p = 0.02$ by T-test). However, there was a relationship between the reduction in HAM-D scores from BL to endpoint and the increase in ΔΔTSH values (rho = - 0.54; $n = 18$; $p = 0.02$). At endpoint, 10 patients (55%) showed ΔΔTSH normalization (among them 8 [80%] were responders), while 8 patients (45%) did not normalize their ΔΔTSH (all were non-remitters) ($p = 0.001$ by Fisher Exact test).
Conclusions: Although the underlying mechanisms remain to be elucidated, the results of our present pilot study in TRDs suggest that successful iTBS treatment can restore a normal chronobiological activity of the HPT axis and vice versa.

Disclosure of Interest: None Declared

EPP693

ECT in Huntington's Psychosis - an unexplored therapeutic option

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Introduction: Huntington's disease (HD) is a progressive neurodegenerative disorder characterized by motor dysfunction, cognitive decline, and psychiatric symptoms. Among these psychiatric manifestations, psychosis occurs in a subset of patients, presenting significant challenges for both diagnosis and treatment. While pharmacological interventions, such as antipsychotics, are commonly used to manage psychosis in HD, they often come with limited efficacy and a high risk of adverse effects. Electroconvulsive therapy (ECT), traditionally employed in the treatment of severe mood disorders and treatment-resistant psychosis, has garnered minimal attention as a therapeutic option for psychosis associated with HD. This is proven by the absence of literature focusing specifically on the use of ECT for treatment of Huntington's Psychosis. This underexplored avenue holds potential, given ECT's neuroplastic and neurochemical effects, which may counteract the neurodegenerative processes seen in HD. Exploring the efficacy of ECT in HD-associated psychosis could not only provide symptom relief but also offer insights into the broader neuropsychiatric management of the disease.
Objectives: This review aims to highlight the therapeutic potential of ECT as a novel intervention in Huntington's psychosis, addressing the current gap in clinical research and therapeutic strategies.

Methods: A non-systematic review of the published literature using the PubMed/MEDLINE database with the MESH terms "huntington," "psychosis" and "ECT" was made. The articles were selected according to relevance.
Results: There were found 14 relevant publications that adress the use of ECT in HD. 11 of them were case reports and 3 were case series. Most of the studies show good results from the use of ECT in HD. There was improvement in several areas of the patient's mental state, namely depressive symptoms, irritability, psychotic symptoms and psychomotor agitation.
Few case studies reported worsening of the clinical picture, namely aggravation of the catatonic symptoms or cognitive impairment.
Conclusions: The limited but promising evidence from case reports and case series suggests that ECT may be an effective therapeutic intervention for addressing psychiatric symptoms, including psychosis, in patients with Huntington's disease. The majority of studies demonstrate positive outcomes. However, the findings are not universally positive, with a few reports noting potential worsening some symptoms. Given the complexity of managing psychiatric symptoms in HD, ECT presents itself as a valuable treatment option, particularly when pharmacological approaches prove ineffective or poorly tolerated. Nonetheless, the absence of larger, controlled studies on ECT for HD psychosis underscores the need for further research to validate its safety and efficacy.

Disclosure of Interest: None Declared

Schizophrenia and Other Psychotic Disorders

EPP696

Investigating the causal pathways among psychopathological variables, cognitive impairment, and real-life functioning in people with schizophrenia

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Introduction: The present study aimed to investigate the causal relationships among cognitive impairment, psychopathology, and real-life functioning in a large sample of people with schizophrenia, using a data-driven causal discovery procedure based on partial ancestral graphs (PAGs).
Objectives: This method may provide additional insights for identifying potential targets of therapeutic interventions to promote recovery in people with chronic schizophrenia.
Methods: State-of-the-art instruments were used to assess the study variables. Two PAGs were generated at baseline and after 4 years of follow-up to explain the nature of the causal relationships linking psychopathology, cognition, and functioning.
Results: The study sample was composed of 612 clinically stable patients with schizophrenia at baseline and 602 at follow-up. The PAGs suggested that working memory deficit is the first ancestor of the causal links, influencing all the other neurocognitive domains, social cognition, and functional capacity, which in turn affects everyday life functioning. From this domain of functioning a causal link is directed to disorganization and positive symptoms, and another to work skills and interpersonal relationships domains; the latter had a direct link to asociality and the other domains of negative symptoms. The structure of the PAGs did not differ significantly between baseline and follow-up, indicating the stability of the causal relationships.
Conclusions: The role of working memory deficits in the pathways to functional outcomes in schizophrenia highlights the importance of implementing integrated pharmacological and cognitive remediation interventions targeting neurocognition. The impact of everyday life and interpersonal functioning on the clinical presentation of schizophrenia suggests that integrated and personalized treatments, promoting relevant skills to improve these functional outcomes, may have a beneficial impact on clinical outcomes.

Disclosure of Interest: None Declared

EPP697

The association of antipsychotic treatment and side effects with societal recovery and happiness: A naturalistic cohort study of people in long term care for a psychotic disorder

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Introduction: Antipsychotics are used to manage psychotic symptoms and reduce the risk of relapse. However, the side effects associated with antipsychotic treatment are seen to hinder societal recovery and happiness by antipsychotic users.
Objectives: In this study, we investigate the association of side effects, antipsychotic dose and antipsychotic polypharmacy with societal recovery and happiness.
Methods: Data from a naturalistic longitudinal cohort was used (PHAMOUS, 2013-2021; n> 3000). Mixed effect linear regression models were used to investigate the association between subjective side effect burden, antipsychotic dose and antipsychotic polypharmacy with societal functioning and happiness. Moreover, the association of single antipsychotic side effects with societal recovery and happiness were investigated with mixed effect linear regression models.
Results: The subjective antipsychotic side effect burden and total antipsychotic dose were both negatively associated with societal recovery and happiness. Polypharmacy was additionally negatively related to societal recovery. Cognition, mood and anticholinergic side effects were most strongly associated with societal functioning.

Mood, sedation, cognitive, and sexual related side effect were most strongly associated with happiness.
Conclusions: The association between side effects and the antipsychotic dose and societal functioning and happiness in this population in long term care shows the importance of addressing overtreatment at an early stage. Future research should focus on whether addressing side effects, especially mood and cognition related side effects, is beneficial for societal recovery and happiness in the long-term.

Disclosure of Interest: None Declared

EPP698

Improvements in brain mechanisms associated with the aberrant salience hypothesis of psychosis following Avatar therapy for refractory auditory verbal hallucinations

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Introduction: Nearly 40% of individuals with schizophrenia are resistant to medication. Treatment-resistant schizophrenia leads to increased health-risk behaviors and reduced quality of life. Avatar therapy *via* virtual reality seems to be a very promising solution for individuals with treatment-resistant schizophrenia. This therapy targets refractory auditory verbal hallucinations, one of the core positive symptoms of schizophrenia. This symptom is thought to reflect a direct experience of the aberrant salience of internal representations according to the aberrant salience hypothesis of psychosis. Strong evidence suggests that the striatum plays an important role in the development of positive symptoms, as individuals with schizophrenia show an increased activation of this brain region at rest. One of the mechanisms underlying Avatar therapy may involve a reduction in aberrant salience. However, the neural processes involved in this therapeutic approach remain largely unexplored.
Objectives: This study aims to investigate the brain mechanisms underlying Avatar therapy in treatment-resistant schizophrenia by examining spontaneous brain activity at rest using functional magnetic resonance imaging (fMRI).
Methods: Fourteen participants with treatment-resistant schizophrenia participated in nine sessions of Avatar therapy. They underwent resting-state fMRI scans before and after the therapy. Voxel-wise analyses of fractional amplitude of low-frequency fluctuations (fALFF) were performed to examine differences between post- and pre-therapy in regional patterns of spontaneous brain activity.
Results: Importantly, after the therapy compared to before the therapy, we found that participants with treatment-resistant schizophrenia had reduced fALFF in the right putamen. We also observed increased fALFF in the bilateral occipital, right inferior temporal, right angular gyrus, left medial temporal and left supramarginal gyri after the therapy.
Conclusions: The putamen is a part of the striatum which is known to play a significant role in the emergence of psychosis. Mainly, our results suggest that Avatar therapy regulates putamen activity at rest, suggesting that the neural mechanisms underlying the therapy involve the alleviation of aberrant salience.

Disclosure of Interest: None Declared

EPP699

The use of depot antipsychotics in patients with dual diagnosis of psychosis and substance use disorder is associated with improved quality of life, better general clinical outcome and fewer hospitalizations

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Introduction: Co-occurring substance use disorders (SUDs) among individuals with schizophrenia are a prevalent and complex psychiatric comorbidity, which is associated with increased symptom severity, worsened illness trajectory and high rates of treatment non-adherence. Recent evidence suggests that the use of depot antipsychotics may provide an effective treatment option for individuals with this dual-diagnosis.
Objectives: Hypothesis testing: "Depot antipsychotics are associated with i) reduced hospitalizations, ii) improved quality of life and iii) improved patient functionality in dual diagnosis of psychosis and SUD".
Methods: 68 patients in community of Eastern Crete (Greece) participated (Male to Female ratio corresponds to 2.4:1). All of them manifested psychosis (24 with F.20 ICD-10 and 44 with F29.0 ICD-10). The median age was 41 years. 29.41% had dual diagnosis of psychosis and alcohol use disorders, 7.35% had dual diagnosis of psychosis and cocaine use disorders, while 26.47% had dual diagnosis of psychosis and cannabis Use disorder. 80.88% were on aripiprazole LAI, 8.82% on paliperidone LAI, 2.94 % on risperidone LAI and 7.35% on haloperidol LAI. For the evaluation of our hypotheses the instruments WHOQOL-BREF questionnaire and the CGI-S scale were used. The quality of life and the functionality of the patients and also the number of their hospitalizations were compared in each patient, before the initiation of the LAI medication and during the active treatment period. The minimum of follow-up period was 6 months.
Results: In our sample of 68 patients with depot antipsychotics therapy administrated at least for 6 months: a) Hospitalizations decreased statistically significantly from 1.01 ±1.54 to 0.01±0.12 (Paired Samples Wilcoxon Signed Rank Test p-value<<0.001), b) The CGI-S score decreased statistically significantly from 5.72 ±0.88 to 2.94±1.33 (Paired Samples Wilcoxon Signed Rank Test p-value<0.001), c) The score of the WHOQOL-BREF scale increased statistically significantly from 0.57 ±0.53, to 3.35±0.84 (Paired Samples Wilcoxon Signed Rank Test p-value<0.001). The same sample with depot antipsychotic treatment administrated at least for 3 months: a) The CGI-S score decreased statistically significantly from 5.72 ±0.88 to 2.34±0.89 (Paired Samples Wilcoxon Signed Rank Test p-value<0.001), b) The score of the WHOQOL-BREF scale increased statistically significantly from

0.57 ±0.53, to 2.3±0.89 (Paired Samples Wilcoxon Signed Rank Test p-value<0.001).
Conclusions: Depot antipsychotics medication significantly reduces the number of hospitalizations, when patients with psychosis and substance use disorders remain in therapy at least for 6 months. In addition, the administration of depot therapy, at least for 6 months, improves the quality of life and the functionality of these patients.

Disclosure of Interest: None Declared

EPP701

No sex-related differences in PANSS score reductions in adult patients with acutely exacerbated schizophrenia treated with Risperidone ISM

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Introduction: There is a call to consider sex differences in mental health research [Galbally *et al.* CNS Drugs 2024; 38(7):559-570; Ercis *et al.* J Affect Disord. 2024; 352:171-192]. Sex-related differences in risperidone efficacy have been reported to be limited [Galbally *et al.* CNS Drugs 2024; 38(7):559-570]. Risperidone ISM (Risp-ISM) is a monthly long-acting injectable (LAI) formulation of risperidone, recently authorised in Europe, USA and some other countries.
Objectives: To investigate potential sex-related differences in the short-term efficacy of Risp-ISM LAI in adults with schizophrenia [Correll *et al.* NPJ Schizophr. 2020; 6(1):37].
Methods: Post-hoc analysis of a double-blind (DB), randomised, placebo-controlled, 12-week study conducted in participants with acutely exacerbated schizophrenia (NCT03160521). Data from the Positive and Negative Syndrome Scale (PANSS) were analysed by sex to reveal potential differences in efficacy versus placebo. The data were analysed within three separate study groups: 75 mg Risp-ISM, 100 mg Risp-ISM and placebo using a mixed effect with repeated measures model (MMRM). Herein, PANSS total scores changes from baseline (the primary efficacy endpoint) are shown.
Results: In the double-blind phase, 437 eligible participants were randomly assigned 1:1:1 to receive Risp-ISM 75 mg, 100 mg or placebo every 28 days. 144 (33%) were female and 293 (67%) male. Analysis showed no sex-related differences on PANSS total scores. After 12 weeks of treatment, the scores in PANSS Total as well in the Positive, Negative and General Psychopathology subscales were statistically significant lower for Risp-ISM 100 mg and 75 mg versus Placebo in both male and female subgroups. Specifically, decreases from baseline were significantly greater versus placebo at Day 8 (after first injection) and beyond in both sex subgroups at the 100 mg Risp-ISM dose versus Placebo; likewise, at Day 15 and beyond for the 75 mg Risp-ISM dose (Figures 1 and 2).

Image 1:

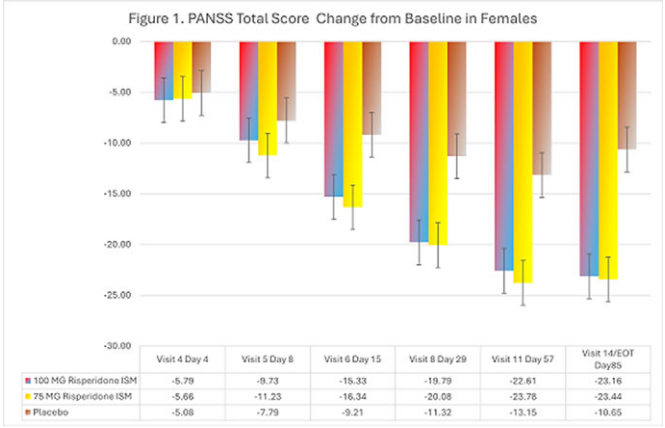
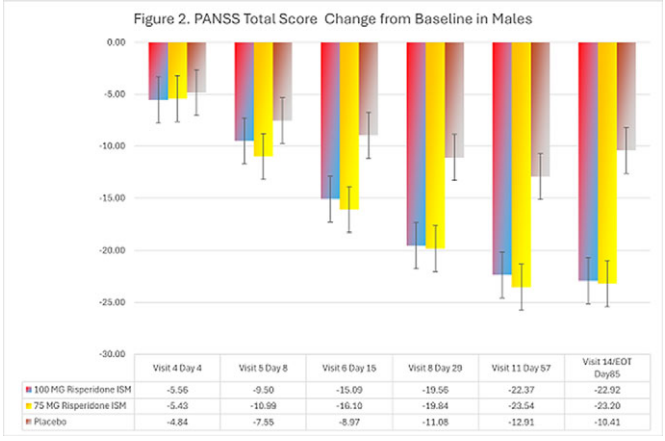


Image 2:



Conclusions: There were no statistically significant differences in efficacy, measured as PANSS score change from baseline, for male or female participants versus placebo regardless of Risp-ISM dose. Risp-ISM LAI provided significant improvement of the symptomatology as early as 8 days after first injection in acutely exacerbated patients with schizophrenia regardless of their sex.

Disclosure of Interest: C. Sherifi Employee of: ROVI Biotech Ltd. , J. Martínez González Employee of: Laboratorios Farmaceuticos ROVI S.A., L. Anta Carabias Employee of: Laboratorios Farmaceuticos ROVI S.A., M. Almendros Gimenez Employee of: Laboratorios Farmaceuticos ROVI S.A., C. Salazar García Employee of: Laboratorios Farmaceuticos ROVI S.A., C. Correll Shareolder of: Cardio Diagnostics, Kuleon Biosciences, LB Pharma, Mindpax, and Quantic., Grant / Research support from: Janssen and Takeda.,

Consultant of: AbbVie, Acadia, Alkermes, Allergan, Angelini, Aristo, Biogen, Boehringer-Ingelheim, Cardio Diagnostics, Cerevel, CNX Therapeutics, Compass Pathways, Darnitsa, Denovo, Gedeon Richter, Hikma, Holmusk, IntraCellular Therapies, Jamjoom Pharma, Janssen/J&J, Karuna, LB Pharma, Lundbeck, MedAvante-ProPhase, MedInCell, Merck, Mindpax, Mitsubishi Tanabe Pharma, Mylan, Neurocrine, Neurelis, Newron, Noven, Novo Nordisk, Otsuka, Pharmabrain, PPD Biotech, Recordati, Relmada, Reviva, Rovi, Sage, Seqirus, SK Life Science, Sumitomo Pharma America, Sunovion, Sun Pharma, Supernus, Takeda, Teva, Tolmar, Vertex, and Viatris.

EPP702

When epilepsy triggers psychosis : understanding the mystery of postictal psychosis

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Introduction: Postictal Psychosis (PIP) is a severe psychiatric complication of epilepsy, defined by a brief psychotic episode, with a mean duration about 10 days, occurring after a cluster of seizures, or a focal seizure evolving to bilateral tonic-clonic seizure, and sometimes after a single seizure. Around 2 % of patients are affected by this disorder, mostly in long-lasting, drug-resistant temporal lobe epilepsy, but its prevalence is probably underestimated. (Kanemoto et al. Cambridge, 2011; p.67-79). PIP can lead to severe behavioral disturbances, such as agitation, violence and suicide (Tarrada et al. Epilepsy Behav, 2022). Multiple hypotheses exist about the pathophysiology of Postictal Psychosis (de Toffol et al. Encephale, 2016; p443-447). As the clinical manifestations of PIP are roughly stereotyped regardless of the epileptogenic zone, we assumed the existence of a common neurological pathway.
Objectives: We aimed to determine if a specific brain network sustained the psychotic episode, regardless of the localization of the epileptogenic zone.
Methods: We conducted a systematic review following the PRISMA guidelines (Cheval et al. Seizures, 2024; p 44-55). We included studies that provided EEG, and metabolic imaging performed during the presence of psychotic symptoms. Studies were not included, when the diagnosis of PIP was doubtful, or when the results EEG and/or imaging were not detailed enough.
Results: We included a total of 24 studies providing electrophysiological results(n=22) and metabolic imaging performed during the PIP(n=5). Temporal and frontal lobes seemed frequently involved, without clear evidence for lateralization. The EEG patterns were heterogenous, varying from unchanged to diffuse slowing. Metabolic pattern showed an increased perfusion within temporal and frontal lobes during PIP. These results correspond to the patterns described during postictal state, but they persisted throughout PIP, within regions larger than the epileptogenic zone and resolved with the recovery (Cheval et al. Seizures, 2024; p 44-55).
Conclusions: PIP symptoms are associated with an excessive persistence of postictal changes within extended frontotemporal networks. A hypothesis could be that PIP results from an abnormally prolonged and diffuse post-ictal dysregulation. Nonetheless this results is relatively imprecise and further studies should elucidate the subjective experience of the epileptic seizure, and the neuropsychological profile of patients with PIP episodes. Finally, these results could be also compared to the results of invasive EEG in patients with schizophrenia obtained in a previous controversial study, that showed the presence of epileptic activities in depth regions of the brain (Heath et al. Epilepsy Behav, 2005; p633-645), a pattern distinct from PIP, that would suggest epileptic psychoses have a pathophysiology different from primary psychoses.

Disclosure of Interest: None Declared

EPP703

Late Onset Schizophrenia: What Can We Learn? A Qualitative Study of Psychopathology and Social Factors Throughout Life

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Introduction: In 1943, Manfred Bleuler noted that late-onset schizophrenia (LOS) is an overlooked patient group, but accounts for 20% of all patients diagnosed with schizophrenia. There is a limited interest in this subgroup perhaps because of the focus on patients with early onset of schizophrenia currently. Patients with LOS differ from those with earlier onset by showing better premorbid functioning, cognitive and social skills and a less disorganized. There is limited information about the presence of premorbid near-psychotic or psychotic experiences in these patients.
Objectives: The main aims of this qualitative study were to investigate 1) the extent to which patients with LOS experience near-psychotic or psychotic episodes during their lives prior to their first contact with psychiatry, 2) whether their premorbid social life and level of functioning were affected, and 3) potential triggers before their initial interaction with the mental health care system.
Methods: Inclusion criteria comprised patients with a diagnosis of ICD-10 schizophrenia given at ages 36-59 years. They should not have had any prior contact with the psychiatric healthcare system before their first interaction with psychiatry. A semi-structured interview guide was developed for the study. All interviews were audio recorded and subsequently transcribed. The qualitative analysis consisted of an interaction between theoretical knowledge and empirical results aiming to identify interaction between psychopathology and social factors prior to the first contact with psychiatry.
Results: Most patients with LOS had experienced psychotic symptoms ranging from weeks to years before their first contact with psychiatry. Many had experienced nonspecific symptoms such as depression, fatigue, anxiety or sleeping disturbances for several years before their first psychiatric consultation. The majority reported feeling different throughout their life.
Eleven patients had been married for over three years, six divorced in the months preceding the outbreak. Nine participants had been out of the labor market for several years, the other had been dismissed or went on sick leave shortly just before their contact with psychiatry.
Many stressful life events occurred before their initial psychiatric consultation.

Conclusions: The diagnosis of LOS can easily be overlooked as these patients do not present the typical profile of persons with schizophrenia. However, they experience non specific and psychotic symptoms over years. A closer examination of these patients' coping strategies during the premorbid phase could provide new psychoeducational insights that may support the recovery of other patients with schizophrenia. The presence of psychotic symptoms several years before the first contact with psychiatry highlights that the onset of the illness is not merely a technical issue, but also a conceptual one.

Disclosure of Interest: None Declared

EPP704

Early mother-child relationships in schizophrenic patients hospitalised at the Arrazi psychiatric hospital in Salé

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Introduction: Schizophrenia is a highly complex mental disorder. It is associated with hallucinations and delusions. Caring for a patient with schizophrenia presents major challenges, especially for mothers. The mother-child relationship is one of the first relationships to be formed, serving as the basis for other human relationships [1,2]. The mother is the most important person shaping the child's behaviour.
Although schizophrenia has biological and genetic causes, the environment in which the person grew up is very important.
Translated with DeepL.com (free version)
Objectives: To explore the childhood experiences of patients with schizophrenia with their mothers in order to identify the early mother-child relationship in these patients.
Methods: This was a descriptive cross-sectional study using a questionnaire including sociodemographic and clinical criteria as well as questions to assess patients' childhood experiences with their mothers and patients' feelings towards their mothers.
Inclusion criteria were patients' willingness to participate in the study. Participants were male schizophrenic patients over 18 years of age hospitalised at the Arrazi Psychiatric Hospital in Salé.
Exclusion criteria: intellectual disability.
Key words: Schizophrenia, mother-child relationship, emotions, patients.
Results: In this study, a total of 88 male patients with schizophrenia were collected. The majority had an average socio-economic status. Almost 77% were single and 89% lived with their families. All participants were unemployed. 91% had a substance use disorder, including tobacco and cannabis. 77% had reported psychological abuse by their mother and 55% had reported physical abuse. All the participants had received comparisons with other children and the majority reported having already felt that they were going to be abandoned by their mother. 75% reported having played the role of parent for their parents in childhood. 88% of the participants had feelings of anger and blame for their mother, 20% had feelings of security, 51% had ambivalent feelings of love and hate at the same time.
Conclusions: The present study showed that the early relationship between mother and child in patients with schizophrenia was associated with complex and ambivalent emotions and was also characterised by alternating feelings of hatred and love. Feelings of abandonment of the child and lack of attention to the child's basic needs caused patients many emotional problems towards their mothers.

Disclosure of Interest: None Declared

EPP705

A systematic review of the social determinants of physical and mental health in women with schizophrenia: focus on housing conditions

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Introduction: The ecological hypothesis for schizophrenia supports the relationship between the urban environment and the clinical expression of severe psychosis. Housing conditions have been poorly studied.
Objectives: Our aim was to investigate the impact of housing conditions on schizophrenia, particularly in women.
Methods: A systematic literature search was conducted in PubMed, Scopus and ClinicalTrials.gov from inception to July 2024 according to the PRISMA guidelines. Search terms: (housing conditions) OR (poor housing) AND health AND schizophrenia.
Results: The search yielded 301 articles, from which 16 were included. Only three studies reported results specifically to women.
1) Building (n=4). Poor housing conditions associated with better self-esteem (n=1), but increased incidence of schizophrenia in African-Caribbeans (n=1). Despite difficulties in accessing adequate housing (n=1), schizophrenia patients showed high resilience (n=1).
2) Housing environment (n=4). Living in deprived neighbourhoods associated with higher negative symptoms (n=1) and poor community adjustment (n=2). Importance of the house's proximity to places for recreation (n=1).
3) Living in group/independent housing (n=3). Women living in institutions need more physical care than men (n=2). Living in shared accommodation reduces social loneliness and quality of life (QoL) (n=1).
4) Private homes/ boarding houses (n=3). Boarding houses are the least preferred type of community accommodation compared to private homes (n=3).
5) Social support/QoL (n=2). Lower QoL is associated with non-institutional housing (n=1). Housing type may influence cognitive function (n=1).

Conclusions: Inadequate housing is negatively associated with mental health outcomes in schizophrenia. Few studies have investigated light, ventilation and internet access with health and QoL. Future studies should investigate housing conditions, especially in women.

Disclosure of Interest: None Declared

EPP706

The profile of autistic traits in patients with psychotic disorders

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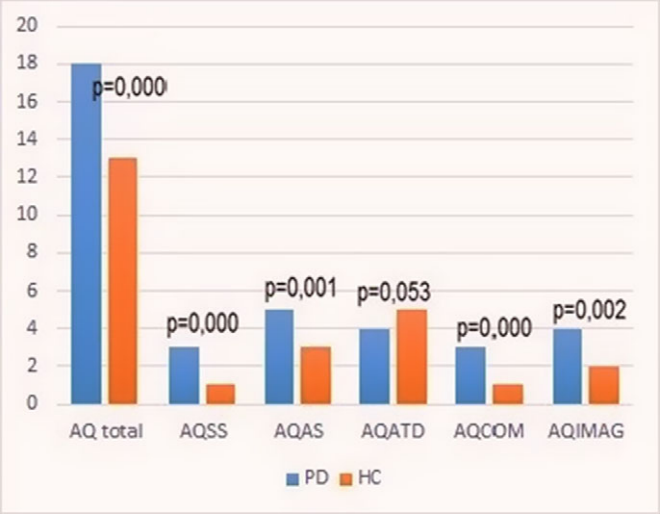
Introduction: Autistic traits are typical, but not pathognomonic for autism spectrum disorders (ASD) and they can also be observed in individuals with psychotic disorders (PD). The Adult Autism Spectrum Quotient (AQ) serves as a screening test for autism, assessing five categories of autistic traits (AT). Previous research has shown that both ASD and PD have significantly higher AQ scores compared to healthy population (1).
Objectives: To evaluate the profile of AT in patients with PD compared to healthy controls (HC), as well as to compare the profiles of AT between individuals with schizophrenia and those with unspecified psychotic disorder.
Methods: This cross-sectional study included 38 individuals with PD and 80 HC. The instruments used in the research included: AQ50, Social Adaptation Self-Evaluation Scale – SASS, and Sheehan Disability Scale.
Results: Sociodemopraphics are shown in table 1. The PD group had significantly higher scores than the HC for the overall AQ score and its sub-scores, except for attention to detail (ATD) (Graph 1). In the whole sample, there was a significant negative correlation between AQ scores and social functioning (Pearson Correlation .331, p=0,000). There were no differences between patients with schizophrenia and unspecified psychotic disorder regarding AQ score (p=0,466), while patients with schizophrenia showed significantly lower social and overall functioning (SASS total p=019; Sheehan total p=0,001).

Table 1

	PD (n=38)	HC (n=80)	Test	P
Sex (male)	22 (58,9%)	34 (41,4%)	X^2=3.25	0,086
Age (years)	41,8 ± 12,8	34,3 ± 11,7	t=-3,22	0,06
Treatment duration	16,7 ± 9,9			
ICD-10 diagnosis				
F20	22 (56,4%)	-		
F29	17 (43,6%)	-		
SASS total	40,5 ± 7,4	44,7 ± 5,9	t=3,4	0,02
Sheehan total	13,3 ± 8,5			

Graph 1 legend
AQSS – AQ social skills; AQAS – AQ attention switching; AQATD – AQ attention to detail; AQCOM – AQ communication; AQIMAG – AQ imagination

Image 1:



Conclusions: Recognizing autistic symptoms in individuals with PD can be important for their social functioning, as well as for establishing an individualized approach to treatment, both pharmacological and non-pharmacological. It appears that AT impact social functionning differently in HC vs PD group. Further studies on correlation of AT with clinical outcomes in PD are warranted.

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Disclosure of Interest: None Declared

EPP709

Mental Labyrinth: A Case of Treatment-Resistant Schizophrenia and Solutions

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Introduction: Despite advancements in the pharmacological treatment of schizophrenia, one-third of patients do not respond favorably. In many treatment algorithms, the lack of response after using two antipsychotic treatments at doses equivalent to 400–600 mg/day of chlorpromazine for four to six weeks is considered treatment-resistant schizophrenia.

Objectives: This case report aims to examine the unresponsive symptoms in a case of treatment-resistant schizophrenia, the patient's clinical course, and the approach to the treatment process.
Methods: The hospitalized patient's socio-demographic characteristics, medical and psychiatric history, and current complaints were examined in detail. Medications used, previous hospital visits, and admissions were evaluated.
Results: A 34-year-old male was first hospitalized in 2016 during military service due to disorganized behaviors, preventing completion of service. A year later, noncompliance led to repeated hospitalizations for grandiose delusions and disorganized behaviors. Despite effective doses and durations of aripiprazole, risperidone, olanzapine, and paliperidone injection, his symptoms persisted. Upon presenting to us, his treatment was paliperidone 150 mg/month and risperidone 4 mg/day. Due to auditory hallucinations and persecutory and referential delusions, he was admitted for schizophrenia management. Clozapine was added per protocol, increased to 700 mg/day, then reduced to 500 mg/day due to anticholinergic side effects; weekly hemogram monitoring showed no agranulocytosis. Fluvoxamine was added for control and religious obsessions, increased to 300 mg/day. With partial symptom regression and ongoing resistance, eight sessions of electroconvulsive therapy were administered without reduction in psychotic symptoms. Observing benefits from typical antipsychotics, haloperidol loading doses of 50 mg, 150 mg, and 200 mg were given. After an 85-day hospitalization, significant improvement allowed discharge planning. He was discharged on clozapine 500 mg/day, fluvoxamine 300 mg/day, and haloperidol decanoate injection. Outpatient follow-ups showed remission and complete regression of psychotic symptoms.
Conclusions: This case underscores the importance of treatment approaches in managing treatment-resistant schizophrenia. Formulating an effective treatment plan in such cases is often challenging and prolonged. As demonstrated, when initial treatments are inadequate, various steps are implemented per treatment protocols. In treatment-resistant patients, combining clozapine, ECT, and long-acting typical antipsychotics can effectively achieve long-term stabilization. The significance of regular follow-up, side effect management, and individualized treatment plans is evident in this case.

Disclosure of Interest: None Declared

EPP710

Very Early Onset Psychosis and the Autism Spectrum – Challenges of Differential Diagnosis

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Introduction: Schizophrenia (SCZ) and Autism Spectrum Disorder (ASD) are complex neurodevelopmental disorders with overlapping cognitive, social, and behavioral symptoms. Although each has distinct diagnostic criteria, shared traits such as impaired social cognition, communication difficulties, and atypical behaviors, often blur the distinction between them. This overlap is particularly challenging in cases of very early onset psychosis (before age 13), where symptoms like social withdrawal, unusual behaviors, and communication difficulties closely mirror those of ASD, complicating accurate diagnosis.
Objectives: This study aims to explore the diagnostic challenges of distinguishing between ASD and early psychosis through a comprehensive review of published literature and a case report.
Methods: A bibliographic review was conducted using articles from PubMed, focusing on the terms "Autism Spectrum Disorder", "Early Psychosis", and "Early Onset Schizophrenia". Additionally, a case report was presented to illustrate the complexities in differentiating these overlapping conditions.
Results: This study highlights the difficulty of distinguishing ASD from early psychosis due to overlapping symptoms, particularly in young patients. ASD is typically characterized by persistent social communication difficulties and repetitive behaviors, while early psychosis involves hallucinations, delusions, and disorganized thinking. However, some children with ASD may also exhibit psychotic-like symptoms, such as paranoia or unusual perceptual experiences, mimicking early-onset schizophrenia. These findings underscore the importance of comprehensive diagnostic assessments that include developmental history, symptom trajectory, and family background. Increasing evidence shows that ASD and early psychosis share genetic, neurobiological, and environmental risk factors, supporting the idea of a neurodevelopmental continuum where both conditions may be viewed as different points along a shared spectrum of neurodevelopmental disruption.
Conclusions: This work calls for a more integrated approach to diagnosing ASD and early psychosis, especially in cases of very early onset. A continuum model suggests these disorders may represent points along a spectrum of neurodevelopmental disorders rather than entirely separate entities. Future research should prioritize long-term studies to identify specific markers, such as genetic, brain imaging, and cognitive profiles, that can better differentiate between ASD and early psychosis and guide more targeted, personalized interventions.

Disclosure of Interest: None Declared

Sleep Disorders and Stress

EPP713

Screening for insomnia disorders among flight crews in Tunisia

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Introduction: Flight crew members are subjected to various stressors that can disrupt their sleep-wake cycle, leading to a higher prevalence of sleep disorders.
Objectives: to assess the prevalence of sleep disturbances among flight crew members of a private airline company in Tunisia.
Methods: A cross-sectional study was conducted involving flight crew members employed by a private airline in Tunisia who

underwent periodic medical examinations at the Occupational Medicine and Pathology Department in a University Hospital in Sousse. Data collection included socio-demographic information, lifestyle habits, and professional details, gathered through a structured questionnaire. The Sleep Condition Indicator (SCI) was used to screen for insomnia disorder.

Results: The study included 160 participants, predominantly female (60%). Sixty-five percent of the population was over 40 years old. A significant majority (58.8%) were smokers, while 41.3% consumed alcohol. Coffee consumption was high, with 84.4% of participants reporting regular consumption. Regarding professional data, 71.3% of participants were flight attendants, with a median length of service of 15 years. The majority of participants (65%) had flown medium-haul flights (less than 5 hours) in the preceding month. Insomnia was reported in 23.1% of participants.

Conclusions: Our findings highlight the importance of screening for sleep disorders through periodic medical examinations which can significantly contribute to improving sleep quality, enhancing alertness, and ultimately enhancing aviation safety.

Disclosure of Interest: None Declared

Post-Traumatic Stress Disorder

EPP714

Trazodone augmentation could be a beneficial treatment for persistent insomnia in patients with comorbid PTSD and MDD that are good responders to escitalopram or sertraline: A one-group pretest-posttest study

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Introduction: Antidepressants are a valuable treatment option for patients with PTSD and MDD. Sleep is an important dimension of both: PTSD and MDD. Insomnia is a common residual symptom in patients with PTSD and MDD comorbidity who are generally good responders to SSRI monotherapy.

Objectives: To explore wheather trazodone evening augmentation could be beneficial for persistent insomnia in patients with comorbid PTSD and MDD that are generally good responders to one of followed SSRIs: escitalopram or sertraline.

Methods: Thirty outpatients (N=30) with comorbid war-related PTSD and MDD who are generally good responders to escitalopram (20 mg daily, N=15) or sertraline (100 mg daily, N=15) except persistent insomnia, were augmented with 100 mg trazodone. Trazodone was prescribed one-two hours before the sleep. Each patient met ICD-11 as well as DSM-V criteria for both: PTSD and MDD. No patient had psychiatric premorbidity, excluded by MINI. There was no significant somatic comorbidity that could influence the persistance of insomnia. Four sleep-related parameters were evaluated at two time points: at zero-point and 12-weeks after trazodone augmentation. This parameters/efficacy measures included: the improvement on the recurrent distressing dream item of the Clinician Administered PTSD Scale (CAPS-RDDI), reduction of the amount of time needed to fall asleep, prolongation of sleep duration, and reduction in the average number of arousals per night during the last seven days before assessment.

Results: All sleep-related parameters improved significantly at the end of a 12-weeks follow-up: sleep duration prolongation ($p<0.001$), sleep latency decrease ($p<0.001$), median number of arousals per night decrease ($p<0.001$), and CAPS-RDDI median decrease ($p<0.001$).

Conclusions: Trazodone augmentation could be a beneficial treatment strategy for persistent sleep problems in patients with comorbid PTSD and MDD who are generally good responders to escitalopram or sertraline monotherapy.

Disclosure of Interest: None Declared

EPP715

Trauma-involved care: knowledge, attitudes, and practices of mental health professionals

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Introduction: The number of people exposed to trauma has increased due to disasters, epidemics, wars, and various man-made causes occurring worldwide- including Turkey. Therefore, the principles of trauma-informed care should be applied in all healthcare settings and incorporated into policies and institutional frameworks (Saunders et al., 2023; Greer, 2023; Huo et al., 2023). Although mental health professionals are experienced in the effects of trauma, a more systematic approach is required to enhance awareness of and achieve widespread trauma-informed care. In Turkey, there is no standardized guide or algorithm for providing care and treatment to trauma victims, and no guide has been developed to ensure a common understanding of care in approaching trauma among mental health professionals.

Objectives: This study examined the knowledge, skills, and stance of professionals providing mental health services in Turkey regarding trauma-informed care, as well as their intervention skills related to trauma. This constitutes the first phase of the studies to establish a fundamentally trauma-informed care model in existing mental health settings.

Methods: The study was conducted with a cross-sectional design, and the convenience sampling method was used. The study population was mental health services professionals in Turkey. The participants were recruited by researchers through social media platforms, and only those accepting participation were included in the study. The study was completed with 197 participants who filled out the survey forms.The data were collected using the Trauma-

Informed Care Scale and the Trauma Intervention Skills Scale through an online survey. The data were analyzed using Spearman correlation analysis, Mann Whitney U, and Kruskal Wallis tests.
Results: More than half of the participants were unaware of the concept of trauma-informed care (55.3%), and only 14.2% felt competent in presenting this care model. In trauma-informed care scores, gender, age, and education level did not create a significant difference ($p>0.05$), while those who have received information about trauma-informed care during their years of education scored higher ($p<0.05$). Compared to other professionals, nurses had higher trauma-informed care scores, and psychologists had an augmented ability to intervene in trauma patients.
Conclusions: The results of the research indicated that while mental health professionals possess knowledge about trauma, they did not reach the desired level in developing attitudes towards trauma-informed care and feeling competent in this area. Trauma-informed care seemed more about providing information related to procedures performed in the clinic or ensuring that the patient was not traumatized during the procedure. Therefore, more studies are needed to evaluate TIC practices in the much-needed mental health field.

Disclosure of Interest: None Declared

EPP716

Psychological assistance to adolescents after spinal cord injury

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Introduction: Spinal cord injury (SCI) is a severe trauma that leads to disability and decreased social activity. Recently, the number of patients among children has been growing. In Russia, the share of spinal cord injury in the structure of all injuries is 18.3%.
Post-traumatic consequences include neurological, motor and somatic disorders, as well as psychological ones. Psychological support for children with severe SCI is an important link in comprehensive rehabilitation at all its stages. There are data in the literature on the psychological state after spinal cord injuries, but this is in adults.
Objectives: to study psychological problems in adolescents after severe spinal cord injury in the early stages of rehabilitation.
Methods: 50 patients (12-18 years old) admitted for treatment and rehabilitation on the 1st-3rd day after spinal cord injury. Psychological diagnostics included: clinical interview; Anxiety and Personality Disorders Inventory (Spielberger 1983, adapted by Khanin); Beck Depression Inventory (Beck 1961, version for adolescents); Recovery Locus of Control (Partridge, Johnston 1989).
Results: All patients (100%) had psychological problems of varying severity: 80% of adolescents - high level of reactive anxiety; 28.3% - low motivation for rehabilitation; 33.3% - depression (of which 30% - reactive depression; 3.3% - masked depression). Symptoms could be combined and observed in the same patient.
Children with high levels of personal anxiety in combination with reduced levels of motivation had difficulties in adaptation to rehabilitation.
Conclusions: All patients (100%) require psychological support in order to correct emotional background and motivation. Differentiated specialized assistance, including psychological, will increase the effectiveness of rehabilitation. This will help to adapt adolescents with post-traumatic deficiency to the changed conditions of life, improve its quality and return them to their previous social environment.

Disclosure of Interest: None Declared

Sleep Disorders and Stress

EPP717

The prevalence of insomnia symptoms in adults with depression: a systematic review

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Introduction: Insomnia symptoms are commonly reported by people with depression, and their effective treatment is associated with reduced affective symptoms and improved patient outcomes. However, to date, estimates of the rates of co-morbid insomnia in individuals with depression are mainly based on sub-analyses of epidemiological studies of general populations, often relying on self-reported or historical depression diagnoses. To our knowledge there has been no systematic review of studies evaluating the prevalence of insomnia symptoms in people with an established diagnosis of depression.
Objectives: To summarise and synthesize the available evidence of studies reporting on the prevalence of insomnia symptoms in adults with depression using a systematic review.
Methods: Comprehensive searches of MEDLINE, EMBASE, Pubmed, PsycINFO, and TRIP using search terms related to depression and insomnia with no language restrictions, were performed. The titles and abstracts were screened independently by two reviewers and the full texts of studies identified were assessed against predefined criteria, namely: 1) primary studies of 2) adults (18 years and over) with depression, 3) reporting prevalence of insomnia symptoms. The review protocol was registered with Prospero.
Results: 4,477 unique references were identified, of which 80 full texts were reviewed after title and abstract screening. Thirteen studies, with a combined total of 10,394 participants and published between 2001 and 2023, met the inclusion criteria and were included in the analysis. Seven studies were from the US, and one each from China, Turkey, S. Korea, Belgium, and the Netherlands, while one included participants from both Malaysia and Australia. The mean prevalence rate of clinically significant insomnia symptoms in adults with a diagnosis of depression was 79%. The systematic review has a number of limitations including a small number of eligible studies covering a wide range of geographic populations with varying thresholds for reporting insomnia, and that establishing the prevalence of insomnia symptoms was not the primary aim of most of the studies. Further meta-analysis in this research was not carried out due to high heterogeneity between studies.

Conclusions: To our knowledge, this is the first systematic review of studies reporting on the prevalence of insomnia symptoms in adults with depression. The main finding is that at least three in four adults with depression have clinically meaningful insomnia symptoms; such high prevalence rates are consistent with previously reported figures. Therefore, given the positive clinical outcomes from treatment, services for adults with depression should routinely offer targeted interventions in identifying and managing co-incident insomnia symptoms. Future research should aim to refine the estimates of co-occurrence of insomnia and depression in different clinical populations.

Disclosure of Interest: None Declared

Post-Traumatic Stress Disorder

EPP718

Evaluation of Hospital Applications of Former Earthquake Victims Due to Re-Traumatization Through Media

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Introduction: The 2020 Aegean Sea earthquake occurred on October 30, 2020, 23 km from the Seferihisar district of Izmir, with a magnitude of 6.9. It caused the death of a total of 119 people and the injury of 1053 people in Turkey and Greece. After this earthquake, many people were observed to have symptoms of post-traumatic stress disorder and received treatment. The two major earthquakes centered in Kahramanmaraş on February 6, 2023 also caused great destruction in Turkey. After this earthquake, an increase in the mental complaints of people who had previously experienced the earthquake in Izmir Seferihisar was observed and these people applied to the psychiatry outpatient clinic.
Objectives: Revealing how much former earthquake victims are affected by similar events through the media.
Determining the situations that cause people to be re-traumatized.
Observing the effects of the media on mental health.
Methods: This study investigated the effects of former earthquake victims who applied to Izmir Seferihisar State Hospital after these new earthquakes, and who were not in the earthquake region at the time of the earthquake and who did not have any losses or injuries to relatives or acquaintances, through the media. For this purpose, after the earthquake centered in Kahramanmaraş, the Adult Resilience Scale and the Post-Traumatic Stress Disorder Checklist for DSM-5 were applied to these individuals at their first application, and it was questioned whether the individuals had received pharmacotherapy and psychotherapy after the previous Aegean Sea earthquake. It was also investigated how the individuals followed the news about the new earthquake. Afterwards, whether the individuals received treatment and the duration of this treatment were recorded, and the Post-Traumatic Stress Disorder Checklist for DSM-5 was applied to the individuals at the 1st, 3rd, 6th, 9th and 12th months.
Results: People who have received psychotherapy are 1.9 times less likely to need treatment afterwards.
Women are 4.1 times more likely to be affected by the media and use SSRIs.
People who have lost their homes need treatment as often as those whose close relatives have died.
The risk of people who do not receive treatment after a disaster being affected by the media and receiving treatment is 3.4 times higher than those who received treatment during the first disaster.
Conclusions: After disasters, when another disaster occurs, PTSD symptoms can be observed again in former disaster victims. Post-traumatic psychotherapy can also be protective in terms of future situations. Watching traumatic events in the media can cause PTSD symptoms to be seen even if no relatives have been harmed.

Disclosure of Interest: None Declared

Suicidology and Suicide Prevention

EPP720

An audit on sensitive documentation of suicide attempts and behaviour in Mount Carmel Hospital discharge summaries

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Introduction: Suicide attempts should always be recorded in a patient's discharge summary as this aids risk assessment and management. Discharge letters provide valuable information to outpatient and emergency services and guide risk assessment. However, they are available to be read by patients and their loved ones. Insensitive wording or graphic detail can contribute to feelings of shame and guilt and perpetuate stigma towards our patients.
Objectives: This audit aimed to assess quality of documentation of suicide attempts and behaviour on Mount Carmel Hospital (MCH) discharge summaries with respect to the International Association of Suicide Prevention (IASP)'s Language guidelines. It also aimed to assess the effectiveness of a short presentation intervention on suicide given to foundation (FY) doctors.
Methods: For the first cycle, discharge letters of patients admitted to MCH between January and July 2023 were screened according to inclusion criteria. Included discharges were assessed for adherence to IASP's language guidelines. The authors then gave a short presentation to FY doctors during their rotation, highlighting the importance of using sensitive language on suicide in discharge summaries. The second cycle was carried out between January and July 2024 and results were compared to the first cycle.
Results: In the first cycle, a total of 1393 patients were admitted between January and July 2023. 26% of discharge letters did not use appropriate suicide-related terminology. Of these, the most common issues were with excessive description of the attempt (53%) and use of the phrase 'commit suicide' (28%). In the second cycle, a total of 1335 patients were admitted between January and July 2024. 20% of discharges did not use appropriate suicide-related terminology (n = 34). The intervention significantly reduced the use of the phrase 'commit suicide' (OR 0.279; CI 0.0921 to 0.8452, p = 0.0240).
Conclusions: In the first cycle, one out of every four patients admitted on a background of suicidal behaviour received a discharge summary that it potentially insensitive or stigmatising in nature. This decreased to one in five after the short intervention. These results are promising especially given that the intervention is neither time consuming nor costly. Simply making foundation year doctors aware and guiding them on how to write about suicide can not only

improve the quality of patient care but also reduce iatrogenic harm. Additionally, foundation doctors should be supported and supervised by more senior firm members to ensure that discharge letters are not only of good quality but also written sensitively and sensibly.

Disclosure of Interest: None Declared

EPP722

Intensive Care and Emergency Nurses' Attitudes and Stigma Towards Suicidal Behavior and Related Factors

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Introduction: The first place to intervene in individuals who have attempted suicide is often the emergency department. These individuals may then be referred to intensive care units for close monitoring of physical findings and treatment, depending on the results of the suicide attempt. The attitudes and stigmatisation of nurses in the emergency department and intensive care unit toward suicide affect the quality of care provided. It is important to determine the attitudes and stigmatisation of nurses.
Objectives: This study aims to determine the attitudes and stigma levels of nurses working in intensive care and emergency services towards suicidal behaviour and to examine the related factors.
Methods: The research is descriptive, cross-sectional and correlational. The research was conducted with 82 volunteer nurses working in the emergency room and intensive care unit of a hospital in Turkey between January and March 2023, with approval from the ethics committee and the institution. Nurses filled out the Personal Information Form, Attitude Towards Suicide Attempt Scale and Stigma of Suicide Scale. In data analysis; Independent samples t-test, One-way ANOVA, and Welch test were used in cases where variances were not homogeneously distributed. Bonferroni and Games-Howell methods were preferred among post hoc multiple comparison tests. Pearson correlation was used for the relationship between continuous variables, and Spearman correlation analysis was used for categorical variables.
Results: The mean score of the nurses' Attitudes Towards Suicide Attempt Scale was 98.78±9.16. The mean scores of the Stigma of Suicide Scale; Stigma, Isolation\Depression, Sublimation\Normalization sub-dimensions were 71.95±18.09, 57.68±10.94, 27.11±6.86, respectively. The mean score of the Sublimation\Normalization sub-dimension of the Stigma of Suicide Scale of those who had attempted suicide in their close circle was higher than those who had not, and the results were significant ($p<0.05$). In the same sub-dimension, the mean scores of those who gave care to patients who attempted suicide were lower than those who did not, and the results were significant ($p<0.05$). The total score of the Attitude Towards Suicide Attempt Scale had a positive and statistically significant effect on the Stigma of Suicide Scale ($\beta=0.562$, $t=6.071$, $p<0.001$).
Conclusions: These results indicate that nurses have high levels of negative attitudes towards suicidal behaviour, stigmatize it, associate suicide with depression and isolation, consider suicide normal, or glorify people who commit suicide. The presence of those who have attempted suicide in the immediate environment and providing care to individuals who have attempted suicide was associated with nurses' attitudes and stigmatisation towards suicidal behaviour. It was found that nurses' negative attitudes towards suicide had an increasing effect on their stigmatisation.

Disclosure of Interest: None Declared

EPP723

Prevalence and risk factors of passive suicidal ideation among healthcare professional during residency

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Introduction: Health professionals are a vulnerable population, prone to mental health problems such as suicidal behaviors. Suicidal ideation (passive and active) is a potential indicator of committing suicide. Passive suicide ideation has been undervalued as an indicator of suicide risk for not having a plan to commit suicide. Despite the high risk, few studies have examined the prevalence and factors related to the presence of passive suicidal ideation in healthcare residents.
Objectives: Determine the prevalence and associated factors of passive suicidal ideation among resident healthcare professionals, including physicians, nurses, and psychologists.
Methods: This cross-sectional study involved a non-probabilistic sample of 775 healthcare professionals. Data were collected via a self-administered survey distributed to teaching units in hospitals across Spain. Key variables included passive suicidal ideation (yes/no), year of residency, and personality traits (neuroticism, extraversion, openness, agreeableness, conscientiousness), assessed with the Spanish adaptation of the NEO-PI-R Personality Inventory. Descriptive analyses summarized categorical and continuous variables. Associations between passive suicidal ideation and independent variables (age, gender, personality traits, drug consumption, mental health specialization, residency program) were analyzed using logistic regression models.
Results: Among the total sample, 13.42% exhibited passive suicidal ideation. In terms of personality traits, individuals with higher levels of neuroticism and openness demonstrated an increased likelihood of experiencing passive suicidal ideation, whereas higher scores in extraversion were associated with a decreased probability of such ideation. Additionally, the use of prescribed medication and instances of self-medication were found to be related to passive suicidal ideation.
Conclusions: A notable proportion of healthcare professionals experience suicidal ideation during their residency. The findings of this study indicate that preventive measures for suicidal ideation should be implemented during the residency period for healthcare professionals.

Disclosure of Interest: None Declared

EPP724

Mechanisms of suicidal behavior development in military personnel

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Introduction: Suicide risk correlates with the nature of psychotraumatic factors that act directly during military service, their severity, duration of exposure, and individual adaptive capacities of military personnel. The development of suicidal behavior occurs against the background of anxiety and depressive syndromes in military patients and is aggravated by concomitant addictive behavior.
Objectives: To investigate the relationship between the mechanisms of development of suicidal behavior in the military and psychopathological status that potentiate suicidal activity.
Methods: The following diagnostic scales were used: Suicide Risk Scale of the Los Angeles Suicide Center, Sad People Scale (W.M. Patterson, H.H. Dohn, J. Bird), Spielberger-Hanin Scale of Reactive (Situational) and Personal Anxiety (STAI), Hospital Anxiety and Depression Scale (HADS), Hamilton Rating Scale for Depression, Impact of Event Scale (IES-R). Review of existing literature on suicidal behavior among military personnel.
Results: 38 patients with a suicide attempt (within the diagnostic criteria F 43, F 32, F 31, F07 according to ICD-10) were examined during 6 weeks of inpatient care. It was established that the psychopathological presuicidal period in the examined patients was formed against the background of high levels of anxiety (38% of patients), anhedonia (26% of patients), feelings of sadness and hopelessness (19% of patients), addictive behavior (13% of patients), feelings of anger and irritability (4% of patients). In 43% of cases, the formation of suicidal behavior in military personnel was observed against the background of violations of interpersonal relationships: self-isolation behavior (22%), conflict (13%), and antisocial actions (8%). The duration of the pre-suicidal period are several minutes (23% of patients), several days (44% of patients), a month or more (33% of patients). The dominant methods of suicide attempts among the observed military personnel are self-inflicted wounds (61%), poisoning (18%), gunshot wounds (11%), hanging attempts (8%) and self-arson (2%). The reaction of suicidal people to an unsuccessful suicide attempt depends on the current mental state of the military personnel, often with a critical assessment, less often - suicidal-fixed.
Conclusions: In most cases, the development of suicidal behavior in military personnel occurs against the background of anxiety, depressive symptoms, post-concussion disorders, anhedonia, and concomitant addictions. Prevention of suicide among military personnel should include early detection of the main psychopathological symptoms and timely crisis therapy.

Disclosure of Interest: None Declared

EPP725

Development of artificial intelligence algorithms trained with real-world data for suicide risk prevention in pediatric and adult patients: The IDICIUS Project

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doi: 10.1192/j.eurpsy.2025.912

Introduction: Suicide is currently the leading external cause of mortality in Europe and one of the main causes of premature death. Suicidal behavior is highly heterogeneous, making it difficult to predict in clinical practice. However, among people who die by suicide, 83% had attended primary care in the previous year, and 50% had done so within 30 days of their death. Moreover, well-known suicide risk factors are already recorded in routine electronic health records (EHRs). Therefore, the development and implementation of artificial intelligence tools can help improve the prevention of suicidal behavior.
Objectives: The aim is to design a platform based on predictive artificial intelligence (AI) predictive models that allows preventing suicide risk, addressing both suicidal attempts and/or ideation, as well as deaths by suicide, using clinical, biological, and sociodemographic factors through real-world data (RWD) from EHRs in a large sample of pediatric and adult patients undergoing psychiatric treatment.
Methods: This is a retrospective population-based study that uses structured and anonymized EHRs of a large sample of pediatric and adult patients who received mental health care between 2018 to 2024. The IDICIUS project consists of five work packages (Figure 1):

- Extraction and integration of data from different sources: EHRs from Mental Health and Primary Care services; database of outpatient medicines invoiced by pharmacies from the Catalan Health Service; and all suicidal behaviors from the Suicide Risk Code register and also suicide deaths.
- Predictive models creation and validation
- Integrated care platform design
- Design and plan feasibility
- Scientific dissemination of results

Results: We have identified approximately 40,000 patients who visited the Mental Health service at Parc Taulí Hospital between 2018 and 2024, of whom 162 died by suicide. The integration of these databases (Figure 2) has been achieved through the collaboration and coordination of three different public entities over the course of more than a year, ensuring compliance with legal and ethical standards at each step, given the sensitive nature of the

data and its intended use in the development of an AI predictive algorithm.

Image 1:

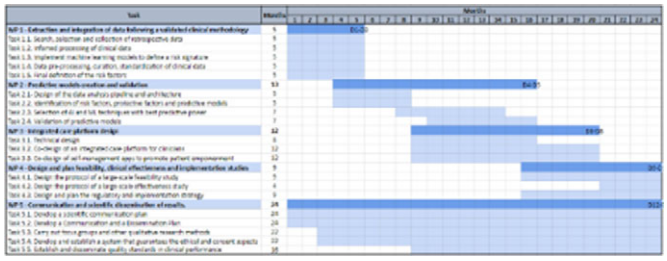
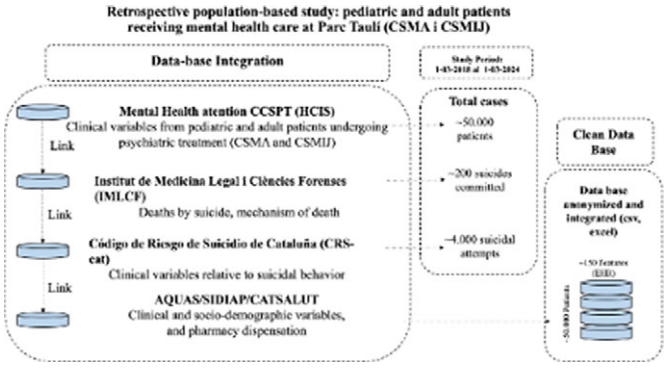


Image 2:



Conclusions: We are now moving forward with the subsequent phases, aiming to make a decisive contribution to the more effective and efficient management of suicidal behavior in clinical populations. The potential clinical utility of the results obtained in the prediction of suicide is analyzed, applying the AI algorithm in real clinical practice conditions. The aim is to improve the information available, through the use of alarms that help clinicians in decision-making to improve suicide prevention in primary care (risk detection) and in specialized mental health care (detection of significant variations in baseline risk).

Disclosure of Interest: None Declared

EPP726

Violence and Suicide Risk in Sub-Saharan Africa: The Case of Senegal

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Introduction: Assessing violence and suicide risk is a critical preventive action in the fight against suicide.
Objectives: This study aimed to analyze the vulnerability factors associated with violence and suicide risk in the general Senegalese population.
Methods: This was an observational, population-based, national, cross-sectional, descriptive, and analytical survey. Data collection was conducted from July to August 2023 on 496 randomly selected households proportionally distributed according to the demographic weight of different areas. The assessment of suicide risk was derived from the Mini International Neuropsychiatric Interview (MINI) V5. Data were directly entered into ODK, and analysis was performed using R software. Ethical approval was granted by the National Health Research Ethics Committee of Senegal.
Results: A total of 2,174 individuals were surveyed, with a mean age of 41.4±12.2 years. The prevalence of violence in Senegal was 52.76%. The most common forms were psychological violence (47.38%), verbal violence (43.47%), and physical violence (32.84%) (Refer to table I: Distribution by type of violence). Associations of violence were observed, with physical violence associated with psychological violence accounting for 19.59%. Women were more exposed to the different type of violence. Geographic disparities were identified, with the Dakar region emerging as the main hotspot for these forms of violence (refer to image 1: mapping of violence by region of Senegal). The suicide risk was found to be 8.4%, with a high level at 1.66%. Regardless of the type of violence, the suicide risk was elevated; it was 47.6% for sexual violence (refer to image 2: Distribution of Suicide Risk According to the Type of Violence). Unfortunately, recourse to victim assistance was low, with 6.2% of victims receiving psychological support and 10.4% receiving police assistance.

Table I: Distribution by type of violence

Nature of violence (N=2174)	Numbers	Percentages (%)	IC 95%
Physical violence	714	32.84	[31 - 35]
Sexual violence	83	3.82	[3.1- 4.7]
Psychological violence	1030	47.38	[45 - 50]
Neglect violence	204	9.38	[8.2 - 11]
Domestic violences	332	15.27	[14 -17]
Verbal violence	945	43.47	[41 - 46]
Domestic harassment	273	12.56	[11 -14]
Domestic assault	184	8.46	[7.3 - 9.7]
All violences	1147	52.76	[51 - 55]

Image 1:

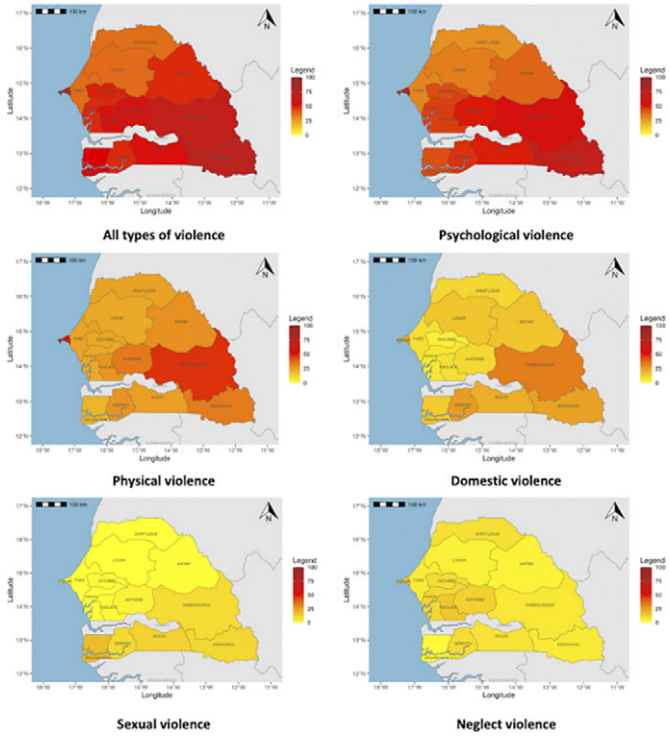
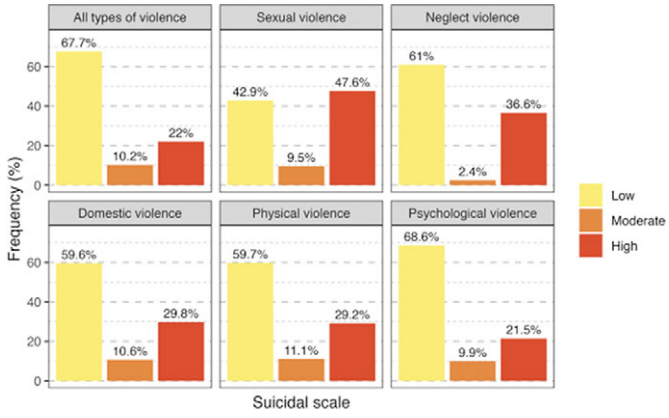


Image 2:



Conclusions: Violence was significant in Senegal, with gaps in administrative and medicopsychological assistance. The suicide risk is high, but suicide remains underreported. It is crucial for Senegal to have a political and health framework with a public health approach centered on vulnerable groups for managing violence and suicide risks.

Keywords: Violence, Suicide risk, Senegal, Africa

Disclosure of Interest: None Declared

EPP727

Readiness of Pediatric General Emergency Department Personnel to Provide Initial Intervention for Suicidal Patient

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Introduction: Youth suicide is a significant public health issue, ranking as the third leading cause of death among youth worldwide. Pediatric emergency departments (PEDs) play a critical role as the first line of care for suicidal patients. However, PED personnel, who often lack psychiatric training, need to be equipped with the skills necessary to assess suicidality and provide immediate intervention. This study explores the readiness of non-psychiatric medical personnel in Israeli PEDs to identify and care for suicidal children and adolescents.

Objectives: The primary objective is to evaluate the readiness of non-psychiatric PED personnel to detect and intervene with suicidal youth. Specific objectives include assessing:

1. Frequency of suicidal patient encounters in PEDs.
2. Training and confidence in managing suicidal cases.
3. Experience and self-assessed ability to provide immediate care to suicidal patients.

Methods: This cross-sectional study surveyed 87 non-psychiatric PED medical staff across Israel using a questionnaire distributed through REDCap. The survey included both quantitative questions on a 5-point Likert scale and open-ended qualitative questions. Data were analyzed using descriptive statistics for quantitative responses and thematic analysis for qualitative data.

Results: A majority (76%) reported treating suicidal patients within the past year, though only 35% felt confident in providing care. Training levels were insufficient, with participants scoring an average of 2.25/5 on whether they had received adequate training. Most respondents (45%) expressed a need for further education in pediatric psychiatry, and 60% disagreed with the adequacy of current tools for identifying and managing suicidality. The qualitative analysis revealed a perceived gap in training and preparedness, emphasizing the importance of specialized education.

Conclusions: Israeli PED personnel frequently encounter suicidal youth but often feel underprepared to provide appropriate care. There is a clear need for enhanced training programs, particularly in suicide prevention, to equip medical staff with the tools necessary to effectively identify and treat at-risk patients. Recommendations include curricular updates and specialized workshops for PED personnel to improve suicide intervention outcomes.

Disclosure of Interest: None Declared

Training in Psychiatry

EPP728

Evaluation of the Adequacy of Eating Disorder Training in Psychiatric Residency Programs in Turkey: A Cross-Sectional Study

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doi: 10.1192/j.eurpsy.2025.915

Introduction: Eating disorders (ED) are serious mental illnesses affecting both physical and psychological health. In Turkey, no systematic research has been conducted on the adequacy of ED education in psychiatric residency programs. This study aims to evaluate the perceptions of psychiatric residents regarding the adequacy of their ED training and to offer suggestions for curriculum development.
Objectives: The primary objective is to assess psychiatric residents' perceptions of the adequacy of their training in EDs and compare this with their training in other psychiatric disorders. Additionally, the study aims to propose improvements to the training curriculum.
Methods: A cross-sectional online survey was conducted among 133 psychiatric residents across Turkey. Participants were recruited through social media groups for psychiatric residents, and data were collected in August 2024. The minimum sample size was determined to be 111, based on power analysis. The survey included sociodemographic questions (age, gender, institution type, years of residency) and questions regarding ED training, supervision experience, and other psychiatric disorders. Categorical variables were summarized using percentages and frequencies, while continuous variables were presented as means and medians. McNemar's test was used to assess differences in training and self-efficacy between two diagnostic groups. Ethical approval was obtained from Başkent University (KA24/297).
Results: The mean age of the participants was 28.3 years (SD: 2.1), and the average duration of their residency was 2.6 years (SD: 1.1). Regarding ED training, 46.2% (n=62) reported receiving theoretical lessons, while 84.2% (n=112) reported no supervision. Additionally, 56.4% (n=75) considered their ED training insufficient, and 55.2% (n=73) felt inadequately prepared to manage EDs, which was significantly different from other disorders (for psychotic disorders: $\chi^2 = 34.225$, p <.001; $\chi^2 = 29.167$, p <.001, anxiety disorders: $\chi^2 = 9.031$, p =.003; $\chi^2 = 35.027$, p <.001, sleep disorders: $\chi^2 = 18.581$, p <.001; $\chi^2 = 34.028$, p <.001, neurocognitive disorders: $\chi^2 = 34.028$, p <.001; $\chi^2 = 30.031$, p <.001).
Conclusions: This study demonstrates that psychiatric residents in Turkey, perceive their training in EDs as inadequate. This may stem from the limited time allocated to ED education, lack of supervision, and insufficient clinical experience. The perception that EDs are less common and complex could contribute to limited resources being allocated to their education. These inadequacies may affect residents' ability to manage ED patients effectively. A comprehensive review of training programs, including more practical experience and supervision, could address these deficiencies.

Disclosure of Interest: None Declared

EPP729

Balint group putting on medical trainees in psychiatric internship: first findings and pilot project at Fribourg University, Switzerland

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Introduction: Balint groups are recognized for preventing burnout and ehanced empathy by general practionners. Since few years, they are also identified for enhancing empathy by medical students for difficult patients. With the introduction of a six weeks psychiatric internship during the master medical studies at Fribourg University, a compulsory participation in four Balint Group sessions was implemented for medical trainees during there clinical psychiatric rotation.
Objectives: Hilighting main psychiatric topics concerns by medical trainees during the first and the second years of implementation Hypothesing about imposition participation for medical trainees versus a freely participation.
Methods: An intervision space between group leaders take place to supervising this new design..Each group leader made a presentation about the groupal dynamic and the broached subjets during their session with medical trainees.
These finding were wrintig, discussed beteween and compiled, in order to target a future enquiry's questions.
Results: The fisrt year, main topics concern psychiatry's foundations: what to do when a relative or friend is hospitalized? How to manage relational distance? How far should one be empathetic towards suicidal patients or directive with the setting of care? It was noticed an emotionally context where the tendency of students to identify with the patient was prevalent.
In consequence's, the groupal dynamic required a great attention on the part of the moderators, to enhancing and building the medical identity of the trainees.
During the second year, in contrast, the emotional climate was quieter, the cases presented in a more balanced way.Trainees were distanced from the patient's position as victim and accept better identify to the therapists.

Image 1:

Table 1: Content of sessions presented during the first year

Number	Clinical vignette	Peer review	Thematics
1.1	Hospitalization in PAFA[1] mode of a patient who was a friend	Peers find him too smiley: defensive mechanism?	Mental illness affects all of us
1.2	Family interview where the trainee feels that the clinic manager has been "too distant".	Peers find it difficult to manage the loyalty conflict	The asymmetry of the relationship is more extensive in psychiatry
1.3	The child psychiatry trainee is on the same bus as the teenager who has just run away...	Peers support him	The trainee's vulnerability is greater
1.4	The trainee attends the announcement of a restraint measure[2] to a demented patient in psycho-geriatrics	Peers re-identify with the 'victim' patient	Dismay and incomprehension about MLLs[3]
1.5	Trainee attends a warrant for a "suicidal" patient and feels the need to comfort him with a gesture	Awareness of their tendency to identify with the "victim" patient	Difficulty in assuming the protection of a patient against their will and the need to comfort them with a gesture

Image 2:

Table 2: Content of sessions presented during the second year

Number	Clinical vignette	Peer review	Thematics
2.1	Patient coming to Switzerland for EXIT[4]	Need for 'tools' to assess capacity for discernment	Medical ethics for the purpose of end of life[5]
2.2	Patient transferred in restraint to another ward	Need for better supervision of physician assistants	Need for debriefing after restraint
2.3	85-year-old female patient who has been seeing ghosts for years	When does a "locally accepted belief" become a psychiatric symptom?	Inscribing the psychiatric symptom in the socio-cultural context
2.4	Young Iranian patient who attempted suicide to oppose his dismissal	How can you help if you can't act against the decision?	Medicine is not above the law
2.5	Female patient who ordered oxycodone[6] via Internet	Should this opioid be weaned on demand of the OCN? ?	Medicine must assert its field of expertise

Conclusions: Balint group for medical student during their immersion in the psychiatry field are useful to help students to improve empathy in the patient relationship and to better understanding the specificity of the doctor relationship in psychiatry. But the confrontation with the mental illness and their treatment, especially seclusion treatment, asked a lot of questions from the trainees. The students during the first year of Balint introduction showed a great identification with the patient, essentially catched by the manifest speech and complaints. We observed some changes between the both year, with some hypothesis: better prepared students with previous teaching but also the better frame for their attend by the medical staff in hospital or in ambulatory services.
Further studies must be conducted with qualitative items (satisfaction enquiry by the students, and quantitative findings.

Disclosure of Interest: None Declared

EPP731

INTERRUPTED TALK: Exploring the barriers encountered by psychiatry trainees with utilising a CBT-based framework in patient clinical encounters in an NHS Trust – A qualitative study

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Introduction: The UK Royal College of Psychiatrists and the General Medical Council both recognise the value of and commend the use of Cognitive Behavioural Therapy (CBT) in understanding and treating Psychiatric disorders. It is now mandatory to incorporate in CBT in psychiatry training. Previous research and the authors' own experiences as a trainee have shown that despite being trained in CBT, there continues to be limited use of CBT in routine clinical practice by psychiatry trainees. This study was conducted at a UK NHS Trust as an educational service evaluation.
Objectives: Despite trainees receiving extensive CBT training and completing a 12-session CBT case early in their training, many do not use this skill. The objective of the study was to explore any barriers psychiatry trainees encountered in utilising CBT in routine clinical practise.
Methods: A qualitative, ethnographic approach using focus group discussions was used. Three Focus groups were conducted. These were audio-recorded and transcribed verbatim, then analysed using a General Thematic Analysis. A coding framework was used to organise emergent themes into five broad categories and are shown in the results section.
Results:

Table 1: Barriers to CBT use

Training Factors	Patient Factors	Psychiatrist/ Clinician Factors	Systemic Factors	Other Factors
Not taught in medical schools Insufficient training Training too abstract Time-lag between training and practice Lack of access to information on further training Trainers' emphasis No familiarity with integrating into assessments	Patient Willingness Suitability Patient preference for medication Patient mindset about psychiatrist's role Not considered tangible by patients Poor rapport with medics in in-patient settings Severity of illness	Few advocates Subspecialisation Lack of confidence Unavailability of senior clinicians Culture of clinicians Lack of autonomy Lack of practise Not part of Doctor's role	Time Type of care setting (Community vs Inpatient) Pressure on services. No senior modelling Lack of clarity of concept Focus on other areas at assessment. Lack of supervision No therapist continuity or formalised follow-up	CBT is too structured

Conclusions: Psychiatry trainees were eager to use their CBT skills more often yet find barriers hindering their aspirations. In a specialty where talking with patients can sometimes be as effective as offering them medications, having a deeper understanding of the hindrances trainees encounter with regularly deploying this skill is crucial.

Disclosure of Interest: None Declared

EPP732

Navigating the Challenges of Conducting Training Programs for Serious Mental Disorders for different stakeholder in Slum in Bangladesh

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Introduction: Mental health treatment gap is over 92% in Bangladesh. The situation is more disappointing for those living in the slums in this country where basic health care and other facilities are limited. Due to the lack of easy and affordable access to biomedical care, the slum populations predominantly seek mental health care from traditional and faith-based healers, community health workers (CHWs), and local medicine sellers for serious mental disorders. In the TRANSFORM research, we are working with these 4 important stakeholders and codeveloped two different training programs clustering them in two different groups. In one group, we provided training for traditional and faith based healers and in another group community health workers and medicine sellers and a total 153 people received our 3 days long codeveloped training in 4 batches.
Objectives: We aimed to document the different types of challenges; we encounter to conduct 3 days long training program on serious mental disorders in two groups in the 4 batches.

Methods: A mixed-methods approach was employed to document challenges faced in three stages: pre-training assessment, during-training documentation, and post-training evaluation. During the pre and post feedback assessment we asked participants to provide feedback on specific challenges they faced. The process documentation and event notes throughout the program were collected. After training of each batch, we organized FGDs to gather qualitative insights about the challenges and separate FGD was organized with the facilitators, organizing team members and researchers to get their views also. Thematic analysis was performed on qualitative data, and descriptive statistics were used to assess quantitative findings.
Results: The challenges were clustered in 5 key thematic areas 1) challenge related to manage the diversity of the training participants within the group in terms of age, educational level, religions, 2) challenge related to time and schedule management – due to the rain, traffic jam, ramadan and eid holidays, 3) sociocultural and stigma related challenges: such as old women were unwilling to take part in role 4) Challenge emerged due to disaster **:** A devastating fire ravaged the slum leaving thousands homeless during the training, in addition the heavy rain and storm, 5) political and policy related challenges - During the fourth training batch, political unrest led to roadblocks and safety concerns, making it difficult for participants and facilitators to attend the training.
Conclusions: The understanding and early identification of challenges might be helpful in successful implementation of psychiatry training in different settings.

Disclosure of Interest: None Declared

EPP734

The Role of Emotional Competencies and Mentalization in Burnout Development Among Psychiatry Residents: Longitudinal Findings from the QASP Project

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doi: 10.1192/j.eurpsy.2025.920

Introduction: Burnout is a pervasive issue among psychiatry residents, with long-term consequences for both individual well-being and the quality of care provided to patients. The role of emotional competencies, including emotional regulation, self-awareness, and mentalization, is increasingly recognized as critical in mediating burnout outcomes, according to the job demands-resources model of burnout.
Objectives: The study objective was to investigate predictors of burnout and burnout correlates in a sample of psychiatry trainees.
Methods: This study examines longitudinal data from the QASP project (*Questionnaire and Assessment of Stress and Performance in psychiatry residents*), which also aims to assess the relationship between emotional exhaustion, depersonalization, and personal accomplishment in medical residents across multiple centers in Italy. Using a mixed longitudinal model, we explored predictors of burnout and its correlates, in particular mentalization deficits, emotional dysregulation, and attachment insecurity.
Results: The study involved 827 psychiatry residents enrolled across different psychiatry training programs in Italy, enrolled in two waves: 2022 and 2023. To date, 351 follow-up assessments were retrieved. Emotional exhaustion showed a rapid increase during the early years of residency, then stabilizing in later years (Figure 1).
The results also indicated a strong relationship between increased exposure to violence and elevated burnout dimensions. However, coping strategies were observed to evolve and refine during residency training, with psychiatry trainees displaying a shift from avoidance to problem-focused approaches over time. Residents were also more likely to report less attachment insecurity after one year of training (Longitudinal Mixed Models - Figure 2).
Interpersonal competencies, sustained by mentalization skills, were observed as following a coupled longitudinal trajectory with burnout, so that an increase in interpersonal competencies was associated with a lower elevation in burnout dimensions (Figure 3).

Image 1:

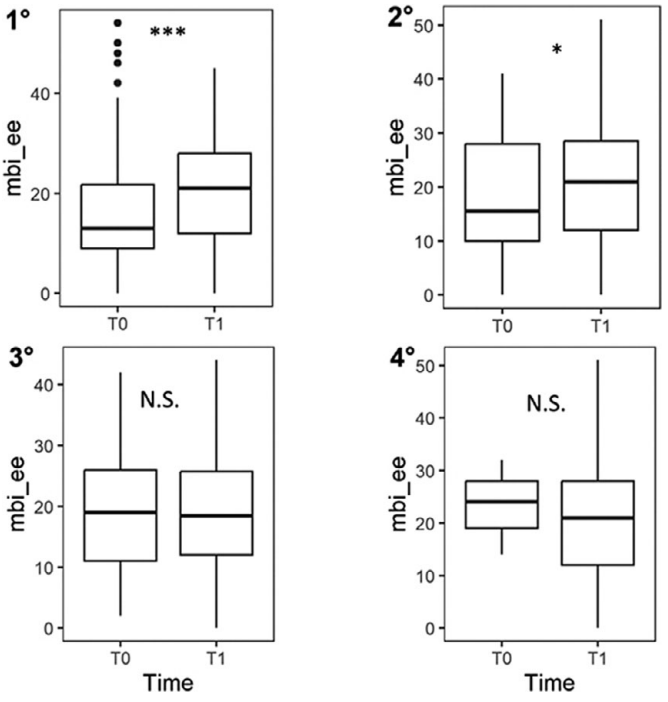


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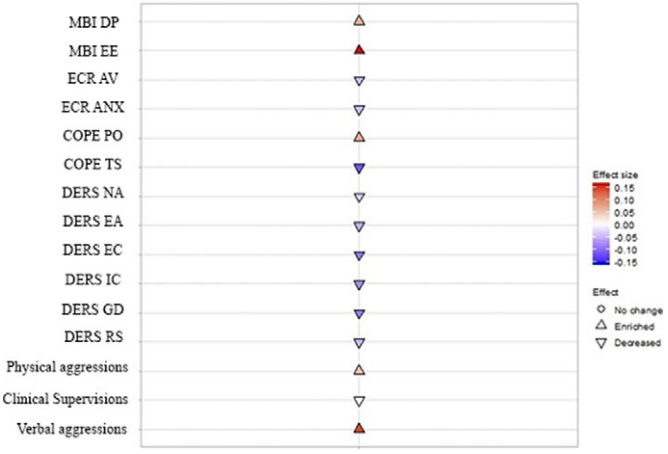
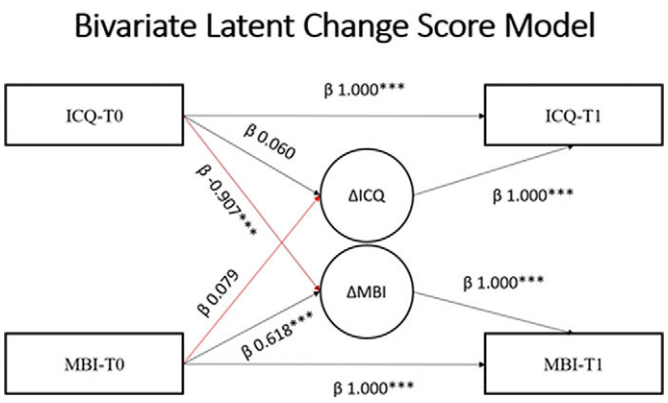


Image 3:



Conclusions: Our findings suggest that enhancing emotional personal and interpersonal competencies could mitigate burnout, improve training outcomes, and potentially increase later workforce retention among psychiatry trainees. These results underscore the need for interventions targeting emotional competencies and mentalization during psychiatric training, such as focused clinical supervisions by senior staff members. Such interventions could enhance residents' resilience, promote effective coping mechanisms, and ultimately improve the quality of psychiatric care.

Disclosure of Interest: None Declared

EPP735

PsychED – A National Teaching Programme to Boost Medical Student Engagement in Psychiatry

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doi: 10.1192/j.eurpsy.2025.921

Introduction: In the 2019 *Choose Psychiatry* guidance for medical schools in the UK, medical students voiced a need for more extracurricular activities focused on mental health. They specifically requested the inclusion of psychiatric clinicians in their education to deepen their understanding of psychiatry and its different roles. Applications for core psychiatry training have risen dramatically, leading to oversubscription in recent years. In response to this demand, *PsychED UK*, a national teaching programme was created to further foster students' knowledge and interest in psychiatry.

Objectives:

- Increase medical students' engagement in psychiatry as a career.
- Enhance students' knowledge and confidence in psychiatric practice.
- Boost interest in psychiatry through practical insights and exposure.

Methods: Between December 2023 and February 2024, six one-hour teaching sessions were offered to medical students and Foundation Programme trainees through Medall, a virtual healthcare platform, delivered by consultants, registrars, and core trainees, ensuring a broad range of experiences.

In order to increase engagement we selected different types of presentation content: session 1 and session 4 focused on practical and personal tips on life as a psychiatry trainee, session 2 and session 3 delivered high-yield content tailored to support exam revision and lastly session 5 and session 6 gave an insight into subspecialties, providing a glimpse into exciting career pathways beyond the general practice.

Pre- and post-session questionnaires were used to measure the satisfaction scores, including likert scale ratings focusing on the student's knowledge, confidence, and interest in a career in psychiatry and free text box for qualatative data.

Results: We had a strong turnout, with 126 attendees participating across six sessions. The audience included a diverse range of individuals, from first-year medical students to Foundation Year 2 trainees, with participants joining from across the UK and even internationally. The results showed strong overall satisfaction, with all sessions scoring 77% or higher. Sessions 1, 3, and 4 received the highest satisfaction ratings, and Sessions 1 and 4 had the highest percentage of attendees providing feedback, indicating strong engagement with the content. Free-text feedback analysis highlighted that attendees were seeking more personal experiences and insights from current core trainees.

Image 1:

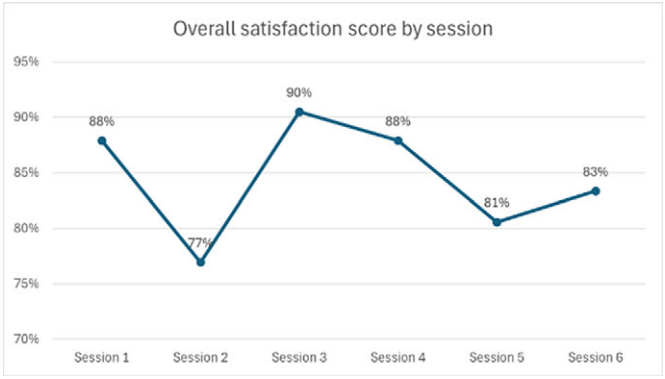
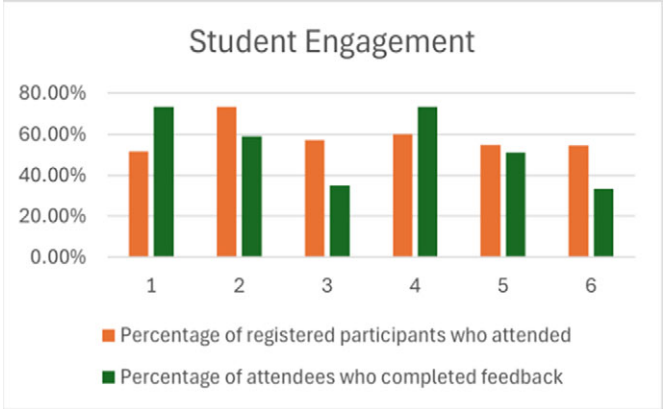


Image 2:



Conclusions: The *PsychED UK* programme effectively enhanced medical students' knowledge and confidence in psychiatry, addressing key areas identified in previous student feedback. Based on these positive results, a second series of teaching sessions is planned, with further refinements to the programme. Due to the high level of engagement and satisfaction with sessions 1 and 4, the second cycle will be presented by two speakers in a conversational format, focusing on the experiences of psychiatry trainees.

Disclosure of Interest: None Declared

European Psychiatry

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e-Poster Viewing

Addictive Disorders

Abstract

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EPV0003

Perceived Stigmatization in Patients with Opioid Use Disorder followed up at Arrazi Psychiatric Hospital in Salé

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doi: 10.1192/j.eurpsy.2025.922

Introduction: Stigmatization has been associated with unfavorable outcomes for individuals with mental illnesses, as it acts as a barrier to seeking help and achieving age-appropriate functional goals. Among mental disorders, people with schizophrenia are most frequently stigmatized, followed by those with alcohol-related disorders, substance use disorders, and depressive disorders.
Substance use disorders have often been viewed as stigmatizing conditions
Objectives: To assess perceived stigmatization and its consequences among patients followed and hospitalized for the management of opioid use disorder in the addiction service at Arrazi Psychiatric Hospital in Salé.
Methods: This is a descriptive cross-sectional study using a questionnaire that includes socio-demographic and clinical criteria, as well as an assessment of perceived stigmatization among patients followed and hospitalized for the management of opioid use disorders in the addiction service at Arrazi Psychiatric Hospital in Salé.
Perceived stigmatization was measured using the Perceived Stigma of Addiction Scale (PSAS). This scale consists of 8 items measuring perceived stigma among substance users.
Inclusion criteria: patients of both sexes, aged 18 to 65, diagnosed with opioid use disorder.
Results: A total of 72 responses were retained. Approximately 60% were male, the majority lived with their families, and about 85% were unemployed. Codeine and tramadol were the most commonly used substances, while heroin was less prevalent. Psychiatric comorbidity was present in about the majority of participants (anxiety disorder, depressive disorder, personality disorder, and 2% with psychosis).
The mean (standard deviation) score of the perceived stigma scale for the study population was 21.23. The mean perceived stigma score was significantly associated with the place of residence, with significantly higher perceived stigma found in participants living alone. Stigmatization was also higher depending on the route of opioid administration and was correlated with the participants‘ socio-economic status.
Conclusions: The study suggests that stigma is a major concern among patients with opioid use disorders. Further research is needed to assess the relationship between stigma and the extent of substance use, personality factors, treatment-seeking behaviors, and its impact on quality of life. Studies could evaluate the evolution and trajectory of stigma throughout treatment in order to develop interventions that could help address the issue of stigma in mental health.

Disclosure of Interest: None Declared

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EUROPEAN PSYCHIATRIC ASSOCIATION

EPV0004

The association between Major Depressive Disorder and Cannabis Use Disorder: a meta-analysis and meta-regression analysis

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doi: 10.1192/j.eurpsy.2025.923

Introduction: Major Depressive Disorder (MDD) is one of the most common psychiatric conditions, while cannabis is the most widely used illicit drug globally. Both MDD and Cannabis

Use Disorder (CUD) hold significant epidemiological and health implications. Emerging evidence suggests a co-occurrence between cannabis abuse, dependence and depression, though studies remain limited.
Objectives: To estimate the percentage of individuals with CUD who have comorbid MDD and those with MDD who have comorbid CUD.
Methods: PubMed, SciELO, and Google Scholar were searched using keywords: ((abuse, cannabis[MeSH Terms]) OR (cannabis dependence[MeSH Terms])) AND ((depressive disorder, major [MeSH Terms]) OR (depressive disorder[MeSH Terms])). Original articles in English or Portuguese were included. Data collection followed PRISMA, MOOSE guidelines, and JBI critical appraisal. The final sample included 53 articles: 36 for the first meta-analysis and 17 for the second. A heterogeneity test (Q test) and "leave-one-out meta-analysis" were used. Prevalence rates were aggregated using random-effects models. Meta-regression and sensitivity analyses were conducted.
Results: MDD showed a high prevalence among individuals with CUD, at 31.12% (95% CI: 25.71% to 36.80%). Prevalence was not significantly influenced by year, age, gender, population type, assessment period, region, or diagnostic criteria. CUD prevalence among those with MDD was 10.95% (95% CI: 7.08% to 15.53%), with higher rates in men and younger individuals. CUD prevalence appears to be increasing over time, though population type and assessment period did not significantly affect overall prevalence.
Conclusions: This meta-analysis reveals a high prevalence of MDD among individuals with CUD and a significant prevalence of CUD among those with MDD, confirming a strong comorbidity. Cannabis use may exacerbate depressive symptoms, while those with MDD are at higher risk of developing CUD. Age, gender, and geographical factors influence this relationship. With increasing cannabis use, particularly among younger populations, the CUD-MDD comorbidity presents a growing public health issue. Further research is needed to explore the longitudinal link between these disorders.

Disclosure of Interest: None Declared

EPV0005

Prevalence of depression and anxiety symptoms among first-generation medical students

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Introduction: Medical students face high demands in college, which may cause significant psychological stress and mental health problems, such as depression and anxiety. Several studies worldwide have shown that such individuals are more likely to experience anxiety. However, few studies have examined how generational status and being a first-generation medical student lead to mental health issues.
Objectives: In this study, we aimed to estimate the prevalence of depression and anxiety in first-generation medical students (FGMS) compared with non-FGMS and to determine the correlation between socioeconomic factors and other variables with depression and anxiety in FGMS.
Methods: This cross-sectional study was conducted among medical students at the College of Medicine. A self-administered questionnaire was distributed to the students using convenience sampling. The questionnaire comprised socio-demographic information (e.g. age, gender, marital status), a General Anxiety Disorder (GAD-7) scale to assess anxiety, and a Patient Health Questionnaire (PHQ-9) to assess depression among medical students.
Results: Among the 309 medical students who completed the questionnaire, 65.4% were female and 75.7% were FGMS. The prevalence of anxiety and depression among medical students was 36.2% and 39.5%, respectively, and was higher among FGMS, but not significantly different ($p<0.05$). Independent risk factors for anxiety and depression among FGMS included a previous history of mental disorders and lack of social and emotional support, while fair sleep quality was identified as a significant independent preventive factor for anxiety and depression. The prevalence rates of anxiety and depression among patients with FGMS were 39.3% and 41.9%, respectively. A previous diagnosis of mental disorder was a significant risk factor for anxiety and depression, whereas fair sleep quality was a significant protective factor. Further research is needed to identify the factors that influence anxiety and depression among FGMS in our region.
Conclusions: Anxiety and depression are common among first-generation medical students. FGMS with a history of mental disorders tended to exhibit symptoms of both anxiety and depression compared to the rest of the FGMS. However, satisfactory sleep quality could result in better mental condition in FGMS. Institutional measures should be adopted to help students improve their living conditions. Furthermore, institutional leaders should spearhead the destigmatisation of psychological disorders and advocate help-seeking behaviours when students need mental help, particularly when they are anxious or depressed.

Disclosure of Interest: None Declared

EPV0006

Is there a place for Psychosocial Rehabilitation in Alcohol Use Disorders? – A Retrospective Analysis of the profile of frequent Users of an Inpatient Alcohol Unit in Lisbon

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Introduction: Alcohol dependence is a chronic condition associated with multiple relapses, leading to recurrent admissions to inpatient units. The success of treatment is closely tied to the psychosocial rehabilitation of these patients, as a means to ensure long-term abstinence.
Objectives: We aim to characterize the psychosocial profile of frequent users of an Inpatient Alcohol Detoxification Unit in Lisbon and to reflect on the need for psychosocial interventions to prevent relapse risk.
Methods: A retrospective analysis of data collected from the clinical records of patients admitted two or more times within one year to

an Alcohol Detoxification Unit in Lisbon, during the period between January 2022 and December 2023.
Results: During the study period, 37 patients with two or more admissions in a year were identified. The average age was 51.9 years, and 67.6% were male. It was found that 48.6% of the patients were divorced or separated; more than half of the patients were unemployed at the time of admission (62.2%), and nearly half were experiencing financial hardship (48.6%). In terms of integration into rehabilitative and abstinence maintenance structures, 40.5% had attended the Day Care Center of the Hospital Center, and only 5.4% had been part of a Therapeutic Community (TC). Before their last admission, 8.1% of the patients had been referred to a TC, 10.8% to the Day Care Center, and 51.4% to outpatient care, while 24.3% left against medical advice. In contrast, during the last admission in the study period, 13.5% were referred to the Day Care Center, and 35.1% to a TC.
Conclusions: The results highlight the need for psychosocial intervention and rehabilitation in patients with alcohol use disorder. Treatment should include a multidisciplinary approach that takes into account socioeconomic support and integration into rehabilitative structures, as these promote long-term abstinence and therapeutic success.

Disclosure of Interest: None Declared

EPV0007

Psilocybin: Systematic review of its use in the treatment of depression

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Introduction: Psilocybin, a psychedelic compound, has shown potential in treating depression, especially in cases resistant to conventional treatments. This study systematically reviews the scientific literature to assess its efficacy and safety.
Objectives: The main objective of this study is to evaluate the therapeutic effects of psilocybin for the treatment of depressive disorder through a systematic review of the current scientific literature
Methods: An exhaustive search was conducted in databases such as PubMed and Web of Science, using specific MeSH term and selecting studies published between 2019-2024 that investigated the effects of psilocybin in treating depression.
Results: The included studies demonstrated significant improvements in depressive symptoms with psylocibin compared to standard treatments. Studies reports a rapid and sustained symptom reduction, with few adverse effects.
Conclusions: Psilocybin could be an effective and safe alternative for treating depression, providing symptomatic relief with fewer treatment sessions and a favorable safety profile. However, further research is needed to overcome current limitations and fully understand its therapeutic potential and underlying mechanisms.

Disclosure of Interest: None Declared

EPV0008

Wernicke's encephalopathy in patient with alcohol dependence

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Introduction: The worldwide prevalence of Wernicke-Korsakoff syndrome is thought to range from 0-2%. Those at greatest risk include the homeless, the elderly, and psychiatric patients (1). In treatment, typical regimens include high doses of intravenous thiamine, three times daily for at least three days. Electrolyte abnormalities should be corrected and fluids replaced.
Objectives: We are interested in studying the evolution of a patient with alcohol withdrawal syndrome progressing to wernicke's encephalopathy.
Methods: We conducted a literature review by searching for articles in Pubmed.
Results: A 40-year-old male, with no medical or surgical history of interest, alcohol consumer, was admitted to the hospital ICU for an episode of ataxia and agitation in the context of four days of alcohol abstinence. He was sedated and orotracheal intubation was performed and treatment was started with thiamine, tiapride and diazepam. After hemodynamic and respiratory stability, the patient was transferred to the Internal Medicine ward where he presented clinical symptoms compatible with Wernicke's Encephalopathy (cerebellar ataxia and nystagmus). Psychiatry was consulted to adjust treatment and to carry out a psychosocial approach for discharge (alcohol withdrawal center).
The patient's evolution has been favorable with the adjustment of psychopharmacological treatment. In the neurological examination we observed nystagmus and cerebellar ataxia. In the psychopathological examination the suspicious contact, psychomotor restlessness, mild generalized tremor in both MMSS are remarkable. Speech difficult to understand due to language barrier. Traits of impulsivity in the foreground. Unstructured biological rhythms. Partial insight. Intellectual functions and volitional abilities preserved.
In the complementary tests without significant remarkable alterations. In the treatment adjustment, a de-escalation of diazepam has been carried out for discharge. Treatment with pregabalin, tiaprizal, thiamine and vitamins B1-B6-B9 was also prescribed. Recommendation of absolute cessation of alcohol consumption and follow-up by internal medicine, psychiatry and social work.
Conclusions: Wernicke-Korsakoff syndrome is a clinical diagnosis and Wernicke's encephalopathy should be suspected in any person at risk of thiamine deficiency presenting oculomotor findings, ataxia or confusion (1). Thus, in our patient presenting ataxia and nystagmus in the context of alcohol abstinence and some malnutrition, an early approach with thiamine can be performed to prevent progression to Korsakoff's syndrome.

Once amnesia and executive deficit are present, Korsakoff's syndrome should be suspected. The key to good outcomes is therefore to detect Wernicke's encephalopathy early and treat it with thiamine (1). Severe concomitant infections, including sepsis of unknown origin, are frequent during Wernicke's phase (2). In our patient there were no complications.

Disclosure of Interest: None Declared

EPV0010

Problematic internet use among adolescents in Sousse, Tunisia: Prevalence and correlates

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Introduction: Cyberaddiction, characterized by excessive and uncontrollable internet use, has been linked to various psychological and behavioral issues. Adolescents are particularly vulnerable to these risks, as they are heavy users of digital platforms, often spending long hours online for social interaction, entertainment, and gaming. While research on this issue is expanding, our study seeks to contribute further insights into the factors associated with problematic internet use and its implications for adolescent well-being.
Objectives: The objective of our study was to determine the prevalence of cyberaddiction among adolescents in Sousse, Tunisia and to investigate its relationship to self-esteem.
Methods: We conducted a descriptive cross-sectional study with analytical objectives among adolescents aged 12 to 18 from schools in Sousse Medina, Tunisia during February, March, and April 2024. We used a demographic information form, the Young Internet Addiction Test and the Rosenberg Self-Esteem Scale for data collection.
Results: Our population consisted of 416 adolescents. The most represented age group was 14 years old (22.1%), with a mean age of 15.05 ± 1.7 years. The sample comprised 236 females (56.7%) and 180 males (43.3%). Our findings indicate that 83.2% of participants exhibited problematic internet use with potential life consequences, 11.3% showed occasional excessive use but maintained control, and 5.5% experienced severe repercussions from their internet use. Additionally, 43% of participants spent more than 2 hours per day online. A statistically significant relationship was observed between the amount of time spent online and cyberaddiction ($p = 0.009$, with higher levels of cyberaddiction associated with increased internet usage. According to the Rosenberg Scale, 51.9% of adolescents had low self-esteem, however, no statistically significant relationship was observed between self-esteem and cyberaddiction.
Conclusions: Our findings highlight a concerning prevalence of problematic internet use among adolescents, with no significant correlation identified between self-esteem and cyberaddiction. This suggests that other underlying factors may contribute to the challenges faced by this population. It is crucial for healthcare professionals and policymakers to prioritize preventive measures and awareness campaigns, promoting healthier online habits and ultimately fostering the well-being of young people in an increasingly digital world.

Disclosure of Interest: None Declared

EPV0011

Cyberaddiction and anxiety-depressive disorders among adolescents in Sousse, Tunisia: Prevalence, Patterns, and Implications

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Introduction: As global internet usage continues to expand, concerns regarding its effects on adolescent mental health have gained prominence. Cyberaddiction and anxiety-depressive disorders are increasingly recognized as interconnected among adolescents. Excessive use of digital platforms, social media, and online gaming can contribute to heightened stress, social isolation, and emotional instability. Understanding these dynamics is essential for developing effective mental health strategies and encouraging healthier online behaviors among adolescents.
Objectives: This study aimed to investigate the relationship between cyberaddiction and anxiety-depressive disorders among adolescents in Tunisia.
Methods: This is a cross-sectional, descriptive, and analytical study, that was conducted on adolescents aged 12 to 18, enrolled in three educational institutions in Sousse, Tunisia. Data were collected using the Young Internet Addiction Scale and the Hospital Anxiety and Depression Scale (HADS). A pre-established data collection form was used to gather additional demographic and behavioral information.
Results: Our study included a population of 416 adolescents, with a mean age of 15.05 ± 1.724 years. The majority of the participants were female (56.7%). Among the participants, 41.6% were high school students, and 58.4% were middle school students. Our results showed that 83.2% of participants exhibited problematic internet use, with potentially adverse effects on their daily lives. Additionally, 11.3% managed to maintain control over their internet usage despite occasionally exceeding planned time, while 5.5% experienced severe internet addiction, significantly impacting their personal and social lives Regarding internet usage patterns, the majority (64.9%) reported that social media was their primary online activity, while 35.1% preferred online gaming. The HADS revealed that 43% of the participants experienced varying degrees of anxiety disorders, and more than half (50.7%) showed symptoms of depressive disorders. Notably, 88.5% of the participants displayed symptoms of both anxiety and depression. A statistically significant correlation was observed between anxiety-depressive disorders and cyberaddiction ($p = 0.008$).
Conclusions: Our study highlights a concerning prevalence of both cyberaddiction and anxiety-depressive disorders among adolescents. These findings emphasize the urgent need for preventive measures and targeted interventions. Addressing these issues through education, mental health support, and regulated internet use could mitigate the negative impacts on adolescents' well-being.

Disclosure of Interest: None Declared

EPV0013

A validation study of the Hungarian version of the Prediction of Alcohol Withdrawal Severity Scale: the role of kindling mechanism

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Introduction: The critical importance of preventing, recognizing early, and effective treatment of complicated form of alcohol withdrawal syndrome (cAWS) lies in its high mortality rate. cAWS include alcohol-related seizures (ARS), and delirium tremens (DT). The Prediction of Alcohol Withdrawal Severity Scale (PAWSS) was developed to identify patients at risk of developing cAWS. Recently, history of ARS and/or DT ("kindling mechanism"-related predictors) have been suggested as the strongest risk factor for developing cAWS.
Objectives: The present study aimed to validate the Hungarian version of the PAWSS as suitable for evaluating the risk of developing cAWS and determining the significance of past ARS and/or DT occurrences.
Methods: A total of 70 inpatients were enrolled from at the Department of Psychiatry, University of Szeged, Hungary in 2023 with a principal diagnosis of AWS. PAWSS, Severity of Alcohol Dependence Questionnaire (SADQ) and Alcohol Use Disorders Identification Test (AUDIT) were used. Demographic variables (age, sex) and clinical outcomes (development of cAWS) were collected. Statistical analyses were performed using Receiver Operating Characteristic (ROC) analysis, binary logistic regression analyses and chi-square test.
Results: The ROC analysis showed that ≥ 6 is the optimal cutoff point in our sample. The sensitivity (73.91%), specificity (82.98) and positive- (68.00%) and negative- (86.67%) predictive values were highest for the threshold value of 6. In the first binary logistic regression model our results indicate that the PAWSS score of 6 or more was identified as a significant predictive factor for the current cAWS (OR = 12.332; 95% CI = 3.468–43.85; p < 0.001). The results of the second binary logistic regression showed that the history of the cAWS (OR = 6.811; 95% CI = 2.084–22.25; p = 0.001) and the SADQ total score (OR = 1.048; 95% CI = 1.001–1.10; p = 0.043) were significant predictive factors for the current cAWS. The chi-square test results showed significant difference between the rate of the history of cAWS and the current cAWS ($\chi 2$ (1) = 13.0; $p < 0.001$) and 21.4% (n = 15) of the patients had both current and previous cAWS. The Phi-coefficient was 0.431, which indicates that the history of complicated AWS has a relatively strong effect on the current cAWS.
Conclusions: Our results revealed that the Hungarian version of PAWSS is a valid tool for predicting cAWS with a different cutoff score compared to the original version. Furthermore, our findings suggest that the risk of developing cAWS is independent of the severity of alcohol use disorder. Our results also demonstrated that a history of cAWS is a significant predictor in the development of future episodes of cAWS.

Disclosure of Interest: None Declared

EPV0017

Exploring the Nexus of Nicotine Dependence and Schizophrenia in a Clinical Case Study

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Introduction: Studies in the general population and those based on clinical assessments of individuals with schizophrenia have shown a high degree of overlap between schizophrenia and substance-related disorders.
The prevalence of substance abuse throughout life is so common that the likelihood of a specific link inevitably arises. Various hypotheses have been proposed to explain the high comorbidity between schizophrenia and substance abuse, making these patients challenging to manage due to potential pharmacological interactions between the substances they consume and neuroleptic medications.
Objectives: To explore the nexus between nicotine dependence and schizophrenia through a case report and a review of the literature.
Methods: We discuss a 40-year-old divorced man, father of one daughter, unemployed, with a history of psychiatric follow-up in private care for seven months before admission for untreated schizophrenia, and polyaddiction to substances including tobacco, cannabis, and cocaine.
He was transferred to our facility for management of behavioral disorders and aggression with a refusal of oral treatment. The patient had been incarcerated in France for four years for assault with a bladed weapon. He was admitted to our emergency psychiatric service with his brother due to arson within his residence where he lives alone. Upon admission, the patient was well-oriented in time and space, with neglected hygiene, easy contact, neutral facial expressions, sad mood, blunted affect, motor instability, and a dissociative syndrome: irrelevant responses, tangential speech, and persecution delusions without a specific persecutor, confirming his behavioral disorder and trivializing it with impaired judgment and no suicidal ideations.
Results: The patient was hospitalized and underwent a complete blood test and ECG, both of which returned normal results, and was treated with olanzapine 10 mg/day and chlorpromazine 200 mg/day. During his hospitalization, he made several attempts to start fires within the ward, explaining his actions as a constant desire to inhale smoke to relieve discomfort, and he experienced a craving for smoke. After a month in our facility, and following the resolution of the dissociative and delusional syndromes, we scheduled a leave for the patient to assess clinical improvement. Upon returning from leave, the patient expressed multiple persecutory delusions towards family members who prevented him from starting a fire in his garden, which he considered necessary for his well-being.
Conclusions: Comorbidity between addiction and schizophrenia is very common in our social context, and management should be simultaneous, without neglecting the importance of family support.

Disclosure of Interest: None Declared

EPV0018

Vulnerability factors of problematic cannabis use

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Introduction: The cannabis use has increased widely in Tunisia during the ten past years, especially in adolescents and young adults. Cannabis use can lead to mental and physical health problems.
Objectives: The aim of the study was to determine the factors associated to problematic cannabis use.
Methods: This was a cross-sectional descriptive and analytical study including 115 subjects arrested for suspected drug use, carried out using a pre-established questionnaire, the CAST (Cannabis Abuse Screening Test) for the assessment of cannabis use, the Hamilton Anxiety and Depression scale, the 5-word Test of Dubois for memory evaluation, and the Rosenberg scale for the assessment of self-esteem.
A urine dosage of cannabis was also performed.
Results: The mean age of the study population was 25.19 ± 6.7 years. The sex ratio was 8.16. the problematic users represented 73.9% of the study population. The cannabis was used in the form of joints. Memory decline was noted in 73% of the cases, and 52% of users had anxiety and depression symptoms.
Problematic use was associated to male gender ($p<0.001$), to an age older than 21.5 years ($p= 0.01$), to early initiation ($p= 0.005$), to memory decline ($p= 0.003$) and the higher scores of anxiety ($p< 0.001$)
Conclusions: The frequency of cannabis consumption and the vulnerability factors of problematic use must be taken into account in prevention campaigns.

Disclosure of Interest: None Declared

EPV0019

Substance use and mental health in pediatric type 1 diabetes: key predictors of academic failure

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Introduction: Type 1 Diabetes (T1D) is an invisible condition, yet it can be difficult for young people to accept. Many attempt to hide or downplay their illness, potentially leading to significant psychological distress.
Objectives: The objective of this study is to determine the prevalence and characteristics of academic failure among children with T1D, as well as the associated risk factors, including the impact of substance use such as tobacco, alcohol, and cannabis.
Methods: This is a retrospective, descriptive, and analytical study conducted at the Endocrinology Department of Farhat Hached Hospital in Sousse, covering the period from January 2015 to January 2020. The study analyzed the school and professional trajectories of T1D patients, considering their clinical, biological, and social data. Academic failure, the dependent variable, was defined as either the interruption of studies or the repetition of at least one academic year. Additionally, the prevalence of smoking, alcohol, and cannabis use in this population was recorded.
Results: The study included 70 patients (31 males and 39 females), with a mean age of diagnosis of T1D at 7.36±4.41 years. Academic repetition was observed in 71.4% of cases, and school dropout in 47.1%. The reasons for academic delays were attributed to recurrent hospitalizations (31.4%) and glycemic instability, including hyper/hypoglycemic episodes (17.1%). Multivariate analysis adjusted for diabetes type revealed that significant risk factors for academic failure included: ≥5 hospitalizations for ketosis ($p=0.037$) and higher mean HbA1c levels at recent consultations ($p=0.001$). Protective factors were functional insulin therapy ($p=0.031$) and the use of insulin analogs ($p=0.004$). Concerning substance use, tobacco addiction was present in 22.9% of patients, alcohol consumption in 14.3%, and cannabis use in 8.6%. Patients using tobacco and alcohol exhibited a higher risk of school dropout and lower academic performance, with a significant correlation between cannabis use and glycemic instability.
Conclusions: The risk of academic failure among T1D patients is substantial and should not be underestimated. Frequent hospitalizations, poor glycemic control, and substance use (especially tobacco and cannabis) further exacerbate this risk. The physical and psychological complications of T1D, combined with the socioeconomic challenges and limited access to medical care in rural or isolated areas, contribute to school dropout. This study highlights the importance of comprehensive medical and psychosocial support to improve both health and academic outcomes in this vulnerable population.

Disclosure of Interest: None Declared

EPV0020

Trauma-Addiction Link Among Women in Harm Reduction

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Introduction: The life journeys of women who have experienced childhood violence are often marked by great complexity. This study aimed to better understand the links between childhood trauma and the development of substance use disorders, in order to propose therapeutic interventions tailored to the specific needs of these women
Objectives: identify the most frequent types of trauma and their frequency in the studied sample. To describe the most commonly used substances, patterns of use, and the severity of substance use disorders.
Methods: sample of 53 women who frequented harm reduction centers participated in this study. The Childhood Trauma Questionnaire (CTQ) was employed to evaluate experiences of childhood trauma, while the Drug Use Disorder Identification Test (DUDIT) was utilized to assess the severity of substance use disorders. Data collection was conducted anonymously, and subsequent analysis was performed using statistical software spss.

Results: In our study, 53 women consulting risk reduction centers met the inclusion criteria.

- A history of childhood trauma (CTQ ≥ 35) was observed in 92.5% of cases (n=49). Severe trauma scores were found in:
- 45% for emotional neglect
- 23% for physical neglect
- 51% for emotional abuse
- 59% for physical abuse
- 21% for sexual abuse
- A drug dependence (DUDIT ≥ 2) was observed in 72% of cases (n=38), i.e., all women in the study who used psychoactive substances. The most frequent dependencies were related to cannabis (53%), followed by benzodiazepines (41%) and pregabalin (36%).
- Injectable drug use was observed in 23% of cases, with Subutex being the most common (n=10; 5%). Two women used heroin (1%).

Conclusions: These results highlight the importance of integrating a trauma-informed approach into the care of women with substance use disorders. Specific therapies, such as trauma-focused cognitive-behavioral therapy (TF-CBT), can be particularly beneficial in helping these women manage their post-traumatic symptoms and reduce their substance use.

Disclosure of Interest: None Declared

EPV0021

Between Violence and Addiction: The Complex Journeys of Resilient Women

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Introduction: Violence against women is a significant public health issue with devastating consequences for victims. It's a complex and often hidden phenomenon rooted in deep-seated gender inequalities. Faced with distress and trauma, some victims may develop self-medication behaviors, such as substance use.
Objectives: This descriptive study aims to characterize the experiences of violence among 53 women who sought help from the ATL, MST SIDA, and ATIOST associations.
Methods: Data was collected through individual interviews with each of the 53 participants. An interview guide was developed to cover different types of violence (physical, psychological, sexual, economic), their frequency, intensity, and their consequences on substance use, using the DUDIT questionnaire.
Results: The sample consisted of women with an average age of 36.04 ± 10.31 years, ranging from 18 to 58. The results show that all participants experienced multiple and recurrent forms of violence, primarily psychological (insults, denigration, control, isolation) and physical (hits, slaps, threats). Sexual violence, although less frequently reported, was also identified in 32%. The most common type of violence was physical (77%), mainly occurring within the couple (49%). 72% of women presented a substance use disorder. The most commonly used substances were cannabis (53%), followed by benzodiazepines (41%), and pregabalin in third position (36%).
Conclusions: This descriptive study highlights the complexity of the experiences of violence faced by women seeking help from harm reduction associations. The results underscore the urgent need to address this issue and develop tailored responses to the specific needs of these women. Future research could explore in greater detail the risk and protective factors associated with violence against women, as well as the long-term effects of this violence on mental and physical health.

Disclosure of Interest: None Declared

EPV0023

Investigating the Intentional Google Effect: A Pilot Study Using Antisaccade Eye-Tracking Paradigm

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Introduction: There is growing concern that the internet may have a detrimental effect on users, leading to addiction and cognitive decline. One well-known empirical study, conducted by Sparrow, Liu, and Wegner (2011), presented two types of the so-called Google effect (intentional and mnemonic) as evidence. In this study, participants answered either difficult or easy yes/no trivia questions, followed by a Stroop task involving internet-related and neutral words displayed in different colors. The reaction times were slower for internet-related words, but only after the difficult trivia questions, which was interpreted as evidence of automatic internet priming in challenging situations. However, subsequent replication attempts were unsuccessful. We hypothesized that the Stroop paradigm may not be valid due to the lack of semantic interference and that the antisaccade task would be more sensitive.
Objectives: To investigate the intentional Google effect using the antisaccade eye-tracking paradigm.
Methods: A pilot study was conducted (N=37). Participants answered a series of difficult or easy yes/no trivia questions, followed by the appearance of either an internet-related or neutral image on the left or right side of the screen. The task required participants to look in the opposite direction of the stimulus, with oculomotor activity recorded by the SMI Hi-Speed system (1250 Hz). Reaction time and the number of errors were measured.
Results: Logistic regression and ANOVA results did not show a significant influence of question difficulty, stimulus type, or their interaction on error probability ($B = -0.22$, $SE = 0.22$, $z = -0.94$, $p = 0.35$) or reaction time ($F = 0.31$, $p = 0.58$).
Conclusions: These preliminary results do not support the hypothesis for the intentional Google effect, further research and discussion in the context of internet-addiction are needed.

Disclosure of Interest: None Declared

EPV0025

Breaking the Cycle: Understanding Frequent Relapses in Alcohol Treatment – The Impact of Patient Engagement and Prevention Strategies through Retrospective Analysis

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Introduction: Alcohol use disorder is a significant Public Health issue with substantial socioeconomic impact, morbidity, and mortality. Achieving therapeutic success remains challenging due to frequent treatment dropouts, relapses, and readmissions. It is estimated that 20-40% of patients discontinue detoxification treatment prematurely, with some studies highlighting the influence of psychiatric comorbidities, polysubstance use, unemployment, and impulsivity. Premature discontinuation increases the risk of medical complications and worsens prognosis. Although anti-craving medications have demonstrated efficacy in preventing relapse, they remain underprescribed.
Objectives: This study aims to identify and analyze determinants of readmissions, particularly in patients with a history of treatment dropout, and propose strategies to enhance therapeutic success.
Methods: A two-year retrospective analysis was conducted on readmitted patients, with a focus on previous dropouts, within the 12 months prior to their last hospitalization for alcohol detoxification at ULS São José - Hospital Júlio de Matos. The analysis included sociodemographic data, comorbidities, anti-craving therapy, integration into therapeutic communities (TC), and post-discharge outcomes.
Results: A total of 37 patients were identified with readmissions in the past 12 months. Of these, 9 (24.3%) had left their previous admission against medical advice, most of whom had experienced 4 or more admissions. There was a similar gender distribution, with all patients being single or divorced, 66.7% unemployed, and the same percentage experiencing economic hardship. Two-thirds had psychiatric comorbidities. None had recently received anti-craving medication, and only 2 (22.2%) had prior involvement with a TC. During their readmission, 44% were discharged to a TC or Day Center, and 2 left again against medical advice.
Conclusions: It was found that many frequent users discharged themselves against medical advice from previous hospitalizations. These patients showed a high prevalence of socioeconomic problems and psychiatric comorbidities, with none receiving anti-craving therapy. In the future, it will be essential to analyze the reasons for these dropouts to improve the effectiveness of treatment during hospitalization. It is concluded that therapeutic plans must be personalized and tailored to the patients' multiple needs to ensure better adherence.

Disclosure of Interest: None Declared

EPV0027

Addictive Behaviors among University Students in Kenitra, of Internet and Social Media: An Exploratory Study

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Introduction: As the accessibility of new technology becomes easier and its usage longer, especially among university students, the repercussions on content consumption and behaviors must be examined and addressed, both for prevention and remediation.
Objectives: The aim of this study is to assess the degree of addictive behaviors associated with the use of the internet and social media. Through a questionnaire, data was collected from a random sample of university students in Kenitra.
Methods: 58 students participated in the study (21.29 ± 1.69) (38 women and 20 men), distributed as follows: 31% in the first year, 32% in the second year, and 36% in the third year. Of these, 94% reported owning a smartphone for at least one year.
Results: 17% reported using internet for more than 12 hours per day. 37% recharge their balance immediately after it is depleted, and 41% become frustrated when they receive no response to a message, 38% are constantly awaiting new notifications. Nearly 30% reported that internet use affects their studies, health, and causes conflicts with their parents.
Girls are more connected than boys and cannot tolerate being without internet access ($p < 0.05$, respectively). The number of repeated semesters is highly correlated with the duration of smartphone ownership and significantly correlated with age ($p < 0.05$). Furthermore, a strong correlation is observed between the duration of internet use and the allocated budget ($p < 0.05$), as well as the ability to tolerate the absence of internet access ($p < 0.05$).
The regression test shows that an increase in the allocated budget for internet connection leads to an increase in the time spent using smartphone applications ($\beta = 0.42$), and the model explains 47% of this relationship. Additionally, the nature of the application used can explain 30% of the increase in the number of repeated semesters among university students ($\beta = 0.30$), this parameter is also explained by the duration of smartphone ownership by 10% ($\beta = 0.33$).
Conclusions: Internet access is facilitated by smartphones, which fosters attachment behaviors among university students that can lead to addiction and certainly have an influence on academic progress, health, and family relationships.

Disclosure of Interest: None Declared

EPV0028

The relationship between immuno-biochemical indicators and clinical manifestations of alcoholic and/or mixed forms of addiction in adolescents

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Introduction: Identification of the effects of experimentation with psychoactive substances and the formation of addictive behavior in adolescents in risk groups requires the development of new approaches to the clinical and laboratory examination for the prevent severe complications of intoxication and treatment of addiction. One of the biological indicators of complications from the use of psychoactive substances during the period of brain development may be neuroinflammation, in addition to metabolic disorders and disorders of other internal organs.

Objectives: To study the relationship between the levels of inflammatory markers and biochemical blood indicators with the clinical symptoms in adolescents with alcohol and substance intoxication.

Methods: Clinical and laboratory examinations included 40 patients aged 14 to 17 years diagnosed with behavioral and mental disorders due to alcohol use and/or combined alcohol and substance abuse. In blood plasma, the activity of leukocyte elastase (LE) and α1-proteinase inhibitor (α1-PI), as well as the level of autoantibodies (AB) to S100B and basic myelin protein (MBP) were measured. The results were compared with the corresponding normative indicators.

Results: The relationship between the level of immune system activation and the activity of the pathological process in the brain served as the division of patients into groups. The 1st group (58.3%) was characterized by high activity of LE and α1-PI and an increased level of aAT to MBP ($p<0.05$). The 2nd group (42.7%) was distinguished by low LE activity and a high level of other markers ($p<0.01$). In the 1st group, a higher monocyte content, an increase in creatine phosphokinase activity, uric acid level, aspartate aminotransferase and alanine aminotransferase ratio, a decrease in gamma-glutamyltransferase activity and serum iron and ferritin level were found compared to the 2nd group. In the 2nd group, the increase in the number of neutrophils was associated with a relatively increased platelet content, as well as higher levels of alkaline phosphatase activity, creatinine content, total and direct bilirubin. In the 1st group, signs of attention deficit, autoaggression, and increased tolerance to the dose of the substance used were detected more often. In the 2nd group, pronounced tension and irritability, a longer duration of drug use, and more severe clinical manifestations of withdrawal syndrome were observed.

Conclusions: The introduction of indicators of neuroinflammation, associated with ferroptosis mechanisms, initially clinically asymptomatic, into the cluster of clinical and laboratory studies will specify the diagnostics of individual changes in reactivity and health disorders in adolescents at the stage of drug addiction. This will substantiate and increase the effectiveness of the prevention of addictions and early disability among adolescents at risk.

Disclosure of Interest: None Declared

EPV0029

Examining the associations between mental well-being, emotional regulation, social anxiety, and excessive smartphone use

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Introduction: Interpreting and perceiving adequately others' emotions and the regulative processes within one's mental health are barriers or predisposing factors in the development of smartphone addiction.

Objectives: The research explores the role of mental health, fear of negative perception, and assessment of other people's emotions, which influence excessive smartphone use.

Methods: The survey included 400 respondents, of whom 104 were men (26%), 293 women (73.2%), and three persons (0.8%) who indicated a different gender. The mean age of the participants was 25.9 years (SD 10.9). Registered answers refer to demographic data (gender, age, smartphone usage habits) as well as psychological measures: a Smartphone Application-Based Addiction Scale (SABAS), a Mental Health Continuum Scale (MHC), an Assessing Emotions Scale (AES), and Fear of Negative Perception Questionnaire (FNPQ).

Results: Results show a significant negative correlation between the SABAS score and global mental well-being ($r(398) = -.15$, $p = .005$) and a significant positive correlation between the SABAS score and fear of negative perception ($r(398) = .27$, $p = .001$). Using SABAS's cutoff point (23 points), non-problem ($M = 59.6$, $SD = 11.4$) and problem users ($M = 55.8$, $SD = 11.3$) differ significantly in global mental well-being ($t(398) = -2.9$, $p = .004$) and each of its sub-factors, emotional, social, and psychological well-being; as well as non-problem ($M = 20$, $SD = 8.2$) and problem users ($M = 24.1$, $SD = 8.4$) in fear of negative perception ($t(398) = 4.3$, $p = .001$). Relevant associations between emotional regulation and problematic smartphone use we did not find.

Conclusions: The resulting data will support to investigation of the role of mental health well-being factors in the development of problematic smartphone usage, besides prevention and psychotherapeutic intervention.

Disclosure of Interest: None Declared

EPV0030

Impact of problematic mobile phone use among Nursing Students

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Introduction: Technological development and the ever-expanding range of functions that a mobile phone offers to its users cause that more and more people overuse this device. The problem of smartphone addiction and nomophobia has become a significant social problem, especially among young mobile phone users. It has been observed that excessive use of smartphones can cause psychological problems, such as increased levels of stress, anxiety, depression, decreased cognitive function, and can also negatively affect students' academic activities.
Objectives: The primary aim of the study was to assess the extent of phone addiction among nursing students. Additionally, the researchers aimed to investigate the impact of various variables, including socio-demographic and psychological factors, on the severity of pathological phone use among nursing students.
Methods: This survey based study was performed using the author questionnaire and standardized research tools: the Nomophobia Questionnaire (NMP-Q), the Mobile Phone Problem Use Scale for Adolescents (MPPUSA), the Athens Insomnia Scale (AIS), and the Depression, Anxiety, and Stress Scale version 21 (DASS-21).
Results: The study involved 303 nursing students of the Pomeranian Medical University in Szczecin. A subjective feeling of addiction to a mobile phone was noted in 51.16% of respondents, and to the internet in 22.44%. In addition, 66.34% of the respondents had sleep problems. Some 38.28% of the nursing students did not show symptoms of depression, 38.61% had normal levels of anxiety, and 37.62% had normal levels of stress. Phone use was significantly more problematic among single people and those in an informal relationship, as well as among younger respondents. Analysis of the data revealed statistically significant positive correlations between problematic phone use according to the MPPUSA and the severity of depression, anxiety, stress, and insomnia according to the AIS.

Variable		MPPUSA [score]	
		r	p
NMP-Q	No possibility of communication	0.531	**< 0.001**
	Loss of connectivity	0.6	**< 0.001**
	Being unable to get the news	0.682	**< 0.001**
	Inconvenience	0.64	**< 0.001**
DASS-21	Level of depression	0.324	**< 0.001**
	Level of anxiety	0.333	**< 0.001**
	Level of stress	0.404	**< 0.001**
AIS		0.317	**< 0.001**

Conclusions: The vast majority of nursing students use a mobile phone correctly and do not exhibit symptoms of nomophobia. Age and marital status are the sociodemographic variables that have a statistically significant effect on the pathological pattern of smartphone use. There is no statistically significant relationship between mobile phone addiction and gender or place of residence. Phonoholism statistically significantly positively correlates with nomophobia, as well as the severity of depressive symptoms and insomnia. Moreover, the more pathological the smartphone use, the higher the levels of anxiety and stress experienced by nursing students.

Disclosure of Interest: None Declared

EPV0031

Personality traits and the degree of work addiction among Polish women: the mediating role of depressiveness

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Introduction: Workaholism is an addiction, however the obsessive-compulsive components alone may prove insufficient in determining its nature.
Objectives: The aim of the following study was to determine the mediating role of depressiveness in the relationships between workaholism and personality traits according to the five-factor model among Polish women.
Methods: The research study was carried out among 556 women residing in the West Pomeranian Voivodeship in Poland. The research was based on a survey performed using a questionnaire technique. The following research instruments adapted to Polish conditions were employed to assess the incidence of work addiction among female adults: The NEO Five-Factor Inventory (NEO-FFI), The Work Addiction Risk Test (WART) Questionnaire, and The Beck Depression Inventory–BDI I-II.
Results: A positive correlation between the intensity of neuroticism and the work addiction risk was revealed ($\beta = 0.204$, $p < 0.001$). A partial mediation (35%) with the severity of depression symptoms as a mediating factor was observed ($\beta = 0.110$, $p < 0.001$). Respondents characterized by high neuroticism showed a greater severity of the symptoms of depression ($\beta = 0.482$, $p < 0.001$), which is a factor increasing the work addiction risk ($\beta = 0.228$, $p < 0.001$). Respondents characterized by a high level of extraversion displayed lower severity of the symptoms of depression ($\beta = –0.274$, $p < 0.001$). A negative correlation between the intensity of agreeableness and the work addiction risk was revealed ($\beta = –0.147$, $p < 0.001$). A partial mediation (27.8%) was observed. A positive correlation between the intensity of conscientiousness and the work addiction risk was revealed ($\beta = 0.082$, $p = 0.047$). Respondents characterised by a high level of conscientiousness showed a lower severity of depression symptoms ($\beta = –0.211$, $p < 0.001$).

Table 1. Indirect and total effects: Mediation model 1 - Neuroticism

			95% CI*				
Type	Effect	b	Lower	Upper	β**	z	*p*-value
Indirect	N ⇒ BDI ⇒ WART	0.149	0.092	0.213	0.110	4.800	<0.001
Component	N ⇒ BDI	0.241	0.205	0.275	0.482	13.270	<0.001
	BDI ⇒ WART	0.618	0.398	0.851	0.228	5.230	<0.001
Direct	N ⇒ WART	0.277	0.157	0.403	0.204	4.540	<0.001
Total	N ⇒ WART	0.426	0.319	0.534	0.314	7.790	<0.001

NEU—neuroticims, WART—Work Addiction Risk Test, N – Neuroticism, BDI—Beck Depression Inventory–BDI I-II, b—unstandardized regression coefficient, β—standardized regression

coefficient, *p*—significance level; * Confidence interval (CI) computed with method: bootstrap percentiles; ** Beta (β) is completely standardized effect size.
Conclusions: Depressiveness plays the role of a mediator between neuroticism, extraversion, agreeableness as well as conscientiousness, and work addiction. Depressiveness is a factor which increases the risk of work addiction.

Disclosure of Interest: None Declared

EPV0032

Behavioral addictions an updated look in the child and adolescent population

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Introduction: BEHAVIORAL ADDICTIONS AS A REPETITIVE PATTERN OF BEHAVIOR WITH DECREASE IN SELF-CONTROL AND A POWERFUL DESIRE TO CARRY OUT IT, DESPITE THE NEGATIVE CONSEQUENCES; WITH ACCOMPANYING SYMPTOMATOLOGY OF IRRITABILITY, CONCERN AND ANXIETY.
Objectives: ANALYZE THE RESULTS ON REPORTS OF BEHAVIORAL ADICTIONS
Methods: IN THE REPORTS ON BEHAVIORAL ADDICTIONS, ESTUDES (SURVEY ON THE DRUG USE IN SECONDARY EDUCATION IN SPAIN, 14-18 YEARS OLD) AND EDADES (SURVEY ON ALCOHOL AND DRUGS IN SPAIN) WE FOUND THE FOLLOWING:

- MANY MINORS PARTICIPATE IN GAMBLING GAMES.
- THE USE OF THE INTERNET, GAMBLING WITH MONEY AND VIDEO GAMES ARE VERY COMMON PRACTICES.
- ONLINE BETTING GAMES ARE MORE PREVALENT IN YOUNG PEOPLE.
- WITHIN THE PATHOLOGICAL GAME, A GREATER PREVALENCE OF BEHAVIOR IS OBSERVED RISK.
- WITHIN THE ABUSIVE USE OF THE INTERNET, GREATER CONSUMPTION OF CANNABIS AND ALCOHOL.

Results: REGARDING THE TREATMENT, THE USEFULNESS OF COGNITIVE PSYCHOTHERAPY IS RECOGNIZED. BEHAVIORAL AND THE USE OF PSYCHODRUGS SUCH AS NALMEFENE AND NALTREXONE.
Conclusions: ADDICTION TO THE INTERNET AND VIDEO GAMES COULD BE RECOGNIZED AS PSYCHIATRIC DIAGNOSES WHEN THEY LEAD MORE COMPLEX CHARACTERISTICS. SOME STUDIES PROPOSED TO TAKE INTO ACCOUNT THE EMOTIONAL NEEDS AND THE IMPULSIVITY, WHILE OTHERS, TALK ABOUT THE NEURO-BIOLOGICAL-GENETIC COMPONENT OF ADDICTIONS.

Disclosure of Interest: None Declared

EPV0033

Benefits and Challenges of Transition from High-Dose Methadone to Buprenorphine Depot: A Case Report

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Introduction: Opioid dependence is a complex condition that often requires long-term treatment and care. Methadone, a synthetic full opioid agonist, and buprenorphine, a partial agonist at the opioid receptor, are commonly used in substitution therapy for opioid dependence, typically administered as an oral liquid or sublingual tablet. Transitioning from high-dose methadone to buprenorphine for the treatment of opioid use disorder (OUD) poses a risk of precipitated withdrawal. This risk arises from introducing a high-affinity partial agonist (buprenorphine) at the mu-opioid receptor after it has been occupied by a lower-affinity full agonist (methadone). As a result, this transition is usually only performed for patients on low doses of methadone (<30-40 mg). Microdose induction has been proposed as a potential solution to facilitate a smoother transition to buprenorphine.
Objectives: To present a case report of a rapid transition from high-dose methadone to buprenorphine depot, highlighting both the benefits and challenges of this process.
Methods: This case report describes a patient who was switched from 150 mg of methadone to 32 mg of sublingual buprenorphine using microdosing, and subsequently transitioned to a weekly 160 mg buprenorphine depot injection.
Results: The patient was successfully transitioned to sublingual buprenorphine and later to buprenorphine depot without experiencing withdrawal symptoms. Even later, the patient reported no signs of withdrawal and was satisfied with the buprenorphine dosage. The patient attended monthly check-ups with the doctor; however, 15 days after the transition, he began consuming alcohol and soon after, started using cocaine.
Conclusions: This report supports the use of microdose induction for initiating buprenorphine, particularly for patients stabilized on high doses of methadone who may struggle with traditional buprenorphine induction methods. Although the patient remained abstinent from opioids, he quickly relapsed with alcohol and cocaine, issues that had not been present during his methadone treatment. Regular and more frequent therapeutic assessments are very important for many patients to prevent relapse.

Disclosure of Interest: None Declared

EPV0034

The Relationship Internalized Stigmatization and Depression among Adolescents with Substance Use: A Cross-Sectional Study

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Introduction: Although stigmatization is a barrier to treatment for many individuals and groups, individuals with mental disorders are the most affected by stigmatization. Among mental disorders, substance use disorders are the group with high levels of social stigma and internalized stigma. Internalized stigma may lead to a decrease in self-esteem and withdrawal from society and may increase depressive symptoms. Among individuals who use substances, depressive symptoms are high due to both the effects of the substances used and the psychosocial and legal problems experienced. In the literature review, no study examining the relationship between internalized stigma and depression in adolescents was found.
Objectives: This study aimed to examine the relationship between internalized stigma and depression in a group of adolescents diagnosed with substance use disorder.
Methods: The study was conducted between December 2023-March 2024 with 71 adolescents between the ages of 12-18 who were diagnosed with substance use disorder and admitted to the outpatient clinic of university hospital in a city located in the southeastern part of Turkey. Information Form, Internalized Stigma of Mental Disorders Scale-Adolescent Form (ISMI-AF), and Beck Depression Inventory (BDI) were used for data collection.
Results: The mean age of the adolescents was 15.97 years (1.51); 85.9% were male, 59.2% were high school students, and 90.1% had severe depressive symptoms. According to the Pearson correlation analysis, no significant relationship was found between the total scores of the ISMI-AF and BDI; however, BDI, educational status of the adolescent, and academic achievement was found to be statistically significant as determinants of the ISMI-AF (R2=0.29). It was determined that the variables specified in the model explained 24% of the ISMI-AF (Adjusted R Square = 0.24)
Conclusions: Almost all of the adolescents who participated in this study were found to have severe depressive symptoms. In addition to depression, adolescents' school life and academic achievement were important variables explaining internalized stigma. Since adolescents' school attendance may be a situation that will prevent substance use, interventions to be carried out in cooperation with mental health professionals and school nurses are very important.

Disclosure of Interest: None Declared

EPV0040

Westernisation of Alcohol Consumption in Women: A Rapid Pathway to Dependence and Increased Detoxification Service Use

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Introduction: The Westernisation of alcohol consumption habits among women has led to increased alcohol intake and a rise in Alcohol Use Disorder (AUD) cases in females. Although AUD prevalence remains higher in men (7.7% compared to 1.5% in women), women display distinct features in the disorder's progression, such as the telescoping effect, where the transition from initial consumption to dependence occurs more rapidly. This trend underscores the importance of studying frequent female users of alcohol detoxification services to identify contributing factors to this accelerated progression.
Objectives: This study seeks to characterise frequent female users of alcohol detoxification services, focusing on gender differences, particularly the faster progression of alcohol dependence in women and the influence of Westernisation on their drinking habits.
Methods: A retrospective analysis was performed on clinical records from 2022 to 2023 for patients hospitalised at the Alcohol Treatment and Rehabilitation Unit. The analysis included patients who were hospitalised two or more times within a 12-month period. Demographic, psychosocial, and clinical variables were compared, with a particular focus on female patients.
Results: Of the 360 patients admitted between 2022 and 2023, 37 were readmitted within 12 months. Women constituted 29.7% of these cases, with an average age of 52 years (compared to 51 in men), and were more often divorced or separated (81.8% vs 76.9%) and unemployed (72.7% vs 69.2%). Psychiatric family history (72.3% vs 65.4%) and psychiatric comorbidities (90.9% vs 61.5%) were more prevalent in women. Women also had a higher total number of hospitalisations (4.09 vs 3.62), although their 12-month readmission rates were similar to men (1.46 vs 1.50).
Conclusions: These findings support the literature on the telescoping effect, evidenced by women's older age and a similar number of readmissions despite a more precarious social situation and greater psychiatric comorbidities. Notably, although women were a minority among readmissions, their proportion exceeded the expected prevalence rate (30%/70% vs 15%/85%). This highlights the necessity of personalised therapeutic approaches that address the unique factors perpetuating AUD in women.

Disclosure of Interest: None Declared

EPV0041

Numbing the Pain: How Alcohol Use for Chronic Pain Relief Leads to Dependency – Review and Case Study

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Introduction: Chronic pain is a debilitating condition affecting 20% to 30% of adults globally, with prevalence rates rising to 19% to 38% in Europe. It is often linked to self-medication, particularly through alcohol consumption, due to alcohol's short-term analgesic properties, which act on the opioid system. However, continued alcohol use for pain relief can lead to alcohol use disorder (AUD), worsening the pain and causing physical and mental health issues.
Objectives: This study explores the relationship between alcohol use in chronic pain management and the development of AUD through a literature review and a clinical case.
Methods: A narrative literature review was conducted using PubMed with the terms "alcohol use disorder" and "chronic pain." English and Portuguese articles from the last 10 years were included, yielding 85 results. A clinical case involving a patient with chronic pain and alcohol dependence illustrates the issue.
Results: The review shows that 28% to 35% of chronic pain patients use alcohol for symptomatic relief. While alcohol may provide initial pain relief, prolonged use leads to tolerance, increased consumption,

and a significant risk of AUD. Approximately 18% to 25% of patients meet the criteria for AUD, with men being more commonly affected. The clinical case describes a 56-year-old man with family history of AUD, who developed chronic pain after a work accident resulting in multiple trauma. The patient began consuming alcohol daily for pain relief, which escalated to an AUD diagnosis and worsened pain due to alcohol-induced hyperalgesia.
Conclusions: Alcohol use is prevalent among chronic pain patients, often as a form of self-medication. However, this practice is frequently counterproductive, as increased consumption to counteract tolerance can lead to serious complications, including hyperalgesia, psychiatric disorders, and significant difficulties in managing both pain and alcohol use disorder (AUD). The clinical case highlights these issues and reinforces the need for a multidisciplinary approach that addresses both pain management and alcohol dependence.
Early detection of problematic alcohol use is essential to prevent the development of AUD. A comprehensive treatment plan, incorporating strategies for pain control and addiction management, is crucial for improving the overall health and well-being of patients dealing with chronic pain.

Disclosure of Interest: None Declared

EPV0043

Hellenic National Observatory for Internet and Gaming Addiction

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Introduction: The Greek National Observatory for Internet and Gaming Addiction (NOIAD) is a state-sponsored organization that will be setup in the University of Thessaly during this year following its inclusion in the Greek National Health Plan for Mental Health 2021-2030.
Objectives: In this presentation of the setup and goals of NOIAD, a case will be brought forward for scientific collaboration across the European continent that could culminate in similar centers in different countries.
Methods: The main publication that NOIAD intends to produce annually will have the role of a national report or at least an update of the national situation. In addition to this report, the observatory is expected to prepare a number of studies or reports on individual problems or in response to questions from state institutions (eg Parliament, ministries). Implementation of an online platform (portal) of specialized but also popular knowledge that will aim to inform health professionals and the general population (parents, pupils/students, adults with an addiction problem) with different information profiles for each population. Information lectures, educational activities for minor students, organization of an annual interdisciplinary conference.
Results: NOIAD's principal goal is the planning and implementation of actions to address digital addictions through the collection of objective, reliable and valid information about the state of Internet and Gaming addiction prevalence and related research and clinical practice in Greece. NOIAD will provide a state-of-the-nation annual report and disseminate the relevant information and conclusions to health professionals, government bodies and the wider population. Furthermore, NOIAD will plan and provide local preventative actions in the wider area of Thessaly, especially regarding the high-school and university student population; these actions will serve as blueprints for similar activities across Greece.
Conclusions: Setting up a national center to provide with a complete picture of Internet Addiction and Gaming Disorder, pool together research output and coordinate preventative actions will assist with a fragmented research landscape and make better use of limited resources.

Disclosure of Interest: None Declared

EPV0045

Sexwork and transactional sex in chemsex: results of an anonymous online study

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Introduction: Sex work and transactional sex (SWTS), along with Chemsex, are linked to high-risk sexual behaviors and poorer health outcomes. Chemsex is the use of methamphetamine, GHB/GBL and mephedrone in a sexual context especially among men who have sex with men (MSM). Transactional sex (TS) is the exchange of sexual services for other services or things in a non professional way. Sexwork (SW) means having sex with people in exchange for money in a professional way.
Objectives: The aim of our study was to determine the prevalence rates of sex work and transactional sex (SWTS) among chemsex users and to answer the question of whether the combination of the two leads to an increased risk profile of those affected in terms of sexual health.
Methods: To achieve this, we conducted an online survey across three European German-speaking countries, targeting MSM. The survey gathered data on participants' substance use patterns, sexual behaviors, and health outcomes, with a particular focus on their engagement in SWTS. SWTS was defined as the exchange of sexual favors for money, drugs, or other material goods, which has been shown to be associated with higher risk behaviors, including unprotected sex and multiple sexual partners.
Results: A total of 399 sexually active MSM were included, categorized into three sub-groups: 129 engaging in Chemsex (MSM-CX), 128 in sexualized substance use with non-Chemsex substances (MSM-SSU), and 142 not engaging in sexualized substance use (MSM-NSU). MSM-CX reported significantly higher rates of SWTS compared to both MSM-SSU ($p=.032$) and MSM-NSU ($p<.001$), indicating that Chemsex use is strongly linked to transactional sex. Both Chemsex and SWTS were associated with higher HIV ($p<.001$, $p=.042$) and STI ($p<.001$, $p=.023$) prevalence, but no cumulative effect was found. Among MSM-CX engaging in SWTS, participants were younger ($p=.006$), had more sexual partners ($p=.029$), and reported higher substance use, including methamphetamine, mephedrone, and GHB/GBL. These factors may contribute to the increased vulnerability to HIV and STIs.

Conclusions: The results highlight the need for targeted prevention and intervention measures addressing the risks of Chemsex and SWTS among MSM. Public health campaigns should consider the socio-behavioral traits of Chemsex users, such as their younger age, higher number of sexual partners, and frequent substance use. These efforts should also reduce stigma, encourage help-seeking, and promote safer sex practices. Prevention should focus on regular HIV/STI testing and accessible harm reduction strategies. In conclusion, this study underscores the importance of tailored, evidence-based interventions to improve health outcomes for MSM-CX engaging in Chemsex and SWTS.

Disclosure of Interest: None Declared

EPV0047

Behind the Screens : Exploring the phenomenon of Binge-Watching behaviour among Tunisian Adolescents

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Introduction: In recent years, the rise of streaming platforms has given adolescents unprecedented access to vast libraries of series and films, often leading to hours of continuous viewing, a phenomenon known as binge watching. This emerging trend is reshaping how adolescents engage with media, often affecting their social behaviors, routines, and overall well-being. Understanding these factors is crucial for developing preventive interventions.
Objectives: This study aims to explore binge-watching behavior among Tunisian adolescents and the key factors influencing this trend.
Methods: We conducted a descriptive and analytical cross-sectional study among Tunisian adolescents aged between 12 to 18 years old. Data were collected using an online questionnaire spread throughout social media (Facebook), using the Google Forms® platform in September 2024. We evaluated the epidemiological and social characteristics of the participants, as well as the binge watching behaviour , using Binge-Watching Addiction Questionnaire (BWAQ).
Results: Eighty-two adolescents participated in our study, with a mean age of 16.02 ± 1.65 years and a sex ratio of 0.82. Our resultas showed that 86.5% of our population lived in urban areas, 13.4% in rural areas, and 18.3% did not live with both parents. Our results showed that 15.9% of our population reported low grades, 23.2% had repeated a grade, and 27.7% had issues with teachers or administration. Additionally, 21.5% had experienced bullying, 30.5% faced domestic violence, and 31.7% reported conflicts with parents. Regarding binge-watching, 41.5% of participants engaged in it more than once per week, 43.1% spent over two hours daily on school days, and 29.3% watched more than five episodes in one sitting. The most preferred content included drama series (56.1%), movies (24.4%), and sports shows (19.6%).The mean score on the Binge-Watching Addiction Questionnaire (BWAQ) was 39.43, with 27.7% showing moderate and 7.7% showing highly problematic binge-watching, with no sex difference. Highly problematic binge-watching was significantly associated with conflicts with parents ($p = 0.01$), peers ($p = 0.02$), school staff ($p = 0.42$), and poor academic performance, including grade repetition ($p < 0.01$).
Conclusions: These results highlight the potential negative impact of excessive media consumption on adolescents' social interactions and and academic performance, underscoring the need to implement targeted interventions that not only raise awareness about the risks of excessive media consumption but also provide practical strategies to help adolescents manage their screen time.

Disclosure of Interest: None Declared

EPV0049

Research of personality anxiety and anxiety disorders in patients receiving opioid agonist maintenance therapy (OAMT)

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Introduction: Increased levels of anxiety in patients with opioid dependence is a common problem that requires a comprehensive approach to treatment. They can manifest as GAD, panic attacks, social anxiety, and other forms of anxiety. The level of personal distress in patients on methadone therapy can be significant, as these patients often face a complex of psychological and social problems related to addiction and treatment.
Objectives: The causes of anxiety disorders can be: 1) biological factors - changes in the neurochemistry of the brain associated with the use of opioids, which can affect the regulation of emotions and cause anxiety; 2) psychological factors – trauma in the anamnesis, stressful situations or negative experiences can contribute to the development of anxiety disorders; 3) social factors – relationship problems, social isolation and economic hardship can increase anxiety. Factors affecting the level of personal anxiety include both medical and social aspects - a) changes in life; b) concomitant mental disorders; c) attitude toward therapy; d) social support.
Methods: In the course of the study, 150 patients aged 26 to 64 years with a diagnosis of opioid dependence, who receive methadone hydrochloride as OAMT, were examined. The Psychopathological Symptom Severity Questionnaire (SCL-90-R, Derogatis, Lipman, Covi) and the Hamilton Anxiety Rating Scale (HAM-A/HARS) were used to assess the level of personal anxiety and existing anxiety disorders.
Results: According to the levels of interpersonal anxiety (very low, low, medium, high), the indicators were distributed as follows: in the control group - 10 (20.4%), 32 (65.3%), 7 (14.3%), 0 (0 .0%); in the main group - 28 (27.7%), 59 (58.4%), 13 (12.9%), 1 (1.0%), respectively ($p=0.685$).
The degree of clinical anxiety according to the Hamilton scale (mild, moderate, severe, strong) in the main group was distributed as follows: 60 (59.41%), 23 (22.77%), 15 (14.85%) and 3 (2.97%); in the control group - 31 (63.27%), 10 (20.41%), 6 (12.24%), 2 (4.08%), respectively ($p=0.930$).
The level of anxiety according to the SCL-90 scale (very low, low, medium, elevated, high) was determined in 19 (38.78%), 22 (44.90%), 6 (12.24%), 2 (4.08%) and 0 (0.00 %) of persons, respectively, in the control group; 39 (38.61%), 46 (45.54%), 15 (14.85%), 1 (0.99%) and 0 (0.00%) - in the primary ($p=0.628$).

Conclusions: The results of the study showed that receiving substitution maintenance therapy did not significantly increase the level of personal anxiety and the risk of anxiety disorders in patients on methadone therapy, the vast majority of patients showed very low, low and mild levels of manifestations. However, the level of personal anxiety may vary, but it is important to provide a comprehensive approach to treatment, including psychological support and social integration, to improve patients' quality of life and reduce anxiety.

Disclosure of Interest: None Declared

EPV0050

Characteristics of gambling among Tunisian students

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Introduction: Nowadays, gambling has become a common form of entertainment for many young people. Gambling is essentially divided into dice games, card games (especially poker), casino games, sports betting, lotteries and, in recent years, online gambling. As a result, gambling has become a major international business, especially among young students.
Objectives: Evaluate the practice of gambling in a population of young students and describe its characteristics.
Methods: We conducted a descriptive and analytical cross-sectional study among university students.
This survey involved a population of Tunisian students recruited through students' Facebook groups.
A questionnaire was designed to collect information related to participants' background characteristics and gambling-related details.
DSM-5 criteria were used to screen for pathological gamblers.
Results: A total of 151 students responded to our questionnaire. Gambling was found in 29.1% of the students in our study (n=44). Thirty players (68.4%) were occasional players. The lottery (54.5%), followed by sports betting (29.5%) and blackjack (27.3%) were the most reported gambling games by students.
Among the players, nineteen (43.2%) experienced a Big Win. The average amount of money spent on gambling per month was 107.14 ± 123.58 TND, with extremes of 4 and 600 TND.
The majority (77.3%; N=34) played online. Among players, 61.4% (N=27) were used to play with friends.
Almost the half of gamblers (45.5%) have started gambling for less than a year and 6.8% have been gambling for 4 to 5 years.
Pathological gamblers represented 13.9% (n=21) of the students in our population.
Conclusions: Our study highlights the prevalence and characteristics of gambling among university students in Tunisia. With nearly 30% of participants engaging in various forms of gambling. These findings suggest a need for targeted awareness and prevention strategies to address potential risks associated with gambling among young adults, particularly in educational settings. Further researches are essential to explore the long-term implications of gambling behaviors on student well-being and academic performance.

Disclosure of Interest: None Declared

EPV0052

Chronotype in individuals with exercise addiction – preliminary analysis

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Introduction: Exercise addiction (EA) is conceptualized as the uncontrolled practice of physical activity, with repetition of that behavior despite the negative effects on the individual [Khazaal et al. Rev Med Suisse. 2024; 20(882):1354-1359]. According to current systems, EA is included in the group of behavioral addictions [Martyniak et al. Psychiatr Pol 2021;55(6):1357-1372]. The prevalence of EA is understudies, with data from athlete samples ranging from 5-17% [Weinstein et al. Dialogues Clin Neurosci. 2023; 25(1): 1–13]. No prior studies investigatedthe links between chronotype and EA.
Objectives: This work aimed to assess the relationship between EA and chronotype.
Methods: This is a preliminary analysis of data from a larger online survey that assessed the links between behavioral addictions and psychopathology in an online community sample. The inclusion criteria were 1) age ≥18-35 and 2) consent to participate. A local bioethical committee approved the study. Responders completed self-report questionnaires to assess EA: EAI (Exercise Addiction Inventory-Short Form), and chronotype Composite Scale of Morningness (CSM). The participants were divided into subgroups based on their EAI scores: 1) with negative EA screen (EA [-]) [scores ≤12], 2) with positive EA screen (EA [+]) [scores >12]. EA[-] and EA [+] were compared in terms of general characteristics and chronotype (continuous measure). The quantitative data were evaluated with a T-test. The qualitative data were analyzed using the X2 test.
Results: 183 subjects were EA [-] and 99 were EA [+]. There were no significant differences between the groups regarding the mean age: EA [-] 27.36±10.74 years; EA [+] 25,55±7.47 years [t (2, 262) =1.661, p< 0.09]. EA [+] were more likely to be male (40.4%) than EA [-] (27.3%) (X2=5.060, df=1, p=0.026). There were no differences in the levels of education (primary/secondary/ college student/ university student/ completed higher education) in the studied groups (X2=1.78, df=4, p=0.786). EA [+] showed a higher level of morningness measured with the CSM total score (34.13 ±6.48) than EA [-] (30.62±8.63)[t (2, 251.8) = 3.855, p< 0.001).
Conclusions: EA was linked to male sex in the studied sample. Individuals with positive exercise addiction screen present higher levels of morningness.

Disclosure of Interest: None Declared

EPV0054

Attachment style and food addiction: Exploring psychological links

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Introduction: Behavioral addiction is well-established for gambling but still debatable for other pleasurable behaviors such as eating. Attachment style is defined as a psychological concept describing the dynamics of human interpersonal interactions. Studies investigating the influence of attachment style on food addiction are rare.
Objectives: The aim of the study was to evaluate the association between food addiction and the quality of attachment
Methods: A cross-sectional study was conducted online with a non-clinical population. All participants completed an anonymous e-questionnaire containing sociodemographic data, background, substance use and self-reported weight and height. Attachment style was assessed with the Relationship Scale Questionnaire (RSQ). Food addiction was screened with modified Yale food addiction scale questionnaire (mYFAS 2.0).
Results: A total of 114 individuals had fully responded to the questionnaire. The mean age was 32.28 ± 9.32 years with a sex ratio of 0.48. The mean BMI was 23.7 kg/m2 ± 5.5. Most of participants (64%) had an insecure attachment style and 36% had a secure one. The results of the mYFAS 2.0 showed that 11.4% of participants had a food addiction and 8.8% had a severe form. BMI was significantly associated with food addiction which was more common in participants who had a BMI greater than 22.2 kg/m2. A statically significant association between insecure attachment style and food addiction was found.
Conclusions: Our study showed the importance of studying attachment style in food addiction. More research is needed to prove the association between food addiction and different attachment styles.

Disclosure of Interest: None Declared

EPV0055

Patients with alcohol use disorder clustering based on definition of alcohol withdrawal syndrome

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Introduction: Alcohol withdrawal syndrome (AWS) is among the most severe components of alcohol dependence (AD). Severe AWS, especially complicated with seizures and delirium, was a common reason for medical complications and death. The introduction of benzodiazepines decreased but did not eliminate those risks. The definition of AWS evolved in different versions of Diagnostic and Statistical Manual for Mental Disorders (DSM) from having hand tremor plus one or more other symptoms in DSM-III-R to any two or more symptoms in DSM-IV, which was retained in the current version of DSM-5.
Objectives: Comparing subgroups of individuals with AUD based on AWS symptoms profile to define phenotypes for investigation of biological underpinnings of AWS phenomenology and treatment response.
Methods: Treatment-seeking individuals diagnosed with DSM-IV alcohol dependence (AD; n=473; 35.5% females) were assessed with Psychiatric Research Interview for Substance and Mental Disorders (PRISM), Timeline Follow back (past 90 days) alcohol consumption, Penn Alcohol Craving Scale (PACS), Pittsburgh Sleep Quality Index (PSQI), Patient Health Questionnaire-9 (PHQ9), and General Anxiety Disorder-7 (GAD-7). Latent class analysis was used to classify subjects according to lifetime prevalence of AWS symptoms according to DSM-III-R or DSM-IV/5 . Demographic and other clinical variables were compared among clusters by linear model ANOVA and chi-squared test.
Results: Four clusters were identified: subjects with (1) no history of meeting any AWS criteria (n=50); (4) with complete number of AWS symptoms, meeting both DSM definitions (n=259); and two clusters of subjects with smaller number of AWS symptoms: (3) those meeting only DSM-IV/5 criteria (n=94) and (2) those also meeting DSM-III-R criteria (n=70). Compared to cluster 2, the Cluster 3 members had higher frequency of anxiety, insomnia, and restlessness during withdrawal. The clusters also differed in the total number of drinks (p=0.021), average drinks per drinking days (p=0.013), history of anxiety disorder (p=0.006), substance-induced depression (p=0.019), and higher scores of PSQI (p<0.001), PHQ9 (p<0.001), and GAD-7 (p<0.001) with a relative increase in frequency between clusters as follows 1<2<3<4. Group 4 also had the highest percentages of subjects with history of seizure, delirium or hallucinations.
Conclusions: Different definitions of AWS capture clusters of AD patients with different symptomatology, comorbidity and consumption patterns. Understanding of biological underpinnings behind those differences may guide improvement in personalized treatment selection.

Disclosure of Interest: None Declared

EPV0059

Addiction to Ultra -Processed Foods In the general population

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Introduction: IIn recent decades, the global rise in obesity and related diseases has led researchers to investigate factors like ultra-processed foods (UPF), known for promoting overconsumption due to their low cost and hyper-palatable design. Studies link UPF to obesity, cardiovascular diseases, and type 2 diabetes, while the concept of food addiction to UPF has emerged to explain compulsive eating. Although not yet officially recognized, UPF addiction calls for urgent public health strategies to regulate their production and consumption.
Objectives: We aim to assess addiction to ultra-processed foods in the general population, its effects on mental and physical health, and explore the factors influencing these eating behaviors to propose intervention approaches for preventing and treating this form of addiction.

Methods: A questionnaire assessed ultra-processed food addiction in the general population, along with its health effects and factors influencing this behavior. A multivariate analysis, including a logistic regression model, measured the impact of different variables on this addiction.
Results: Using the YFAS 2.0 scale, 16.2% of participants show dependence on ultra-processed foods, mostly in mild to moderate forms. Logistic regression reveals that addiction is associated with being female, overweight or obese, and having low perceived well-being, increasing the risk by 6.8, 4.9, and 7.6 times, respectively. These findings suggest that food addiction is influenced by both biological (e.g., BMI) and psychological (e.g., well-being) factors.
Conclusions: The literature shows that addiction to ultra-processed foods, though not officially recognized, is associated with overconsumption behaviors and various health issues, including obesity and cardiovascular diseases. These foods, designed to be highly palatable, activate the brain's reward circuits. Public health strategies, such as regulation and labeling, are essential to prevent negative health impacts.

Disclosure of Interest: None Declared

EPV0060

Everyday Financial Functioning of People with Alcohol Use Disorder

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Introduction: Alcohol Use Disorder (AUD) and its comorbidities can have a tremendous negative impact on various activities of daily living, including the capability to manage one's finances. Adequate financial functioning is essential for an individual's health and well-being and is key to leading an autonomous and independent life. Problems with financial functioning can have far-reaching personal and legal consequences, and may lead to financial insecurity or poverty, financial victimisation, placement under guardianship, and reduced opportunities for social and societal participation.
Objectives: To evaluate the financial situation and the strengths and weaknesses in the everyday financial functioning of individuals with AUD.
Methods: The financial situation and financial performance of an AUD group (n = 52) were compared to a control group (CG) (n = 95), using the Financial Performance Scale (FiPS). In addition, associations between financial performance and everyday contextual factors (i.e., income, depressive symptoms (i.e., Beck Depression Scale - II), social support (i.e., Brief Perceived Social Support Questionnaire)) were explored.
Results: As compared to the CG, the AUD group reported to have a significantly poorer financial situation, including lower income levels, more frequent debts, and fewer savings. Furthermore, the AUD group reported a significantly poorer overall financial performance (FiPS total score) than the CG, and significant group differences were observed for relatively complex financial tasks, such as financial goal setting and doing tax returns. The difficulties in financial performance of the AUD group were, however, considered as relatively mild, since most aspects of financial performance (i.e., FiPS item scores) did not differ between groups. In the total sample, a better financial performance was significantly associated with a higher income, more perceived social support, and fewer depressive symptoms.
Conclusions: Individuals with AUD reported a poorer financial situation and more difficulties with performing complex financial tasks compared to controls. These reported weaknesses may stem from cognitive and affective impairments associated with AUD, as well as from a scarcity of financial resources. Since a vicious cycle may exist between financial problems and AUD symptoms, it is relevant to enhance the financial well-being of those individuals with AUD who experience financial difficulties.

Disclosure of Interest: None Declared

EPV0061

Evaluation of the use of anxiolytics among students from Gabes Institute of Nursing Sciences

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Introduction: The use of anxiolytics is a complex phenomenon, increasingly affecting the student population. Inappropriate use of this type of treatment can lead to abuse and even dependence.
Objectives: To study the prevalence of dependence on anxiolytics, particularly benzodiazepines BZD in this population and to identify its associated factors.
Methods: This was a cross-sectional descriptive study carried out among students from Gabes institute of nursing sciences, for a period of two months(March to May 2024).
Data were collected using an online anonymous questionnaire from Google form that we distributed via Messenger social network.
We used the Benzodiazepine Attachment Cognitive Scale (BACS) to study BZD dependence.
A score ≥ 6 enables to differentiate between dependent and non-dependent patients.
Results: We collected data from 135 students. Our sample included only 33 students.
The mean age of our population was 21.30 ±1.51 years and the sex ratio (M/F) was 0.65.
Consumption of psychoactive substances (PAS) was reported by 21 students (63.63%): tobacco by 21.2%, coffee by 12.2% and alcohol by 12.2%.
All students reported having taken benzodiazepines BZD.
In our study, 13 students (39.4%)reported having used BZDs 1 or 2 times in their lives (for experimental purposes). Daily use of BZDs was not reported.
The mean score of the ECAB scale was 6.93, with extremes of[3-10]. According to our results, dependence on BZD was clearly predominant, found in 28 students (84.8%). No correlation was found between the socio-demographic characteristics and the presence of anxiolytic dependence.
BZD dependence (assessed by the ECAB scale) was correlated with coffee consumption (p=0.03), unlike for other substances (tobacco, alcohol, cannabis).

Conclusions: The study highlighted the high level of dependence on anxiolytics, particularly BZD and identified individuals who were at higher risk. Specific interventions were necessary to deal with the problem of addiction.

Disclosure of Interest: None Declared

EPV0062

Relationsheep between anxiolytic dependence, anxiety and depression among students from Gabes Institute of Nursing Sciences

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Introduction: Access to university marks a crucial stage in the lives of young adults. This transition can generate high levels of stress and anxiety, influencing their mental and emotional well-being.
To overcome these challenges, some students may resort to the increasingly common use of psychotropic drugs, particularly anxiolytics, to ease their distress.
Objectives: To determine the relationship between anxiolytic dependence, anxiety and depression in students.
Methods: This was a cross-sectional, descriptive and analytical study conducted on Gabes institute of nursing sciences, for a period of two months(March to May 2024).
We used:

- Benzodiazepine Attachment Cognitive Scale (BACS) : to study BZD dependence.

A score above 6 indicates dependance to BZD.

- Hospital and anxiety depression scale (HAD): to assess the severity of anxiety and depressive symptoms. Seven questions relate to anxiety (total A) and seven to depression (total D), giving two scores (maximum score for each = 21).

Results: The sample comprised 33 students. The mean age of our population was 21.30 ±1.51 years and the sex ratio (M/F) was 0.65.
The mean score of the ECAB scale was 6.93, with extremes of [3-10].
According to our results, dependence on BZDs was clearly predominant, found in 28 students (84.8%).
According to the HAD scale, 82% of students showed anxiety symptoms and 24.2% were depressed.
According to our study, we found that BZD dependence in students was strongly correlated with anxiety with p=0.007.
Similarly, we found that those dependent on BZDs were more likely to develop depressive symptoms compared with non-dependents, with a significant difference (p=0.04).
Conclusions: Our findings suggest that the greater the dependence on anxiolytics, the greater the risk of developing anxiety and depressive symptoms.

Disclosure of Interest: None Declared

EPV0063

Breaking Free from Nicotine Gum Dependence: Two Unique Paths to Recovery with Psychosocial Support

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Introduction: Nicotine replacement therapy, particularly nicotine gum, is an effective tool for smoking cessation but may lead to dependence in 6-9% of long-term users. This report presents two patients with prolonged nicotine gum dependence, exploring individualized treatment strategies and their outcomes.
Objectives: To evaluate two personalized treatments for nicotine gum dependence: one using transdermal nicotine patches with psychosocial support, and the other using bupropion with psychosocial support.
Methods: Patient A, a 67-year-old retired technician with a history of anxiety, depression, and past alcohol and benzodiazepine dependence (both in remission), began smoking at 16 (20 cigarettes a day) and quit at 35 due to Leriche Syndrome, switching to 20 pieces of 2 mg nicotine gum daily. In a four-week program, he transitioned to nicotine patches with a gradual dose reduction, alongside psychosocial support. Patient B, a 61-year-old social worker with a history of depression, smoked 40 cigarettes daily until quitting at 51 due to COPD, then developed a long-term dependence on 30 pieces of 4 mg gum. Fifteen days before admission, she abruptly discontinued using nicotine gum. She presented to the program seeking support and strategies for managing cravings, and her treatment focused on psychosocial interventions and medication adjustments.
Results: Both patients successfully achieved abstinence and improved functioning. Patient A transitioned from nicotine gum to nicotine patches, starting at 40 mg daily, reducing to 25 mg after six weeks, and then to 15 mg before discontinuation. Throughout the treatment period, the patient successfully maintained abstinence. Psychological assessments showed stable mood and satisfactory remission. One week into the treatment, patient B reported difficulties in maintaining abstinence after abruptly stopping nicotine gum during a COVID-19 infection. She began experiencing increased depressive symptoms and nervousness, leading to an increase in bupropion (which she used prior to enrolling in the program) dose from 150 mg to 300 mg daily. Active participation in group therapy helped her manage cravings and control anxiety, preventing relapse.
Conclusions: Two distinct approaches, one using nicotine patches and the other pharmacological support, both highlighted the importance of psychosocial support in achieving nicotine gum dependence cessation. Nicotine patches, with their slower absorption, are less rewarding and reduce long-term dependence risk. Despite patient B's initial struggles after abrupt cessation, the combination of increased bupropion and active therapy participation helped manage cravings and anxiety. Both cases highlight the importance of individualized care and comprehensive psychosocial interventions for sustained nicotine abstinence.

Disclosure of Interest: None Declared

EPV0064

Sociodemographic, medical and COVID-19 factors associated with relapse in alcohol-dependent patients: preliminary results

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Introduction: Abstinence is crucial in the rehabilitation of alcohol-dependent (AD) patients, yet relapse rates remain high. Despite extensive research on relapse predictors, various sociodemographic and medical factors are still overlooked. The COVID-19 pandemic has presented numerous challenges in preserving mental health, but little is known about how recovery from symptomatic COVID-19 impacts relapse in AD patients.
Objectives: To examine the associations and differences in sociodemographic, medical, and COVID-19 factors between AD patients who relapsed and those who maintained abstinence. We assessed changes in these differences over time at two assessment points.
Methods: This study, part of a larger project on COVID-19 recovery and psychiatric symptoms in AD patients, runs from March 2023 to March 2025 with assessments at inclusion and after six months. Eighty treatment-seeking AD patients, without severe comorbid mental illness or other substance use, are included. Data cover sociodemographic and medical info, COVID-19 recovery details (number of episodes, time since last episode, treatment, vaccination, symptoms), and AD history (age of drinking onset, binge onset, age at first treatment, alcohol-related issues, commonly consumed type of alcohol, liver disease presence, abstinence duration, and relapse status at the second assessment). The Alcohol Use Disorders Identification Test (AUDIT), CAGE questionnaire for alcohol screening, and Alcohol Timeline Follow Back (TLFB) are used to assess relapse severity. A two-way repeated-measures ANOVA was used to examine sociodemographic, medical, and COVID-19 factor differences between patients who relapsed and those who did not.
Results: Preliminary data indicate differences in occupational and marital status, psychiatric and physical comorbidities, inpatient AD treatment, regular drinking patterns, alcohol-related data, heavy liquor consumption, age of excessive drinking, and prior hospitalizations between patients who relapsed and those who did not. Some variable changes over time were also noted in both groups.
Conclusions: Differences in multiple sociodemographic and medical factors between relapsed and non-relapsed AD patients should be addressed in AD treatment. COVID-related factors show no strong association with relapse, likely due to mild disease forms in most participants.

Disclosure of Interest: None Declared

EPV0065

Residential Treatment for Adolescents with Substance Use Disorders in Slovenia: A Six-Month Retrospective Preliminary Evaluation

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Introduction: Adolescence is a critical period for the development of substance use disorders (SUD), with psychoactive substance (PAS) use posing significant mental and physical health risks. In Slovenia, the absence of specific residential treatment options for adolescents has historically limited care mostly to outpatient settings, often inadequate for severe cases. In December 2023, the University Psychiatric Clinic Ljubljana opened Slovenia's first inpatient ward for adolescents with SUD, offering a comprehensive, structured program addressing both the psychological and physiological aspects of addiction.
Objectives: The primary objectives of this study are to present the inpatient ward for adolescents with SUD program in Slovenia and to conduct an analysis of data from the first six months of the program.
Methods: The program utilized a multidisciplinary approach, incorporating individual therapy, group therapy, psychoeducation, pharmacotherapy, family involvement and a range of structured therapeutic activities such as music therapy, film therapy and educational groups. A retrospective analysis of patient data from December 2023 to June 2024 was conducted. Key outcome measures included length of stay, abstinence rates, readmission rates and factors influencing premature discharge. Motivation and adherence to the therapeutic agreement were also assessed.
Results: During the six-month period, 20 adolescents were admitted to the ward, resulting in a total of 32 hospitalizations, reflecting a significant rate of readmissions. The average age of the patients was 17.16 years. The length of stay varied considerably, with an average duration of 45 days. Readmissions accounted for 37.5% of total hospitalizations, often due to relapse or behavioral challenges. Motivation for treatment and adherence to the therapeutic agreement were critical factors affecting the length of hospitalization and the risk of early discharge.
Conclusions: The introduction of Slovenia's first residential treatment program for adolescents with SUD marks a significant development in the country's healthcare system. The program offers a structured environment conducive to improving abstinence rates and addressing the complexities of adolescent substance use. However, the high rate of readmissions and the ongoing challenge of maintaining abstinence post-discharge highlight the need for refined treatment strategies, particularly regarding patient motivation and long-term relapse prevention. Future efforts should focus on optimizing the length of stay and enhancing post-discharge support to improve long-term outcomes.

Disclosure of Interest: None Declared

EPV0066

Internet and Mobile Phone Addiction in Individuals Aged 15-50 Years

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Introduction: Mobile phone addiction is a behavioral disorder characterized by the inability to function in daily life without a smartphone, most often with unlimited access to the internet. "Phone addicts" perceive their mobile phone as the most important tool for daily contact with others.
Objectives: The aim of our study was to examine internet and mobile phone addiction in individuals aged 15-50 years.
Methods: The study involved 107 participants who regularly use mobile phones and access the internet. The participants completed an online survey as part of the study. The Kimberly Young test was used to assess internet addiction. The test consisted of 7 questions with "yes" or "no" responses. A score of ≥4 points was considered indicative of addiction. To assess mobile phone addiction, a test consisting of 10 questions was used. The questions concerned attitudes towards SMS messages, phone calls, mobile network operator promotions, and mobile phone use. Each question had 3 possible answers. Providing answers marked with point "c" to 5 or more questions was considered indicative of mobile phone addiction. The only inclusion criteria were: being over 14 years old and owning a mobile phone with internet access.
Results: The study involved 71 women, accounting for 66.4% of the respondents, and 36 men, accounting for 33.6% of the respondents. The age of the participants ranged from 16 to 50 years, with the average age being approximately 22.8 years. Among the study participants, 35.5% had higher education, 43.9% had secondary education, and 20.6% had primary education. 54.2% of the respondents lived in urban areas, while 45.8% lived in rural areas.
The questionnaire included a question regarding the amount of time spent online each day. According to the respondents' answers, the average time spent online was approximately 358 minutes. The next question concerned the time spent on phone calls or text messages. The average time spent on this was approximately 75 minutes.
The results of the study indicated that 20 individuals, or 18.7% of the respondents, were addicted to the internet. Six individuals, or 5.6%, were addicted to their phones. Two respondents, or 1.9%, were addicted to both the internet and their phones. The data obtained were subjected to statistical analysis using Statistica software.
A statistically significant correlation was found between the degree of mobile phone addiction and the amount of time spent using the phone. The longer the time spent on the phone, the greater the degree of mobile phone addiction.
Conclusions: Age significantly affects the degree of internet addiction. Among older individuals, the level of internet addiction is lower. The amount of time spent using the internet does not affect the degree of addiction. As the duration of mobile phone use increases, the intensity of mobile phone addiction also increases. Age does not affect the degree of mobile phone addiction.

Disclosure of Interest: None Declared

EPV0067

The hidden cost of connectivity: Social media addiction among medical students

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Introduction: Social media addiction (SMA) had not been formally recognized by medical organizations such as the American Psychiatric Association. However, it is an increasing problem especially among young adults. Little is known about medical students' use of social media and the potential existence of this addiction among them.
Objectives: The aim of the study was to investigate SMA among medical students and to determine the related factors.
Methods: A cross-sectional study was conducted from February to March 2024 in the faculty medicine of Tunis (Tunisia). Full-time students, from the first to the fifth grade, who accepted to take part in the study were invited to respond to a questionnaire. Self-report questionnaires, comprising sociodemographic status, lifestyle habits, social media usage behavior, the Patient Health Questionnaire (PHQ-9), the Bergen Social media addiction scale (BSMAS) were filled by the participants.
Results: A total of 60 individuals had fully responded to the questionnaire. The mean age was 21.98 ± 2.97 years. Eighty percent were female. Instagram was the most social media used with 96.6 % of participants followed by Facebook with 90 %. The mean number of hours spent on social media per day was 2.6 ± 1.96. According to the PHQ-9, 21.6 % (n=13) were suffering from depressive symptoms. The mean BSMAS was 16.6 ± 4.96 and 36.6 % (n=22) had SMA. SMA was more common among students in first years of medical school, not practicing a regular physical activity, posting regularly on social networks and having depressive symptoms.
Conclusions: This study suggested that SMA is common among Tunisian medical students. An early intervention appears to be necessary to preserve their mental health and academic performance.

Disclosure of Interest: None Declared

EPV0068

The role of dopamine D3 receptor and cariprazine in substance use disorders: a systematic review

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Introduction: In recent years, dopamine D3 receptor (DRD3) has gained extensive attention in substance use disorders (SUDs) in terms of their anatomical localization and role in drug-related processes. Animal studies have shown that DRD3 agonists modulate addictive behaviour. In addition, cariprazine (CAR), a novel antipsychotic with a partial agonist effect on DRD3, may be a

treatment option for patients diagnosed with schizophrenia (SCZ) with comorbid SUD.
Objectives: Therefore, the main goal of the present work was to summarize literature data about DRD3 and CAR in SUDs.
Methods: A systematic review was conducted in August 2024. The full-text search was performed without filtering from four databases (PubMed, ScienceDirect, Web of Science, Cochrane Registry). In the first search "dopamine receptor D3" AND "substance use" OR "addiction" OR "dependence" OR "misuse" were used as the key search terms, and in the second search "cariprazine" AND "substance use" OR "addiction" OR "dependence" OR "misuse" were used. Duplicated studies, non-relevant articles, review articles, and animal and cell studies were excluded.
Results: In the first search, 40 articles were identified; however, 15 were excluded. In the second search, 21 articles were identified; however, 12 were excluded. Findings based on the 25 included articles show that DRD3 modulators, which are mostly agonists of the receptors, may have a positive effect on both psychotic symptoms and substance use frequency- and drug-seeking behavioral reduction. Our findings based 9 included articles demonstrate that CAR is a more effective and safe medication for SCZ with comorbid SUD than other atypical antipsychotics. It could also be suggested that in other psychiatric conditions where substance abuse is occurring CAR is also a good treatment option.
Conclusions: Based on past and current research, it's crucial to systematically evaluate the role of DRD3 for developing new therapeutic perspectives in SUDs, though more research is needed to confirm the efficacy and safety of DRD3 modulators and CAR as medications for SUDs. Furthermore, the present review suggests that CAR may be the optimal antipsychotic for treating SCZ with comorbid SUDs.

Disclosure of Interest: None Declared

EPV0069

Peer victimisation and drug use in sexual minorities

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Introduction: Adversity in adolescence, including peer victimisation, is associated with substance misuse in young adults, particularly in vulnerable individuals like sexual minorities. However, the potential developmental mechanisms underlying this association are yet to be fully understood.
Objectives: This study will empirically investigate the relationship between childhood adversity and addictive behaviours in young adulthood (i.e., drug use). In particular, we will examine the possible moderating role of sexual identity and orientation on drug use problems.
Methods: A total of 329 adults (aged 18 to 35 years old) were recruited into the study and included in the final analysis. Of the 329 participants, 93 identified as being a sexual minority (26.16%). A large majority of participants were women (N = 278 / 78.1%) with a mean age of 20.3 years old (SD = 3.5) and a diverse distribution of ethnicities reflective of metropolitan Australia. All participants completed an online battery of demographic, self-report, and behavioural measures. A multiple regression using Hayes' PROCESS macro for SPSS was conducted.
Results: Overall, both identifying as being a sexual minority (b = .51, p < . 05) and reporting greater peer victimisation during childhood (b = .17, p < . 01) predicted greater levels of drug use in adulthood. Over and above the independent effects of sexual orientation and peer victimisation, being a sexual minority who also experienced a high level of peer victimisation were together predictive of more pronounced drug use in adulthood (b = .25, p < . 05).
Conclusions: Identifying as being a sexual minority as well as reporting greater peer victimisation in childhood were independently predictive of potential risky drug use in adulthood. This is in keeping with theories of the role of chronic stress in the development of potentially harmful behavioural, coping mechanisms. Consistent with our hypothesis, these effects were magnified when they occurred in combination, such that sexual minorities were more susceptible to the effects of peer victimisation on later drug use. Findings from the current study contribute to the identification of a possible modifiable adolescent risk factors – that is, peer victimisation - in driving increased substance misuse in sexual minority groups, which have significant implications for targeted public health strategies for these vulnerable individuals.

Disclosure of Interest: None Declared

EPV0071

Pentazocine dependence in a 57-year-old female patient

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Introduction: Pentazocine dependence, although rare, poses serious risks in patients with chronic pain, especially after surgical interventions. Misuse of prescribed opioid analgesics, such as Pentazocine, can lead to a wide range of medical and psychiatric complications. This case study explores the long-term effects of Pentazocine dependence in a patient with coexisting psychiatric conditions and chronic medical illnesses.
Objectives: MAM, a 57-yer-old female patient, was first introduced to Pantozocine following pancreatic surgery in 1999 for Wirsung duct calcifications, a hereditary condition. Initially prescribed for pain relief, the patient increased her dose to 14-20 vials/day over six months. Psychiatric issues, including suicidal ideation and financial distress, emerged shortly after her addiction took hold.
Methods: Between 2002 and 2024, the patient was admitted to psychiatric wards approximately 55 times. In 2003, after an accidental burn injury to her lower limbs, she began injecting Pentazocine directly into the wounds, as intramuscular administration no longer produced the desired effects. Her conditionworsened with multiple suicide attempts, including an overdose of 22 vials of Pentazocine, which she survived. During her hospitalizations, she presented with complications such as insulin dependent diabetes mellitus, mixed tissue disease, cervical spondylosis, and Raynaud's syndrome. Multiple reconstructive surgeries were performed for the wounds caused by repeated injections.

Results: Meanwhile, the patient followed methadone substitution treatment until 2008, later and until now she only requiring antidepressant treatment for recurrent depressive disorder, her current diagnosis.
Conclusions: This case highlights the significant risks associated long-term opioid dependence, particularly in patients with medical conditions and psychiatric comorbities. Managing Pentazocine dependence requires careful monitoring of pain medication, early psychiatric intervention, and long-term follow-up. Comprehensive care, including psychological support and substitution therapies, is essential for improving prognosis in such cases.

Disclosure of Interest: None Declared

EPV0072

Neuropsychiatric and Hematologic Manifestations in Nitrous Oxide Psychosis: A Case Report and Scoping Review

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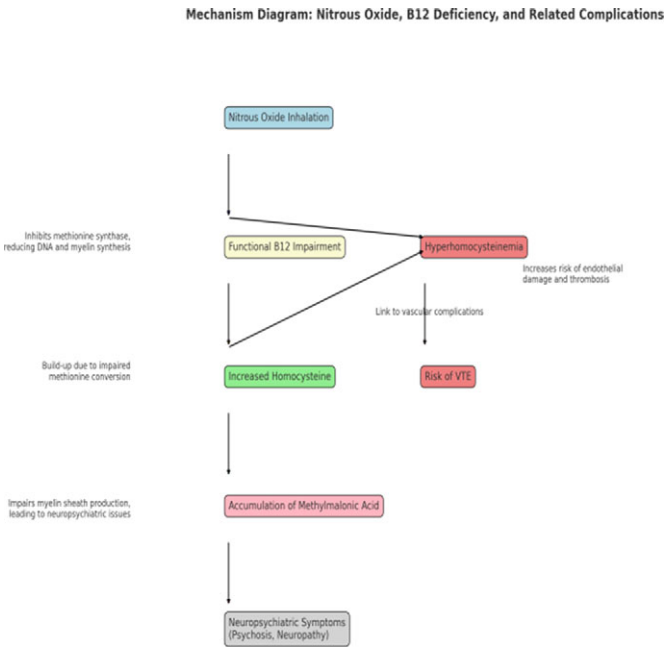
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Introduction: Nitrous Oxide (N2O) has recently emerged as a global public health threat, particularly in young adults resulting in neuropsychiatric and hematologic sequelae.
Objectives: This study aims to highlight a case of N2O-induced psychosis with a review of literature on neuropsychiatric and hematologic complications with N2O use in patients presenting with psychosis, with elucidation of mechanisms, clinical presentations and management.
Methods: Case was reviewed, and findings were contextualized with existing literature. Relevant keywords yielded 253 studies; after title and abstract screening, 14 studies were reviewed.
Results: A 33-year old male with no known comorbidities presented with bizarre behaviors with paranoia, persecutory delusions, delusion of control, ideas of reference, Cotard delusion, and hallucinations. He reported taking daily B12 supplements because he was aware of the effects of N2O on B12 metabolism. Collateral information revealed N2O use for >5 years with recent escalation. Labs revealed high homocysteine (93.45 µmol/L), despite normal B12 and MMA level. Syphilis was negative. Neurological examination showed intact proprioception, vibration and gait, and a negative Romberg sign. MRI indicated nonspecific FLAIR hyperintensities. He was admitted to the inpatient psychiatric unit where he initially remained disorganized, paranoid, and attempting to elope, requiring PRN medications. Risperidone was uptitrated to 0.5 mg QAM and 1 mg QHS, while continuing B12 supplementation. On discharge, psychosis had resolved. He was provided psychoeducation regarding the complications of N2O use, he demonstrated understanding, however, remained in pre-contemplation stage.
Literature review (Fig 1) highlights significant neuropsychiatric and hematological effects. B12 deficiency resulting in sensorimotor polyneuropathy and axonal degeneration, with MRI often showing symmetrical cervical spinal cord abnormalities has been reported in multiple studies. EMG tests reveal peripheral nerve damage. Hematologically, it is linked to cerebral venous sinus thrombosis and DVT, with elevated homocysteine raising thrombosis risk (Fig 2). Psychiatrically, nitrous oxide can cause transient psychosis and suicidal behavior, although cases of subsequent primary psychotic illness have been reported. Management includes cessation of use, B12 supplementation; occasional use of antipsychotics has also been reported.

Image:

Studies	Age/Sex	Presenting Symptoms	Vitamin B12 Level	Homocysteine Level	Methylmalonic Acid Level	CT/MRI Findings	EMG Findings	Treatment/Management
Sood et al, 2022	25/M	Acute psychosis, lower-extremity sensorimotor proprioceptive ataxia	Low	Not reported	Not reported	MRI: Normal	Length-dependent sensorimotor polyneuropathy with predominant motor component and axonal degeneration	B12 Supplementation, neurological rehabilitation.
Raaj et al, 2024	22/M	Auditory hallucinations, delusions, personality changes	Normal	Not repoted	Not reported	CT Brain: Normal	Not reported	Olanzapine 20 mg
Sethi et al, 2006	20/F	Paranoia, auditory hallucinations, delusions, gait disturbance	Low (202 pg/mL)	High	High	Not specified	Not reported	IM B12 Supplementation; Quetiapine 25 mg
Matsuda et al, 2023	19/M	Fever, impaired consciousness, hallucinations, thought broadcasting	Not reported	Not reported	Not reported	Not specified	Not reported	Risperidone 1 mg daily
Er et al, 2023	27/M 21/F	Altered mental status, hallucinations, and unilateral right lower limb swelling Headache, vomiting, diplopia	Low Low	Not reported High	Not reported	MRI spine: subacute combined degeneration of spinal cord CT Brain: suggestive of CSVT	Not reported	Rivaroxaban and vitamin B12 Rivaroxaban
Garakani et al., 2014	22/M	Psychosis, paranoia, auditory hallucinations	Low (144 pg/mL)	High	High	CT Brain: Normal	Not reported	IM B12; Risperidone 1 mg QHS
Kim et al., 2019	22/F	Auditory hallucinations, delusions	Low (126 pg/mL)	High	High	Not reported	Normal	IV B12 Supplementation
Wu et al., 2022	19/M 25/F 28/M 18/F 22/F 17/F	Limb numbness, gait instability	Low Low Low Low Low normal* Low	High Normal High Normal Normal High	Not reported	No abnormalities MRI: High symmetric signals MRI: High symmetric signals MRI: High symmetric signals MRI: High symmetric signals MRI: High symmetric signals	peripheral nerve damage peripheral nerve damage peripheral nerve damage peripheral nerve damage, decreased muscle shrengh peripheral nerve damage Not reported	B12 Supplementation
Roberts et al., 2020	24/M	Numbness in hands and feet, difficulty walking, personality changes	Low normal	High	High	MRI: T2 hyperintensity in cervical spinal cord	Not reported	B12 Supplementation, Physical rehab
Blair et al., 2019	20/F 30/M 30/M 21/M 23/F 23/F 28/M	Paraesthesia, gait ataxia, psychiatric symptoms	Low Low Low Normal Normal High Normal	High High High High High High High	Not reported	MRI: Inverted V sign MRI: Inverted V sign Normal MRI: Inverted V sign MRI: Inverted V sign MRI: Inverted V sign MRI: Inverted V sign	Not reported	None None None B12 Supplementation B12 Supplementation B12 Supplementation B12 Supplementation
Chien et al., 2020	32/F 33/M 24/F 32/M 21/F 24/F 27/M	Sedation, irritability, suicide attempt Irritability, suicide attempt Irritability, Psychosis, suicide attempt Auditory and visual hallucinations, derealization Irritability, auditory hallucinations, persecutory delusions, violent behaviors Irritability, auditory hallucinations, persecutory delusions, violent behaviors, self-harm behavior Irritability, violent behaviors, self-harm behavior	Not reported	Not reported	Not reported	Not reported	Not reported	Benzodiazepine Risperidone 2mg + Benzodiazepines Haldol 5 mg daily + Benzodiazepines Sulpiride 50 mg daily + Benzodiazepines Benzodiazepines Quetiapine 400 mg daily + Benzodiazepines Haldol 5 mg daily + Quetiapine 200 mg daily
Mohammed et al., 2024	25/F	Bizarre behavior, delusions, hallucinations	Low (135 pmol/L)	High	High	Normal	Not reported	IM B12 Supplementation, Risperidone 4 mg, Diazepam 30 mg daily
Lundin et al., 2019	21/M	Double vision, lower extremity weakness with difficulty ambulating, psychiatric symptoms	Low (78 pg/mL)	High	High	Normal	Not reported	IM B12 Supplementation, Physical therapy
Mancke et al., 2016	35/M	Numbness, difficulty walking, psychiatric symptoms (depression, anxiety)	Low (110 pmol/L)	High	High	MRI: T2 hyperintensity in posterior columns of cervical spinal cord	Not reported	IM B12 Supplementation, Physical therapy, Methionine supplementation

Image 2:



Conclusions: The patient's presentation underscores the complexity of N2O-induced neuropsychiatric and hematologic conditions. The findings emphasize the need for thorough clinical evaluations, including psychiatric and neurologic assessments, and laboratory testing when N2O use is suspected. Future research should focus on early recognition and intervention, optimizing management strategies, and understanding the long-term prognosis of patients with N2O-induced psychosis and associated sequelae.

Disclosure of Interest: None Declared

EPV0074

Efficacy of Topiramate in Treating Methamphetamine Use Disorder: A Systematic Review and Meta-Analysis of Randomized Controlled Trials

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Introduction: Methamphetamine use disorder poses a significant public health challenge, with few effective pharmacological treatments. Topiramate, an anticonvulsant, shows potential for treating various substance use disorders. This meta-analysis evaluates topiramate's efficacy in treating methamphetamine use disorder, focusing on abstinence rates and depressive symptoms.
Objectives: This review aims to assess the efficacy of topiramate in treating methamphetamine use disorder, specifically its impact on abstinence rates measured by negative urine tests for methamphetamine. Additionally, it evaluates topiramate's effects on depressive symptoms, quantified by Beck Depression Inventory scores.
Methods: A systematic search was conducted in Scopus, Web of Science, and PsycINFO in September 2024, following the Preferred Reporting Items for Systematic Reviews and Meta-Analyses (PRISMA) guidelines. Included studies were peer-reviewed randomized controlled trials (RCTs) assessing topiramate's effects on individuals with methamphetamine use disorder. The analysis utilized a random-effects model, with the primary outcome being abstinence assessed through negative urine tests and the secondary outcome being depression scores from the Beck Depression Inventory.
Results: Three studies (n = 249) were included, comparing topiramate to placebo. The pooled risk ratio (RR) for the common effect model was 1.00 (95% CI: 0.94-1.07), indicating no significant difference between topiramate and placebo. Heterogeneity was low (I^2 = 2%, p = 0.36). Individual study risk ratios ranged from 0.43 to 1.09, with the largest study (n = 140) showing no effect (RR 1.00, 95% CI: 0.93-1.07). Two studies (n = 109) reported that topiramate tended to improve depressive symptoms relative to placebo, though not reaching statistical significance (mean difference = -2.52 (95% CI: -5.31 to 0.26).
Conclusions: For patients with methamphetamine use disorder, topiramate did not increase abstinence rates when compared to placebo, but showed a trend towards improving depressive symptoms. Although no statistically significant effects were observed, the trends provide a foundation for future research. Larger sample sizes, extended follow-up periods, and standardized outcome measures are needed to better evaluate topiramate's efficacy. Future studies should also explore dose-response relationships, combination therapies, and identify patient subgroups likely to benefit from topiramate, which may reveal clinically meaningful effects and enhance treatment options for methamphetamine use disorder.

Disclosure of Interest: None Declared

EPV0075

Effects of the anticonvulsant Galonal during long-term alcohol exposure

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Introduction: Galonal increases gamma-aminobutyric acid (GABA) neurotransmission in the brain by having a modulatory effect on neuronal GABAA-receptors (GABAA-R). The presence of functional GABAA-R on the surface of immune cells, in particular T-lymphocytes, which mediate modulation of the cell's functional activity has also been described. Chronic alcohol use is associated with significant T-lymphocytes dysregulation within the adaptive immune system. It suggests that synthetic GABAA-R ligand Galonal, similar to its effects on neuronal cells, may cause modulation of the functional activity of the lymphocytes, thereby influencing the intensity of the immune response.
Objectives: Considering the fact that GABAA-R proved to be the molecular targets of ethanol on the immune and nervous cells, we investigated behavior and immunomodulatory effects of the artificial GABA receptor ligand Galonal during long-term alcohol exposure to find new perspective pharmacological substances in the treatment of alcoholism.
Methods: Galonal (100 mg/kg) was administered in mice with 6-month 10% ethanol exposure (suspension of 1% starch mucus intragastrically) for 10 days, after which animal's alcohol consumption, behavior and immune parameters were estimated.
Results: After the course of Galonal administration a decrease in alcohol motivation and stimulation of exploratory behavior have been established in long-term alcoholized mice. An increase in the humoral immune response was also recorded, assessed by the absolute and relative numbers of AFC, to a level characteristic of healthy animals of the corresponding age. Significant stimulation of the cellular immune response, estimated by the DTH reaction and lymphocytes proliferative activity was also registered.
Conclusions: Galonal demonstrated positive neuroimmunomodulation effect during long-term alcohol exposure, therefore, its promising for clinical use in the treatment of alcoholism.

Disclosure of Interest: None Declared

EPV0076

Treatment challenges in co-occurring substance use and gambling disorder: A case report

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Introduction: Gambling disorder was previously classified as an impulse control disorder in the DSM-IV, but with the introduction of DSM-5, it has been redefined as a behavioural addiction. This reclassification reflects a growing understanding of how gambling shares many characteristics with substance use disorders, including the compulsive nature of the behaviour, its neurological underpinnings, and the significant consequences it has on an individual's life. The shift from an impulse disorder to an addiction framework highlights the chronic, relapsing nature of the condition and underscores the need for more comprehensive treatment approaches. Gambling disorder is now recognized as one of the major public health issue due to its association with significant psychological, social, and financial harm. Furthermore, it frequently co-occurs with other psychiatric conditions, particularly mood disorders and substance use disorders, making treatment and recovery more complex. This dual diagnosis often results in overlapping symptoms that reinforce each other, complicating the course of treatment and decreasing the likelihood of sustained abstinence. Addressing the multifaceted nature of gambling disorder is critical to improving therapeutic outcomes, particularly in individuals with comorbid conditions.
Objectives: This case report aims to examine the challenges in maintaining abstinence in individuals with co-occurring substance use and gambling disorders, focusing on the role of impulsivity and motivational instability. It also seeks to explore effective treatment strategies to improve long-term recovery outcomes.
Methods: A case report approach was employed, following a 23-year-old male patient with a history of multiple psychiatric hospitalizations due to substance use and gambling disorders. The patient's treatment journey was analysed, with particular attention to his motivation, therapeutic engagement, and relapse patterns.
Results: The patient struggled with maintaining long-term abstinence due to impulsivity, frustration intolerance, and repeated relapses, exacerbated by non-compliance with treatment. Although initial motivation for recovery was present, it deteriorated over time, resulting in premature termination of treatment programs. Persistent gambling and substance use led to significant personal and financial consequences.
Conclusions: Effective treatment for co-occurring gambling and substance use disorders must prioritize enhancing frustration tolerance, impulse control, and stable motivation. Comprehensive therapeutic interventions, continuous support, and realistic goal-setting are crucial for improving abstinence and preventing relapse. Understanding the interconnectedness of gambling and substance use is key to tailoring effective treatments.

Disclosure of Interest: None Declared

EPV0080

The nightmare of scratch tickets: a case report on Gambling Disorder

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Introduction: Gambling disorder (GD) can be defined as the maintenance of gambling behavior despite its negative impact both on the health, social, work and financial aspects of one's life, with growing importance over other interests, loss of control over this behavior and an intense need of maintaining it. In the last decades, the prevalence of GD has been increasing, while it remains an underdiagnosed and undertreated disorder. Regarding scratch tickets (ST), Portugal is the European country with the biggest per capita spending, more than doubling the European average, with 150€ spent annually.
Objectives: We report the case of a woman with GD and aim to briefly discuss the most recent evidence on this subject.
Methods: Description of clinical case and brief review of the literature on the subject.
Results: G. is a caucasian 66-year-old woman without past psychiatric history. Her first contact with ST happened in 2016, when she started working at a kiosk and spent around 1€/day. In 2017, after going through a divorce, her gambling habits worsened, spending around 70€/day. She spent most of her income on gambling and started developing depressive symptoms. By the end of 2020, she is put in a medical leave of absence and starts seeing a therapist. To better control her spendings, her daughter is appointed as her bank account holder, but the patient relapses a week after returning to work, having contracted a loan to keep up with her addiction. She maintains this behavior until 2023 when she is referenced to a Psychiatry appointment and starts treatment, including individual psychotherapy sessions and weekly Gambling Anonymous meetings. In January 2024, G. joins an in-hospital patient group for gambling addicts and decides to retire, to distance herself from the environment that potentiates her addiction. She is now in remission and has been abstinent from gambling for over a year. She still has occasional thoughts about gambling as well as craving to gamble, but all other psychiatric symptoms have resolved, and she has been discharged from Psychiatry appointments.
Conclusions: The average ST gambler is middle aged, plays weekly and earns less than minimum wage, with the chance of gambling decreasing drastically if monthly wage is >1500€. Additionally, service workers are 55% more likely to gamble ST when compared to their counterparts. With the lack of regulation, growth in publicity and the possibility of anonymity, the prevalence of GD is growing, becoming essential that we detect this disorder promptly so that a multidisciplinary treatment can be implemented.

Disclosure of Interest: None Declared

EPV0081

Cannabinoid Hyperemesis Syndrome: The challenge of diagnosis and management – A case report

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Introduction: Cannabinoid Hyperemesis Syndrome (CHS) is a condition associated with long-term cannabis use, marked by recurrent episodes of nausea, vomiting and abdominal pain, typically relieved by hot showers—a nearly pathognomonic feature. It often develops after years of heavy cannabis use, with symptoms recurring cyclically every few weeks to months while the individual continues to use cannabis. Symptom resolution is generally observed after cessation. Though cannabis is commonly used to relieve nausea (as in chemotherapy-induced vomiting), in susceptible individuals, prolonged use paradoxically induces these symptoms, presenting a diagnostic and therapeutic challenge. Recognizing CHS is increasingly important as global cannabis consumption rises.
Objectives: The aim of this study is to review the clinical presentation of CHS, highlighting key diagnostic features, current management strategies and treatment.
Methods: A comprehensive case report of a 27-year-old female with a history of heavy cannabis use was conducted. She presented with severe nausea and vomiting for two weeks following reported cannabis cessation. A thorough clinical evaluation was undertaken to better understand the clinical presentation of CHS. Additionally, a literature review was performed using PubMed to gather relevant clinical articles on CHS.
Results: The patient exhibited hallmark features of CHS, including a prolonged history of cannabis use beginning in adolescence, recurrent episodes of severe nausea, vomiting, abdominal pain, the typical compulsive use of hot showers for symptom relief and lack of response to conventional antiemetic treatments. These features, combined with the patient's lack of motivation to discontinue cannabis despite symptom recurrence, strongly support the diagnosis of CHS. Although she had a history of an eating disorder and presented with the Russell sign and dental damage consistent with chronic vomiting, no psychiatric comorbidities or body image disturbances were identified.
Conclusions: CHS remains an under-recognized condition that poses diagnostic challenges. This case reinforces the need to inquire about cannabis use in patients presenting with cyclic vomiting, abdominal pain and weight loss. CHS symptoms and pathophysiological mechanisms can mimic other important diseases, such as eating disorders or gastrointestinal pathologies. Challenges in managing CHS include patient skepticism regarding the role of cannabis as a cause of symptoms, perceived benefits of cannabis and a lack of other effective therapies. Management of CHS involves both acute symptomatic treatment and long-term cessation of cannabis use. Acute interventions may include fluid resuscitation, haloperidol administration, and topical capsaicin application. However, the only definitive treatment is complete abstinence from cannabis, which leads to symptom resolution in the vast majority of cases.

Disclosure of Interest: None Declared

EPV0082

Ekbom Syndrome in the context of psychotic depression and cocaine use: A case report

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Introduction: Ekbom syndrome, also known as delusional infestation (DI), is a rare mono-symptomatic psychosis in which the patient has the firm and unshakable belief that one's body, mainly their skin, is infested by parasites or bugs. DI primarily affects middle-aged women and it can be classified as primary or secondary, often associated with other psychiatric conditions like psychotic depression, or induced by substances such as cocaine or amphetamines. Understanding that DI may not represent a single, uniform disease or diagnostic entity and can have various underlying causes is essential for accurate diagnosis and effective treatment.
Objectives: This study aims to examine the clinical presentation, etiology and therapeutic approach for a patient presenting with DI while comparing approaches for different DI etiologies.
Methods: A case report was conducted on a 61-year-old woman presenting with delusion of infestation, skin lesions, depressive symptoms and a toxicology screening positive for cocaine. Addicionally, a literature review using the PubMed database was performed to identify relevant clinical articles on DI.
Results: In evaluating the patient's condition, the initial differential diagnosis included formication, a condition where patients experience sensations such as stinging or crawling on the skin without developing fixed delusions. Formication can arise from multiple neurological or systemic causes, including exposure to substances. A unique subtype of formication, known as "cocaine bugs," is seen in cocaine users and produces similar tactile sensations. Cocaine-induced formication is often part of a broader cocaine-related delirium that involves hallucinations and ideas of contamination. For these patients, detoxification is a priority in treatment, addressing the substance use disorder directly. In cases where delusions develop alongside these sensations, particularly in individuals with pre-existing psychiatric conditions such as schizophrenia or depressive disorder, the diagnostic focus shifts.
Conclusions: Delirium of infestation can occur in individuals with cocaine use and those with psychotic depression. More than half of the patients with DI have a history of depression and both conditions often coexist. There are individuals for whom DI appears to cause depression and patients for whom depression appears to precipitate DI. This case highlights the complexity in diagnosing and treating DI, particularly when cocaine use and psychotic depression co-occur. The patient's symptoms reflect overlapping etiologies, with cocaine use likely exacerbating formication, while psychotic depression contributed to fixed beliefs of infestation. Given the frequent co-occurrence of DI and depressive symptoms, further research is needed to refine neurobiological insights and treatment strategies for DI across these patient groups.

Disclosure of Interest: None Declared

EPV0083

Internet Addiction among Students: cross-sectional study

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Introduction: Conceptually, the internet has transformed the Earth into a vast information network village, significantly enhancing human experience through unprecedented availability and exchange of information. However, the potential adverse effects of internet addiction on human health have emerged as a major global concern.
Objectives: This study aimed to estimate the prevalence of internet addiction among students.
Methods: A cross-sectional, descriptive, and analytical study was conducted between October 2022 and January 2023 among students from various faculties in Sfax. Data were collected through a self-administered electronic questionnaire accessible online, created using the Google Forms application. The questionnaire explored sociodemographic and relational data. Internet addiction was assessed using the Internet Addiction Scale (IAS).
Results: The average age of the students was 25,62 ± 3,29 years, with a sex ratio of 1/5. Among the participants, 96% resided in urban areas, and 81,9% lived with their families. Nearly half of the students were from the Sfax Faculty of Medicine, and 64,4% were in the third cycle of their studies. The study found a mean total score of 74,27 +/- 21,25 on the IAS, indicating an estimated prevalence of internet addiction at 24,2%. Factors correlated with internet addiction included excessive internet use by family members (p=0,004) and poor adaptation to the faculty (p=0,03).
Conclusions: Internet addiction was prevalent in our student population. Exploring the characteristics associated with this addiction would undoubtedly assist in identifying the risks our students might face.

Disclosure of Interest: None Declared

EPV0085

Ketamine Treatment for Alcohol Use Disorder: A Review

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Introduction: Alcohol Use Disorder (AUD) is a pervasive condition with substantial psychological, social, and physical consequences. Traditional treatment approaches often struggle with high relapse rates, highlighting the need for more effective interventions. Recently, ketamine, an N-methyl-D-aspartate (NMDA) receptor antagonist, has emerged as a potential treatment for AUD due to its unique pharmacological properties.
Objectives: The aim of this study is to evaluate the current evidence of ketamine treatment for alcohol use disorder and its efficacy.
Methods: The authors did a non-systematic review of the current literature.
Results: The results suggest that ketamine combined with psychotherapy reduces alcohol consumption and prolongs abstinence in AUD patients. The mechanism is hypothesized to involve ketamine's ability to enhance neuroplasticity and modulate glutamatergic pathways, which may improve motivation and cognitive control. Additionally, ketamine's rapid antidepressant effects could address comorbid conditions like depression and anxiety, often observed in AUD patients, thereby reducing the overall risk of relapse.
Conclusions: Ketamine presents a promising adjunct to existing therapies for AUD, offering benefits that extend beyond traditional treatment approaches. However, while preliminary findings are encouraging, further research is necessary to confirm the long-term safety and efficacy of ketamine in treating AUD, particularly concerning optimal dosing strategies and the integration with psychotherapeutic interventions.

Disclosure of Interest: None Declared

EPV0086

Patient-Reported Outcome Measures for Addiction Treatment: Development of a Digital Health Intervention using a Patient-Centered Approach

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Introduction: Substance Use Disorders (SUDs) are highly prevalent and substantially contribute to the global burden of disease, negatively impacting individuals' health, well-being, and social functioning. While SUD treatments have demonstrated effectiveness in reducing substance use and related behaviors, there has been a growing emphasis on including subjective outcome measures, recognizing the importance of patients' perspectives on their well-being. This shift has driven the development of Patient-Reported Outcome Measures (PROMs), which are progressively being integrated in healthcare to enhance patient-centered care, patient-provider communication and shared decision-making.
Objectives: This study aims to develop a PROMs Digital Health Intervention (PROMs-DHI) with the potential to improve the quality and effectiveness of outpatient addiction treatment services.
Methods: PROMs-DHI includes the electronic adaptation of ICHOM's standardized set for addictions using REDCap software and feedback created by Tableau on individual PROMs scores for patients and clinicians. PROMs-DHI will be assessed through mixed methods following a patient-centered design. Quantitative data will be collected using the System Usability Scale (Brooke, 1986), while qualitative data will be gathered through 5 focus groups with patients and 5 with healthcare professionals from collaborating addiction treatment centers. This strategy will yield valuable insights into the experiences and perspectives of both

groups in utilizing the PROMs-DHI, offering a deeper understanding of their interactions and outcomes.
Results: It is expected that patients will perceive a positive effect of the usage of the PROMs-DHI, gaining insights into their progress, reinforcing communication with clinicians, and enhancing self-management. Clinicians are expected to find the PROMs-DHI beneficial for managing patient care, profiting from the ability to monitor patient outcomes in real-time, receive notifications when values exceed critical thresholds, and access detailed reporting tools to inform their treatment decisions. This would enable them to provide more targeted and effective care, ultimately leading to improved patient outcomes.
Conclusions: Implementing the PROMs-DHI in addiction care could facilitate outcome comparisons, guide service improvement, and ultimately increase the effectiveness and quality of interventions, contributing to a stronger and more sustained recovery for patients undergoing treatment. Providing patients with regular feedback on their outcomes may also have a therapeutic effect in itself, promoting self-awareness, motivation and empowerment to manage their recovery. Furthermore, PROMs can support healthcare professionals in making well-informed treatment decisions that are tailored to each patient's needs, thereby strengthening the impact and sustainability of addiction interventions.

Disclosure of Interest: None Declared

EPV0087

Affective Disorder in Addictology -Salus Hospital

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Introduction: AFFECTIVE DISORDERS IN ADDICTOLOGY
In recent years, the number of substance users has increased globally. Referring to a study conducted in Albania by the Youth Risky Behavioral Survey, it results that: 5.4% of young people aged 14-18 have an experience with cannabis, 4% with ecstasy, 1.4% with heroin and 1.6% with cocaine. From the data published by Our World (2019) it results that the number of deaths from drug and alcohol consumption has doubled, especially in the last three decades. From studies it results that 50 thousand individuals in Albania (1.8% of the population are drug users.
From a 3-year study carried out in the Addictology pavilion at Salus Hospital, where a sample of 133 patients with addiction to substances was examined. It turned out that 118 people were men (88.7%) and 15 women (11.3%). Over 50% of patients are in the 18-33 age group and 40% are in the 30-40 age group. Referring to the place of residence, most of the patients are from Tirana and this is influenced by the number of the population (32% of the population of Albania).Education is another important data of this study as it turns out that more than 50% of them have a secondary education and only 1/3 of them have a higher education. Referring to the married/single status, the ratio is respectively 46.97/48.48%. After analyzing the years of abuse,from 1-5 years addiction constitute 29 % of the total,6-10 years constitute 37 % and from 10-20 years constitute 21 %.If we refer to substances, it turns out that cocaine occupies 74% of the championship, followed by Cannabis, 14% and Alcohol, 12%. If we consider the psychiatric pathologies from which this study is referred, it turns out that Affective Disorders make up the largest part with 69% of followed by Psychotic Disorder with 28% of patients. Over 50% of patients manifested symptoms similar to Bipolar Disorder and over 30% of them symptoms of an Uspecified Affective Disorder.
Objectives: Place occupied by mood disorders in addictology
Methods: Quantitative research
Results: Referring to the married/single status,the ratio is respectively 46.97/48.48%.After analyzing the years of abuse, from 1-5 years addiction constitute 29 % of the total,6-10 years constitute 37 % and from 10-20 years constitute 21 %.If we refer to substances,it turns out that cocaine occupies 74% of the championship,followed by Cannabis,14% and Alcohol,12%.If we consider the psychiatric pathologies from which this study is referred,it turns out that Affective Disorders make up the largest part with 69% of followed by Psychotic Disorder with 28% of patients.Over 50% of patients manifested symptoms similar to Bipolar Disorder and over 30% of them symptoms of an Uspecified Affective Disorder
Conclusions: Affective Disorders make up the largest part with 69% of followed by Psychotic Disorder with 28% of patients.Over 50% of patients manifested symptoms similar to Bipolar Disorder and over 30% of them symptoms of an Uspecified Affective Disorder.

Disclosure of Interest: None Declared

EPV0089

Adverse Childhood Experiences, Gender Identity and Substance Misuse: Challenges in Addiction Psychiatry – A Case Report

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Introduction: Adverse Childhood Experiences, referring to potentially traumatic events such as sexual abuse, rejection, and family dysfunction, are strongly associated with the development of psychiatric disorders, including anxiety, depression, and substance misuse. Peer victimization related to sexual orientation and gender identity or expression has been linked to higher rates of depressive symptoms, disrupted educational paths, trauma, and increased use of substances such as alcohol and drugs. Gender-diverse youth are particularly vulnerable to substance misuse, especially in environments with limited support and prevalent discrimination.
Objectives: To emphasize the complex interactions between substance use, early trauma, and gender identity struggles, while highlighting the importance of a multidisciplinary therapeutic approach.
Methods: This case report was developed through detailed psychiatric interviews and assessments conducted during the patient's follow-up in an outpatient addiction treatment unit. The case description is supported by a focused literature review on PubMed using the keywords "Adverse Childhood Experiences", "Substance Use Disorder" and "Gender Identity".
Results: The patient is a young adult with a history of polysubstance use, starting in adolescence. His substance use was closely associated to early trauma, including childhood sexual abuse and rejection by family and peers after disclosing his sexual orientation.

These events led to dropping out of school, running away from home, and experiencing homelessness. As a result, he developed long-standing anxiety, depressive symptoms, and emotional instability. Internal struggles with gender identity, alongside ongoing familial conflict and unstable romantic relationships, further worsened his psychopathology. After a multidisciplinary intervention involving psychiatry, psychology, and social services, he showed significant improvements in emotional regulation, anxiety management and has remained abstinent since starting treatment.
Conclusions: Personal experiences, especially during childhood and adolescence, profoundly influence mental health and behaviors in adulthood. This case underscores the interaction between adverse childhood experiences, substance misuse, and discrimination related to sexual orientation, illustrating how these factors collectively impact psychiatric health. The patient's journey through addiction, identity struggles, and mental health challenges reflects the deep influence of both personal trauma and systemic issues. This case highlights the need for multifaceted therapeutic approaches that address the psychological, social, and familial factors underlying the patient's condition.

Disclosure of Interest: None Declared

EPV0090

Needs and Barriers of Mental Health Professionals in Promoting Smoking Cessation

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Introduction: Various studies have shown that individuals with mental health disorders are significantly more likely to smoke compared to the general population. Additionally, they tend to exhibit more severe tobacco dependence. For these populations, smoking is associated with increased morbidity, mortality, and healthcare costs. Despite the significance of this issue and its impact on health, quality of life, and financial well- being, smoking cessation interventions are rarely implemented in mental health services.
Objectives: The STEN project (alleviate Stigma, Train, Enhance smoking cessation interventions, rely on a specialized Network), funded by the Tobacco Prevention Fund in Switzerland, aims to promote smoking cessation among individuals with mental health disorders. The project seeks to strengthen the competencies of mental health professionals, encourage the utilization of available resources, and shift healthcare professionals' beliefs about smoking in individuals with mental disorders.
Methods: The first phase of the STEN project focuses on identifying the needs and perceptions of mental health professionals regarding smoking cessation. This phase involves a qualitative opinion survey exploring the perceived barriers and needs related to treating tobacco dependence in people with mental health disorders. The survey was conducted through focus groups held between December 2023 and April 2024, involving about 80 professionals from various linguistic regions of Switzerland, representing different professional bodies and both private and public addiction and psychiatry services. Data collection was facilitated and standardized using a structured response document.
Results: The analysis of the focus group discussions revealed:
Barriers: The main barriers to implementing tobacco dependence treatment among mental health professionals included a lack of knowledge, the misconception that addressing tobacco use is not part of their mission, and false beliefs about patients' willingness to quit.
Needs: There is a strong interest among mental health professionals in digital training, accompanied by opportunities for practice-sharing.
Conclusions: This phase will culminate in the development of a training and digital support concept tailored to the needs and perceptions of mental health professionals in Switzerland.

Disclosure of Interest: None Declared

EPV0091

Evaluation of addiction interventions: follow up after discharge

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Introduction: Addiction treatments are complex, and their goals have changed over time. In the past, abstinence was the main objective. Nowadays, treatments focus on people and their recovery. They are developed to act in many areas of life, therefore appropriate measures are needed that really show the results achieved. One of the variables that has been shown to be appropriate for measuring the results of interventions is quality of life.
Objectives: Our main objective was to evaluate the results of the intervention carried out on people who have been discharged, with an instrument that includes data on quality of life. Another objective was to standardize the measurement of results, establishing reliable criteria that include the diversity of people in treatment for addictions.
Methods: A computer-assisted telephone survey was conducted, with 575 people, between May 2023 and June 2024. They had been for 3 or 6 months on therapeutic or voluntary discharge.
Criteria for therapeutic discharge, voluntary discharge, and abandonment were established. They included results in different areas: substance use, health and self-care, mental health, social/family integration and educational/work.
The World Health Organization Quality of Life BREF (WHOQOL BREF) questionnaire was used. Psychosocial and drug use questions were added to the evaluation.
Results: At discharge, around 75% of people considered that they were in better health than before starting treatment, 60% believed that their quality of life was good or very good, 72% considered that their life had a lot or some meaning and 75% maintained abstinence from the substance for which they were in treatment.
Regarding quality of life (WHOQOL BREF) in people with discharge from treatment, the domain with the lowest score was the one of personal relationships.
Opiate patients were the ones with the lowest scores, with physical health values being highlighted. In terms of gender, women scored worse than men, especially in psychological health.
Conclusions: The results obtained indicate that the biopsychosocial and interdisciplinary treatment of addictions at the Addictions Institute of Madrid City Council improves the overall quality of life

and the perception of health. These changes are largely maintained over time, including abstinence.

Disclosure of Interest: None Declared

EPV0092

Addiction Hospital Emergency Department: A Five-Year Performance Review

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Introduction: Addictive disorders are chronic, highly recurrent conditions that often require long-term treatment and a multidisciplinary approach. Exacerbation of a chronic disorders presents a special challenge and requires a quick response from the medical team. Emergency services implement life-saving interventions on a daily basis.
Objectives: The objective of this study is to point out the importance of the Emergency Service and the provision of adequate medical care to people who need emergency intervention due to the abuse of psychoactive substances.
Methods: This retrospective study was conductet from January 2018 to January 2023 and included 4337 persons. Data was collected from the Special hospital for addiction disorders in Belgrade, Serbia, using a sociodemographic questionnaire and medical documentation. All included participents were users of the Emergency services. Unknown persons were excluded from the research.
Results: Out of a total of 4337 participants, 76% were male with an average age of 37.71 ± 9.94, while 24% were female with an average age of 37.89 ± 11.42. Opiate withdrawal syndrome was the most common reason for presentation in both sexes. However, it should be noted that the incidence of occurrence in men is significantly higher (68%), while in women it is slightly lower (close to 50%). Statistically significantly more women appear due to symptoms of acute alcohol intoxication ($p<0.05$), as well as intoxication with hypnotics and withdrawal symptoms from the anxiety-depressive spectrum. Comparing the reasons for reporting throughout the monitoring period of 5 years, with the exception of 2022, the trend of reporting did not change significantly. Opiate withdrawal syndrome is the most common, followed by acute alcohol intoxication, polytoxicomania and marijuana use.
Conclusions: The Emergency Service is of great importance because a large number of patients are cared for on an annual basis due to various symptoms of addiction. In addition to the training and readiness of the medical team, joint work and coordination of other emergency service institutions is also needed for the most efficient care.

Disclosure of Interest: None Declared

EPV0093

Psychosocial functioning of individuals at risk of developing compulsive buying disorder

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Introduction: Personality-related correlates are significant factors associated with compulsive buying. The Big Five personality traits can be a risk factor or a protective factor for addiction.
Objectives: This study aimed to establish the connection between depressiveness, workaholism, eating disorders, and personality traits, according to the five-point model called the Big Five, in women with a risk of compulsive buying disorder.
Methods: The study was conducted on 556 Polish women from the West Pomeranian Voivodeship. The study employed the diagnostic survey method using a questionnaire technique including Personality Inventory NEO-FFI, the Buying Behaviour Scale, the Beck Depression Inventory I-II, the Three-Factor Eating Questionnaire, and a self-questionnaire.
Results: The analysis revealed the risk of compulsive buying being accompanied by a higher median score for depressiveness, neuroticism, Cognitive Restraint of Eating, Uncontrolled Eating, and a risk of workaholism. A lower score in the respondents in the compulsive buying risk group was observed in an assessment of agreeableness and conscientiousness. Work addiction was exhibited by 26% of people with compulsive buying disorder vs. 12% of people without it.

Table 1. Descriptive statistics for selected scales with respect to the risk of the compulsive buying disorder.

Selected Scales	Total (n = 556)	Norm (n = 483) Group 1	Risk of Compulsive Buying (n = 73) Group 2	*p*
BDI I-II Me (Q1–Q3)	4.5 (1.0–10.0)	4.0 (1.0–9.0)	8.0 (1.0–15.0)	0.021
Neuroticism acc. to NEO-FFI, Me (Q1–Q3)	21.0 (15.0–28.0)	21.0 (15.0–28.0)	24.0 (20.0–32.0)	0.003
Openness to experience acc. to NEO-FFI, Me (Q1–Q3)	26.0 (23.0–31.0)	26.0 (23.0 -31.0)	26.0 (23.0–30.0)	0.774
Agreeableness acc. to NEO-FFI, Me (Q1–Q3)	30.0 (27.0–34.0)	31.0 (27.0 -34.0)	27.0 (24.0–32.0)	<0.001
Conscientiousness acc. to NEO-FFI, Me (Q1–Q3)	34.0 (29.0–38.0)	34 (30.0–39.0)	30.0 (25.0–38.0)	0.028
Cognitive Restraint of Eating acc. to TFEQ-13, Me (Q1–Q3)	6.0 (4.0–8.0)	6.0 (4.0–8.0)	7.0 (5.0 -9.0)	0.004
Uncontrolled Eating acc. to TFEQ-13, Me (Q1–Q3)	5.5 (4.0–7.0)	5.0 (4.0–7.0)	7.0 (5.0 -8.0)	0.019
WART, Me (Q1–Q3)	53.0 (45.0–62.0)	51.0 (44.0–61.0)	60.0 (51.0–66.0)	<0.001
Addiction to work acc. to WART, n (%)	79	60 (12.42%)	19 (26.03%)	<0.001

BDI I-II—Beck Depression Inventory, NEO-FFI—Personality Inventory NEO-FFI, TFEQ-13—Three-Factor Eating Questionnaire, WART—Work Addiction Risk Test, Me—median, Q1—quartile first, Q3—quartile third, n—number of patients, *p*—statistic
Conclusions: This study found that a high risk of compulsive buying disorder is accompanied by a high risk of moderate depressiveness, neuroticism, Cognitive Restraint of Eating, Uncontrolled Eating, and workaholism. It also confirmed the view that compulsive buying is a behavioural addiction which is a consequence of ineffective coping and being dissatisfied with one's social life.

Disclosure of Interest: None Declared

EPV0095

Management of Subutex Addiction: A Case Report in a tunisian psychiatry unit

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Introduction: Subutex abuse in Tunisia is a phenomenon that is becoming more and more frequent and the management of which is not obvious due to the development of this substance in parallel markets.
Objectives: Our objective was to assess the patient's Subutex use and initially assist with withdrawal, followed by achieving abstinence.
Methods: We followed the case of a patient in the psychiatric unit B at the Razi hospital, for depressive symptoms and having a problem of misuse of Subutex for 4 years, in a difficult family and social context.
Results: Patient follow-up was done over a one-year period with weekly consultation sessions at the beginning to assess the situation. Although withdrawal was done after a few weeks, it was essential to maintain this abstinence, using psychotherapy based on CBT done over 7 sessions.
During the study period, the patient violated abstinence only once in a family conflict.
Conclusions: The patient's response to our management has reinforced the hope of being able to treat addiction to Subutex despite the severity of his condition and family and social instability.

Disclosure of Interest: None Declared

EPV0099

Perception of Electronic cigarette among young doctors

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Introduction: The electronic cigarette (EC), invented in 2006, represents a recent phenomenon that is increasingly discussed especially in healthcare environment. Beliefs regarding this form of consumption are very diverse.
Objectives: This study aims to assess the perception of young doctors towards EC consumption.
Methods: An online survey had been conducted inspired from the French health barometer (2017). Data were collected through an anonymous questionnaire using Google Forms. The recruitment of participants was based on social media platforms combining young doctors.
Results: A total of 203 young doctors had responded to the questionnaire. Most of participants were female (71%) with a mean age of 25.64 ± 2.64 years. More than half (60%) were resident doctors. Non-smokers represent 79.3% of our population. At the time of the survey, only 14 subjects (6.9%) had used EC or experienced vaping. The evaluation of perceptions with regard to vaping had showed that 30% of participants disagreed with the fact that EC consumption represents a measure to promote the cessation of tobacco use and 82% hadn't recommended it to their patients. A proportion of 47.3% thought that vaping is as harmful as smoking and 60% agreed that e-cigarettes may contain toxic chemicals. More than half (51.6%) almost agreed that vaping may encourage ex-smokers to become nicotine addicts.
Conclusions: We may conclude that EC represents for young doctors an emerging form of consumption that is not a safe or healthy alternative to smoking.

Disclosure of Interest: None Declared

EPV0100

Addiction to smartphones and social media among young doctors

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Introduction: Smartphones and social media have become increasingly common in recent years. However, uncontrolled use can have negative effects on physical and mental health.
Objectives: To evaluate the prevalence of social media and smartphone addiction in a group of young doctors
Methods: Descriptive cross-sectional study of a population of young doctors. Socio-professional and medical data were collected using a self-administered questionnaire on Google Forms. The Bergen Social Media Addiction Scale (BSMAS) was used for screening social media addiction, with a score of ≥24 indicating problematic use. The Smartphone Addiction Scale Short Version (SAS-SV) was adopted to determine the degree of smartphone addiction, where a very high score of >40 suggests severe smartphone addiction.
Results: Our population consisted of 64 young doctors. Among them, 63.8% were female. BSMAS and SAS-SV means were respectively 16.14 ± 5.54 and 28.91 ± 7.62. A social media problematic use was assessed in 13% of cases. We identified severe smartphone addiction in 6.7% of cases. In bivariate analysis, female sex was associated with a higher BSMAS score (p=0.046) and younger age was associated with severe smartphone addiction (p=0.049). Moreover, strong correlation was found between smartphone and social media addiction (p=0.00, r=0.79).

Conclusions: Given the potential negative impacts on mental and physical health, it is crucial for healthcare institutions to implement strategies that promote balanced technology use and raise awareness about the risks associated with addiction. Addressing these issues can ultimately enhance the well-being of medical professionals, fostering a healthier work environment conducive to effective patient care.

Disclosure of Interest: None Declared

EPV0101

The prevalence of Internet addiction and its relationship with sociodemographic characteristics

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Introduction: The increasing integration of the Internet into daily life has raised numerous concerns, including the risk of addiction. This addiction may be influenced by sociodemographic factors.
Objectives: Determinate the prevalence of Internet addiction among adolescents and examine the effect of sociodemographic factors on Internet addiction.
Methods: This is a cross-sectional study with a descriptive and analytical aim in the Oued eddahab high school in the city of Tiflet of the Khemisset provincial direction, including 378 students (239 girls and 139 boys), the average age of the participants is 17.0.8±1.28 years. The Students were asked to complete a sociodemographic questionnaire and an internet addiction test (IAT) consisting of 20 items to determine the level of addiction.
Results: The prevalence of Internet addiction among students is 55.6%. The addiction of these students is highly significantly related ($\chi2=22.893$, $p<0.001$) to conflicts with their mothers. While conflicts with their fathers are highly significantly related ($\chi2=12.961$, $p<0.01$) to Internet addiction. However, conflicts between parents have a highly significant relationship ($\chi2=9.421$, $p<0.01$) with Internet addiction. Parents' control of Internet access has a highly significant influence ($\chi2=10.473$, $p<0.01$) on Internet addiction.
Conclusions: Students who experience conflicts with their mothers, fathers, or between their parents are more likely to develop Internet addiction. Parental control over Internet access helps reduce the risk of addiction.

Disclosure of Interest: None Declared

EPV0102

Posttraumatic Stress Disorder and Co-occurring Addictions: A Narrative review focusing on approach and therapeutic challenges

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Introduction: Posttraumatic Stress Disorder (PTSD) and substance use disorders (SUD) frequently co-occur, and their combination presents significant challenges in diagnosis and treatment due to the complex interaction between trauma-related symptoms and substance misuse behaviors.
Objectives: This review aims to explore the pharmacological and psychosocial interventions conducted in comorbid PTSD and SUDs. It specifically focuses on which interventions are effective in addressing substance use as opposed to post-traumatic symptoms in patients with these concurrent conditions.
Methods: Narrative literature review by performing a search on MedLine for English-written articles. The following search terms were used: ((“posttraumatic stress disorder”) AND (“substance use disorder” OR “alcohol use” OR “cannabis use” OR “cocaine use” OR “opioids use”) AND ((“treatment”) OR (“adherence”))).
Results: Studies show that 46,4% of individuals meeting the criteria for PTSD also meet the criteria for an SUD, with an additional correlation between PTSD symptomatology and an increased substance use frequency and associated heightened risk of other mental health concerns, suicidality, mortality, and functional impairment. Within treatment-seeking samples, patients with PTSD are approximately 14 times more likely to meet the criteria for a SUD than patients without PTSD, with alcohol and cannabis as the most frequent substances involved. In clinical settings, management involves employing treatment strategies effective for each condition independently. The literature is not uniform regarding the impact of substance consumption in the treatment of PTSD, although it suggests a greater impact of alcohol when compared to other substances, in which studies are relatively uniform in highlighting a minor effect. Despite this minor effect, literature advances neurocognitive impairments and higher psychosocial stressors (legal issues, financial challenges, unemployment, housing instability, and a decline in social support) as potential causes leading to poorer outcomes. Despite this, there seems to be consensus on the fact that SUD was associated with the highest rate of discontinuation from both psychotherapy and medication treatment for PTSD.
Conclusions: Concurrent PTSD and SUD present complex clinical challenges requiring integrated treatment approaches addressing both trauma-related symptoms and substance use behaviors. This narrative review underscores the importance of comprehensive assessment, evidence-based interventions, and multidisciplinary collaboration in facilitating recovery and improving functional outcomes.

Disclosure of Interest: None Declared

EPV0104

Characteristics of Stimulant-Induced Psychoses and Schizophrenia Symptoms: A Comparative Analysis Using the PANSS

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Introduction: The use of stimulants such as amphetamines, cocaine, and methylenedioxymethamphetamine is associated with various mental disorders, including psychoses. These psychotic states can closely resemble the symptoms of schizophrenia, leading to potential misdiagnosis, incorrect treatment, and the assignment of disability status for perceived schizophrenia.
Research indicates that stimulant use can trigger psychoses with characteristics similar to those seen in schizophrenia, including hallucinations, delusions, and disorganized thinking.
Objectives: Investigate the clinical characteristics of stimulant-induced psychoses among patients with stimulant-positive rapid urine test (cocaine, amphetamine, methamphetamine, methylenedioxymethamphetamine, cathinone group) in the Daugavpils Psychoneurological Hospital and the narcology ward of the Daugavpils Regional Hospital.
Assess the clinical presentation of these psychoses in comparison to schizophrenia using the Positive and Negative Syndrome Scale (PANSS), as a validated instrument for evaluating schizophrenia symptoms.
Analyze the data from cases with stimulant-positive rapid urine test and PANSS compare with other research PANSS data in pure schizophrenia psychosis cases.
Methods: 1. Data Collection: The study involve participants diagnosed with stimulant-induced psychosis. Data collection will include gathering medical histories with positive stimulant induced psychosis of schizophrenia and stimulant use diagnosis (by ICD-10 F14.5, F15.5, F20+F14/F15) conducting new patient clinical interviews using PANSS, and performing rapid drug urine tests. The Positive and Negative Syndrome Scale will be utilized to quantitatively assess the severity and nature of the participants' symptoms.
PANSS Scale
Clinically available rapid urine test (MultiDrug Test ect.).
Data Analysis: Clinical data comparisons will be performed using statistical methods.
Results: The comparison of PANSS scores between patients with stimulant-induced psychosis (n=46) and schizophrenia (n=80) is expected to reveal distinct patterns. Patients with stimulant-induced psychosis are likely to exhibit higher scores on the positive symptoms subscale (84%) than in negative (31%), reflecting the more pronounced acute psychotic symptoms triggered by substance use.
In contrast, patients with schizophrenia may exhibit a more balanced profile, with significant impairments in both positive (72%) and negative symptoms (80%).
Conclusions: The clinical presentation of stimulant-induced psychoses can closely resemble that of schizophrenia, leading to diagnostic and therapeutic challenges. This study highlights the differences in PANSS profiles between the two conditions, which can aid clinicians in the differential diagnosis and improve patient outcomes. As well it uncovers the significant impact of rapid urine drug tests in clinical routine.

Disclosure of Interest: None Declared

EPV0107

Harmful alcohol consumption in women with mental illness a descriptive study in a psychiatric short stay unit

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Introduction: Research suggests that the gender gap in alcohol (Alc.) consumption may be narrowing, with increasing consumption by the female population. For women, the equivalent of 20-25 grams/day is considered harmful consumption. Many of the harmful effects of alcohol consumption occur more rapidly and more severely in women, yet the majority do not seek treatment
Objectives: To describe the prevalence of harmful use of alcohol in women admitted to hospital for other mental illness.
Methods: Retrospective observational study of six months duration. Data was collected from all patients admitted to the hospital during the period of study, with no specific exclusion criteria. Descriptive statistics were performed.
Results: During the study period, 312 patients were admitted to the hospital, 52.8% of whom were women, 21.8% of whom had a harmful use of Alc. The prevalence of harmful Alc. use in the different mental illnesses was: 22.2% in schizophrenia or other psychoses, 13.9% in bipolar affective disorder, 11.1% in depressive disorder, 13.9% in personality disorder, 19.4% in substance use disorder, 13.9% for other diagnoses and a prevalence of 5.56% for those of unknown diagnosis
Conclusions: In recent years, it has been shown that the overall prevalence of harmful alcohol use and alcohol use disorder has increased in women. They tend to seek care in settings where their alcohol problems may not be recognised. They have lower social support for treatment participation and greater barriers to accessing treatment, resulting in even higher rates of co-occurring medical and mental health problems. Prevention strategies and intervention programmes should be adapted to the specific needs of women, taking into account both individual risk factors and socio-cultural contexts

Disclosure of Interest: None Declared

EPV0108

High-Dose Levomethadone in Opioid Dependence: Case Study Exploring Pharmacogenetics and Management of Benzodiazepine Withdrawal

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Introduction: Methadone is typically administered as a racemic mixture of two enantiomers (50% Dextro, 50% Levo methadone) and is used for chronic pain management and as maintenance therapy for opioid dependence. Levomethadone, when used alone, shows similar efficacy but with fewer side effects, particularly a safer cardiac profile with less QTc prolongation. In maintenance therapy for heroin dependence, the effective dosage of levomethadone ranges from 40 to 70 mg per day.
Objectives: Our case concerns a 42-year-old patient who has struggled with substance abuse since the age of 17. Admitted to

the Psychiatric Unit of Cesena Hospital for a reduction of Lormetazepam (previously consuming 80-100 mg/day), he was found to be taking 200 mg of levomethadone daily. This dosage is typically administered for pain management rather than as maintenance therapy for heroin dependence. Although the man was consistently consuming high doses of psychoactive medications, exceeding the ranges commonly reported in the literature, he did not exhibit significant adverse effects or signs of sedation during his hospital stay. This observation led us to consider the possibility of a genetic alteration in cytochrome enzymes that could enable ultra-rapid drug metabolism.

Methods: During the hospital stay, it was possible to safely reduce the benzodiazepine therapy by switching from oral lormetazepam to intravenous diazepam and subsequently to oral diazepam.The patient also underwent a pharmacogenetic test that analyzes the polymorphisms of 60 different enzymes using cells obtained from saliva.

Results: In the reported case, the use of L-Methadone has allowed over the years a full control of withdrawal symptoms and cravings from opioid drugs, a greater compliance with treatment and a lower risk of general and cardiological side effects than racemic methadone administered in equivalent therapeutic doses in past years.

It has also been made possible, through in-patient treatment, to carry out a progressive withdrawal from Lormetazepam in total safety.

Pharmacogenetic testing targeting CYP3A4 and CYP2B6 enzymes did not reveal significant alterations, contradicting our initial hypothesis.

Conclusions: The originality of this case is basically due to the lack in the literature about clinical cases treated with such a high dose of Levomethadone (200 mg/day) as substitution therapy for opioid addiction and to the investigation of the salivary pharmacogenetic testing to eventually support the hypothesis that the patient could be a rapid or ultrarapid metabolizer.

Moreover, we have sought to clarify the correct use of levomethadone in individuals at high risk of death due to conditions that may increase the risk of Torsades de Pointes.

The pharmacogenetic analysis excluded rapid metabolism, suggesting a role for P-glycoprotein (PGP) in influencing the absorption of methadone and the variability of plasma concentration.

Disclosure of Interest: None Declared

EPV0109

Injectables and implants in consideration of opioid use disorder treatment: Patient perspectives from India

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Introduction: Implants and injectable medications have been utilized frequently in the treatment of opioid use disorder, along with other treatment approaches like orally consumed opioid agonist treatment or antagonist treatment, and psychotherapeutic interventions. The overall use of implants and injectable medications in the Indian healthcare landscape is low.

Objectives: The study aimed to assess the acceptability of implants and injectable among treatment options among patients with opioid use disorders.

Methods: A cross sectional survey was conducted among patients with opioid use disorders. They were shown a pre-recorded video explaining the various treatment options for opioid use disorder, and their acceptability of treatment was recorded.

Results: Among the 150 included patients, 26 (17.3%) were willing for naltrexone depots, 11 (7.3%) were willing for naltrexone implants, and 10 (6.7%) were willing for buprenorphine injection. Compared to this, patients were more willing for buprenorphine sublingual (n = 105, 70%), tramadol oral (n = 89, 59.3%), and naltrexone oral (n = 43, 28.7%) formulations. Willingness for counselling or psychotherapy was expressed by 34 patients (22.7%), and for engagement with narcotics anonymous by 20 patients (13.3%).

Conclusions: While implants and injectable may be a viable option for many patients with opioid use disorder, it may have limited acceptability among the range of therapeutic options available. Collaborative decision making may be useful considering patient's preferences for aligning goals of treatment team and the patient.

Disclosure of Interest: None Declared

EPV0110

Screening for smoking and chronic obstructive pulmonary disease among employees of an electricity and gas company

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Introduction: Chronic obstructive pulmonary disease (COPD) is a common and under-diagnosed disease. Screening for this disease and assessing smoking behaviour are essential to tobacco control measures.

Objectives: Our study aims to screen for smoking and COPD among employees of an electricity and gas company.

Methods: We conducted a descriptive, analytical, cross-sectional survey to screen for smoking and COPD among employees of an electricity and gas company. The survey was carried out during a COPD screening day, using a two-part questionnaire. Nicotine dependence was assessed using the Fagerström test. COPD screening was carried out using a COPD screening self-questionnaire from the French National Authority for Health.

Results: Our population comprised 28 male participants. Active smoking was reported by 87.7% of participants. Nicotine dependence assessed by the Fagerström test was moderate to high in 54.7% of smokers. We found that 11 participants (39.2%), were identified as being "at risk" of developing COPD. Bivariate analysis showed that the COPD self-screening questionnaire score was associated with smoking and nicotine dependence.

Conclusions: COPD and smoking among workers are prevalent in the electricity and gas company. Through this awareness-raising day, an action plan had prioritized anti-smoking programs directed

at smoking employees to ensure their comprehensive care and prevent the onset of COPD.

Disclosure of Interest: None Declared

EPV0111

The effect of chronic obstructive pulmonary disease on quality of life in smoking electrical technicians

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Introduction: Chronic obstructive pulmonary disease (COPD) is an under-diagnosed disease. Screening for this disease, assessing quality of life and combating smoking are key factors in the overall management of this pathology.
Objectives: Our study aims to assess the effect of COPD on quality of life in smoking electrical technicians and their motivation to quit smoking.
Methods: We conducted a descriptive, analytical, cross-sectional survey to assess the impact of COPD on quality of life among smoking electrical technicians and their motivation to quit smoking. A questionnaire was administered during a COPD screening day. Smoking cessation motivation was assessed using the Richmond questionnaire. COPD screening was carried out using COPD screening self-questionnaire from the French National Authority for Health. The COPD Assessment Test (CAT) was used to determine the presence and severity of respiratory symptoms.
Results: Our population comprised 24 male smokers. Motivation to quit smoking was low in half of the participants. Eleven participants (45.8%) were identified as being "at risk" of developing COPD. Cough, sputum and chest tightness were more frequent in participants at risk of developing COPD than in those not at risk, with a significant difference. The mean CAT score in participants at risk of developing COPD was 12.2 ± 9.7. The impact on quality of life in participants at risk of developing COPD was low and moderate to high in 45.5% and 54.6% of participants respectively. Bivariate analysis showed that motivation to quit smoking was not correlated with either the COPD self-screening score or participants' quality of life.
Conclusions: COPD impairs the quality of life of workers at the electricity and gas company. Training sessions on breathing and anti-smoking actions in the electricity and gas company must be directed towards smoking employees by ensuring comprehensive management will serve to prevent the onset of COPD.

Disclosure of Interest: None Declared

EPV0112

Smoking and job satisfaction among electrical technicians

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Introduction: To ensure the health of employees, maintaining a smoke-free workplace is essential. Understanding the relationship between smoking and work is crucial for implementing effective smoking cessation interventions.
Objectives: Our study aims to determine the prevalence of smoking and its relationship with job satisfaction among electrical technicians.
Methods: We conducted a descriptive, analytical and cross-sectional survey among electrical technicians. Data collection was carried out using a self-completed questionnaire. We collected socio-professional data. Nicotine dependence was assessed using the Fagerström test, while job satisfaction was evaluated using the single-item measure of job satisfaction.
Results: Our study population was exclusively male, including 70 electrical technicians. The mean age of participants was 38.1 ±10.2 years. The mean of the tenure of job was 14.5±11.1 years. Active smoking was reported by 45.1% of participants. Using the Fagerström test, nicotine dependence was low and moderate to high respectively in 13.4% and 28.9% of smokers. Median job satisfaction was 4, with extreme values ranging from 1 to 5. We found that nicotine dependence was negatively correlated with job satisfaction ($p = 0.02$, $r = -0.3$).
Conclusions: Smoking is a prevalent issue among electrical technicians. Our findings highlight the urgent need for smoking cessation interventions among these workers. The association of smoking with low job satisfaction underscores the importance of preventive measures to reduce work-related stress in order to promote greater job satisfaction and smoking cessation.

Disclosure of Interest: None Declared

EPV0114

Pathological Gambling: A Neurobiological Approach Through a Literature Review

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Introduction: Gambling is an increasingly widespread practice worldwide. Currently, gambling disorder (also known as pathological gambling) is recognized as a behavioral addiction in the DSM-5 due to its numerous similarities with substance addiction. Consequently, several neurobiological hypotheses have been tested in recent years.
Objectives: To illustrate, through a literature review, the neurobiological basis of pathological gambling.
Methods: We conducted a systematic review of the literature in the "PubMed" database, following PRISMA guidelines, using the following keywords: "Neurobiology," "Gambling Disorder," "Pathological Gambling," and "Gambling."

Results: Our study included 27 articles, comprising 15 articles addressing pathological gambling from a neuroimaging perspective, 7 articles focusing on neurochemistry, and 5 articles discussing the therapeutic implications of neurobiological mechanisms. Literature studies reveal that the primary neurobiological mechanisms explaining pathological gambling involve dysfunctions in the brain circuits of the "reward system," particularly in the striatum and ventromedial prefrontal cortex. The studies also highlighted the central role of dopamine and dopaminergic receptors, as well as the involvement of other noradrenergic, serotonergic, glutamatergic, and opioid systems in the disorder's development, with preliminary evidence suggesting the effectiveness of medications that alter these neurotransmitters.
Conclusions: Pathological gambling is an increasingly common psychiatric disorder that remains underestimated to this day. Therefore, it is important to clarify the neurobiological mechanisms involved in the etiology of this disorder to develop targeted intervention strategies.

Disclosure of Interest: None Declared

EPV0116

Alcohol addiction, trichotillomania, and trauma: is there a secret link? A case report

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Introduction: Interpersonal traumas affect women's ability to rely on their social network to cope, which increases their reliance on maladaptive avoidance coping strategies such as drinking. According to psychodynamic models of trichotillomania hair pulling is a manifestation of unresolved sexual conflicts, disordered attachment, and dissociation from traumatic memories. (Houghton, D. C., Mathew, A. S., Twohig, M. P., Saunders, S. M., Franklin, M. E., Compton, S. N., Neal-Barnett, A. M., & Woods, D. W. (2016). Trauma and trichotillomania: A tenuous relationship. *Journal of Obsessive-Compulsive and Related Disorders*, *11*, 91-95.)
Objectives: Evidence suggests that rather than making hair pulling worse, alcohol is often used to avoid negative affect related to hair pulling. It slows the nervous system's activity and may also be used to reduce the urge to hair-pull. (Grant, J.E., Collins, M., Chesivoir, E. *et al.* Hazardous Alcohol Use in Trichotillomania. *Psychiatr Q* **94**, 361–369 (2023))
Methods: We present a 43-year-old patient who has been hospitalized several times due to alcohol addiction. She is divorced, has no children, is unemployed, and finished elementary school. The patient reported that she started drinking at high school during weekend parties and gradually her drinking became more frequent. Now she is drinking a liter of vodka a day. Her last hospitalization was after she left a domestic violence shelter for women where she escaped because her partner abused her. After she was placed in the alcoholism ward, the initial psychic examination discovered alopecia. Childhood anamnesis showed sexual trauma at a young age, and she reported that she started to pull her eyelashes in kindergarten after two members of a family sexually abused her. Now she is wearing a wig and she reported that there are areas on her scalp where hair doesn't grow anymore because she pulled it while she was in a shelter. As she described, pulling her hair gave her a sense of relief from anxiety.
Results: During hospitalization, her pharmacotherapy was corrected and titrated. She was included in psychotherapy, family therapy, group, and individual psychotherapy. The therapeutic procedures applied have improved her mental condition. She has been advised to continue outpatient psychiatric treatment, to regularly use pharmacotherapy, and to attend family therapy and rehabilitation club.
Conclusions: There is a clear need for future clinical studies not only in the area of trichotillomania's relationship to substance use disorders but also in trauma coping mechanisms so we can truly understand how people adapt to and recover from trauma.

Disclosure of Interest: None Declared

EPV0118

Motivation for Sustained Substance Use in Patients with Psychotic Disorders

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Introduction: Substance use is a prevalent issue in individuals with psychotic disorders and has major implications for the course of the disease. Substance use is associated with treatment noncompliance, more positive symptoms and increased risk of relapse. However, reasons for substance use in people diagnosed with psychotic disorders are insufficiently understood.
Objectives: This study seeks to explore the specific reasons for substance use among patients diagnosed with psychotic disorder, while aiming to identify subgroups of patients that may benefit from targeted interventions to reduce drug use.
Methods: We investigated the reasons for maintaining substance use in patients with a dual diagnosis of psychotic disorder and substance use disorder that were admitted to Alexandru Obregia Clinical Psychiatric Hospital, Addictions Department, Bucharest, Romania, between October 2024 and March 2025. Patients were evaluated through a semi-structured interview developed for this study.
Results: The results of the study will be available and presented during the EPA 2025 Congress.
Conclusions: Understanding the underlying motivations for substance use is crucial for developing targeted interventions that address the unique needs of patients with psychotic disorders, ultimately improving treatment outcomes and promoting long-term recovery.

Disclosure of Interest: None Declared

EPV0119

Psychiatric characteristics of pregnant crack users admitted to a referral center in Southern Brazil

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Introduction: Psychoactive substance use among pregnant women has reached alarmingly high rates and is considered a public health problem. Pregnancy is a period in which women become more sensitive and concerned about their well-being, in view of how that will affect their baby. Therefore, pregnancy becomes a favorable period for therapeutic intervention, especially with regard to drug use. Despite this, there is still a small number of studies that address the issue of female drug users in Brazil, especially due to stigma and prejudice.
Objectives: Our main aim was to characterize the clinical and psychiatric profile of pregnant crack users in Brazil, with a focus on comorbidities, the severity of crack use, and the use of other substances.
Methods: This was a cross-sectional study of 24 pregnant crack users admitted to a referral hospital for psychiatric disorders in pregnant women, in Porto Alegre, Brazil, over three years. Most women tend to remain hospitalized for a long time, often months, until giving birth. This scenario directly influenced the sample size of this study. The following instruments were applied: a clinical-obstetric questionnaire; the condensed version of the Addiction Severity Index; a diagnostic interview for psychoactive substance use based on DSM-5; the Mini International Neuropsychiatric Interview for DSM-IV; and the Semi-Structured Clinical Interview for DSM-IV Axis II Personality Disorders (SCID-II).
Results: Most patients had severe crack dependence and used other substances, such as tobacco, cannabis, and alcohol. The median duration of crack use was three years, ranging between three and 12 years. Most women subsisted from illegal or informal activities; a fifth had previously been arrested and often had relationship problems. Twenty percent had HIV (n = 5), and 37.5% (n = 9) had syphilis. Borderline personality disorder was the most prevalent mental condition (62.5%), followed by suicidal tendencies (45.8%), hypomanic episodes due to substance use (37.5%), and past major depressive episodes (33.3%).
Conclusions: This is one of the few studies exploring and characterizing social, economic and health aspects of pregnant crack users in Brazil. An alarmingly high prevalence of consumption of other drugs, psychiatric disorders, and difficult-to-treat personality disorders was observed in our study. Investigating the psychiatric profile of women who use substances is essential to minimize the impacts on the mother and child, optimize therapeutic approaches to comorbidities, and enable more effective relapse prevention.

Disclosure of Interest: None Declared

EPV0122

Dual pathology and Takotsubo syndrome. A case report

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Introduction: Cocaine use is a significant health problem, since its abuse constitutes a substance use disorder and can produce cardiovascular symptoms, including acute coronary syndrome (ACS). Tako-tsubo syndrome (TTS) is a transient dysfunction of the apical left ventricle that can manifest with intense chest pain and alterations in the electrocardiogram. TTS can be triggered by physical stressors (hyperthyroidism, cocaine or amphetamine abuse) or psychological stressors (grief or reaction to acute stress).
Objectives: The objective is to present the case of a patient who developed tako-tsubo syndrome after harmful cocaine use.
Methods: A 50-year-old woman, under psychiatric follow-up, diagnosed with mixed personality disorder, with a medical history of hypothyroidism. The patient has been presenting for 2 months after mourning the death of her husband with anxiety-depressive symptoms with a great behavioral impact with episodes of hetero-aggression and begins with abusive consumption of cannabis and cocaine toxins. The patient presents an episode of psychomotor agitation after acute consumption of cocaine, presenting psychotic symptoms. During the study in the emergency area, she verbalizes chest pain and complementary studies are performed with elevated cardiac enzymes and alterations in the electrocardiogram. Cardiology is contacted and after hospital admission and complementary studies, the diagnosis of acute coronary syndrome is reached, filiating it with Takotsubo syndrome triggered by cocaine consumption. The diagnoses presented by the patient with dual pathology would be a psychotic disorder due to toxins, a borderline personality disorder and harmful consumption of cocaine.
Results: Dual pathology in patients with personality disorder with toxin abuse such as in this case cocaine is very frequent.The situation of grief is an acute stressful situation that leads to greater emotional instability and, together with the toxic effects of cocaine, can trigger Takotsubo syndrome in patients. Therefore, when approaching patients with substance use, it is very important to always take into account the possible somatic complications that can be triggered.The treatment chosen to treat the psychotic symptoms that the patient presented was lurasidone, since it has a tolerability and cardiological safety profile.
Conclusions: In patients with dual pathology, it is very important to address all possible complications, both somatic and psychiatric, for proper therapeutic management.

Disclosure of Interest: None Declared

EPV0123

New psychoactive substances and mental health-Practical challenges for psychiatrists

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Introduction: New psychoactive substances (NPS) are a heterogeneous group of new drugs that are not controlled by the United Nations drugs conventions but may represent public health threats of largely the same impact as substances listed in the respective

conventions, according to the European Union Drugs Agency (EUDA). The history of NPS encompasses approximately two decades, but this category of substances is continually expanding.
Objectives: To review the literature for data regarding the practical challenges the use of NPS raises for mental health specialists, in order to help clinicians in the construction of an adequate case management plan for these patients.
Methods: A literature review was conducted in three electronic databases (PubMed, Cochrane, and Web of Science/Clarivate) to find primary and secondary sources published between January 2000 and September 2024. The keywords used were „novel psychoactive drugs", „synthetic cathinone", „cannabimimetics", „synthetic cannabinoids", „synthetic stimulants", „phenethylamines", „legal highs", „designer drugs", „emergency", „intoxication", „case management", and „challenge". There was no restriction regarding the age of participants, but only sources published in English were selected.
Results: Based on the 27 sources retained for detailed analysis, six main clinically focused challenges related to NPS use were identified. The lack of characteristic clinical manifestations of NPS intoxication is provocative, especially for the presentations in the emergency rooms (ER), where a rapid differential diagnosis is needed. The second challenge detected was polydrug use, with studies reporting more than 50% of the users combining different NPS or NPS with conventional drugs of abuse. The third difficulty is related to the difficulty of detecting the NPS in the consumers due to the continuously changing structures by designers, who are trying to avoid the current legislation. The fourth aspect is related to the high costs of screening for NPS and the need, despite these costs, to apply such screening in the psychiatric population, which is considered vulnerable to the use of these drugs, according to epidemiological studies. The fifth challenge is related to the lack of specific treatments in the case of NPS intoxication, with management strategies being limited to supportive and symptomatic care. The sixth aspect refers to the need to hospitalize patients with NPS intoxication in ICU departments due to their unpredictable evolution, need for monitoring, cardiovascular and neuropsychiatric toxicity, polydrug use, etc.
Conclusions: There is an acute need for routine screening for NPS in the ER whenever a drug intoxication is suspected and especially in psychiatric populations where the anamnesis could be difficult. Case management requires ICU hospitalization, intensive monitoring, supportive care, and a post-ICU psychiatric evaluation and treatment for relapse prevention.

Disclosure of Interest: None Declared

EPV0124

Evaluation of the quality of life in patients with substance use disorders – A suggested algorithm

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Introduction: Assessment of the quality of life (QoL) in patients diagnosed with substance use disorders (SUDs) is important due to the need to explore potential ways of improving the prognosis and evolution of these patients towards recovery and prolonged abstinence. The impact of SUDs on the QoL is often difficult to determine in the absence of structured methods because of the multiple factors that may moderate the results, including misperceptions of the patients on the effects of the drugs of abuse (DOA), stigmatization, countertransference aspects of the therapeutic relationships, etc.
Objectives: To assess the most validated psychometric tools dedicated to the evaluation of QoL in patients with SUDs.
Methods: A literature review was conducted in three electronic databases (PubMed, Google Scholar, and Clarivate/Web of Science) to find clinical reports published between January 2000 and September 2024 regarding the QoL instruments in patients with SUD. The keywords used were "substance use disorders", "quality of life", "health-related quality of life", "scales", "inventories", and "questionnaires". There was no restriction regarding the age of participants, and only sources published in English were selected.
Results: The most frequently reported scales used for the purpose of monitoring the QoL in patients with SUDs were the Short-Form Health Survey (SF-36) and EuroQoL (EQ) 5D 5L. Also, WHOQOL-BREF, which is associated with the WHO International Classification of Diseases system, is a comprehensive and useful instrument that may be applied in patients with SUDs. Health-related Quality of Life for Drug Abusers (HRQOLDA) and Injection Drug Use Quality of Life Scale (IDUQOL) may be used in this specific population because they refer more exactly to daily life aspects of the patients with SUD that interfere with their QoL, but these instruments are less known and applied by clinicians.
Conclusions: General instruments, like surveys or inventories, targeting the evaluation of QoL and, also, more specific instruments focused on the quality of the daily life of patients with SUDs need to be administered in case management because these may highlight important areas of therapeutic intervention. The inclusion of such instruments is expected to have multiple benefits, such as better treatment adherence through the improvement of the therapeutic relationship, more targeted interventions for the meeds of this population, etc.

Disclosure of Interest: None Declared

EPV0125

Moving towards new targets in the pharmacological treatment of substance use disorders

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Introduction: Substance use disorders (SUDs) are a highly prevalent and complex class of psychiatric illnesses that lead to increased rates of mortality and morbidity, societal costs, low quality of life, and difficulties in all important areas of personal functioning. Although SUDs are constantly explored from a therapeutic perspective, there are very few validated treatments available for these disorders.

Objectives: To review the evidence supporting new targets for the psychopharmacological management of patients diagnosed with SUDs.
Methods: A literature review was conducted in three electronic databases (PubMed, Cochrane, and Clarivate/Web of Science) and the US National Library of Medicine database for clinical trials (www.clinicaltrials.gov) to find clinical and preclinical sources published between January 2000 and September 2024. The keywords used were „substance use disorders", „drug dependence", „drug addiction", „new treatments", „drugs in pipeline", and „pharmacological treatment". There was no restriction regarding the age of participants, and only sources published in English were selected.
Results: Based on 12 sources identified for detailed analysis, the main directions of research in the field of new treatments for SUDs are modulators of glutamatergic and GABA-ergic systems, neurokinin-1 receptors, alpha-2 adrenergic agonists, G-protein signaling-biased μ-opioid receptor agonists, serotonin modulators, cannabinoid agonists or partial agonists, N-acetylcysteine, and monoclonal antibodies. These agents are explored for cocaine, opioids, nicotine, psychostimulants, and cannabis use disorder. Examples of investigational products from these emergent classes are SR-170189 (a biased mu-opioid receptor agonist without evidence of tolerance in preclinical studies), dexmedetomidine (BXCL501, an alpha-2 preferring agonist explored for opioid withdrawal), guanfacine (another alpha-2 agonist explored in cannabis use disorder-CUD), lorcaserin (a selective 5HT2C receptor agonist also explored for CUD), oxytocin (explored for alcohol use disorder- AUD and as add-on to methadone for comorbid opioid and cocaine use disorder), N-acetylcysteine (investigated for AUD and nicotine use disorder), NT-814 (neurokinin-1 and -3 receptor antagonist, investigated for opioid use disorder), memantine (a noncompetitive N-methyl-D-aspartate antagonist explored in patients with AUD), baclofen (a GABA-B receptor agonist explored for AUD, opioid withdrawal, and psychostimulants use disorder) and various biological therapies for NUD and cocaine use disorder.
Conclusions: There are hopes related to an extensive number of investigational products that undergo different stages of clinical research for a large variety of SUDs, targeting multiple neurotransmitters and hormonal pathways, and even biological therapies that could block the action of the drugs of abuse before reaching their targets.

Disclosure of Interest: None Declared

EPV0127

Gender Sensitive Depression in Male Patients with Alcohol and Substance Addiction: A Pilot Study

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Introduction: Women are diagnosed with depression twice as often as men. Although depression is more common in women, men have higher suicide rates. Instead of seeking help, men tend to use various coping mechanisms that can be considered dysfunctional. These behaviors include risk-taking behaviors, aggressive behaviors, and alcohol and substance use. In addition, men's failure to seek mental health services may be related to their beliefs about gender and masculinity. That symptom cluster is called a male depressive syndrome and can be seen in both sexes.
Objectives: The present study aimed to measure depression with a widely used scale and a gender-sensitive scale among men with addiction disorders. Additionally, the study aimed to evaluate relations between addiction severity, depression and masculinity.
Methods: Fifty-one male patients with alcohol and substance addiction participated in the present study. BAPİRT-alcohol and BAPİRT-drug questionnaires, Beck Depression Scale, Gender Sensitive Depression Scale, and Precarious Manhood Beliefs.
Results: The mean age of the patients was 40.56 ± 12.35, and most were single (64.7%). Regarding the cut-off scores of BAPİRT scales, 45.9% of patients screened as high risk for substance addiction, and 86.27% screened as high risk for alcohol addiction. Depression scores were evaluated using the cut-off values. Both the Beck Depression Scale and the Gender Sensitive Depression Scale determined a depression prevalence of 60.8%, with diverse participants. Table 1 shows the intersection of the depression screening with the two scales.

Depression scores		Beck Depression Scale (>16)	
		Positive	Negative
Gender Sensitive Depression Scale (>49.5)	Positive	22 (43.1%)	9 (17.6%)
	Negative	9 (17.6%)	11 (21.6%)

Conclusions: Male patients with addiction showed a high prevalence of depression (%60.8). Gender-sensitive depression was related to substance addiction severity.
Male patients with addiction may experience depression with a specific symptom cluster, which includes irritability.

Disclosure of Interest: None Declared

EPV0130

Smoking and alcohol use and healthcare professionals' quality of life

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Introduction: Tobacco and alcohol use are two of the main risk factors for most of the non-communicable diseases and causes of death worldwide. Healthcare professionals can play an important role in helping patients to quit smoking and alcohol consumption, but this role is undermined if they themselves have the same addictions.

Objectives: The aim of this study was to study the effect of smoking and alcohol use on healthcare professionals' quality of life. In addition we aimed to identify any demographic and occupational factors that affect quality of life.
Methods: The research sample of the present cross-sectional study consisted of 200 health professionals. The Demographic Questionnaire, the Smoking Addiction Inventory (Fagerstrom), the Alcohol Addiction Inventory, and the Quality of Life Inventory (EQ-5D) were used. The statistical analysis was performed using the statistical package IBM Spss v.27
Results: Among the sample, the 46.5% stated that were smokers. The mean score of alcohol dependence was found to be 3.61 (±3.29), while the corresponding mean value of Fagerstrom was calculated to be 3.96 (±2.27). The EQ-5D quality of life score was found to be 0.93. Finally, the EQ-Vas score was found to be 7.95 (± 1.57).
Conclusions: A particularly high prevalence of smoking was found among the healthcare professionals in the study, while alcohol consumption was moderate. The results showed that tobacco and alcohol consumption negatively affects the quality of life of healthcare professionals.

Disclosure of Interest: None Declared

Anxiety Disorders and Somatoform Disorders

EPV0133

Prevalence of Illness Anxiety Disorder among Health Colleges Students in King Saud University, Riyadh, Saudi Arabia

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Introduction: Illness Anxiety Disorder denotes an excessive fear of becoming critically ill. Even when a medical exam does not indicate a significant medical problem, people may have no physical symptoms or think that familiar body sensations or minor symptoms are symptoms of a dangerous sickness.
Objectives: We aimed to estimate and compare the prevalence of illness anxiety disorder among health colleges students at King Saud University. Also, we examined whether the prevalence of illness anxiety disorder is influenced by the specific field of study within the medical disciplines and whether the disorder manifests differently among students based on their chosen area of specialization.
Methods: This was an observational cross-sectional study. Data were collected through an online self-administered questionnaire called The Short Health Anxiety Inventory (SHAI) and was analyzed using SPSS 23rd version.
Results: The prevalence of IAD in this study was found to be 5.8% (n=325). with a significant relation to gender, college, the presence of psychiatric disorders, and being subjected to abuse or neglect.
Conclusions: This study found that the prevalence of illness anxiety disorder was low compared to other studies published in the past.

Disclosure of Interest: None Declared

EPV0134

A cross-sectional evaluation of binge-eating behavior and its correlation with anxiety disorders among adolescents in Northern Saudi Arabia: Implications for future generations

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Introduction: Binge-eating behavior and anxiety disorders pose a significant public health issue worldwide, as it has severe implications for both the physical and mental health of the adolescent population. The present study evaluated the prevalence of binge-eating behavior, anxiety disorders, and associated factors among the northern Saudi adolescent population.
Objectives: Assessed the correlation between binge eating and anxiety.
Methods: The present population-based cross-sectional study was carried out among adolescents in the Aljouf region of Saudi Arabia from June 2023 to December 2023. A total of 384 eligible participants were selected using the convenience sampling method. The present study used a pretested Arabic version of the binge eating scale (BES) and Hamilton Anxiety Scale (HAM-A) to assess the binge-eating behavior and anxiety disorders among the target population. The Spearman correlation test determined the strength and direction of the correlation between BES and HAM-A scores. Furthermore, logistic regression analysis was applied to find the associated factors for binge-eating behavior among the study participants.
Results: Of the 384 participants, moderate and severe binge-eating behaviors were found among 11.2% and 8.3% of the respondents, respectively. Regarding the severity of anxiety as assessed by the HAM-A scale, mild, moderate, and severe anxiety were shown among 12.8%, 9.6%, and 7.5% of the participants, respectively. Also, the study found a positive correlation between binge eating and anxiety scores, with a correlation coefficient of 0.26 and a p-value of 0.001. Furthermore, being female ($p = 0.001$), moderate ($p = 0.004$), and severe anxiety ($P = 0.001$) were significantly associated with binge-eating behavior.
Conclusions: The present research findings advocate for the implementation of targeted interventions and support services aimed at decreasing binge-eating behavior and anxiety, thereby promoting the overall well-being of adolescents and building stronger future generations. Moreover, it is recommended that optional courses about binge eating be incorporated into the curricula of schools and universities.

Disclosure of Interest: None Declared

EPV0135

A cross-sectional evaluation of binge-eating behavior and its correlation with anxiety disorders among adolescents in Northern Saudi Arabia: Implications for future generations

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Introduction: Binge-eating behavior and anxiety disorders pose a significant public health issue worldwide, as it has severe implications for both the physical and mental health of the adolescent population. The present study evaluated the prevalence of binge-eating behavior, anxiety disorders, and associated factors among the northern Saudi adolescent population.
Objectives: assessed the correlation between binge eating and anxiety.
Methods: The present population-based cross-sectional study was carried out among adolescents in the Aljouf region of Saudi Arabia from June 2023 to December 2023. A total of 384 eligible participants were selected using the convenience sampling method. The present study used a pretested Arabic version of the binge eating scale (BES) and Hamilton Anxiety Scale (HAM-A) to assess the binge-eating behavior and anxiety disorders among the target population. The Spearman correlation test determined the strength and direction of the correlation between BES and HAM-A scores. Furthermore, logistic regression analysis was applied to find the associated factors for binge-eating behavior among the study participants.
Results: Of the 384 participants, moderate and severe binge-eating behaviors were found among 11.2% and 8.3% of the respondents, respectively. Regarding the severity of anxiety as assessed by the HAM-A scale, mild, moderate, and severe anxiety were shown among 12.8%, 9.6%, and 7.5% of the participants, respectively. Also, the study found a positive correlation between binge eating and anxiety scores, with a correlation coefficient of 0.26 and a p-value of 0.001. Furthermore, being female (p = 0.001), moderate (p = 0.004), and severe anxiety (P = 0.001) were significantly associated with binge-eating behavior.
Conclusions: The present research findings advocate for the implementation of targeted interventions and support services aimed at decreasing binge-eating behavior and anxiety, thereby promoting the overall well-being of adolescents and building stronger future generations. Moreover, it is recommended that optional courses about binge eating be incorporated into the curricula of schools and universities.

Disclosure of Interest: None Declared

EPV0136

Social Anxiety Disorder in The Visually Impaired Versus Healthy Control: Saudi Arabian Samples

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Introduction: While the relationship between social anxiety disorder SAD and various sociodemographic factors has been explored, there is a notable gap in research examining the prevalence of SAD in visually impaired individuals. Vision loss could influence social interactions and thus may alter the typical presentation or severity of social anxiety.
Objectives: This study aims to compare self-esteem and social anxiety disorder (SAD) levels between visually impaired and sighted individuals and to explore the relationship between social anxiety and various sociodemographic factors.
Methods: A case-control study was conducted from March to June 2017 in Riyadh, Saudi Arabia, involving 62 participants (24 visually impaired and 38 sighted). Participants completed a demographic form, the Liebowitz Social Anxiety Scale (LSAS), and the Rosenberg Self-Esteem Scale (RSES). Data analysis included descriptive statistics, t-tests, and ANOVA to compare psychological outcomes between groups.
Results: The mean age of visually impaired participants was significantly higher than that of sighted participants (24±2.8 vs. 22.4 ±2.2 years, p=0.013). No significant differences were observed between the two groups in terms of gender, marital status, or education level. The RSES scores indicated no significant difference in self-esteem between visually impaired and sighted individuals (18.13±2.66 vs. 17.42±2.04, p=0.244). Similarly, LSAS scores did not significantly differ between the two groups (32.63±24.19 vs. 36.68±22.68, p=0.506).
Conclusions: The findings suggest that visually impaired individuals do not have significantly different levels of self-esteem or social anxiety compared to their sighted peers, indicating that visual impairment may not directly contribute to lower self-esteem or higher social anxiety. Future research should involve larger, more diverse samples and longitudinal studies to further explore these relationships.

Disclosure of Interest: None Declared

EPV0137

Vicarious trauma in Child and adolescent psychiatry residents in Tunisia

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Introduction: Vicarious trauma can significantly affect the physical and mental health of mental health professionals, as well as their ability to provide quality of care, particularly in the population of child and adolescent psychiatry residents who frequently encounter traumatic narratives.
Objectives: This study aims to determine the prevalence of vicarious trauma in child and adolescent psychiatry residents.
Methods: This is a cross-sectional study conducted from 19 august to 16 september 2024. An anonymous Google Forms questionnaire was sent to child psychiatry residents via the college email and private groups. We used the Compassion Fatigue Questionnaire to measure levels of vicarious trauma.
Results: A total of 48 child psychiatry resident out of 70 participated in the study. The sex ratio was 1:8,6. The mean age was 28,8 years. The residents were married in 33,4% of cases, in a romantic relationship in 29,1% and single in 37,5% . We found that 54,1% of residents practiced a leisure activity, 22,9% had history of psychiatric disorder and 14,5% had addictive behaviours. We found that 74% of the residents exhibited a high to very high risk of vicarious trauma. The mean score of Compassion Fatigue Questionnaire was 44,18.
Conclusions: This study underscores the need to recognize and address vicarious trauma among child and adolescent psychiatry residents in Tunisia, as its effects can detrimentally influence both clinician well-being and patient care. By fostering an awareness of this often-overlooked issue and integrating supportive measures into residency training, it can help residents develop healthier coping strategies and resilience.

Disclosure of Interest: None Declared

EPV0140

Excessive preoccupation of having a serious illness in medicine residents

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Introduction: Excessive preoccupation of having a serious illness (EPHSI) or illness anxiety disorder is frequently reported by doctors and medical students
Objectives: Our objectives were to estimate the frequency of EPHSI in a population of medicine residents in Tunisia and to determine the factors associated with this pathology.
Methods: This was a cross-sectional study via internet, carried out among 404 medicine residents practicing in Tunisia during the period of November and December 2020 and January 2021.
The information was collected using a pre-designed questionnaire, edited using the Google site and disseminated via social networks. This questionnaire was inspired by the Health Anxiety Questionnaire, the MSD score, and the DSM-5 criteria for illness anxiety disorder
Results: In the end of the study period, 404 medicine residents responded to the questionnaire. The mean age was 27.4 years, the sex ratio was 0.47. Residents who fulfilled the DSM5 criteria of anxiety illness disorder represented 33.7% of the total group.
The most preoccupying diseases were neoplastic diseases (40.8%), neurodegenerative disorders (14.3%), and psychiatric disorders (10%).
EPHSI was associated to several sociodemographic, anamnestic and psychological factors
Conclusions: The establishment of psychological support systems for students, emphasizing coping and stress management techniques, should be implemented to prevent the EPHSI.

Disclosure of Interest: None Declared

EPV0143

Anxiety and its effect on foreign medical students

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Introduction: Nowadays thousands of students choose to get into medical universities in foreign countries for a plethora of reasons. Tunisia represents one of these destinations, thanks to its geographic localization, weather, biological diversity as well as its ethnical and cultural background.
Objectives: To determine the effect of anxiety and psychological distress on the motivation of studies in foreign students in Tunisia.
Methods: We conducted a cross-sectional, descriptive and analytical study, carried out between July and September 2023 among foreign students at the Sfax Faculty of Medicine. Data collection was carried out using an anonymous self-questionnaire via "Google Forms shared via social media. Psychological distress was assessed using the "DASS-21" Depression, Anxiety and Stress Scale. Motivation was assessed using the French version of the "SMMS-R-FR" Study Motivational Strength Questionnaire.
Results: Seventy-two foreign medical students completed the survey. The average age was 25 ± 3.45 years. The majority of students were male (57%). Coffee and tobacco were the most consumed substance by the students (88.9%, and 47.2% respectively). The mean score for score anxiety score was 6.59, 7.2 for depression and 7.83 for stress. The mean score for the strength of motivation was 42.4. We found a negative statistical association between the anxiety dimension and the strength of motivation (p=0.011, r= -0.29). We found no statistical association with the depressive symptoms dimension nor with the stress dimension.Smoking was correlated with anxiety and depression in our foreign students (p=0.02 and p=0.027 respectively).
Conclusions: Identifying psychological distress and screening for them can help prevent the deterioration of mental health of foreign students and therefore the deterioration their academic performance.

Disclosure of Interest: None Declared

EPV0144

Examining the Relationship Between Cyberchondria and Health Anxiety in Clinical Medical Students

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Introduction: Cyberchondria refers to the phenomenon where individuals experience increased health anxiety due to excessive health-related information-seeking on the internet. This behavior can lead to increased worry, symptom misinterpretation, and the belief that one may be suffering from a serious illness. While internet health-seeking is common, it can become maladaptive and contribute to clinically significant anxiety.
Objectives: The aim of this study was to investigate the prevalence and severity of cyberchondria among medical students, and to explore the relationship between online health-seeking behaviors and health anxiety.
Methods: A cross-sectional survey was conducted among clinical medical students using the **Cyberchondria Severity Scale (CSS)** and the **Short Health Anxiety Inventory (HAI-18).** The CSS is a 12-item self-report questionnaire that assesses the frequency of online health searches, the distress caused by those searches, and the misinterpretation of symptoms. The HAI-18 evaluates the frequency and intensity of health-related worries and behaviors over the past six months. Participants were asked to report their online health-searching habits, emotional responses, and overall health anxiety levels.
Results: A total of 169 clinical students participated in the study, with a predominance of females (74%). The mean age of participants was 23 ± 1.5 years. Regarding family medical history, 62.1% of participants reported a familial history of medical conditions, while 26% had a familial history of psychiatric disorders. Additionally, 39.6% of participants reported that their family members had been hospitalized for a serious illness. A personal medical history was

reported by 23.7% of participants, and 21.3% had a documented history of psychiatric disorders. Health-related anxiety was observed in 21.9% of participants and was significantly associated with a history of family member hospitalization for a serious illness ($p < 0.05$). Regarding cyberchondria, 35.5% of participants reported low levels, 43.2% moderate levels, 20.1% high levels, and 1.2% very high levels. High levels of cyberchondria were significantly associated with higher health anxiety scores ($p < 0.001$).
Conclusions: The findings suggest a moderate to high prevalence of cyberchondria among clinical medical students, with a strong association between higher cyberchondria scores and increased health-related anxiety. Interventions to reduce cyberchondria should focus on managing health anxiety and mitigating the negative impact of online health information

Disclosure of Interest: None Declared

EPV0145

Suppressing Health-Related Thoughts: A Pathway to Increased Anxiety?

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Introduction: Health-related anxiety, characterized by excessive worry about one's health, often leads to significant distress and impairment. Thought suppression, the conscious attempt to control or avoid unwanted thoughts, is frequently associated with various psychological conditions, including anxiety disorders. Research suggests that individuals with anxiety may attempt to suppress thoughts related to their fears, potentially exacerbating symptoms.
Objectives: The present study investigates the relationship between thought suppression and health-related anxiety, exploring how the tendency to suppress intrusive thoughts may influence health anxiety levels.
Methods: A cross-sectional survey design was employed, with participants drawn from a sample of medical students. The White Bear Suppression Inventory (WBSI) was used to assess the extent to which participants tend to suppress intrusive thoughts, while the Health Anxiety Inventory (HAI-18) was used to measure health-related anxiety. The HAI-18 evaluates the frequency and intensity of health-related worries and behaviors over the past six months.
Results: The study recruited 213 medical students, of which 74.2% were female. The mean age of participants was 22.11 ± 2 years. Among the sample, 22.1% had a personal medical history, and 20.2% had a documented history of psychiatric disorders. Regarding family medical history, 59.6% of participants reported a familial history of medical conditions, and 21.6% reported a familial history of psychiatric disorders. Additionally, 39% of participants had family members who had been hospitalized for serious illness.
Health-related anxiety was observed in 26.3% of participants. A significant positive correlation was found between WBSI scores (thought suppression) and HAI scores (health-related anxiety) ($r = 0.301$, $p < 0.001$), suggesting that participants who reported higher levels of thought suppression were more likely to experience health-related intrusive thoughts and heightened anxiety about their health. Furthermore, individuals with higher health anxiety tended to have a stronger inclination to suppress thoughts, compared to those with lower levels of health anxiety.
Conclusions: The findings indicate a positive relationship between thought suppression and health-related anxiety among medical students. Specifically, students who engage in higher levels of thought suppression tend to report more frequent intrusive thoughts related to health and greater anxiety about their well-being. Future research could explore interventions aimed at reducing thought suppression as a potential strategy for alleviating health anxiety.

Disclosure of Interest: None Declared

EPV0146

The Impact of Thought Suppression on Cyberchondria

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Introduction: Cyberchondria, defined as excessive and anxiety-driven health-related internet searching, has become an increasingly significant issue in the digital age, where easy access to online health information can contribute to heightened health anxiety. Recent studies suggest that cognitive avoidance strategies, such as thought suppression, may worsen anxiety-related behaviors, including health-related internet searching.
Objectives: The objective of this study was to investigate how the tendency to suppress thoughts (thought suppression) influences the development and intensity of cyberchondria in a sample of medical students.
Methods: A cross-sectional study design was employed, involving a sample of 213 medical students. The White Bear Suppression Inventory (WBSI) was used to assess participants' tendency to suppress health-related thoughts. The Cyberchondria Severity Scale (CSS) was used to measure the extent and severity of health-related internet searching behaviors. Participants also provided information about their medical history, family medical history, and psychiatric background.
Results: The sample consisted predominantly of females (74.2%), with a mean age of 22.11 ± 2 years. Among the 213 participants, 22.1% reported a personal medical history, and 20.2% had a documented history of psychiatric disorders. Regarding family medical history, 59.6% of participants reported a familial history of medical conditions, and 21.6% reported a familial history of psychiatric disorders. Additionally, 39% of participants reported that family members had been hospitalized for serious illness.
The levels of cyberchondria among participants were as follows: 36.6% of participants reported low levels of cyberchondria, 41.8% reported moderate levels, 20.7% reported high levels, and 0.9% reported very high levels of cyberchondria.
A significant positive correlation was found between WBSI scores (measuring thought suppression) and Cyberchondria Severity Scale (CSS) scores (measuring health-related internet searching) ($r = 0.4$, $p=0.02$). This suggests that medical students who engaged in higher levels of thought suppression were more likely to experience intrusive health-related thoughts and engage in heightened online health searching behaviors.

Conclusions: The findings of this study suggest that there is a positive relationship between thought suppression and the intensity of cyberchondria among medical students. These results highlight the importance of addressing cognitive avoidance strategies, such as thought suppression, in the management of health anxiety. Future research could explore interventions that aim to reduce thought suppression, such as cognitive-behavioral therapy (CBT) or mindfulness-based techniques, as potential strategies for alleviating cyberchondria and its associated health anxiety.

Disclosure of Interest: None Declared

EPV0147

Health Anxiety in Medical Students: A Hidden Challenge in Medical Education

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Introduction: It is well-established that medical students often experience health-related anxiety, a phenomenon commonly referred to as "medical student syndrome" in the literature. This condition is believed to arise from exposure to life-threatening diseases during medical training.
Health anxiety is characterized by excessive worry about having a serious illness, often leading to heightened distress and maladaptive health-related behaviors.
Objectives: The aim of this study was to explore and compare health anxiety levels between preclinical and clinical medical students.
Methods: A cross-sectional, descriptive, and analytical study was conducted at the Sfax Medical School from March to June 2024. Medical students were invited to voluntarily complete a self-administered questionnaire, which collected socio-demographic data, lifestyle-related factors (such as substance use, physical activity, and medical history), and the Short Health Anxiety Inventory (HAI-18). The HAI-18 assesses the frequency and intensity of health-related worries and behaviors experienced over the past six months. The total score ranges from 0 to 54 and includes two subscales: the Health Anxiety subscale (items 1–14, range 0–42) and the Negative Consequences of Illness subscale (items 15–18, range 0–12). A score of 18 or higher on the Health Anxiety subscale indicates significant health anxiety.
Results: A total of 285 students participated in the study, with a predominance of females (73.7%).
The mean age was 21.96 ± 2.05 years. Preclinical students constituted 31.9% of the sample, while clinical students comprised 68.1%. Most participants (91.9%) resided in urban areas, and 82.1% reported a moderate socioeconomic status. Additionally, 69.5% of participants were living with their families. A medical history was reported by 21.8% of the participants, while 17.2% had a history of psychiatric difficulties. Among these students, 5% had been hospitalized for a serious illness, for a prolonged duration or on multiple occasions.
Health-related anxiety was observed in 24.6% of participants. It was significantly associated with female gender ($p = 0.045$), a history of psychiatric difficulties ($p = 0.004$), and being a clinical medical student ($p = 0.04$). These factors were identified as key predictors of increased health-related anxiety levels.

Conclusions: Female gender, a history of psychiatric difficulties, and clinical medical training were identified as significant risk factors for health-related anxiety among medical students. These findings suggest the need for targeted interventions to address and alleviate anxiety in these high-risk groups, potentially improving both mental health and academic performance within medical training environments.

Disclosure of Interest: None Declared

EPV0148

The Impact of Panic Disorder on Severe Asthma and Chronic Rhinosinusitis with Nasal Polyps: A Comparative Clinical Profile Study

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Introduction: Severe asthma (SA), often associated with chronic rhinosinusitis with nasal polyps (CRSwNP), contributes significantly to global disability and mortality. A personalized treatment approach, including addressing treatable traits like mental health, is crucial for improving outcomes. The impact of panic disorder (PD) on asthma symptoms and outcomes requires investigation due to their epidemiological association.
Objectives: To cross-sectionally compare the clinical presentation of outpatients with SA and/or CRSwNP, with and without PD, treated at the Personalized Medicine Asthma and Allergy Clinic, Humanitas Research Hospital.
Methods: Participants were consecutively recruited among outpatients attending follow-up visits to treat SA and/or CRSwNP from February to March 2024. All were previously enrolled in the SANI (Severe Asthma Network Italy) or RINET (Rhinosinusitis Italian Network) registries. Participants completed a comprehensive self-report survey on sociodemographic, lifestyle, medical, and psychiatric information, along with validated questionnaires assessing asthma control, severity of nasal obstruction, burden and emotional responses to physical symptoms, psychophysical well-being, and the PD module from the Patient Health Questionnaire (PHQ) screening tool, to identify provisional diagnoses for current or past PD. Data were analyzed using the Kruskal-Wallis, post-hoc Dunn's, and Fisher's exact tests, with Holm's adjustment for multiple comparisons. The significance level was set at 0.05.
Results: Seventy-nine patients, 46 women (58.2%) and 33 men (41.8%), participated in this study. Thirty patients (38%) had SA only, 44 (55.7%) had both SA and CRSwNP, and 5 (6.3%) CRSwNP only. Current PD was identified in 7 outpatients (8.9%), while 12 (15.2%) had past PD. Compared to patients who have never experienced PD, those with current PD had significantly worse asthma control, more severe nasal obstruction, greater dyspnea and physical symptom burden, as well as greater proneness to catastrophizing about asthma, heightened attentional focus on internal bodily

sensations, and lower quality of life. Patients with past PD had greater dyspnea and physical symptom burden, swallowing difficulty, and reduced quality of life compared to those without PD. No significant differences were found between current and past PD groups.
Conclusions: The prevalence of current or past PD among patients with SA and/or CRSwNP was approximately three times higher than in the general population, corroborating previous epidemiological findings. PD was associated with poorer asthma and nasal symptom control, along with a higher burden and sensitivity to respiratory and physical symptoms. Our preliminary results suggest a need for PD screening and targeted interventions for these patients. Further studies with psychiatric interviews and objective respiratory measures are warranted.

Disclosure of Interest: None Declared

EPV0151

Living with 20 Medications, Attempting Suicide with 15: A Critical Perspective on the Healthcare System through a Somatization Disorder Case Report

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Introduction: Patients with somatization disorder frequently seek medical evaluations for unexplained symptoms, strongly believing they are physically ill and often rejecting psychosocial explanations. In Turkey, easy and low-cost access to healthcare and medications via the General Health Insurance system encourages frequent hospital visits. High patient loads and short consultation times hinder thorough assessments, complicating diagnoses like somatization disorder. Consequently, physicians may practice "defensive medicine," over-ordering tests and medications to minimize risks. These practices reinforce patients' beliefs in having an organic illness and increase the risk of polypharmacy.
Objectives: This case discusses a patient with somatization disorder experiencing multiple hospital admissions and polypharmacy due to the dynamics of the Turkish healthcare system.
Methods: A 31-year-old woman was admitted after a suicide attempt, exhibiting depressive symptoms and psychosomatic complaints. Detailed examinations of her socio-demographic data, medical and psychiatric history, current complaints, medication use, and past hospitalizations were conducted.
Results: Since age 16, the patient frequently presented with fainting, convulsions, nausea, and vomiting, undergoing extensive evaluations. She repeatedly visited emergency services for chest pain radiating to her left arm and jaw; coronary angiography found no cardiac pathology. Despite no organic cause, she was prescribed 15 different medications by various specialties, reaching 20 tablets daily, covering cardiovascular, gastrointestinal, endocrine, and respiratory systems. Due to family issues, divorce processes, and social stressors, she exhibited depressive and psychosomatic symptoms, attempted suicide 7 times, and was hospitalized in psychiatric wards 12 times. In her latest attempt, she ingested 15 fluoxetine tablets. Psychiatric evaluation revealed ongoing somatic complaints, and polypharmacy was adversely affecting her health. After consultations, unnecessary non-psychiatric medications were discontinued. Her treatment was adjusted to venlafaxine 300 mg/day, clozapine 50 mg/day, and mirtazapine 30 mg/day.
Conclusions: This case illustrates how structural issues in the healthcare system adversely affect patients with somatization disorder, increasing polypharmacy risk. Unnecessary tests and treatments reinforce beliefs in organic illness and complicate management. Healthcare professionals should approach such patients carefully, avoid defensive medicine practices, and consider early psychiatric evaluation. Policy-level changes are needed for the healthcare system to better address these patients' needs.

Disclosure of Interest: None Declared

EPV0152

The Impact of Psychiatric conditions on Functional Gastrointestinal Symptoms

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Introduction: Functional gastrointestinal disorders (FGIDs) represent a significant global health burden, affecting approximately 15-20% of the population. These disorders can significantly impair quality of life, particularly in individuals facing high levels of psychological stress, such as medical students.
Objectives: To study the association between psychiatric factors, specifically anxiety and depressive disorders, and the prevalence of FGIDs among medical students in Tunisia.
Methods: A cross-sectional study was conducted among second-year medical students at the Faculty of Medicine, Sousse, from March 2023 to February 2024. Data were collected using a self-administered questionnaire designed to assess gastrointestinal symptoms such as abdominal pain, bloating, diarrhea, constipation, and heartburn. Psychiatric conditions were assed using validated screening tools.
Results: The study included 206 students, with a strong female predominance (80.1%). Among them, 46.1% (n=95) reported experiencing between 1 and 4 digestive disorders, primarily abdominal pain and bloating (66%). Psychiatrically, univariate analysis revealed a significant association between FGIDs and several psychological factors: female gender ($p<0.01$), a tendency towards anger in daily life ($p<0.01$), anticipatory anxiety ($p<0.01$), and the presence of panic attacks ($p<0.01$).
Conclusions: Functional gastrointestinal disorders (FGIDs) are prevalent among medical students and are often linked to anxiety and depressive disorders. Preventive measures focused on stress management and mental health could significantly improve the quality of life of these students and prevent digestive complications.

Disclosure of Interest: None Declared

EPV0154

Neuroprotective effects of EDTA on manganese-induced neuroaffective disorders: Implications for anxiety and depressive disorders

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Introduction: Manganese (Mn), an essential yet potentially toxic metal found naturally in the environment, has been implicated in various neurodegenerative and neuroaffective disorders due to its propensity for chronic intoxication.
Objectives: This study explores the neuroprotective effects of Ethylenediaminetetraacetic acid (EDTA) against Mn-induced toxicity, with a specific focus on its potential to mitigate anxiety and depressive disorders.
Methods: Three groups of male Wistar rats were used: one group was injected with 25 mg/kg Mn, another with 25 mg/kg Mn plus 4 mg/kg EDTA, and the control group received NaCl. Injections were administered intraperitoneally daily for 12 weeks. Rat weights were monitored weekly, and following the exposure period, rats underwent a series of neurobehavioral tests to assess anxiety and depressive behaviors.
Results: Rats receiving the 25 mg/kg Mn dose alone exhibited increased immobility in the forced swimming test (FST) and anhedonia in the sucrose preference test, indicative of depressive behaviors. In contrast, rats treated with Mn and EDTA displayed significantly reduced immobility times and maintained normal sucrose water consumption. Behavioral tests, including the open field test (OFT) and elevated plus maze (EPM), indicated increased anxiety in Mn-exposed rats, which was mitigated by EDTA treatment.
Conclusions: Mn exposure induces anxiety and depressive disorders in rats, but coadministration of EDTA significantly mitigates these effects, suggesting its potential as a neuroprotective agent against Mn toxicity.

Disclosure of Interest: None Declared

EPV0157

Eye movements predict treatment response in children and adolescents with social anxiety disorder

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Introduction: Response to treatment in pediatric social anxiety disorder (SAD) is highly variable. Atypical face processing has been suggested as a maintaining factor. A previous study reported that youth with SAD scan a more restricted area of faces than healthy controls during emotion recognition, potentially interfering with social cognition.
Objectives: The current study examined whether visual scanning and arousal (pupil dilation) also predicts treatment response and changes as a function of successful treatment.
Methods: Youth with SAD (n = 55) were assessed prior to treatment with internet-delivered cognitive behavioral therapy (ICBT) or supportive therapy (ISUPPORT) and three and twelve months after treatment.
Results: Restricted scanning of faces predicted worse treatment outcome, most consistently for youth receiving ICBT. No evidence for a change in social attention after treatment was found. Instead, visual social attention measures showed moderate to high stability. Children whose arousal decreased from baseline to three months follow up were most likely to benefit from ICBT rather than ISUPPORT, pointing to a role of arousal in treatment response.
Conclusions: Restricted scanning of faces may interfere with social interaction, thereby interfering with treatment. These results have implications for our understanding of social information processing in SAD.

Disclosure of Interest: None Declared

EPV0159

Formation model of anxiety disorders in internally displaced persons in war context in Ukraine

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Introduction: Since the beginning of the full-scale war with Russia, 7.7 million Ukrainians have been forcibly displaced from their homes and are currently living in internally displaced persons (IDP) camps. According to the International Organization for Migration (IOM), the proportion of IDPs in Ukraine's total population has reached 17.5%, indicating that one in six individuals has been displaced.
Objectives: The purpose of the study is to investigate the clinical, psychological and pathological patterns of anxiety disorders of psychogenic genesis. The main group consisted of 93 IDP patients with anxiety disorders, both sexes, aged 20-55 years.
Methods: SCL-90-R; HAM-A, HAM-D; Spielberger-Khanin Scale and Questionnaire of neuropsychological stress by T.A. Nemchin.
Results: It has been established that the clinical structure of anxiety disorders in the examined patients is represented by a mixed anxiety-depressive reaction (28.2±1.2% of the examined), panic disorder (36.4±1.3%) and generalised anxiety disorder (35.4±1.3%). At the same time, in the clinical structure of anxiety disorders in IDPs, along with the dominance of anxiety symptoms, there is a high severity of depressive manifestations. Based on data obtained in the course of our research, a multifactorial model of formation of anxiety disorders in IDPs was developed. The catalyst for anxiety disorders is the very fact of forced displacement, uncertainty of future, situations of loss, effects of combat stress, information stress and situations of increased responsibility.
High levels of anxiety, somatisation, depression, obsessive-compulsive disorders, interpersonal sensitivity, and phobic anxiety according to SCL-90-R scale are prognostically significant in formation of anxiety

disorders; severe depressive and anxiety episodes according to the Hamilton Anxiety and Depression Scales; high levels of personal and situational anxiety according to the Spielberger-Khanin Scale and excessive levels of neuropsychological stress.
Conclusions: The basis for the formation of anxiety disorders in IDPs is a low level of resilience, which entails a high level of social frustration in this cohort. We have developed and tested a comprehensive personalised system for treatment of anxiety disorders in IDPs with differentiated use of psychopharmacotherapy, psychotherapy and psychoeducation.

Disclosure of Interest: None Declared

EPV0161

Are medical students more prone to symptoms of anxiety and depression?

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Introduction: Faculty of Medicine is often recognized as one of the most laborious. Student workload, constant exposure to stressful situations, fear of failure, pressure from parents, exposure to death and human suffering are some of the many factors associated with increasing levels of anxiety and depression among medical students.
Objectives: The aim of this study was to estimate the severity of anxiety and depression disorders among medical students.
Methods: In this cross-sectional study, self-report anonymous online survey was distributed to the students of all six years of the Faculty of Medicine, University of Sarajevo. In this survey, which consisted of 33 questions, we gathered general information and the Beck's Anxiety and Depression Inventory were used to assess the severity of anxiety and depression, whereby respondents received points by answering each question, and after scoring, they were categorized in different groups based on the severity of anxiety and depression.
Results: 129 students completed the survey. Considering the Beck's Anxiety Inventory, 56% scored for the "Low anxiety" group, 33% scored for the "Moderate Anxiety" group, 11% scored for the "Potentially concerning levels of anxiety". Considering the Beck's Depression Inventory, 43% of the students scored for the group "These ups and downs are considered normal", 21% scored for "Mild mood disturbances", 9% for the "Borderline clinical depression", 19% for "Moderate depression", 6% for "Severe depression", 2% for "Extreme depression".
Conclusions: Psychiatric morbidity found needs to be identified and treated at the earliest, because it can lead to suicidal ideation. Medical students should be encouraged to seek help and adequate facilities should be available to all of them.

Disclosure of Interest: None Declared

EPV0163

Features of cognitive impairment in affective disorders

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Introduction: Iimpaired cognitive functions are an urgent problem of modern neurology and psychiatry. Cognitive failure appears to be as etiologically heterogeneous syndrome, characterized by a decrease in memory indicators below the age norm, with unimpaired intellectual functioning and well-preserved activity. The wide prevalence of affective disorders and the leading role of the cognitive component in the process of personal self-development determine the undoubted relevance of studying the frequency and severity of cognitive impairment in affective disorders.
Objectives: The purpose of this work was to study the cognitive impairment frequency and features in patients with generalized anxiety disorder (GAD) or panic disorder with agoraphobia (PDA).
Methods: The study included 25 patients with an established diagnosis of GAD and 20 patients PDA. The control group consisted of 20 conditionally healthy volunteers. Cognitive function was assessed based on complaints, a study of visual-constructive skills, naming, memory, attention, praxis, speech, abstraction, orientation, using the Mini-mental State Examination scale and the Montreal Cognitive Function Rating Scale. The severity of anxiety disorders symptoms was determined during a clinical interview by a psychiatrist, as well as using the Hamilton Anxiety Scale (HDRS), Beck Anxiety Scale (BAI).
Results: All patients in contrast to the healthy participants showed signs of cognitive impairment of varying severity. When studying cognitive function, the following was found:

patients with PDA were characterized by mild non-dementia cognitive impairment and showed signs of rumination - a tendency to think through the same stressful event over and over again. No memory or attention impairments were identified;
in patients with GAD moderate cognitive impairment was observed, the severity of which was obvious to both patients and their relatives in the form of impaired attention and memory, also in the absence of signs of dementia. The spectrum of cognitive impairment manifestations included impaired attention, executive functions and memory disorders. These patients were characterized by perfectionism, decreased confidence in their own memory, anxious doubts and double-checks.
Conclusions: Our data indicate that in all patients with affective disorders impaired cognitive functions are detected. GAD is characterized by a greater severity of cognitive deficits compared to those in PDA.

Disclosure of Interest: None Declared

EPV0164

The Neuroconnective Endophenotype, A New Approach Toward Typing Functional Neurological Disorder: A Case-Control Study

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Introduction: Functional neurological disorder (FND) is a core neuropsychiatric condition that includes both physical and mental symptoms. Recently, a validated clinical phenotype termed neuroconnective endophenotype (NEP), which includes several physical and psychological characteristics together with joint hypermobility (hypermobility spectrum disorders), was found at a significantly higher frequency among patients with anxiety (Bulbena A *et al.* Adv Psychosom Med 2015; 34:143–157).

Objectives: The purpose of the present study was to examine the presence of the NEP among patients with FND.

Methods: A multicenter case-control study was conducted comprising 27 FND patients and 27 healthy control participants (matched by sex and age) ages 13 to 58 years. Eight questionnaires were administered. Proportional differences were examined with Student's t tests, one-way analyses of variance, and chi-square tests.

Results: Differences between FND patients and control participants were observed. As presented on tables 1 and 2, FND patients had higher sensory sensitivity, increased prevalence of hypermobility features (including relevant physical signs and symptoms), greater frequency of polarized behaviors and an increase in the characteristics and sensations typical of anxiety. FND patients also presented a greater number of comorbidities, both psychiatric (generalized anxiety disorder or panic attacks (63%); phobias, including social anxiety, agoraphobia, and specific phobias (52%); and depression (44%)) and physical (migraine (59%), irritable bowel syndrome (48%), drug intolerances (44%), dark sclerae (41%), and chronic fatigue syndrome (41%)). Particularly striking was the presence of the hypermobility spectrum in more than 75% of FND patients compared with 15% among control participants (Table 3).

Image 1:

TABLE 1. Questionnaire results for patients with functional neurological disorder (FND) and healthy control participants[a]

Measure	Usual cutoff point	FND patients (N=27) N	%	Mean	SD	95% CI	Healthy control participants (N=27) N	%	Mean	SD	95% CI	F	p
Age (years)				41.78	11.67	37.16, 46.39			41.63	11.76	36.98, 46.28	0.002	0.963
Anxiety													
STAI-S	41	15	56	46.44	10.74	42.3, 50.59	2	7	31.11	10.74	26.96, 35.26	27.50	<0.001
STAI-T	44	22	82	51.63	8.45	48.37, 54.9	4	15	35.22	8.45	31.96, 38.49	50.84	<0.001
HADS-A	8	19	70	11.00	3.85	9.51, 12.49	3	11	4.22	3.85	2.74, 5.71	41.85	<0.001
Depression													
HADS-D	8	12	44	6.63	3.47	5.29, 7.97	0	0	1.67	3.47	0.33, 3.01	27.61	<0.001
Somatosensation													
SSAS	30	15	56	30.11	7.25	27.31, 32.91	2	7	19.56	6.25	16.76, 22.35	28.64	<0.001
Dissociation													
DP-PV (present)	132	8	30	93.44	53.39	72.83, 114.06	0	0	15.19	53.39	−5.43, 35.8	29.00	<0.001
DES	25–30	8	30	19.08	12.61	14.16, 24	0	0	4.07	12.61	−0.95, 9.08	18.42	<0.001

[a] N and % values represent participants in each group over the usual cutoff value. F values were obtained with one-way analysis of variance. HADS-A=Hospital Anxiety and Depression Scale anxiety subscale (scores range from 7 to 21, with higher scores indicating greater severity of anxiety); HADS-D=Hospital Anxiety and Depression Scale depression subscale (scores range from 7 to 21, with higher scores indicating greater severity of depression); DES=Dissociative Experiences Scale (possible scores range from 0 to 100, with higher scores indicating greater symptom severity); DP-PV=Lifetime and Present Depersonalization Scale (escala de despersonalización presente-vida) (possible scores range from 0 to 420, with higher scores indicating more depersonalization); SSAS=Somatosensory Amplification Scale (score range from 1, "not at all," to 5 "extremely"); STAI-S=State-Trait Anxiety Inventory state dimension (scores range from 0 to 60, with higher scores indicating higher state anxiety); STAI-T=State-Trait Anxiety Inventory trait dimension (scores range from 0 to 60, with higher scores indicating higher trait anxiety).

Image 2:

TABLE 2. Neuroconnective endophenotype of patients with functional neurological disorder (FND) and healthy control participants on each subscale of the Neuroconnective Endophenotype Questionnaire[a]

Neuroconnective endophenotype questionnaire subscale	FND patients (N=27) Mean	SD	95% CI	Healthy control participants (N=27) Mean	SD	95% CI	F	p
Sensory sensitivity	41.15	12.44	36.34, 45.95	14.63	12.44	9.83, 19.43	61.34	<0.001
Physical signs and symptoms	11.07	3.46	9.74, 12.41	4.22	3.46	2.89, 5.56	52.94	<0.001
Pain intensity	3.01	1.29	2.51, 3.51	1.29	1.29	0.79, 1.79	23.88	<0.001
Pain locations	2.33	1.10	1.91, 2.76	1.04	1.10	0.61, 1.46	18.74	<0.001
Behavioral polarized dimensions	3.41	1.48	2.84, 3.98	1.78	1.48	1.21, 2.35	16.47	0.002
Psychopathological characteristics and sensations	53.63	14.68	47.96, 59.3	26.70	14.68	21.04, 32.37	45.44	<0.001
Psychiatric diagnoses	3.44	1.20	2.98, 3.91	0.00	1.20	−0.46, 0.46	111.54	<0.001
Somatic disorders	4.78	2.27	3.9, 5.66	1.37	2.27	0.49, 2.25	30.31	<0.001

[a] Comparison of subscale scores and their significance are reported. Data for the Hypermobility Evaluation Guideline and Beighton scoring system are not included. F values were obtained with one-way analysis of variance.

Image 3:

TABLE 3. Hypermobility spectrum disorder assessment of patients with functional neurological disorder (FND) and healthy control participants[a]

Hypermobility spectrum disorders questionnaire	Cutoff point	FND patients (N=27) N	%	Mean	SD	95% CI	Healthy control participants (N=27) N	%	Mean	SD	95% CI	F	p
SQ-CH	≥4	21	78	4.7	1.69	4.05, 5.36	4	15	1.70	1.69	1.04, 2.36	42.33	<0.001
HLX9	≥5	21	78	6.19	2.40	5.26, 7.11	8	30	3.59	2.40	2.67, 4.52	15.80	0.002
Beighton	≥5	21	78	6.22	2.64	5.2, 7.24	10	37	3.56	2.64	2.54, 4.57	13.82	0.005

[a] N and % values represent participants in each group over the cutoff value. For the Beighton scoring system, possible scores range from 0 to 9, with higher scores indicating greater hypermobility. HLX9=Hypermobility Evaluation Guideline (scores range from 0 to 9, with higher scores indicating greater hypermobility); SQ-CH=Screening Questionnaire for the Assessment of Joint Hypermobility Syndrome (scores range from 0 to 10, with higher scores indicating greater hypermobility). F values were obtained with one-way analysis of variance.

Conclusions: FND patients presented higher scores in all five dimensions included in the NEP. Thus, this phenotype, solidifying the original association between anxiety and the hypermobility spectrum, could help to identify an FND subtype when evaluating and managing FND patients, because it provides a new global view of patients' physical and mental symptoms. Limitations in this study included small sample size, possible selection and recall biases and lack of data on socioeconomic factors and education.

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EPV0165

Post-Colectomy Cacosmia: The Role of Anxiety and Sensory Distortion in Postoperative Recovery

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Introduction: Cacosmia, the perception of neutral odors as foul, is an unusual and distressing postoperative complication. This case focuses on a 66-year-old female who experienced cacosmia after a colectomy, raising questions about the role of anxiety in postoperative sensory distortions. While colectomy is commonly associated with physiological complications, emerging research indicates that psychological factors, particularly anxiety, may influence sensory processing. Addressing these interactions is crucial for improving outcomes in patients with psychiatric comorbidities undergoing surgery.
Objectives:
1. To examine the influence of pre-existing anxiety on the development of sensory distortions, specifically cacosmia, following colectomy.
2. To investigate the relationship between the gut-brain axis and psychological factors, including anxiety, in the context of postoperative recovery.
3. To highlight the gaps in the literature regarding sensory distortions in surgical patients and to propose potential areas for future research.

Methods: Patient: A 66-year-old female with a history of anxiety disorder developed cacosmia two weeks after undergoing colectomy. **Symptoms:** She reported that food smelled like feces despite normal postoperative recovery and the absence of physical abnormalities. **Literature Review: a** search was conducted using databases such as PubMed and Scopus with terms like *cacosmia*, *postoperative sensory distortion*, *anxiety and surgery*, and *gut-brain axis.* Articles exploring the relationship between anxiety and sensory distortions in surgical patients were included.
Results: Gut-Brain Axis: The gut-brain axis is essential in regulating emotions and sensory processing. Disruptions from surgery can affect neurotransmitters, contributing to both anxiety and sensory misinterpretations like cacosmia. **Anxiety's Role:** Anxiety is known to heighten sensory perception. The patient's pre-existing anxiety likely amplified her awareness of sensory stimuli, leading to distorted odor perceptions.
Literature Gap: While the role of anxiety in surgical recovery is recognized, there is a lack of research specifically addressing sensory distortions like cacosmia in the postoperative period.
Conclusions: This case underscores the importance of considering psychological factors, especially anxiety, in postoperative sensory distortions like cacosmia. The interaction between the gut-brain axis and sensory perception in anxious patients highlights the need for a more comprehensive, multidisciplinary approach to postoperative care. Current gaps in the literature suggest a need for future research on how anxiety and sensory processing intersect after surgery. Investigating preoperative interventions such as cognitive-behavioral therapy (CBT) or pharmacotherapy may help mitigate sensory distortions and improve postoperative recovery outcomes in patients with anxiety.

Disclosure of Interest: None Declared

EPV0166

A Case of Emetophobia Responding to Selective Serotonin Reuptake Inhibitors: Implications for Treatment

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Introduction: Emetophobia, an intense and disproportionate fear of vomiting, is a chronic and debilitating condition characterized by the avoidance of situations or activities that may increase the perceived risk of vomiting. It is often accompanied by an overwhelming fear of losing control, becoming severely ill, or being perceived as repulsive by others. Treating emetophobia is particularly challenging, primarily due to the difficulties in implementing exposure-based interventions effectively. Data on the pharmacological management of emetophobia is limited, with only a few case reports in the literature suggesting potential benefits from selective serotonin reuptake inhibitors (SSRIs).
Objectives: With this case report we aim to describe a case of emetophobia treated with an SSRI.
Methods: Description of a clinical case of a patient with emetophobia observed in a psychiatric outpatient consultation.
Results: We present the case of a 21-year-old male with a one-year history of emetophobia. At the time of consultation, he was unemployed, having recently completed a computer engineering degree. He had no relevant past medical history and was not on any regular medication. The patient was referred for psychiatric evaluation after three years of psychotherapeutic treatment for generalized anxiety disorder. His anxiety symptoms worsened one year prior after an episode of vomiting, which triggered a fear of recurrence. This fear led to restrictive eating, resulting in a 10 kg weight loss over the preceding year (current weight: 63 kg), and significant social avoidance due to the fear of vomiting in public. Physical and neurological examinations revealed no abnormalities. Routine blood tests, urinalysis, and urine drug screening showed normal results. Given the limited efficacy of prior psychotherapeutic interventions, pharmacotherapy with escitalopram 10 mg daily was initiated. After one year of follow-up, the patient reported substantial improvement in anxiety symptoms and avoidance behaviors related to his fear of vomiting. He was able to resume normal eating patterns and gained 5 kg during this period.
Conclusions: This case highlights the potential efficacy of SSRIs, specifically escitalopram, in the treatment of emetophobia. After one year, the patient showed significant improvement, with the return of normal eating patterns and weight gain. While exposure-based interventions remain a cornerstone of treatment for specific phobias, pharmacological options like SSRIs can serve as a valuable adjunct, especially in cases with comorbid anxiety disorders. Further research is needed to better understand SSRIs' role in managing emetophobia and refine treatment strategies for this complex condition.

Disclosure of Interest: None Declared

EPV0167

Psychological Resilience in Fibromyalgia: The Impact of Mental Health on Clinical Progression

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Introduction: Fibromyalgia (FM) is a chronic condition characterized by widespread muscle pain,with an unclear etiology. Pain-related behaviors are often closely tied to the individual's mental state. This has made FM a significant area of psychiatric research, highlighting the need to understand the psychological factors that influence disease progression.
Objectives: We aim to explore differences in psychological resilience between FM patients and healthy controls and its relationship with depression,anxiety,and fibromyalgia symptoms. Specifically,we seek to understand how resilience may influence disease development and progression. By examining these factors, the study aims to clarify the underlying causes of fibromyalgia,is closely linked to psychiatric factors and remains poorly understood in terms of etiology.
Methods: The study included FM patients treated at the Department of Physical Medicine and Rehabilitation at Çanakkale 18 Mart University and a control group of healthy volunteers matched for demographic factors. Pain intensity was measured using the Visual Analog Scale(VAS) and functional disability was assessed with the Fibromyalgia Impact Questionnaire(FIQ). Participants completed sociodemographic forms, the Beck Anxiety Inventory(BAI), the Beck Depression Inventory(BDI), and the Psychological Resilience Scale(PRS).
Results: The study involved 40 female patients with FM and 35 healthy controls. No significant differences were found between the two groups in terms of demographic factors. The FM group showed significantly higher scores for BDI,BAI and PRS compared to controls ($p<0.001$ for BDI and BAI; $p =0.04$ for PRS). Correlation analysis revealed significant negative correlations between pain intensity and both PRS total and PRS dedication scores ($r=-0.34$, $p=0.02$; $r =-0.35$, $p =0.02$). Additionally,FIQ scores were negatively correlated with PRS dedication scores($r=-0.37$, $p=0.01$). (Table 1).

Table 1: Psychological Status and Performance Scales (BDI, BAI, PRS, etc.)

Variable	FM (n, %) & mean ± SD	Control (n, %) & mean ± SD	Statistics	p
BDI	20.20 ± 11.54	7.77 ± 6.79	5.58	<0.001
BAI	24.90 ± 13.14	9.0 ± 6.97	6.40	<0.001
PRS Total	54.92 ± 10.67	59.08 ± 10.27	-1.71	0.09
Challenge	21.22 ± 5.82	21.11 ± 5.50	0.08	0.93
Dedication	17.75 ± 5.14	19.54 ± 4.24	-1.63	0.10
Control	16.25 ± 5.01	18.38 ± 3.70	-2.05	**0.04**

BMI: Body Mass Index, BDI: Beck Depression Inventory, BAI: Beck Anxiety Inventory, PRS: Psychological Resilience Scale

Conclusions: This study highlights the complex interplay between psychological resilience,depression,anxiety and pain in FM patients. Psychological resilience was not significantly lower in FM patients compared to healthy individuals,but higher levels of depression and anxiety were inversely related to resilience.These findings underscore the need for treatment approaches that not only address physical symptoms but also aim to enhance psychological resilience in order to improve the overall quality of life in FM patients.

Disclosure of Interest: None Declared

EPV0168

Muscles Flexed, Minds Relaxed: Investigating the association between strength training and anxiety

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Introduction: Strength training approaches have seen a significant increase in popularity in the fitness and wellness industries in recent years. This rise is fueled not only by the desire for physical prowess and muscle development, but also by a growing awareness of its potential impact on mental health. While the traditional focus of research on strength training has primarily been on its physical benefits, there exists a developing enthusiasm within the scientific community to explore deeper into its implications for mental health, particularly with anxiety levels.
Objectives: The purpose of this study is to examine the link between strength training intensity and anxiety levels among active gym-goers in Tunisia.
Methods: This is a cross-sectional study, conducted from February to March 2024. Participants were recruited online through social media platforms (Tunisian facebook groups and fitness forums) using a posted survey link. We've included respondents who are 18 years of age or older who have been active in strength training with a gym membership for 1 month or more. The respondents were required to answer a questionnaire that included socio-demographic questions and to provide strength training intensity related details (sessions frequency, duration, perceived overall intensity using likert scale). Anxiety levels were evaluated using the Generalized Anxiety Disorder 7 (GAD-7) scale.
Results: The overall number of participants was 72, with 86% being male. The majority of responders (n=65, 90.2%) indicated that they performed strength training exercises at least three times per week, with an average session length of 45 minutes. In terms of strength training intensity, 38.8% (n= 28) of participants reported high-intensity sessions, 48.6%(n=35) moderate-intensity sessions, and the remaining participants reported low-intensity sessions.
Analysis showed a mean anxiety score of 6.1 (SD = 3.8) on the GAD-7 scale, indicating absent to mild anxiety symptoms among respondents.
Further analysis revealed a negative association between strength training intensity and anxiety levels ($r = -0.59$, $p = 0.026$), implying that higher intensity sessions were linked with lower anxiety scores.
Conclusions: In conclusion, this study provides insight into the level of anxiety of Tunisian gym-goers who participate in strength training, emphasising the potential of exercise interventions to improve mental health in this society. Moving forward, these findings can help to shape targeted interventions and wellness

efforts, promoting holistic approaches to well-being that prioritise both physical and psychological health.

Disclosure of Interest: None Declared

EPV0171

Anxiety levels among medical students and healthcare workers during Covid-19 pandemic: Bulgaria sample

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Introduction: The Covid-19 pandemic has been an integral part of our lives since late 2019, bringing significant changes to the way we live. These changes have brought with them a wave of pandemic-related psychological distress including fear, anxiety, feelings of threat. The Covid-19 pandemic presented several global challenges to the functioning of the health system in general and to medical personnel in particular. Unfortunately, the discussion on how staff in health facilities deal with pandemic-associated distress has remained in the background.
Objectives: The main aim of our study was to investigate the impact of the COVID-19 pandemic on the mental health of healthcare workers and trainees and specifically on the development of anxiety symptoms. We aimed to track levels of anxiety among physicians, health care professionals, and medical students, and their relationship to various sociodemographic indicators-gender, age, marital status, education and occupation, familial predisposition to anxiety disorders, and previous consultation with a psychologist/psychiatrist.
Methods: The study was led among fifth and sixth year medical students in Sofia university and Trakia university and also doctors and nurses working in hospitals in Sofia and Stara Zagora - MHC "Prof. H. Shipkovensky", University Hospital "N.I Pirogov", University Hospital "Prof. Dr. Stoyan Kirkovich". The study used a questionnaire created by the researchers and the Coronavirus Anxiety Scale by Lee and the Covid-19 anxiety syndrome scale by Nikcevic and Spada.
Results: The mean age of the study participants was 28.21 ±10.11 years ranging from 22 to 68. Majority of the study participants (72.3%) were students followed by doctors with 19.8% and nurses with 5.6%. After statistical analysis of the data, there was a linear relationship between having a close friend or relative who had died or had a serious illness due to Covid-19 infection and having marked anxiety and fear for the health of loved ones. In this group frequent checking for coronavirus symptoms, both in the respondents themselves and by them to their friends and relatives was observed more often. Pre-pandemic visits to a psychologist/psychiatrist for anxiety symptoms appeared to be a predictor of avoidance behaviour in respondents e.g.not using public transport to reduce the risk of infection.
Conclusions: Having a close friend or relative who had a severe infection with Covid-19 and pre-pandemic visits to a mental health professional were predictors of increased pandemic-related anxiety and avoidance behavior among health care professionals and medical students. Due to the high prevalence of this mental health problem among medical students and frontline health workers, it is suggested that healthcare institutions provide mental health services for these working groups in order to appropriately manage anxiety.

Disclosure of Interest: None Declared

EPV0173

Differentiating PNES from Epilepsy- a case report

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Introduction: PNEA- Psychogenic Non-Epileptic seizures resemble epileptic seizures, have no electrophysiological correlate or clinical evidence for epilepsy, whereas there is positive evidence for psychogenic factors that may have caused the seizure. The clinical presentation usually includes convulsive movements, tremor of the whole body, or just some of the parts, loss of awareness, unresponsiveness and sometimes amnesia. (N.M.G. Bodde, J.L. Brooks, G.A. Baker, P.A.J.M. Boon, J.G.M. Hendriksen, O.G. Mulder, A.P. Aldenkamp, Psychogenic non-epileptic seizures—Definition, etiology, treatment and prognostic issues: A critical review, Seizure, Volume 18, Issue 8, 2009, Pages 543-553, ISSN 1059-1311, https://doi.org/10.1016/j.seizure.2009.06.006.). We were called for a psychiatric consultation for a 35 year old female patient who presented to the Emergency service of our hospital with a history of severe headache unresponsive to painkillers, seizures and a panic attack. A few days prior to this visit she was hospitalized in the Department of Neurology of a different hospital under suspicion of hydrocephalus.
Objectives: The objective of our psychiatric consult was to determine whether the clinical presentation of seizures and headache could be caused by underlying psychological disturbances, rather than by somatic symptoms.
Methods: We reviewed the patient history and previous medical findings and treatment. Additionally, the patient underwent a series of diagnostic tests, with the most important one being video EEG monitoring.
Results: On the MINI diagnostic questionnaire, she met the criteria for Mixed anxiety and depressive disorder and Dissociative and conversion disorder. Psychological testing confirmed a tendency to somatization, and development of secondary psychiatric symptoms on top of the existing physical symptoms. Also, continuous EEG recording for the duration of four days detected only functional seizures, and with other non-pathological findings, among others, through MR of the brain and MR angiography, confirmed the working diagnosis of PNEA.
Conclusions: The mutual cooperation between neurology specialists and liaison psychiatrists is vital in cases like this when there is an unclear cause of the symptoms. Accurate determination of the underlying cause of disturbances enables adequate treatment of the patient.

Disclosure of Interest: None Declared

EPV0176

Screening for psychoaffective disorders in night-shift nurses : a cross sectional study

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Introduction: Night shift work disrupts the natural circadian rhythms, leading to significant sleep disturbances that can adversely affect mental health. Nurses working these shifts often report higher levels of stress, anxiety, and depression compared to their day-shift counterparts.
Objectives: This study aims to assess the prevalence of psychoaffective disorders among night-shift nurses.
Methods: Data were collected from a cross sectional study in the university hospitals of Sfax. We used a questionnaire exploring sociodemographic, professional data and pathological history. We evaluated absenteeism based on the number of days absent over the past year. Psychoaffective disorders were screened using the validated Arabic version of the Depression, Anxiety, and Stress Scale: DASS-21.
Results: Our study included 114 nurses, with 65% being female. The mean age was 33.8 ans ± 7 years. Severe to very severe symptoms of depression, anxiety, and stress were found in 14%, 21%, and 18% of our participants, respectively. Among our workers, 58% reported being moderately satisfied at work. During the last 12 months, 68 nurses (59.6%) were absent for an average of 27.21 days ± 72.73 days. Significant associations were found between job satisfaction and severity of depression (p= 0.000), anxiety (p=0.027) and stress (p = 0.000). Absenteeism was significantly associated to depression (p=0.009, r=0.24), anxiety (p=0.014, r=0.23) and stress (p=0.35, r=0.19).
Conclusions: Psychoaffective disorders are common among paramedical staff working shifts in hospitals. It is essential to conduct screening consultations in occupational medicine to identify these disorders early on.

Disclosure of Interest: None Declared

EPV0178

Interwoven Pathologies: The Complex Interplay of Social Anxiety Disorder, Body Dysmorphic Disorder, and Neuropathic Pain Post-Surgical Intervention

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Introduction: Social anxiety disorder (SAD) and body dysmorphic disorder (BDD) share a unique and intricate relationship, often presenting with overlapping yet distinct anxieties about social evaluation. In patients who have undergone repeated surgical interventions, the added dimension of neuropathic pain further complicates the clinical picture, as seen in this 48-year-old male. His preoccupation with his perceived nasal and upper lip deformities, coupled with neuropathic pain from multiple reconstructive surgeries, underscored a profound interplay of psychological and somatic symptoms, warranting a multidimensional therapeutic approach.
Objectives: To elucidate the diagnostic overlap between SAD and BDD in a patient with neuropathic pain post-surgery, to explore the off-label use of pregabalin in addressing both anxiety and neuropathic pain symptoms, and to highlight the subtle clinical distinctions between social phobia related to perceived physical flaws (BDD) versus the broader fear of negative evaluation in social contexts (SAD).
Methods: The patient's history includes five reconstructive surgeries to correct perceived nasal and upper lip deformities, which resulted in significant spastic neuropathic pain. This pain was exacerbated by the patient's intense anxiety regarding his physical appearance, manifesting as avoidance behaviors, fear of negative social evaluation, and repetitive self-evaluative behaviors typical of BDD. Initial treatment involved clonazepam and mirtazapine combined with psychotherapy. Despite partial relief of anxiety symptoms, neuropathic pain persisted, exacerbating his body image concerns. Pregabalin was introduced under the assumption that neuropathic pain was worsening his BDD-related distress and social anxiety symptoms.
Results: Following the introduction of pregabalin, the patient demonstrated marked clinical improvements. The dual efficacy of pregabalin, particularly in its off-label role for social anxiety, contributed to a reduction in the fear of social situations, previously fueled by BDD-related preoccupations. The remission of neuropathic pain, in conjunction with improved social functioning, underscores the utility of pregabalin in addressing the complex somatopsychic interactions in patients with comorbid psychiatric and neuropathic conditions.
Conclusions: This case highlights the intricate diagnostic and therapeutic complexities in managing co-occurring social anxiety and body dysmorphic disorder, where psychosomatic pain further distorts the clinical picture. The addition of pregabalin, despite its off-label status for SAD, proved to be a pivotal intervention, addressing both the patient's physical and psychological distress, incorporating psychopharmacology, pain management, and psychosocial interventions to effectively restore function and quality of life.

Disclosure of Interest: None Declared

EPV0179

The study to identify the psychological factors that influence anxiety in mine workers

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Introduction: If stress, insomnia, anxiety, and depression persist for a long time and occur more than normal, it can become a serious illness. Based on the data from 263 mountain work reports

submitted to the Department of Mining, Production, and Technology and the Coal Research Department of the Mineral Oil Department in 2018, a human resource survey of the industry was conducted. There are 56,635 registered workers in the mining sector, 96% of whom are Mongolian and 4% are foreign experts. 90% of all employees working in the mining industry are men, and 10% are women. In our country, there is a lack of research on the psychological health of mine workers and the factors affecting it, so this study is the reason for conducting this research.
Objectives: To identify the anxiety of mine workers and to study some correlations and effects.
Methods: The survey was conducted from March 26, 2024, to April 5, 2024, by the employees of "TiTiGiViSiOu LLC," located in Tsogtsetsii Sum, Umnugobi Province, according to GAD7, SRQ20, issued by WHO for doctors of primary health care institutions. Survey data were collected from mining workers using the PHQ9, 18 sleep disturbance questionnaires, and 10 general information questionnaires. IBM SPSS-26 software was used to analyze the research.
Results: 66.0% of the study participants had no anxiety, 23.3% had mild anxiety, 6.8% had moderate anxiety, and 3.9% had severe anxiety. Also, 70.9% work in the night shift, while 24.3% do not work in the night shift. However, 4.8% answered that they sometimes work the night shift. The majority of night shift workers are male workers. 66.0% of the respondents had no anxiety, 23.3% had mild anxiety, 6.8% had moderate anxiety, and 3.9% had severe anxiety. Anxiety has a strong direct correlation with stress (r = 0.7**, p = 0.00), depression (r = 0.87**, p = 0.00), and sleep disturbance (r = 0.58**, p = 0.00). degree was directly related. In univariate regression analysis, a one-point increase in stress score was associated with a 71% increase in anxiety. The depression score increased by 80% per unit increase, and the sleep disturbance score increased by 87% per unit increase. Multivariate linear regression analysis revealed that anxiety increased by 18.6% when the stress score increased by one and depression increased by 66.2% when the depression score increased by one.
Conclusions: Anxiety is strongly associated with stress, depression and sleep disturbances. An increase in stress, depression, and sleep disturbance scores leads to an increase in anxiety. Multivariate linear regression analysis reveals these relationships.

Disclosure of Interest: None Declared

EPV0182

The Effect Of Pet Therapy On Anxiety In Anxiety Disorders: A Systematic Review

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Introduction: Observation of the potential benefits of human-animal interaction is evident. Pet therapy is used to treat anxiety as it significantly reduces self-reported anxiety in many age groups. Most studies of pet therapy involve dogs, but cats and horses have also been studied. Pet therapy is becoming increasingly popular and is used in a variety of diverse ways, from promoting communication in older adults to improving the wellbeing of those with serious mental illness. Studies have also found mental health inpatients with mood and psychotic disorders to display significant reductions in anxiety on the State-Trait Anxiety Inventory.
Objectives: This study aims to measure the effect of pet therapy (especially therapy with pets such as dogs or cats) in individuals with anxiety disorders. It is aimed to examine how pet therapy affects anxiety levels, whether it reduces anxiety symptoms and its contribution to overall quality of life.
Methods: The study will be conducted between November 2024 and January 2025 in 3 databases (PubMed, Cochrane Library, Science Direct) using the keywords "anxiety disorders", "anxiety", "pet therapy". These databases were preferred because they contain a significant amount of evidence-based literature in biomedical sciences and psychology. Studies conducted between 2015 and 2024, whose full texts were accessed and written in Turkish and English were included in the study.
Results: There are 20 national and international research articles on the subject and the literature review is ongoing. When the literature review is completed, all study results will be presented together.
Conclusions: This study provides an overview of the positive effects of pet therapy in reducing anxiety symptoms and improving quality of life in individuals with anxiety disorders. In the studies reviewed, it was found that therapy with pets, especially dogs and cats, led to significant reductions in anxiety levels and improved individuals' overall mental health. Many of the participants felt calmer, less stressed and had higher levels of satisfaction with the therapy. The findings suggest that pet therapy not only reduces anxiety levels, but also increases social communication, reduces feelings of loneliness and improves functioning in daily life. Pet therapies can be considered as a complementary method for anxiety reduction.

Disclosure of Interest: None Declared

EPV0184

Insomnia in the third trimester and its association with postpartum anxiety

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Introduction: Postnatal anxiety (PNA) in recent years, has become increasingly recognized as an important issue, as it affects a substantial number of women. Data from non-perinatal populations indicate that insomnia has a bidirectional association with anxiety.
Objectives: Here we aimed to explore the association between insomnia in third trimester and PNA.
Methods: We analyzed data from the hospital's birth records and questionnaire responses from pregnancy week 32 and postnatal week 4 (n=225). Postnatal anxiety symptoms were measured using the Beck Anxiety Inventory (BAI). Anxiety disorder measurements were based on questions from the Mini-International Neuropsychiatric Interview. Insomnia was measured using the Insomnia Severity Index.
Results: Among postnatal women, 8.7 % reported symptoms of at least one anxiety disorder. The observed prevalence of obsessive-compulsive disorder after delivery was 3.7%, and for social anxiety disorder 2%. Multiple regression analysis, with adjustment for several psychosocial and reproductive variables, indicated that insomnia in third trimester was significantly associated with postpartum anxiety symptoms.

Conclusions: Our results suggest that anxiety disorders are prevalent in postnatal period. Healthcare professionals should be aware that women with insomnia in third trimester may have an increased risk of postnatal anxiety disorders.

Disclosure of Interest: None Declared

EPV0185

Diagnosis and therapeutic challenges in the exploration of cyberchondria

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Introduction: Cyberchondria is usually defined by health-related worries and repeated searches on the Internet for data on health conditions, although this behavior is associated with significant discomfort, distress, or anxiety. However, no consensus on a definition exists, and the nosography of this disorder is still uncertain, as it is not recognized by any of the currently available classifications of mental disorders. Still, cyberchondria has been associated with a negative impact on the quality of life and comorbid anxiety-depressive clinical manifestations (Ambrosini et al. *Heliyon* 2022;8 (5) e09437), thus highlighting the need for early detection and treatment of this disorder.
Objectives: This review aimed to assess the data supporting the diagnosis and therapeutic management of cyberchondria and to identify areas for further research in this field.
Methods: The review included three databases (Google Scholar, PubMed, and EMBASE), explored from their inception to June 2024, for papers published in English using the keywords "cyberchondria," and "diagnosis," "clinical scales," or "treatment."
Results: According to data extracted from 34 primary and secondary sources, health anxiety (HA) was positively correlated with seeking online information about health and with cyberchondria. Studies exploring the overlap between HA and cyberchondria have found the two conditions were distinct on multiple measures, including functional impairment and healthcare resources use. The construct of cyberchondria has several dimensions, such as "compulsion," "distress," "excessiveness," "reassurance," "mistrust," "illness-related Internet use," and "metacognitive beliefs," which are explored by specific structured methods. Two questionnaires have been created for this purpose, i.e., the Cyberchondria Severity Scale (CSS) (McElroy & Shevlin *J Anxiety Disord* 2014;28(2) 259-65) and the Online Health-related Beliefs and Behaviours Inventory (Singh & Brown *Anx Stress Coping* 2014;27(5) 542-54). Prevention should target Internet users' expectations (avoiding self-diagnosis, verifying data on the Internet with a health specialist, and searching for low-quality information on unofficial sites). Group cognitive-behavior therapy delivered by the Internet was associated with favorable results, based on the CSS scores, but there is a need for further, larger group studies to confirm these observations.
Conclusions: Cyberchondria still needs extensive explorations to be defined as a nosographic stable condition, although dimensions of this concept have begun to be explored in a systematic manner, and studies investigating psychotherapeutic approaches for this disorder have been initiated. Due to the continually increasing access of the general population to medical data online, the exploration of HA and cyberchondria is expected to attract more interest from mental health specialists in the near future.

Disclosure of Interest: None Declared

EPV0186

Psychotherapeutic approaches to illness anxiety disorder

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Introduction: Hypochondriasis was included in DSM-III up to DSM-IV TR in the category of „somatoform disorders," and ICD-10 concurred with this classification. However, in the last editions of the DSM (i.e., 5 and 5TR), this entity has been transformed into „illness anxiety disorder" (IAD) based on its main clinical feature- the fear of having or contracting a serious disease, although no medical evidence to support such an assumption exists. ICD-11 preserves the term „hypochondriasis" but places it between „obsessive-compulsive or related disorders." Approaching patients with hypochondria or IAD is reputedly difficult due to the difficulty of maintaining a therapeutic relationship, the sensitivity of these patients to medical data that deny their assumptions of being somatically ill, and their tendency to continuously search the information that validates their belief about their own health.
Objectives: To conduct a literature search to assess the efficacy of psychotherapeutic interventions for patients with IAD.
Methods: This review included three databases (Google Scholar, PubMed, and Web of Science/Clarivate) that were searched from their inception until June 2024 for papers published in English corresponding to the keywords "hypochondriasis," or illness anxiety disorder," and "psychotherapy*."
Results: Cognitive-behavioral therapy (CBT) was used successfully in case reports of IAD when integrated into case management. In a clinical trial, CBT plus fluoxetine led to better results than either intervention alone after 24 weeks. Systematic reviews and meta-analyses showed CBT, cognitive therapy, behavioral therapy and behavioral stress management may significantly reduce hypochondriacal symptoms versus waiting list. The therapeutic approach for IAD was focused on restructuring the catastrophic anticipations, exposure to feared stimuli, and learning relaxation techniques, replacing avoidance and reassurance-seeking with adaptive coping skills and problem-solving techniques. Mindfulness-oriented therapy, group therapies, and acceptance and commitment therapies have also been explored in this population, but the level of quality is low.
Conclusions: CBT remains the only psychotherapy that proved efficacious for patients with IAD, but most of the data retrieved is derived from case reports and small trials. Changes in the terminology

and conceptualization of hypochondriasis/IAD may negatively interfere with the possibility of selecting homogenous groups for clinical studies.

Disclosure of Interest: None Declared

EPP006

Emotional awareness and expression therapy vs cognitive behavioural therapy in patients with chronic pain: Systematic review and Meta Analysis

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Introduction: Emotional awareness and expression therapy (EAET) is a newer approach that focuses on identifying and expressing repressed emotions.While cognitive behavioural therapy (CBT) has ample evidence supporting its efficacy, the benefits provided by EAET are still unknown.
Objectives: We aimed to compare the efficacy of EAET versus CBT in treating chronic pain and stress-related conditions.
Methods: We systematically searched PubMed, Embase, Cochrane and Web of Science databases for randomized controlled trials (RCTs) comparing EAET with CBT in patients with chronic pain. Statistical analysis was performed using Review Manager 8.1.1 (Cochrane Collaboration). Heterogeneity was assessed by I^2. We pooled mean differences (MD) with 95% confidence intervals (CI) . Reduction in pain severity was assessed using brief pain inventory (BPI), anxiety by PROMIS anxiety short form 7a ,sleep disturbances by PROMIS sleep disturbances short form 8a and satisfaction with life by NIH toolbox general life satisfaction fixed form B.
Results: Three RCTs reporting data on 333 patients were included. Among them, 173 (52%) received EAET and 160 (48%) received CBT. Follow-up ranged from 3 to 6 months. The mean age of patients between studies ranged from 48 to 75 years. EAET significantly reduced pain severity (MD -0.93 points; 95% CI -1.63 to -0.23 ; p=0.009; I^2 = 81%) compared with CBT. There were no differences in anxiety (MD -1.62 points; 95% CI -4.30 to 1.05 ; p=0.23; I^2 = 91%), Sleep disturbance (MD -0.21 points; 95% CI -0.55 to 0.12; p=0.22; I^2 = 55%) and satisfaction with life (MD 0.71 points; 95% CI -0.24 to 1.65 ; p=0.14; I^2=94%).
Conclusions: In patients with chronic pain, EAET was associated with a greater reduction in pain severity compared with CBT.

Disclosure of Interest: None Declared

Bipolar Disorders

EPV0188

Assessment of suicide risk in stabilized bipolar patients

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Introduction: Suicide risk is a significant concern in bipolar disorder, with a notably higher rate of suicidal behaviors compared to the general population. Stabilized bipolar patients, while in remission, remain at risk due to the chronic nature of the illness and its associated mood dysregulation.
Objectives: This study aims to evaluate the prevalence and characteristics of suicide risk in a sample of stabilized bipolar patients.
Methods: We approached 107 stabilized bipolar patients attending the psychiatry outpatient unit at the Hedi Chaker University Hospital in Sfax. Ninety-three patients agreed to participate in the study. We collected their sociodemographic and clinical data. Suicide risk was assessed using the Mini International Neuropsychiatric Interview (MINI).
Results: The mean age of the participants was 41.49±12.33 years, with a predominance of males (72%). Among the patients, 58.1% were married, 47.3% were unemployed, and 44.1% reported low income. Medical comorbidities were reported by 35.5% of patients, while 11.8% had psychiatric comorbidities in addition to bipolar disorder.
Lifestyle factors revealed that 49.5% of the participants were smokers, 11.8% consumed alcohol, and 2.2% used cannabis.
Most of the patients were diagnosed with type I BD (74.2%), and 18 patients (19.4%) had a history of attempted suicide.
At the time of the study, 19.4% of the patients were assessed as being at risk of suicide with 17.2% presenting low risk and 2.2% exhibiting moderate risk.
Conclusions: This study reveals that a significant portion of stabilized bipolar patients remain at risk for suicide, with nearly one in five participants showing some level of suicide risk despite their clinical stabilization. While most were categorized as low risk, the findings underscore the necessity for continuous suicide risk assessments and preventive strategies, even during periods of mood stability.

Disclosure of Interest: None Declared

EPV0190

Early detection of pediatric bipolar disorders: a systematic review and meta-analysis

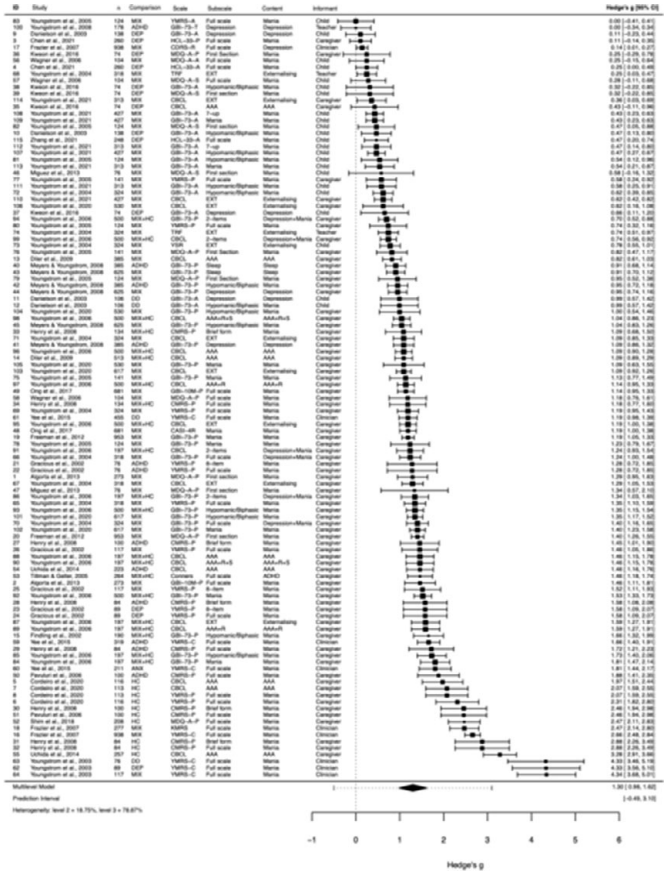
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Introduction: Bipolar disorders (BD) are among the most impairing of pediatric psychiatric disorders. Even though BD symptoms may begin in adolescence, they are frequently not diagnosed until adulthood. BD screening tests could aid diagnostic assessment in paediatric populations and are supported by The International Society for Paediatric Bipolar Disorders Task Force and empirical evidence.

Objectives: This review synthesizes the evidence on the accuracy of BD symptom screening tests in distinguishing bipolar disorders from other psychiatric conditions or healthy cases in pediatric populations. Additionally, it examines a wide range of potential moderators that may influence diagnostic accuracy.
Methods: A systematic search was conducted across three databases (1980–2022), supplemented by searches of grey literature, citation chaining, and author contact. Data from relevant studies were combined using meta-analysis. A multilevel model was used to account for nested effect sizes, with 31 potential moderators tested in both univariate and multivariate models.
Results: 2,281 records were identified; 1712 titles-and-abstracts records were screened; 114 records were full-text screened; and 28 studies were included. The meta-analysis was based on all s=28 studies, 40 independent samples, k=115 effect sizes, and n=11,464 participants. Meta-analytic results showed that BD symptom index tests have high diagnostic accuracy in pediatric populations (g = 1.300; 95% CI: 0.982 - 1.619; p < .001) (see Fig. 1). Accuracy varied based on the comparison group, test content, test informant, and the specific scale or subscale used.

Image:



Conclusions: Screening tests focusing on mania-related symptoms, caregiver reports, and psychiatric comparison groups demonstrate clinical value in identifying pediatric BD. Also, other informants and symptom content combinations may not reliably identify pediatric BD. Importantly, tests derived from studies using psychiatric comparison groups, represent BD symptom non-specificity and BD symptom overlap with other disorders (eg. ADHD and depression), providing external validity and clinical utility. Screening tests with high accuracy and clinically useful are the GBI-73-P, MDQ-A-P and the YMRS-P.

Disclosure of Interest: None Declared

EPV0191

First Manic Episode After a Loss Experience: A Case of Funeral Mania

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Introduction: There is a paucity of research on the relationship between bereavement and the onset of bipolar disorder, especially in connection with manic episodes. While some case reports delivered preliminary data, they are insufficient to determine whether the stress response to a loss triggers the first signs of the disorder, or if manic symptoms arise in individuals with pre-existing mood instabilities. Overall, the predictors and prodromal characteristics for the development of a manic episode following a loss remain unclear. Moreover, there are no follow-up case studies to evaluate the long-term outcomes of these patients after the first manic episode.
Objectives: In this presentation, we will discuss the case of a woman who experienced her first manic episode immediately after the death of her son and present the one-year follow-up process to provide some experience in the psychopharmacological and psychotherapeutic treatment of these patients.
Methods: Here we will present a case from a psychiatric-psychotherapeutic hospital in Lower Saxony, Germany, in a comprehensive way.
Results: A 43-year-old woman was referred to the psychiatric department three weeks after the sudden death of her 15-year-old son due to an undiscovered congenital heart defect. She presented with chest pain, anxiety, sleep disorders, and referential psychotic thoughts. In the intensive psychiatric ward, she exhibited mood swings, sexual disinhibition, agitation, and aggressive behaviors towards staff. She engaged in excessive spending and refused to take her medications, Risperidone and Quetiapine. Her history included one depressive episode, successfully treated with psychotherapy and medication, but no previous manic episodes. Additionally, one brother had committed suicide, and another brother and her father had died from congenital heart conditions. We applied an intensive dynamic, systemic approach involving her family members to create a supportive environment for processing grief while managing her manic symptoms. After insisting on discharge after one month, she stopped her medication, leading to another intensive ward treatment due to aggression. During this phase, we resumed the same medications and intensive psychotherapy, resulting in stabilization. She later entered a psychosomatic treatment program, where she discontinued her antipsychotic medication and focused on her grief. Six months after this treatment, just before the anniversary of her son's death, she fell into a deep depression with suicidal thoughts and was referred to an open ward, where she was successfully treated with lithium and supportive psychotherapy. All somatic examinations and brain MRI scans were normal.

Conclusions: Bereavement can manifest in various ways, and in a small number of patients, it can trigger the first manic episode of bipolar disorder. Further detailed follow-up research is needed to optimize the diagnostic and treatment processes for these patients.

Disclosure of Interest: None Declared

EPV0192

Real-World Trends in Benzodiazepine Prescribing for Maintenance Treatment of Bipolar Disorders

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Introduction: Bipolar disorders (BD) are highly recurrent, necessitating effective long-term treatment to prevent negative outcomes. Current guidelines recommend maintenance treatment with mood stabilizers (MS) and/or antipsychotics (AP), emphasizing monotherapy after successful acute treatment. Despite limited evidence supporting polypharmacy, real-world prescribing often involves the use of multiple psychotropic drugs when monotherapy fails to adequately manage symptoms. The use of benzodiazepines (BDZ) in BD remains controversial due to potential for misuse and the exacerbation of existing substance use disorders, which are common in this population. Moreover, BDZ use may be linked to an increased risk of mood episode recurrence and could indicate a more severe course of BD.
Objectives: To examine real-world prescribing patterns in BD outpatients, with a specific focus on BDZ use.
Methods: This cross-sectional study included BD outpatients treated at the outpatient department and day hospital at the Institute of mental health in Belgrade during a one-month index period (November 2021). Besides the diagnosis, inclusion criteria were: age 18-65 years, regularly managed medical record established at least three months prior, and a consistent prescription pattern for at least one month. Basic socio-demographic and clinical data, along with information on regularly prescribed medications (MS, AP, antidepressants (AD) and BDZ), were extracted from medical records.
Results: Data from 107 clinically stable BD outpatients (75.7% female, age 44.8±11.7 years) were analyzed. Monotherapy was prescribed to 8.4% of patients, with six receiving only MS and three only AP. The majority (91.6%) were prescribed multiple psychotropic medications, predominantly the combination of MS (87.9%) and AP (80.4%). AD, mainly SSRI, were prescribed to 50.5% of the sample. Additionally, 54.2% were prescribed BDZ daily as part of their maintenance therapy, with a mean daily dose of 3.4 mg lorazepam equivalents (SD=2.5, range 0.5-12.0 mg). Patients prescribed with BDZ, compared to the those without, were significantly older (p=0.002, r=0.300), had a longer psychiatric history (p=0.042, r=0.197), and were less likely to have a comorbid personality disorder (p=0.021, Cramer's V=0.223).
Conclusions: This study illustrates prescribing practices in a university psychiatric clinic in the Western Balkans, an underresearched region. Our findings, similar to those from other regions, indicate that real-world prescribing for BD maintenance often deviates from guidelines, with most patients receiveing polypharmacy, including BDZ in over half of the cases. These results underscore the need for further research into the role of GABAergic mechanisms in the pathophysiology of BD and for randomized studies to assess the efficacy and safety of adjunctive BDZ use in BD management.

Disclosure of Interest: None Declared

EPV0193

Automated Speech Analysis in Bipolar Disorder: The CALIBER Study

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Introduction: Background: Bipolar disorder (BD) is marked by dramatic mood and energy shifts, often mirrored in speech. Traditional diagnosis and monitoring largely rely on subjective clinical assessments. However, advancements in natural language processing (NLP) present an opportunity for more objective speech pattern analysis.
Objectives: Aims: This study aims to (i) identify correlations between speech features and BD symptom severity, (ii) create predictive models for diagnostic and treatment outcomes, and (iii) pinpoint significant speech features and optimal tasks for analysis.
Methods: The CALIBER study is a longitudinal, observational project collecting audio from BD patients during euthymia, acute manic or depressive episodes, and recovery phases. Patients engaged in clinical interviews, cognitive assessments, standard readings, and storytelling (**Figure 1**). Automatic diarization and transcription enabled the extraction of speech features, including acoustic properties, linguistic content, formality, and emotionality. Analyses include (i) correlation of speech features with clinical scales, (ii) predictive modeling using lasso logistic regression, and (iii) feature importance identification.
Results: Preliminary data from 76 patients (24 manic, 21 depressed, 31 euthymic) were analyzed. The cohort had a mean age of 46.0 ± 14.4 years, 63.2% female. Mean YMRS scores dropped from 22.9 ± 7.1 to 5.3 ± 5.3 post-mania, and HDRS-17 scores in depressed patients fell from 17.1 ± 4.4 to 3.3 ± 2.8 post-recovery. Euthymic patients showed lower baseline scores.
Conclusions: Automated speech analysis in BD can provide objective biomarkers for diagnosis and monitoring, highlighting subtle pre-relapse changes and informing treatment strategies. Establishing standardized protocols is vital for developing a global speech database to support collaborative research and enhance BD management.

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EPV0194

Psychological outcomes of patients with bipolar disorder during the perinatal period

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Introduction: Women with bipolar disorder (BD) face a high risk of adverse mental health outcomes during the perinatal period, including a high prevalence of affective episodes and postpartum psychosis. The challenge of management BD in this period includes balancing maternal stability while securing fetal safety, given the teratogenic risks of mood-stabilizing medications.
Objectives: To evaluate the course of BD during the perinatal period, assess the impact of risk factors, and examine the effectiveness of therapeutic interventions.
Methods: This prospective cohort study included 23 patients with various sociodemographic characteristics, diagnosed with BD (ICD-10 criteria). They were monitored over the course of 6 months utilizing EPDS (Edinburgh Postnatal Depression Scale), and the Young Mania Rating Scale at baseline, 3 – months and 6-months follow up, in addition to a clinically guided interview, non-standardized sociodemographic and risk factors questionnaire. The patients were treated with a combined approach in a specialized unit for mothers, including individual and group therapy, along with pharmacological treatment. Nearly all patients were switched to atypical antipsychotics with stabilizing effects while valproate was excluded due to teratogenic risks.
Results: The cohort comprised mostly of women over 30 (69.6%, $p = 0.006$), married (78.3%, $p = 0.000$), with stable socioeconomic status (69.6%, $p = 0.008$). Combined treatment (inpatient and outpatient) was predominant (82.6%, $p = 0.000$), with antipsychotics either alone (21.7%) or in combination with other medications as the most common treatment (91.3%, $p = 0.000$). All participants reported risk factors, including history of affective episodes (95.6%), traumatic events, intimate-partner violence (34.8%), substance abuse (26.1%), and unplanned pregnancy (21.7%).The EPDS scores showed a low likelihood of depression at baseline, 3, and 6 months (56.5%, 69.6%, 69.6%; $p < 0.05$), with mean scores decreasing from baseline to three months and slightly increasing at six months ($p = 0.81$). The YMRS scale indicated a significant reduction in mania from baseline to six months ($p = 0.038$). There was no significant correlation between risk factors and postnatal depression ($p > 0.05$).
Conclusions: The study confirms that BD women are at high risk for affective destabilization during the perinatal period. While continuous treatment mitigates severe mood deterioration, BD women remain vulnerable, necessitating long-term monitoring. One or more risk factors were registered in all of the participants. Although no direct significant correlation was observed in this study, existing literature suggests that risk factors such as unplanned pregnancy, abrupt medication changes, and intimate-partner violence are associated with adverse outcomes in BD women during the perinatal period. Understanding and managing these risks is essential for comprehensive BD care.

Disclosure of Interest: None Declared

EPV0197

Bipolar Disorder and Fitness for Work: A Study of 17 Cases

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Introduction: The impact of bipolar disorder on occupational health and work ability has garnered increasing attention, as it significantly influences individuals' professional functioning
Objectives: To examine the socio-professional characteristics of workers diagnosed with bipolar disorder and evaluate their fitness for work.
Methods: Retrospective descriptive study of patients with psychiatric disorders seeking medical assessments at the occupational pathology department between January 2011 and January 2024.
Results: A total of 17 patients with bipolar disorder were included, with a mean age of 36.3±8.6 years and a sex ratio of 0.42. The average professional seniority was 10.8±7.7 years. In terms of marital status, 37.5% were married, and 62.5% were single. Regarding educational level, 37.5% had completed secondary education, while 58.8% had a higher education degree, and 50% reported a family history of psychiatric disorders. Concerning lifestyle habits, 37.5% of patients were smokers, and 6.3% consumed alcohol. The most common sectors of activity were telecommunications (31.3%), transportation (18.8%), healthcare (18.8%), and cleaning and maintenance (12.5%). Workplace exposures included solvents (12.5%), noise (43.8%), imposed work pace (35.3%), lack of autonomy (35.3%), and conflicts with hierarchical superiors (62.5%). Work schedules varied, with night shifts (43.8%), alternating shifts (24.9%), and fixed hours (31.3%). Reported challenges included irritability (94.1%), sadness (93.8%), sleep disturbances (81.3%), appetite changes (43.8%), concentration difficulties (31.3%), and suicidal thoughts (25%). The disorder impacted work performance in 66.7% of cases, and 53% of patients required sick leave with an average duration of 7.4 months; 75% reported improvement under treatment. Medical assessments for work ability found that 18.8% were fit for work, 12.5% were permanently unfit, and 6.3% were temporarily unfit, while 56.3% required workplace adjustments, including avoidance of answering phone calls (12.7%), fixed work hours (23.5%), exclusion from night shifts (11.8%), and avoidance of public contact (17.6%); 6.3% underwent job reassignment.
Conclusions: Bipolar disorder has a substantial impact on work ability, highlighting the need for customized interventions and job accommodations to ensure that workers can maintain their roles and productivity.

Disclosure of Interest: None Declared

EPV0198

Real clinical experience of inhaled esketamine in bipolar depression. A retrospective study

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Introduction: Bipolar depression is a severe type of depression that poses a clinical challenge when treating it, as it can often be resistant to treatment and there is also the possibility that when treated with antidepressants the patient may switch to a manic episode. In addition, there are few medications indicated for the depressive phase of bipolar depression, which reduces the therapeutic possibilities and makes the treatment of these patients even more complicated. Bipolar depression is associated with high rates of dysfunctionality and suicide, being a serious condition that can cause severe damage to the patient. Treatment with inhaled esketamine has been shown to be safe and effective in patients with bipolar depression.
The present study shows the response in a series of cases with bipolar depression treated with inhaled esketamine, showing their evolution through the Montgomery-Asberg Depression Rating Scale (MADRS) as main outcome.
Objectives: The main objective of this study is to describe the use of inhaled esketamine in patients with bipolar depression in real clinical practice, using the MADRS as main outcome to show the evolution.
Methods: Retrospective descriptive study with a sample selected by non-probabilistic consecutive sampling, retrospective type, in a time interval of 2 years. The patients selected were those who completed treatment with inhaled esketamine and had a diagnosis of bipolar depression at Hospital Universitario Infanta Elena. A descriptive analysis was performed. Mean and standard deviation were calculated for quantitative variables and N and percentage for categorical variables.
Results: A total of 3 patients diagnosed with bipolar depression were included in the study (n: 3). Treatment with intranasal esketamine showed a clear improvement in the 3 patients with bipolar depression included in the study (100% response), greatly improving the MADRS score and restoring functionality to the patients. In addition, the treatment was well tolerated and no serious adverse effects occurred, with no switch to mania occurring in any of the patients.
Conclusions: This study shows that inhaled esktemina may be a useful drug in the treatment of bipolar depression, showing high efficacy and good tolerability. No switch to mania was observed in any of the patients in this study. Longitudinal studies must be carried out to confirm this hypothesis.

Disclosure of Interest: None Declared

EPV0201

The connection between alexithymia and attachment style in the bipolar pathology

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Introduction: Difficulties in identifying and expressing one's emotions, known as alexithymia, may influence the development of bipolar disorder. Attachment style reflects how a person forms and maintains interpersonal relationships
Objectives: The aim of the study is to analyze the connection between alexithymia, attachment style and the clinical evolution of bipolar disorder.
Methods: The study was conducted on a sample of 31 subjects diagnosed with bipolar affective disorder, with a longitudinal evolution of at least 10 years. Sociodemographic parameters, alexithymia (Toronto Alexithymia Scale), and attachment style (Adult Attachment Scale) were evaluated. Data were collected and analyzed to identify potential correlations between levels of alexithymia and attachment styles, as well as their impact on the number of illness episodes.
Results: There is no correlation between alexithymia and attachment style ($r = -0.044$, $p > 0.05$). A strong and significant correlation was observed between the level of alexithymia and the number of bipolar episodes ($r= 0.907$, $p < 0.05$). Attachment style did not have a significant influence on the course of illness. The educational level correlated inversely with alexithymia, but without being statistically significant ($r=- 0.344$, $p > 0.05$).
Conclusions: Alexithymia has an important role in the evolution of bipolar disorder, as it appears to be associated with an increased frequency in the number of illness episodes. The development of psychotherapy interventions to reduce alexithymia are essential to ensure a satisfactory quality of life for patients.

Disclosure of Interest: None Declared

EPV0202

Antidepressant use in bipolar disorder, a case report

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Introduction: Pediatric bipolar disorder is a severe and disabling condition that affects around 1–3% of youth worldwide. The typical clinical course consists of alternating episodes of depressed or elevated mood, with intervals of well-being. Studies have shown that the onset of bipolar disorder is frequently of depressive polarity, and the long-term affective morbidity is primarily depressive, even in patients who have received treatment. This indicates that

achieving an adequate response to these mood states remains a challenge.
Objectives: In relation to a case of a patient with pediatric bipolar disorder who received treatment with SSRIs in the CABS program, we reviewed the existing literature regarding the efficacy, safety, and tolerability of antidepressant medications in the pediatric population with bipolar disorder.
Methods: We conducted a literature review of studies published in the past five years. We searched PubMed using the keywords "antidepressant," "pediatric bipolar depression," and "bipolar disorder." We discuss the case of a 17-year-old patient undergoing treatment in the CABS program with a diagnosis of bipolar I disorder.
Results: Studies have found that antidepressants are generally safe and well-tolerated. However, in bipolar disorders, antidepressants should be used in combination with mood stabilizers to reduce the risk of manic or hypomanic switching, especially in bipolar I disorder. The combination of olanzapine and fluoxetine has been found to be effective and has been approved by the FDA for both adults and adolescents with bipolar depression. SSRIs have shown effectiveness for pediatric bipolar depression in some studies, although the level of evidence is low. They are mainly used in cases of bipolar depression with comorbid anxiety. Bupropion is used off-label for ADHD in both pediatric and adult populations and is often prescribed for depression associated with bipolar disorder in adults. It is considered to have a lower risk of manic or hypomanic switch. Evidence for the use of ketamine in bipolar depression in adults remains unclear, particularly regarding long-term effects.
We present the case of a 17-year-old male with a diagnosis of bipolar I disorder who is undergoing treatment in the CABS program. He has a history of two hospitalizations and is currently being treated with aripiprazole. Escitalopram was added after he reported anxiety symptoms that aripiprazole was not addressing, resulting in a favorable response with no reported side effects.
Conclusions: Antidepressants may play a role in some cases of pediatric bipolar depression, especially when anxiety symptoms are also present and do not respond to psychotherapeutic approaches. It is important to balance the risks and benefits of using antidepressants in this population. Close monitoring is recommended to assess response and possible side effects. Further research regarding the treatment of pediatric bipolar depression is needed.

Disclosure of Interest: None Declared

EPV0203

Exploring the relationship between seasonal changes and bipolar disorder relapses

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Introduction: Bipolar disorder (BD) is a mental health disorder characterized by episodes of mania or hypomania alternating with depression, and it is known that seasonal changes can have an impact on the risk of relapse. Circadian rhythm - which works as an internal biological clock that regulates sleep-wake cycles, hormone production and mood stability -, plays a crucial role in the course of the disease, and it is likely that it influences relapse during seasonal changes, through mechanisms not entirely understood.
Objectives: Review the relationship between seasonal changes and bipolar disorder relapse, focusing on circadian rhythm disruption, including possible pathophysiological pathways and treatment options.
Methods: Narrative review of articles published on Pubmed's database using the following keywords and their combinations: *bipolar disorder*, *circadian rhythms*, *seasonal* and *sleep disturbances*, screening for relevance.
Results: Several studies show us that manic episodes are associated with transition into spring and summer and depressive ones with transition into autumn and winter. Seasonal changes result in alterations in daylight exposure, which in turn, through the cardinal role of the suprachiasmatic nuclei in the hypothalamus, lead to disruptions in sleep-wake cycles, impacting melatonin and cortisol levels, which can contribute to mood instability. These hormones are also subjected to changes by other shifts in biological rhythms such as body temperature regulation, that come with seasonal transitions. On the other hand, light exposure also influences neurotransmission, particularly of serotonin and dopamine, with consequences on energy, mood and reward processing and arousal. There might also be a role for genetic polymorphisms like CLOCK, BMAL1 and PER, that influence sleep patterns and hormonal regulation, and therefore can predispose some people to mood disorders. Furthermore, there are important social factors related to seasonal changes, such as increases or decreases in social activities, that can impact mood. Therapeutic approaches that target circadian rhythm, such as light therapy and chronotherapy (including options like sleep deprivation and phase advance therapies), can be useful in decreasing relapse episodes. Additionally, simple psychoeducation on the matter, regarding maintenance of regular sleep schedules and social activities, might be helpful in preventing or, at the very least, decreasing relapses.
Conclusions: Seasonal changes play a relevant role in both manic and depressive relapses in BD through their role in circadian rhythm disruption, by way of a myriad of mechanisms. Future investigation should focus on these mechanisms and others that might possibly be involved, allowing us to reach more targeted treatment and even preventative measures to diminish relapse episodes in BD.

Disclosure of Interest: None Declared

EPV0204

Treating Bipolar II Depression: a preliminary open-label investigation of a five-day, accelerated repetitive Transcranial Magnetic Stimulation (rTMS) protocol

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Introduction: Bipolar disorder is a complex psychiatric condition marked by severe mood swings, including prolonged depressive episodes that constitute approximately 50% of the illness duration. While there is substantial evidence supporting interventions for manic and hypomanic episodes, therapeutic options for bipolar depression remain insufficient and often ineffective. Accelerated repetitive transcranial magnetic stimulation (arTMS) has emerged as a promising treatment modality with the potential to address these gaps. arTMS offers rapid antidepressant effects comparable to traditional repetitive transcranial magnetic stimulation (rTMS) protocols while maintaining a favorable safety and tolerability profile.
Objectives: This prospective, open-label, multicenter study investigates the efficacy and safety of arTMS in treating bipolar II disorder during depressive phases.
Methods: The study enrolled 20 patients who underwent a five-day, four-times-daily arTMS protocol targeting the left dorsolateral prefrontal cortex (DLPFC). The primary outcome measure was the Montgomery–Åsberg Depression Rating Scale (MADRS), assessed at baseline, immediately post-treatment, and at one- and three-month follow-ups. Secondary outcomes included safety and tolerability, with a focus on the risk of manic or hypomanic switches as measured by the Young Mania Rating Scale (YMRS).
Results: Results indicated a significant reduction in MADRS scores from baseline to immediately post-treatment, with a mean difference of -9.80 (Cohen's d=1.065, p<0.001). Continued improvements were observed at one month (-15.60, d=1.695, p<0.001) and three months (-19.70, d=2.140, p<0.001), with response rates increasing from 15% immediately after treatment to 60% at three months, and remission rates rising from 5% to 55% over the same period. Importantly, arTMS did not result in any significant increase in YMRS scores, indicating no emergence of manic symptoms, and no hypomanic switches were reported.
Conclusions: The findings underscore the rapid onset and sustained effectiveness of arTMS for bipolar depression, with improvements observed immediately after treatment and continuing over the subsequent months. The progressive rise in response and remission rates suggests that therapeutic benefits may become more pronounced over time, highlighting the importance of considering delayed treatment responses. Moreover, the lack of adverse effects on mood polarity supports arTMS as a safer alternative compared to traditional pharmacological treatments, which are often associated with a risk of manic episodes. Future research should include larger, randomized, sham-controlled trials to validate these findings and further explore the neurobiological mechanisms underlying arTMS's rapid antidepressant effects.

Disclosure of Interest: None Declared

EPV0205

On Being and Having: A Qualitative Study of Self-Perceptions in Bipolar Disorder

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Introduction: Bipolar disorder (BD) is a chronic and often severe mental illness. Yet despite the well-documented complexities in its diagnosis and treatment, little research has been dedicated to understanding the complex inner landscape experienced by those living with BD. Even as qualitative research has explored the lived experience of BD across a variety of perspectives, i.e., what BD *looks like*, there is a lack of research exploring what BD *means* to those living with the condition.
Objectives: We aimed to understand how people with BD perceive their condition, construct the meaning of their illness, and view BD in relation to their sense of self.
Methods: We conducted individual, semi-structured interviews with 20 adults with clinically stable BD. We coded the transcripts according to the principles of thematic analysis and analyzed the data using an interpretative phenomenological analysis approach.
Results: We identified three overarching domains: (1) *Benefit or burden:* a dialectic through which participants weighed the valence of their illness over time; (2) *Self or other*: the internal or external locus through which they experienced BD; and (3) *From ineffability to meaning making:* the process of naming, understanding, and incorporating BD into their life's whole. Within each domain, themes and subthemes outline nuanced and often conflicting perspectives of participants' illness experiences.
Conclusions: Our work provides a framework of three domains central to the inner reality of lived bipolar experience. Thoughtful understanding of patients' experiences, perspectives, and desires within these three domains may aid clinicians and loved ones alike in more sensitively and effectively addressing the unique individual needs of those living with BD. By exploring patients' perspectives in each of the three domains we identified, those caring for people with BD may be better positioned to help identify the inner work and practical interventions needed to achieve a rich, meaningful life with BD.

Disclosure of Interest: None Declared

EPV0206

Seasonality in bipolar disorder, analysis of an inpatient unit

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Introduction: Bipolar disorder is a chronic mental health condition characterized by alternating periods of mania, depression, and mixed states. The timing and recurrence of these mood episodes may be influenced by external factors, including seasonal variations. Previous research has highlighted potential seasonal patterns in the onset of manic episodes, with environmental factors such as changes in light exposure, temperature, and circadian rhythms playing a role. Comprehending these temporal patterns is paramount, as they provide critical insights into the underlying mechanisms of mood dysregulation and can inform the development of more targeted and effective clinical interventions for individuals with bipolar disorder.
Objectives: The primary objective of this study is to determine whether manic and mixed episodes in bipolar disorder show a

seasonal pattern. Specifically, this study aims to investigate whether specific times of the year are associated with a heightened incidence of hospitalizations for manic or mixed episodes.
Methods: A retrospective analysis was conducted on patient records from an inpatient psychiatric unit over four years. Inclusion criteria were a primary diagnosis of bipolar disorder and admission due to a manic or mixed episode. Data were categorized by month and season of hospitalization, and statistical analyses were performed to assess for significant seasonal variations.
Results: Our study revealed a significant increase in hospitalizations for manic episodes during the spring and summer months, with 58% of manic episodes occurring during this period, and a secondary peak in autumn. Mixed episodes demonstrated less pronounced but still observable seasonal variation. Statistical analysis confirmed the presence of seasonality, with manic episodes more likely to occur during periods of increased daylight, while mixed episodes appeared more distributed across the year.
Conclusions: The findings indicate that manic episodes in bipolar disorder follow a distinct seasonal pattern, peaking in spring and summer. Although mixed episodes are less strongly correlated with seasonality, some seasonal trends were observed. These results highlight the significance of considering environmental and seasonal factors in the management of bipolar disorder. Further investigation into the underlying mechanisms of these patterns could improve preventative care and inform the development of personalized treatment strategies.

Disclosure of Interest: None Declared

EPV0208

Manic episodes triggered by weight loss in a patient with bipolar disorder: the importance of integrated lifestyle interventions in psychiatric care

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Introduction: Worldwide, obesity has become a major public health issue, affecting over 650 million people, and individuals with severe mental disorders (SMD) are disproportionately affected by higher rates of obesity and metabolic syndrome (MetS). These patients often face significant barriers to improving their lifestyle, including the metabolic side effects of psychiatric medications, which are associated with weight gain, insulin resistance, and dyslipidemia. Moreover, psychiatric patients frequently encounter challenges when seeking care, often due to the stigma surrounding mental illness. This can lead to inadequate medical attention for physical health issues, further exacerbating the vicious cycle between physical and mental health. For these reasons, attention to the physical health of patients with SMD has been increasing in the recent years. However, the attempts to improve physical health can be a trigger by the exacerbation of psychiatric symptoms in more vulnerable patients.
Objectives: The report aims to highlight the reciprocal influence between psychiatric symptoms and physical health, emphasizing the importance of lifestyle interventions in patients with severe mental disorders.
Methods: In this case report, we present a 57-years-old patient with Bipolar I Disorder and class 3 obesity (BMI: 47.689) who experienced recurrent manic episodes triggered by past weight loss attempts, including one involving the use of liraglutide, a glucagon-like peptide-1 (GLP-1) receptor agonist.
Results: To prevent a new manic episode, the patient was admitted to our in-patient ward after he started to take orally liraglutide, a novel drug to treat obesity. As we expected, during hospitalization the patient experienced a manic episode and dysphoric mood, tachypsychia, and sleep disturbance emerged. After a treatment with a combination of valproic acid, risperidone, and gabapentin, the manic episode resolved at time of discharge, but despite the administration of liraglutide, no significant change in body weight was observed.
Conclusions: This case emphasizes the need for a tailored, integrated approach to lifestyle interventions in psychiatric care, in alignment with the "One Health" concept, which highlights the interconnection between physical and mental well-being. However, some patients may require the assistance of a mental health professional while attempting to change their lifestyle during their lifestyle improvement and weight loss attempts, as even modern pharmacological interventions for obesity can act as a psychopathological trigger.

Disclosure of Interest: None Declared

EPV0212

Differential diagnosis between late-onset bipolar disorder vs. behavioral profile frontotemporal dementia: a diagnostic challenge

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Introduction: Maniform symptoms for the first time after the age of 50 are not common, although we can find it in our clinical practice due to the increasing aging of the world's population.
Objectives: We present a clinical case of a patient with manifest behavioral symptoms where a differential diagnosis is made between Late-onset bipolar disorder vs Frontotemporal dementia with a behavioral profile (FTD)
Methods: 62-year-old male with a history of type II diabetes, hypertension and L4-L5 disc herniation. Psychiatric history of recurrent depressive disorder and dysfunctional personality. Treated with venlafaxine 150 mg and gabapentin 600 mg DMD. He was on sick leave from his company due to lower back pain. Married with two children, dysfunctional relationship with them. He was admitted to Psychiatry for the first time in February 2024 due to behavioral disturbances of 5 days' duration. He was verbose, irritable and described "being better than ever". A few days earlier he took a Tadalafil tablet, an event that he related to the onset of the condition. Since then, there has been an increase in psychomotor activity, disinhibition and exalted mood. He reported having contact with high-ranking political figures. Upon discharge from hospital, he was diagnosed with an Unspecified Manic Episode and was

prescribed Lithium 800mg DMD and Risperidone extended release 75 mg monthly. The symptoms did not improve, he abandoned the treatment and was admitted for the second time in April 2024 where Valproic 1000 mg DMD, Olanzapine 20mg DMD and Risperidone 6 DMD were prescribed.
Results: He has a poor outpatient evolution with loss of autonomy, physical deterioration, hyperfamiliarity, behavioral disinhibition and no awareness of the disease. Given the suspicion of an organic condition, he was referred to Neurology consultations where a cranial magnetic resonance imaging was performed. with results of punctate and hyperintense images in T2 localized in subcortical white matter of nonspecific character and Mini-ACEII test: 22/30. Waiting for PET-CT and with a diagnosis of possible Frontal Release Syndrome to rule out behavioral variant FTD.
Conclusions: Within the differential diagnosis of the condition we find Late-onset bipolar affective disorder and behavioral variant FTD. The first presents with inappropriate, repetitive and stereotyped behavior, as well as a progressive and gradual deterioration. While late bipolar disorder presents with self-limiting episodes and more manifest symptoms. In a PET-CT suggestive of FTD it is likely to find areas of hypoperfusion in frontal and temporal regions. The differential diagnosis between both is a challenge in clinical practice.

Disclosure of Interest: None Declared

EPV0213

Is a vegetarian diet beneficial for bipolar disorder?

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Introduction: Lifestyle factors are being increasingly studied in bipolar disorder (BD) due to their possible effects on both course of disease and physical health.
Objectives: The aim of this study was to jointly describe and explore the interrelations between diet patterns, exercise, pharmacological treatment with course of disease and metabolic profile in BD.
Methods: The sample consisted of 66 euthymic or mild depressive individuals with BD. Clinical and metabolic outcomes were assessed, as well as pharmacological treatment or lifestyle habits (diet and exercise). Correlations were explored for different interrelations and a factor analysis of dietary patterns was performed.
Results: Adherence to the Mediterranean diet was low, seen in 37.9% of the patients and was positively associated with perceived quality of life. The amount of exercise was negatively associated with cholesterol levels, with 32.8% of participants rated as low active by International Physical Activity Questionnaire. There was a high prevalence of obesity (40.6%) and metabolic syndrome (29.7%). Users of lithium showed the best metabolic profile. Interestingly, three dietary patterns were identified: "vegetarian," "omnivore" and "Western." The key finding was the overall positive impact of the "vegetarian" pattern in BD, which was associated with reduced depression scores, better psychosocial functioning, and perceived quality of life, decreased body mass index, cholesterol, LDL and diastolic blood pressure. Nuts consumption was associated with a better metabolic profile.
Conclusions: A vegetarian diet pattern was associated with both, better clinical and metabolic parameters, in patients with BD. Future studies should prioritize prospective and randomized designs to determine causal relationships, and potentially inform clinical recommendations.

Disclosure of Interest: None Declared

EPV0215

Cardiovascular disease risk in female patients with mood disorder symptoms

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Introduction: Patients with bipolar disorder (BD) and major depressive disorder (MDD) face an elevated risk of early mortality from various physical illnesses, particularly cardiovascular disease (CVD). However, it remains uncertain whether depressive or manic symptoms contribute more significantly to CVD outcomes.
Objectives: This study aimed to assess the association between manic and depressive symptoms and long-term CVD risk factors.
Methods: A retrospective study was conducted on patients hospitalized in the female unit of psychiatric department "B" in Sfax, Tunisia, between January and June 2023. Sociodemographic, clinical, and CVD risk factor data were collected from medical records to calculate Framingham Scores. The relationships between mood symptoms (depressive and manic) and Framingham scores, as well as individual CVD risk factors (lipids, blood pressure, BMI, smoking, and fasting glucose), were analyzed.
Results: The study included 50 female patients with a mean age of 45 years (SD = 9.9). Of the patients, 18% were diagnosed with MDD, while 82% were diagnosed with BD; 64% were admitted for manic symptoms, and 36% for depressive symptoms. Clinical obesity was observed in 64% of patients, with 60% diagnosed with hyperlipidemia, 34% with hypertension, and 26% with type 2 diabetes. Notably, 12% of patients had a Framingham score of ≥ 10%, indicating a moderate to high 10-year risk of CVD. Bivariate analysis revealed that patients with manic symptoms had a significantly higher CVD risk than those with depressive symptoms ($p=0.034$). Manic symptoms were also significantly associated with elevated BMI ($p=0.034$), fasting glucose ($p=0.039$), and blood pressure ($p<0.001$).
Conclusions: This study demonstrates a strong association between manic symptoms and long-term CVD risk in patients with mood disorders, particularly with elevated blood pressure, glucose levels, and BMI. These findings underscore the importance of specific monitoring and intervention programs for CVD risk factors in patients with mood disorders, especially those with BD.

Disclosure of Interest: None Declared

EPV0216

Performance-based assessments and their correlations with self-reports and informant judgments of cognitive and social cognitive impairments in patients with Schizophrenia and Bipolar Disorder

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Introduction: Cognitive impairment in serious mental illness (SMI) is a major determinant of disability across employment, independence, and social outcomes. However, performance-based assessments are commonly unavailable in clinical settings. The remaining choices are self-report vs. clinician impressions and it is not clear across SMI how much clinician vs self-reports are related to objective performance.
Objectives: In this study, we examine performance-based assessments and their correlations with self-reports and informant judgments of cognitive and social cognitive impairments.
Methods: Participants with bipolar disorder (BPl; n=114) and schizophrenia (SCZ; n=126) participated in a comprehensive study of cognition and functioning, including clinical (MADRS), performance-based assessments, self-reports, and observer ratings of cognitive and social cognitive functioning following a 30-day Ecological Momentary Assessment (EMA) assessment period daily assessments of Positive (PA) and Negative (NA) Affect were collected.
Results: In participants with schizophrenia, self-reports of cognitive functioning were uncorrelated with objective data (r=-.02) and with clinician ratings assessments(r-.00), but were correlated with clinician ratings of depression (r=.41) and EMA reports of momentary NA (r=.37). Interestingly, clinician ratings of cognitive performance were correlated with performance data (r= .41) and MADRS (r=.35) but not self-reported cognitive ability (r=-.08). In participants with bipolar disorder, self-reports of performance ability was correlated with performance-based data (r=.43) and clinicians' ratings of cognitive ability (r=.51). Both MADRS ratings and EMA-based momentary NA ratings were also correlated with self-reported cognitive performance (r>.44), but not objective cognitive performance (r=.14).
Conclusions: There are clear differences in the ability to self-report cognitive performance in schizophrenia and bipolar disorder. However, clinicians appear to be equivalently able to index cognitive impairment across BPI and SCZ. Participants with BPI appear to be much more able to identify their impairments than those with SCZ, but the correlation between clinician ratings and objective performance seems similar across conditions. These data suggest that reliance on self-reports of impairment may require adjustments based on diagnosis or other factors, but that clinician impressions of cognitive impairment converge with cognitive data.

Disclosure of Interest: None Declared

EPV0217

Use of Cariprazine in emotional (bipolar) disorders

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Introduction: Cariprazine is indicated for the treatment of Schizophrenia in adult patients. Its therapeutic action is dual: as a blocker of D2 dopamine receptors, as a partial agonist at D2 and D3 dopamine receptors, and as a partial antagonist at 5HT2B and 5HT2A receptors of serotonin, as well as a blocker of histamine H1 receptors.
Objectives: The objective of this paper is to highlight the treatment of Emotional Disorders.
Methods: 30 patients (n=30) of the Outpatient Psychiatric Clinics of the Department of Psychiatry were studied, of which 15 men and 15 women, who suffered from Bipolar Disorder Type I. All patients were given the YMRS (Young Mania Related Scale) questionnaire, before starting treatment and 30 days after starting treatment with Cariprazine 6 mg, in combination with sodium valproate 1000 mg daily.
Results: Of the 30 patients, 25 presented a clear decrease in the YMRS Scale (percentage 75%), of which 13 were women and 12 were men, respectively. In the present study no superiority in response to treatment was found for either men or women.
Conclusions: Cariprazine is a new therapy in the treatment of Bipolar Disorder Type I. It is of course necessary to complete the study with a larger pool of patients.

Disclosure of Interest: None Declared

EPV0218

Exploring Functioning Impairment in Clinical Course of Illness in Early and Mid-Life Onset Bipolar Disorder in Mexican Patients

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Introduction: Bipolar disorder (BD) is a chronic illness that can lead to severe functioning impairment, which can disrupt daily life. This study aims to compare overall functioning and clinical presentation associated with early onset (EO) and mid-life onset (MO) BD.
Objectives: The objective of this study is to be able to predict the cognitive and functional impairment evolution of bipolar disorder based on the onset.

Methods: A total of 154 BD patients (81 in euthymia and 51 in a depressive episode) participated in this cross-sectional study. We selected two groups of subjects based on age at onset of the first mood episode (EO: 0-20 years, n=117; MO: 20-40 years, n=37) and compared socio-demographic, clinical variables and functional impairment assessed by the World Health Organization Disability Assessment Schedule (WHODAS 2.0).
Results: 75.2% of the patients with an EO were female, they had higher psychiatric comorbidities prevalence (76.1% vs. 43.2%; p<.001), being personality disorders the most significant (30.2% vs. 5.4%; p=.001), more suicide attempts (51.3% vs. 16.2%; p<.001), mood episodes (mdn=12, iqr=17 vs. mdn=6, iqr=9.5; p=.001), childhood abuse (93.5% vs. 73.9%; p=.014), being verbal (78.0% vs. 52.2%; p=.015) and physical abuse (51.6% vs. 21.7%; p=.009) higher compared to MO. Functionality was also affected, with higher dysfunction percentages in EO (mdn=47, iqr=34.7 vs. mdn=24, iqr=12.5; p<.001) affecting cognition (mdn=8.5, iqr=6 vs. mdn=4, iqr=7; p<.001), self-care (mdn=2, iqr=5 vs. mdn=0, iqr=1; p<.001), daily activities (mdn=12, iqr=13 vs. mdn=4, iqr=10; p<.001) and community participation (mdn=13, iqr=8.7 vs. mdn=8, iqr=7; p<.001).
EO depressed patients (n=38; F: 30; M: 8), had more personality disorders (42.1% vs. 0%; p=.010), suicide attempts (60.5% vs. 0%; p<.001), mood episodes (mdn=12, iqr=12 vs. mdn=5.5, iqr=4.7; p=.001), lower overall functionality (mdn=57, iqr=41.5 vs. mdn=35, iqr=38.3; p=.009), cognition (mdn=10, iqr=6.5 vs. mdn=4, iqr=9; p=.023), self-care (mdn=4, iqr=6.2 vs. mdn=0, iqr=3; p=.008), oneself care (mdn=9, iqr =7 vs. mdn=5, iqr=8.5; p=.025), daily activities (mdn=15.5, iqr=14 vs. mdn=11, iqr=12.7; p=.037) and community participation (mdn= 15.5, iqr=8.2 vs. mdn=11.5, iqr=5.7; p=.030).
EO euthymic patients (n=59; F: 42; M: 17) had more psychiatric comorbidities (74.6% vs. 33.3%; p=.001), physical abuse history (51.2% vs. 0%; p= .002), and lower functionality (mdn=7, iqr=7 vs. mdn=2, iqr=7; p=.004), cognition (mdn=7.5, iqr=7 vs. mdn=4, iqr=7; p=.033), daily activities (mdn=9, iqr=11 vs. mdn=3, iqr=8.5; p=.005) and community participation (mdn=10, iqr=9 vs. mdn= 7, iqr=7; p=.031).
Conclusions: Results suggest that patients with an EO are more associated with severe psychosocial functioning impairment. Future studies are needed to clarify a more severe illness prediction between EO and MO.

Disclosure of Interest: None Declared

EPV0219

Exploring the Efficacy and Safety of Antidepressants in Bipolar Disorder: A Comprehensive Review

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Introduction: Bipolar disorder (BD) is a complex mental health condition characterized by alternating periods of depression and mania, affecting millions worldwide. Despite its prevalence, the use of antidepressants, widely prescribed for unipolar depression, remains debated in the context of bipolar depression due to concerns about mood destabilization, mania induction, rapid cycling, and long-term efficacy and safety. This ambiguity underscores the critical need for a comprehensive analysis to guide clinical practice. This review aims to evaluate the efficacy, safety, and long-term outcomes of antidepressant use in bipolar disorder.
Objectives: Assess the safety and efficacy of antidepressants in bipolar disorder. Optimize treatment options to help reduce the global burden of bipolar disorder and address a major gap in understanding regarding the role of antidepressants in treating bipolar disorder.
Methods: A systematic review of 35 studies, including 18 randomized controlled trials (RCTs), 14 cohort studies, and 3 meta-analyses published between 2010 and 2023, was conducted. Studies were selected based on predefined inclusion and exclusion criteria, focusing on antidepressant efficacy, safety, and long-term effects in BD patients. Data extraction and synthesis followed rigorous methodological protocols. The extracted data were then analyzed to identify trends, themes, and contradictions in the literature.
Results: The use of antidepressants in bipolar disorder should be highly individualized, balancing potential benefits against risks. Clinicians must exercise caution, particularly regarding the risk of mania induction. This review found that antidepressants, especially when combined with mood stabilizers, demonstrated moderate efficacy in treating bipolar depression. Outcomes varied significantly across studies; while some patients benefited from antidepressant use, others experienced increased risks, such as rapid cycling and mania induction. There is a lack of conclusive long-term safety data, highlighting the need for personalized treatment approaches to mitigate risks.

Image:

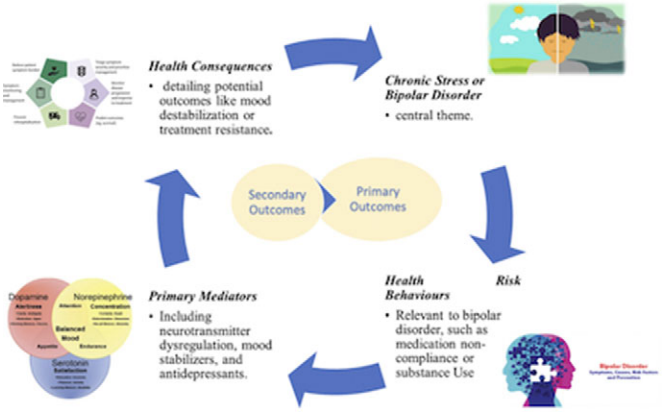
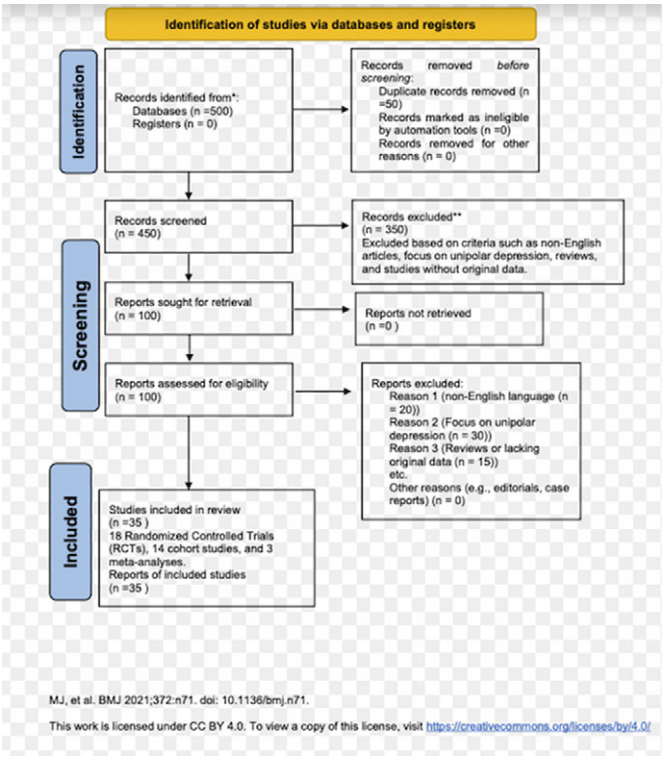


Image 2:



Conclusions: The role of antidepressants in bipolar disorder treatment remains contentious due to variability in outcomes and safety concerns. A personalized treatment approach, incorporating mood stabilizers, is recommended. This literature review concluded it is essential to balance the benefits and risks. Therefore, a combined treatment regimen with mood stabilizers is recommended. Further research, particularly longitudinal studies, is necessary to establish more definitive, evidence-based guidelines for treating bipolar depression with antidepressants.

Disclosure of Interest: None Declared

EPV0221

Enhancing Accuracy in Distinguishing Bipolar and Unipolar Disorders: Using MDQ Subscales and BSDS

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Introduction: Distinguishing between bipolar and unipolar disorder is essential for effective treatment, yet accurate diagnosis remains challenging despite extensive research. The MDQ (Mood Disorder Questionnaire) and BSDS (Bipolar Spectrum Diagnostic Scale) are widely used self-assessment tools, each offering unique advantages. However, these tools are typically used based on total scores, potentially overlooking valuable information within individual items.
Objectives: This study aims to employ clustering analysis on the MDQ and BSDS, utilizing subscales derived from factor analysis, to better differentiate patients with bipolar and unipolar disorders.
Methods: The study included patients diagnosed with bipolar and bipolar depression, with diagnoses confirmed by a psychiatrist according to DSM-IV-TR criteria. A total of 299 patients with bipolar depression and 142 with unipolar depression completed the MDQ and BSDS. Based on prior factor analysis, the MDQ was divided into two subscales: the positive activation subscale (items 3, 4, 8, 9) and the negative activation subscale (items 1, 2, 6, 7, 12, 13). K-means clustering was performed twice: once using the total scores from the MDQ and BSDS (two scores), and using the positive activation subscale, negative activation subscale from the MDQ, and the total score from the BSDS (three scores). The analysis was iterated 1000 times to avoid overfitting.
Results: The analysis identified an optimal solution with K=2. Cluster 1, characterized by high scores on both questionnaires, predominantly comprised bipolar patients. In contrast, Cluster 2, with lower scores, was primarily composed of unipolar patients. Using the total scores from both the MDQ and BSDS for clustering yielded an accuracy of 67.88%. In the second analysis using the MDQ subscales and the BSDS total score, the accuracy improved to 77.55%.
Conclusions: Clustering based on the MDQ and BSDS achieved a 77.55% accuracy in distinguishing bipolarity when using MDQ subscales alongside the BSDS score, demonstrating a promising level of precision with self-report questionnaires. Importantly, segmenting the MDQ into positive and negative activation subscales resulted in a nearly 10% increase in accuracy compared to using total scores alone. This suggests that increasing the dimensionality of the data by incorporating disorder-specific subscales can improve clustering accuracy. These findings highlight the potential of using high-dimensional psychiatric data to develop more effective classification models.

Disclosure of Interest: None Declared

EPV0223

Linguistic features of Bipolar Disorder and Approaches: Scoping Review

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Introduction: A linguistic feature is a common characteristic associated with various mental disorders. In particular, bipolar disorder is one of the disorders in which verbal abnormalities as symptoms can be prominent. As technology advances and big data processing becomes easier, studies on the linguistic characteristics of bipolar disorder are increasing. However, the results of previous generations, who studied the linguistic features of bipolar disorder without computer-based methods are not considered, and have not been integrated with current research findings. It is necessary to review what methodologies can be used and what limitations should be considered to explore the linguistic characteristics of bipolar disorder.

Objectives: This scoping review aims to explore how we can analyze linguistic features of bipolar disorder by using textual language. It reviewes the approaches and results of the studies can explain bipolar disorder appropriately.
Methods: The study protocol follows the PRISMA-ScR (Preferred Reporting Items for Systematic Reviews and Meta-Analyses Extension for Scoping Reviews) guidelines. Research papers for this review were collected by 3 electronic databases: Google Scholar, PubMed, Web of Science Using inclusion and exclusion criteria, all investigators screened the abstracts and full texts of the articles and extracted the data independently.
Results: We identified 315 potential studies from 3 databases. After screening the abstracts and full texts of articles, 17 (5.3%) articles met our inclusion criteria. We extracted elements such as results, and methodology from the above articles. The purpose of investigating linguistic features is mostly to predict and classify bipolar disorder, and to characterize the linguistic feautres of patients with bipolar disorder and other disorders. The most commonly used methodology is computer-based language analysis, such as natural language processing and learning models. Non-computer based articles, some of them adopted qualitative analysis. We confirmed the following results regarding the linguistic characteristics of bipolar disorder: a reduction in lexical variety, a higher rate of coordinate phrases, words related to power and achievement, and themes of humor and anger. In the narrative description of this, we include discussions on ethical issues.
Conclusions: This scoping study synthesizes a study analyzing the linguistic characteristics of patients with bipolar disorder for the purpose of classification and discrimination. Past and present study uses various collection targets such as letters and web-based data, and adopts various methodologies including computer-based methods and qualitative analysis. In this study, we review the points to consider in order to interpret and apply the results of these studies from a clinical point of view. Additionally, the focus is presented to researchers who analyze the linguistic characteristics of bipolar disorder.

Disclosure of Interest: None Declared

EPV0224

Energy drinks and psychotic symptoms. A case report

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Introduction: This is a 26-year-old male patient, diagnosed with bipolar disorder, admitted to a medium-stay unit for two months due to lack of awareness of the disease, after several admissions to the acute unit for manic decompensation with psychotic symptoms after abandoning psychopharmacological treatment and cannabis use.
The patient, who was stable since the beginning of the medium-stay admission after being referred directly from an acute unit, began to show strange behavior that became more pronounced over the days.
Objectives: To study the relationship between energy drinks and the development of psychotic symptoms in the existing literature, based on a clinical case.
Methods: Description of the clinical case. Bibliographic review related to the topic.
Results: The difficulty in this case was to find out the cause of the psychotic symptoms that the patient was presenting, since he was taking the psychopharmacological treatment well and the urine tests that were carried out every time he returned from the street were negative. He had not had any stressful events either. On one of the outings that he made, an assistant saw that he was drinking a can of Monster. When asked, the patient commented that he usually drank between one and two cans a day. Olanzapine 10 mg (0-0-1) and clonazepam 2 mg (1-0-1) were added to the patient that he was taking. In addition, his outing permits will be withdrawn until clinical stabilization is achieved.
Conclusions: In the acute appearance of psychotic symptoms in patients with a previous history, possible causes must always be investigated, the most frequent being the following: abandonment of psychopharmacological treatment, consumption of toxic substances and stressful events. Although it is true that there are not many studies that support this, cases have been reported in which energy drinks, due to their high caffeine content, could also be one of the triggers.

Disclosure of Interest: None Declared

EPV0225

Biological Markers of Cognitive Dysfunction In Bipolar Disorder Type 1: A Systematic Review And Meta-Analysis

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Introduction: Bipolar disorder (BD) has a lifetime prevalence of approximately 2% and is one of the 17 most disabling diseases worldwide. Multiple factors, beyond the impact of acute mood episodes, contribute to the burden of the disease. BD is also characterized by cognitive impairment (CI), which affects between 30% and 57% of patients during euthymic phases [1]. The most impacted cognitive domains are memory, attention, processing speed, and executive function [1]. CI plays a critical role in the diminished psychosocial functioning observed in BD patients [2, 3]. However, cognitive profiles in BD are heterogeneous, and the underlying causes of CI are likely multifactorial, involving more than just the effects of acute mood episodes.
In recent years, growing evidence on the biomarkers associated with BD has expanded our understanding of various molecular pathways—such as inflammatory, oxidative stress, and dysmetabolic pathways—which have been linked to CI. These pathways not only affect cognitive function but also contribute to an increased risk of metabolic and inflammatory comorbidities, further exacerbating CI and the overall burden of the illness [4, 5]. As a result, further research into biomarkers of CI is essential, as it may enhance our knowledge of the molecular mechanisms involved and help identify potential pharmaceutical targets.
Despite recent systematic reviews on the topic, most have focused on individual pathways [2, 6], and there is a need for a more

comprehensive review of the current evidence regarding biomarkers linked to CI in BD.
Objectives: The goal of the present review is to examine the relationship between peripheral biomarkers (e.g., blood, saliva, urine) and impairments across specific cognitive domains in individuals with BD in euthymic state.
Methods: Inclusion/exclusion criteria: we included studies that assessed patients in euthymic states at the time of both cognitive evaluation and biomarker collection, and we excluded studies employing more invasive techniques (e.g., spinal puncture). Study quality will be assessed using the Joanna Briggs Institute Critical Appraisal tools.
Results: A database search (PubMed, Scopus, PsychInfo) identified 6,767 records after duplicate removal. Following title, abstract, and full-text screening, as well as manual reference list checks, a total of 52 studies were included. Data extraction is currently ongoing and includes publication year, country of origin, study design, sample size, sociodemographic and clinical characteristics, cognitive assessment tools, biomarkers investigated, and study outcomes.
Conclusions: Conclusions will be drawn at the end of the systematic review process. Further research into biomarkers of CI in BD is essential, as it may enhance our knowledge of the molecular mechanisms involved and help identify potential pharmaceutical targets.

Disclosure of Interest: None Declared

EPV0226

From "unhappy" to "happy" with vortioxetine: how effective psychoeducation, illness awareness, and safe medications can provide patients with a degree of autonomy in managing their condition. A case report

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Introduction: We present the case of a 61-year-old retired woman with hypothyroidism and rheumatoid arthritis who was diagnosed with bipolar disorder in 2006 after a manic episode. Her initial treatment included venlafaxine, valproic acid, quetiapine, zolpidem, and lormetazepam. She had several manic episodes over the years, some requiring hospitalization. In 2017, venlafaxine was replaced with vortioxetine, which she now introduces when detecting depressive phases, under psychiatric supervision but with some autonomy. She has remained stable, with occasional manic or hypomanic episodes triggered by stress, but none requiring hospitalization.
Figures 1 and 2 illustrate the patient's self-perception changes with vortioxetine treatment. Figure 1 shows her as unhappy during the depressive phase (top) and happy after recovery (bottom). Figure 2 depicts her self-image during the depressive phase (left) and after recovery (right).
Objectives:
- To assess the effectiveness, safety and risk of mood swings of vortioxetine in a patient with bipolar disorder during depressive phases.
- To determine if effective psychoeducation allows patients to manage some of their medications safely under specialist supervision.

Methods: The patient mantains treatment with vortioxetine 20 mg daily, valproic acid 500 mg every 12 hours, quetiapine extended release 400 mg at dinner, zolpidem 15 mg, and lormetazepam 2 mg at bedtime during depressive phases. In manic episodes, quetiapine 300 mg is added, vortioxetine is discontinued, and the dosage of hypnotics is doubled. Intensive psychological support has improved her disease awareness and treatment adherence, allowing her to adjust vortioxetine (but not other medications) as needed under medical supervision. She has not reported any adverse effects from vortioxetine.
Results: Vortioxetine 20 mg could effectively treat depressive phases without causing mania. Though research on its use in bipolar disorder is limited, it shows potential when combined with a mood stabilizer, with a response time of about nine weeks and a low risk of hypomania/mania. It may also help with cognitive decline and brain inflammation related to bipolar disorder, improving cognitive performance and reducing inflammatory markers. Vortioxetine is noted for its effectiveness, tolerability, and low dropout rate.

Image 1:



Image 2:



Conclusions: Vortioxetine 20 mg may be effective for treating depressive phases in bipolar disorder with a lower risk of manic episodes compared to other antidepressants. Its procognitive and potentially anti-inflammatory effects could also support stability in non-psychiatric comorbidities. For this patient, good psychoeducation has facilitated a degree of independence in managing the medication, which is aided by vortioxetine's safety and ease of use for both professionals and patients.

Disclosure of Interest: None Declared

EPV0227

In the context of a case: Aripiprazole to resume habits

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Introduction: A 43-year-old male with a diagnosis of Bipolar Disorder associated with substance use is admitted to the mental health unit due to a psychotic decompensation. The patient has had an unfavorable progression requiring multiple admissions to mental health services. He suffers from dyslipidemia, hypertension, and poorly controlled diabetes. He has had some occasional work but is currently unemployed. He does not engage in leisure or sports activities, which he attributes to being highly sedated by the medication. He is currently being treated with clozapine, valproic acid, quetiapine, and various benzodiazepines.
Objectives: Achieve stabilization of the psychopathological condition without producing additional side effects such as sedation.
Methods: During the hospital stay, Quetiapina is slowly reduced over one week, and Aripiprazole is introduced at a moderate oral dose (Aripiprazole 10 mg). It is then gradually increased to 30 mg/day. After 3 weeks, it is switched to Aripiprazole 400 mg /28 days intramuscularly. At the start of Aripiprazole introduction, there is a good response and a tolerance.
With the combination of Clozapine and Aripirazole 400 mg/28 days intramuscularly, there is a noticeable reduction in psychotic symptoms, allowing for the discontinuation of both Quetiapine and benzodiazepines from the patient's treatment.
Results: At present, reviewing the outpatient follow-ups the patient has had after hospital discharge, he continues with Aripiprazole 400 mg /28 days intramuscularly, showing overall improvement in functioning. Due to the reduction in sedation, the patient has begun participating in sports and educational activities, which provide him significant personal satisfaction.
Conclusions: Introducing Aripiprazole in combination with Clozapine significantly reduces psychotic symptoms by controlling positive symptoms, which means the patient does not need to rely on benzodiazepines, allowing for their discontinuation. The reduced level of sedation has enabled the patient to engage in sports and other activities that he previously felt hindered from due to medication. It is indeed very important for any patient to resume leisure and sports activities, but in this specific case, the patient had grade III obesity with associated dyslipidemia.

Disclosure of Interest: None Declared

EPV0228

Cannabis Withdrawal Induced Mania. A two year observational study of Hospital admissions from 2015 to 2019

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Introduction: Bipolar disorder (BD) is a recurrent psychiatric illness characterized by manic, hypo-manic, depressive and mixed episodes. The endocannabinoid system (ECS) is a vast network of chemical signals and cellular receptors that are densely packed throughout the brain. It is involved in most critical central nervous

system functions, such as learning and memory, but also mood regulation. Despite this, there is only anecdotal evidence on the potencial role of the ECS in the pathophysiology of BD.
Objectives: This study aims to retrospectively assess clinical and sociodemographic variables of patients whose manic episode is temporally associated with the suspension of cannabis use, compared with the rest of a sample of manic patients admitted to an acude psychiatry ward. The objective of the study is to investigate the presence of a specific group of BD patients, with potential clinical and therapeutic implications.
Methods: We retrospectively analysed all admitted patients to the acute psychiatry unit at Hospital Clinic of Barcelona from 2015 to 2019 and hospitalized for a manic episode. Patients with core manic symptoms started after cannabis withdrawal were included in the study. Cannabis Withdrawal Induced Mania (CWIM) group (n=20) was compared with the rest of bipolar manic patients in our sample according to several clinical and sociodemographic variables. Univariate and multivariate logistic regression models were performed.
Results: between 2015 and 2019, 315 patients were admitted to the acute psychiatry unit with diagnosis of manic episode. In 282 of the cases, the history of cannabis use was documented. 20 of them meet criteria for CWIM. CWIM group patients were significantly more frequently men (p=0.015) and younger (p<0.001), were not married or in a relationship (p = 0.018) and less frequently had somatic illnesses (p=0.41). Patients with CWIM debuted with a first manic episode and had their first psychiatry admission at a significantly younger age (p=0.008 and p=0.004, respectively). Previous treatment with antipsychotic medication was significantly less frequent in the CWIM group (p=0.022). According to follow-up, there were no significant differences in relapse after three years (p=0.936).
Conclusions: This study found a new clinical profile of patients, who are more suggestive to have a manic episode in context of cannabis withdrawal.

Disclosure of Interest: None Declared

EPV0229

Emotion dysregulation in bipolar disorder according to predominant polarity

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Introduction: Emotion dysregulation (ED) is a core feature of bipolar disorder (BD), impacting patients' ability to manage intense emotional responses and maintain mood stability. Predominant polarity (PP) is a clinical specifier in BD with important implications for prognosis, treatment planning, and outcomes. PP categorizes patients based on the mood episode type they experience most frequently: depressive PP (DPP), manic PP (MPP), or undetermined PP (UPP) when no episode type prevails. Given that PP reflects the types of symptoms most commonly experienced by patients, and that ED is closely linked to mood symptoms in BD, it remains unclear whether ED differs across PP subgroups.
Objectives: We aimed to compare overall levels of ED and specific emotion regulation (ER) domains across patients with BD and DPP, MPP, and UPP.
Methods: We analyzed data from patients with BD enrolled in the Bipolar Exposome-Gene Interaction Naturalistic (BEGIN) study. ED and ER strategy alterations were assessed using the Difficulties in Emotion Regulation Scale (DERS-28) and its subscales: Lack of Control, Non-Acceptance, Interference, Inattention, and Confusion. PP was defined based on the Barcelona proposal. Due to non-normal DERS score distributions (Shapiro-Wilk $p < 0.05$), the Kruskal-Wallis test was applied to compare DERS total and subscale scores across PP groups, followed by Dunn's test with Bonferroni correction for pairwise comparisons.
Results: The sample included 64 patients with BD (mean age=51 ±12.5; 46.9% female). Of these, 17 had DPP, 7 had MPP, and 40 had UPP. Significant differences across PP groups were observed in overall ED (p=0.04), with the UPP group showing higher total DERS scores than the MPP group (Z=2.55, p=0.03). In the Lack of Control subscale, both the DPP and UPP groups scored higher than the MPP group (Z=2.43, p=0.04 and Z=3.14, p=0.01, respectively). No other significant differences were found.
Conclusions: These findings indicate that ED varies across PP groups, emphasizing the potential advantages of tailored interventions within a precision psychiatry framework. Personalized approaches to managing ED may improve long-term outcomes and decrease the risk of recurrence across mood states in BD.

Disclosure of Interest: None Declared

EPV0230

Profiles of affective temperaments can support differentiation of bipolar I disorder, bipolar II disorder, and major depressive disorder

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Introduction: Differentiating bipolar I, bipolar II, and major depressive disorders is essential; therefore, the relationship between affective temperaments and mood disorder diagnoses has garnered considerable attention.
Objectives: The current study aimed to explore the representative types of Temperament Evaluation of Memphis, Pisa, Paris, and San Diego-Autoquestionnaire (TEMPS-A) profiles observed in the actual clinical setting using a data-driven approach and verify the relationship between TEMPS-A profiles and the proportions of three mood disorders (bipolar I, bipolar II, and major depressive disorders). Through this research, we intend to enhance the utility and applicability of affective temperament assessment based on the TEMPS-A when differentiating among mood disorders in clinical practice.

Methods: Psychiatric outpatients diagnosed with bipolar I, bipolar II, or major depressive disorder and aged ≥18 years were analyzed. Latent profile analysis was conducted using TEMPS-A scores, and each patient was classified into a subgroup according to their TEMPS-A scores. After that, multinomial logistic regression was conducted to verify the relationship between TEMPS-A profiles and mood disorder diagnoses.
Results: The findings indicate that seven types of TEMPS-A profiles are the most appropriate (Table 1). The depressive profile did not significantly increase the likelihood of being diagnosed with both bipolar II disorder and bipolar I disorder. The cyclothymic profile and anxious, cyclothymic and depressive profiles significantly increased the likelihood of the diagnosis of bipolar II disorder but did not significantly increase the likelihood of the diagnosis of bipolar I disorder. Furthermore, the cyclothymic and hyperthymic profile; cyclothymic, depressive and irritable profile; and anxious, cyclothymic, hyperthymic and irritable profiles significantly augmented the likelihood of being diagnosed with both bipolar II disorder and bipolar I disorder (Tables 2 and 3).

Image 1:

Table 1

Model fit indices for the five-, six-, seven-, eight-, and nine-latent profiles model comprising five affective temperament dimensions

# of latent profiles	Log-likelihood	AIC	BIC	SABIC	BLR test *p*-value	Entropy
5	-7245.672	14579.344	14779.780	14640.070	.01	.703
6	-7226.333	14552.666	14780.434	14621.673	.01	.707
7[a]	**-7204.074**	**14520.148**	**14775.248**	**14597.436**	**.01**	**.716**
8	-7200.862	14525.725	14808.157	14611.294	.43	.705
9	-7200.243	14536.485	14846.250	14630.335	.92	.684

Notes. AIC = Akaike Information Criterion; BIC = Bayesian Information Criterion; SABIC = Sample-Size Adjusted Bayesian Information Criterion; BLR = Bootstrapped Likelihood Ratio
[a] The number of profiles and model fit indices for the favored model are in **bold**.

Image 2:

Table 2

Means and standard deviations of five affective temperament dimensions in the total sample and each subgroup

Affective temperament dimensions	Total (*N* = 703) *M* (*SD*)	Profile 1 (*n* = 99) *M* (*SD*)	Profile 2 (*n* = 69) *M* (*SD*)	Profile 3 (*n* = 100) *M* (*SD*)	Profile 4 (*n* = 137) *M* (*SD*)	Profile 5 (*n* = 108) *M* (*SD*)	Profile 6 (*n* = 100) *M* (*SD*)	Profile (*n* = 90 *M* (*SD*
Anxious[a]	1.58 (1.15)	1.04 (1.06)	1.61 (1.13)	1.37 (1.08)	**2.01** (1.08)	1.31 (1.13)	1.69 (1.15)	**1.93** (1.08
Cyclothymic[b]	7.58 (3.31)	2.54 (1.80)	3.75 (1.73)	**8.78** (1.90)	**9.25** (1.81)	**8.14** (2.56)	**9.41** (2.09)	**9.51** (2.33
Depressive[c]	4.30 (2.43)	1.28 (1.20)	**6.45** (1.17)	2.43 (1.16)	**6.09** (1.18)	3.06 (1.82)	**6.48** (1.40)	4.40 (2.07
Hyperthymic[d]	2.83 (2.21)	1.96 (1.58)	1.04 (1.39)	1.48 (1.09)	2.05 (1.41)	**5.64** (1.13)	1.87 (1.43)	**5.54** (1.38
Irritable[e]	2.34 (2.09)	0.75 (1.08)	1.62 (1.24)	1.37 (1.09)	1.28 (1.07)	1.47 (1.12)	**4.83** (1.07)	**5.61** (1.22

Notes. Profile 1: *Flat;* Profile 2: *Depressive;* Profile 3: *Cyclothymic*; Profile 4: *Anxious, cyclothymic and depressive;* Profile 5: *Cyclothymic and hyperthymic;* Profile 6: *Cyclothymic, depressive and irritable;* Profile 7: *Anxious, cyclothymic, hyperthymic and irritable*
[a] Score ranges from 0 to 3. Sample means of subgroups significantly higher ($p < .05$) than the total sample mean (1.58) are in **bold**.
[b] Score ranges from 0 to 12. Sample means of subgroups significantly higher ($p < .05$) than the total sample mean (7.58) are in **bold**.
[c] Score ranges from 0 to 8. Sample means of subgroups significantly higher ($p < .05$) than the total sample mean (4.30) are in **bold**.
[d] Score ranges from 0 to 8. Sample means of subgroups significantly higher ($p < .05$) than the total sample mean (2.83) are in **bold**.
[e] Score ranges from 0 to 8. Sample means of subgroups significantly higher ($p < .05$) than the total sample mean (2.34) are in **bold**.

Image 3:

Table 3

Parameter estimates for the multinomial logistic regression model with covariates

Covariates	Bipolar II Disorder vs. Major Depressive Disorder (reference)					Bipolar I Disorder vs. Major Depressive Disorder (reference)				
	B	*SE*	*p*[b]	OR	95% CI	*B*	*SE*	*p*	OR	95% CI
Sex[c]	-0.02	0.19	.806	0.98	0.68 – 1.42	-0.14	0.24	.569	0.96	0.60 – 1.53
Age	-0.01	0.01	.498	0.99	0.97 – 1.02	0.01	0.01	.312	1.01	0.97 – 1.02
Profile 2	0.59	0.40	.140	1.80	0.82 – 3.93	-0.63	0.61	.299	0.53	0.16 – 1.75
Profile 3	1.72	0.36	**<.001**	5.58	2.75 – 11.29	0.86	0.44	.051	2.35	0.10 – 5.55
Profile 4	2.03	0.35	**<.001**	7.65	3.88 – 15.07	0.74	0.44	.092	2.10	0.89 – 4.97
Profile 5	1.86	0.37	**<.001**	6.39	3.13 – 13.08	1.50	0.41	**<.001**	4.50	2.00 – 10.14
Profile 6	1.43	0.37	**<.001**	4.18	2.02 – 8.66	1.45	0.41	**<.001**	4.26	1.91 – 9.50
Profile 7	2.54	0.40	**<.001**	12.63	5.72 – 27.91	2.31	0.45	**<.001**	10.09	4.21 – 24.16

Notes. *B* = unstandardized coefficient; *SE* = standard error; OR = odd ratio; CI = confidence interval; Profile 2: *Depressive;* Profile 3: *Cyclothymic;* Profile 4: *Anxious, cyclothymic and depressive;* Profile 5: *Cyclothymic and hyperthymic;* Profile 6: *Cyclothymic, depressive and irritable;* Profile 7: *Anxious, cyclothymic, hyperthymic and irritable*
Latent profiles are dummy-coded, and profile 1 (*flat profile*) was set as the reference category.
[b] Significant findings of $p < .050$ are in **bold**.
[c] Female = 0, male = 1.

Conclusions: Our findings show that certain affective temperaments are closely correlated with one another, and cyclothymic temperament can act as a crucial risk factor for bipolarity. Moreover, our findings suggest the possibility that hyperthymic or irritable temperaments can help differentiate between bipolar I disorder and bipolar II disorder. Further studies using reliable clinical interview schedules are needed, and studies focusing on patients with other mood disorders would be helpful.

Disclosure of Interest: None Declared

EPV0231

Impact of Lumateperone compared to Quetiapine on Quality of Life of Indian patients with Bipolar II depression: A post-hoc analysis of a Phase 3 study

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Hospital, Guntur; [24]S N Medical College, Agra; [25]Dayanand Medical College & Hospital, Ludhiana and [26]Sun Pharma, Mumbai, India
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Introduction: Lumateperone, an atypical antipsychotic drug approved for Bipolar II depression in 2021, has a dual mechanism of action by combination of activity at central serotonin (5-HT2A) and dopamine (D2) receptors.
Objectives: This post-hoc analysis of an Indian Phase 3 study was conducted to evaluate the impact of Lumateperone 42mg compared to Quetiapine 300mg on quality of life of patients with Bipolar II depression assessed via Quality-of-life enjoyment and satisfaction-short form questionnaire (Q-LES-Q-SF).
Methods: The phase-III, randomized, multi-centric, assessor-blind, parallel-group, active-controlled, comparative, non-inferiority study included patients with Bipolar II depression with moderate severity having a Montgomery-Asberg depression rating scale (MADRS) score ≥20 and Clinical global impression–bipolar version–severity (CGI-BP-S) score ≥4. The study was conducted after receiving regulatory and ethics committee approvals. The patients were randomized (1:1) to either receive Lumateperone 42mg [Test] or Quetiapine 300mg [Comparator] for 6 weeks. This post-hoc analysis evaluated Q-LES-Q-SF total score and individual item scores [Physical health(1), Mood(2), Work(3), Household activities(4), Social relationships(5), Family relationships(6), Leisure time activities(7), Ability to function in daily life(8), Sexual drive, interest and/or performance(9), Economic status(10), Living/housing situation(11), Ability to get around physically(12), Ability to do work(13), Overall sense of wellbeing(14), and Overall life satisfaction and contentment(16)] for efficacy outcomes and for safety outcomes treatment emergent adverse events (TEAEs) were assessed. [Clinical trial registration: CTRI/2023/10/058583]
Results: This post-hoc analysis included 462 patients [231 each in Test and Comparator]. The baseline demographic characteristics were comparable in between treatment arms. The improvement in Q-LES-Q-SF (total score and individual item scores) is significant from baseline to Day 42 in both treatment arms and comparable [Figure 1 and Figure 2 respectively]. Statistically significant improvement in Test over Comparator was observed for Item 7 (Leisure time activities) and Item 14 (Overall sense of wellbeing) [Figure 2]. The incidence of TEAEs were similar in both treatment arms [Test: 34.6%; Comparator: 35.5%] and no serious adverse events were reported.

Image 1:

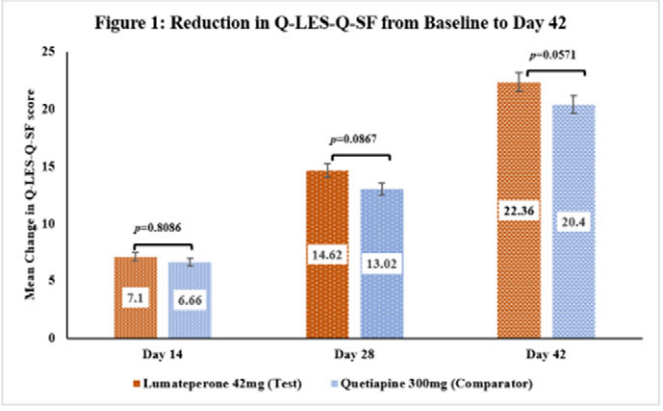
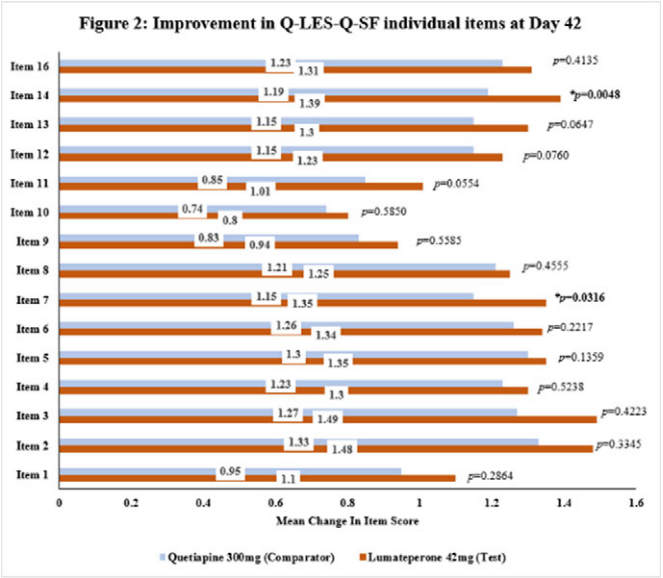


Image 2:



Conclusions: This post-hoc analysis demonstrated that Lumateperone 42mg is comparable to Quetiapine 300mg in treatment of Bipolar II depression as assessed via Q-LES-Q-SF score from baseline to Day 42, and both treatments were found to be well tolerated.

Disclosure of Interest: A. Dharmadhikari: None Declared, P. Chaurasia: None Declared, Y. Patel: None Declared, D. Choudhary: None Declared, P. Dasud: None Declared, M. Bhirud: None Declared, P. Meena: None Declared, F. Shah: None Declared, G. Ganesan: None Declared, B. P. Rathour: None Declared, K. Mistry: None Declared, M. Dutta: None Declared, A. Ramaraju: None Declared, S. Mangalwedhe: None Declared, S. G. Goyal: None Declared, G. Kulkarni: None Declared, A. Mukhopadhyay: None Declared, P. Chaudhary: None Declared, G. T. Harsha: None Declared, M. Parikh: None Declared, S. Dey: None Declared, S. Sarkhel: None Declared, N. Jyothi: None Declared, A. Kumar: None Declared, N. Sooch: None Declared, A. Shetty Employee of: Sun Pharma, S. Saha Employee of: Sun Pharma, P. Devkare Employee of: Sun Pharma, A. Shetty Employee of: Sun Pharma, D. Patil Employee of: Sun Pharma, P. Ghadge Employee of: Sun Pharma, A. Mane Employee of: Sun Pharma, S. Mehta Employee of: Sun Pharma

EPV0232

Correlation of MADRS and Q-LES-Q-SF in patients with Bipolar II depression: A post-hoc analysis of an Indian Phase 3 study

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doi: 10.1192/j.eurpsy.2025.1071

Introduction: Lumateperone, an atypical antipsychotic drug approved in 2021 for bipolar depression, has a dual mechanism of action by combination of activity at central serotonin (5-HT2A) and dopamine (D2) receptors. In India, Quetiapine is one of the approved drugs for use in depressive episodes for bipolar disorder.
Objectives: This post-hoc analysis of an Indian Phase 3 study was conducted to evaluate the correlation of severity of depression assessed via Montgomery-Asberg depression rating scale (MADRS) and quality of life assessed via Quality-of-life enjoyment and satisfaction-short form questionnaire (Q-LES-Q-SF) when treated with Lumateperone 42mg or Quetiapine 300mg.
Methods: The phase-III, randomized, multi-centric, assessor-blind, parallel-group, active-controlled, comparative, non-inferiority study included patients with Bipolar II depression with moderate severity having a MADRS score ≥20 and Clinical global impression–bipolar version–severity (CGI-BP-S) score ≥4. The study was conducted after receiving regulatory and ethics committee approvals. The patients were randomized (1:1) to either receive Lumateperone 42mg [Test] or Quetiapine 300mg [Comparator] for 6 weeks. In this post-hoc analysis, correlation between MADRS and Q-LES-Q-SF were evaluated and for safety outcomes treatment emergent adverse events (TEAEs) were assessed. [Clinical trial registration: CTRI/2023/10/058583]
Results: This post-hoc analysis included 462 patients [231 each in Test and Comparator]. The baseline demographic characteristics were comparable in between treatment arms. The Pearson's correlation coefficient between change from baseline in MADRS score and Q-LES-Q-SF score was statistically significant for both treatment arms at Day 42 [Test: -0.192, p=0.0043; Comparator: -0.299, p<0.0001] and the linear regression between 2 arms was not statistically significant (p=0.0853), indicating weak negative correlation between the 2 scales [Figure 1 and Figure 2]. The incidence of TEAEs were similar in both treatment arms [Test: 34.6%; Comparator: 35.5%] and no serious adverse events were reported.

Image 1:

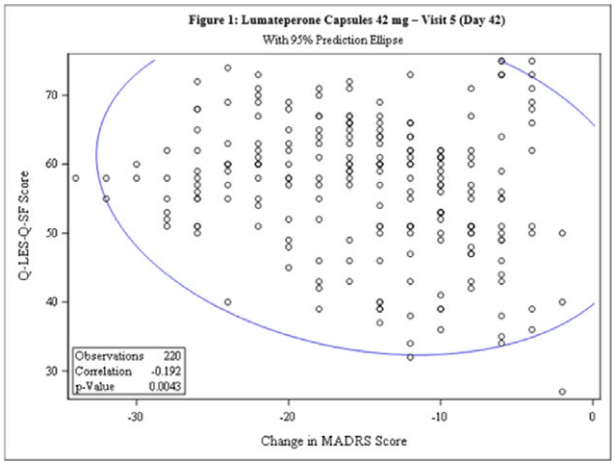
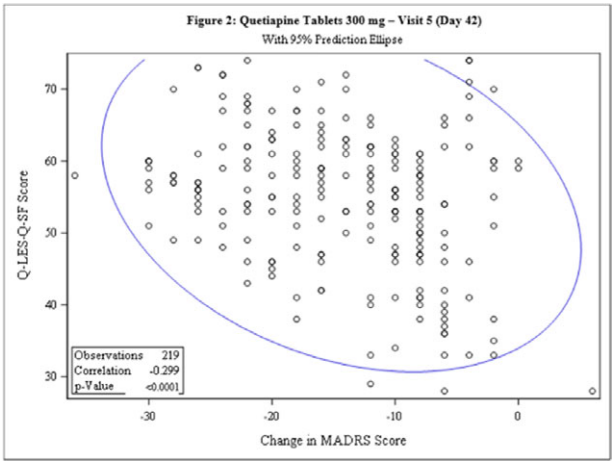


Image 2:



Conclusions: This post-hoc analysis demonstrated that patient with Bipolar II depression when treated with Lumateperone 42mg or Quetiapine 300mg, the reduction in MADRS score is inversely proportional to Q-LES-Q-SF score.

Disclosure of Interest: A. Dharmadhikari: None Declared, P. Chaurasia: None Declared, Y. Patel: None Declared, D. Choudhary: None Declared, P. Dasud: None Declared, M. Bhirud: None Declared, P. Meena: None Declared, F. Shah: None Declared, G. Ganesan: None Declared, B. P. Rathour: None Declared, K. Mistry: None Declared, M. Dutta: None Declared, A. Ramaraju: None Declared, S. G. Goyal: None Declared, S. Mangalwedhe: None Declared, G. Kulkarni: None Declared, A. Mukhopadhyay: None Declared, P. Chaudhary: None Declared, G. T. Harsha: None Declared, M. Parikh: None Declared, S. Dey: None Declared, S. Sarkhel: None Declared, N. Jyothi: None Declared, A. Kumar: None Declared, N. Sooch: None Declared, S. Saha Employee of: Sun Pharma, A. Shetty Employee of: Sun Pharma, P. Devkare Employee of: Sun Pharma, A. Shetty Employee of: Sun Pharma, D. Patil Employee of: Sun Pharma, P. Ghadge Employee of: Sun Pharma, A. Mane Employee of: Sun Pharma, S. Mehta Employee of: Sun Pharma

EPV0233

Correlation of MADRS and YMRS in patients with Bipolar II depression: A post-hoc analysis of an Indian Phase 3 study

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[1]Shree Ashirwad Hospital, Dombivali; [2]Gangoshri Hospital, Varanasi; [3]VS General Hospital, Ahmedabad; [4]GSVM Medical College, Kanpur; [5]Global 5 Hospital, Vashi; [6]Dhadiwal Hospital, Nashik; [7]Jawahar Lal Nehru Medical College, Ajmer; [8]Health 1 Super Speciality Hospital, Ahmedabad; [9]Medstar Speciality Hospital, Bangalore; [10]Atmaram Child Care and Critical Care Hospital, Kanpur; [11]Prajna Health Care, Ahmedabad; [12]Om Hospital, Raipur; [13]Harshamitra Super Speciality Cancer Center and research institute, Trichy; [14]Karnataka Institute of Medical Sciences, Hubli; [15]S. P. Medical College & A.G. Of Hospitals, Bikaner; [16]Manodnya Nursing Home, Sangli; [17]Nil Ratan Sircar Medical College and Hospital, Kolkata; [18]GMERS Medical College, Ahmedabad; [19]Rajlaxmi Hospital, Bangalore; [20]B.J. Medical College and Civil Hospital, Ahmedabad; [21]Sparsh Hospital, Bhubaneswar; [22]IPGME&R and SSKM Hospital, Kolkata; [23]Government General Hospital, Guntur; [24]S N Medical College, Agra; [25]Dayanand Medical College & Hospital, Ludhiana and [26]Sun Pharma, Mumbai, India
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doi: 10.1192/j.eurpsy.2025.1072

Introduction: Lumateperone, an atypical antipsychotic drug approved in 2021 for bipolar depression, has a dual mechanism of action by combination of activity at central serotonin (5-HT2A) and dopamine (D2) receptors. In India, Quetiapine is one of the approved drugs for use in depressive episodes for bipolar disorder.
Objectives: This post-hoc analysis of an Indian Phase 3 study was conducted to evaluate the correlation of severity of depression assessed via Montgomery-Asberg depression rating scale (MADRS) and severity of hypomania symptoms via Young Mania Rating Scale (YMRS) when treated with Lumateperone 42mg or Quetiapine 300mg.
Methods: The phase-III, randomized, multi-centric, assessor-blind, parallel-group, active-controlled, comparative, non-inferiority study included patients with Bipolar II depression with moderate severity having a MADRS score ≥20 and Clinical global impression–bipolar version–severity (CGI-BP-S) score ≥4. The study was conducted after receiving regulatory and ethics committee approvals. The patients were randomized (1:1) to either receive Lumateperone 42mg [Test] or Quetiapine 300mg [Comparator] for 6 weeks. In this post-hoc analysis, correlation between MADRS and YMRS were evaluated and for safety outcomes treatment emergent adverse events (TEAEs) were assessed. [Clinical trial registration: CTRI/2023/10/058583]
Results: This post-hoc analysis included 462 patients [231 each in Test and Comparator]. The baseline demographic characteristics were comparable in between treatment arms. The Pearson's correlation coefficient between change from baseline in MADRS score and YMRS score was statistically significant for both treatment arms at Day 42 [Test: 0.3144, p<0.0001; Comparator: 0.3284, p<0.0001] and the linear regression between 2 arms was not statistically significant (p=0.4203), indicating weak positive correlation between the 2 scales [Figure 1 and Figure 2]. The incidence of TEAEs were similar in both treatment arms [Test: 34.6%; Comparator: 35.5%] and no serious adverse events were reported.

Image 1:

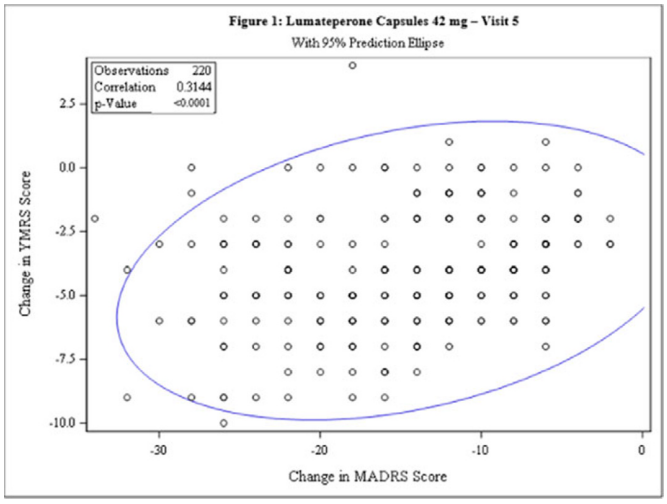
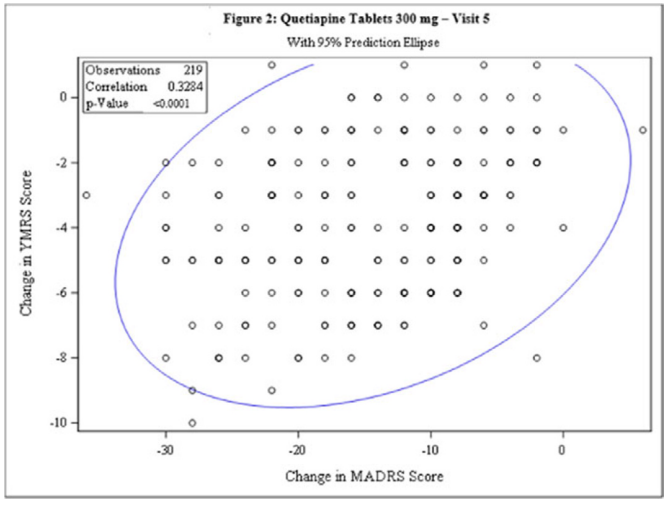


Image 2:



Conclusions: This post-hoc analysis demonstrated that patients with Bipolar II depression when treated with Lumateperone 42mg or Quetiapine 300mg, the reduction in MADRS score is directly proportional to reduction in YMRS score and both treatments were well tolerated.

Disclosure of Interest: A. Dharmadhikari: None Declared, P. Chaurasia: None Declared, Y. Patel: None Declared, D. Choudhary: None Declared, P. Dasud: None Declared, M. Bhirud: None Declared, P. Meena: None Declared, F. Shah: None Declared, G. Ganesan: None Declared, B. P. Rathour: None Declared, K. Mistry: None Declared, M. Dutta: None Declared, A. Ramaraju: None Declared, S. Mangalwedhe: None Declared, S. G. Goyal: None Declared, G. Kulkarni: None Declared, A. Mukhopadhyay: None Declared, P. Chaudhary: None Declared, G. T. Harsha: None Declared, M. Parikh: None Declared, S. Dey:

None Declared, S. Sarkhel: None Declared, N. Jyothi: None Declared, A. Kumar: None Declared, N. Sooch: None Declared, A. Shetty Employee of: Sun Pharma, S. Saha Employee of: Sun Pharma, P. Devkare Employee of: Sun Pharma, A. Shetty Employee of: Sun Pharma, D. Patil Employee of: Sun Pharma, P. Ghadge Employee of: Sun Pharma, A. Mane Employee of: Sun Pharma, S. Mehta Employee of: Sun Pharma

EPV0234

Neuropsychiatric Symptoms in Multiple Sclerosis: A Case Report

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doi: 10.1192/j.eurpsy.2025.1073

Introduction: The relationship between bipolar disorder (BD) and multiple sclerosis (MS) has gained increasing attention due to the complex interplay between neurological and psychiatric symptoms in affected individuals. BD can significantly impair quality of life, and its prevalence in MS patients remains a critical area of investigation.
We present the case of a a 42 year-old woman. She was admitted to the Psychiatric Hospitalization Unit due to a manic episode with psychotic symptoms. Her psychiatric history includes a visit to the Mental Health Unit one year prior for anxiety-depressive symptoms. Notably, she has a diagnosis of Multiple Sclerosis from 2022.
Objectives: Based on the described clinical case, we aim to review the available literature on the relationship between bipolar disorder and multiple sclerosis.
Methods: A systematic review of the literature was conducted using databases such as PubMed, Scopus, and PsycINFO. Studies published up to 2023 that reported on the prevalence and clinical characteristics of BD in MS patients were included. Data were extracted and synthesized to provide a comprehensive overview.
Results: The review identified 20 relevant studies, with pooled data indicating a prevalence of BD in MS patients ranging from 5% to 20%. Key factors influencing prevalence included demographic variables, such as age and sex, as well as the presence of other psychiatric comorbidities. The literature suggests that inflammatory processes and neurobiological changes in MS may contribute to the development of mood disorders, including BD.
Conclusions: There is significant evidence linking bipolar disorder with multiple sclerosis, highlighting the importance of comprehensive mental health assessments in MS patients. Future research should focus on understanding the pathophysiological mechanisms behind this association and developing tailored interventions to improve overall patient outcomes.

Disclosure of Interest: None Declared

EPV0235

Melanopsin-Mediated Pupillary Responses in Bipolar Disorder: A Non-Systematic Review

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Introduction: Melanopsin-expressing intrinsically photosensitive retinal ganglion cells (ipRGCs) are critical regulators of circadian rhythms and various non-image-forming visual functions, such as the pupillary light reflex (PLR), which adjusts the amount of light entering the eye. ipRGCs, through their direct responsiveness to circadian light, influence both circadian entrainment and neurophysiological processes that affect mood regulation. Emerging evidence suggests that melanopsin-mediated PLR may be disrupted in mood disorders, including bipolar disorder (BD) and even patients with increased bipolar disorder-traits. Given the well-documented association between circadian dysregulation and BD pathophysiology, it is hypothesized that changes in ipRGC function may contribute to the neurobiological mechanisms underlying BD.
Objectives: The primary aim of this review is to synthesize and evaluate the existing body of literature on melanopsin-mediated pupillary responses in individuals with bipolar disorder. Specifically, this review seeks to assess the extent to which these responses are altered in BD and to explore the potential utility of melanopsin-driven PLR as a biomarker for mood dysregulation and circadian disruption in this patient population.
Methods: A non-systematic review of the literature on the melanopsin-mediated pupillary light reflex in patients with bipolar disorder, through a targeted search of databases.
Results: The reviewed studies demonstrate consistent alterations in melanopsin-mediated pupillary responses in individuals with BD. Several investigations report reduced PLR amplitude and delayed latency in BD patients, with variability depending on mood state. Manic and depressive episodes appear to be associated with distinct patterns of dysregulation, suggesting that melanopsin signaling may be differentially affected by the phase of illness. One study also shows a variation in ipRGCs responses in remitted BD patients, suggesting an alteration of this system throughout the disease. (Madsen *et al.* Int J Bipolar Disord 2021;9,7) These findings align with circadian disruptions commonly observed in BD, further supporting a mechanistic link between ipRGC dysfunction and mood regulation.
Conclusions: Melanopsin-mediated pupillary responses have emerged as a promising avenue of investigation for identifying biomarkers of bipolar disorder, particularly concerning circadian rhythm and mood dysregulation. Despite encouraging preliminary findings, the current literature is limited by methodological heterogeneity and small sample sizes. Future research should standardize assessment protocols and investigate how ipRGC dysfunction contributes to BD pathophysiology, potentially leading to novel treatments targeting circadian regulation and improving clinical outcomes.

Disclosure of Interest: None Declared

EPV0236

Quetiapine-Induced Mania and Hypomania: A Case Study and Literature Review

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Introduction: In the realm of mental health treatment, quetiapine, is a commonly prescribed for various conditions like schizophrenia, acute manic episodes, anxiety disorder, and major depressive disorder. Its pharmacological profile includes serotonin, dopamine, histamine, and adrenergic receptor antagonism, with a higher affinity for 5-HT2A receptors compared to D2 receptors. Quetiapine's unique receptor interactions and low risk of side effects make it a versatile option for clinicians.
Objectives: This case report aims to shed light on the potential for quetiapine, an atypical antipsychotic, to induce or exacerbate manic or hypomanic symptoms in patients with bipolar affective disorder. By presenting a real-world case study and reviewing existing literature, we seek to contribute to the understanding of how quetiapine dosage can influence mood symptomatology and inform clinical decision-making regarding treatment strategies in bipolar disorder.
Methods: This investigation was conducted following SANRA guidelines for case reports, and involved performing a search in PubMed to compile evidence on how quetiapine impacts mood symptoms, particularly at different dosage levels, in individuals with bipolar affective disorder.
Results: In our case involving a 26-year-old male with bipolar affective disorder, he experienced a manic episode when starting quetiapine at 200 mg/day, with symptom resolution after discontinuation of the medication. Patients ranged from 21 to 66 years old, with males being more prevalent (11 out of 15 cases). The most common diagnoses were paranoid schizophrenia (8 cases) and bipolar disorder (4 cases), with two bipolar patients experiencing worsened hypomanic symptoms. Dosages of quetiapine varied from 100 mg/day to 600 mg/day, with symptoms appearing between the 2nd day and 7th week of starting treatment. Most cases (13 out of 15) were managed by stopping quetiapine, while one patient's dose was increased to 800 mg/day and another reduced to 100 mg/day. Discontinuing quetiapine in the studied patient led to symptom improvement within two weeks, aligning with similar outcomes in other cases.Alternative antipsychotics were effective if quetiapine worsened symptoms. Various theories explain quetiapine's impact, with poor metabolizers potentially needing higher doses for relief.
Conclusions: Despite the risk of inducing hypomanic/manic symptoms at lower doses of quetiapine, findings suggest that in randomized placebo-controlled studies on bipolar patients treated for depressive episodes, quetiapine has shown a lower likelihood of causing a manic or hypomanic switch compared to a placebo. Clinicians should cautiously monitor patients during the initial dose titration period but can consider quetiapine as a management option for bipolar disorder.

Disclosure of Interest: None Declared

EPV0237

Age at menarche and its implications for the mood-psychosis continuum

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Introduction: Earlier age at menarche has been associated with an increased risk of affective disorders, but also a later onset of schizophrenia in women, indicating a complex relationship between hormonal changes and mental health. This interplay highlights the importance of understanding how pubertal timing and estrogen exposure can influence both mood disorders and psychotic conditions throughout a person's life.
Objectives: Our study aimed to explore the relationship between age at menarche and severity of clinical presentation of patients pertaining to mood-psychosis continuum.
Methods: The study group consisted of a total of 109 female patients, 71 diagnosed with bipolar disorder and 38 diagnosed with schizophrenia. The dimensional assessment of psychosis and affective symptoms was done using the Schizo-Bipolar Scale (SBS), together with the severity of the symptom domains measured by the Brief Psychiatric Rating Scale (BPRS).
Results: Age at menarche significantly correlated to score on SBS scale (r= 0.257,p=0.028), after controlling for confounders (age and body mass index). Other clinical characteristics or psychometric properties were not related to age at menarche in the group of BD and SCH patients perceived as a unified group, possibly pertaining to one continuum.
Conclusions: Pubertal timing may play a role in the severity of symptoms associated with bipolar disorder and schizophrenia. Further research is needed to elucidate the specific pathways linking age at menarche to symptom severity and to explore the potential implications for early intervention and treatment strategies targeting the interplay between hormonal factors and mental health outcomes in individuals with bipolar disorder and schizophrenia.

Disclosure of Interest: None Declared

EPV0238

Metabolic syndrome and its influence on clinical characteristics in bipolar disorder type 1: a cross-sectional study

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Introduction: Metabolic syndrome (MS) is a prevalent condition in individuals with bipolar disorder (BD) and may influence the expression of psychiatric symptoms. Factors contributing to this

association include limited access to physical healthcare, lifestyle influences related to psychiatric symptoms, and adverse effects of psychotropic medications.
Objectives: To compare the clinical characteristics of patients with Bipolar Disorder Type 1 (BD-1) with and without metabolic syndrome (MS).
Methods: This was a cross-sectional descriptive study conducted over a three-month period from August to October 2023 at the Psychiatric Service D of Razi Hospital in Tunisia. Patients diagnosed with Bipolar Disorder Type 1 according to the diagnostic criteria of the DSM-5, aged 18 years or older, and in a euthymic phase (confirmed by Hamilton Depression Rating Scale (HDRS) score <8 and Young Mania Rating Scale score <13) were included. Sociodemographic data, clinical features, and treatment information were initially collected from medical records and then verified and completed through direct interviews using a predefined information sheet and psychometric assessments. Metabolic syndrome was diagnosed according to the criteria of the International Diabetes Federation.
All participants provided informed consent before enrollment, and confidentiality of their personal and medical information was strictly maintained. The study protocol was approved by the Institutional Review Board (IRB) of Razi Hospital, ensuring that the research was conducted in accordance with ethical guidelines and principles of patient autonomy, beneficence, and non-maleficence. Participants were informed about the voluntary nature of their participation and their right to withdraw at any time without consequences. Data collection and storage adhered to strict privacy regulations to protect participants' rights and ensure data security.
Results: Forty patients were included in the study, of whom 28 had MS and 12 did not. The mean age of patients was 34.5 ± 8.2 years in the MS group and 32.1 ± 6.5 years in the non-MS group. Participants with MS had a significantly younger mean age of disorder onset (22.6 ± 8.25 years) compared to those without MS (27.9 ± 4.86 years) ($p = 0.02$). We found that the mean number of suicide attempts was significantly higher in the MS group (2.8) compared to the non-MS group (1.6) ($p = 0.001$). Anxiety comorbidity was significantly higher in patients with MS compared to those without MS (57% vs 35%, p < 10^-3).
Conclusions: Our study underscore the importance of addressing metabolic syndrome in the management of patients with BD-1. Given the higher prevalence of metabolic syndrome in this population and its impact on clinical outcomes, interventions aimed at preventing and managing metabolic syndrome components such as obesity, diabetes, and dyslipidemia are crucial.

Disclosure of Interest: None Declared

EPV0239

First manic episodes triggered by the nuptial context: A case series from Tunisia

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Introduction: Manic episodes, a defining feature of bipolar disorder, are often triggered by significant psychosocial stressors. In Tunisia, marriage carries deep religious, societal, and familial significance, creating considerable pressure that may act as a precipitating factor for the onset of bipolar disorder. This case series presents three patients who experienced their first manic episode in the immediate aftermath of their wedding.
Objectives: To highlight the role of marriage as a significant trigger for the first manic episodes in patients with no previous psychiatric history, within the specific socio-cultural context of Tunisia.
Methods: These case reports were compiled through clinical observations and interviews with the patients and their families. All three cases involved newlywed males who developed manic symptoms shortly after marriage, requiring hospitalization.
Results:

- **Case 1:** A 30-year-old male with no personal or familial psychiatric history presented with manic symptoms 5 days after his wedding. Symptoms included expansive mood, irritability, insomnia, grandiose and persecutory delusions, hyperactivity, and logorrhea. He was hospitalized and treated with lithium and risperidone. After 3 weeks, he was discharged and has remained symptom-free for 1 month.
- **Case 2:** A 33-year-old male with a paternal history of schizoaffective disorder developed mania the day after his wedding, following alcohol use and sleep deprivation. His symptoms included psychomotor agitation, destruction of objects, verbal aggression, logorrhea, tachyphemia, delusions of grandeur and persecution, insomnia, and hyperactivity. He was treated with clonazepam, lithium and haloperidol. Clonazepam was discontinued before discharge, and haloperidol after 3 months. He had been episode-free for 3 years, then he had a manic episode and was hospitalized for 2 weeks. Now he's been symptom-free for 2 months
- **Case 3:** A 31-year-old male with no personal or familial psychiatric history presented with manic symptoms 7 days after his wedding, including insomnia, expansive mood, grandiose delusions with auditory hallucinations (he believed God told him to have a son who would be the next prophet), hyperactivity, and logorrhea. He was treated with diazepam, lithium, and risperidone. He was discharged after 4 weeks, with diazepam discontinued before discharge and risperidone after 6 months. He has remained episode-free for 1 year.

Conclusions: These cases highlight the significant cultural pressures surrounding marriage in Tunisia, which can serve as a potent trigger for manic episodes in individuals without prior psychiatric history. Early identification and intervention with antipsychotics and mood stabilizers proved effective in all cases. These findings emphasize the importance of psychiatric vigilance in similar sociocultural settings to manage the onset of bipolar disorder in response to life stressors.

Disclosure of Interest: None Declared

EPV0241

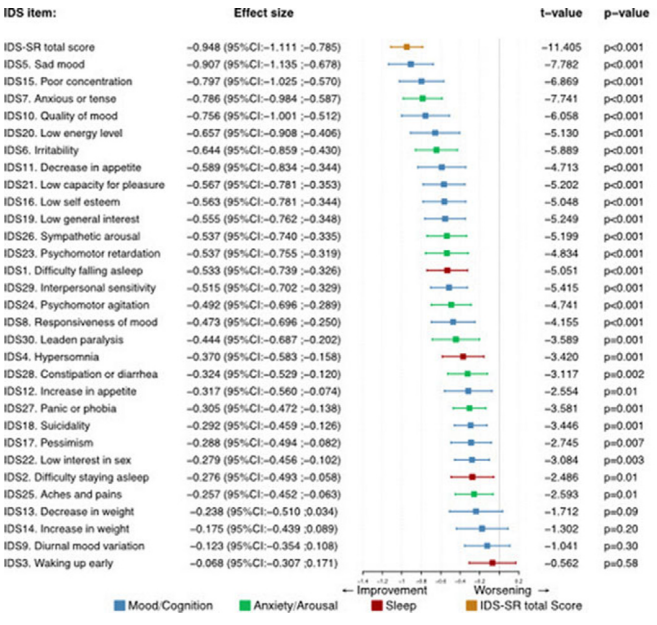
Effectiveness of bright light therapy in patients suffering from unipolar or bipolar depression; a naturalistic study

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Introduction: Depressive disorders, both unipolar (MDD) and bipolar (BD), impact patients and society greatly. In bipolar depression and seasonal affective disorder the episodic nature and periodicity relate to changes in circadian rhythms. Bright light therapy (BLT) is thought to ameliorate symptoms of depression through its influence on circadian rhythms. Effectiveness of BLT has not been thoroughly established in real-world clinical samples.
Objectives: To assess effectiveness of BLT in a real-world patients with BD or MDD and assess effect on individual symptoms of depression.
Methods: For seventy-four patients with depression Inventory of Depressive Symptoms – Self Rated (IDS-SR) scores were available through Routine Outcome Monitoring (ROM) used in BLT in the outpatient clinic for mood disorders. Patients received one or two weeks of BLT as usual care. Patients suffering from MDD (n=33, 60.6% female, mean age 36.1±11.5 years) were compared to patients suffering from BD (n=41, 70.7% female, mean age 45.0±14.5 years) and changes in individual symptoms were analyzed for these two groups as well as the whole cohort.
Results: IDS-SR scores decreased significantly in both groups of patients and did not differ in effect size between the groups. Explorative analyses of the effects on individual items of the IDS-SR showed that items related to core symptoms of depression such a as mood, concentration and energy level showed the largest improvements.

Image:



Conclusions: Self-report depressive symptoms in patients suffering from either MDD or BD decreased in this naturalistic cohort after receiving BLT.

Disclosure of Interest: None Declared

EPV0243

Emotion Regulation Strategies and Persistence of Mood Symptoms in Response to Positive Events: A Follow-Up Study Among Hypomanic Personality Traits, Depressed, and Normal Individuals

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Introduction: Despite the clinical insight that bipolar disorder is associated with specific mood regulation strategies (e.g., positive rumination), this relationship has rarely been confirmed through empirical research. Previous recall-based studies have failed to establish significant links due to potential memory distortion and recall bias. This study addresses these limitations by using a prospective approach to track the direct effects of emotion regulation strategies on mood symptoms in real time and to assess their persistence.
Objectives: The study aimed to: (1) identify differences in emotion regulation strategies in response to positive events among individuals with Hypomanic Personality Traits, depression, and normal controls; and (2) examine how these strategies impact the persistence of mood symptoms over a one-week period.
Methods: 90 participants were divided into three groups based on the Hypomanic Personality Scale (HPS) and the Centre for Epidemiological Studies Depression Rating Scale (K-CESD-R): a hypomanic personality trait group (HPS ≥ 29), a depressed group (K-CESD-R > 13), and a healthy control group (HPS ≤ 21, K-CESD-R ≤ 13). Participants completed an initial online survey to assess emotion regulation strategies immediately following positive social and goal-related events. To assess the moderating effect of emotion regulation strategies on mood persistence, participants were asked to complete follow-up surveys at regular intervals over the course of one week to track the sustained emotional impact of the positive event. The nature of each event was pre-classified, and differences in emotion regulation strategies between groups were analyzed. The moderating role of emotion regulation strategies in the relationship between the initial positive mood response and its persistence over time was analyzed using repeated measures analysis of covariance (ANCOVA).
Results: Emotion regulation strategies significantly moderated the relationship between positive events and mood symptoms. The Hypomanic Personality Traits Group predominantly engaged in maladaptive strategies, such as positive rumination, which led to more pronounced positive mood symptoms over time. The Depressed Group used mood dampening strategies, resulting in minimal improvement in mood. Conversely, the Healthy Control Group employed adaptive strategies, such as savoring, which contributed to stable mood.
Conclusions: This study underscores the critical role of emotion regulation strategies in the persistence of mood symptoms. It highlights the negative impact of maladaptive strategies on mood,

particularly for individuals with hypomanic traits or depression, suggesting a need for targeted therapeutic interventions. Future research should focus on refining these interventions and exploring their efficacy in diverse populations.

Disclosure of Interest: None Declared

EPV0244

Impact of insight on treatment adherence in bipolar disorder

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Introduction: Extreme mood swings are a hallmark of bipolar disorder (BD). Consistent treatment adherence, including medication and regular attendance at outpatient care, is usually necessary for the effective management of BD. However, many individuals with BD struggle with treatment engagement, which is often influenced by several factors, including insight.
Objectives: This study aims to explore the relationship between patients' level of insight into their condition and their attendance at scheduled treatments
Methods: It was a cross-sectional, descriptive, and analytical study conducted on bipolar disorder patients from the Psychiatry "A" Department, Hedi Chaker University Hospital. Clinical and sociodemographic data were collected from March to September 2023 using a questionnaire along with Medication Adherence Rating Scale (MARS) for assessing treatment adherence and the Birchwood Insight Scale (BIS) to evaluate insight
Results: A total of 37 patients with BD completed the questionnaire. The mean age was 45.4 ± 13.9 years, with a sex ratio (M/F) of 1.46.
In our study, 73% of patients were with BD type I and 27% were with BD type II.
The mean MARS score was 7.14 ± 2.13, and 37.8% of our population were non-adherent to medication.
The mean BIS score was 8.58 ± 2.35, and 56.8% of patients had good insight.
Mean scores of awareness of illness, re-labeling of symptoms, and need for treatment subscales of BIS were respectively 2.86, 2.73, and 2.86.
The MARS score was positively correlated with the BIS score ($p = 0.002$, $r = 0.40$).
The MARS score was also positively correlated with both the *awareness of illness* subscale of the BIS ($p = 0.035$, $r = 0.34$) and the *re-labeling of symptoms* subscale of the BIS ($p = 0.41$, $r = 0.33$).
Conclusions: This study demonstrates that certain aspects of insight are significantly associated with treatment adherence in bipolar disorder. Specifically, a*wareness of illness* and *re-labeling of symptoms* suggest that the ability to reinterpret and understand symptoms may enhance engagement with care. In contrast, the *Need for Treatment* subscale did not show a significant correlation with attendance, indicating that simply recognizing the need for treatment alone may not be sufficient to ensure consistent participation in care.

Disclosure of Interest: None Declared

EPV0245

Subjective cognitive impairment in bipolar disorder patients: prevalence and associated factors

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Introduction: Over the last decade, there has been a growing recognition of the importance of identifying and treating cognitive impairment associated with bipolar disorder, as it persists during remission periods. Evidence suggests that neurocognitive dysfunction may significantly influence patients' psychosocial outcomes. An increasing body of research aims to improve understanding of potential moderators contributing to cognitive impairment in bipolar disorder in order to develop prevention strategies and effective treatments
Objectives: The aim of this study is to explore the prevalence of cognitive impairment among bipolar disorder patients and identify related factors.
Methods: It was a cross-sectional, descriptive, and analytical study conducted on bipolar disorder patients from the Psychiatry "A" Department, Hedi Chaker University Hospital. Clinical and sociodemographic data were collected from March to September 2023 through a questionnaire along with The Cognitive Complaints in Bipolar Disorder Rating Assessment (COBRA) for evaluation of subjective cognitive impairment
Results: A total of 37 patients with BD completed the questionnaire. The mean age was 45.4 ± 13.9 years, with a sex ratio (M/F) of 1.46.
Our results showed that 73 % of patients were with BD type I and 27% were with BD type II.
The mean score of COBRA was 12.54 ± 7.62 and 32.4% of participants presented subjective cognitive disorder.
Subjective cognitive disorder was significantly associated with the number of relapses, hospitalizations and suicide attempts, with respectively $p< 0.001$, $p= 0.02$ and $p= 0.05$
Female patients and patients with poor income presented significantly more subjective cognitive disorders ($p = 0.01$ and $p = 0.02$, respectively).
The COBRA score was positively correlated with the number of relapses ($p<0.001$, $r = 0.67$).
Conclusions: Our findings indicate that a significant proportion of individuals with bipolar disorder report cognitive difficulties, which may impact their daily functioning and quality of life. Key factors such as poor income, female sex, and the number of relapses and suicide attempts were associated with higher levels of perceived cognitive dysfunction. These results highlight the need for greater attention to cognitive symptoms in the clinical management of bipolar disorder.

Disclosure of Interest: None Declared

EPV0246

Treatment adherence in bipolar disorder: related factors

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Introduction: It is well established that user behavior does not align with clinical recommendations regarding using medication in psychotic disorders, particularly bipolar disorder (BD). Nonadherence to treatment carries a high risk of relapse due to the recurrent nature of the illness and is influenced by multiple factors
Objectives: The aim of this study is to investigate the prevalence of medication adherence among BD patients and to explore the various factors contributing to poor adherence.
Methods: This cross-sectional, descriptive, and analytical study was conducted with patient diagnosed with bipolar disorder at the Psychiatry "A" Department of Hedi Chaker University Hospital. Data on clinical and sociodemographic variables were collected between March and September 2023 using a questionnaire, alongside the Medication Adherence Rating Scale (MARS) to evaluate treatment adherence.
Results: A total of 37 patients with BD completed the questionnaire. The mean age was 45.4 ± 13.9 years, with a sex ratio (M/F) of 1.46. In this study, 73 % of patients had BD type I and 27% had BD type II. The mean MARS score was 7.14 ± 2.13 and 62.2% were adherent to their treatment.
Only 16.2% of bipolar patients discontinued their medication due to side effects, while 51.4% present unintentional poor adherence. A significant association was found between treatment adherence and socio-economic status ($p = 0.05$).
The MARS score was negatively correlated with the number of hospitalizations ($p = 0.05$, $r = -0.315$)
Conclusions: This study highlights that treatment adherence in bipolar disorder is influenced by various factors, with socio-economic status being a significant determinant. The negative correlation between MARS scores and the number of hospitalizations suggests that better adherence is associated with fewer hospitalizations. Improving treatment compliance is crucial to reducing the risk of recurrence and hospitalization in BD.

Disclosure of Interest: None Declared

EPV0247

From fire to ashes. A six-month follow-up prospective study of manic patients after acute inward hospitalisation

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Introduction: Although manic episodes are the most characteristic and diagnostic, depressive episodes and subsyndromal depressive symptoms are most prevalent through bipolar patients lifetime and are most related to functional impairment. Manic episodes are still more frequently psychiatrically identified and managed and represent for many patients the first contact with mental health professional and the beginning of an adequate follow-up. They are, however, frequently followed by depressive states. For these reasons, post-episodic constitutes an important psychiatric task for monitoring and follow-up, with little evidence supporting its risks and needs.
Objectives: To elucidate the sociodemographic and clinical characteristics related to depressive switch of bipolar disorder patients after hospital discharge for a manic episode.
Methods: This is a prospective study involving consecutive patients admitted for a manic episode in acute inward in Hospital Clínic de Barcelona. Patients were recruited upon admission to the hospital and followed for a period of six months. Clinical evaluations were conducted during ospital admission and at discharge with Brief Psychiatric Rating Scale, Young Mania Rating Scale, Hamilton Depression Rating Scale and Clinical Global Impression scale for Bipolar Disorder. Patients were contacted for follow-up assessments at 1 month and 6 months after discharge. Presence of a depressive episode was evaluated using the DSM-5 criteria.
Results: A total of 46 patients were recruited, of whom 17 (37%) presented a depressive episode in the following 6 months after discharge. In relation to psychiatric history, manic predominance showed a significant negative association with depressive switch ($p=0.004$), with depressive predominance showing and approached significance for a positive association ($p=0.097$). Also, schizoaffective disorder diagnosis approached significance for a negative association ($p=0.071$). Comorbidity with substance use disorder (except tobacco) showed significant positive association ($p=0.417$). Lithium is the only treatment showing a significant positive association with depressive switch ($p=0.046$).
Conclusions: Lack of significance for clinical variables suggest no clear capacity for predicting follow-up evolution through psychopathological state at discharge. Manic and depressive predominance show, respectively, a negative and positive association with depressive switch, maintaining the global tendency of individual patient's disorder. Interestingly, comorbidity with substance use disorder acted as a protective factor for depressive switching. This finding might be in relation with the fact that, whereas in substance users drugs act as a main factor for their psychopathological state and evolution, with a proneness for stimulants towards manic states, non-users present a higher degree of endogeneity, where depressive states constitute the main tendency.

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EPV0249

Correlation of Q-LES-Q-SF and YMRS in patients with Bipolar II depression: A post-hoc analysis of an Indian Phase 3 study

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Introduction: Lumateperone, an atypical antipsychotic drug approved in 2021 for bipolar depression, has a dual mechanism of action by combination of activity at central serotonin (5-HT2A) and dopamine (D2) receptors. In India, Quetiapine is one of the approved drugs for use in depressive episodes for bipolar disorder.
Objectives: This post-hoc analysis of an Indian Phase 3 study was conducted to evaluate the correlation of quality of life assessed via Quality-of-life enjoyment and satisfaction-short form questionnaire (Q-LES-Q-SF) and severity of hypomania symptoms via Young Mania Rating Scale (YMRS) when treated with Lumateperone 42mg or Quetiapine 300mg.
Methods: The phase-III, randomized, multi-centric, assessor-blind, parallel-group, active-controlled, comparative, non-inferiority study included patients with Bipolar II depression with moderate severity having a Montgomery-Asberg depression rating scale (MADRS) score ≥20 and Clinical global impression–bipolar version–severity (CGI-BP-S) score ≥4. The study was conducted after receiving regulatory and ethics committee approvals. The patients were randomized (1:1) to either receive Lumateperone 42mg [Test] or Quetiapine 300mg [Comparator] for 6 weeks. In this post-hoc analysis, correlation between Q-LES-Q-SF and YMRS were evaluated and for safety outcomes treatment emergent adverse events (TEAEs) were assessed. [Clinical trial registration: CTRI/2023/10/058583]
Results: This post-hoc analysis included 462 patients [231 each in Test and Comparator]. The baseline demographic characteristics were comparable in between treatment arms. The Pearson's correlation coefficient between Q-LES-Q-SF score and YMRS score was statistically significant for both treatment arms at Day 42 [Test: -0.268, p<0.0001; Comparator: -0.281, p<0.0001] and the linear regression between 2 arms was not statistically significant (p=0.8603), indicating weak negative correlation between the 2 scales [Figure 1 and Figure 2]. The incidence of TEAEs were similar in both treatment arms [Test: 34.6%; Comparator: 35.5%] and no serious adverse events were reported.

Image 1:

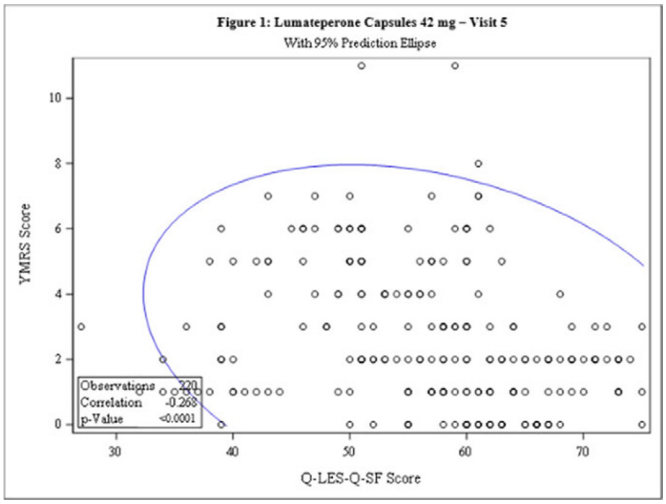
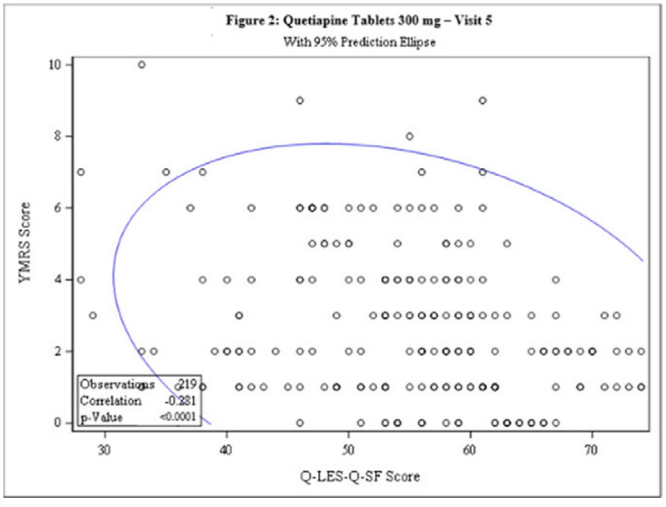


Image 2:



Conclusions: This post-hoc analysis demonstrated that patients with Bipolar II depression when treated with Lumateperone 42mg or Quetiapine 300mg, the improvement in Q-LES-Q-SF score is inversely proportional to YMRS score and both treatments were well tolerated.

Disclosure of Interest: A. Dharmadhikari: None Declared, P. Chaurasia: None Declared, Y. Patel: None Declared, D. Choudhary: None Declared, P. Dasud: None Declared, M. Bhirud: None Declared, P. Meena: None Declared, F. Shah: None Declared, G. Ganesan: None

Declared, B. P. Rathour: None Declared, K. Mistry: None Declared, M. Dutta: None Declared, A. Ramaraju: None Declared, S. Mangalwedhe: None Declared, S. G. Goyal: None Declared, G. Kulkarni: None Declared, A. Mukhopadhyay: None Declared, P. Chaudhary: None Declared, G. T. Harsha: None Declared, M. Parikh: None Declared, S. Dey: None Declared, S. Sarkhel: None Declared, N. Jyothi: None Declared, A. Kumar: None Declared, N. Sooch: None Declared, A. Shetty Employee of: Sun Pharma, S. Saha Employee of: Sun Pharma, P. Devkare Employee of: Sun Pharma, A. Shetty Employee of: Sun Pharma, D. Patil Employee of: Sun Pharma, P. Ghadge Employee of: Sun Pharma, A. Mane Employee of: Sun Pharma, S. Mehta Employee of: Sun Pharma

EPV0250

Efficacy and Safety of Lumateperone compared to Quetiapine in Indian patients with Bipolar II depression: A subgroup analysis based on age

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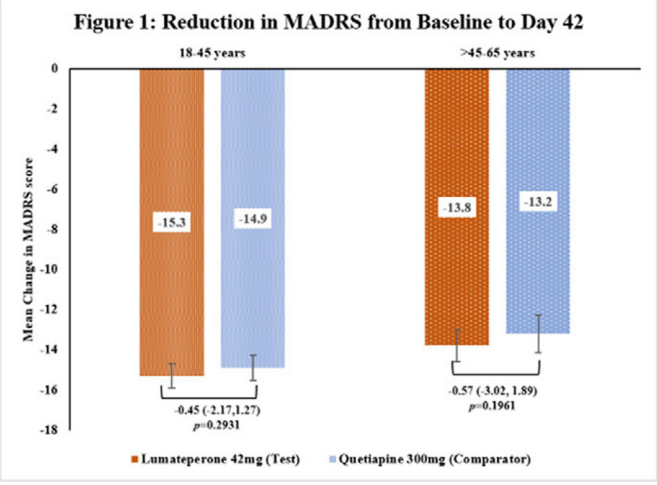
Introduction: Lumateperone, an atypical antipsychotic drug, has a dual mechanism of action by combination of activity at central serotonin (5-HT2A) and dopamine (D2) receptors.

Objectives: This subgroup analysis of an Indian Phase 3 study was conducted to evaluate the efficacy and safety of Lumateperone 42mg compared to Quetiapine 300mg in treatment of Bipolar II depression when stratified based on age (18-45, >45-65).

Methods: The phase-III, randomized, multi-centric, assessor-blind, parallel-group, active-controlled, comparative, non-inferiority study included Indian patients with Bipolar II depression with moderate severity having a Montgomery-Asberg depression rating scale (MADRS) score ≥20 and Clinical global impression–bipolar version–severity (CGI-BP-S) score ≥4. The study was conducted after receiving regulatory and ethics committee approvals. The patients were randomized (1:1) to either receive Lumateperone 42mg [Test] or Quetiapine 300mg [Comparator] for 6 weeks. The patients were stratified based on age: Subgroup 1 [S1]: 18-45 years and Subgroup 2 [S2]: >45-65 years. For efficacy outcomes MADRS score, CGI-BP-S (total score, depression subscore and overall bipolar illness subscore), and Quality of life enjoyment and satisfaction-short form questionnaire (Q-LES-Q-SF) score were evaluated and for safety outcomes treatment emergent adverse events (TEAEs) were assessed. [Clinical trial registration: CTRI/2023/10/058583]

Results: This subgroup analysis included 462 patients, out of which 320 in S1[Test=159; Comparator=161] and 142 in S2[Test=72; Comparator=70]. The baseline demographic characteristics were comparable in between treatment arms across subgroups. The primary endpoint of reduction in MADRS score from baseline to Day 42 in Test arm was non-inferior to Comparator arm in both subgroups [Figure 1] as the upper 95% CI was below the predefined margin of 3.0. The reduction of CGI-BP-S (total score, depression subscore and overall bipolar illness subscore) from Day 14 to Day 42 were comparable in both Test and Comparator arms in both subgroups. The improvement in Q-LES-Q-SF score from baseline to Day 42 were comparable in both Test and Comparator arms in both subgroups. The incidence of TEAEs were comparable in both treatment arms [S1: Test=31.4% and Comparator=36.6%; S2: Test=41.7% and Comparator=32.9%] and no serious adverse events were reported.

Image 1:



Conclusions: This subgroup analysis demonstrated that Lumateperone 42mg is non-inferior to Quetiapine 300mg in treatment of Bipolar II depression as assessed via MADRS score from baseline to Day 42, irrespective of age of the patients and both treatments were found to be well tolerated. Hence, Lumateperone can be considered as valuable treatment option in management of Bipolar II depression.

Disclosure of Interest: A. Dharmadhikari: None Declared, P. Chaurasia: None Declared, Y. Patel: None Declared, D. Choudhary: None Declared, P. Dasud: None Declared, M. Bhirud: None Declared, P. Meena: None Declared, F. Shah: None Declared, G. Ganesan: None Declared, B. P. Rathour: None Declared, K. Mistry: None Declared, M. Dutta: None Declared, A. Ramaraju: None Declared, S. Mangalwedhe: None Declared,

S. G. Goyal: None Declared, G. Kulkarni: None Declared, A. Mukhopadhyay: None Declared, P. Chaudhary: None Declared, G. T. Harsha: None Declared, M. Parikh: None Declared, S. Dey: None Declared, S. Sarkhel: None Declared, N. Jyothi: None Declared, A. Kumar: None Declared, N. Sooch: None Declared, A. Shetty Employee of: Sun Pharma, S. Saha Employee of: Sun Pharma, P. Devkare Employee of: Sun Pharma, A. Shetty Employee of: Sun Pharma, D. Patil Employee of: Sun Pharma, P. Ghadge Employee of: Sun Pharma, A. Mane Employee of: Sun Pharma, S. Mehta Employee of: Sun Pharma

EPV0251

A triptorrelin-induced manic episode: a case report

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Introduction: Gonadotropin-releasing hormone (GnRH) agonists are the recommended treatment in non-localized prostate cancer. Psychiatric disorders induced by GnRH agonists are rare, but they can include depressive symptoms, irritability, anxiety and auditory hallucinations. Manic episodes are even less frequent.
Objectives: With this case, we aim to remind, that although rare, affective episodes, particularly manic episodes, can occur with the use of GnRH agonists, namely triptorelin.
Methods: Case report.
Results: A 72-year-old man, without relevant psychiatric medical history was admitted to the in-patient unit because of a Manic Episode. It was characterized by hyperfamiliarity, pressured speech, coprolalia, accelerated thinking, flight of ideas and a euphoric/irritable mood. He also had delusional ideas of grandiosity and persecution, centered on his family.
The most common organic causes were ruled out, but it stood out that this patient was under treatment with a long-acting injectable formulation of triptorelin because of a recently diagnosed prostate adenocarcinoma.
Antipsychotics and mood stabilizer drugs were used, but symptoms were only partially remitted. Therefore, we decided to stop all medications, including triptorelin, and a gradual improvement in manic symptoms was observed.
Conclusions: Mood disorders can be an adverse effect of the use of GnRH agonists and, although the expected response to the psychotropic drugs was not observed, symptoms eventually remitted when the effect of Triptorelin wore off, about three months after patient's last dose.
The literature recommends the use of mood stabilizers in the presence of affective symptoms after treatment with GnRH agonists, but some cases may need the GnRH agonists to be discontinued.

Disclosure of Interest: None Declared

EPV0252

Feasibility of Actigraphy in a Longitudinal Study of Patients with Bipolar Disorder

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Introduction: Bipolar disorder (BD) is a severe psychiatric disorder characterized by recurring acute mood episodes of depression or euphoria, alternating with phases of euthymia, with a prevalence in the general population of 2%. Individuals with BD frequently experience disruptions in sleep and circadian rhythms, present during both euthymic and acute mood phases, yet these disturbances are challenging to measure objectively. Tracking these changes can offer insights into the progression of BD and potential risk for mood relapse. Actigraphy, a non-invasive monitoring technique, holds promise for capturing objective, real-world data on sleep and circadian patterns, thereby aiding in the assessment and management of BD.
Objectives: This study aims to assess the feasibility of using actigraphy as a tool for monitoring sleep-wake patterns and physical activity levels in patients with BD over a longitudinal period.
Methods: Within The Bipolar Exposome-Gene Interaction Naturalistic (BEGIN) project we conducted a longitudinal study of individuals diagnosed with BD using wrist-worn actigraphy (Withings Steel HR) to collect data on daily activity and sleep parameters over 12 months. Feasibility was evaluated based on participant adherence to the actigraphy protocol, data quality, technical challenges, and acceptability by patients and clinicians.
Results: Results indicated satisfactory enrolment rate (N=87, 66.4%) in the study and compliance with the use of actigraphy (N= 59, 67.8%). The main reasons for not accepting the study were non-response to contacting efforts (43.2%) and lack of interest (24.3%). No age differences were found between individuals who accepted the study and those who did not. A high retention rate was obtained (N=80, 92%) with the main reason for drop-off being the perception of intense follow-up within the study. Regarding actigraphy, younger individuals were more likely to accept its use ($t = -2.066$, p-value = 0.043) and the main reason for non-adherence was rash development (42.9%). Patient feedback highlighted the ease of use and minimal disruption of daily life.
Conclusions: In conclusion, actigraphy is a feasible and effective tool for continuous monitoring in BD, offering potential for improving the understanding of mood episodes and treatment efficacy in future studies. Further exploration of actigraphy in larger cohorts and its integration with other physiological measures is recommended.

Disclosure of Interest: None Declared

EPV0253

The role of environmental factors in sleep disturbances in bipolar disorder: Preliminary analysis from the BEGIN longitudinal study

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doi: 10.1192/j.eurpsy.2025.1089

Introduction: Sleep disturbances are common among individuals with bipolar disorder (BD) and may be present even during euthymic phases and significantly impact illness course and quality of life. This preliminary analysis is part of BEGIN (The Bipolar Exposome-Gene Interaction Naturalistic study.
Objectives: Here, we analyze the relationship between subjective sleep disturbances and various lifestyle and environmental factors in BD patients.
Methods: Eighty-seven patients diagnosed with BD (Mean age = 50.7 years, SD = 13.6; 44.7% female; Mean BMI = 26.9, SD = 4.61) all in a three-month euthymic phase, were recruited. At baseline, participants completed lifestyle questionnaires covering diet, light exposure, and time spent indoors, alongside assessments of clinical history and circadian rhythms using the BRIAN scale. Sleep quality was assessed through the Pittsburgh Sleep Quality Index (PSQI, with a cutoff >5 for sleep problems) and the Epworth Sleepiness Scale (ESS, with a cutoff >10 indicating excessive daytime sleepiness). Sociodemographic, clinical, and environmental factors were compared between BD patients with and without sleep disturbances.
Results: Based on ESS scores, patients with excessive daytime sleepiness had significantly higher overall circadian rhythm disruptions, as indicated by the BRIAN total score ($p = 0.049$). A negative correlation emerged between excessive daytime sleepiness and age at first hospitalization ($r = -0.36$, $p = 0.003$). Disrupted eating patterns, reflected in the BRIAN eating subscale, also correlated with excessive daytime sleepiness ($r = 0.27$, $p = 0.027$). Based on PSQI scores tobacco smoking was positively associated with poor sleep quality ($r = 0.42$, $p = 0.013$), while more time spent with artificial light from electronic devices ($r = -0.29$, $p = 0.019$), and less time spent indoors ($r = 0.39$, $p = 0.001$) correlated with worse sleep quality. Patients experiencing poor sleep also showed less consistency in social routines (BRIAN social score, $p = 0.028$).
Conclusions: These preliminary findings suggest that sleep disturbances in BD patients may be intricately linked to lifestyle and environmental factors, such as circadian rhythm disruptions, smoking, and exposure to artificial light. These results highlight the importance of considering environmental and lifestyle modifications to support sleep quality in BD. Future longitudinal analyses will be essential to clarify causal pathways and develop targeted interventions that address circadian and lifestyle factors in managing BD.

Disclosure of Interest: None Declared

EPV0254

Public perception towards marriage involving individuals with bipolar disorder and its relationship with affirming attitudes among general population

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Introduction: Public perceptions regarding marriage in individuals with bipolar disorder are often influenced by societal stigma and misconceptions. These views can shape attitudes towards their suitability for long-term relationships. Misunderstandings about mental illness often create barriers to social acceptance.
Objectives: This study aims to explore the general population's perceptions of marriage involving individuals with bipolar disorder and assess how these views relate to broader affirming attitudes towards mental health.
Methods: Across sectional study was conducted via an online formulary shared on social media. It included a detailed description of clinical symptoms and outcomes of bipolar disorder along with 13 questions assessing the perception of the participants about marrying an individual with bipolar disorder. A battery for measurement of affirming attitudes was used, it comprised 3 self-report measures: The Empowerment scale(ES), the Recovery scale(RS) and the self-discrimination scale(SDS).
Results: A total of 304 participants were included, with the majority aged between 20 and 30 years, 71 participant indicated that they were living with someone diagnosed with a psychiatric disorder. Results show that opinions on marriage for individuals with bipolar disorder are mixed. While 50.3% believe such individuals can marry, there is significant doubt about marriage improving symptoms with 63.5% disagreeing that it helps, and 61.8% rejecting the idea of marriage as a cure. Moreover, 53.0% believe that marriage could worsen symptoms. 55.9% would not personally agree to marry someone with this condition. Similarly, 58.6% would not approve of a relative marrying someone with bipolar disorder. However, despite these concerns, 80.6% agree that people with bipolar disorder have the right to make their own decisions concerning marriage.
Additionally, participants who expressed a refusal to marry someone with bipolar disorder ($p<10^{-3}$) had significantly higher RS scores. Moreover, participants who believed that individuals with bipolar disorder are dangerous to their partners exhibited significantly higher ES scores ($p=0.036$). Furthermore, a significant result was observed among participants who disagreed that individuals with bipolar disorder are capable of making decisions regarding marriage, these individuals demonstrated elevated scores on all three scales: RS ($p<10^{-3}$), ES ($p=0.02$), and SDS ($p=0.01$).
Conclusions: This study highlights the ongoing challenge of societal stigma towards individuals with bipolar disorder, particularly regarding marriage. While there are encouraging signs of changing attitudes among certain demographic groups, broader efforts are needed to foster a more inclusive and supportive societal perspective on this topic.

Disclosure of Interest: None Declared

EPV0255

General population's perceptions regarding marriage in patients with Bipolar disorder

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doi: 10.1192/j.eurpsy.2025.1091

Introduction: The general population's views on marrying individuals with bipolar disorder are shaped by a combination of personal experiences, cultural beliefs and media portrayals, and this emphasize the challenges for successful, supportive relationships among them.
Objectives: To explore these perceptions we performed a qualitative analysis of public attitudes toward marriage in individuals with bipolar disorder.
Methods: A cross-sectional study was carried out using a convenience sampling approach among the general population. The survey was distributed through social media platforms and, in addition to collecting socio-demographic and clinical data, it provided a detailed account of the symptoms and outcomes associated with bipolar disorder. It also included open-ended questions aimed to evaluate perceptions of the potential advantages and disadvantages of being in a relationship with someone who has bipolar disorder. The responses were analyzed, and common themes reflecting public opinion were identified.
Results: A total of 304 participants, mostly aged between 20 and 30, were included, with women making up 80.9% of the group. The majority held a university degree. A family history of psychiatric conditions was reported by 35.6% of the participants, and 23.35% mentioned living with someone who has a psychiatric disorder. Additionally, around 87% of the participants acknowledged having consulted a psychiatrist at least once in their lifetime.
Responses regarding potential disbenefits of being married to a patient with bipolar disorder included 9 themes. The most representative ones were 1) the fear of dealing with mood swings and recurrent mood episodes (10.2%); 2) the impossibility of having a stable relationship (7.2%), 3) the risk of physical and/or verbal violence (6.4%); 4) the elevated risk of separation (4.6%); and 5) the risk of suicide (3.9%). Other themes included concerns about 6) transmitting the pathology to their descendants; 7) dealing with a partner who refuses treatments; 8) having an irresponsible companion; and 9) facing financial problems.
About 8.9% of the participants stated that they were willing to get married with a patient with bipolar disorder in order to help him survive his illness; 6.2% of them qualified him as intelligent and affectionate; and 5.2% considered manic episodes as an opportunity to alter routine.
Conclusions: Public perceptions of marriage with individuals with bipolar disorder are shaped by a complex interplay of stigma, fear, and misinformation. While negative stereotypes are prevalent, there is also a recognition that with the right support, successful marriages are possible. Addressing the knowledge gaps and promoting empathy are crucial steps in reducing stigma and supporting individuals with bipolar disorder in their personal and marital lives.

Disclosure of Interest: None Declared

EPV0256

The Effect of Emotion Regulation Strategies on Functioning in Individuals with Bipolar Disorder

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Introduction: Bipolar disorder is a chronic disorder characterized by intense fluctuations in mood, which seriously affects the mental health and quality of life of the individual (APA, 2022). The most prominent features of this disorder include episodes of mania, hypomania and depression. In between these episodes, individuals may generally experience periods of emotional stability; however, the severity and frequency of emotional fluctuations may show individual differences. Bipolar disorder affects not only individuals' mood, but also their cognitive functioning, social relationships, and overall mental health. In this context, the strategies these individuals use to cope with emotional difficulties play an important role in mental health. Especially in manic episodes, individuals often struggle with an uncontrolled increase in excessive positive emotions, while in depressive episodes they have to cope with intense negative emotions (Gruber, 2011). Research shows that individuals with bipolar disorder often resort to dysfunctional emotion regulation strategies, which may have a negative impact on the frequency and severity of episodes. However, studies on the effectiveness of emotion regulation strategies in individuals with bipolar disorder are limited. In particular, more research is needed on how these strategies play a role in different stages of the illness and to what extent the effects of these strategies on individuals' overall functioning differ.
This study aims to examine the effects of emotion regulation strategies used by individuals with bipolar disorder on functioning.
Objectives: The aim of this study is to examine the effect of emotion regulation strategies used by individuals with bipolar disorder on their functioning. In particular, it is aimed to analyze the differences between functional and non-functional strategies on functioning.
Methods: This study was planned according to a descriptive correlational design. Data will be collected from individuals diagnosed with bipolar disorder using the Cognitive Emotion Regulation Scale, Difficulty in Emotion Regulation Scale-Short Form (DERS-16), Young Mania Rating Scale, Brief Psychiatric Functioning Rating Scale and Sociodemographic Data Form. Participants will fill in these scales and the effect of emotion regulation strategies on functioning will be evaluated. The data will be subjected to appropriate methods for statistical analysis.

Results: Data extraction is still on going in detailed style by principal authors. Description of studies and the key findings will be presented.
Conclusions: The results of this study aim to determine the different effects of functional and dysfunctional strategies on functioning in individuals struggling with bipolar disorder and to provide recommendations for interventions that can improve the mental health of these individuals.
Key Words: bipolar disorder, emotion regulation, functioning, coping.

Disclosure of Interest: None Declared

EPV0257

Impact of Apheresis on Lithium Levels in a Patient with Multiple Myeloma and Bipolar Disorder: A case report

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Introduction: Managing lithium levels in patients with coexisting medical conditions can present several challenges. Here, we report a case of a bipolar disorder (BD) patient on lithium therapy who underwent apheresis in the hematology department for autologous stem cell transplantation preparation.
Objectives: Bipolar disorder and multiple myeloma are both challenging conditions to manage individually, but their combination presents unique difficulties. This report details the case of a patient with both conditions, emphasizing the impact of a major medical intervention on psychiatric health.
Methods: Presentation of a patient's case regarding the impact of apheresis on lithium levels.
Results: A 52-year-old woman presented in January 2024 with bilateral hip pain, and MRI revealed lesions on the T12 vertebra, which were identified as multiple myeloma on a PET scan. She underwent neurosurgical intervention for the spinal lesions and was planned for autologous stem cell transplantation by the hematology team, involving apheresis and filgrastim administration. The patient has a 20-year history of BD and and has never been hospitalized in a psychiatric facility. Her condition has remained stable with lithium and quetiapine, especially when lithium levels were maintained between 0.8-0.9 mEq/L. During acute episodes, increasing the quetiapine dosage and adding clonazepam have proven effective. It was noted that her most recent hypomanic episode occured in January 2024, due to the interruption of her medications during her admission to the neurosurgery ward. When the patient was admitted to the hematology ward for apheresis, she was taking 1200 mg/day of lithium and 600 mg/day of quetiapine, with a blood lithium level of 0.56 mmol/L. Since her blood lithium levels were considered low, the dosage was increased to 1500 mg/day. One week later, the patient developed complaints of increased amount of speech, overspending and irritability. She was evaluated in consultation and hypomania was considered as a result of psychiatric examination. Her blood lithium level had decreased to 0.46 mmol/L at that time. Clonazepam 0.5 mg/daily was added to her treatment. The apheresis treatment was completed after 10 days. Four days after the completion of the apheresis therapy, her lithium level increased to 0.81 mmol/L and her hypomanic symptoms have improved.
Conclusions: Although lithium is well-documented to be effectively removed via hemodialysis and peritoneal dialysis, its removal through apheresis is not documented. Managing BD in patients undergoing apheresis presents challenges due to its impact on plasma lithium levels. This case underscores the importance of individualized treatment strategies, including frequent monitoring of serum lithium levels and timely dose adjustments. Clinicians must remain cautious in patients undergoing plasma exchange to maintain mood stability and adjust treatments as necessary.

Disclosure of Interest: None Declared

EPV0258

Enhancing Lithium Monitoring: A Comparative Analysis of Saliva, Erythrocyte, and Plasma Levels in Psychiatric Patients

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doi: 10.1192/j.eurpsy.2025.1094

Introduction: Lithium is a key treatment for bipolar affective disorder, effectively managing mania, depression, and reducing suicidality. Due to its narrow therapeutic range, regular monitoring of plasma levels is essential to avoid toxicity. However, blood plasma testing can be costly and inconvenient. Non-invasive alternatives, such as saliva testing, have been explored, but with inconsistent results. Previous studies have shown discrepancies in saliva collection and storage, variations in processing methods, and differences in lithium detection techniques. Recent research suggests that erythrocyte lithium levels may better reflect brain concentrations and predict treatment response. This study investigates the correlation between lithium concentrations in different types of biological media, aiming to find a more convenient and effective monitoring method for patients.
Objectives: This study aimed to examine the correlation between lithium concentrations in saliva, plasma, and erythrocytes at multiple daily time points in patients undergoing lithium carbonate treatment.
Methods: A total of 77 patients were recruited from the Clinical Department of Psychiatry, Sestre Milosrdnice University Hospital Center, Zagreb, Croatia, between January and August 2024. Participants included inpatients and day hospital patients diagnosed with bipolar affective disorder, treatment-resistant depressive disorder, or depressive disorder with a high suicide risk. All participants were newly initiated on lithium carbonate therapy, receiving

300 mg at 9:00 and 21:00 for 5 days. Exclusion criteria included conditions affecting salivation, pregnancy, and medications that alter lithium levels. Lithium concentrations in saliva, plasma, and erythrocytes were collected at 9:00, 10:00, 11:00, 12:00, 15:00, and 20:00. Samples were processed and analyzed using a spectrophotometric method.
Results: To assess the correlation between lithium concentrations in saliva, plasma, and erythrocytes, linear regression analysis was conducted. The results indicated a statistically significant correlation between lithium levels in saliva and plasma ($p<0.01$). However, no significant correlations were observed between lithium concentrations in saliva and erythrocytes ($p>0.01$) or between plasma and erythrocytes ($p>0.01$).
Conclusions: Aforementioned finding suggest that saliva could be used for lithium monitoring. Utilizing saliva could significantly enhance treatment options for patients with mood disorders while contributing to treatment efficacy, patient safety, and adherence.

Disclosure of Interest: None Declared

EPP086

Effects of Lithium Treatment in Pediatric Patients with Conduct Disorder: A Systematic Review and a Single-Arm Meta-Analysis

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Introduction: Conduct disorder (CD) is a behavior disorder mostly presented during childhood and adolescence, with a lifetime prevalence between 2 and 10%. Atypical antipsychotics are considered the most effective pharmacotherapy for CD, nonetheless, they are associated with sedation and extrapyramidal side effects. The pediatric use of lithium is well-documented for managing bipolar disorder; however, its efficacy in treating conduct disorders in children remains uncertain.
Objectives: In this study, the authors evaluate the adverse effects of lithium in pediatric patients with conduct disorder.
Methods: We systematically searched PubMed, Embase, and the Cochrane Library for randomized controlled trials and controlled observational studies in pediatric patients with conduct disorder, following the PRISMA protocol. The search strategy included the following keywords: "Pediatric Population", "Conduct disorder", and "Lithium". Review Manager 5.4 and Inverse Variance Random Effects were used for statistical analysis and heterogeneity was examined with the Cochran Q test and I^2 statistics.
Results: From the search of the databases, 1.258 articles were found. After removing duplicates and ineligible studies, 3 articles were included in this study according to the inclusion criteria. We included 161 patients from 3 non-randomized trials. (Figure 1) A total of 136 (84.5%) patients were male. The mean ages between studies ranged from 5.2 to 14.2 years. Only the outcome of adverse effects related to the study population could be found in the 3 studies, and this was used to carry out the single-arm meta-analysis. The pooled proportion of adverse events was 68% (95% CI; 0.30-1.00; I^2 = 98%; $p < 0.01$). (Figure 2) Adverse events included: decreased appetite, stomachache, nausea, vomiting, headache, dizziness, pallor, and fatigue, among others.

Image 1:

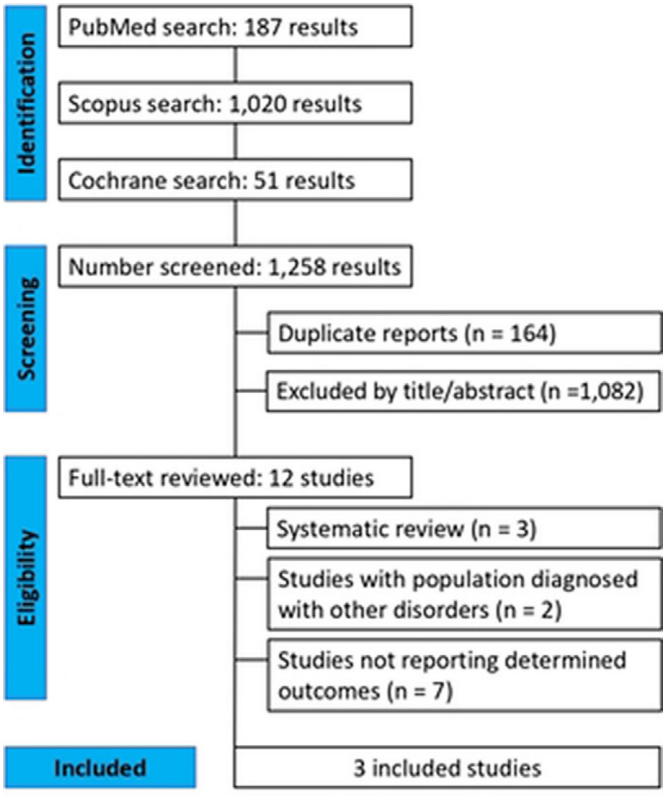
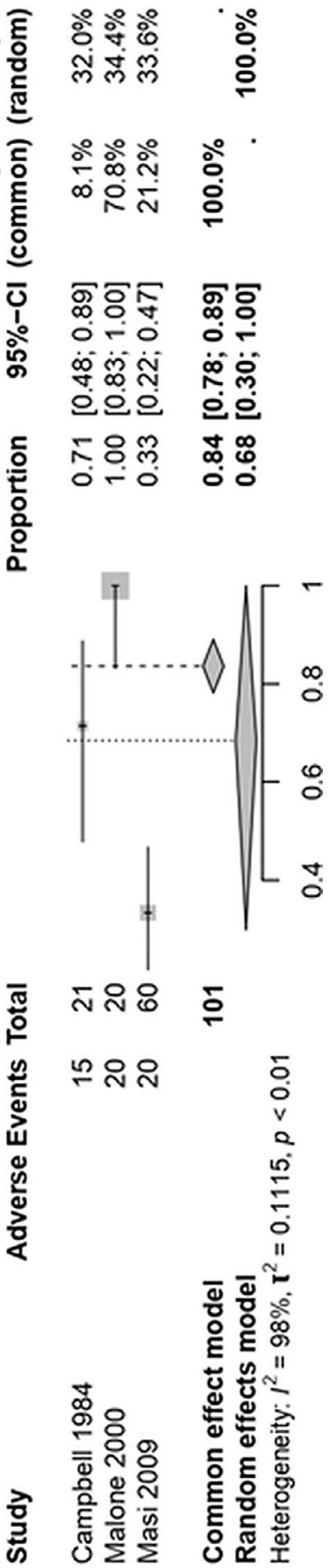


Figure 1. PRISMA flow diagram of study screening and selection

Image 2:



Conclusions: In pediatric patients, lithium appears to be a viable treatment option for conduct disorder. However, some patients may experience adverse events such as decreased appetite, stomach pain, nausea, vomiting, headache, among others. Therefore, more comparative studies are needed to validate the safety and efficacy profile of lithium in this population.

Disclosure of Interest: None Declared

EPP362

Dialectical Behavior Therapy for Patients With Bipolar Disorder: A Systematic Review and Meta-Analysis

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doi: 10.1192/j.eurpsy.2025.644

Introduction: Dialectical Behavior Therapy (DBT) is a comprehensive evidence-based psychotherapy that focuses on teaching skills regarding the acceptance of circumstances and coping with emotional responses.
Objectives: The objective of this study is to perform a systematic review and meta-analysis to investigate the efficacy of DBT in patients diagnosed with Bipolar Disorder (BD) in order to ascertain whether it improves the recurrence of manic and depressive symptoms.
Methods: A systematic search of the PubMed (MEDLINE), Embase, Web of Science, and Cochrane Library databases was conducted to identify studies that had applied DBT to patients with a diagnosis of BD.
Results: A total of 343 patients were included in the study, comprising participants from eight randomized and non-randomized trials. Of whom, 196 patients (57.1%) underwent DBT and pharmacological treatment, while 147 patients (42.9%) were treated with alternative interventions. A total of 12 to 36 sessions of DBT were conducted across all trials, with a follow-up period ranging from three to 15 months. The age range of the participants was 15.8 to 49.3 years. All studies included patients diagnosed with BD type I (n=175), five articles included patients with BD type II (n=100), and two included patients with BD-NOS (Not Otherwise Specified) (n=68). The primary endpoint analyzed was the mean change in the Beck Depression Inventory-II (BDI-II), as reported by three of the included studies. The meta-analysis yielded no statistically significant results, with a mean difference of -4.49 (95% CI: -11.75, 2.76; I^2 = 6%; p = 0.22) (Figure 2). The analysis of the Young Mania Rating Scale (YMRS) revealed a mean of 5.96 in a total of 72 patients (95% CI: 0.29-11.64; I^2 = 97.39%; p < 0.001) (Figure 3).

Image 1:

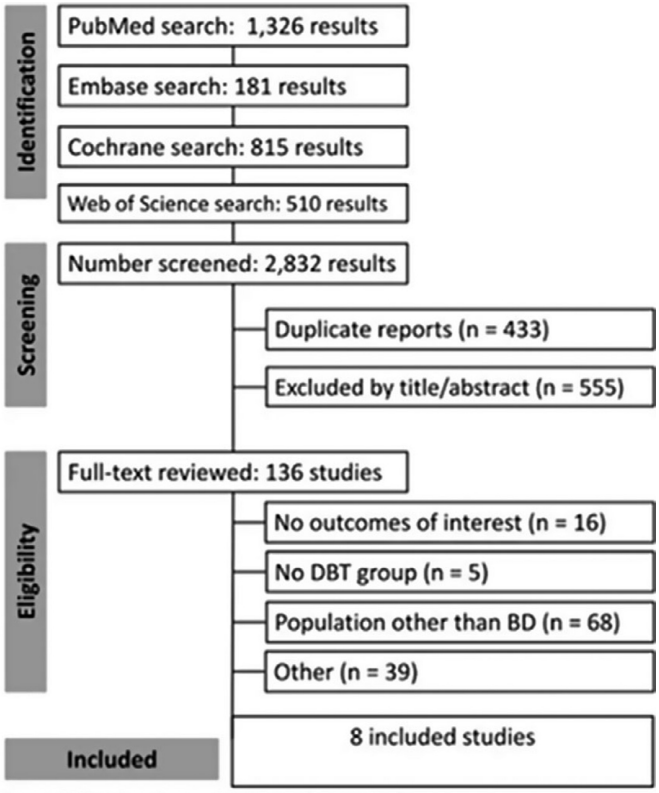


Figure 1. PRISMA flow diagram of study screening and selection

Image 2:

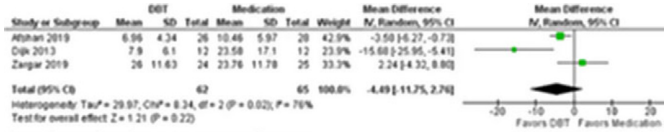


Figure 2. Mean Beck Depression Inventory (BDI-II) score

Image 3:

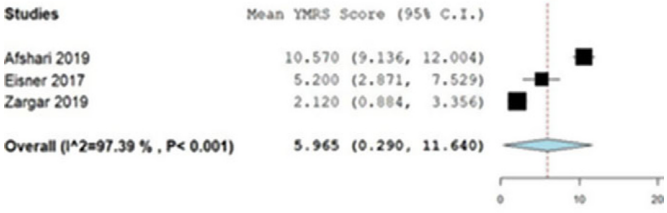


Figure 3. Mean Young Mania Rating Scale (YMRS) score

Conclusions: The DBT was observed to have a beneficial impact on mood episodes and symptomatic manifestations among adolescents and adults diagnosed with BD. Therefore, it may be postulated that the DBT could be employed in conjunction with pharmacological agents to mitigate the severity of symptoms and enhance the overall quality of life in patients with such a diagnosis.

Disclosure of Interest: None Declared

Child and Ad.olescent Psychiatry

EPV0260

Long-acting Paliperidone in the Management of Severe Behavioral Disturbances Post-Traumatic Brain Injury: A Case Report

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doi: 10.1192/j.eurpsy.2025.1095

Introduction: Traumatic brain injury (TBI) is a critical public health issue that often results in lasting cognitive and behavioral impairments. These impairments include heightened risks for psychiatric disorders, such as aggression, social withdrawal, and mood instability.
Managing TBI-related behavioral symptoms can be complex, particularly in adolescent patients, where non-adherence to medication presents additional challenges.
Objectives: To evaluate the effectiveness of long-acting injectable paliperidone palmitate in managing severe behavioral disturbances following TBI in an adolescent patient with a history of non-adherence to oral antipsychotic treatments.
Methods: A case study approach was employed to detail the treatment and outcomes of a 16-year-old male who developed persistent aggressive and impulsive behaviors following a severe TBI at age 9.
The patient's treatment history involved multiple oral antipsychotic trials, each limited by adherence issues or side effects, before transitioning to paliperidone palmitate injections.
Behavioral outcomes were monitored, and family-reported assessments of improvement were collected.
Results: Following the initiation of monthly paliperidone palmitate injections at an initial dose of 100 mg, later increased to 150 mg, the patient showed significant reductions in aggression and improved behavioral control.
Family members observed fewer aggressive outbursts and better social interactions.
Mild side effects, including weight gain and an increase in prolactin levels, were reported, but these were generally well tolerated by the patient.
Conclusions: This case demonstrates the potential benefits of long-acting injectable antipsychotics for managing behavioral dysregulation in TBI patients who struggle with medication adherence.
Paliperidone palmitate was effective in stabilizing the patient's behavior, underscoring the need for tailored, multidisciplinary treatment plans that incorporate both pharmacological and psychosocial interventions to optimize long-term recovery in TBI-related neuropsychiatric care.

Disclosure of Interest: None Declared

EPV0261

The Influence of Childhood Adversity on Academic Performance, Cognitive Function, and Life Satisfaction in University Students

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doi: 10.1192/j.eurpsy.2025.1096

Introduction: Childhood is a pivotal developmental phase, with experiences during this period significantly shaping future outcomes. Adverse Childhood Experiences (ACE), such as abuse, neglect, and household dysfunction, are linked to long-term adverse health outcomes, risky behaviors, and impaired cognitive function. These experiences can also negatively impact academic performance and life satisfaction. Despite the prevalence of (ACE), there is limited research in the Middle East.
Objectives: The study aim to examines the relationship between Adverse Childhood Experiences (ACE), academic performance, cognition, and life satisfaction among Sultan Qaboos University students.
Methods: This cross-sectional study recruited undergraduate students from Sultan Qaboos University using self-administered surveys distributed via social media and college administrations. It assessed ACE scores, academic performance (GPA), cognitive function, and life satisfaction through validated instruments.
Results: The study found that 26.5% of students had high ACE scores, with emotional abuse being the most common. Higher ACE scores were associated with a history of mental illness, urban residence, and lower family financial status. Significant negative correlations were found between ACE scores and life satisfaction, GPA, and cognitive function. Regression analysis revealed that higher ACE scores increased the likelihood of lower GPA and decreased life satisfaction, emphasizing the substantial impact of ACEs on university students' well-being and academic performance.

Table 1: Multinomial Logistic Regression Results of GPA as Dependent Factor.

GPA Category	Predictor	B	Sig. (p-value)	Exp(B)	95% CI for Exp(B)
<2.00	ACE Score	0.317	0.025	1.373	1.041 - 1.811
	Gender	-1.639	0.001	0.194	0.073 - 0.517
	College	-0.229	0.02	0.795	0.656 - 0.964
2.00-2.49	Gender	-1.889	<0.001	0.151	0.066 - 0.345
	Academic Year	0.338	0.012	1.403	1.079 - 1.824
	College	-0.181	0.021	0.835	0.716 - 0.973
2.50-2.99	Academic Year	0.343	0.007	1.409	1.100 - 1.805

Table 2: multiple linear regression analysis SWLS as dependent variable.

Predictor	B	Std. Error	Beta	t	Sig.	95% CI B
Gender	-0.932	0.577	-0.069	-1.614	0.107	-2.066 to 0.203
College	0.358	0.117	0.131	3.066	0.002	0.129 to 0.588
Financial Status	1.14	0.566	0.094	2.015	0.044	0.028 to 2.251
Diagnosed with Mental Illness	-3.355	1.015	-0.144	-3.305	0.001	-5.350 to -1.360
ACE Score	-1.112	0.174	-0.298	-6.41	0.00	-1.453 to -0.771

Conclusions: The Study highlights the need for targeted interventions and support systems to address the diverse needs of students affected by (ACE). By understanding the long-term consequences of (ACE) and the mediating role of sociodemographic factors, educators, policymakers, and mental health professionals can develop strategies to promote resilience and well-being among young adults.

Disclosure of Interest: None Declared

EPV0262

KBG syndrome: a case report of a 12-year-old male child with ADHD

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doi: 10.1192/j.eurpsy.2025.1097

Introduction: KBG syndrome is a rare genetic condition (autosomal dominant inheritance - ANKRD11 mutation) with a particular phenotype (short stature, craniofacial dysmorphism and skeletal abnormalities) and neurodevelopmental delay or intellectual disability. Patients with this condition usually have a greater tendency to present symptoms related to impulsivity and distractibility typical of ADHD, as well as behavioral disturbances and aggressiveness.
We present the case of a 12-year-old male child who is being followed up at the Child and Adolescent Mental Health Department for intellectual disability and ADHD combined.
Objectives: To address the importance and multidisciplinary approach of the KBG Syndrome in the pediatric population with a diagnosis of ADHD based on the presentation of the aforementioned clinical case.
Methods: Bibliographic search and description of a clinical case of a patient under follow-up for Child and Adolescent Mental Health at the "Hospital Clínico Universitario de Valladolid".
Results: A 12-year-old boy from Spain was referred to the Child and Adolescent Psychiatry Department for attention and concentration difficulties and impulsivity problems. The parents describe the patient as a restless and nervous child who is sometimes aggressive in moments of important frustration. They point out that he impulsively performs dangerous acts, such as crossing the road without making sure that a car is not coming by, and is easily distracted. The School Center reports that the child is incapable of following the rules and shows great difficulty in learning.
He has a medical history of growth delay with problems of right dorsal scoliosis requiring the use of a night corset, moderate hypoacusis in the right ear, myopia and astigmastism and macrodontia. He also underwent surgery for epigastric hernia.
In addition, he shows a particular phenotype that shares with his mother and for which genetic studies have been performed that determined the ANKRD11 mutation, confirming the diagnosis of KBG syndrome.
Conclusions: KBG syndrome is a rare genetic condition that should be considered in the differential diagnosis of patients with cognitive and behavioral difficulties in combination with a distinctive phenotype.
The importance of the diagnosis of this entity lies in being able to offer a better multidisciplinary medical approach at the organic and mental health level.

It is also important to be able to plan and propose an adapted education at school and to provide tools and management strategies to the family at home for a better prognosis and quality of life of the patient and his environment.

Disclosure of Interest: None Declared

EPV0264

Suicide, suicide ideation and self-harming behaviours in a Day Hospital for children and adolescents with ASD

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Introduction: The ASD (Autism Spectrum Disorder) Day Therapeutic Unit is a third-level care unit. It consists of 20 beds for the evaluation and treatment of children and adolescents with ASD. In recent years, there has been a significant increase in suicidal thoughts, self-harm and completed suicide in these patients. At the ASD Day Hospital, we offer multidisciplinary and intensive treatment to these patients, but we also want to delve into the causes of this situation: real prevalence, existing psychiatric comorbidities, gender differences, etc. with the aim of being able to improve our clinical and care dedication
Objectives: The objective is to know the clinical and sociodemographic characteristics of patients with thoughts of death, self-harm and completed suicide, in our autism day hospital.
Methods: A review of the clinical history of patients included in the ASD Day Hospital from 2021 to 2023 (both complete) is carried out. The psychiatric comorbidity, age of the patients, gender, multidisciplinary treatment received and average stay are analyzed.
Results: During the years 2021, 2022 and 2023, a total of 255 children (92 women and 163 men) were treated in HD for ASD, with an average age of 11.64 years for women and 11.44 for men. It was found that 40 (15 + 22) of them had suicidal thoughts, where (9 + 16) were women, (6 + 6) men. One patient committed suicide (woman), and 25 presented self-harming behaviors (16 women and 9 men). The most frequently found comorbidities were: anxiety, depression, ADHD and conduct disorders. And the most frequently prescribed drug was fluoxetine, followed by aripiprazole.
Conclusions: Patients with ASD have a high comorbidity with anxiety, depression and behavioural disorders, probably as a consequence of the ongoing socio-family requirements they present. This situation leads to an increase in the prevalence of harmful behaviours and thoughts of death in underage patients, occasionally leading to suicide.
Work on social skills, as well as multidisciplinary intervention, improves the clinical situation of these patients, which should be considered an economic and moral investment for future generations.

Disclosure of Interest: None Declared

EPV0265

An experimental study on the use of BERS-2 test to diagnose behavior and emotion: (a model for teenagers)

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Introduction: This study focuses on studying the most common psychological and physiological phenomena of adolescents, which directly and indirectly affect adolescent behavior and emotions, especially school children, using the BESR-2 test. Youth and peer pressure, crime, family and school stress, drug use, alcohol use, smoking, rape, theft, etc., create anxiety and psychological causes for teenagers in our society. In order to prevent and reduce the negative impact on the behavior and emotional state of the youth, it is imperative to study the current problems and find better solutions. In relation to this social need, the purpose of this study is to conduct a pilot study on how to diagnose the behavior and emotional state of adolescents using the BERS-2 test.
Objectives: When analyzing the relevant theories and principles of the BERS-2 test, the research selects appropriate methods and methodologies (1) review and analyze the theoretical basis of the author's use of the test; (2) examine the internal reliability and convergent validity of the BERS-2; (3) use and examine internal reliability and convergent validity; and finally (4) identify research limitations and future research directions.
Methods: 1,812 students from Ulaanbaatar and the local area, 1,812 teachers, and 1,812 parents, a total of 5,436 participants are participating in the pilot study. In this study, one of the most widely used strengths assessment tools in social services is the Behavioral and Emotional Rating Scale-2 (BERS-2), which includes separate rating scales for youth, parents, and teachers. Although the three assessment forms are similar, a few items have been slightly worded to better reflect the views of Mongolian youth, parents, and teachers. The Interpersonal Strengths subscale (14 items) measures a child's ability to interact with others in social situations. Family involvement (10 items) assesses the child's relationship with the family. The internal self-efficacy subscale (11 items) focuses on how the child perceives his or her own functioning. The school functioning subscale (9 items) assesses the child's performance and abilities in school. The Power Influence subscale (7 items) measures a child's ability to exert and receive influence from others.
Results: The main results of the study are presented as follows.

1. Cronbach's alpha coefficient for test validity was 0.816.
2. Behavioral and emotional indicators of the surveyed teenagers are 34.56% on average.
3. In terms of self-esteem of teenagers, their behavioral and emotional indicators are 47.6% or average; parents - 33.3%; teachers are 29.6%.

Conclusions: it was observed that the superiority of emotions and attitudes is weak for middle class students. In other words, Mongolian children believe that it is necessary to develop emotional and behavioral strengths.

Disclosure of Interest: None Declared

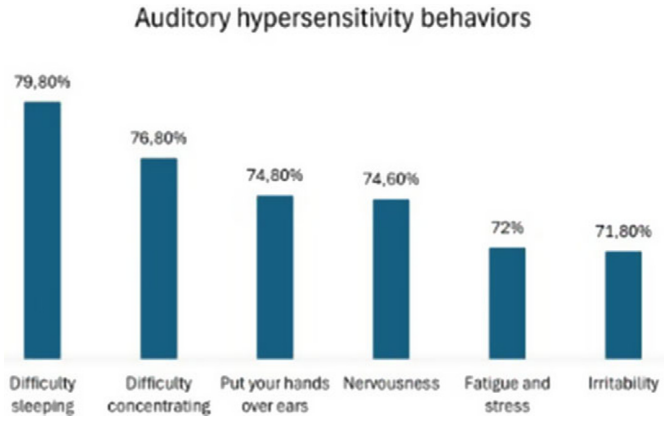
EPV0266

Parents' perception of auditory hypersensitivity in children with Autism Spectrum Disorder

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doi: 10.1192/j.eurpsy.2025.1100

Introduction: Autism is defined as a broad and complex neurodevelopmental disorder with alterations in behavioral and social communication aspects. Sensory symptoms also occur prevalently in autism spectrum disorder (ASD) and are present early in the etiology, however, little is known about the early developmental patterns of these symptoms (Mccormick *et al.* Autism 2016; 5 572-579). Among these various sensory-perceptual alterations, auditory hypersensitivity is a prevalent sensory alteration in the ASD population (Dunlop *et al.* Front Hum Neurosci 2016; 10 1-12), defined as excessive or abnormal sensitivity and distress to auditory stimuli that are evident in the individual's behavioral reactions (Stefanelli *et al.* CoDAS 2020; 32 1-9). Furthermore, auditory hypersensitivity can trigger atypical reactions that can impact social and academic domains (Danesh *et al. Audiol. Res 2021; 11* 547-556).
Objectives: This research aimed to identify the occurrence and describe the auditory hypersensitivity behaviors presented by children with Autism Spectrum Disorder.
Methods: This is a cross-sectional and descriptive study, composed of parents/guardians of 161 children diagnosed with ASD. The sample consisted of parents of children of both sexes, aged 4 to 12 years. Caregivers answered a sociodemographic form and reported on the presence or absence of auditory hypersensitivity and the behaviors presented by the child. The study was approved by the Ethics and Research Committee under opinion number: 5,862,943.
Results: 161 parents of children with ASD participated, who declared that 108 (67.1%) of the children had auditory hypersensitivity and 53 (32.9%) did not, with 83 (69.2%) of the children being male and 37 (30.8%) female. The most frequently reported behaviors were: difficulty sleeping (79.8%), difficulty concentrating (76.8%), put your hands over ears (74.8%), nervousness (74.6%), fatigue and stress (72%), and irritability (71.8%) in the presence of sound (Table 1).
Tabela 1. Comportamentos de hipersensibilidade auditiva na percepção de pais de crianças com TEA

Image 1:



Conclusions: The results suggest that there is a high prevalence of auditory hypersensitivity in children with autism spectrum disorder and that this symptom can have negative impacts on the individual's quality of life.

Disclosure of Interest: None Declared

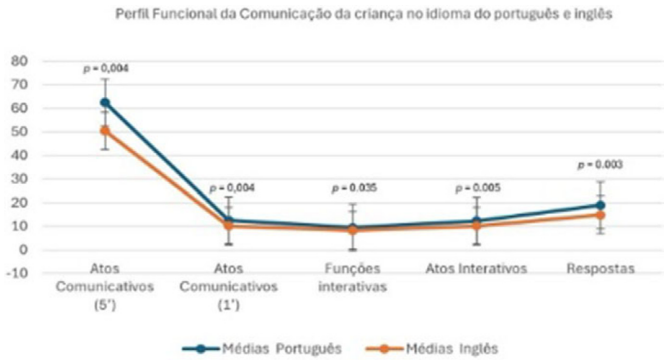
EPV0267

Functional language assessment in children with autism spectrum disorder in a Portuguese and English language context

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doi: 10.1192/j.eurpsy.2025.1101

Introduction: Autism spectrum disorder (ASD) presents specific characteristics in child development. Behavioral and, mainly, communicative aspects are the most frequent for diagnostic closure (APA Artmed 2014; Asperger Archiv F. Psychiatrie 1944; 117 76-136). The absence, delay or difficulties in establishing expressive language are important social markers in early childhood, being one of the main reasons that lead families to seek therapeutic guidance (Amato USP 2006; Andrade UFPB 2017; Andrade Pró-Fono 2023). One of the aspects related to the communication of children with ASD is the interest in foreign languages, which manifests itself from early childhood (Avelar Universidade Presbiteriana Mackenzie 2018). The use of a foreign language for interpersonal communication presented spontaneously, by children with ASD, is something that needs to be evaluated within the functional aspects of social communication, since the major communicative difficulties faced are related to pragmatic aspects (Andrade Pró-Fono 2023; Balestro *et al.* Rev Soc Bras Fonoaudiol 2012; 17 279-86). The form and means of communication, length of permanence and communicative quality are fundamental elements to be analyzed when comparing expected child development to chronological age. In a research process involving humans, it makes perfect sense to anticipate and understand linguistic, cultural and educational differences, in order to avoid contextual and communicative variables that conflict with the proposed aims.
Objectives: The objective of this study is to evaluate the functional communication of children with ASD in Portuguese and English language contexts.
Methods: 16 children were selected, aged 42 to 72 months, without relatives and/or living with multilingual people. Samples were collected by recording spontaneous communication between patient and therapist in a natural intervention environment. 5-minute clips of greater interaction were made and, from these, the analyzes were carried out. This research has an opinion approved by the Ethics Committee, under number 6,890,786.
Results: Parents' perception of their children's communication difficulties were unanimously reported. Greater communicative ability was demonstrated in the Portuguese language, however, communicative ability and functionality was verified in the English language, without significant statistical differences when comparing the two languages. In the production of grammatical classes, there was greater production in the Portuguese language, with greater lexical production.

Image 1:



Conclusions: The children under observation and evaluation in this study showed satisfactory correlation and performance in the proposed tests. There was communicative performance, with results without significant statistical differences in the Functional Communication Profile in both languages. More studies will be needed to support these results.

Disclosure of Interest: None Declared

EPV0271

Understanding Psychological Bullying in Tunisian Schools: Frequency and Determinants

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Introduction: Psychological bullying in schools is a pervasive issue that affects the emotional and psychological well-being of countless children. This phenomenon often manifests as emotional abuse, leading to significant long-term consequences for victims.
Objectives: Determine the prevalence of psychological bullying in schools in the Sousse region and to describe its associated factors
Methods: This is a descriptive and analytical cross sectionnal study that took place in two middle schools and three public high schools in the Sousse region(Tunisia) among adolescents aged between 12 and 18. A pre-established data collection form enabled us to gather socio-demographic characteristics, personal history and bullying behaviours, drawing on questionnaires available in the scientific literature.
Results: Our study included 420 students with an average age of 15.63±1.87 years. The sex ratio was 0.98. More than half the students (58.1%) reported being victims of bullying. The rate of harassment was higher among girls (53.7%), although this difference was not statistically significant (P=0.063). The perpetrator was a friend in 89.8% of cases, and a teacher in 35.2%. The body or physical appearance was the object of harassment in more than half of the cases. We noted that 74.1% of students with a chronic illness reported having been victims of bullying, compared to only 55.5% of students with no medical history. This difference was statistically significant (p = 0.001; OR= 2.94). This phenomenon was also noted in 81.4% of students treated for psychiatric disorders, a rate significantly higher than that of students with no psychiatric history (p<10-3; OR= 3.47).Our results showed that harassment was reported by 78.13% of adolescents living with their fathers, compared to a significantly lower proportion among those living with their mothers (51.16%) and those living with both parents (56.7%) (p = 0.008).
Conclusions: Our study reveals a concerning prevalence of psychological bullying among adolescents, with over half of the participants reporting victimization. These results underscore the urgent need for targeted interventions and support systems to address bullying in schools, particularly for vulnerable populations.

Disclosure of Interest: None Declared

EPV0272

Cavum vergae in a patient with autism spectrum disorder

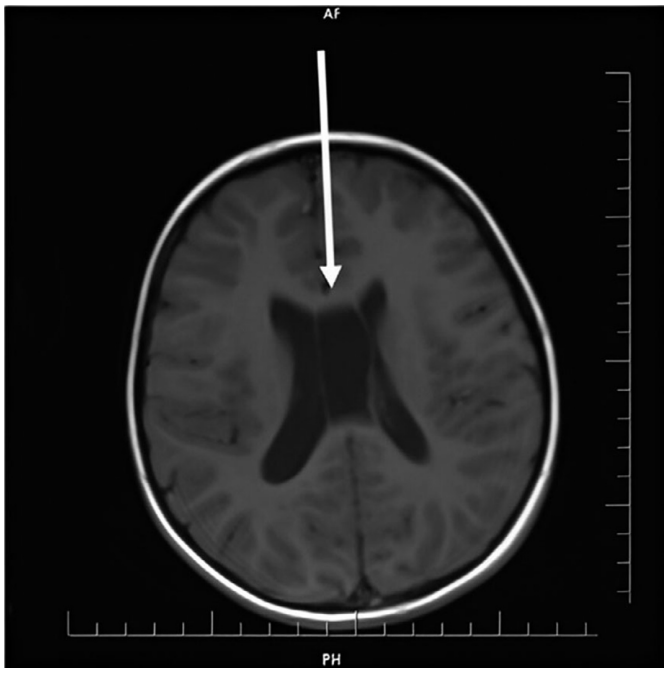
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Introduction: A neurodevelopmental disorder known as autism spectrum disorder (ASD) affects approximately 1 in 54 children. It has a complex etiology, but little is known about its neurological and genetic basis. (Loomba *et al.*, 2021 Psychiatry Research:Neuroimaging, *313*, 111301.) The septum pellucidum is a part of the limbic system, which consists of two layers of gray and white matter and forms the medial walls of the lateral ventricles. A cavum septum pellucidum (CSP) is a septum pellucidum that has a division between its two layers. All fetuses have CSP, although around 85% fuse within three to six months after birth. The posterior expansion of the CSP is called the cavum vergae (CV). Up to 30% of neonates have this structure, although less than 1% of people have it in adulthood. (Landin-Romero *et al.*, 2015 Journal of Affective Disorders,186,53-57.)
Objectives: The aim of this study is to understand the relationship between ASD and CV.
Methods: The patient, seven year old, applied to clinic accompanied by his parents due to speech delay in January 2024. He was product of full-term delivery, born by caesarian section secondary to servical stenosis. His mother had servical bleeding in the 6th week of pregnancy which she had taken progesterone for several days.
Results: During our examination, he did not respond to his name every time, maintained eye contact for a short time, did not initiate communication most of the time, did not continue even if he initiated it, showed more interest in objects than people, had echolalia and dysprosody. Based on our evaluation, we diagnosed as ASD and referred for special education. Although most of his tests were normal, CV was reported in brain MRIs (Image1). Retaining the CSP or CV after birth may indicate abnormalities in the development of the brain. Co-occurrence of enlarged CSP and CV persistent into adulthood is less common, but it has also been associated with neurodevelopmental disorders, decreased mental status, psychosis and bipolar disorder. (Landin-Romero *et al.*,2015 Journal of Affective Disorders,186,53-57.) This case, based on the idea that CV is seen more frequently in

psychiatric diseases, supports the idea that neuroimaging findings that have emerged in recent years are changes in the neuroanatomical structure and brain connection of ASD.

Image 1:



Conclusions: Retaining the CSP or CV after birth may indicate abnormalities in the development of the brain. Isolated CV is rather unusual. Co-occurrence of enlarged CSP and CV persistent into adulthood is less common, but it has also been associated with neurodevelopmental disorders, decreased mental status, psychosis and bipolar disorder. (Landin-Romero *et al.,* 2015 Journal of Affective Disorders, 186, 53-57.) This case, based on the idea that CV is seen more frequently in psychiatric diseases, supports the idea that neuroimaging findings that have emerged in recent years are changes in the neuroanatomical structure and brain connection of ASD.

Disclosure of Interest: None Declared

EPV0273

Comparing the risk factors related to intra-familial and extra-familial sexual abuse in cases that underwent medicolegal evaluation and prepared a report

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Introduction: Childhood sexual abuse, a serious issue for all societies, is a complex experience that requires many legal and professional initiatives(Odacı et al. Psikiyatride Güncel Yaklaşımlar,2023).It is a widespread, multidimensional problem worldwide, with physical, mental, social, moral, cultural, and legal aspects(İşeri et al. Çocuk ve Ergen Psikiyatrisi Temel Kitabı,2008).
Objectives: This study aimed to evaluate risk factors and medicolegal assessment results in children who were sexually abused.
Methods: The records of children who were victims of sexual abuse retrospectively reviewed at Dokuz Eylül University Faculty of Medicine, Department of Child and Adolescent Psychiatry, between January 2010 and December 2023.Sociodemographic, clinical, psychometric, and medicolegal evaluation data were analyzed.
Results: Of the 537 cases that underwent medicolegal evaluation, 80.3% were male and 19.7% were female.The mean age at the time of sexual abuse incident was significantly higher in females(12.5 ±3.4) than in males(9.8±3.4).Before the incident, 63.0% of cases had at least one psychiatric diagnosis(most commonly Mental Retardation or Developmental Delay(57.5%), MDD(5%), and Conduct Disorder(4.7%)).The period after the incident, 77.1% had at least one psychiatric diagnosis(most commonly PTSD (57.9%) and MDD(49.7%)), most of which occurred after the incident.22.7% of the cases were victims of incest, 77.3% were victims of extra-familial abuse.The most common abuser was the father in incest(7.1%) and a familiar person(neighbor, etc.) in extra-familial abuse(22.4%).51.4% of cases experienced simple sexual abuse, while 48.6% faced sexual penetration.In 42.7% of the cases, sexual abuse was first disclosed to family members. In incest victims, compared to cases of extra-familial sexual abuse; the rates of being female(86.9%-78.3%), having successful-average academic success(55.2%-43.3%), having normal-borderline intelligence (77.7%-67.7%), having an unemployed father(25.5%-16.2%), being subjected to simple sexual abuse(63.1%-48.0%), being subjected to sexual abuse by a single perpetrator(90.2%-81.2%), being subjected to repeated sexual abuse(69.7%-45.8%), living in a broken family (66.7%-38.9%), not having a psychiatric diagnosis before the incident(50.8%-34.2%), and withdrawing the abuse allegation/complaint (18.9%-6%) were statistically significantly higher.The age at the date of the incident was significantly younger(median:11-13), and the time taken to apply to judicial authorities (months) was significantly longer(median:18.5-12).Predictive variables of incest have also been evaluated using logistic regression analysis.
Conclusions: In this study, the findings found in cases that underwent medicolegal evaluation support the literature findings regarding risk factors for sexual abuse and the negative effects of sexual abuse on children and adolescents.

Disclosure of Interest: None Declared

EPV0274

Adolescent motherhood: reflections based on a clinical case

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Introduction: Adolescence and motherhood are transitional phases, moving from childhood to adulthood and from womanhood to motherhood. These processes involve significant psychological conflicts, where childhood narcissistic vulnerabilities risk being exposed.

Objectives: The study aims to describe the mother-infant bond and the management of adolescent motherhood. This case informs the psychopathological and therapeutic reflections throughout the study.
Methods: This study examines a clinical vignette of a 16-year-old adolescent followed in the Perinatal Department at Rouen University Hospital, alongside a literature review. Semi-structured interviews were conducted with the adolescent mother and her family from July 2019 to April 2020, covering sociodemographic data, pregnancy experiences and consequences, the adolescent's baby, the baby's father, and the adolescent's family. Written consent was obtained from the mother at the study's outset.
Results: The case involves M.D, a 16-year-old at 16 weeks gestation, is the youngest of two siblings and is in a relationship with a 25-year-old man. Her family history includes maternal depression, and her personal history includes ADHD with irregular follow-up, behavioral hospitalization at age 7, and a pregnancy termination in 2018. She was referred by a midwife due to challenges in envisioning her pregnancy. M.D. lives in a disrupted family dynamic marked by intrafamilial violence, conflicts with her brother, and repeated runaways. She was placed under social services following a report from her mother concerning behavioral issues. Her pregnancy was marked by anxiety over a potential forced termination, conflicts between adolescence and motherhood, and worries about childbirth. Motherhood posed additional challenges, such as infantile regression, irritability, impulsivity, difficulty caring for the baby, emotional immaturity, and ambivalence toward her pregnancy and motherhood. Her interactions and emotional attunement with the baby were inadequate. M.D. received multidisciplinary support (gynecologist, pediatrician, social worker, psychiatrist, child psychiatrist, psychologist, childcare provider) with extensive family and partner involvement. Improvements were noted in mother-infant bonding, reduced impulsivity, and decreased marital conflicts with Methylphenidate.
Conclusions: A collaborative care network is essential to support the bond between the adolescent mother and her child. The father's role can serve as a separating third party, facilitating the child's access to symbolic thinking. This role may also be filled temporarily by professionals who act as substitute third parties, supporting both the mother's and child's development.

Disclosure of Interest: None Declared

EPV0276

Substance Abuse: A growing issue in adolescent population

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Introduction: Substance abuse among adolescents has risen significantly in recent years, with serious implications for mental health and development. Factors such as peer pressure, socioeconomic stress, and mental health issues contribute to this trend. Early substance use is linked to long-term risks, including substance use disorders and co-occurring psychiatric conditions. This study examines data from CHC Rijeka, highlighting trends in adolescent substance use over recent years, emphasizing the need for targeted prevention and treatment strategies.
Objectives: This study aims to analyze the number of adolescent patients having issues with drug abuse, who were hospitalized at the Adolescent Psychiatry ward in order to identify trends, assess associated risk factors.
Methods: We compared the numbers of hospitalized patients who were dignosed with substance abuse, as well as the percentages of those patients per year, from 2019 until 2024.
Results: From 2019 to 2024, the number of adolescents hospitalized for substance abuse at the Adolescent Psychiatry ward increased. In 2019, substance abuse was diagnosed in approximately 20% of all adolescent admissions, whereas by 2024, this figure had risen to 28%. This rise in the percentage of substance abuse diagnoses, relative to the total number of admissions, indicates a growing prevalence of substance use disorders among hospitalized adolescents. This trend mirrors broader national patterns of increasing adolescent substance use and underscores the urgent need for targeted prevention and intervention strategies, both in clinical settings and within the community.
Conclusions: The rising percentage of adolescents hospitalized for substance abuse highlights a critical public health issue. To address this, efforts should focus on early intervention, increasing access to mental health and substance use services, and implementing school-based prevention programs. Additionally, enhancing community support networks and reducing the stigma around substance abuse treatment are key to preventing further escalation of this growing trend.

Disclosure of Interest: None Declared

EPV0277

Retarded Catatonia in a 16-Year-Old Male With Schizo-Obsessive Disorder

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Introduction: Catatonia is a complex neuropsychiatric syndrome characterized by a range of motor, cognitive, affective, and autonomic disturbances. It is often associated with psychotic disorders, mood disorders, and pervasive developmental disorders in children. Despite its potential severity, catatonia can be effectively treated with timely intervention, including the use of benzodiazepines and electroconvulsive therapy (ECT). However, treating catatonia in the context of schizo-obsessive disorder presents significant challenges.
Objectives: The case highlights the importance of early diagnosis and intervention in managing catatonia, as well as the need for more ECT sessions in schizo-obsessive catatonia.
Methods: Clinical case report and brief literature review on schizo-obsessive catatonia was done. Informed consent from the patient's legal guardians was obtained.
Results: We present a case report of a 16-year-old male from Ankara, living with his family, who is a middle school graduate but could not start high school due to his disorder. He had been followed in our outpatient clinic with a diagnosis of Obsessive Compulsive Disorder for 4 years. The patient presented to the emergency department with agitation, disrobing, attempting to climb out of a window, and experiencing delusions. He was initially

diagnosed with psychosis and started on risperidone 1 mg and lorazepam 1 mg.
Five days later, during a follow-up, he exhibited non-compliance with commands, mutism, refusal to eat, and urinating in the living room for the past three days. Examination revealed no eye contact, no verbal communication, and a flexed arm posture, leading to a preliminary diagnosis of catatonia and hospital admission. Physical examination, blood tests, brain imaging, and EEG showed no pathological findings. No substances were detected in urine. Despite increasing lorazepam to 6 mg, catatonia symptoms persisted, leading to the initiation of ECT on the fifth day.
After 20 ECT sessions, catatonia symptoms and psychotic content improved, though obsessions persisted. He was diagnosed with schizo-obsessive disorder and treated with fluvoxamine 200 mg/day, olanzapine 10 mg/day, and clonazepam 4 mg/day, with maintenance ECT ongoing.
Conclusions: This case report highlights the complexity of schizo-obsessive catatonia and the necessity for a multifaceted diagnostic and therapeutic approach. The patient's journey from an initial diagnosis of Obsessive Compulsive Disorder to the emergence of psychotic and catatonic symptoms underscores the fluidity of psychiatric diagnoses. The significant improvement following multiple, longer ECT sessions underscores the therapy's potency, particularly in schizo-obsesive catatonia. This case underscores the importance of flexibility in psychiatric treatment, advocating for a tailored approach that evolves with the patient's symptoms.

Disclosure of Interest: None Declared

EPV0278

The importance of screening for trauma symptoms in children and adolescents

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Introduction: Children and adolescents frequently encounter a range of adverse childhood experiences (ACEs), which encompass various forms of adversity such as abuse, neglect, and household dysfunction. These experiences can have profound and lasting effects on an individual's health and well-being. Alarmingly, nearly three out of four children—approximately 300 million aged 2 to 4 years—are subjected to physical punishment and/or psychological violence by parents and caregivers. Moreover, statistics indicate that one in five women and one in thirteen men were sexually abused during their childhood (ages 0-17). Despite the widespread prevalence of these experiences, trauma in children often goes unrecognized. The nature of trauma can make it challenging for both the child and caregivers to identify and articulate trauma-related symptoms. Children may struggle to understand or express their experiences, and caregivers might misinterpret or overlook these signs, leading to underreporting and a lack of timely intervention.
Objectives: Experiencing adverse events during childhood or adolescence is particularly concerning because it can significantly disrupt normal developmental trajectories, affecting physical, emotional, and cognitive growth. During these formative years, the brain is highly plastic and sensitive to environmental influences, making it especially vulnerable to the effects of trauma and stress. Such exposure can result in long-term consequences, including a heightened risk of developing mental health disorders, behavioral issues, and challenges in academic and social settings.
In this context, early identification of children and adolescents who have faced adverse experiences is crucial. By providing appropriate support and resources early on, it is possible to foster resilience and promote more positive growth despite the challenges posed by early adversity.
Methods: Using tools like the Child PTSD Symptom Scale (CPSS), a widely recognized self-report instrument designed to assess the severity of post-traumatic stress disorder (PTSD) symptoms in children and adolescents aged 8 to 18, can be especially effective for identifying and evaluating the impact of trauma exposure in young individuals and facilitating early intervention.
Results: Research published by the National Institute of Mental Health (NIMH) indicates that early identification through screening can lead to timely interventions, significantly reducing the psychological harm associated with trauma exposure.
Conclusions: Research strongly supports the effectiveness of screening for trauma symptoms in children and adolescents, emphasizing its critical role in early detection, timely intervention, and the prevention of long-term negative outcomes. This proactive approach not only addresses the immediate psychological impact of trauma but also contributes to improved long-term well-being and quality of life for those affected.

Disclosure of Interest: None Declared

EPV0279

A case for personalised medicine in a 17 year old patient with obsessive compulsive disorder

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Introduction: Pharmacogenomic testing is a cutting-edge precision medicine tool that analyzes genetic variations influencing drug metabolism. By assessing an individual's unique genetic profile, this testing enables the personalization of treatment strategies, improving therapeutic outcomes, and enhancing patient care. Integrating pharmacogenomic testing into clinical practice holds great promise for improving the efficiency and effectiveness of mental health care delivery. In this case, a 17-year-old patient presented with a severe case of obsessive-compulsive disorder showed no response to treatment with sertraline (250mg). Sertraline is metabolized into N-desmethylsertraline through multiple pathways, including CYP3A4, CYP2C19, CYP2B6, and other CYP enzymes, with pharmacokinetic studies identifying CYP2C19 as the primary metabolic pathway.
Objectives: The patient had a poor response to pharmacological treatments previosly used, our aim was to determine the possible involvement of patient specific responses to treatments based on his pharmacogenetic proffile.
Methods: A blood sample was submitted for pharmacogenetic testing. This analysis includes genes involved in the metabolism of sertraline (CYP2C19, CYP3A4, and, to a lesser extent, CYP2B6 and CYP2D6) as well as other pharmacogenes associated with the

metabolism and response to psychiatric medications, including HTR2A, OPRM1, COMT, and DRD2.

Results: Gene | Genotype | Inferred Phenotype

- **CYP2C19** | *1/*1 | Normal Metabolizer
- **CYP2B6** | *1/*1 | Normal Metabolizer
- **CYP2D6** | *3/*4 | Poor Metabolizer
- **CYP3A4** | *1/*1 | Normal Metabolizer
- **OPRM1** | AA | Normal Genotype
- **HTR2A** (rs7997012 A>G) | GG | Normal Genotype
- **HTR2A** (rs6311 G>A) | GA | Heterozygous
- **DRD2A** (rs1799732 G>-) | GG | Normal Genotype
- **DRD2A** (rs1799978 A>G) | TT | Normal Genotype

Conclusions: The patient did not exhibit clinically significant alterations in the metabolism of sertraline (CYP2C19, CYP3A4 and CYP2B6). However, the lack of response to treatment should be further investigated, factors such as potential drug interactions, and other variables including age, renal function, and liver function should be considered. In contrast, the patient has notable alterations in CYP2D6 and HTR2A, which could be important for guiding future treatment decisions. Variants in HTR2A can significantly influence a patient's response to antidepressants, particularly selective serotonin reuptake inhibitors (SSRIs), specific polymorphisms in HTR2A, such as rs7997012 and rs6311 have been associated with differences in treatment outcomes, side effects, and remission rates. Has a CYP2D6 poor metabolizer, this patient may be at risk for higher drug levels and increased side effects when taking medications such as venlafaxine, fluoxetine, paroxetine (SSRIs), haloperidol, and risperidone.

Disclosure of Interest: None Declared

EPV0280

Collaborative interventions with law enforcement in the management of childhood trauma

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Introduction: Studies indicate that approximately 50% to 70% of children will experience at least one adverse childhood event, such as abuse, neglect, household dysfunction, community violence, or natural disasters.

Yet, accutely traumatized children are rarely seen in outpatient clinics until months or even years later, often presenting with chronic symptoms or maladaptive behaviors. Exposure to adverse childhood experiences (ACEs) has been linked to a wide range of psychiatric disorders, including mood disorders, personality disorders, and substance abuse. Beyond mental health, ACEs have been correlated with higher rates of chronic medical conditions such as heart disease, metabolic disorders, and autoimmune diseases, as well as a reduced life expectancy. Furthermore, children who are abused are more likely to perpetuate abuse in adulthood, leading to a cycle of violence that spans generations. Given its widespread and long-lasting effects, childhood trauma is indeed a public health pandemic.

Objectives: Enhancing our response to and prevention ACEs requires a multisectoral approach.

Methods: One key approach is a collaborative response with law enforcement. Police officers have unique access to children at risk, but they often lack the specialized training to respond effectively. With appropriate training, law enforcement can serve as a critical bridge to mental health assessments for children and their families. The Child Development-Community Policing Program exemplifies such collaboration. This initiative, a partnership between the New Haven Department of Police Services and the Yale University Child Study Center, brings together police officers and mental health professionals for joint training, consultation, and support. This partnership enables them to provide direct, interdisciplinary intervention to children and families who are victims, witnesses, or perpetrators of violent crimes. Law enforcement can refer cases to the Child and Family Traumatic Stress Intervention (CFTSI), designed for the peritraumatic period.

Results: CFTSI focuses on enhancing the caregiver's understanding and response to both their own and their child's traumatic reactions. It also aims to improve the child's comprehension of their emotional responses. The intervention includes establishing strategies to address trauma responses and assessing pre-existing vulnerabilities to determine the need for long-term treatment. Studies have shown that CFTSI is effective in reducing post-traumatic stress symptoms in children and adolescents. A randomized controlled trial (RCT) published in *Child Abuse & Neglect* found that children who received CFTSI had significantly fewer post-traumatic stress symptoms compared to those who received standard care.

Conclusions: Early intervention like this can make a significant difference in the lives of affected children, helping to mitigate the long-term impact of trauma and promote healing and resilience.

Disclosure of Interest: None Declared

EPV0281

Trajectories of adolescents admitted to the emergency department for suicidal behavior between 2019 and 2021: impact of the Covid-19 pandemic, descriptive analysis and predictive model development

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Introduction: Adolescent suicidal behaviors have seen a marked increase in incidence, particularly following the onset of the Covid-19 pandemic (Revet *et al.* Eur Child Adolesc Psychiatry 2023; 32 249–256). This surge has presented challenges for emergency and psychiatric services. It highlighted the need for improved understanding of predictive and protective factors linked to recurrent suicide attempts.

Objectives: This study aims to analyze the clinical trajectories of adolescents admitted to emergency departments for suicide attempts between 2019 and 2021 and to identify predictors of recurrence, with a particular focus on conditions that may elevate the risk of repeat attempts (Tomaszek *et al.* Front Psychiatry 2024).

Methods: We conducted a retrospective cohort study at the Montpellier University Hospital, examining pediatric emergency visits related to suicide attempts over three consecutive years (2019–2021). The dataset

included patient demographics, psychiatric diagnoses, treatments prescribed, and hospitalization metrics such as duration and readmission frequency. Statistical analyses employed a multivariate linear regression to identify significant predictors of recurrence.
Results: The incidence of emergency visits for adolescent suicide attempts rose elevenfold from 2019 to 2021, reflecting the global trends in mental health deterioration post-Covid-19 (Lespes-Hislen *et al.* 2023). Recurrence rates were notably higher among patients initially admitted in 2021, with 54% of these adolescents re-presenting for subsequent suicide attempts, indicating a persistent crisis in mental health among this demographic. The selected model identified ADHD diagnosis, the use of mood stabilizers, and prolonged hospitalization as significant predictors of recurrence. In the regression model, each additional day of hospitalization was associated with an estimated increase in recurrence risk of 0.16 additional attempts per 1-day of hospital stay.
Conclusions: This study confirms an increase in suicidal behaviors after the pandemic and highlights the importance of personalized care, especially for adolescents with ADHD. The association between hospitalization duration and recurrence raises questions about the effectiveness of prolonged hospital stays in this population.

Disclosure of Interest: None Declared

EPV0282

Body Esteem among Tunisian adolescents: Prevalence and associated factors

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Introduction: Body esteem refers to an individual's self-evaluation of their own body or appearance. It plays a critical role in the psychosocial development of adolescents, who become increasingly aware of their bodies and how they are perceived by others.
Objectives: This study aims to examine the specificity of body esteem among Tunisian adolescents and its associated factors.
Methods: This cross-sectional study was conducted via a survey among adolescents attending middle and high schools during the 2023-2024 school year. Participants provided written consent and completed a demographic information sheet, the Body Esteem Scale for Adolescents and Adults (BESAA), and the Adverse Childhood Experiences-International Questionnaire (ACE-IQ).
Results: The study population consisted of 1,005 adolescents, with a sex ratio of 0.73 and a mean age of 14.62 years. We found that 88,1% of adolescents had high body esteem while 11,9% had low body esteem. We found that body esteem is statistically correlated with : low socioeconomic status (p=0,033, OR=0,58 (95%CI [0,35-0,94])), with the history of organix disease (p<0,001, OR=0,415 (95%[0,265-0,650])), with BMI measurements (p<0,001) specifically with obesity (p=0,014 , OR=0,497 (95%CI [0,292-0,846])). The findings suggested that selfie practice was significantly associated with body esteem (p=0,009, OR=1,819 (95% [1,18-2,8])) and that selfie posting on social media was statistically correlated to appearance esteem *with* p-value =0,027.
Additionally, we found that body esteem was directly and significantly associated with all the adverse childhood experiences except for collective violence. Detailed results are shown in the table below:

Adverse childhood experiences		Family relations	Neglect	Family dysfunction	Psychological abuse	Physical abuse	Sexual abuse	Peer violence	Community violence
Body Esteem	*p*	0,018	<0,001	<0,001	0,001	<0,001	0,001	<0,001	0,007
	OR (95% CI)	0,55 (0,34-0,89)	0,33 (0,22-0,5)	0,39 (0,26-0,6)	0,496 (0,32-0,77)	0,429 (0,28-0,64)	0,47 (0,3-0,73)	0,43 (0,27-0,7)	0,53 (0,33-0,84)

Conclusions: By understanding the associated factors of body esteem, this study contributes to a broader comprehension of adolescents' well-being and offers insights for creating a safer and more supportive environment for young people in our country.

Disclosure of Interest: None Declared

EPV0283

Developmental Coordination Disorder and Executive Function in Children with ADHD

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Introduction: Developmental Coordination Disorder (DCD) is a motor skills disorder characterized by delayed motor development. It affects approximately 6% of school-aged children, limiting their ability to perform everyday tasks. DCD is often associated with Attention Deficit/Hyperactivity Disorder (ADHD) and executive functions prejudices, making it essential to conduct more detailed investigations.
Objectives: To explore potential correlations and trends between suspected DCD and behaviors related to inattention, hyperactivity, and impulsivity, as well as performance on tasks that involve attention, cognitive flexibility, and working memory.
Methods: The study utilized data from a protocol for ADHD assessment conducted at Mackenzie Center for Research in Childhood and Adolescence in São Paulo, Brazil, with approval from the Ethics Committee. The protocol consists of neuropsychological, behavioral and psychiatric assessments. For this study, the following tests were considered: Rey Complex Figure Test and the Five-Digit Test (FDT) to assess cognitive flexibility and memory, Psychological Battery for Attention (BPA) to assess attention, Total index of the ADHD questionnaire based on DSM-5 criteria (total items of greatest severity), and DCD Questionnaire for DCD assessment. Twelve children aged between 6 and 15 years, who were referred for evaluation due to complaints of inattention and hyperactivity, participated in this study. Pearson correlation analyses were performed between the DCDQ and the other collected data.
Results: The results revealed a significant positive correlation between the DCDQ and the Rey Complex Figure Test (r=0.840, p=0.009), suggesting that better motor performance is associated with improved planning and memory functions. There was also a

marginally significant correlation between the DCDQ and the BPA divided attention test (r=0.646, p=0.083), which engages working memory abilities. A marginally significant negative correlation was found between the DCDQ and the FDT cognitive flexibility test (r=-0.637, p=0.065), indicating that higher DCDQ scores were associated with shorter times to complete the test. A negative correlation was also observed for the most severe items of the ADHD questionnaire related to hyperactivity and impulsivity. However, inattention complaints did not correlate with the DCDQ scores.

Conclusions: Developmental coordination disorders should not be overlooked in studies and assessment protocols for children with suspected ADHD. Further investigations are needed to identify the domains and characteristics most closely associated with DCD. This will provide evidence to support the development of care programs and intervention strategies for these children.

Disclosure of Interest: None Declared

EPV0284

Evaluation of cognitive functions of children aged 8-18 years with acute leukemia 2 years after the end of treatment

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Introduction: Children with a history of acute leukemia may experience some deficits in their cognitive functions in the late period (Hewitt *et al.* Childhood Cancer Survivorship 2003).These deficits negatively affect their quality of life by impairing their academic, social and psychological functioning (Jacola *et al.* Lancet Psychiatry 2016; 3-10-965-972).

Objectives: The aim of this study was to compare the cognitive functions of children with a history of leukemia compared to their healthy peers.

Methods: Our study was conducted with 42 cases with a history of leukemia who were followed up in the Pediatric Hematology outpatient clinic of Dokuz Eylül University Faculty of Medicine and 41 healthy controls who were admitted to the Child and Adolescent Psychiatry outpatient clinic of Dokuz Eylül University Faculty of Medicine.After obtaining informed consent from both parents and participants, the Wisconsin Card Sorting Test (WCST), Stroop Test-TBAG form, Trail Making Test (TMT) A and B forms were administered to all participants.The parents of all participants were given a sociodemographic data form and the Childhood Behavior Checklist (CBCL) and asked to complete it. The teachers of all participants were given the Conner's Teacher's Rating Scale-Revised Long form (CTRS-RL) and asked to complete it.

Results: All sub-dimension CBCL scores of the case group were significantly higher than the control group (p<0.05).All sub-dimension CTRS scores of the case group were found to be significantly higher than the control group.The case group performed worse than healthy controls in WCST, Stroop-TBAG and Trail-Making Test. The mean Stroop2-time score was higher in the group that received cranial radiotherapy, whereas the Trail-Making-B-error score was higher in the group that did not.The group receiving the medium-high risk chemotherapy protocol performed worse overall on the Stroop test.Women in the case group performed worse on the WCST than men.Stroop5-error scores were higher in the group with a history of sequelae.It can be said that there is a negative correlation between age at diagnosis, age at the end of treatment and time elapsed after treatment and cognitive test performances.There was a moderate positive correlation between the duration of the treatment and the CBCL-attention problems score (r=0.348, p=0.024) and the CTRS-attention problems score (r=0.432, p=0.04).

Conclusions: In conclusion, it can be said that leukemia treatment may cause deficits in areas such as attention, memory, learning, processing speed, executive function and problem solving in the late period (Montour-Proulx *et al.* J Child Neurol 2005; 20 2 129-133). The difference in the severity of deficits in these areas between individuals can be explained by many biological, social and psychological factors (Duffner *et al.* J Pediatr Hematol Oncol 2014; 36 1 8-15).

Disclosure of Interest: None Declared

EPV0287

Prevalence and correlates of suicide attempts in juvenile bipolar and major depressive disorders

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Introduction: Major depressive disorders (MDD) and bipolar disorders (BD) are strongly associated with suicide attempts in youth. However, little is known regarding the differences in prevalence and clinical-related features of suicide attempts between these two disorders.

Objectives: The study aimed to examine the prevalence of suicide attempts and related factors in children and adolescents with major mood disorders and compare clinical features between BD and MDD patients who attempted suicide.

Methods: A cross-sectional study was conducted at the Child and Adolescent Psychiatry Department of the Institute of Psychiatry and Mental Health Gregorio Marañón. Patients with diagnosis of major mood disorder were included. All patients were evaluated with K-SADS, CGI (Clinical Global Impression), HDRS (Hamilton Depression Rating scale), YMRS (Young Mania Rating Scale), Conners Rating Scale and CGAS (Children's Global Assessment Scale). Bivariate analysis was conducted to compare patients with and without suicide attempts and BD versus MDD attempters. Subsequently, a multivariate analysis was performed to assess the combined influence of suicide attempts related factors.

Results: The sample included 145 patients (58 males, 87 females) aged 7 to 17 years (mean 15.15), with diagnosis of BD (55.2%) and MDD (44.8%). The prevalence of suicide attempts for MDD and BD were 58.5 % and 28.8 %, respectively (p< 0.001). 56,5 % of BD attempters reported medically serious suicide attempts versus 28.9% of MDD (p=0.03). 61 patients with suicide attempts were compared to 84 patients without suicide attempts. Suicide attempts were associated with female sex (p<0.001), internalizing disorders (p= 0.003), hopelessness (p=0.001), higher punctuation on HDRS score (p=0.03), suicidal ideation (p<0.001) and NSSI (p<0.001). In the multivariate analysis, it was found that female sex (p<0.001), suicidal ideation (p<0.001) and hopelessness (p=0.048) were independently related to suicide attempts. Comparing suicide attempters with BD versus MDD, BD patients showed higher impulsivity (p=0.04) and a more alcohol use proportion (p=0.04) than MDD patients.
Conclusions: Female sex, suicidal ideation and hopelessness are strongly related to suicide attempts in youth with major mood disorder. The findings revealed some differences between BD and MDD for patients with suicide attempts and accentuate the need for early identification of BD and accurate differentiation between BD and MDD in children and adolescents, to treat them adequately and minimize suicidal behaviors.

Disclosure of Interest: None Declared

EPV0288

Relationship Between Chronotype, Sleep Disorders, and Temperament in Adolescents with Attention Deficit Hyperactivity Disorder

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Introduction: Studies focusing on the relationship between chronotype, sleep disorders and temperament traits in Attention-Deficit/Hyperactivity Disorder (ADHD) are limited, particularly in the context of adolescents. In adolescents aged 11 to 18 diagnosed with ADHD, we hypothesize that chronotype, sleep problems, and temperament traits may be dynamically interrelated across a broad spectrum. Conducting in-depth studies to examine these relationships could enhance our understanding of ADHD treatment and management strategies, potentially leading to more effective interventions.
Objectives: We aimed to explore the relationship between chronotype characteristics, sleep disturbances, and temperament traits among adolescents diagnosed with ADHD and to compare them with healthy controls.
Methods: Participants included 102 adolescents aged 11 to 18 years with an ADHD diagnosis from the Child and Adolescent Psychiatry outpatient clinic at Marmara University Pendik Training and Research Hospital, along with 101 age-matched controls from a secondary and a high school. Clinical assessments were conducted using the K-SADS-PL. Parents completed the Sleep Disturbance Scale for Children and Children's Chronotype Questionnaire while adolescents completed the Junior Temperament and Character Inventory Revised. These assesments evaluated chronotype characteristics, sleep disturbances, and temperament traits.
Results: Adolescents with ADHD demonstrated significantly higher rates of sleep disturbances and delayed chronotype compared to the controls. Additionally, adolescents with ADHD exhibited significantly higher levels of novelty seeking and harm avoidance scores, while the control group exhibited higher levels of persistence and self-directedness compared to the ADHD group. In the ADHD group, chronotype total score correlated negatively with self-directedness (r=-0.201, p=0.042) and reward dependence (r=-0.199, p=0.045). Novelty seeking was pronounced in those with an evening chronotype and positively correlated with severe sleep disturbances, including difficulties initiating and maintaining sleep (r=0.210, p=0.034). Logistic regression analyses indicated that novelty seeking significantly predicted evening chronotype, while linear regression revealed that both novelty seeking and chronotype scores significantly predicted overall sleep disturbance severity. (R2=0.112, p=0.006).
Conclusions: This study represents one of the initial investigations emphasizing the intricate relationships between chronotype characteristics, sleep disturbances, and temperament traits in adolescents diagnosed with ADHD. More profoundly underscoring these relationships and their clinical significance could be crucial for targeted interventions to improve ADHD management.

Disclosure of Interest: None Declared

EPV0289

Investigation of Factors and Psychological Diagnoses Associated with Cyberbullying/Victimization in Adolescents Applying to Child Psychiatry Clinic

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Introduction: The emergence of the internet and social media has not only changed the way people communicate, but has also brought with it a new type of bullying: cyberbullying. This type of bullying causes negative effects on the quality of life of individuals, especially adolescents and young adults, and becomes a serious problem for their mental health.
Objectives: The aim of our study was to examine various factors that may be related to cyberbullying in adolescents applying to child psychiatry outpatient clinics and the psychiatric diagnoses of adolescents.
Methods: A total of 174 patients aged 14-18 years who applied to the Department of Child Psychiatry and gave their consent to participate, were included in the study. The Cyberbullying Scale was applied to the youth, and the sociodemographic data form, cyberbullying study questions were applied to their parents.
Results: The average age of the group was found to be 15.60±1.15. 122 (70%) participants were female and 52 (30%) participants were male. Of the 174 adolescents included in the study, 61 (35%) were found to be cybervictims, 29 (17%) were found to be cyberbullies, and 25 (14%) were found to be both victims and bullies. Cyber victimization was found to be significantly related to broken family type, mother's exposure to cyberbullying on the internet, father's internet usage time, and father's exposure to cyberbullying on the internet. Cyberbullying was found to be significantly related to male

gender, father's low level of education, divorce, and mother's and father's internet usage time being between 0-1 hour/day. When the diagnoses of the patients were examined, 39 (22%) adolescents were diagnosed with neurodevelopmental disorders, 37 (21%) adolescents with mood disorders, and 68 (39%) adolescents with anxiety disorders. When the diagnosis groups were examined and the status of being a cyberbully or cybervictim, no significant difference was found in any diagnosis group. No significant relationship was observed between the adolescent's diagnosis of any mental disorder and being a cyberbully or victim.

Conclusions: Cyberbullying is not an issue to be taken lightly, and because it often co-occurs with traditional bullying, prevention and intervention programs need to address both contexts. In our study, it was determined that the majority of cyber victims were also cyberbullies. This situation shows the importance of evaluating bullying situations even though adolescents apply as victims in the clinic interviews. The results suggest that parents do not have enough knowledge about safe internet use and cannot control and guide their children properly. Therefore, during clinical interviews, cyberbullying/victimization issues should be discussed with mothers and fathers and how they can provide information to their children on this issue and safe internet use should be discussed.

Disclosure of Interest: None Declared

EPV0290

Is there a connection between Mental Health issues and poverty? A service evaluation in East Norfolk and Suffolk, UK

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Introduction: It is well established that living, or growing up, in poverty has a negative impact on both physical and mental health. The area our service covers includes Great Yarmouth and Lowestoft, 2 of the most economically impoverished areas of the UK. The vast majority of our patient group will have grown up in relative poverty. While there are associations between poverty and impaired physical health and increased risk of some mental health conditions, the actual causal link is unclear.

Objectives: To explore if there appears to be a link between growing up in poverty and developing a significant mental illness.

Methods: Data anlaysis from Consultant caseload list.

We do know that there are some factors associated with both poverty and increased risk of mental illness and these include;

- Parental drug or alcohol abuse
- Parental mental health problems (if these are not well managed)
- Early/premature death of a parent
- Exposure to domestic violence
- Physical abuse
- Going into the Care System
- Early drug or alcohol use
- Early separation or loss of a parent

Results: Findings

Total number of patients = 122

Number who have a specific factor associated with poverty =56

This equates to 46% of my current caseload.

Gender =35 female (62.5), male 21 (37.5%)

Conclusions: Summary of Findings – "*The poor bear the greatest burden of mental illness" (2)*

This would certainly seem to be the case, from the findings of this service evaluation. Our findings show that a significant percentage of our patient group have mental health issues directly related to poverty.

It is worth noting that the vast majority of my patient case load grew up in poverty, due the demographics of the area we work in (a quick analysis suggests about 97% of my case load are from working class, impoverished backgrounds). We abandoned recording "parental unemployment" in this analysis, because for all but a few, this was the case. Unemployment is an entrenched issue in this area, with the demise of the shipping and offshore industries, currently standing at 5.4% in Yarmouth and 3.5% in Lowestoft (3) (National average 3.8%). For those that are employed, poverty is a significant issue with many in low paid jobs. I have also not included here factors associated with poverty, such as poor diet, smoking, malnutrition, poor dentition, and obesity, but we know these are the case for many patients seen here.

Disclosure of Interest: None Declared

EPV0291

Affective, Behavioural, and Cognitive Disorders (ABCD) of Childhood and Adolescence: Renaming and Regrouping

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Introduction: Psychiatry focuses on disorders of affect, behavior, and cognition (ABC), with half of all psychiatric disorders emerging by age 14 and three-quarters by age 24. Disorders are categorized into four types: Type 1 (affective disorders like depression and anxiety), Type 2 (behavioral disorders like ADHD and ODD), Type 3 (developmental disorders like mental retardation and speech/language issues), and Type 4 (dysfunctional disorders, including psychotic illnesses and mood disorders). These categories—emotional, behavioral, cognitive, and dysfunctional—form the ABCD framework in child psychiatry.

Objectives: The study aimed to categorize childhood and adolescent mental and behavioral disorders into four groups: developmental, disruptive, emotional, and dysfunctional. It also sought to examine intra- and inter-group comorbidities, and analyze the clinical variables of these groups and their comorbidities by age and sex.

Methods: This was an observational cross-sectional study conducted at Gauhati Medical College Hospital (GMCH), Guwahati, Assam, from September 7, 2018, to September 6, 2019. Existing diagnostic systems do not distinguish between child/adolescent and adult mental health, and there is a lack of a unified "common language" for childhood and adolescent mental and behavioral disorders. The study aimed to address this gap, particularly in the

local geo-cultural context, where data for a new classificatory system is scarce. Participants included children and adolescents admitted to the Child Psychiatry Unit or attending the Child Guidance Clinic. Demographic (age, sex) and clinical variables (ICD-10 diagnoses) were studied, with diagnoses categorized into types 1–4.
Results: Total sample size was 137. Adolescents (ten to 18 years of age) were almost double in numbers to that of children (below ten years of age). Boys outnumbered girls. Adolescents were more than children in both among girls and boys (even the single third gender was an adolescent). Most of the children and adolescents were having type 3 disorders, followed by type 1 and type 2 disorders. While majority had type 3 disorders below ten years of age (children), type 1 disorders were highest in the adolescents. Type 1 and type 3 disorders were almost equally distributed among girls, while boys predominantly had type 3 disorders. Within group comorbidity was maximum with type 3 disorders. Across group comorbidity was found mostly in type 2-type 3 disorders.
Conclusions: John Lennon "imagined" of having no countries and no religion too; thus, there will be nothing to kill and die for! Bono of U2 wanted to be there "where the streets have no name"! Likewise, we too dream of a land for child and adolescent psychiatry where if we cannot live without names then let us at least have a few and simple ones: ABCD!

Disclosure of Interest: None Declared

EPV0292

Obsessive-compulsive disorder in a child with poor tolerance to psychotropic drugs, the efficacy of psychotherapy

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Introduction: Obsessive-compulsive disorder (OCD) in children and adolescents presents similarly to that in adults, but with some particularities. In children, the most common obsessions are usually related to fears of contamination, harm to others, or catastrophic situations. The compulsions associated are often: excessive hand washing, repetitive checking, and the need for order. Treatment of OCD is based on both pharmacological measures and psychological therapies. At the pharmacological level, it focuses on the use of selective serotonin reuptake inhibitors (SSRIs). In terms of psychological treatment, cognitive behavioural therapy (CBT) is the psychotherapeutic intervention of first choice for the treatment of OCD, and is considered the most effective intervention, both in monotherapy and in combination with pharmacological treatment. Within CBT, the most effective is Exposure with Response Prevention (ERP).
Objectives: To present the adaptation of the different therapeutic interventions so that they are effective when applied to children, through a clinical case of a 10-year-old child with OCD.
Methods: Our patient first came to the emergency department due to intense anxiety, secondary to obsessive thoughts about suicide and sexual identity. Due to the incoercible anguish caused by these egodystonic thoughts and the secondary low mood, he was admitted to hospital. At the pharmacological level, sertraline was progressively administered up to a dose of 100mg/day and psychoeducation was provided. Despite the initial improvement in anxiety and hospital discharge, after a couple of weeks there was a further worsening, which persisted despite increasing the dose of sertraline. In successive outpatient consultations, psychoeducational intervention and review of confrontation techniques were carried out. The patient began with clinical symptoms typical of hypomanic turn, so SSRIs was lowered back to the initial dose, and aripiprazole 5mg was added. The importance of CBT was emphasised, teaching the parents to practice it daily with their child. In the next visits, psychotherapy work continued in the form of role-play, explaining the difference between distraction and confrontation, lowering the SSRI to 50mg and maintaining aripiprazole. Clinical stabilisation was achieved and has been maintained since.
Results: We see with this case that pharmacological treatment, although necessary to obtain changes at the neuro-biological level, is not sufficient for clinical remission, and that intensive psychotherapy is the cornerstone of the intervention
Conclusions: In conclusion, in the treatment of childhood OCD, the combination of pharmacological and psychological interventions is essential. Although pharmacological treatment is important, it alone does not always guarantee complete remission, highlighting the need for a comprehensive therapeutic approach to achieve sustained results over time.

Disclosure of Interest: None Declared

EPV0295

Scaling A Positive Parenting Intervention from an Institutional Service to the Community Practice: A Qualitative Study of Net PAMA Classroom's Success Factors and Challenges

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Introduction: Mental health issues in children and adolescents are often influenced by ineffective parenting strategies such as poor communication, harsh punishments, lack of positive reinforcement, and imbalance between relationship and regulation. Although effective parenting interventions exist, access is typically limited to institutional services. Net PAMA, an internet-based parent management training program, was created to improve access. However, only city-dwelling, educated parents were able to effectively learn from the platform. A combination of local facilitators and the internet-based program, called 'Net PAMA Classroom', was then proposed as means to reach out to underserved communities.
Objectives: This study examines the success factors and challenges of 'Net PAMA Classroom,' a community-based Parent Management Training intervention conducted by non-professional facilitators, with the use of the internet-based standardized program.
Methods: We interviewed fifteen Net PAMA Classroom facilitators. We then performed data triangulation and thematic analysis using Braun and Clarke's six-step approach.

Results: Three key themes were identified: curriculum, facilitators, and classroom management. Participants valued the practical skills provided through structured lessons. Successful facilitators had backgrounds in child and family work, prior facilitation experience, and supported parents in applying new skills. Support from community leaders significantly impacted the program's initiation, delivery, and sustainability. Recommendations include making the curriculum culturally relevant, flexible, and less internet-dependent. Addressing propriety issues is also crucial for the program's long-term success.
Conclusions: The Net PAMA Classroom's effectiveness relies on a robust curriculum, experienced facilitators, and effective classroom management. Enhancing cultural relevance and flexibility, reducing internet reliance, community support, and resolving propriety concerns are essential for sustainability and scalability.

Disclosure of Interest: None Declared

EPV0296

Descriptive study of the number and duration of physical restraints placed in patientes admitted to an adolescent psychiatric unit from 2020 to 2023

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Introduction: The management of situations of behavioral dyscontrol is essential in hospitalization units. Strategies such as verbal or pharmacological restraint are the first steps to assist in the emotional regulation of a patient with a potentially escalating state of restlessness. In cases where this fails or is not possible, and there is a risk to the patient or others, physical restraints are a strategy for managing the agitated state. The Adolescent Short Stay Unit at Puerta de Hierro Hospital consists of 11 beds. The age of admission is 12 to 17 years.
Objectives: To present data on the number of physical restraints placed in the Adolescent Brief Hospitalization Unit and the average time of placement from 2020 to 2023. The results from 2024 will be presented in the poster of this abstract.
Methods: Physical restraint data were reviewed through patient records and the physical restraint registry that is part of the unit's protocol.
Results: During **2020**, physical restraints were placed on 8.7% of the patients admitted that year (21 of 240). In that year, a total of 110 physical restraints were placed for a total of 707.73 hours and an average of 7.06 hours. During the year **2021**, 13.3% required physical restraint (30 of 2236). In that year 89 physical restraints were placed for a total of 470.25 hours and an average of 5.35 hours. In **2022**, 6.4% of the patients admitted required physical restraint (15 of 236), 11 of whom were women. In that year a total of 100 physical restraints were placed with a total of 457 hours and an average of 4.57. It should be noted that that year, of the 100 restraints, 52 were on the same patient, with 19 restraints on the second patient requiring the most restraints. In **2023**, 8.2% of patients required mechanical restraint (19 of 229), 14 of whom were women. A total of 169 restraints were placed for a total of 402 hours and an average time of 2.37 hours. This year, 2023, of the 169 restraints, 106 are on the same patient. From January to August **2024** restraints were applied to 10 patient. A total of 58 restraints were placed, with one patient requiring up to 30 restraints.
It should be noted that the patients who require the most physical restraints are patients with a diagnosis of autism spectrum disorder or patients with intellectual disabilities.
Conclusions: A decrease in the average restraint time has been observed(7.06 to 2.37), which we believe is due to greater training on the part of the nursing team. Patients with Autism Spectrum Disorder and patients with Intellectual Disability are those who have received more physical restraint, suggesting that their management requires a structure and intervention different from those offered by the short hospitalization units.

Disclosure of Interest: None Declared

EPV0297

Mental health in children and young people with psoriasis. A comorbidity to consider

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Introduction: Children and adolescents with chronic cutaneous conditions are at risk of experiencing adverse psychosocial effects such as anxiety, depression, and loneliness. Children with psoriasis had significantly higher rates of any psychiatric disorder, but these are often unrecognised or under-recognised and not referred to mental health services. It is also clear that the well-being of these children's families may also be impacted by their child's condition.
Objectives: The aim of this study was to review current knowledge of the comorbidity of psoriasis and psychiatric disorders in the paediatric population, which are often underdiagnosed and undertreated.
Methods: A narrative literature review was carried out in the PubMed, Cochrane and Embase databases, selecting only the articles published in the last 10 years, using the following keywords: psoriasis, psychiatric disorders, paediatric population.
Results: There is no doubt that psoriasis is one of the most debilitating chronic dermatological conditions affecting children from a quality-of-life perspective. Indeed, numerous studies have demonstrated that its impact is on par with that of other chronic conditions such as diabetes, asthma or epilepsy. Current research generally supports a positive association between paediatric psoriasis and the onset of anxiety and depression. However, it is difficult to establish a causal relationship as there is some evidence that psoriasis and psychiatric illness can exacerbate each other. Children with psoriasis had significantly higher rates of any psychiatric condition, particularly depression and suicidal ideation. Patients with higher disease severity (Psoriasis Area and Severity Index (PASI) and Body Surface Area (BSA) scores) and longer disease duration, are undoubtedly more likely to experience worse anxiety and depression. They may have other psychiatric comorbidities, such as excoriation (skin picking) disorder or obsessive-compulsive disorder (OCD), resulting in body-focused repetitive behaviours that exacerbate psoriatic plaques.
Paediatric patients with psoriasis appear to be more vulnerable to the psychosocial effects of their disease than adults, especially those

diagnosed at a younger age, who had poorer lifetime outcomes due to less robust coping skills compared to other children. Young children may also not be able to understand or express their emotions associated with psoriasis, which is a significant barrier to conducting research. There is little research on supportive treatment, but psychological support (group or individual) during appointments has been reported positively by patients.
Conclusions: It is essential to consider the psychosocial impact of this particular pathology on children and their families, in order to improve their quality of life through a better understanding of their conditions and the implementation of interventions that help to mitigate these effects.

Disclosure of Interest: None Declared

EPV0298

The Impact of Social Media on Adolescent Body Image: A Comprehensive Review

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Introduction: Social media has become a powerful influence on adolescent body image. Platforms like Instagram and TikTok, which focus on appearance, often promote idealized body standards, leading young users to internalize unrealistic beauty ideals. This has resulted in increasing body dissatisfaction and negative mental health outcomes, as adolescents seek validation through likes and comments.
Objectives: This review examines how social media exposure affects body image and emotional wellbeing in adolescents, particularly whether it contributes to negative outcomes like low self-esteem, body dissatisfaction, and mental health issues.
Methods: A review of international studies published in the last five years was conducted using PubMed and Google Scholar. Search terms included "social media," "body image dissatisfaction," "mental health," and "adolescents." A total of 26 studies that met the criteria were analyzed.
Keywords: social media, body image dissatisfaction, adolescents, mental health, eating disorders, self-esteem, COVID-19
Results: The studies consistently revealed a strong link between frequent social media use and negative body image. Both male and female adolescents reported increased body dissatisfaction, though most studies focused on females. Social media exposure was also linked to higher risks of eating disorders and a drive for thinness. Frequent users of appearance-focused platforms experienced reduced self-esteem and heightened levels of anxiety and depression, with social comparison behavior worsening these effects. Adolescents' body image was further influenced by peer and parental validation, with peer approval playing a critical role in shaping their self-perception. The negative impacts of social media were particularly exacerbated during the COVID-19 lockdown due to increased isolation.
Conclusions: Social media platforms centered on appearance have a significant negative impact on adolescents' body image and mental health. These findings highlight the need for interventions promoting media literacy, critical social media engagement, and support from parents and educators to mitigate these effects.

Disclosure of Interest: None Declared

EPV0301

Should genetic screening be conducted for autism spectrum disorder?A case report of a 20 months old child

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Introduction: Autism spectrum disorder(ASD) is a developmental disorder that includes social communication challenges, restricted interests, repetitive behaviors, and intellectual incapacity. The specific etiology of ASD is unknown. However, it is thought to be a combination of genetic and environmental factors. ASD has been linked to copy number variation (CNV), which alters chromosome structure at the submicroscopic level. 16p11.2 deletion is one of the most commonly documented cytogenetic causes of ASD, with an estimated incidence of 0.5% among ASD patients. (Ju et al. 2021; Frontiers in cellular neuroscience, 15, 718720.)
Objectives: We investigated to explain the hereditary characteristics of a case of ASD that included intellectual disability and dysmorphic facial traits.
Methods: Our patient is 20 months old and applied to our clinic accompanied by his parents due to speech delay and with the story of forgetting a few words he had learned around 1 year old. When we evaluate it from a developmental perspective, he held his head at the 10th month, babbled at the 8th month, sat without support 13 the month, crawled at the 15th month, walked at the 17th month, said his first words at the age of one, but he has regression history around 1 year and 4 months old, and not completed his toilet training yet. At 18 months old, a genetic screening was conducted due to brachycephalic facial structure, prominent forehead ridge and protrusion in the frontal area, mild midface hypoplasia, hypertelorism (interocular distance of 2.9 cm), slightly slanted eye sockets, synophrys, anteverted nostrils, a small nose with a deeply set nasal bridge, mild prognathism, and deeply set, posteriorly rotated ears. The genetic screening revealed a 597.84 kb microdeletion in the short arm of chromosome 16(16p11.2) through CGH array analysis
Results: During our examinations, it was observed that the child is generally passive, does not sufficiently use verbal and non-verbal communication, has inadequate eye contact, and responds inconsistently to their name. Based on the developmental tests and our evaluation, the child was found to be significantly behind in developmental milestones, leading to a consideration of autism and cognitive delay. It was recommended that the child begin special education.
Conclusions: The deletion of 16p11.2 may lead to developmental disorders and poor socio-cognitive performance by disrupting long-range prefrontal synchronization. This is supported by ASD-associated CNV and impaired macroscale connectivity. (Bertero et al. 2018; Brain, 141(7), 2055-2065) Deletions of 16q11.2 are associated with higher rates of psychopathology relative to familial controls, emphasizing the need for early identification,

diagnosis, and intervention (Niarchou et al,2019; Translational psychiatry; 9(1), 8)

Disclosure of Interest: None Declared

EPV0302

Prevalence of PTSD and anxiety among internally displaced Sudanese children in during war in Al Jabalain White Nile state, Sudan, 2024

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Introduction: Sudan is currently experiencing the largest child displacement crisis worldwide. Since the conflict erupted in 2023, over 4.6 million children have been internally displaced within Sudan, and nearly one million are seeking refugee in neighboring countries (UNICEF, 2023). The mental health of these children has been overlooked, and there is a noticeable lack of data on their psychological wellbeing.
Objectives: To assess the prevalence of PTSD, anxiety and factors associated with them among internally displaced Sudanese children during war in IDP camps in Al Jabalain district, White Nile state, Sudan, 2024
Methods: A cross-sectional study was conducted among internally displaced Sudanese children in 11 camps in Al Jabablain district. Children were interviewed using a standerdised questionnaire consisting of the PTSD Civilian Checklist Version 5 abracic version and the Hamilton Scale arabic version to assess the prevalence of PTSD and anxiety. Data analysis was conducted using IBM® SPSS, version 26.0.
Results: The sample included 223 children; age median was 12 years (IQR: 9-15). 127 (57%) of them were females, with majority 128 (57.4%) in primary school. Participants who met the criteria for probable PTSD were 23 (14.3%), (median: 32, IQR: 17-28). 150 (67.3%) participants had mild anxiety, with a median score of 11 (IQR: 9-14). Older children had higher levels of PTSD and anxiety. Also, both scales were significantly associated with gender, displacement frequency and separation from close ones (p value <0.05). Females were more likely suffer from anxiety 116/127(91%) in comparison to males 76/96(79%). Yet, 19(59.4%) of children with probable PTSD were males. Children displaced more than four times were more prone to PTSD symptoms and moderate to severe anxiety. Interestingly, recently displaced children were more likely to have higher PTSD scores and lower anxiety scores. Educational level was significantly associated with PTSD, with about one-third of high school students experienced PTSD symptoms. Anxiety scale was significantly associated with direct exposure to violence, as 13.6% of those exposed to violence experienced mild to moderate anxiety.
Conclusions: This study identified significant levels of PTSD and anxiety among internally displaced children in the Al Jableen camps, highlighting the urgent need for mental health interventions, which promotes resilience and coping skills. Factors such as age, gender, frequency of displacement, direct exposure to violence, and educational level significantly impact the development of these mental health conditions.

Disclosure of Interest: None Declared

EPV0303

Which Patients Benefit Most from Intensive Treatment in a Day Hospital for Children and Adolescents?

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Introduction: Day hospitals for children and adolescents (DHCA) have experienced a notable increase in demand in the past few years, requiring an exploration of factors that predict treatment outcomes.
Objectives: This study aims to investigate whether all patients derive equal benefit from intensive treatment in a day hospital or if diagnostic orientation and pre-admission severity influence therapeutic efficacy.
Methods: A retrospective pre-post admission study was conducted involving adolescents treated at the DHCA Litoral Mar in Barcelona between January 2022 and December 2023. The analysis focused on the association between clinical and functional improvement, as measured by the CGAS and HoNOSCA scales, and diagnostic orientation and clinical severity, indicated by the history of suicide attempts and prior admissions. Non-parametric tests, specifically Spearman's correlation coefficient and the Kruskal-Wallis test, were used.
Results: The study sample comprised 64 patients, with a mean age of 17.72 years (SD 1.39) and 70.3% female representation. The average length of stay was 130.64 days (SD 43.92). While no statistically significant differences in clinical improvement were observed across diagnoses, patients with psychotic disorders demonstrated the most substantial improvement, followed by those with behavioral disorders, emotional regulation difficulties, and mood disorders. More modest improvements were noted for anxiety disorders and autism spectrum disorders (ASD). A statistically significant positive correlation was identified between the number of previous suicide attempts and improvement on the HoNOSCA scale (p=0.002), with no significant correlation found with previous admissions.
Conclusions: The findings indicate that severe patients benefit most from intensive treatment in day hospitals, while a specific diagnosis is not a clear predictor for outcomes, probably due to the small sample size. These results underscore the importance of considering clinical severity and patient history to optimize treatment effectiveness in intensive care settings.

Disclosure of Interest: None Declared

EPV0304

Importance of revising a psychiatric diagnosis over time in children with neurodevelopmental disorders: a case report of a girl with Asperger's syndrome and intellectual disability

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Introduction: Autistic spectrum disorders belong to the group of neurodevelopmental disorders, where the manifestations of the disorder differ depending on the severity of the autistic condition. These disorders are often associated with intellectual impairments and structural language disorders. In his patients, Asperger described cases with above-average intelligence as well as cases with low language and intellectual abilities. What they had in common was that they had significant disorders in social and affective communication. The diagnosis of autism spectrum disorders is usually made in childhood, but there are also cases where the diagnosis is made at an older age due to the later manifestation of symptoms.
Objectives: To present a case report of 18 years old girl who was diagnosed with moderate intellectual disability in childhood, while later established with symptoms of Asperger's syndrome and mild intellectual disability.
Methods: Psychiatric interview, medical history, psychological testing
Results: An 18-year-old girl, accompanied by her mother, presented herself to psychiatrist for the first time due to affective disorders that manifested in the form of increased nervousness and outbursts of anger. Early psychomotor development was slow, she started walking at the age of 1.5 years and spoke at the age of two. From early childhood, stereotypies in movements and hypervigilant attention were observed, along with very poor social interactions. Due to difficulties at school, she was categorized at the age of 12 as having moderate intellectual insufficiency and IQ of 35. She underwent long-term speech therapy treatment and finished elementary and high school with the help of teaching assistant. Somewhere in high school, the patient's pronounced talent for drawing was noticed. Observation during the psychiatric examination reveals emotional immaturity, stereotypes and rigidity in social interactions. The patient is referred again for psychological testing, results show IQ of 88 with a lag in emotional development and development of basic social skills. The patient is referred to another psychiatrist for an additional opinion, who agrees with diagnose of Asperger's syndrome. Low dose of lamotrigine was included in therapy, after which affective state stabilized. The patient is referred again for categorization.
Conclusions: This case report that a diagnosis established in childhood period does not have to be definitive and that revision of diagnosis is necessary over time and as necessary, initially due to increase of patient's IQ, as well as due to the later presentation of symptoms characteristic of certain disorder.

Disclosure of Interest: None Declared

EPV0305

"Digital self-harm" as a double-edged sword: a case study

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Introduction: Digital self-harm refers to the use of information and communication technologies (ICTs) to post or share self-deprecating or harmful content. This often occurs on forums or social networks, where the use of verbal and non-verbal codes (hashtags, emojis) complicates external monitoring. The rise in ICT usage and self-destructive behaviors online has raised concerns among mental health and education professionals, as these actions are linked to conditions such as depression, anxiety, and traditional physical self-harm in young populations.
Objectives: To explore the phenomenon of digital self-harm and its effects on adolescents.
To examine the role of AI tools in addressing this issue through a clinical case.
Methods: A brief literature review on digital self-harm.
Analysis of a clinical case: A 15-year-old female with a history of multiple hospitalizations due to suicidal risk and self-harming behaviors. Under treatment with Venlafaxine and Aripiprazole, she is diagnosed with "emotion dysregulation disorder of adolescence" and "mixed adaptive disorder." Her social interactions are mostly limited to online networks. She describes her self-harm as "addictive," used not only as an anxiolytic but as a way to achieve "social positioning," posting about it in forums and comparing herself with others. When she reported her self-harm impulse to an AI (artificial intelligence) chatbot for suicide prevention, emergency services were activated, leading to her hospital admission.
Results: International studies indicate that between 6% and 9% of adolescents have engaged in digital self-harm behaviors. In Spain, reports from the ANAR Foundation and UNICEF have shown an increase in this phenomenon since the Covid-19 pandemic. These "online support communities" can foster dynamics of rivalry and become harmful, as they not only share images but also techniques to avoid detection or hospitalization. In the presented case, the patient's initial isolation led her to use ICTs as a way to seek social affirmation and a sense of belonging. Upon encountering specific forums, self-harm, which initially served an anxiolytic function, evolved into a mechanism for achieving social relevance. On the other hand, the AI chatbot for suicide prevention facilitated early intervention in her case.
Conclusions: While the internet can provide social support for isolated adolescents, it also has the potential to normalize and even reinforce self-harming behaviors among vulnerable populations. Therefore, it is crucial to further investigate the psychosocial factors involved in digital self-harm and to develop new tools for mental health professionals. Additionally, AI could serve as an entry point and tool for younger generations, offering potential for both prevention and therapeutic intervention.

Disclosure of Interest: None Declared

EPV0306

Cost-effectiveness study of a home-based mental health hospitalization program for children and adolescents: study protocol

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Introduction: Psychiatric hospitalization to manage acute symptoms of mental disorders in children and adolescents may be necessary, although there is a growing concern about the clinical and economic effectiveness of psychiatric admission in this population. This suggests the need for the implementation of new intensive family and community care models that would reduce hospitalization.
Home hospitalization provides an opportunity to offer the child or adolescent with intensive treatment within the infrastructure of their home and the supervision of their family or primary caregivers. It therefore requires fewer resources than traditional inpatient treatment while allowing the patient‘s immediate environment to be involved in the treatment, potentially reducing the risk of a failed transition to the home once the patient is discharged.
Objectives: The main objective is to analyze the cost-effectiveness of two Mental Health Home Hospitalization interventions for adolescents as an alternative to traditional hospitalization in two hospitals in Madrid, Spain (La Paz University Hospital and Principe de Asturias University Hospital).
Methods: This is a quasi-experimental pre-post intervention study that examines two models of Mental Health Home Hospitalization as an alternative to full hospitalization. It will analyze various outcome variables, including clinical, functioning, satisfaction, quality of life, and costs /use of clinical resources.
Results: Participants must be adolescents and young adults aged 12 to 18 years (inclusive), who present a psychiatric decompensation requiring an intensity of care similar to that provided in the hospital. Assessments, including CGI, HoNOSCA, C-SSRS, CSQ-8, EQ-5D-Y, will be conducted at the baseline visit, and at the end of the treatment. Resource use and costs will be recorded at the baseline and six months after the treatment.
Conclusions: Home-based mental health hospitalization for adolescents is an emerging area of interest in the treatment of acute symptoms of mental disorders in this population, but there are not standard protocols for such interventions. Several issues remain to be clarified, including the care pathways for adolescents in crisis who require hospital care and whether organizational differences between interventions impact the outcomes.

Disclosure of Interest: None Declared

EPV0307

Evolution and Therapeutic Approaches in Adolescents Hospitalized in a Psychiatric Unit : A 12-Month Study

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doi: 10.1192/j.eurpsy.2025.1131

Introduction: As mental health challenges among adolescents continue to rise, hospitalized Adolescents in psychiatric units often face complex and evolving challenge.A lot of current research aims to optimize treatment strategies for this vulnerable population.
Objectives: This study aims to explore evolution and therapeutic approaches of adolescents hospitalized for the first time in the psychiatric department.
Methods: It’s a retrospective and descriptive study covering the files of patients who consulted the Avicenna Psychiatry department of Razi hospital aged under 19, during the year 2023.
The collection of anamnestic and clinical data was established using a pre-established form.
Results: Our study included 24 patients aged between 16 and 18 years, with a mean age of 17 years, comprising 13 males and 11 females.
Patient follow-up in our service was regular in 58.33% of cases, while 20.83% of patients were lost to follow-up.
Psychotherapy was recommended in most cases, and medication was prescribed in 100% of cases, with only 58.3% adhering to the treatment. Relapse with rehospitalization was observed in 45.8% of cases, with a range of 1 to 35 readmissions. Parents of these patients were cooperative and receptive to the care in 62.5% of cases, while 12.5% of parents remained rejecting.
Clinical outcomes showed improvement in 33.3% of cases and worsening of symptoms in 45.8% of cases.
Conclusions: Early and individualized therapeutic planning, in collaboration with family and social services can play a crucial role in preventing future hospitalization.

Disclosure of Interest: None Declared

EPV0308

Clinical Aspects of Adolescents Hospitalized in a Psychiatric Unit: A 12-Month Study

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doi: 10.1192/j.eurpsy.2025.1132

Introduction: The World Health Organization (WHO) defines adolescence as the developmental stage between childhood and adulthood, spanning ages 10 to 19. This period is characterized by significant physical, cognitive, and psychosocial growth.
Objectives: This study aims to understand the clinical profile of adolescents hospitalized for the first time in the psychiatric department.
Methods:

- It’s a retrospective and descriptive study covering the files of patients who consulted the Avicenna Psychiatry department of Razi hospital aged under 18, during the year 2023.

- The collection of anamnestic and clinical data was established using a pre-established form

Results: Our study included 24 patients aged between 16 and 18 years, with a mean age of 17 years, comprising 13 males and 11 females.

Patients presented voluntarily in 42% of cases, were brought in by law enforcement in 25%, and were referred by a private psychiatrist in 17% of cases. The reasons for consultation were as follows: behavioral disturbances in 63% of cases, a suicide attempt in 21%, and incoherent statements in 8% of cases. 60% of cases used medication ingestion as the method during the suicide attempt. A family history of psychiatric disorders was found in 50% of cases, as well as a family history of suicide attempts in 13% of cases. Additionally, 71% of cases had prior follow-up with a private psychiatrist, 21%of cases had previously attempted suicide, and 33%of cases had personal somatic histories.

The onset of disturbances was progressive in 71% of patients. Upon hospitalization, anxious symptoms were noted in 25% of cases, while depressive symptoms with suicidal ideation were recorded in 29% of patients. hallucinations and delusions were noted in 50% of cases, and behavioral eccentricity was observed in 25% of cases. Instinctual disorders were present in 75% of cases, with sleep disturbances observed in 71%of cases, sexual disorders in 25%of cases, and appetite disorders in 13 %of cases.

Verbal hetero-aggression was identified in 83% of cases, while physical hetero-aggression was noted in 67%of cases. Self-harming behaviors were recorded in 48% of patients.

The diagnoses made according to DSM-5 criteria were distributed as follows: bipolar disorder in 29% of cases, schizophrenia in 17%of cases, and 13%of cases related to a life stage.

Conclusions: Adolescent psychiatric hospitalizations are rising, emphasizing the need to understand clinical characteristics of this population. This study analyzes clinical aspects of adolescents admitted to a psychiatric unit over one year. The findings aim to enhance treatment strategies and patient outcomes.

Disclosure of Interest: None Declared

EPV0309

Treatment of Catatonia Associated with Xp11.22 Duplication Syndrome and Comorbid Autism Spectrum Disorder: A Case Report

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Introduction: Xp11.22 duplication syndrome, a rare genetic condition first identified in 2009, has fewer than 100 documented cases in the literature. To date, little is known about the genotype-phenotype relationship in this rare genetic syndrome and there is a paucity of data specifically regarding catatonia in this condition.

Objectives: The primary aim of this case report is to provide a comprehensive description of the clinical presentation, diagnostic approach, and management strategies employed in a case of catatonia occurring in the context of Xp11.22 duplication syndrome and ASD.

Methods: Methods of this case report include assessment of the patient via thorough psychiatric and medical evaluation, as well as additional information obtained through chart review and collateral sources.

Results: Our patient, a 15-year-old Caucasian male, was diagnosed with Xp11.22 duplication syndrome at age 3 due to speech and motor delays. At 14, he experienced sudden behavioral and motor changes, including withdrawal, repetitive speech, slowed gait, and repetitive motor behaviors like “rewind” actions. Over 3 months, symptoms included emotional lability, self-injurious behaviors, and significant disruption to daily functioning. Outpatient management with olanzapine and quetiapine worsened agitation. Referred to a specialist, he was started on lorazepam up to 12 mg daily for suspected catatonia. ECT was considered, but further workup ruled out seizure disorder and autoimmune encephalitis. Pediatric neurology found no alternative etiology and recommended ECT. On admission, BFCRS score was 14, showing catatonic symptoms like automatic obedience, mutism, and immobility. Lorazepam was reduced to 2 mg three times daily, and amantadine 100 mg twice daily was continued. An acute ECT course of 12 bilateral treatments over four weeks reduced catatonic symptoms, improving mutism, motor speed, and daily activities. During a 56-day hospitalization, he received 7 maintenance treatments. Upon discharge, BFCRS decreased to 7, and he continued lorazepam and amantadine.

Conclusions: This case report underscores the complexity of managing catatonia in patients with Xp11.22 duplication syndrome and ASD, highlighting the potential need for multimodal treatment approaches. The significant improvement observed with the addition of ECT to the treatment regimen emphasizes the importance of considering this option in cases of refractory catatonia, even in patients with complex genetic and neurodevelopmental backgrounds. This case raises important questions about the underlying neurobiological mechanisms of catatonia in the context of Xp11.22 duplication syndrome and ASD.

Disclosure of Interest: None Declared

EPV0310

The impact of institutionalization and adoption on ADHD diagnosed children

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Introduction: Adoption is a process which aspires to protect the children and provide them a secure home. Nevertheless these minors present very often in their new environment a wide range of different difficulties, that enhances them to adapt in their personal and academic spaces. ADHD is one of the most prevalent neurodevelopment diseases among adopted children (Mulas et al., 2016; Doom et al., 2016).

Objectives: The objective of this review is to shed light on the association between ADHD and adoption.

Methods: A literature review has been carried out of scientific studies on the prevalence and risk factors for developing ADHD among adopted children from different countries of origin. Systematic reviews of papers and studies on new developments in the etiology of ADHD were also consulted.

Results: The prevalence of ADHD in adopted children is estimated to be around 25-50% (Mulas et al., 2013; Enriquezet. al., 2017). However, this percentage varies considerably depending on the origin of the children (Eastern Europe (de Maat et al., 2018), versus China (van Ginkel et al. 2016)). However, adopted children are more easily referred to a mental health specialist, as a consequence of the fact that adoptive parents are often particularly focused on the adaptation of these children (Sánchez et al., 2012).
The postnatal environment of adopted and institutionalized childrenchildren is often marked physical, emotional, sexual or other types of abuse (Doom et al., 2016). The quality of these orphanages and foster homes contributes to the lack of stimuli that children should receive in the first 2 to 3 years of life (Mullas et al., 2015). Consequently, this social and emotional deprivation among adopted children has been related to attachment disorders and ADHD (Elovainio et al., 2015).
On the other hand, other pre- and perinatal risk factors that influence the etiology of this disorder are especially prevalent in adopted children: premature birth, low birth weight and exposure to alcohol during pregnancy (Macke et al., 2020).
The role of culture as a possible protective factor is supported by research, with immigrants showing lower rates of ADD than adopted children of the same age range (Tan et al., 2016).
Finally, early foster care in adoptive families and the promotion of family bonding and appropriate parenting strategies can help adopted children improve their regulatory skills and other typical ADHD symptoms (Barca et al.,2017).
Conclusions: The deprivation of affective care and the lacking opportunity to establish a relationship with a main caregiver experienced by institutionalized children can lead to the expression of this disease in genetically predisposed individuals. These fenomenon reveals the importance of connection to family and culture to promote better mental health.

Disclosure of Interest: None Declared

EPV0311

Autism Spectrum Disorder and Comorbid Eating Disorders: Case Presentation of a 14-Year-Old Male with Carotenemia

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doi: 10.1192/j.eurpsy.2025.1135

Introduction: Atypical eating behaviors are more common in children and adolescents with Autism Spectrum Disorder (ASD) compared with neurotypical development. Cognitive inflexibility in ASD can result in rigid food-related rules and preoccupation with eating, similar to Eating Disorders (ED). Several studies have focused on cataloging these atypical eating behaviors, such as Zickgraf H. et al. (2019). [Figure 1].
Objectives: Case presentation attended at the outpatient clinic of the Hospital Universitario Nuestra Señora de Candelaria (Tenerife). Literature review on atypical eating behaviors in ASD patients and their comorbidity with EDs.
Methods: A 14-year-old male, with no prior mental health history, showed normal social and academic adaptation but had a notable deficit in social smiling and persistent food texture rejection. He lives with his mother and has a close relationship with his paternal uncle, a personal trainer and role model.
He was referred to mental health services after multiple episodes of agitation, triggered by disruptions in his eating and exercise routines. Over the past year, he developed an intense focus on physical training practicing calisthenics several times a day, in addition to rejecting high-calorie foods, opting for vegetables (carrots and pumpkins). A conversation with soccer teammates, where comments about his body were made, may have acted as a trigger.
Results: Physical Examination: Yellowish skin pigmentation, particularly on palms and nasolabial folds, not affecting sclera.BMI: 21.7.
Mental Status Examination: Aprosodic speech, limited eye contact. Marked rigidity with daily routines; severe anxiety when disrupted. Irritability related to eating and exercise. Food restriction focused on fruits and vegetables (carrots, pumpkins); interest in "being healthier" (muscle gain, fat loss).No purging or binge eating behaviors.
Psychometric Tests: ASSQ, ASAS, WISC-R suggest Autism Spectrum Disorder, Level 1, with average intellectual functioning.
Differential Diagnosis: Biochemical tests ruled out jaundice, liver disease, hypothyroidism, and diabetes. Diagnosis of carotenemia made by exclusion.
Diagnostic Interviews (EDI-III):Symptoms consistent with Avoidant/Restrictive Food Intake Disorder (ARFID).

Image 1:



Figure 1. Mayes S. D., Zickgraf H. (2019). Atypical eating behaviors in children and adolescents with autism, ADHD, other disorders, and typical development. Research in Autism Spectrum Disorders, 64, 76–83.
*Peculiar patterns of eating like rituals around food or selecting food by particular criteria (brand, color...)

Image 2:

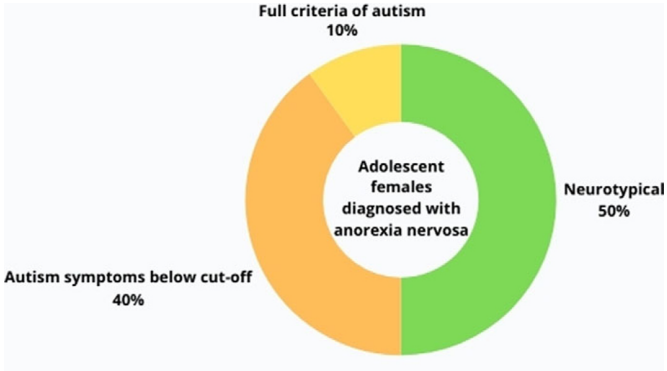


Figure 2. Westwood H., Mandy W., Simic M., Tchanturia K. (2018). Assessing ASD in adolescent females with anorexia nervosa using clinical and developmental measures: A preliminary investigation. Journal of Abnormal Child Psychology, 46(1), 183-192.

Image 3:

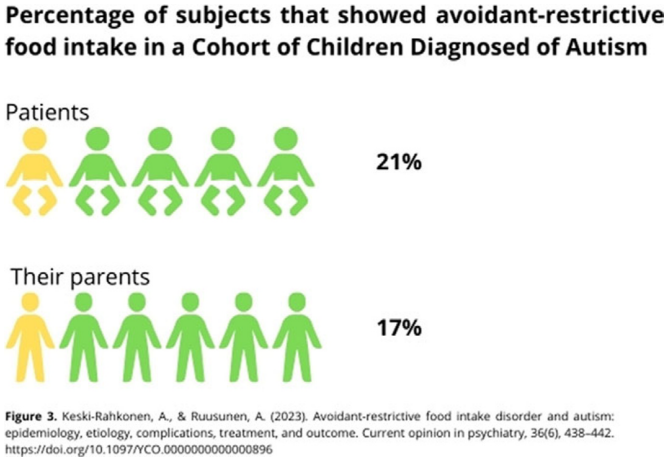


Figure 3. Keski-Rahkonen, A., & Ruusunen, A. (2023). Avoidant-restrictive food intake disorder and autism: epidemiology, etiology, complications, treatment, and outcome. Current opinion in psychiatry, 36(6), 438–442. https://doi.org/10.1097/YCO.0000000000000896

Conclusions: The relationship between ASDs and EDs is common. Brede et al. (2020) proposed that certain autism traits, such as sensory sensitivities, social difficulties, identity issues, and the need for control, may contribute to restrictive eating behaviors. Westwood et al. (2018) [Figure 2] found a high prevalence of autism symptoms in adolescents with severe anorexia nervosa. Additionally, studies like Keski-Rahkonen et al. (2023) [Figure 3] report a significant prevalence of Avoidant/Restrictive Food Intake Disorder (ARFID) in individuals with ASD and their relatives. Further research is crucial to improve treatment approaches for these comorbid conditions.

Disclosure of Interest: None Declared

EPV0312

Characterizing the 16p12.2 Microdeletion and Its Association with Psychotic Disorders: A Genetic and Clinical Perspective

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Introduction: This report presents a case involving a patient diagnosed with a 16p12.2 microdeletion and associated psychotic symptoms.
Objectives: Throughout the course of this case, we will develop a deeper understanding of the symptoms associated with this chromosomal anomaly.
Methods: The case is described below: A 15-year-old woman was admitted to the psychiatric unit at Puerta de Hierro Hospital due to behavioral disturbances. The patient was born with plagiocephaly, experienced learning difficulties, and has a documented history of a 16p12.2 microdeletion, epilepsy, and obesity. Her first contact with mental health services occurred in 2017 due to disruptive behaviors, and she began treatment with risperidone. Her condition worsened in 2020, leading to three hospital admissions and treatment changes, including aripiprazole, clozapine, and paliperidone, under the diagnosis of an unspecified psychotic disorder related to the 16p12.2 microdeletion. Currently, she is on sertraline (200 mg), paliperidone (12 mg), and valproic acid (600 mg).
The patient lives with her parents and twin sister, who has the 16p12.2 microdeletion and schizophrenia. Recently, she has shown increased irritability, heteroaggressiveness, insomnia, and difficulties with emotional regulation. The diagnosis is behavioral disturbances in the context of the 16p12.2 microdeletion.
Results: Upon admission, the valproic acid dosage was increased to 900 mg, and olanzapine 2.5 mg was introduced. This was accompanied by therapy and a structured environment. The result was progressively more syntonic behavior and an improved capacity for self-regulation.
Conclusions: Most genomic disorders result from non-allelic homologous recombination (NAHR) between segmental duplications. The clinical presentation of the 16p12.2 microdeletion is highly heterogeneous and includes developmental and growth delays, craniofacial anomalies, epilepsy, sleep disorders, learning difficulties, hypotonia, cardiac malformations, and psychiatric and behavioral disturbances. Diagnosis is established through chromosomal microarray analysis or other genomic tests. Treatment is directed at addressing the specific problems identified.

Disclosure of Interest: None Declared

EPV0314

ADHD symptoms among school-age children in Monastir (Tunisia): A cross-sectional study

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Introduction: Attention deficit disorder with or without hyperactivity (ADHD) is a neurodevelopmental disorder. It represents the most common psychiatric disorder in pediatric population. Children with ADHD can experience academic and social difficulties, as well as psychological complications.
Objectives: The objective was to determine the prevalence rate and the clinical profile of children with ADHD symptoms in the governorate of Monastir (Tunisia) and to study the comorbid symptoms.
Methods: We carried out a cross-sectional study, applying the Strengths and Difficulties Questionnaire (SDQ) scale and the short versions of Conners 3 to parents and teachers of 435 school children in a sample of 18 public and private schools randomly selected from 6 delegations in the governorate of Monastir.
Results: The prevalence of ADHD symptoms was 12% of which 51.9% were boys and 48.1% were girls. The average age was 9.8 [9.2;10.4] years.
We found a predominance of the inattentive form with a frequency of 57.7% compared to the impulsive-hyperactive and combined forms which have a frequency of 17.3% and 25% respectively.
In 40% of the ADHD group, an emotional disorder was found, and in 54% of cases there were behavioral disorders, with a statistically significant difference. Relationship problems rise to 74%, but with no statistically significant difference.

Conclusions: The prevalence of ADHD symptoms in the governorate of Monastir is similar to the rate found in other parts of the world. Identifying predisposing factors helps early intervention, which in turn reduces the psychosocial impact of this disorder.

Disclosure of Interest: None Declared

EPV0315

Cyberbullying in the Digital Age: Prevalence and Associated Factors

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Introduction: Cyberbullying has emerged as a significant concern in today's digital age, particularly among adolescents. As technology becomes increasingly integrated into daily life, the prevalence of online harassment has risen, impacting the mental health and well-being of students.
Objectives: This study aims to explore the prevalence of cyberbullying among Tunisian schoolchildren and to identify the associated factors that contribute to its occurrence.
Methods: This is a cross-sectional descriptive and correlational study among students from two public middle schools in the Sousse governorate (Tunisia) for the year 2020/2021 using an information sheet concerning: Socio-demographic data, schooling, peer relationships, child's use of the Internet and also the 'Cyberbullying Screening Test' which is a self-administered questionnaire designed to assess cyber-bullying behaviour among young people aged 12 to 18.
Results: We included 238 middle-school students.63.6% of the population were girls, with a sex ratio of 0.57. The majority of participants (83.1%) was between 13 and 15 years old. More than half of middle school students (51.3%) reported having been cyberbullied at least once and 30.2% having been sexually harassed at least once by cell phone or on the Internet. We identified a significant association between cyberstalking and the mother's level of education (P=0.041). There was a statistically significant relationship between cyberbullying and the student's place of residence (P=0.023). School repetition among students was also associated with cyberbullying with a strong significance (P=0.002). A notable relationship was found between cyberstalking and the frequency of digital technology use on weeends (P=0.055).
Conclusions: The findings of this study reveal a significant prevalence of cyberbullying among Tunisian middle school students, with notable associations linked to many environmental and individual factors. These results emphasize the urgent need for comprehensive strategies to combat cyberbullying and support affected students in educational environments.

Disclosure of Interest: None Declared

EPV0316

COVID-19 Vaccination Among Students in Tunisia: Perceptions and Attitudes

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Introduction: COVID-19 has had a major impact on public health globally, prompting mass vaccination campaigns to curb virus transmission and severe disease outcomes. Vaccination uptake among young adults, including university students, plays a crucial role in achieving herd immunity. However, perceptions about vaccine safety, effectiveness, and necessity influence vaccination rates and acceptance.
Objectives: Assessing the prevalence of COVID-19 vaccination among students at the Higher Institute of Technological Studies in Ksar Hlel, Tunisia, and exploring their perceptions regarding vaccination, including willingness to receive future doses and attitudes toward vaccine mandates.
Methods: This is a cross-sectional descriptive study conducted from the 6th to the 15th December 2021, involving a sample of students from the Higher Institute of Technological Studies (ISET) in Ksar Helal, Tunisia , using a pre-established questionnaire. Data entry and statistical analysis were performed using SPSS software, version 22.
Results: Our sample consists of 315 students, of whom 43.5% were aged between 18 and 20, and 42.9% were in their first year. The sex ratio was 0.53. Ninety-nine students (31.4%) had contracted COVID-19, with 76 rapid or PCR tests (24.1%) conducted. COVID-19 had affected 190 of the students' family members (60.3%). COVID-19 vaccination coverage among the students was 76.8% (242 students). Among the vaccinated, 135 students (55.8%) received one dose, and 107 (44.2%) received two doses. Regarding the reasons for vaccination, 183 students (75.6%) accepted the vaccine to prevent transmitting COVID-19 to their family or friends, 179 students (74%) to protect themselves from the virus, and 152 (62.8%) to help end the COVID-19 pandemic. Adverse effects from vaccination were reported by 86% of students (208) including headaches (97.9%), arm pain (68.4%), and fever (58.3%). In our sample, 202 students (64.1%) were convinced of the benefits of vaccination, while 176 (55.9%) opposed mandatory vaccination, and 228 (72.4%) were against receiving a third dose. Among the unvaccinated students, 11 (15.1%) expressed confidence in the vaccination and indicated willingness to get vaccinated in the future.
Conclusions: The study reveals a high prevalence of COVID-19 vaccination among students, with a majority expressing confidence in the vaccine's benefits. However, there is notable resistance to mandatory vaccination and additional doses, indicating mixed perceptions and lingering concerns.

Disclosure of Interest: None Declared

EPV0318

Title: Discrepancies in Anxiety Ratings Between Children with ADHD and Their Parents: The Impact of Sensory-Motor Dysfunction

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Introduction: Children with Attention Deficit Hyperactivity Disorder (ADHD) often experience comorbid anxiety. While their anxiety is typically assessed through both children's and parents' reports, discrepancies between these reports are common and poorly understood. Children with ADHD also present sensory-motor dysfunctions, of which explicit expressions may mask children's emotional state.
Objectives: Here, we test whether parents of children with sensory-motor dysfunctions may underestimate their children's anxiety levels.
Methods: Participants were 85 children: ADHD-only (n=28), ADHD+DCD (n=38), and typically developing (TD; n=19). Hyperactivity/Impulsivity was assessed by DSM-V. Anxiety was assessed by children and parents using the Screen for Child Anxiety-Related Disorders questionnaire (SCARED-C/P). Sensory-motor functions were evaluated using the Movement Assessment Battery for Children (MABC-2), balance subtest of the Bruininks Osteresky Test of Motor Proficiency (BOT-2), and vestibular tests of Dynamic Visual Acuity (DVAt) and standing posturography.
Results: Anxiety ratings were higher by children with ADHD than TD children (t-tests, $0.001<p<0.05$). Anxiety ratings were higher by children than their parents (t-tests, $0.001<p<0.05$), and the correlation between child and parent anxiety ratings was lower in ADHD dyads ($0.22<r<0.33$, $p<0.05$) compared to TD dyads ($0.60<r<0.70$, $p<0.01$). Panic anxiety ratings by children correlated positively with vestibular dysfunction ($r=0.22$, $p<0.05$), indicating that anxiety ratings increase with vestibular dysfunction. Anxiety ratings by parents correlated negatively with motor dysfunctions on the vestibular, postural stability, balance, and motor function tests ($-0.36<r<-0.22$, $p<0.05$), indicating that anxiety ratings decrease with motor deficiency. Finally, the ADHD cohort was assigned to an "agreement" cluster (55%) with comparable child-parent anxiety ratings and to a "disagreement" cluster (45%) with anxiety ratings lower by parents than children. Children in the "disagreement" vs. "agreement" cluster demonstrated higher hyperactivity/impulsivity scores by DSM-V ($p<0.05$) and lower motor performance by MABC-2 ($p<0.05$).
Conclusions: Findings suggest that parents of children with ADHD underestimate their child's anxiety, mainly when children's sensory-motor symptoms are prominent. We summarize these results under the term "blinding effect," which implies that parents' primary concern is the child's sensory-motor dysfunction, thus neglecting the expressions of anxiety. This "blinding effect" should be studied in the context of additional neurodevelopmental disorders sharing sensory-motor dysfunctions, and clinicians should be aware of the potential child-parent bias in reporting anxiety.

Disclosure of Interest: None Declared

EPV0319

Implementing the Child Psychosis-risk Screening System in Pediatric-to-Psychiatric Care: A Novel Approach Using Child Behavior Checklist Data

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Introduction: Screening children for the potential development of psychosis is challenging, resulting in a suboptimal healthcare transition from pediatrics to psychiatry.
Objectives: In this prospective study, we aimed to evaluate the predictive ability of the Child Psychosis-Risk Screening System (CPSS) for schizophrenia spectrum disorder (SSD) by observing the outcomes of pediatric and psychiatric outpatients.
Methods: A total of 478 outpatients aged 6–18 years visiting the pediatric and psychiatric departments of university and community hospitals were enrolled in this study. Assessments included the Child Behavior Checklist (CBCL) and clinical data (sex, age, birth month, chief complaint, diagnosis, abuse, bullying, and withdrawal). The CPSS calculated the risk of developing SSD using eight CBCL subscale scores. The presence of SSD was confirmed after one year. Receiver operating characteristic (ROC) curve analysis was used to evaluate the accuracy of the CPSS in predicting SSD onset. Light-gradient boosting machine (LightGBM) learning algorithm was used to calculate the importance of each clinical data point for SSD onset prediction.
Results: ROC analysis demonstrated that CPSS showed adequate predictive power for determining SSD onset (area under the curve = 0.902, 95% confidence interval: 0.866–0.939). LightGBM revealed that the importance of the CPSS risk% in predicting SSD onset exceeded other variables, including the CBCL Thought Problems subscale.
Conclusions: The CPSS demonstrated adequate predictive power for SSD development and may serve as an objective adjunctive diagnostic method to screen children at risk for SSD who require early psychiatric referral. As a simple screening system utilizing common clinical practice CBCL data, we advocate CPSS implementation in pediatric-to-psychiatric healthcare.

Disclosure of Interest: None Declared

EPV0320

Strategies for coping with stress in early adolescents and their association with sociodemographic risk factors

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Introduction: The concept of dealing with stress refers to different forms of behavior that an individual uses in response to stressful situations, with the aim of reducing the effects of those stressful events or situations. Ways of coping are important as a prerequisite for positive growth and development and can be a significant factor in the etiology of psychological and somatic problems. Coping strategies include all those behaviors that are used to overcome difficulties in stressful situations. They refer to emotional, cognitive and behavioral responses to stressful situations that vary with time and characteristics of a specific stressful situation. In adolescence, the child encounters various forms of life situations and stresses, without yet having developed a wide range of coping strategies on which to rely. Children's growth and development and the influence of sociodemographic factors represent certain risks that can directly or indirectly affect stress coping strategies.
Objectives: The aim is to determine ways of coping with stress in early adolescents and their connection with sociodemographic risk factors.
Methods: We analyzed a group of 240 early adolescents (11-15 years) from Tuzla Canton, Bosnia and Herzegovina, in the general population. The sample was chosen because the early adolescent period is vulnerable in children's growing up and psychological development. The Kidcope coping scale for children and adolescents was used to assess the way of coping. The data were processed using the method of descriptive statistics. Pearson's correlation test was used to assess the association between sociodemographic risk factors and coping methods.
Results: On the coping scale, early adolescents showed a statistically significantly higher level of self-blame and blaming others. On the questionnaire of psychosomatic symptoms (PS), the obtained results show that living in a rural area leads to frequent blaming of others as a way of coping ($p<0.05$), as well as a significantly higher level of prayer ($p<0.05$). Higher economic status and higher monthly income are significantly positively associated with resignation ($p<0.01$). Higher educational status of the mother and better living conditions are also positively related to resignation as a way of coping with stress ($p<0.05$). Disturbed family relationships are associated with a higher frequency of distraction ($p<0.05$).
Conclusions: Early adolescents show significant levels of various stress coping strategies. There is a significant correlation between sociodemographic risk factors (place of residence, economic status of the family, disturbed family relations) and psychosomatic symptoms in early adolescents.

Disclosure of Interest: None Declared

EPV0321

Examining Alterations in Electroencephalograms in a Sample of Egyptian Children Suffering with ADHD

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Introduction: A frequent developmental problem known as attention deficit hyperactivity disorder causes inattention, which may or may not be accompanied by hyperactivity.
Having trouble focusing, engaging in excessive activity, and acting in ways that are inappropriate for one's age are all signs of ADHD. In the United States, research on the use of EEG to diagnose ADHD is still underway. The FDA has authorized the use of EEG to assess the illness's morbidity alone.According to a different study, the EEG theta/beta ratio cannot definitively distinguish between people who have ADHD and those who do not.
Objectives: the purpose of this study was to determine whether children with ADHD had altered EEGs.
Methods: study was carried out from January to June 2024 on sixty non-epileptic children with ADHD (8–18 years old) at Al Hussian university hospital, Egypt.
This study was authorized by the Al-Azhar Faculty of Medicine's Ethical Committee. Following an explanation of the purpose of the study and the acquisition of verbal agreement, all children underwent semi-structured clinical interviews and were excluded from any other neuropsychiatric or medical disorders. All study children have been diagnosed with ADHD according to the DSM IV criteria SCID, Conner's scale for ADHD was applied for all the study's children. EEG was obtained for all the children in the study. SPSS version 20.0 was employed. Numbers and percentages were used to characterize the qualitative data, and the significance of the outcomes was assessed at the 5% level.
Results: The research involved 60 children with ADHD diagnoses, of whom 70% were younger than 8 years old, 71.7% of whom were male, 28.3% of whom were female, and 53.3% of whom were in rural settings.Based on study statistics, the mixed form of ADHD was the preponderance kind, with 56.7% of participants having ADHD. Oppositional defiant disorder (ODD) was a co-morbid disorder. the study indicates a strong statistical correlation (P value<0.001) between the combined type of ADHD and the individuals' educational attainment.Accompanied conditions and male ADHD children were shown to have a high statistical significance ($P<0.005$) , as was age less than 8 years old ($P=0.026$)
Only 10% of the non-epileptic ADHD children in the study had aberrant EEG readings, and there was no statistical correlation between them. there is a significant correlation ($P<0.007$) between co-morbid conditions and ADHD children, irrespective of their kind.

	Hyperactivity and Attention deficit							
	Hyperactivity (n = 18)		Low Attention (n= 8)					
	No.	%			No.		c2	MCp
EEG							2.357	0.307
Changes	1	5.6	2	25.0	3	8.8		
Normal	17	94.4	6	75.0	31	91.2		
Co morbid disorder							13.003*	0.007*
No	5	27.8	0	0.0	5	14.7		
Conducted	10	55.6	3	37.5	7	20.6		
ODD	3	16.7	5	62.5	22	64.7		

Attention deficit Hyperactivity, EEG and accompanied disorder
Conclusions: The diagnosis of ADHD in children was not strongly correlated with changes in EEG.

Disclosure of Interest: None Declared

EPV0322

Behavioral stabilization through low-dose Clozapine in a youth justice center.

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Introduction: Behavioral dysregulation and aggression pose substantial challenges in treating adolescents within youth justice systems, particularly in cases with complex psychiatric histories and diagnostic ambiguity. Autism spectrum disorder (ASD) is often underdiagnosed due to its different presentations, particularly in females. Many girls with ASD show strong desire for social interaction, but due to difficulties in navigating social relationships, they frequently experience frustration, resulting in explosive and auto and heteroaggressive behaviors. For those ASD patients with comorbid conduct disturbances, standard antipsychotic treatments can be insufficient, being necessary to try alternative pharmacological approaches.
Objectives: To explore the therapeutic impact of low-dose clozapine on severe conduct dysregulation and auto/heteroaggression in this minor with ASD, and to assess clozapine's effectiveness in reducing anxiety and improving adaptability within a structured therapeutic environment.
Methods: We present a 17-year-old female patient with a history of severe behavioral disruptions with aggressiveness, initially diagnosed with various psychiatric conditions and treated with high-dose antipsychotics without clinical improvement. The case follows her through two separate admissions to a youth justice center's therapeutic unit, where a retrospective review of her history and a longitudinal study of her diagnosis were made. After conducting a review of clozapine's effects on reducing aggression, low doses of clozapine are finally tried, with the goal of stabilizing behavioral disturbances and reducing the patient's associated distress.
Results: When low-dose clozapine (up to 150 mg/day) was introduced, improvements in conduct regulation and emotional distress were documented. A treatment interruption occurred between admissions due to a lapse in its administration, followed by relapse in behavioral symptoms. Upon re-initiation of clozapine in the second admission, the patient's symptoms stabilized again, with substantial behavioral improvement and reduced anxiety, enhancing the patient's ability to function within the structured environment of the therapeutic unit. The patient achieved sustained clinical stability for over two months, a period marked by the absence of pharmacological rescue interventions or containment measures.
Conclusions: Low-dose clozapine may be a viable option for managing severe behavioral disturbances in adolescents with ASD within youth justice settings, especially when other treatments prove ineffective. This case underlines the potential of clozapine not only to mitigate aggression but also to facilitate better adaptive functioning and reduce anxiety, contributing to a more stable therapeutic experience. Further investigation into clozapine's role in treating conduct dysregulation in ASD is warranted.

Disclosure of Interest: None Declared

EPV0323

Investigating Sequence Variations in CNTNAP2 and SETBP1 Genes in Language Disorders

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Introduction: Language Disorder, a prevalent developmental disorder, impedes children's communication skills, with genetic and environmental factors playing pivotal roles in its pathomechanism.
Objectives: This study aims to investigate the involvement of sequence variations in *SETBP1* and *CNTNAP2* genes, along with environmental variables, in Language Disorder's etiology.
Methods: Between September 2022 and March 2023, thirty children aged 2-7 diagnosed with language disorders according to DSM-5 criteria, and evaluated using the Ankara Developmental Screening Inventory, were studied to identify genetic and environmental factors contributing to etiology.Thirty healthy children with similar age were included as a control group. DNA samples isolated from peripheral blood of both groups were analyzed for *SETBP1* and *CNTNAP2* genes using next-generation sequencing (custom design panel). The frequencies and clinical significance of the identified variants was evaluated, and variant verification and segregation analyses were performed by Sanger sequencing. The obtained data were compared using appropriate statistical methods.

Results: Language Disorder showed a male-dominant distribution. The *SETBP1* rs11082414-CC genotype frequency was significantly higher in patients (p=0.024), and two rare variants (CNTNAP2: c.973C>G:p.P325A; *CNTNAP2:* c.2236G>A:p.D746N) were exclusive to cases. In silico analyses yielded conflicting results for rare variants, inherited paternally from unaffected parents. Among non-genetic factors, patients had higher birth weights (p=0.043) and shorter lactation durations (p=0.044).
Conclusions: Homozygosity for *SETBP1* rs11082414 polymorphic variant increases Language Disorder susceptibility. This study underscores the genetic dimension of Language Disorder, urging physicians' awareness and early intervention strategies to mitigate its impact.

Disclosure of Interest: None Declared

EPV0324

Classifying Suicide Attempts from Suicidal Ideation among Adolescents using Machine Learning

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Introduction: Suicide is a leading cause of death among adolescents and its prevalence among young people has steadily increased in recent years.
Objectives: This study aimed to identify patterns of risk factors that differentiate adolescents who experienced suicidal thoughts from those who attempted suicide using six different machine learning (ML) algorithms for Korean adolescents using data from online surveys.
Methods: Data were extracted from the 2011−2018 Korea Youth Risk Behavior Survey (KYRBS), conducted annually since 2005 by the Korean Ministry of Education, Ministry of Health and Welfare, and Korean Disease Control and Prevention Agency. The pipeline was solely generated from classic ML (CML) methods, namely logistic regression (LR), random forest (RF), artificial neural networks (ANN), support vector machines (SVM), and extreme gradient boosting (XGB).
Results: Among the 69,840 adolescents included in the analysis, 13,288 cases (19.0%) were identified as having made a suicide attempt. Prediction models using seven relevant features calculated by Boruta algorithm was developed and five features (drug experience, current smoking, grade, current alcohol drinking and sadness or hopelessness) were identified as the most important predictors. The performance of the six ML models on the balanced testing dataset was good, with area under the receiver operating characteristic curve (AUROC) and area under the precision−recall curve (AUPRC) ranging from 0.66 to 0.73.

Image 1:

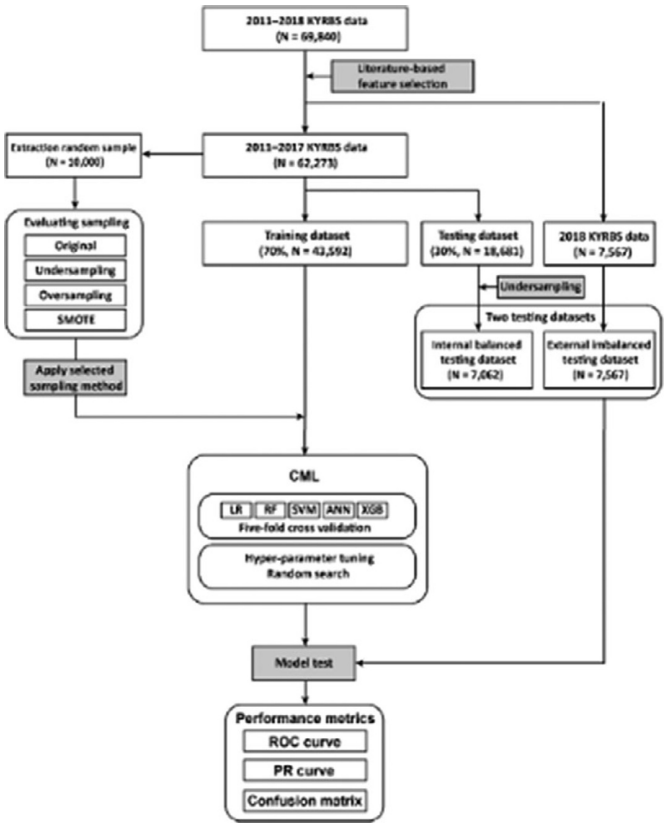


Image 2:

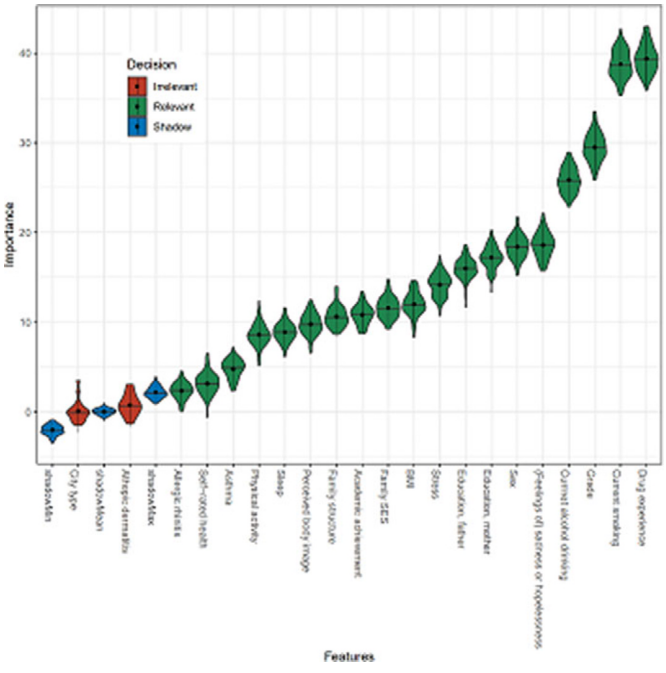


Image 3:

Table 1. Baseline characteristics of 2011-2017 KYRBS data

Features	Subgroup	SI	SA	OR (univariate)	OR (multivariate)
Sex	Male	20383 (83.1)	4144 (16.9)		
	Female	30119 (79.8)	7628 (20.2)	1.246 (1.195-1.299, p < 0.001)	1.379 (1.314-1.448, p < 0.001)
Age		15.02 ±1.74	14.73 ±1.72	0.909 (0.898-0.919, p < 0.001)	1.005(0.967-1.044, p=0.813)
Grade	G6	8219 (85.1)	1434 (14.9)		
	G5	8907 (84.0)	1698 (16.0)	1.093 (1.012-1.179, p=0.023)	1.113 (1.021-1.214, p < 0.001)
	G4	8326 (82.3)	1787 (17.7)	1.230 (1.140-1.327, p < 0.001)	1.320 (1.185-1.470, p < 0.001)
	G3	8729 (79.7)	2220 (20.3)	1.458 (1.355-1.568, p < 0.001)	1.661 (1.450-1.903, p < 0.001)
	G2	8592 (78.0)	2425 (22.0)	1.618 (1.505-1.738, p < 0.001)	1.983 (1.674-2.347, p < 0.001)
	G1	7729 (77.8)	2208 (22.2)	1.637 (1.522-1.762, p < 0.001)	2.226 (1.814-2.732, p < 0.001)
City type	Medium small city	20354 (80.7)	4882 (19.3)		
	Countryside	3407 (80.1)	844 (19.9)	1.033 (0.952-1.121, p=0.438)	1.001 (0.920-1.089, p=0.985)
	Big city	26741 (81.6)	6046 (18.4)	0.943 (0.904-0.983, p=0.006)	0.972 (0.930-1.015, p=0.197)
Academic achievement	High	5095 (83.1)	1037 (16.9)		
	High middle	11270 (83.6)	2205 (16.4)	0.961 (0.887-1.042, p=0.339)	1.056 (0.970-1.149, p=0.213)
	Middle	12821 (83.0)	2625 (17.0)	1.006 (0.930-1.088, p=0.883)	1.114 (1.024-1.212, p=0.012)
	Low middle	13763 (80.5)	3342 (19.5)	1.193 (1.105-1.288, p < 0.001)	1.395 (1.100-1.299, p < 0.001)
	Low	7553 (74.7)	2563 (25.3)	1.667 (1.538-1.807, p < 0.001)	1.370 (1.254-1.496, p < 0.001)
Family structure	Both parents	40346 (82.1)	8818 (17.9)		
	One parent	8261 (78.6)	2245 (21.4)	1.243 (1.180-1.310, p < 0.001)	1.100 (1.039-1.164, p=0.001)
	Other	1895 (72.8)	709 (27.2)	1.712 (1.566-1.872, p < 0.001)	1.288 (1.167-1.422, p < 0.001)
Family SES	High	3204 (75.7)	1030 (24.3)		
	High middle	11427 (82.2)	2475 (17.8)	0.674 (0.620-0.732, p < 0.001)	0.716 (0.656-0.781, p < 0.001)
	Middle	21960 (82.5)	4664 (17.5)	0.661 (0.612-0.714, p < 0.001)	0.660 (0.607-0.719, p < 0.001)
	Low middle	10443 (81.4)	2389 (18.6)	0.712 (0.655-0.773, p < 0.001)	0.668 (0.609-0.733, p < 0.001)
	Low	3468 (74.1)	1214 (25.9)	1.089 (0.989-1.199, p < 0.001)	0.813 (0.730-0.905, p < 0.001)
Education, Father	College	23323 (82.3)	5013 (17.7)		
	High school graduate	15994 (81.3)	3668 (18.7)	1.067 (0.1018-1.118, p=0.007)	1.037 (0.980-1.097, p=0.212)
	Middle school graduate or less	2070 (79.0)	549 (21.0)	1.234 (1.118-1.362, p < 0.001)	1.156 (1.033-1.294, p=0.012)
	Unknown	9115 (78.2)	2542 (21.8)	1.297 (1.230-1.369, p < 0.001)	0.987 (0.920-1.059, p=0.721)
Education, Mother	College	19515 (81.9)	4320 (18.1)		
	High school graduate	20347 (82.0)	4473 (18.0)	0.993 (0.948-1.040, p=0.768)	0.931 (0.881-0.984, p=0.012)
	Middle school graduate or less	2068 (82.2)	448 (17.8)	0.979 (0.879-1.089, p=0.693)	0.845 (0.748-0.954, p=0.007)
	Unknown	6294 (78.7)	1702 (21.3)	1.334 (1.262-1.410, p < 0.001)	1.070 (0.995-1.150, p=0.068)
Current smoking	No	36941 (83.8)	7141 (16.2)		
	Yes	13561 (74.5)	4631 (25.5)	1.767 (1.694-1.842, p < 0.001)	1.650 (1.571-1.734, p < 0.001)
Current alcohol drinking	No	23084 (84.0)	4384 (16.0)		
	Yes	27418 (78.8)	7388 (21.2)	1.419 (1.361-1.479, p < 0.001)	1.243 (1.185-1.304, p < 0.001)
Drug experience	No	50166 (81.4)	11454 (18.6)		
	Yes	336 (31.4)	318 (48.6)	4.145 (3.551-4.839, p < 0.001)	2.691 (2.282-3.172, p < 0.001)
BMI	Optimal	27313 (81.3)	6278 (18.7)		
	Underweight	11944 (79.6)	3061 (20.4)	1.115 (1.062-1.170, p < 0.001)	1.045 (0.981-1.112, p=0.172)
	Overweight	5911 (81.9)	1306 (18.1)	0.961 (0.900-1.027, p=0.240)	0.965 (0.897-1.038, p=0.342)
	Obese	5334 (82.6)	1127 (17.4)	0.919 (0.857-0.986, p=0.018)	0.930 (0.854-1.014, p=0.099)
Sadness or hopelessness	No	15028 (87.9)	2075 (12.1)		
	Yes	35474 (78.5)	9697 (21.5)	1.980 (1.881-2.084, p < 0.001)	1.727 (1.638-1.822, p < 0.001)
Stress	Very low	249 (60.1)	165 (39.9)		
	Low	1423 (81.4)	326 (18.6)	0.599 (0.572-0.627, p < 0.001)	0.714 (0.680-0.750, p < 0.001)
	Middle	11030 (84.7)	1994 (15.3)	0.560 (0.529-0.593, p < 0.001)	0.739 (0.694-0.787, p < 0.001)
	High	22526 (83.8)	4355 (16.2)	0.709 (0.626-0.804, p < 0.001)	0.916 (0.803-1.045, p=0.192)
	Very high	15274 (75.6)	4932 (24.4)	2.052 (1.681-2.505, p < 0.001)	2.132 (1.723-2.639, p < 0.001)
Sleep	Very high	2163 (79.6)	556 (20.4)		
	High	6361 (83.0)	1304 (17.0)	0.798 (0.714-0.891, p < 0.001)	0.910 (0.811-1.020, p=0.106)
	Middle	14461 (82.6)	3044 (17.4)	0.819 (0.740-0.906, p < 0.001)	0.887 (0.791-0.986, p=0.027)
	Low	16395 (81.9)	3620 (18.1)	0.859 (0.777-0.949, p < 0.001)	0.866 (0.779-0.962, p=0.007
	Very low	11122 (77.4)	3248 (22.6)	1.136 (1.027-1.257, p < 0.001)	0.982 (0.882-1.093, p=0.735)
Self-rated health	Very good	7117 (80.9)	1678 (19.1)		
	Good	20843 (84.1)	3953 (15.9)	0.804 (0.755-0.857, p < 0.001)	0.887 (0.830-0.947, p < 0.001)
	Normal	15797 (80.1)	3928 (19.9)	1.055 (0.990-1.124, p=0.101)	1.099 (1.026-1.177, p=0.007)
	Poor	6346 (76.2)	1986 (23.8)	1.327 (1.234-1.428, p < 0.001)	1.299 (1.199-1.406, p < 0.001)
	Very poor	399 (63.7)	227 (36.3)	2.413 (2.033-2.864, p < 0.001)	1.985 (1.654-2.382, p < 0.001)
Perceived body image	Normal	15427 (81.1)	3589 (18.9)		
	Very thin	2550 (79.9)	641 (20.1)	1.081 (0.984-1.187, p=0.106)	1.011 (0.908-1.125, p=0.847)
	Thin	10643 (81.6)	2394 (18.4)	0.967 (0.913-1.024, p=0.249)	0.966 (0.904-1.031, p=0.294)
	Fat	11612 (81.3)	4294 (18.7)	0.992 (0.944-1.042, p=0.740)	1.009 (0.953-1.067, p=0.766)
	Very fat	3270 (79.3)	854 (20.7)	1.123 (1.033-1.220, p=0.007)	1.031 (0.929-1.143, p=0.570)
Physical activity	Active	36460 (80.7)	8692 (19.3)		
	Inactive	14042 (82.0)	3080 (18.0)	0.920 (0.879-0.963, p < 0.001)	0.905 (0.862-0.950, p < 0.001))

Values are presented as number (%) or mean ± standard deviation.
KYRBS, Korea Youth Risk Behavior Survey; SES, socioeconomic status; SA, suicide attempt; OR, odds ratio.

Conclusions: The developed and validated SA prediction models can be applied to detect high risks of SA. This approach could facilitate early intervention in the suicide crisis and may ultimately contribute to suicide prevention for adolescents.

Disclosure of Interest: None Declared

EPV0326

The Relationship Between Prenatal Heart to Heart Synchrony and Postnatal Mother-Infant Attachment and Behavior

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Introduction: Synchronization refers to the coordinated physiological, biological, and behavioral changes during interpersonal interactions.
Objectives: The project aims to assess correlations between preterm physiological synchrony and post-birth behavioral synchrony between mothers, fathers, and their anxiety, depression levels, and attachment styles. Since the development of early synchronization remains unclear, the project investigates its initiation between mother and fetus, with a focus on including fathers in early attachment and synchrony research. It is hypothesized that synchrony plays a key role in predicting a child's attachment style.
Methods: BIOPAC Student Lab MP36 measures ECG data from parents, while cardiotocography records the fetus's heartbeat. Women in their 24-36th weeks of their first pregnancy without any chronic illnesses and their partners are being included in the study. Surveys for the participants cover sociodemographic scales, Beck Anxiety (BAI) and Depression Inventories (BDI) and The Relationship Scales Questionnaire. The recordings last fifteen minutes, with the first and last five minutes taking place in a non-stimulatory environment. During the middle five minutes, the fetus's heartbeat is projected for the parents. ECG data are analyzed in Matlab for synchrony. At 3 months, parent-infant interactions will be videotaped and analyzed via Ruth Feldman's *Coding Interactive Manual* for behavioral synchrony. Triads who show higher levels of physiological synchrony during pregnancy will be expected to show corresponding levels of behavioral synchrony at three months old.
Results: The ECG and survey data of 16 participants have been collected. BAI results have shown the mean anxiety results of the mothers and the fathers to be 14.6 (mild anxiety), 4.9 (minimal anxiety), respectively, whereas BDI yielded mean depression results of 7.3, 6.3, both minimal depression for mothers and fathers. Out of 8 mothers, 4 showed secure and 4 showed dismissive attachment. 2 of the mothers with dismissive attachment showed moderate and severe levels of anxiety as expected whereas the other 2 mothers showed mild anxiety. The mothers with dismissive attachment showed higher anxiety levels and are expected to show lower physiological synchrony levels with their partners and babies. Among fathers, the most prevalent attachment style was secure, observed in 3 (37.5%), with the second being Dismissive attachment identified in 3 fathers (37.5%). One father exhibited a preoccupied/dismissive style, (12.5%)while one father showed a mixed secure/dismissive pattern(12.5%).
Conclusions: The ECG data of the 16 participants are currently being evaluated for physiological synchrony between the triad and recruitments are still ongoing. After the infants are 3 months old, behavioral and physiological synchrony within the triads will be evaluated and analyzed for further relationships.

Disclosure of Interest: None Declared

EPV0329

Parents' burden of adolescents with autism spectrum disorder and coping mechanisms: which association?

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Introduction: Adolescence in young people with autism spectrum disorder (ASD) is a special time of life, for them facing physical and mental changes, and for their parents who must cope with the new challenges associated with their child's development. Research has shown that the severity, violence and behavioral disorders help to explain the major difficulties encountered by these families.
To cope with these difficulties, parents often use a variety of coping strategies. These coping strategies encompass all an individual's cognitive and behavioral efforts, which are constantly evolving, to manage a situation perceived as stressful.
Objectives: Our study aimed to assess the coping strategies adopted by parents of adolescents with ASD, their level of burden and to determine the relationship between these two variables
Methods: We conducted a descriptive and analytical cross sectional study among parents of adolescents with ASD followed at the "Erraihan" therapeutic farm in Sfax during the period of May 2024.
The hetero-questionnaire used a pre-established form for collecting data relating to parents and adolescents and two psychometric scales:

- The BRIEF-COPE scale: to assess coping mechanisms in parents, of which there are four: problem-focused mechanisms, avoidance-focused mechanisms, social support-focused mechanisms and emotion-focused mechanisms.
- The zarit Burden Inventory (ZBI): used to assess the level of burden.

Results: Forty-three parents were enrolled. Their mean age was 50.6 ±7.93 years (min=36; max=81). The average age of the adolescents was 17.79 years, with extremes of 13 and 20 years.
Emotional focus (mean score=2.54) was the coping mechanism most used by parents, followed by problem focus (mean score=2.50) and social support (mean score=2.45).
Avoidance was the least-used coping mechanism (mean score=1.63).
Assessment of parental burden showed that the mean Zarit score was 24.6±20.14, with extremes of 0 and 48. Twenty-seven parents (62.80%) felt a burden of severe intensity.
In our study, only the humor-based emotion-focused coping strategy was more important in parents with absent to moderate levels of burden (1.98 versus 1.41; p=0.02). For the other coping strategies, there was no significant association with level of burden. Social support scores between parents with absent to moderate and severe levels of burden were close.
Conclusions: Our results show that parents feel the heavy burden of caring for their sick adolescent. Indeed, ASD generates a great deal of stigmatization in the parent, who avoids discussing the illness with those around him, for fear of suffering further stigmatization. This vicious may explain the absence of a link between the level of burden and coping strategies centred on social support.
Thus, the question of the role of family support and associations for autistic families, proves crucial.

Disclosure of Interest: None Declared

EPV0330

The parent-adolescent dyad in autism spectrum disorder: which level of burden?

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Introduction: Autism Spectrum Disorder (ASD) is a neurodevelopmental disorder that begins in early childhood. For the young people with ASD Adolescence is a particular time of life, in which they are facing physical and mental changes and for their parents who have to cope with the challenges associated with their child's development. The effect of these different stressors on caregivers represents the burden.
Objectives: The aim of our study was to assess the level of burden experienced by parents of adolescents with ASD and to investigate the factors associated with it.
Methods: Our study was cross-sectional, descriptive and analytical conducted in the form of a survey during the month of May 2024. It concerned the parents of adolescents with ASD followed at the "Erraihan" therapeutic farm in Sfax. All data relating to adolescents and parents were processed solely by the interviewer.
The form included a section for collecting data relating to the adolescent and the parent, and one to measure caregiver burden via the Zarit Burden Interview (ZBI).
Results: Our population was comprised of 43 parents with a sex-ratio equal to The mean age of parents was 50.6 ±7.93 years, with extremes of 36 and 81 years.
As for the adolescents, the mean age was 17.79 ±2.29 years (min=13; max=20).
Psychometric assessment of parental burden showed that the mean Zarit score was 24.6±20.14, with extremes of 0 and 48. The results showed that 62.80% of parents felt a burden of severe intensity.
The level of parental burden increased with the presence of at least one history of somatic illness (p=0.03).
Similarly, severe burden was significantly associated with the presence of more than two children in the family (p=0.02) and the presence of sibling rivalry (p=0.04).
With regard to adolescent characteristics, the level of severe burden was significantly associated with male gender (p=0.03) and rank as the eldest sibling (p=0.01).
The presence of severe burden in the parents was significantly associated with the presence of self-aggressive behavior in the adolescent (p=0.02).
With regard to therapeutic characteristics, the use of risperidone and sodium valproate was significantly associated with an absent to moderate level of burden(p= 0.01 for both cases).
Similarly, the adolescent's previous integration into school was significantly associated with an absent to moderate level of burden (p=0.01).
Conclusions: The results suggest that parents of adolescents with autism need more support to cope with the burden generated by the adolescent's behavior. It is therefore necessary to adjust the support provided to parents in order to optimize the quality of care provided for their adolescents.

Disclosure of Interest: None Declared

EPV0331

Characteristics of adolescents with autism spectrum disorder: About 43 cases

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Introduction: Autism spectrum disorder (ASD) is a neurodevelopmental disorder that appears in early childhood. The diagnosis is based on a clinical dyad: impaired social communication and restricted and repetitive behavior. From the age of 13, children with ASD are integrated into the "Erraihan" therapeutic farm.
Objectives: The aim of our study is to describe the clinical profile of adolescents with ASD followed at the "Erraihan" therapeutic farm.
Methods: This is a descriptive and analytical cross-sectional study of 43 parents of adolescents with ASD treated at the therapeutic farm.
The "Erraihan" therapeutic farm is a center that takes in adolescents aged over 13 with ASD.
A questionnaire using a pre-established form was administered to the parents by the same doctor to collect data relating to the adolescent.
Results: Forty-three adolescents followed for autism spectrum disorder were included in our study. Their mean age was 17.79 ±2.29 years (min=13; max=20) with a male predominance 79.1% (n=34). Adolescents with autism were older in 48.8% of cases. They suffered from a chronic illness in 44.2% (n=19) of cases. The most frequently reported somatic antecedent was epilepsy (n=17).
Psychiatric comorbidity was found in 55.8% of adolescents. It was mainly mental retardation (n=22). Adolescent age at first consultation ranged from 1 to 4 years, with an average of 1 year 6 months. Age at diagnosis ranged from 3 to 6 years, with an average of 3 years 3 months.
Time to diagnosis ranged from 0 to 24 months, with an average of 5 months. Twenty-three adolescents (53.5%) communicated with poor speech intelligibility.
Behavioral problems were present in 72.1% of adolescents. Medication was prescribed in 62.8% of cases. The most commonly prescribed drug was risperidone (44.2%).
Sphincter autonomy was acquired in 69.8% of adolescents. Thirty-four adolescents (79.1%) had received speech therapy in childhood. Almost half (44.2%) had entered kindergarten at an early age, and only 14% had started school and then withdrawn.
Conclusions: This study sheds light on the clinical profile of adolescents with autism spectrum disorders at the "Erraihan" therapeutic farm. The results underline the importance of early and appropriate care. Although the majority of adolescents have acquired certain skills, such as sphincter autonomy and access to speech therapy, challenges remain, particularly in terms of communication and behavior. This information underlines the need for ongoing follow-up and personalized approaches to improve the quality of life of these young people within their therapeutic environment.

Disclosure of Interest: None Declared

EPV0332

Idiopathic Central Precocious Puberty and Attention Deficit Hyperactivity Disorder: A Clinical Case Study

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Introduction: Precocious puberty is defined as the appearance of secondary sexual characteristics before the age of 8 in girls and 9 in boys. It can be classified into central precocious puberty (dependent on the hypothalamic-pituitary-gonadal axis) and peripheral precocious puberty. Attention Deficit Hyperactivity Disorder (ADHD) occasionally co-occurs with precocious puberty, complicating its management. This case focuses on a 9-year-old girl diagnosed with idiopathic central precocious puberty, treated with both GnRH analogues and stimulant medication, showing significant improvement in symptoms.
Objectives: The primary objective is to explore the relationship between these two conditions through the presented clinical case. Additionally, the study aims to evaluate the impact of hormone-suppressing medications and ADHD treatment on the patient's social and academic functioning.
Methods: A 9-year-old girl with precocious puberty and ADHD symptoms, diagnosed through hormonal tests and ADHD scales administered to parents and teachers, as well as clinical assessments of emotional status. A multidisciplinary approach is essential for managing complex cases involving idiopathic central precocious puberty and ADHD. Follow-up was conducted every 3 months to assess pubertal status, ADHD symptoms, and psychosocial adjustment.
Results: GnRH analogue therapy successfully arrested pubertal progression, with bone age stabilization and normalized growth velocity.ADHD symptoms improved significantly with extended-released methylphenidate, leading to better attention, reduced hyperactivity, and improved classroom behavior.The patient demonstrated enhanced self-esteem, better peer relationships, and a positive psychosocial outlook.
Conclusions: The relationship between ADHD and precocious puberty may be due to a combination of hormonal, neurobiological, and psychosocial factors. Although the precise connection has not been fully determined, there appears to be an interaction between the neuroendocrine system and brain pathways that regulate behavior and development.

Disclosure of Interest: None Declared

EPV0333

Adolescents hospitalized in adult psychiatric departments: socio-demographic features and clinical profile

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Introduction: Adolescence is a critical period of physical, cognitive and emotional development. Mental health among adolescents is a major public health issue. The number of teenagers requiring psychiatric care is constantly increasing and several studies have found high prevalences of psychiatric disorders in this group.
Objectives: The aim of the study was to describe sociodemographic and clinical characteristics of adolescents hospitalized in an adult psychiatric department.
Methods: We carried out a retrospective descriptive study. It included adolescent patients, aged between 16 and 19 years, who were admitted to the department G of Razi Hospital (Tunisia), between May 2019 and May 2024 (the minimum age for hospitalization in adult psychiatric wards was 16). Data were collected from patients' files.
Results: Thirty-five adolescents were included. The mean age was 17.8 ± 0.8 years. A male predominance was noted with 65.7% of patients. We found that 57.1% of teenagers were using at least one psychoactive substance. Tobacco was the most used substance (54.3%), followed by cannabis (42.9%) and alcohol (40%). The most common motive for hospitalization was behavioral disturbances with 79.1% of patients. The most common psychiatric disorders were schizophrenia (32.6%) and schizophreniform disorder (18.6%). Antipsychotics were the most prescribed medication (58.13%) followed by benzodiazepines (30%).
Conclusions: Knowing the profile of adolescents hospitalized in psychiatry, their sociodemographic and clinical characteristics would enable us to better the care we offer to them.

Disclosure of Interest: None Declared

EPV0345

Assessment of Eating Disorders and Self-Esteem in Adolescents

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Introduction: Self-esteem is a significant indicator of health and well-being, as well as an explanatory variable for various aspects of human behavior. The relationship between self-perception, self-esteem, overall mental well-being, and eating disorders (ED) is considered particularly important, especially during adolescence.
Objectives: to evaluate the relationsheep between eating disorders (ED) and self-esteem among adolescents and identify associated factors.
Methods: This was a cross-sectional, descriptive, and analytical study conducted between June 2024 and September 2024 among adolescents resident in Sfax. Data were collected through an online Google Forms questionnaire exploring sociodemographic and relational data. We used the "Eating Attitudes Test 40 (EAT-40)" to detect the presence of ED, with a score of ≥ 30 indicating the presence of an eating disorder. Self-esteem was assessed using the Rosenberg Self-Esteem Scale: A score below 25 indicates very low self-esteem. A score between 25 and 30 indicates low self-esteem. A score between 31 and 33 indicates average self-esteem. A score between 34 and 39 indicates high self-esteem. score above 39 indicates very high self-esteem.
Results: We collected data from 120 adolescents, with an average age of 16 years and a predominance of females (71.7%). The majority of participants (79.3%) lived in urban areas, 69.2% had a medium socioeconomic status, and 80.8% were enrolled in secondary schools, 33.3% of adolescent have reported relational difficulties with peers,41,5% of Adolescents were living in particular family situations(death of one parent, parental separation, relational difficulties with parents). In our study, 30% of adolescents had personal psychiatric histories. The prevalence of eating disorders estimated at 47.5%. Among participants, 43.3% had very low self-esteem, 55.8% had low self-esteem, and 0.8% had average self-esteem. Our study objectified a signifiant correlation between eating disorders and low self-esteem (p=0.005).
Conclusions: The results of the study show a high prevalence of eating disorders among adolescents, associated with several factors, notably low self-esteem. This underscores the need to develop prevention strategies focused on improving self-esteem during adolescence. Developing effective interventions in this regard could be beneficial for addressing the behaviors and attitudes observed in eating disorders.

Disclosure of Interest: None Declared

EPV0346

Assessment of Eating Disorders in Adolescents: Tunisian cross-sectional study

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Introduction: Adolescence, around the time of puberty, is the life stage most prone to the emergence of eating disorders, with bodily and psychological transformations at the center of the issue. The body serves as a key medium for expressing distress in adolescents.
Objectives: To estimate the prevalence of eating disorders (ED) among adolescents and to determine associated factors to ED
Methods: This is a cross-sectional, descriptive, and analytical study conducted between June 2024 and September 2024 among adolescents resident at Sfax, Tunisia. Data were collected via an online Google Forms questionnaire exploring sociodemographic and relational data. We used the "Eating Attitudes Test 40 (EAT-40)" to detect the presence of ED, with a score of ≥ 30 indicating the presence of an eating disorder.
Results: We collected data from 120 adolescents, with an average age of 16 years and a predominance of females (69.2%). The majority of participants (84.6%) lived in urban areas, 80.8% were enrolled in secondary schools, and 33.3% of adolescent have reported relational difficulties with peers. 41,5% of Adolescents were living in particular family situations(death of one parent, parental separation, relational difficulties with parents).
In our study, 30% of adolescents have a psychiatric disorder. The average total score on the EAT-40 scale was 35.03, the prevalence of eating disorders was estimated at 47.5%. The factors correlated with ED included: female gender (p=0.012), relational difficulties with peers (p=0.002), the death of one parent (p=0.024), and personal psychiatric history (p=0.00).
Conclusions: This study reveals a significant prevalence of eating disorders among adolescents in Sfax, Tunisia. Gaining a deeper

understanding of this condition and its underlying factors could greatly improve the care and support provided to these young individuals.Bas du formulaire

Disclosure of Interest: None Declared

EPV0351

Electroencephalogram (EEG) Based Prediction of Attention Deficit Hyperactivity Disorder (ADHD) Using Machine Learning

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Introduction: Attention Deficit Hyperactivity Disorder (ADHD) is a complex neurodevelopmental disorder that presents challenges in achieving accurate and timely diagnosis.
Objectives: This study investigates the effectiveness of using electroencephalogram (EEG) data combined with machine learning techniques to enhance the prediction accuracy for ADHD diagnosis.
Methods: A total of 168 subjects were evaluated using the Kiddie Schedule for Affective Disorders and Schizophrenia Present and Lifetime Version Korean Version (K-SADS-PL-K), categorizing them into two groups: ADHD (n=107) and Neurotypical (NT, n=61). We analyzed quantitative EEG (qEEG) data across 19 channels, focusing on frequency ranges including delta (1–4 Hz), theta (4–8 Hz), alpha (8–12 Hz), beta (12–25 Hz), high beta (25–30 Hz), and gamma (30–80 Hz). To classify ADHD versus NT groups, the Extreme Gradient Boosting (XGBoost) classifier was utilized, with Leave-One-Subject-Out (LOSO) cross-validation employed to assess model performance.
Results: To address the issue of limited data, we segmented each subject's EEG data into 30-second intervals, resulting in 2434 segments for the ADHD group and 1060 segments for the NT group (figure 1). These segments were used to train the machine learning model. The XGBoost algorithm, combined with the LOSO cross-validation strategy, achieved a test accuracy of 90.81% and an F1 score of 0.9347, demonstrating robust performance in distinguishing between ADHD and NT subjects (figure 2). Feature importance analysis using SHAP values highlighted that EEG features from specific frequency bands, particularly the middle beta/theta ratio and relative gamma of O1 electrode sites, played a crucial role in the classification (figure 3).

Image 1:

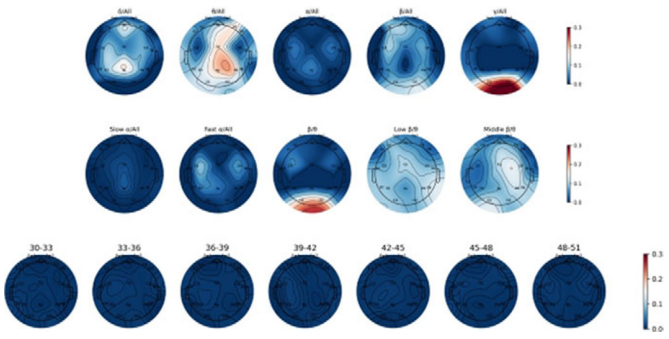


Image 2:

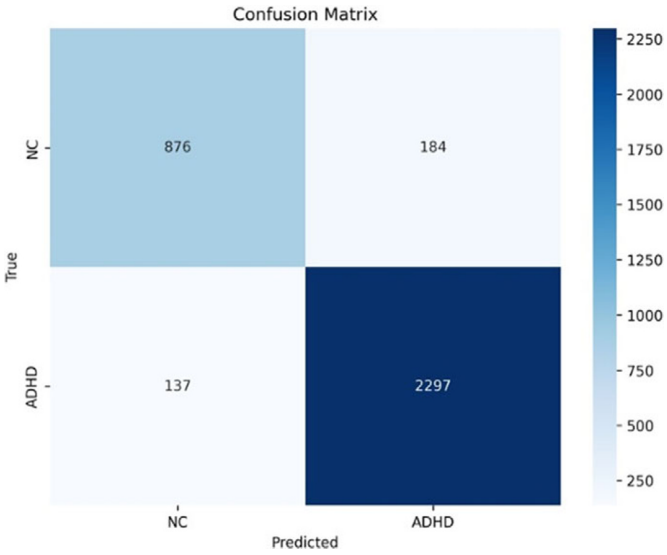
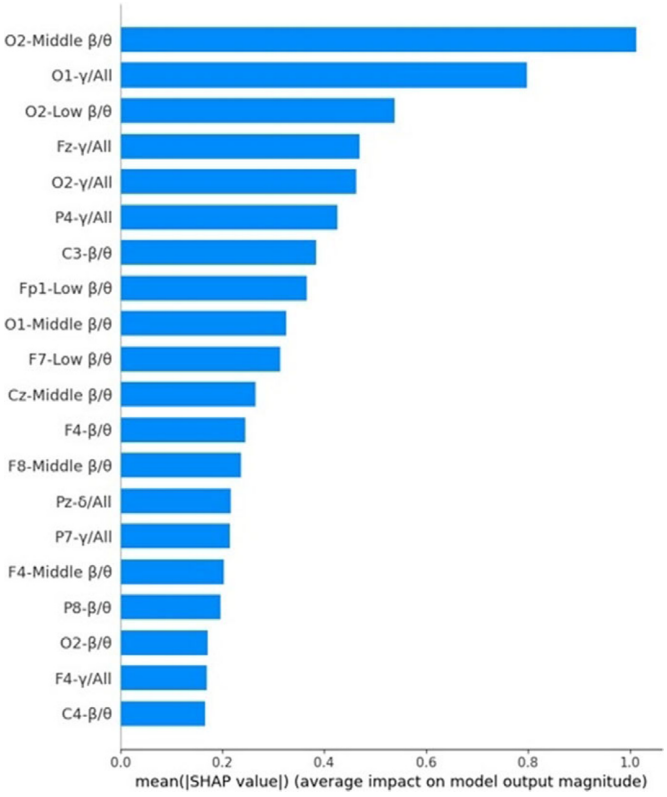


Image 3:



Conclusions: Our findings suggest that EEG-based machine learning models hold significant potential as non-invasive tools for assisting in the diagnosis of ADHD. Further research with larger datasets and additional validation is necessary to confirm these results and explore their clinical applicability.

Disclosure of Interest: None Declared

EPV0354

The relationship of nomophobia and social media addiction with psychiatric symptoms, self esteem, and perceived parental attitudes in adolescents

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Introduction: The growing prevalence and impact of digital device usage in everyday life have brought technological addiction to the forefront.Nomophobia and social media addiction are also increasingly significant types of technological addiction among adolescents.
Objectives: The objective of our study is to identify nomophobia and social media addiction in a community sample of adolescents and to examine their associations with psychiatric symptoms, self-esteem and perceived parental attitudes.
Methods: 500 adolescents between the ages of 13-18 were included in our study.The entire sample completed a sociodemographic data form, Nomophobia Questionnaire, Social Media Addiction Scale for Adolescents Short Form, Children's Anxiety and Depression Scale Child Form,Conners-Wells Adolescent Self-Report Scale Short Form, Rosenberg Self-Esteem Scale and Parentıng Style Scale.
Results: %56.6 of the sample had moderate or higher severity nomophobia and %31.4 had social media addiction.In both boys and girls, nomophobia and social media addiction were found to be positively correlated with attention deficit and ADHD index. In addition, in boys, nomophobia and social media addiction were found to be positively correlated with behavioral problems and hyperactivity. In girls, only social media addiction and behavioral problems were positively correlated. In both girls and boys, nomophobia and social media addiction were found to be positively correlated with RCADS subscales and self-esteem scale. In both girls and boys,nomophobia and social media addiction were found to be negatively correlated with acceptance-involvoment and psychological autonomy. In addition, a positive correlation was found between nomophobia and strictness-supervision subscale in girls. As a result of regression analysis: total anxiety was found to predict nomophobia in both girls and boys, total anxiety and obsessive-compulsive disorder were found to predict social media addiction in boys, ADHD index and major depression were found to predict social media addiction in girls. In the path analysis, it was found that behavioral problems and parental attention interacted with each other and predicted social media addiction; social media addiction predicted internalizing disorders both directly and indirectly through self-esteem.
Conclusions: The results of our study explain the relationship between nomophobia and social media addiction and psychiatric symptoms, self-esteem, and perceived parental attitudes. Considering that early detection and intervention of psychiatric disorders reduces the risk of addiction, our study is an important step towards raising awareness about technological addictions.

Disclosure of Interest: None Declared

EPV0356

Comparison of Neuropsychological Characteristics in Children and Adolescents with Autism Spectrum Disorder and Tic Disorder

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Introduction: Individuals with autism spectrum disorder (ASD) show notable intellectual impairment compared to other neurodevelopmental disorders, as seen in intelligence and neuropsychological tests, including attention assessments. Given the strong link between intellectual and neuropsychological performance, it is essential to determine if low neuropsychological scores stem from general intellectual limitations or specific domain vulnerabilities.
Objectives: To assess specific neuropsychological vulnerabilities in ASD, we will administer intelligence and neuropsychological tests to both ASD and Tic disorder groups, examining group differences after controlling for FIQ. Within the ASD group, we will further analyze performance variations by symptom severity and explore links between test results and specific ASD symptoms.
Methods: We recruited children aged 5-16 with no comorbidities into Tic (n=75) and ASD (n=97) groups, administering the Wechsler Intelligence Scale and neuropsychological tests (ATA, CCTT, WCST, Stroop). Using SPSS 29, we performed an ANCOVA with FIQ as a covariate to examine group differences. In the ASD group, ADOS-2 scores further distinguished autism spectrum and autism groups, and correlations were analyzed between neuropsychological scores and ADOS-2 Social, RRB, and Total scores.
Results: The ASD group had a significantly lower FIQ than the Tic group ($t(66) = 2.54$, $p = .013$) and showed poorer WCST performance with fewer correct responses and more errors, even after controlling for FIQ. In the ATA, the ASD group's response time was significantly faster, with higher false alarms, indicating hasty judgments. The Stroop color-word task showed poorer ASD performance, while the CCTT interA_rate was higher in the Tic group. No significant differences were found between the autism spectrum and autism groups on neuropsychological tests, except intelligence. ATA scores correlated significantly with ADOS-2 social, RBB, and total scores, whereas WCST scores correlated only with RBB.
Conclusions: This study's WCST, ATA, and Stroop test results indicate that the ASD group has deficits in cognitive flexibility and inhibitory control, independent of FIQ. The absence of significant differences between autism and spectrum groups suggests these traits are inherent to the autism spectrum, regardless of symptom severity. Unexpectedly, the CCTT interA_rate was high, likely due to a floor effect given the ASD group's longer CCTT 1 completion time. ATA scores correlated with overall autism symptoms, while WCST scores correlated only with RBB, linking social interaction difficulties to attentional control and repetitive behaviors to cognitive rigidity and insistence on sameness.

Disclosure of Interest: S. Lee Conflict with: Financial Support for Research from: This research was supported by the National IT Industry Promotion Agency (NIPA), an agency under the MSIT

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EPV0357

Latent profiles of Intelligence Quotient and Autism symptom severity in children with ASD

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Introduction: Autism Spectrum Disorder (ASD) is a neurodevelopmental disorder characterized by difficulties in social communication and interaction, as well as restrictive and repetitive stereotyped behaviors, with considerable variation in cognitive and adaptive functioning. Accordingly, behavioral symptoms observed in daily life are likely to vary across individuals.
Objectives: The present study aimed to explore the heterogeneity in intellectual abilities and behavioral issues among individuals with ASD using Latent Profile Analysis (LPA). This study was conducted between 2020 and 2021, with approval from the Institutional Review Board (IRB) of SNUH.
Methods: A cross-sectional analysis was conducted on 66 children (ages 6-18) diagnosed with ASD. The following psychometric instruments were used: Autism Diagnostic Observation Schedule-2 (ADOS-2), Wechsler Intelligence Scale for Children-Fourth Edition (WISC-IV), Child Behavior Checklist 6-18 (CBCL 6-18), Social Responsiveness Scale (SRS).
Results: As the 3-profile solution returned a significant BLRT value and model entropy was estimated to be 0.93, the LPA of the WISC-IV indices and ADOS-2 comparison scores revealed three profiles that were clinically meaningful and balanced in group sizes: Profile 1 ("Higher ASD score with intellectual disability"; ADOS = 6.25, VCI = 55.16, PRI = 52.34, WMI = 53.47, PSI = 50.31), Profile 2 ("Higher ASD score with borderline intelligence"; ADOS = 5.76, VCI = 78.59, PRI = 80.65, WMI = 80.82, PSI = 67.12), and Profile 3 ("Lower ASD score with above-average intelligence"; ADOS = 4.41, VCI = 105.53, PRI = 108.41, WMI = 106.35, PSI = 89.41). On the SRS subscales, Profile 3 showed significantly lower scores in Social Cognition, Social Communication, and Social Motivation compared to Profile 1 ($F(2, 63) = 10.45$, $p < .001$; $F(2, 63) = 5.24$, $p < .01$; $F(2, 63) = 8.75$, $p < .001$). Additionally, on the CBCL syndrome subscales, Profile 3 showed significantly lower problem behaviors in Withdrawal/Depression, Social Immaturity, and Attention Problems ($F(2, 63) = 4.57$, $p < .05$; $F(2, 63) = 5.07$, $p < .01$; $F(2, 63) = 4.19$, $p < .01$).
Conclusions: In the present study, Latent Profile Analysis (LPA) using IQ and ADOS scores identified three distinct profiles within children with ASD. The findings suggest that while high-functioning ASD has traditionally been defined by an IQ threshold of 70–75, further distinction between borderline and above-average intelligence ASD groups may be warranted. Furthermore, targeted interventions addressing negative emotions, such as depression, may be indicated for the ASD group with intellectual disability.

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EPV0358

Body dysmorphic disorder in adolescents: nosology, evolution and treatment. A case report

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Introduction: Body dysmorphic disorder is a diagnostic entity within the somatoform disorders of the obsessive-compulsive spectrum according to the DSM-V. Its prevalence is between 0.7% and 2.5%, being more frequent in men and usually beginning in adolescence or early adulthood. Its central symptom is cognitive distortions regarding appearance, with concern about imaginary physical defects, slight or even invisible to others and in some cases close to a delusional condition.
Objectives: To delve deeper into the clinical aspects and nosological conditions through the description of a clinical case.
Methods: This is a 16-year-old patient who was admitted three times to the Acute Psychiatric Unit of the Puerta de Hierro Hospital due to behavioral disorders in the context of dysmorphophobia with intense concern about the shape of his nose. The patient gradually abandoned his daily routines, stopped attending classes at school and isolated himself from his social circle.
He is the youngest of two sisters. He lives with his parents and sister. He had good academic results until the time of diagnosis.
The patient's concern about his nose began at about age 15, coinciding with the diagnosis of leukemia of his mother, who was undergoing chemotherapy treatment. The patient reports that the symptoms have increased until causing significant functional limitation.
He says that his nose is very large and he doesn't allow anyone to see it. He leaves the house wearing a mask, performs rituals of checking it for hours in front of the mirror and has even manipulated his nose with objects to try to deform it. He appears to have a delusional component with significant emotional and behavioural repercussions.
Results: Several pharmacological treatments were started, including SSRIs (sertraline) and various antipsychotics (risperidone, pimozide and olanzapine), with little response in all cases. Psychotherapeutic treatment was carried out in a day hospital for adolescents, but this was also unsuccessful. Finally, he was involuntarily transferred to a Medium Stay Unit given the significant impact of the symptoms on his life, showing progressive improvement after several months of treatment.
Conclusions: The nosology of TDC has evolved: the DSM IV specified a delusional variant within the psychotic spectrum and a non-delusional one within the somatoform spectrum. The DSM V integrates it within the obsessive-compulsive spectrum. In order

to assess a correct treatment, a continuum could be established between TDC and eating disorders. Both present similar symptoms: dissatisfaction and distortion with body image, need for continuous checking and concern about imperfections in perceived appearance. Given the chronicity of TDC and the tendency to abandon treatment in the first months, long-term follow-up by a multidisciplinary team is necessary, as well as psychoeducation and the establishment of a solid therapeutic alliance.

Disclosure of Interest: None Declared

EPV0359

Sensory integration in a department of child and adolescent psychiatry

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Introduction: The area of Sensory Integration has its origin in the 1960s, developed by the neuroscientist and occupational therapist Jean Ayres. Although the first studies focused on the relationship between learning problems and atypical sensory processing, today there are new applications in clinical practice. Sensory integration is defined as the neurological process responsible for organizing the sensations that one receives from one's own body and from the environment, in order to respond and function adequately in relation to environmental demands.
Objectives: This work has several objectives. On the one hand, review the concept of sensory integration, the definition and theoretical basis as well as the scientific evidence of this theory. On the other hand, review the use of sensory integration in psychiatric practice from the 1960s to the present day. Also, explain the experience of a child and adolescent psychiatry unit with the use of sensory integration as part of the treatment. Finally, new challenges, approaches and needs of psychiatry services will be considered for the implementation or improvement of this new work tool in a multidisciplinary team.
Methods: A bibliographic search has been carried out in the main sources of medical information such as pubmed, uptodate as well as in national and international journals. Likewise, the knowledge and clinical experience of the team has been reviewed.
Results: In our clinical experience, the child and adolescent psychiatry device for intensive outpatient treatment where patients between 12 and 17 years of age with severe mental disorders attend, initially passed the sensory profile by occupational therapy to patients who presented behavioral or emotional symptoms. not consistent with the psychopathological examination. In view of the results and magnificent progress, this intervention began to be carried out systematically to the boys who joined the device. We present the case of a 15-year-old patient who attended the device due to emotional dysregulation and suicidal risk. During evolution, possible difficulties were seen in sensory integration that made it difficult for the patient to improve with psychiatric or psychological therapy alone. The patient was evaluated and treated by the team's occupational therapist, specifically trained in sensory integration. It was evaluated with the sensory profile, with the results having a sensory sensitivity profile and auditory and tactile avoidance. The specific measures that were carried out were: sensory diet and environmental modifications.
Conclusions: Sensory integration is a therapy with sufficient clinical evidence to implement it in child and adolescent psychiatry services. Therapy should be performed by suitably trained and validated occupational therapists. This therapy must be included in a multidisciplinary approach to the patient and specific modifications that can be developed at home and at school are provided.

Disclosure of Interest: None Declared

EPV0360

"Antidepressants and movement disorders: a case of an adolescent with major depressive disorder"

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Introduction: Drug-induced movement disorders are a rare side effect of which some cases have been reported and published. It may be due to antidepressants, antipsychotics or other drugs. In these cases it is important to realize differential diagnosis, identify the medication that may have caused it and implement appropriate management to solve it.
Objectives: To present the case of a 16-year-old adolescent diagnosed with major depressive disorder with movement disorders after treatment with escitalopram.
Methods: A literature review was conducted on movement disorders and treatment with antidepressants in child-adolescent population.
Results: Our case is about a 16-year-old adolescent who is living with his family and he is studying at the high school. The patient has no personal psychiatric history and in his family only his father has an adaptive disorder treatment. The first time he comes to consultation, he said that in the last few weeks he has anxiety attacks in different environments and an increase in basal anxiety. He has been in a low mood for about two years with apathy, which has increased in recent weeks. He is diagnosed of major depressive disorder and we decided to continue with escitalopram 10 mg and chlorazepate dipotassium prescribed a week ago by his family doctor. After one month, he goes to the second consultation with difficulty in walking, stiffness and instability that is related to the introduction of treatment. In addition, he comments on mild improvement of anxiety and mood. Due to the timing of the onset of movement disorder and the onset of escitalopram, it is decided to suspend it. Chlorazepam dipotassium is maintained and short-term for evaluation of evolution. In the following consultation, no movement disorder symptoms are seen and the onset of another antidepressant with a different course of action is assessed.
Conclusions: Drug-induced movement disorders as in the case described are a rare side effect of which some cases have been reported and published. Different studies reveal the different behavior of antidepressants in the adult and child-adolescent population. In a meta-analysis on antidepressants and depression in the child-and-youth population (1), the results indicated that

sertraline, escitalopram, duloxetine and fluoxetine could be considered as the first option although cases with associated extrapyramidal symptoms (EPS) were reported. According to a study on the association of antipsychotics, antidepressants with movement disorders in children and adolescents (2), the risk-benefit profile of antipsychotic use should be considered as an adjuvant to reduce EPS. In addition, in a post-marketing study (3), a potentially harmful association was found between movement disorders and the use of antidepressants mirtazapine, vortioxetine, fluvoxamine, citalopram, paroxetine, duloxetine, escitalopram, fluoxetine, sertraline, venlafaxine, among others.

Disclosure of Interest: None Declared

EPV0362

Beyond Diagnosis: The Multifaceted Relationship Between Gender Dysphoria and Pervasive Developmental Disorders

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Introduction: This case series examines five adolescents with both gender dysphoria and pervasive developmental conditions, highlighting the social, familial, and psychological challenges involved. The cases reveal how these conditions intersect, shaping identity, social interactions, and family dynamics. Findings suggest a trend toward isolation and virtual spaces for acceptance, with limited family support often exacerbating isolation. Integrated therapeutic approaches addressing both gender dysphoria and developmental conditions are recommended to improve mental health and self-acceptance.
Objectives: To explore the diversity of gender dysphoria manifestations within pervasive developmental disorders.
Methods: We analysed five cases of adolescents from Professor Doctor Alexandru Obregia Clinical Hospital of Psychiatry in Bucharest, each diagnosed with both gender dysphoria and a pervasive developmental disorder. Each case highlights unique psychological and social factors influencing the adolescents' identities and interactions. Patients were monitored over an average period of one year to observe developments and responses to therapeutic interventions.
Results: The cases illustrate diverse expressions of gender dysphoria among adolescents with pervasive developmental disorders:
Case 1: 12-year-old with Asperger's syndrome and gender dysphoria, with interests and social withdrawal shaped by online interactions, further isolating her.
Case 2: 15-year-old with severe depression and Asperger's syndrome, marked by social withdrawal, a strong attachment to solitary pursuits, and an identity struggle.
Case 3: 16-year-old with significant gender dysphoria and past suicide attempts, feeling alienated with a strong focus on transitioning.
Case 4: 17-year-old facing gender dysphoria complicated by family resistance, social anxiety, and unresolved grief, destabilizing family acceptance.
Case 5: 15-year-old with major depression, social anxiety, and emergent gender dysphoria, poor medication response, and preference for solitude, indicating an uncertain prognosis.
Conclusions: This study explores whether pervasive developmental disorders and gender dysphoria coexist by chance, influence each other, or share a common cause. It examines whether atypical gender identity might lie dormant and what may trigger its expression. These cases highlight the complexity of treating gender dysphoria in adolescents with developmental disorders, suggesting that tailored support and therapy can improve psychosocial outcomes and self-acceptance.

Disclosure of Interest: None Declared

EPV0363

Whispers of hunger: a journey through anorexia nervosa

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Introduction: A 13 years old girl, who has always been an A* student, was brought to our Emergency Room, referred by her Psiquiatrist, to be hospitalized in our Unit.
During the first interview in the ER, the patient reported that she refused to eat food that had empty calories, which were essentially everything except water, and even water at times was an issue. She had a IMC of 16,57 kg/m2.
Objectives: The objetive of this case is to try and explain how serious of a disorder anorexia nervosa can be, at times severe enough to distort completely the patients reality.
Methods: The following patient will be presented, doing a thorough systematic bibliography review.
Results: The patient remains admitted to our unit. After more than one month and a half, since first being admitted, the patient has both verbalized wanting to end her life before gaining weight, as well as improved her disorder awareness.
At first, she was bluntly negative to eat any food, to a point to such extent, that feeding via nasogastric tube was necessary.
After daily interviews, along with many consultations, both with clinical psychology and psychiatry, using both cognitive behavioral psychotherapy and psychotrpic drugs; we achieved a slight improvement by eating half plates of both first and second plate, as well as dessert of a 1300-1500kcal diet.
Nonetheless, the patient still manifest up to this day, her willingness of not to eat and to end her life if its necessary to avoid eating.
Conclusions: Given the severity of the eating disorder suffered by the patient, social work was notified of the refferral to a long-term center specialized in eating disorders. The patient verbalized not wanting to got there, but recognized her disorder was getting more severe and the need for a long-term Unit.

Disclosure of Interest: None Declared

EPV0364

Oxidative Stress and Cortical Thickness in the Psychosis Spectrum: Investigating Glutathione Metabolism and Antioxidant Defenses in Youth

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doi: 10.1192/j.eurpsy.2025.1164

Introduction: Oxidative stress, particularly through disruptions in glutathione metabolism and Total Antioxidant Capacity (TAC), has been implicated in cortical thinning and other brain structural changes seen in psychosis. These changes may be more pronounced in the early psychosis spectrum, but this relationship remains underexplored.
Objectives: This study investigated the relationships between key oxidative stress markers—reduced glutathione (GSH), oxidized glutathione (GSSG), the GSH/GSSG ratio, and TAC—and cortical thickness in the cingulate, insula, and fronto-temporal brain regions.
Methods: A total of 57 youths on the early psychosis spectrum and 44 healthy controls participated, with a mean age of 15.51 years. There were no significant differences in age or sex between the groups. Cortical thickness was measured using MRI, and blood samples were analyzed for oxidative stress markers. Partial correlations were performed, controlling for total intracranial volume, age, and sex, to examine the relationships between oxidative stress markers and cortical thickness. A permutation analysis was then conducted to assess group differences in these associations.
Results: In healthy individuals, a higher GSH/GSSG ratio was significantly associated with increased cortical thickness in the right insula ($r = 0.50$, $p < 0.05$). Conversely, in the early psychosis spectrum group, there was a consistent trend of negative correlations between TAC and cortical thickness, particularly in the left frontal cortex. Permutation analysis revealed significant group differences in the association between GSH and cortical thickness in both the left insula and left temporal regions ($p < 0.05$). Additionally, TAC showed significant differences in its relationship with cortical thickness in the left and right frontal regions ($p = 0.01$ and $p < 0.05$), indicating asymmetrical oxidative stress involvement across hemispheres in the early psychosis spectrum group compared to healthy controls.
Conclusions: These findings suggest that oxidative stress markers, particularly related to glutathione metabolism and TAC, are linked to regional cortical thickness variations. The results highlight distinct oxidative stress effects in the early psychosis spectrum compared to healthy individuals, emphasizing the potential role of oxidative stress markers as early indicators of neuroanatomical changes in psychosis.

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EPV0365

A Multilevel Investigation of Conduct Problems in Adolescents: Insights from Neural, Cognitive, and Environmental Perspectives

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Introduction: Conduct problems (CP) in adolescents are associated not only with long-term personality and social development challenges, but also impose significant burdens on families, schools, and communities.
Objectives: While numerous risk factors for CP have been identified in prior research, a comprehensive understanding of the underlying deficit mechanisms remains incomplete.
Methods: Utilizing data from the Adolescent Brain Cognitive Development (ABCD) study (N = 11,875), the largest longitudinal investigation of brain development and child health in the United States, we conducted a systematic analysis of the neural, cognitive, and environmental features linked to CP. The findings were further tested for generalizability across diverse cross-cultural datasets.
Results: Our results propose a novel framework that accounts for cognitive deficits associated with CP, while also highlighting the interactions between biological and environmental factors in the development and potential remission of CP in adolescents.
Conclusions: These insights provide valuable directions for future research and intervention strategies targeting adolescent conduct problems.

Disclosure of Interest: None Declared

EPV0367

Focusing on ADHD: Analyzing Five-Year Search Trends

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Introduction: An estimated 10% of children in the United States carry a diagnosis of ADHD (Li *et al.* JAMA Netw Open 2023; 6). Parents, caregivers, and children themselves utilize search engines to better understand their diagnosis and treatment options as well as discover other resources such as finding providers or support groups. Furthermore, evaluating search trends may elucidate individual and societal barriers towards accessing treatment. (Zhao *et al.* Adm Policy Ment Health 2022; ***49*** 357–373)

Objectives: This study examines Google search trends for the term "ADHD" from 2019 to 2023 to shed light on public interest and awareness patterns.
Methods: A Google Trends search was performed for the term "ADHD" in the global search database from 2019 to 2023. Weekly absolute search volumes were exported for each year. A one-way ANOVA calculation including Tukey HSD was conducted using Social Science Statistics' calculator, which was cross referenced with AAT Bioquest's calculator.
Results: The ANOVA analysis revealed significant differences in the number of searches across the five different years. The f-ratio value is 689.19733. The p-value is < .00001. Post hoc comparisons using the Tukey HSD test indicated that search results differed significantly from among all years except between the years 2019 and 2020. The average number of searches steadily increased from M2019 = 278201.4839, SD2019=38184.594 and M2023 = 642020.8824, SD2023 =33099.9021. There is a relatively steady level of interest in the search term throughout the year with slight fluctuations. Seasonal trends were examined, showing an increased number of searches in February, October, and June, and decreased searches in December.
Conclusions: Both the overall and temporal trends described in this study have important clinical ramifications. The general increase in search trend frequency suggests increased awareness not due to a significant change in prevalence. The seasonal trends noted above suggest that the increased search frequency is related to school-related activities, particularly year-end exams in June, while the decrease in December may reflect the shift in focus from academics during the holiday break. This study highlights the importance of having evidence-based resources be accessible and understandable to the general public

Disclosure of Interest: None Declared

EPV0368

Language of Anxiety on Social Media: Distinguishing "Anxious" from "Nervous" in Youth Conversations

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Introduction: Social media has evolved into a primary arena for mental health discussions, with particular relevance to youth who engage extensively in online spaces. This study seeks to investigate how distinct language choices—specifically the terms "anxious" and "nervous"—influence the tone, themes, and context of discussions around anxiety.
Objectives: By examining the frequency and context of these terms in social media posts, this study aims to shed light on how language affects the portrayal of anxiety and, potentially, the associated experiences. We hypothesize that understanding these differences can provide valuable insights into public perceptions especially with younger audiences.
Methods: We conducted a targeted search of X (formerly Twitter), focusing on posts that included either the term "anxious" or "nervous," filtered for English-language content to ensure relevance to a broader audience. The top 100 tweets containing each term were then subjected to a sentiment analysis to assess the emotional tone of the content. Additionally, a word cloud generator was used to identify the most frequently associated terms, with connecting words excluded to maintain clarity in theme identification.
Results: Posts containing the term "anxious" often reflected intense personal distress, introspection, and struggles with internal emotions. The most commonly associated terms included "feel" (mentioned 19 times), "god" (16), "like" (15), "can" (14), "don't" (14), and "stressed" (8), each of which underscored the personal and often existential nature of these expressions. The frequent presence of terms such as "always," "day," "got," "walk," "hate," and "sad" further emphasized the internalized and enduring aspects of anxiety, suggesting more persistent or generalized anxiety concerns. On the other hand, posts containing the term "nervous" were more likely to relate to situational anxiety, external circumstances, or performance-based fears. The most frequently appearing words alongside "nervous" included "system" (15 mentions), "can" (13), "just" (9), "like" (8), and "people" (7), indicating that these posts often referenced responses to specific events or temporary stressors. Notably, terms like "first," "lot," "making," "now," and "video" suggest that individuals using "nervous" may be describing anxiety linked to immediate, often identifiable stressors, as opposed to the more generalized or chronic anxiety depicted in "anxious" posts.
Conclusions: This study underscores the significance of linguistic nuances in mental health conversations on social media and highlights how the choice of words—such as "anxious" versus "nervous"—can shift both the perceived and intended meaning of these discussions. By understanding these subtle differences, mental health professionals, educators, and content creators can develop resources and messaging that are more attuned to the experiences and language of youth.

Disclosure of Interest: None Declared

EPV0369

Emotional dysregulation in a sample of adolescent inpatients: clinical and psychopathological characterization

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Introduction: Emotional dysregulation is an unhealthy emotional response to stimuli and a common reason for adolescent hospitalization. Linked to disorders like depression, borderline personality disorder, childhood trauma, and eating disorders, understanding its underlying causes may improve outcomes and prevent relapse.
Objectives: The aim of this study is to characterize emotional dysregulation among adolescent impatient.
Methods: Our study involves inpatients (16-24 years) hospitalized at our Transitional Psychiatric ward in Ancona (Università Politecnica delle Marche, Italy). The used rating scale were: Temperament Evaluation in Memphis, Pisa and San Diego (TEMPS-M), Difficulties in Emotion Regulation Scale (DERS), Barratt Impulsiveness Scale-11 (BIS-11), Toronto Alexithymia Scale-20 (TAS-20), Aggression Questionnaire (AQ). Descriptive analysis, simple and multivariate linear regression analysis were conducted.
Results: 97 adolescent patients were admitted from February 2022 to March 2023. The mean age of the sample is 17.3±1.9. The mean score to the BPRS is 43.9±10.3. The 70.7% (n=70) of the sample are

females and the 79.8% (n=79) lives with their parents. Disruptive, impulse-control, and conduct disorders are the prevalent disorders in the sample (32.3%, n=32). The 21.1% (n=21) was diagnosed with depression, the 13.2% (n=13) with bipolar disorder and the 9.1% (n=9) with psychosis. According to the DERS, patients with emotional dysregulation are the 82,2% (n=37) of the sample. The 25.3% (n=24) of the sample could be classified as alexithymic. The most represented temperaments in the sample are the dysthymic 24.4% (n=11) and cyclothymic 22.2% (n=10). The mean score of the DERS is 122.33±29.5, the mean score of the TAS-20 is 58.9±166 and the mean score of the AQ is 78.7±30.1, the mean score of the BIS-11 is 65.2±19.1. A simple linear regression between DERS and AQ (R=0.536, R^2=0.287, F(1)=15.284, p<0.001), TAS-20 (R=0.502, R^2=0.252, F(1)=12.819, p=0.001) and BIS-11 (R=0.534, R^2=0.285, F(1)=15.128, p<0.001) was observed. A multivariate linear regression was observed between the DERS (R=0.917, R^2=0.842, F(1) =25.708, p<0.001) and the subscale about physical aggressivity of the AQ (β=2.065, p=0.008), the dysthymic subscale of the TEMPS (β=1.87, p<0.001), the hostility subscale of the AQ (β=-3.321, p<0.001), the subscale about difficulty identifying feelings of the TAS-20 (β=1.598, p=0.001), the total score of the AQ (β=0.5, p=0.006) and the subscale about cognitive impulsivity of the BIS-11 (β=1.024, p=0.047).

Conclusions: The results suggest a link between emotional dysregulation, impulsivity, aggression, and alexithymia. Notably, emotional dysregulation appears in those with a dysthymic temperament, marked by high aggression, difficulty identifying feelings, cognitive impulsivity and low hostility. Further research is needed to explore these findings and develop treatment strategies.

Disclosure of Interest: None Declared

EPV0370

Pharmacogenetics and its impact on pharmacological management of severe attention deficit hyperactivity disorder

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Introduction: Attention Deficit Hyperactivity Disorder (ADHD) varies in presentation and associated comorbidity conditions. Diagnosis and treatment is often challenging, highlighting the need for individualized approaches in managing ADHD. Optimal therapy includes a combination of different methods such as psychological interventions and pharmacotherapy. Pharmacogenetics allows for a more personalized and effective treatment plan, which can reduce empirical prescribing of medication, meaning less side effects, faster treatment response and achieving remission. Altogether, this leads to improved compliance and outcomes.

Objectives: In our opinion this is an interesting case study which explores the challenging presentation, medical management, and treatment of a patient with ADHD and its comorbidity.

Methods: We present a male subject, age 14, who met DSM- V criteria for ADHD at the age of 8. The treatment effects of conventional approaches with psychosocial interventions and individual psychotherapy as well as child and parental psychoeducation had not proven sufficient, so pharmacotherapy was added to the treatment strategy. He was initially introduced to methylphenidate therapy and developed side effects in the form of depressive symptoms and motor tics. Regression of side effects occurred when the drug was discontinued. Impulsive and aggressive behaviors became severe so antipsychotics were prescribed, which resulted in improvement of behaviour. Attention and concentration disturbances remained, however. During this period, the subject experienced a growth spurt, gained in body weight and his laboratory findings showed high liver enzymes. We conducted a multidisciplinary approach that included a complete examination by a geneticist, an endocrinologist, and a cardiologist. EEG and psychological testing were performed. Due to a lack of progress in socio-emotional functioning, genotyping analyses of CYP2D6, CYP1A2, CYP2C9, CYP2C19, CYP3A4, CYP3A5, ABCB1, ABCG2, 5-HTTLPR, DAT1 VNTR was performed.

Results: The pharmacogenetic findings suggested a higher activity of the CYP2D6 enzyme than normal. Significantly reduced and weak transport function of protein ABCB1 was observed. Atomoxetine is not a substrate for ABCB1, so the introduction of atomoxetine is planned after the stabilization of liver enzymes.

Conclusions: Various treatment strategies can help ameliorate ADHD symptoms. Finding an effective medication and dosage for a given child with ADHD can be a complex process. Although pharmacogenetic testing is not a standard procedure in child and adolescent psychiatry, it can have an impact on the management of treatment-resistant symptoms and medication-related side effects. The potential for pharmacogenetics to enhance treatment precision remains a promising area for future research in psychiatry.

Disclosure of Interest: None Declared

EPV0373

Beyond the Rainbow: Suicide, Suicidal Gestures and Self Harm Disparities Among Gender Minorites

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Introduction: Transgender and Gender Non-Conforming (TGNC) individuals are at increased risk of diagnosis with mental disorders, including suicidality and suicidal gestures (Anderson & Ford. Nursing Inquiry 2022; 29). Patients' psychological distress may be secondary to gender dysphoria; however, the evidence may be unclear.

Objectives: The goal of this review was to compile current evidence to assess a relationship between gender dysphoria and suicidal ideation, suicidal attempt, and self-harming behavior.

Methods: A literature review on PubMed databases was conducted using the search terms "transgender," "gender non-conforming "suicidality," "self-harm," "suicidal gestures," "child," "adolescent," and "youth" in various permutations to assess recent evidence on suicidality and suicidal gestures among TGNC children and adolescents. We also reviewed relationships between gender-dysphoria, social support as a protective factor, and suicidality and/or suicidal gestures among TGNC youths.

Results: A study conducted across 19 states in the United States and large urban school districts found that within the last year, 43.9% of transgender students reported they have seriously considered attempting suicide compared to 20.3% in cis-females and 11.0% cis-males, 39.3% of transgender students reported having a suicide plan compared to <16.0% of cisgender students, and 16.5% of transgender students reported having a suicide attempt requiring medical treatment compared to <2.5% of cisgender students (Garthe et al. Transgend Health 2022; 7 416-422). Another study conducted across three different US cities found higher levels of suicidal ideation and behavior among TGNC youths, compared to their cisgender counterparts (Johns et al. MMWR 2019; 68, 67–71) . Also, chosen name use was associated with less suicidal ideation, behavior, and depressive symptoms (Russel et al, J Adolesc Health 2018; 63 503–505). Additionally, a surveillance analysis concluded that TGNC youths reported experiencing higher levels of emotional distress, bullying victimization, risk behaviors (substance use and sexual behavior), and lower levels of protective factors such as internal assets, family connectedness, and feeling safe in their community (Eisenberg et al. J Adolesc Health 2017;61 521–526)
Conclusions: Further research needs to be conducted regarding the relationship between gender dysphoria and suicidality, and the presence of suicidal gestures. However, the current data suggests decreased depressive symptoms, as well as suicidal ideation and behavior associated with increased chosen name usage.

Disclosure of Interest: None Declared

EPV0375

Attention deficit hyperactivity disorder in prematurely born children: role of neuroinflammation caused by human cytomegalovirus infection

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Introduction: Numerous studies have revealed the association between deficit hyperactivity disorder (ADHD) and brain inflammation due to immune system response to congenital or perinatal human cytomegalovirus (CMV) infection.
Objectives: The aim of study was to examine the impact of neuroinflammation caused by CMV infection on the development of ADHD in prematurely born children.
Methods: The medical records of 126 prematurely born children aged 7-11 were retrospectively analyzed. Participants were divided into two groups, the observed population of 56 children with ADHD and the control group without ADHD. Three parameters were observed, C-reactive protein (CRP) as an indicator of inflammation, IgM antibodies to CMV for etiological diagnosis of CMV infection and cranial ultrasound findings for the confirmation of structural changes in the brain.
Results: Statistical analysis of our data showed the association between the onset of ADHD and the presence of congenital/perinatal CMV infection in prematurely born children ($p<0.01$). Nevertheless, these two variables had a very low positive correlation (phi coefficient 0.07173). The results did not show the association between elevated levels of CRP and presence of ADHD in prematurely born children ($p>0.01$), which confirmed that not every inflammation, regardless of the cause, was associated with ADHD. The analysis also confirmed the positive correlation between the variables listed in pairs: elevated levels of CRP and positive IgM on CMV, elevated levels of CRP and altered ultrasound neuroimaging findings, as well as positive IgM on CMV and altered ultrasound neuroimaging findings. All of these correlations speak in favor of the CMV caused neuroinflammation as etiopathogenetic basis in ADHD.
Conclusions: In our sample CMV-induced neuroinflammation was associated with the development of ADHD in prematurely born children.

Disclosure of Interest: None Declared

EPV0381

Understanding the Overlap: Exploring the Complex Comorbidity of ASD and ADHD

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Introduction: Autism Spectrum Disorder (ASD) and Attention-Deficit/Hyperactivity Disorder (ADHD) are neurodevelopmental conditions that often co-occur, leading to complex clinical presentations. While ASD is characterized by deficits in social communication and restricted, repetitive behaviors, ADHD is marked by inattention, hyperactivity, and impulsivity. The comorbidity between these conditions is increasingly recognized, yet their combined impact on diagnosis, treatment, and patient outcomes remains underexplored.
Objectives: This study aims to investigate the prevalence and nature of the comorbidity between ASD and ADHD. We also seek to identify the shared and distinct cognitive, behavioral, and developmental features, and assess the implications of this overlap for clinical practice, especially in diagnosis and treatment planning.
Methods: A systematic literature review was conducted, examining peer-reviewed studies published in the last 10 years. Key databases such as PubMed, PsycINFO, and Scopus were searched for studies involving ASD and ADHD comorbidity in children and adolescents. Data on prevalence rates, diagnostic criteria, symptom overlap, and treatment approaches were extracted and analyzed.
Results: The findings confirm a high prevalence of comorbidity between ASD and ADHD, with estimates ranging from 30% to 50% in pediatric populations. Shared symptoms, particularly inattention and executive dysfunction, often complicate differential diagnosis. Children with both ASD and ADHD tend to exhibit more severe social and cognitive impairments, and have a higher risk for anxiety, mood disorders, and academic challenges. The results suggest that overlapping symptoms may delay or complicate accurate diagnosis, affecting treatment efficacy.
Conclusions: The comorbidity of ASD and ADHD presents unique challenges for clinicians and families. Early identification of both conditions is crucial for tailored interventions. A multidisciplinary approach, combining behavioral, cognitive, and pharmacological treatments, appears to be the most effective. Further research is needed to develop clearer diagnostic criteria and targeted

therapeutic strategies to address the specific needs of individuals with this comorbid profile.

Disclosure of Interest: None Declared

EPV0382

Sail training as a blue intervention. Strenghtening hardiness and resilience of adolescents

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Introduction: Nature based interventions are becoming more popular in mental health prevention and treatment. Blue therapies are rarely known because of limited access and high costs. The poster presents the results of research on the level of the hardiness and resilience of high sea cruises participants. The study involved 123 people, including 65 girls and 58 boys, and 55 young adults, including 15 women and 39 men.
Objectives: The aim of the study was to assess the impact of blue intervention on the level of the hardiness and resilience of high sea cruises participants.
Methods: Pre-posttest study with questionnaires issued on the first and last day of each cruise. Dispositional Resilience Scale (Bartone et. al., 1989) was used to measure mental hardiness, commitment, openness to challenges and a sense of control of participants. EEA Resilience Scale (Maltby et. al., 2015) was used to measure ecological and engineering resilience and adaptive capacity of partifcipants.
Results: The results show a statistically significant increase in hardiness level. There was also a significant increase in commitment, openness to challenges and a sense of control of participants, which are measured by subscales of the DRS. Significant increase of ecological resilience and adaptive capacity has been noted.
Conclusions: Hardiness and resilience are key protective factors for mental health. Blue interventions can be effetcive ways of mental wellbeing improvement.

Disclosure of Interest: None Declared

EPV0383

Anxiety and Depressive Symptoms in Parents of Extremely Preterm Newborns and Their Association with Parent-child Bond

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Introduction: Extreme preterm birth (<28 weeks) is a significant risk factor for adverse neurodevelopmental outcomes in infants but also for heightened psychological stress in parents, both of these impacting on parent-child bonding style. Abnormal parent-child bonding may impact, in turn, on child's emotional development. Longer stays at NICUs, with their stressful environment and caregiving demands, alongside psychosocial factors and perinatal complications can exacerbate parental emotional stress.
Objectives: (i) To compare, around birthtime, levels of anxiety and depressive symptoms in parents of extremely preterm newborns (EPTN) compared to parents of born-at-term healthy control (HC) newborns; (ii) to assess, in parents of EPTN, longitudinal changes in levels of anxiety and depressive symptoms from birth up to 40 postmenstrual weeks (40PMW), and their association with demographic, clinical and environmental risk factors; (iii) to assess, in parents of EPTN, the impact of NICU-related stress and psychosocial / family context on levels of symptoms; and (iv) to examine, in parents of EPTN, the association between levels of anxiety and depressive symptoms and parent-child bonding quality around hospital discharge.
Methods: Observational, longitudinal, prospective, 24-month follow-up study. We recruited a cohort of n=150 EPTN and n=50 HC (the PeriStress-PremTEA cohort) in two tertiary hospitals in Spain. Of those, parents of n=70 EPTN and n=42 HC successfully completed, around birthtime (and at 40 PMW in EPTN) the STAI state & trait, BDI, PBQ, MSPSS and PPS at NICU questionnaires. We also gathered demographic, clinical and obstetric data from all patient & HC families. We compared, in EPTN vs HC, parental symptom levels around birth. Using logistic regression, we assessed, in EPTN, the association between demographic/perinatal variables, parental symptom levels around birth time and parent-child bonding quality at discharge.
Results: Both fathers and mothers of EPTN showed higher anxiety and depressive symptom levels than those of HC (all p<.01). In EPTN, parental symptom levels around birth time were highly correlated with PSS NICU scores (p<.01). Levels of anxiety and depressive symptoms in mothers of EPTN predicted parent-child bonding quality at discharge, above and beyond other potential risk factors, as did level of depressive symptoms in fathers of EPTN (p<.01).
Conclusions: Our findings support the need to establish screening and longitudinal monitoring programs of psychopathology in parents of EPTN, both for mothers and fathers of these children, and even more so in higher-risk subgroups, such as those with higher perception of NICU-related stress.

Disclosure of Interest: None Declared

EPV0386

Auditory hallucinations in a young person with Jacobsen Syndrome and Partial Trisomy 10q Syndrome

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Introduction: Jacobsen syndrome (JS) is a rare genetic disorder caused by a partial deletion of the long arm of chromosome

11 (11q23.3qter), affecting approximately 1 in 100,000 births. It is associated with physical and developmental abnormalities, including pre- and postnatal growth retardation, facial dysmorphism, and multiple congenital malformations. Intellectual disability and psychomotor retardation are also common, with 97% of individuals presenting with varying degrees of cognitive impairment. Autism spectrum disorder (ASD), attention deficit hyperactivity disorder (ADHD), and, in rare cases, severe psychiatric disorders like schizophrenia or bipolar disorder, may complicate the clinical picture. JS management is complex, often requiring multidisciplinary care. Partial trisomy 10q is a rare chromosomal disorder, with around 40 reported cases worldwide. It is characterized by distinctive facial features, minor physical anomalies, and possible cardiac or renal malformations, with severity depending on the duplicated region.
Objectives: The aim of this case report is to present a 13-year-old female with Jacobsen syndrome and Partial Trisomy 10q Syndrome who was diagnosed with ASD and intellectual disability (ID) who later developed psychotic symptoms.
Methods: The patient, a 13-year-old girl, was diagnosed with Jacobsen syndrome and Partial Trisomy 10q Syndrome following a neurological evaluation conducted at two months of age. Medical records were reviewed from her initial assessments to recent follow-ups.
Results: The patient has ASD and ID, with poor verbal communication, repetitive behaviours, and social isolation. A notable regression in both language and behaviour was observed after the age of 10, coinciding with her school integration. Neuroimaging showed ventriculomegaly and loss of white matter, but no active demyelination or epileptic features were found. Due to impaired attention, we suspected ADHD, and started her on methylphenidate, later changing it to atomoxetine with poor response. Due to patient's very limited speech, mental state examination was difficult. We observed that she was anxious, had hearing phenomena, and was talking in jargon, so we suspected psychotic symptoms in the form of auditory hallucinations. Treatment with Aripiprazole was initiated at doses of up to 7 mg daily, with a good response. Aripiprazole also helped to reduce social withdrawal and improve attention. Currently, the patient is maintained on a stable dose of Aripiprazole, alongside behavioural therapies and educational support.
Conclusions: This case highlights the complexity of managing young people with neuropsychiatric symptoms in patients with genetic syndromes, especially when poor language and speech skills are associated. Future research is needed to better understand the neuropsychiatric implications of JS Partial Trisomy 10q Syndrome and optimize treatment strategies for these patients.

Disclosure of Interest: None Declared

EPV0387

Physical Activity intervention effect on wellbeing and overall functioning in an CAMHS low secure service

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Introduction: Potters Bar Clinic, CAMHS LSU, Elysium Healthcare, collaborates with external physical exercise therapy provider *Psychesoma.* Psychesoma operates within two CAMHS Low Secure wards. Psychesoma works with patients who have mental health problems, ASD, and learning disabilities. Psychesoma offer person-centred group and individual sessions aiming to improve young peoples' mood state, wellbeing, and health through Physical exercise therapy.
Objectives: We study the influence of physical exercise intervention in positive well-being, psychological distress, and fatigue measures in young people receiving mental health treatment under section 3 of the MHA in a LSU environment.
Methods: The *Subjective Exercise Experience Scale (SEES; McAuley & Courneya, 1994)* is a measure of global psychological responses to exercise stimuli and is a standardised measures used in previous similar research. The SEES assesses three general categories of subjective responses to exercise stimuli: positive well-being, psychological distress, and fatigue. Each sub-scale includes 4 emotion statements, with 12 statements in total. Young people are required to rate the degree to which they feel each emotion in the present moment on a Likert-type scale (1; 'Not at all' – 7; 'Very much so').
Results: This measure is completed pre- and post- Psychesoma sessions. The data was collected by Psychesoma trainers between December 2022 and November 2023. The measure was completed 63 times in total by 11 young people. On the positive wellbeing sub-scale, the cohort had a mean pre-session score of 11.63, and a mean post-session score of 17.23, representing a 5.31 point increase in positive wellbeing. On the psychological distress sub-scale, the cohort had a mean pre-session score of 9.18 and a mean post-session score of 7.06, representing a 2.21 point decrease in psychological distress. On the fatigue sub-scale, the cohort had a mean pre-session score of 14.73 and a mean post-session score of 10.69, representing a 3.68 point decrease in fatigue
Conclusions: Data indicated that young people experience an increase in positive wellbeing and a decrease in psychological distress and fatigue immediately following Psychesoma sessions. Further research in place to explore the long term duration of these effects.

Disclosure of Interest: None Declared

EPV0390

Social determinants of youth with mild intellectual disability in outpatient care for mental health problems: a case-control study

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Introduction: Children with mild intellectual disability (MID) face specific challenges threatening their development, particular their mental health. They face a heightened risk of psychopathology (Buckley et al. ANZJP 2020; 54 970–984). This heightened susceptibility is theorized to be shaped by a complex interplay of diverse socio-demographic factors experienced by these children, collectively known as social determinants of mental health (SDOMH), include ethnicity, socioeconomic status, household conditions, family dynamics, and neighborhood deprivation (Allen et al. IJP 2014; 26 392–407).
Objectives: This study examined the collective and unique role of diverse social determinants of mental health (SDOMH) associated with mental health problems (MHP) for children with MID, compared to peers with and without MHP.

Methods: Combining microdata from Statistics Netherlands, municipality data from The Hague and mental health care records, this population-based case-control study included four groups aged 0-17 years (M_{age} = 10.6, 35.6% female). Two groups of children receiving outpatient mental health care for MHP with MID (n=505) and without MID (n=2,767), each with a matched control group from the general population (n=2,525 and n=13,835, respectively), were studied. Through multivariate logistic regression analyses, both MHP groups were compared to their control group and each other to examine the likelihood of a particular SDOMH associated with receiving mental health care for MHP in children with and without MID.
Results: Children with MID receiving mental health care showed significant differences in multiple domains compared to their control group and to children receiving mental health care without MID. In the multivariate model, they were less likely to have European-born mothers, more likely to have parents with moderate or low education levels, and tended to live in smaller, single-parent, lower-income households. Similar, though less deviant, patterns were observed for children without MID receiving mental health care compared to the general population, except for parental education. Additionally, children without MID were more likely than their controls to reside in densely populated areas with lower neighborhood education levels.
Conclusions: Our study highlights that diverse SDOMH are associated with the likelihood of receiving care for MHP in children. Moreover, children with MID face disproportionate disadvantages, particularly regarding low parental education and household income. Thus, interventions should not only target the child but also their family and environmental context.

Disclosure of Interest: None Declared

EPV0391

"Evaluating the Implementation and Best Practices of Foster Care in Greece: Insights from Law 4538/2018 and the Anynet System"

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Introduction: The institution of child fostering aims to protect minors who lack a secure family environment. In Greece, the implementation of Law 4538/2018 and the Anynet electronic system sought to de-institutionalize minors. This paper, based on a doctoral thesis, investigates the law's impact and identifies best practices in child fostering.
Objectives: This study aims to evaluate the implementation of Law 4538/2018 in Greece and the Anynet electronic system, focusing on their impact on de-institutionalizing minors. Additionally, it seeks to identify best practices in the foster care system and their application in child protection settings.
Methods: A mixed-method approach was used. The first part involved a quantitative study targeting Directors of Child Protection Frameworks across Greece and foster parents. The second part employed a qualitative case study method, using semi-structured interviews with social workers from four selected Child Protection Frameworks recognized as examples of best practices
Results: The research revealed that, despite the introduction of Law 4538/2018, foster care in Greece remains underutilized, especially for adolescents. Long-term fostering is the most common form, with most children aged four to six. Contact with biological parents is limited, often leading to adoption. Social workers lack sufficient training and familiarity with Anynet, impacting foster placements. However, child protection frameworks that applied specialized strategies for difficult cases saw fewer placement failures. A Unified Foster Care Protocol could standardize and improve foster care practices nationwide.
Conclusions: Though Law 4538/2018 and Anynet are steps forward, Greece's foster care system is still underdeveloped, with minimal increases in placements. Targeted case management and better social worker training are essential for success. Implementing a Unified Foster Care Protocol could enhance consistency and improve outcomes for fostered children.

Disclosure of Interest: None Declared

EPV0392

Reflective Functioning, Emotion Regulation and Physiological Reactivity in Children with and without Behavioral Disorders: a Multimethod Approach

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Introduction: Mentalizing (operationalized as reflective functioning; RF), emotion regulation (ER), and reactivity (operationalized as physiological reactivity; PR) are highly relevant protective factors during development. However, limited research has examined these constructs during middle-childhood using a multimethod approach.
Objectives: The first aim compared differences in these constructs between children with behavioral disorders and a non-clinical group, measuring PR during a dyadic stress task involving conflict with the mother. The second aim explored the relationship between RF and both ER and PR considering the moderating role of externalizing symptomatology.
Methods: The study involved 50 children with behavioral disorders (*Mage* = 11.3, *SD* = 1.76; 58% male) and 89 non-clinical children (*Mage* = 10.6, *SD* = 1.64; 48% male). The *Child Reflective Functioning Scale* applied to the Child Attachment Interview was used to assess RF, the *How I Feel* to assess self-reported ER over the past three months, and the *Positive and Negative Affect Scale for Children* to assess self-reported ER before and after the dyadic stress task. Shimmer 3 GSR+ device has been applied to measure physiological indexes of heart rate variability (HRV) and galvanic skin response (GSR) to assess PR during the dyadic stress task. Mothers completed the *Child Behavior Checklist* to assess child's externalizing symptomatology.
Results: Children with behavioral disorders showed lower levels of both global and others-oriented RF and reported higher levels of negative emotions in the previous three months, compared to their non-clinical peers. Both global and others-oriented RF were negatively correlated with reported negative emotions. In contrast, the non-clinical group exhibited higher levels of positive emotions in the previous three months and greater PR during the

dyadic stress task. Additionally, externalizing symptomatology moderated the association between others-oriented RF with 1) physiological reactivity (i.e., GSR), only at lower levels of externalizing symptoms; 2) emotion regulation (i.e., emotional control subscale of the *How I Feel*), only at higher levels of externalizing symptomatology.

Conclusions: These findings reinforce prior research suggesting that children with behavioral disorders exhibit lower levels of RF, especially towards others, and negative emotions which may be risk factors for the development of behavioral disorders. Using a multi-method approach allowed to both evaluate ER and PR, highlighting the differences between the subjective perception of emotions and their physiological response. Lastly, the lower PR during the dyadic stress task in the clinical group could be a consequence of greater habituation to conflict, a hypothesis that could be explored in future research.

Disclosure of Interest: None Declared

EPV0393

How to Tackle ADHD Medication Shortage and Changes in Shared Care Protocol (SCP) in Child and Adolescent Mental Health Services (CAMHS)

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Introduction: Our team faced two challenges in prescribing for patients with ADHD. On 27 September 2023, a shortage of methylphenidate prolonged-release capsules and tablets, lisdexamfetamine capsules, and guanfacine prolonged-release tablets was announced in the UK.

SCP is an agreement between secondary care, patient and GPs, which asks GPs to continue prescribing ADHD medication when young person is stable on a dose, this also applies to when the doses are changed. However, many GP practices in Oxfordshire declared a position statement that they would decline prescribing ADHD medication to adult or child patients on a "shared care" basis due to funding issues to support specialist reviews. These challenges led us to adapt our practices and create a protocol.

Objectives: To make all staff members aware of recent updates on ADHD medication stock availability at local depots to ensure continuity of care and minimise distress.

To help reduce the number of declined shared care requests by GPs in 6–17-year-olds.

To identify the patients of GP practices that do not prescribe ADHD medication to adults so that a planned discontinuation of treatment can take place prior to discharge from CAMHS services.

Methods: Young people's and their carers' feedback regarding the medication shortage were carefully recorded.

Concerns were raised and discussed in multi-disciplinary meetings via MS Teams and in person.

Team members shared information with each other with a view to creating a protocol to minimise the risk to patients' safety and distress in families.

Results: Regular updates on ADHD medication availability, along with equivalent conversions of long-acting medications were sent to all staff members via email by the Trust.

Our service developed a "protocol for CAMHS ADHD when the children and young people's (CYP) shared care protocol is declined and how to handle discharges at age 18."

We agreed to make young people and carers aware of the current situation for prescribing ADHD medication in adults within Oxfordshire to explore the need for continuing medication in reviews.

ADHD medications were planned to be discontinued prior to discharge, if patients are 17, on ADHD medication, whose GP practice declines SCP. and do not meet threshold for community adult mental health team referral.

We agreed to consider prescribing for a brief time beyond age 18 on a case-by-case basis if patients are preparing for, or are currently taking, A-level (or other) exams or whereby discontinuing medication poses significant risk.

Conclusions: Patients and staff members were greatly affected by the ADHD supply issues as well as current changes in SCP. However, team members took necessary steps to address the current issues proactively.

We plan to develop guidelines about stopping stimulants under supervision prior to discharge from CAMH services.

Disclosure of Interest: None Declared

EPV0394

Maternal perinatal depressive disorders and the risk of attention deficit and hyperactivity disorder in offspring: A retrospective cohort study using linked data

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Introduction: Maternal perinatal depression may increase the risk of neurodevelopmental disorders such as attention deficit hyperactivity disorder (ADHD), in children, either directly or through indirect pathways involving adverse birth outcomes.

Objectives: This study assesses the risk of ADHD in offspring born to mothers with perinatal depressive disorders, examining both the direct and indirect pathways through adverse birth outcomes such as low birth weight, low APGAR scores, and preterm birth.

Methods: The study employed a retrospective cohort design, utilising administrative-linked health data from New South Wales. Maternal perinatal depressive disorders and offspring ADHD were identified using the International Classification of Diseases (ICD-10) codes. A generalised linear model with a binomial distribution and a log link function was applied to estimate the direct association. Additionally, a mediation analysis examined the mediational effect of low birth weight, low APGAR scores, and preterm birth on the association between maternal antenatal depressive disorder and ADHD.

Results: After adjusting for potential confounders, offspring of mothers with antenatal, postnatal, and perinatal depressive disorders are respectively 2.10 times (RR = 2.10, 95% CI = 1.75–2.53), 1.81 times (RR = 1.81, 95% CI = 1.41–2.31), and 2.16 times (RR =

2.16, 95% CI = 1.84–2.54) more likely to have ADHD compared to their counterparts. The impact of maternal antenatal depressive disorder on offspring ADHD was mediated by preterm birth, but not by low birth weight or low APGAR scores. The proportion of the total effect mediated by preterm birth was only 0.73%, indicating this mediation effect was very minimal, about 45 times smaller than the direct effect.
Conclusions: Our study revealed that maternal perinatal depressive disorders are associated with an increased risk of offspring ADHD, with very minimal or no mediating effects from adverse birth outcomes. Therefore, implementing early intervention strategies aimed at improving maternal mental health is crucial to reducing the risk of ADHD in children.

Disclosure of Interest: None Declared

EPV0396

Urban mental health of children and youth: how cities affect our brains

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Introduction: This literature review will present the results obtained by searching available databases on the connection of everyday life in urban environments with the occurrence of symptoms of anxiety and depression, the use of addictive substances, schizophrenia as well as the occurrence of suicide in children, adolescents, and young adults. The results will be compared to the occurrence in suburban and rural areas.
Objectives: The work aimed to clarify the hitherto known risk and protective factors associated with everyday life in the urban environment and to show how its adaptation has the potential to promote and protect the mental health of children and adolescents.
Methods: Search of available databases: Medline, Scopus, PubMed.
Keywords: Urban mental health; Adolescent mental health; Environment and health; Urban design for mental health;
Results: The results of the presented studies indicate an ambivalent influence of the urban environment on the mental health of young people: on the one hand, better education and employment opportunities, easier choice of social circles, accessibility to health care services (especially if all of the mentioned services are accessible to young people independently through active mobility) contributes to the improved feeling of mental well-being. On the other hand, fewer green spaces, oversaturation with sound and visual stimuli, as well as involuntary interactions with other citizens can endanger mental health.
The collected data indicates a greater number of young people and adults with depression, anxiety symptoms, and psychotic symptoms in cities, while the frequency of attempted and committed suicides is more common in rural areas.
Many different interventions in the urban environment can improve the day-to-day experience and cumulative effect of city streets on our mental health. Such interventions in the built environment include increasing the amount of space dedicated to young people (especially young women) at the same time with the placement of green areas, decreasing automobile dependency, and improving active mobility infrastructure and public transport safety and efficiency.

Image:

Incidence of symptoms in the urban population compared to the rural population

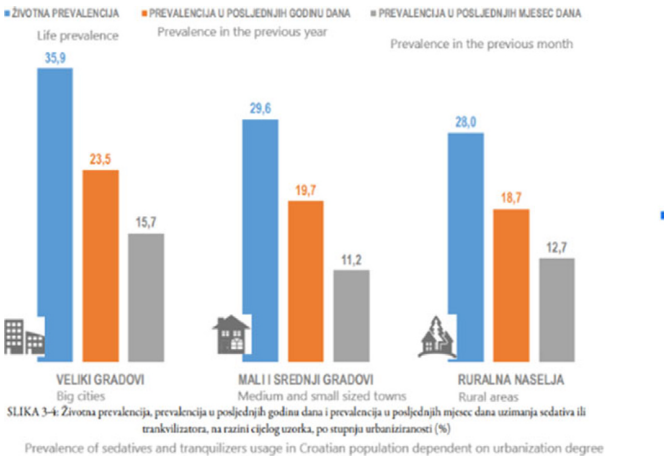
Depression symptoms ↑	Xu et al. Nature 2023; Peen et al. Acta Psychiatrica Scandinavica 2010; Lorant et al. American Journal of Epidemiology 2003;
Suicide symptoms ↓	Casant et al. nt J Environ Res Public Health 2022; CDC MMWR 2015;
Schizophrenia ↑	Vassos et al. Schizophrenia Bulletin 2012; McGrath et al. BMC Med 2004;
Alcohol dependence ↓	Dixon et al. Alcohol Res. 2016; CIPH GPS study 2019; Judd et al. Aust. and N. Zealand J of psychiatry 2002; Peen et al. 2010; Rockville et al. 2012;
Dementia ↓	Russ et al. International Journal of Epidemiology 2012;

Image 2:

Protective and risk factors of urban environments

Education accessibility	Lack of green spaces
Employment accessibility	Air pollution
Healthcare services accessibility	Involuntary interpersonal interactions
Improved mobility and autonomy	Overwhelm with visual and hearing stimuli
More autonomy in choosing social circles	Alienation

Image 3:



SLIKA 3-4: Životna prevalencija, prevalencija u posljednjih godinu dana i prevalencija u posljednjih mjesec dana uzimanja sedativa ili trankvilizatora, na razini cijelog uzorka, po stupnju urbaniziranosti (%)
Prevalence of sedatives and tranquilizers usage in Croatian population dependent on urbanization degree

Conclusions: Urbanization is related to the mental health of citizens, especially young people, and it is important to follow the guidelines when designing the public space of urban areas, which relate to the presence of green spaces, opportunities for active

movement, and the existence of places that enable and encourage socialization, all with the perception security.
The results known so far should be kept in mind during further research into the etiology and epidemiology of mental health in young people, starting with epigenetics and ending with healthcare planning.

Disclosure of Interest: None Declared

EPV0397

Trends in Depressive Disorders Among Patients at the Child and Adolescent Psychiatric Unit at Siriraj Hospital Over a 9-Year Period

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Introduction: Depression is a significant global health issue among children and adolescents. It has been identified as a leading cause of disability among this population worldwide.
Objectives: This study compares the characteristics and related factors of depressive disorders among child and adolescent patients in Thailand between 2014 and 2022, with the aim of enhancing treatment and screening strategies.
Methods: We included child and adolescent patients diagnosed with depressive disorders at Siriraj Hospital, comprising 93 patients in 2014 and 172 patients in 2022. Data on demographics, personal and social history, diagnoses, comorbidities, and treatment outcomes were collected from medical records. Results were analyzed using relative risk, 95% confidence intervals, and p-values through modified Poisson regression.
Results: The proportion of female patients significantly increased from 49.5% in 2014 to 73.7% in 2022 (p<0.001). The prevalence of domestic violence rose from 7.5% in 2014 to 20.3% in 2022 (p=0.006). Suicidal ideation increased from 16.1% to 51.2% (p<0.001), and self-harming behaviors rose from 22.7% to 57.6% (p<0.001). Referrals to psychologists doubled from 22.6% in 2014 to 43.9% in 2022 (p<0.001), while hospitalization rates within the first year of treatment also increased from 6.5% in 2014 to 15.2% in 2022 (p=0.037). No significant differences were observed in age, family structure, parenting style, disease-triggering factors, psychotic symptoms, comorbidities, medication use, or remission rates between the two years. Our regression analysis indicated that authoritative parenting significantly influenced remission rates, with patients under authoritative parenting being 1.98 times more likely to achieve remission compared to those under other parenting styles (p=0.042).
Conclusions: There is a rising trend in the prevalence of depressive disorders among female child and adolescent patients, accompanied by more severe symptoms such as increased suicidal ideation and self-harming behaviors. Hospitalization rates within the first year of treatment have also increased. Despite these trends, remission rates have remained unchanged. The study highlights the potential role of authoritative parenting in improving remission rates. These findings underscore the need for enhanced screening protocols, updated treatment guidelines, and targeted parental counseling to improve depression management in the future.

Disclosure of Interest: None Declared

EPV0399

The Association between Impulsivity and Anxiety in Adolescents with Insomnia: The Moderating Role of Evening Chronotype

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Introduction: Adolescence is a unique stage of cognitive, psychosocial and physical growth and development. This period is often associated with increased evening tendency, as well as increased risks for mental health and sleep problems. Insomnia is amongst the most common sleep problem in youths and is commonly associated with impulsivity and anxiety symptoms. Previous research suggested the comorbidity of insomnia and eveningness as a significant risk factor for anxiety symptoms in adolescents. Meanwhile, there has been some evidence suggesting that insomnia and eveningness are respectively associated with impulsivity. Nonetheless, the relationships among eveningness, impulsivity and anxiety in the context of insomnia remained unclear.
Objectives: To investigate how circadian preference moderates the association between impulsivity and anxiety symptoms in adolescents with insomnia.
Methods: Adolescents aged 12-20 years old diagnosed of DSM-V insomnia disorder were recruited. They completed self-reported questionnaires, including the Morningness-Eveningness Questionnaire (MEQ) for assessing circadian preferences, Insomnia severity indexes (ISI) for assessing insomnia symptoms, the General Anxiety Disorder (GAD) scale to measure anxiety symptoms, and the Barret Impulsiveness Scale (BIS) for assessing impulsivity. Participants completed an objective cognitive task (the Balloon Analog Risk Task, BART) to measure risk-taking behavior. Their sleep was objectively assessed by 7-day actigraphy.
Results: Eighty-eight participants were recruited into this study (age:18.20 ± 1.61 years). Among them, 44% of the participants were identified as eveningness type (MEQ < 42). There were no significant differences in anxiety symptoms and impulsivity based on both self-reported and behavioral task between circadian preferences (*all* $p > .05$). Circadian preferences was found to significantly moderate the association between self-reported impulsivity and anxiety symptoms after controlling age and sex factor ($p = .009$) but not the association between risk-taking behavior and anxiety symptoms ($p > .05$). Specifically, higher self-reported impulsivity was associated with more severe anxiety symptoms in adolescents with insomnia and eveningness ($p = .006$). No significant association was found between self-reported impulsivity and anxiety symptoms in non-eveningness group ($p > .05$).
Conclusions: The findings suggested the role of circadian preference in moderating the association between impulsivity and anxiety symptoms in adolescents with insomnia. Further research may explore different aspects of impulsivity and examine the causation between eveningness, insomnia, impulsivity and anxiety among adolescents in a longitudinal design.

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EPV0400

Longitudinal study of mental abilities in teaching primary school students with intellectual disabilities

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Introduction: The results of achievements in mastering the program material of students of a special school by the end of the fourth year of study are characterized by a large variability in training, which allows us to assert the need to develop and apply special teaching techniques and methods, harmonize the academic workload

Objectives: to study the mental capabilities and identify learning difficulties of fourth-grade students with mental disabilities in elementary school by the end of study

Methods: Two samples of fourth-graders (132 students) were identified: Group 1 - 100 students with mild mental retardation, Group 2 - 32 students with severe intellectual disabilities. Methods: observation, pedagogical experiment, cluster analysis

Results: Clustering criteria: volume and level of assimilation of program material in academic subjects; achievement of subject and personal results.

In group 1 (75%), 3 clusters were identified by academic performance in the main academic subjects, which are uniform in terms of the variability of dynamics, which indicates the homogeneity of the group of students; however, the groups differ in the level of achievement of subject and personal results (sufficient, average, minimal).

In group 2 (25%), 3 clusters were also identified, which are variable, but do not duplicate each other, and have an individual spread of indicators in the dynamics of subject and personal results within each cluster, which indicates the heterogeneity of the group of students in each cluster

Conclusions: three levels of dynamics in the education of students with varying degrees of mental retardation were identified. The range in the variations of the results of the 2nd group of students with severe intellectual disabilities indicates the need for individualization of education, selection of partial programs taking into account the special educational needs of each student, and the development of special personalized approaches to education. Apparently, it is also necessary to select the optimal amount of academic workload and the level of complexity of the material studied, compliance with health-saving technologies in accordance with the individual psychological characteristics of the student

Disclosure of Interest: None Declared

EPV0402

Anxiety disorders and self-esteem levels of primary school children

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Introduction: There is no doubt that childhood is a crucial period in a person's development. Anxiety disorders in modern times are at the forefront, with a huge number of children and adolescents suffering from them. An important asset, a protective shield against anxiety disorders that promotes mental well-being is self-esteem.

Objectives: The present study aims to investigate the level of self-esteem and the differentiation of various anxiety disorders, as well as the assessment of the severity of anxiety symptoms exhibited by children aged 9-12 years, who were attending the 4th, 5th, and 6th grades of public primary schools in the Larnaca district of Cyprus. Additional objectives are to investigate possible associations between these variables and the socio-demographic characteristics of the students in combination with their teacher-reported school performance.

Methods: To 249 students were administered (a) a Sociodemographic Characteristics Questionnaire, (b) the Rosenberg Self-Esteem Scale, (c) the Spence Children's Anxiety Scale (SCAS), and their teachers were given a questionnaire to assess the academic performance of each student individually.

Results: The protective role of self-esteem in the development of anxiety disorders ($p<0.001$) and feelings of loneliness and the positive effect on school performance was confirmed by the study. Besides, high levels of self-esteem were associated with reduced feelings of loneliness (p 0.001), increased school performance (p 0.020) and greater satisfaction with teacher help (p 0.001). Additionally girls had more frequent anxiety disorder behaviours compared to boys (p 0.028), especially panic disorders, agoraphobia (p 0.020), specific phobias (p 0.012) and separation anxiety (p 0.005). Interestingly, the study found that stronger feelings of loneliness at school were associated with increased occurrence of anxiety disorders ($p<0.001$). It was also found that older students were less likely to develop anxiety disorder behaviours (p 0.002), while children with more siblings in a family showed worse ratings of student performance at school (p 0.001). Finally, it appears that school performance was associated with less social phobias (p 0.048) and that those children who received parallel support had lower performance than those who did not ($p<0.001$).

Conclusions: Promoting increased levels of self-esteem, especially in children, is very important as it can help safeguard mental health. Anxiety disorders are a crucial problem in modern times, so their continuous study and treatment are essential. Holding informational and awareness-raising conferences for teachers, parents, and generally all professionals who come into frequent contact with children at this sensitive age is necessary and indisputable.

Disclosure of Interest: None Declared

EPP095

Investigation of Sociodemographic Characteristics and Psychosocial Risk Factors in Adolescents Diagnosed with Major Depressive Disorder and Their Effects on Suicide Probability

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Introduction: Those with a history of depression during adolescence are at increased risk of suicidal ideation, attempts, and suicide completion in adulthood. Therefore, in order to reach adolescents at risk of suicide attempt or death due to suicide, it is important to determine the risk factors for MDD and predictors of suicidal ideation in adolescents diagnosed with major depressive disorder (MDD) in clinical samples.
Objectives: This study aimed to compare adolescents diagnosed with major depressive disorder with healthy adolescents in terms of sociodemographic characteristics and psychosocial risk factors and to determine the important predictors of suicidal ideation based on sociodemographic variables.
Methods: The study group included 53 adolescents aged between 15 and 18 years who were newly diagnosed with major depressive disorder (MDD) 53 adolescents matched in terms of age and gender, who did not have a mental disorder diagnosis.Schedule for Affective Disorders and Schizophrenia for School-Age Children (6-18 Years) - Present and Lifetime Version - DSM-5 was applied to the adolescents by the clinician, and the Sociodemographic Data Form was filled in with the information obtained from both adolescents and parents. Adolescents were asked to fill out the Suicide Probability Scale.
Results: In our study, adolescents diagnosed with major depressive disorder (MDD) were found to have higher rates of smoking, alcohol use, broken family structure, and school absenteeism compared to the control group; while the family's monthly income, the child's academic success, the rate of attending daycare during childhood, and their participation in social activities were found to be lower. Alcohol use and family relationship were found to be factors that increase the likelihood of suicide in adolescents diagnosed with depression. In the study, adolescents diagnosed with depression were found to have a higher rate of physical abuse, self-harm behavior, and a history of suicide attempts, domestic physical violence, and a history of suicide attempts among friends compared to the control group. Domestic physical violence was found to be factors that increase the likelihood of suicide in adolescents diagnosed with depression.
Conclusions: In our study, we tried to define the sociodemographic differences and possible risk factors of depression in adolescents diagnosed with depression who applied to a university hospital clinic compared to healthy adolescents.Conducting large-sample community-based studies to understand the risk factors for depression and suicidal thoughts, which are common in children and adolescents, is very important in terms of community mental health and preventive mental health.

Disclosure of Interest: M. Dilli Gürkan: None Declared, S. Sismanlar Consultant of: editing the text

EPP102

Prevalence and Comorbidities of Tourette Syndrome in Children and Adolescents: Insights from the National Survey of Children's Health (NSCH)

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Introduction: Tourette Syndrome (TS) is a neurodevelopmental disorder involving multiple motor and vocal tics, typically beginning in childhood with symptoms peaking around age 10-12. Though the exact cause remains unknown, genetic and environmental factors are believed to contribute to its development. Children with TS often face significant social, emotional, and academic challenges, further complicated by comorbidities which can lower their quality of life and place stress on family dynamics.Using data from the 2021 National Survey of Children's Health(NSCH), this study provides updated insights into the prevalence and comorbidities of TS.
Objectives: Assess TS prevalence in children aged 3-17 using 2021 data
Identify common TS comorbidities and evaluate TS's demographic distribution
Methods: This cross-sectional study utilized 2021 NSCH data collected via parent-proxy responses in English and Spanish through mail and web-based surveys in the United States. Statistical analyses, including t-tests, Chi-Square tests, and multivariate regression, were performed to explore associations between TS, socio-demographic factors, and comorbidities. Results were reported using adjusted odds ratios and confidence intervals, with analyses conducted in Stata 18.0.
Results: This study included 79,236 participants, of which 208 (0.26%) had TS.The TS group had a mean age of 12.7 years, with most cases found in adolescents aged 11-17.Males made up 74% of TS cases. While TS was slightly more common in White participants (72%), no significant racial differences were found. Higher-income households had lower odds of TS.Comorbidities were more common in individuals with TS:
Neurodevelopmental and Behavioral Disorders: ADHD (49% in TS vs. 10.2% in non-TS), Autism (21% vs. 3.2%), Learning disabilities (28% vs. 7.5%), Developmental delay (23% vs. 6%), Behavioral problems (36%)
Psychiatric Disorders: Anxiety (60% in TS vs. 11.3%), Depression (25% vs. 5%), Seizures (6%), Headaches (14.4%).
Immune Conditions: Asthma (15.5% in TS vs. 8%), Allergies (37%).
Physical Health: Hearing problems (3.8%), Vision problems (4.3%). *Fig. 1*
Children with TS born prematurely or with low birth weight had higher rates of comorbidities. Asthma was more common in the TS with a history of prematurity (37.1%) and TS with a history of low birth weight(30.7%) compared to the overall TS population (15.5%). Autism was also more prevalent in these groups, suggesting

increased risks of comorbidities due to premature birth and low birth weight. *Fig.2*

Image 1:

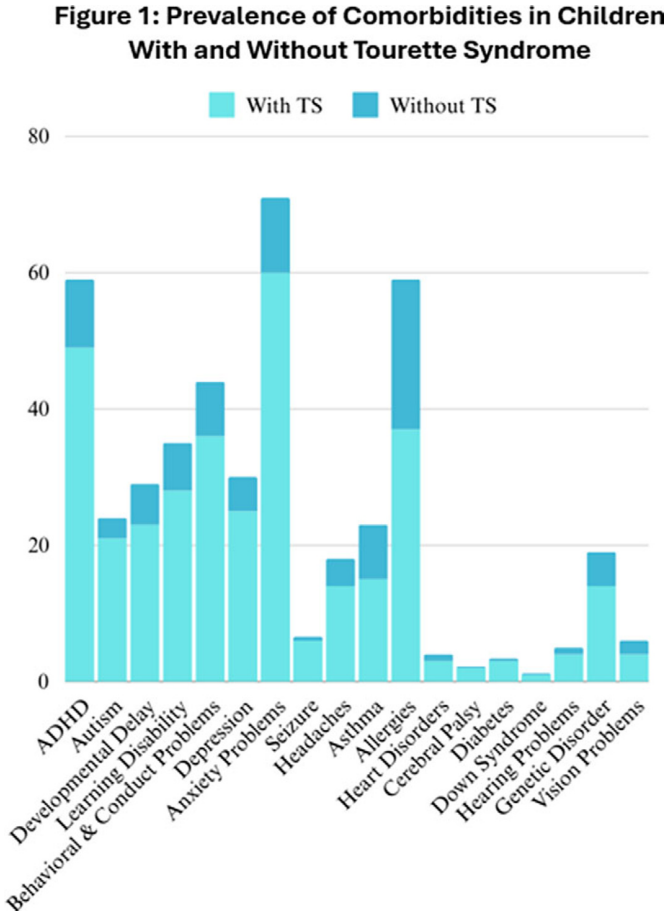
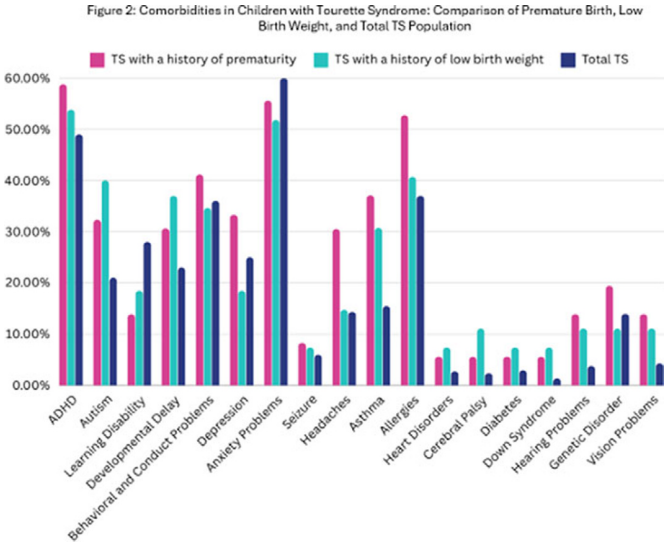


Image 2:



Conclusions: The study highlights significant socio-demographic disparities and the increased burden of comorbid conditions in children with TS. These findings emphasize the need for early diagnosis and comprehensive management strategies to address the complex challenges of TS, particularly the high prevalence of neurodevelopmental, psychiatric, and physical health comorbidities.

Disclosure of Interest: None Declared

Classification of Mental Disorders

EPV0403

"Unspecified Dissociative Disorder: A Case Report"

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Introduction: Psychosis is a complex mental disorder characterized by a profound impairment in reasoning, emotional regulation, memory, and daily functioning. It is often accompanied by symptoms such as delusions and hallucinations, which can significantly disrupt an individual's ability to engage in everyday activities. This case study focuses on a 37-year-old Senegalese woman who presented with disorganized behavior and incoherent speech, illustrating the challenges in diagnosing and treating unspecified psychosis.
Objectives: The primary aim of this study is to analyze the clinical presentation, differential diagnosis, and treatment outcomes of a patient diagnosed with unspecified psychosis. Additionally, it seeks to highlight the importance of cultural considerations and language barriers in psychiatric assessment.
Methods: The patient arrived at the emergency department in a distressed state, accompanied by a friend due to her inability to communicate in Spanish. Clinical assessment revealed disorganized speech, severe anxiety, and potential auditory hallucinations. The clinical interview indicated that the patient had exhibited increasingly erratic behavior over several weeks, including withdrawing from work and engaging in bizarre actions such as throwing objects and speaking to herself. Comprehensive laboratory tests, including routine blood work and urine analysis, were conducted to exclude other psychiatric and medical conditions.
Results: The laboratory results were largely normal, with the exception of a positive serology for hepatitis B. A thorough differential diagnosis ruled out other psychiatric disorders, including schizophrenia, substance-induced psychosis, and major depressive episodes. After establishing the diagnosis of unspecified psychosis, the treatment regimen was initiated with Amisulpride (100 mg) and Lorazepam (1 mg). Following treatment, the patient demonstrated a significant reduction in delusional thoughts and an improvement in her overall psychiatric condition.
Conclusions: The findings support the effectiveness of atypical antipsychotic medication in treating unspecified psychosis,

particularly in alleviating delusional ideas and associated psychiatric symptoms. Furthermore, this case underscores the critical role of family support and the necessity for ongoing monitoring and follow-up in the management of psychotic disorders. It emphasizes the need for culturally sensitive approaches to psychiatric care, especially in cases involving language barriers.
This case illustrates the complexities involved in diagnosing and treating unspecified psychosis, particularly in patients from diverse cultural backgrounds. Early intervention and a combination of pharmacological and psychosocial support are essential for improving patient outcomes. Continued research and awareness are necessary to enhance the understanding and management of psychotic disorders in various populations.

Disclosure of Interest: None Declared

EPV0406

Detecting childhood trauma in MDD patients through automated speech and language analysis

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Introduction: Speech patterns offer valuable insights into cognitive and emotional states, particularly in mental health conditions such as Major Depressive Disorder (MDD). Traditional assessments often fail to capture its full severity, prompting the need for objective, non-invasive tools.
Objectives: The objective of this study is to explore the potential of automatic speech analysis as a new method for distinguishing between varying severities of Major Depressive Disorder (MDD), and to assess how childhood trauma may further influence speech characteristics in individuals with depression.
Methods: Participants were recruited from the psychiatric clinic at the University Hospital in Nice, France. The cohort consisted of 27 patients diagnosed with MDD, divided into mild-to-moderate and severe depression groups based on Beck Depression Inventory (BDI) and Montgomery–Åsberg Depression Rating Scale (MADRS) scores. Speech recordings from semi-structured (V0) and free (V1) clinical interviews were analyzed using automatic speech recognition and feature extraction. Linguistic, prosodic, and spectral features were examined. Additionally, childhood trauma was assessed using the Childhood Trauma Questionnaire (CTQ), and associations with speech characteristics were explored.
Results: In the severe depression group, longer pause durations and lower word frequency were observed in V0 interviews. Word frequency and proper noun usage were significantly different between groups, but the small differences in means made interpretation difficult. Free speech analysis (V1) showed that more severe depression correlated with fewer repetitions and reduced semantic richness. In BDI-based analysis, severe depression was associated with lower F2 frequency and bandwidth, alongside lower Harmonics-to-Noise Ratio (HNR), which persisted in both V0 and V1. Prosodic parameters revealed less speech duration and articulatory effort in severe cases. Analysis of childhood trauma showed that traumatic load correlated with longer speaking time and greater discourse complexity, in contrast to depression severity, which was associated with shorter speech and fewer repetitions.
Conclusions: Speech parameters, particularly pause duration and word frequency, demonstrate potential for distinguishing depression severity. Childhood trauma influences linguistic complexity, suggesting different underlying mechanisms between trauma and depression. Further studies are needed to validate these findings and explore the clinical applicability of speech analysis in psychiatric assessments.

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Climate Change

EPV0407

Assessing the Mental Health Effects of Climate Change: A Narrative Review

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Introduction: Climate change refers to any change in climate over time, whether due to natural variability or human activity. It is estimated that between 2030 and 2050, climate change will cause an additional 250,000 deaths annually. Therefore, climate change has emerged as one of the most pressing global challenges of the 21st century, with far-reaching environmental, social, and economic consequences. Beyond its direct physical impacts, growing evidence links climate change to adverse mental health outcomes.
Objectives: This review aims to synthesize current research on the impact of climate change on mental health, identifying key mental health disorders associated with climate-related stressors and highlighting vulnerable populations.
Methods: We performed a narrative literature review by searching PubMed, Google Scholar, and ScienceDirect articles published in English in the last ten years.
Results: Climate change significantly affects mental health, with literature suggesting that for every one-degree Celsius increase in temperature, the incidence of mental health problems rises by approximately 0.9%. Extreme weather events like hurricanes, floods, and wildfires linked to climate change can negatively impact mental health, particularly by contributing to higher rates of depression and post-traumatic stress disorder. Additionally, more gradual shifts in climatic conditions, such as rising temperatures and declining air quality, have also been found to harm mental well-being, contributing to "eco-anxiety" and feelings of helplessness. Vulnerable populations, such as children, the elderly, the mentally

ill, and marginalized communities, are at greater risk because of their limited coping resources and increased exposure to the impacts of climate change.
Conclusions: The effects of climate change can be direct or indirect, short-term or long-term, with a growing body of evidence showing its contribution to a wide range of psychological disorders. Policy-makers and mental health professionals must consider mental health in climate adaptation strategies and create support systems for affected populations. The European Psychiatric Association (EPA) has recently published a position paper urging the inclusion of mental health considerations in climate strategies. Nevertheless, more research is needed to document the extent of these impacts and the best options for mitigating and treating them.

Disclosure of Interest: None Declared

EPV0409

Do pollutants and meteorological factors trigger more psychiatry admissions?

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Introduction: The high prevalence of mental health disorders makes investigating their etiology a fundamental activity. Factors influencing their physiology include genetic predisposition, substance use, environmental factors, etc. Among these, weather and atmospheric pollutants are two of the least studied. The biologically active agents in the atmosphere interact with living beings, disrupting their homeostasis and leading to alterations in both physical and mental health. This interaction was already noted in the Corpus Hippocraticum in the 4th century BC.
Objectives: The objective is to analyze the impact of various environmental factors and atmospheric pollutants on daily emergency hospital admissions for mental disorders in the healthcare area of the province of León from 2011 to 2022.
Methods: An observational, retrospective, ecological, longitudinal, and time series study is conducted. Admission data is sourced from the coding office at the Complejo Asistencial Universitario de León, meteorological data from the Agencia Estatal de Meteorología, and pollutant data from the Junta de Castilla y León. A combined database in Excel is created for statistical analysis, both descriptive and analytical (Poisson regression), using the SPSS statistical package.
Results: It was observed that hospital admissions for mental disorders are significantly related to sunlight hours, ozone, precipitation, average wind speed, CO, NO2, maximum atmospheric pressure, NO, and PM10.
Conclusions: The findings of this study show that meteorological factors and atmospheric pollutants are related to hospital admissions for mental disorders. Applying this information in psychiatric emergencies could improve forecasting and resource management during periods of higher demand.

Disclosure of Interest: None Declared

Comorbidity/Dual Pathologies

EPV0412

Co-existence of Autism Spectrum Disorder (ASD) traits in an Irish sample of adults diagnosed with ADHD. Longitudinal outcomes.

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Introduction: Autism Spectrum Disorder (ASD) and ADHD are both neurodevelopmental disorders which share genetic heritability and often coexist in adults diagnosed with ADHD and vice versa. Despite the overlap between the two disorders there are enough phenomenological differences to indicate that these conditions are sufficiently distinct
Objectives: To estimate the coexistence of ASD traits in an adult sample diagnosed with ADHD; to compare those screening positive for possible ASD to those scoring negative, in terms of functionality, quality life and clinical outcomes; to explore the effects of ADHD medication in three main outcomes (clinical, quality of life, and functionality) in those with only ADHD and in those with a coexistence of ASD and ADHD.
Methods: Prospective longitudinal study of an adult sample diagnosed with ADHD. Data collected on age, gender, medications and on scales: Autism Spectrum Quotient (AQ-10); Adult ADHD Clinical Outcome Scale (ACOS); Adult ADHD Quality of Life Questionnaire (AAQoL); Weiss Functional Impairment Rating Scale (WFIRS).
Results: Sample of 165 participants was recruited. The AQ-10 showed that n=74 (44.8%) of the participants had traits of ASD. Longitudinal analyses demonstrated that people with ADHD and ASD traits have worse clinical outcomes, quality of life, social skills and family functioning compared to those with ADHD only. The effects of ADHD medications (stimulants, atomoxetine) were significant in the three examined outcomes across the time but no significant effects of medications to those with ASD traits was found.
Conclusions: Hight coexistence of ADHD and ASD traits. Perhaps lesser if clinical diagnosis for ASD was performed. Medications for ADHD did not improve those with ADHD and ASD traits. Service implications (for local services): neurodevelopmental clinics is necessity now and not only special for ADHD, where adults with ADHD and ASD can be diagnosed and treated accordingly.

Disclosure of Interest: None Declared

EPV0413

A possible explanation for resistance in schizophrenia

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Introduction: Arachnoid cysts are intra-arachnoid space-occupying brain lesions, typically of a benign, congenital nature. Such cysts are quite rare, accounting for only 1% of all lesions in the intracranial space. In most cases, they are diagnosed accidentally by neuroimaging.Treatment-resistant schizophrenia (TRS) has a high burden both for patients and healthcare services. There is a need to identify treatment resistance earlier in the course of the illness, in order that effective treatment can be offered promptly. Recently, the co-occurrence of arachnoid cysts and schizophrenia has captured the popular attention about possible relevancy.
Objectives: Through a case report and a review of the literature, we hypothesize that arachnoid cyst is the cause of resistance in a patient with treatment-resistant schizophrenia.
Methods: Starting from a case report, we conducted a literature review on "PubMed", using key words "arachnoid cyst,arachnoid cyst and psychosis", "arachnoid cyst and treatment-resistant schizophrenia",
Results: We present a 47-year-old who is single and unemployed. His past psychiatric history revealed a diagnosis of schizophrenia, having been admitted several times in different inpatient psychiatric wards. In the psychiatric examination, the presence of auditory hallucinations, dissociated thinking, and predominantly negative symptoms was observed. His symptoms showed only minimal responsiveness.He was diagnosed with TRS owing to the inadequate response to two sequential antipsychotic trials (with adequate dose, duration, and adherence).Our evaluation of TRS began with a thorough review of the patient's psychiatric and treatment history. All nonpsychiatric causes, including untreated medical problems, that may contribute to ongoing psychotic symptoms have been ruled out. Physical examination and blood tests were unrevealing.Electroencephalography showed no signs of seizure activity. Following the evaluation process, a head CT scan showed a left paramedian cystic lesion at the level of the pineal gland. A cerebral MRI was performed in order to get a more detailed image. It confirmed the nature of the lesion and revealed the existence of an arachnoid cyst about 2.5 cm × 3.5 cm × 2.0 cm in size, centered on the quadrigeminal cistern with triventricular dilatation. This neurological tumor didn't require neurosurgery.
Conclusions: Our case emphasises the importance of considering an organic cause like any space-occupying lesion in the brain (an arachnoid cyst in our case) for the induction of psychopathological symptoms, even those of treatment-resistant schizophrenia, which represents a major clinical challenge. This also underlines the interest of neuroimaging in the initial workup and supports the hypothesis of psychosis as a global network.

Disclosure of Interest: None Declared

EPV0414

Obstructive hydrocephalus caused by colloid cyst and treatment –resistant schizophrenia

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Introduction: Treatment-resistant schizophrenia can be of primay or secondary etiology. Systematic and thorough differential diagnostics is essential to exclude organic causes for treatment-resistant schizophrenia .Colloid cysts are congenital benign tumor accounting for 15-20 % of intraventricular mass but only about 1% of intracranial ones.They frequently cause psychiatric disturbances. The pathology behind these psychiatric symptoms remains unclear.
Objectives: Through a case report and a review of the literature, we hypothesize that a colloid cyst in the third brain ventricle is the cause of resistance in a patient with treatment-resistant schizophrenia.
Methods: Starting from a case report, we conducted a literature review on "PubMed", using key words "colloid cyst and psychosis", "colloid cyst and treatment-resistant schizophrenia",
Results: We present a 48-year-old male who has a family history of malignant neoplasm.There was no history of physical illness. His past psychiatric history revealed a diagnosis of schizophrenia, having been admitted several times in different inpatient psychiatric wards.In the psychiatric examination, the presence of auditory hallucinations, dissociated thinking, and predominantly negative symptoms was observed.Recently, he has been diagnosed with treatment-resistant schizophrenia owing to the inadequate response to two sequential antipsychotic trials (with adequate dose, duration, and adherence). After a 2-month hospitalization, the severity of the psychotic symptoms had decreased but did not show remission. With no prodromes or triggering factors, our patient presented a drop attack without loss of consciousness and with instantaneous recovery to baseline status. He did not have any of the same experience previously.The physical and neurological examination did not reveal any positive findings. All biochemistry parameters were reported as normal range. Following the evaluation process, an urgent head CT scan showed a colloidal cyst at the anterior end of the third ventricle with dilatation of the lateral ventricles. A cerebral MRI was performed in order to get a more detailed image; it confirmed the diagnosis of a third ventricle colloid cyst immediately adjacent to the foramen of Monro with obstructive hydrocephalus. The patient was referred to the neurosurgical department for further evaluation. This neurological tumor didn't require neurosurgery.
Conclusions: Our case implies the importance of neuroimaging in patients with treatment-resistant schizophrenia to rule out any underlying organic cause.It also emphasises the importance of considering an organic cause like any space occupying lesion in the brain (colloid cyst in the third brain ventricle in our case) for induction of psychopathological symptoms, even those of treatment-resistant schizophrenia.

Disclosure of Interest: None Declared

EPV0418

Post-Traumatic Diabetes: Focus on Psychiatric Trauma

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Introduction: Physical and/or psychological trauma may contribute to the onset of type 1 diabetes. Forensic medicine experts recognize post-traumatic diabetes in rare cases that meet specific criteria, including the severity of the trauma, its occurrence within a short timeframe before diabetes onset, and the absence of prior diabetes indicators.

Objectives: This study aims to describe the clinical and biological characteristics of post-traumatic diabetes, with particular emphasis on the psychiatric aspects.
Methods: This retrospective, cross-sectional study analyzed cases of patients hospitalized for acute diabetes following physical or psychological trauma. The diagnosis of post-traumatic diabetes was based on the criteria of French forensic experts: acute autoimmune diabetes, trauma occurring within six months before diagnosis, and no signs suggesting pre-existing diabetes. Autoimmune involvement was confirmed by the presence of anti-pancreatic antibodies, specifically anti-glutamic acid decarboxylase (GAD) and/or anti-tyrosine phosphatase IA2.
Results: The study included 10 patients (8 men and 2 women) aged between 17 and 47 years (mean age 29.5±11 years). Family history of autoimmune disease was present in 40% of cases, and type 2 diabetes in 60%. The average body mass index was 24±6 kg/m², with obesity in 30% of cases. The mean blood glucose at admission was 14.54±3.48 mmol/L, and the average HbA1C was 6.51±0.56%. Anti-GAD antibodies were present in all patients, while anti-IA2 antibodies were detected in 20%. Clinically, 60% of patients presented with ketosis, and 40% with ketoacidosis. Psychiatric trauma, including grief in 3 patients and divorce in 2 patients, was the triggering factor in 50% of cases. All patients required insulin therapy upon admission, with obese patients receiving additional metformin.
Conclusions: This study supports the hypothesis of post-traumatic diabetes, particularly in cases of severe psychiatric trauma. Although scientific literature remains inconclusive, the role of stress in the onset of diabetes warrants further investigation due to the heterogeneity of findings regarding stress episodes preceding diabetes development.

Disclosure of Interest: None Declared

EPV0419

Stunned Into Silence: Classical Catatonia secondary to Viral Myocarditis, a Case Report

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Introduction: Catatonia due to myocarditis is rare and poses a significant diagnostic challenge. We present a case of classical catatonia secondary to viral myocarditis.
Objectives: We want to highlight the clinical issues in diagnosing catatonia due to specific medical conditions, especially in a resource-limited setting like Pakistan.
Methods: The case is discussed, followed by suggestions and a literature review.
Results: A 22-year-old male with no known medical and psychiatric comorbidities presented to the emergency department in April 2023 with avolition, alogia and fever for 2 weeks. Patient was admitted to Neurology for workup; CSF analysis, CSF autoimmune screen, CSF culture, CSF HSV PCR, blood culture, urine culture, serum ceruloplasmin, MRI Brain were all unremarkable. He was treated with broad-spectrum antibiotics, following which his fever remitted. On initial psychiatric exam, patient scored 13 on Bush Francis Catatonia Rating Scale for mutism, staring, posturing/catalepsy, stupor, grimacing, mitgehen, gegenhalten and rigidity. Initial work up included normal CBC, CMP, TSH, HIV/Syphilis, Urine toxicology, ESR and a CRP of 43 mg/L. He underwent echocardiography which revealed a severely reduced Ejection Fraction of 30% and dilated cardiomyopathy, consistent with viral myocarditis; which was considered in remission and thus managed conservatively by Cardiology. The patient then received IV infusion of Diazepam 10mg BID which adequately treated his catatonia over 3 days and he was discharged with instructions for close follow-up. On followup visits, the patient continued to display remission of catatonic symptoms, but exhibited new symptoms of acute psychosis including 2nd person auditory hallucinations and delusions of reference and persecution. These were treated with Olanzapine 5mg PO resulting in complete remission over 4 weeks. The patient continued to have residual symptoms of social withdrawal, decreased motivation and poor concentration on his most recent presentation. Patient was also noted to have an exaggerated startle reflex which was not associated with any other neurologically relevant symptoms. It prompted a workup to rule out seizure disorder, the results for which are pending at time of this submission.
Conclusions: This case underscores the clinical complexity and diagnostic challenge of catatonia linked to medical conditions. It also depicts the evolving presentation over time. It is important to note that the patient did not receive IV Lorazepam due to its unavailability in Pakistan. Electroconvulsive therapy should have been considered for his catatonic symptoms but was delayed due to his pending diagnosis. Limited findings from literature review related to catatonia associated with viral myocarditis demonstrate the need for further research to bridge the gaps in evaluation and management.

Disclosure of Interest: None Declared

EPV0423

Psychiatrists' practices on monitoring cardio-metabolic adverse effects: a narrative review

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Introduction: Several medications in use in the psychiatry field, particularly in severe mental illness (SMI), are associated with weight gain and other cardio-metabolic side effects and are usually prescribed long-term. Extensive research has been conducted on the contribution of these effects to poorer physical health and a 10- to 20-year mortality gap in patients with SMI. Many factors have been reported, such as patients' lifestyle behaviours, lower search for medical care, delayed diagnosis and treatment, diagnostic overshadowing by mental illness, and stigma towards this population. In this context, psychiatrists may have a role in monitoring medication's side effects their role is still to be defined.
Objectives: To access usual practices and barriers on cardio-metabolic monitoring of patients by psychiatrists.
Methods: We conducted a narrative review on general psychiatrists' practices of cardio-metabolic monitoring. A search was conducted in Pubmed and PsycNet using the keywords "practice",

"assessment", "weight gain", "metabolic", and "psychiatrist". Further papers were included after references and citations review of relevant articles. Papers focused exclusively on guidelines or on border programs (such as first psychotic episode protocols) were excluded.
Results: Most of the research dedicated to reporting psychiatrists' practices regarding monitoring of cardio-metabolic side effects focused on patients treated with long-term antipsychotics. Despite knowledge and concern about these side effects being transversally reported, it doesn't always translate into clinical practice, and practices are widely diverse. Many factors were appointed as explanations; the most commonly reported were training limitations, poorer physical examination skills, underestimation of side effects, overshadowing of co-occurring physical disease by mental symptoms, lack of scientific consensus amongst different specialties resulting in contradictory guidelines, fragmentation of care across different healthcare providers and specialties, and the still undetermined role of psychiatrists in diagnosing and treating cardio-metabolic complications.
Conclusions: Despite knowledge and awareness of cardio-metabolic side effects are almost transversal in psychiatrists' practice and translated into the selection of treatments, management of these complications still needs to be put into action. Some strategies may be introduced, such as improving medical training and including this training in residency programs, developing consensual and multidisciplinary guidelines for the assessment and treatment of these side effects, defining the responsibility and improving the coordination of different health care providers in a community setting.

Disclosure of Interest: None Declared

EPV0425

Comorbidity factors between Obsessional-Compulsive Disorder (OCD) and Schizophrenia: Through Case Report and Literature Review

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Introduction: Obsessional-Compulsive Disorder (OCD) can involve poor insight, which may complicate the differential diagnosis of schizophrenia. Otherwise, few cases may associate both diagnosis highlighting the need for a clearer understanding of the factors of their coexistence.
Objectives: Understand the factors that contribute to the comorbidity between OCD and schizophrenia.
Methods: Our study employed a case report approach that describes a patient admitted in our psychiatric unit. Data were collected through clinical interviews, personal and family medical history. We also conducted a literature research focusing on articles published between 2000 and 2023 in PubMed using the keywords « OCD », « schizophrenia » and « comorbidity ».
Results: The case concerns Mr. N, a 43-year-old man with no significant medical or psychiatric history and no reported substance use behaviors, who was admitted to our psychiatric unit. He was diagnosed with both OCD and schizophrenia. The therapeutic evaluation revealed that Mr. N was initially prescribed anxiolytics, with a second-generation antipsychotic subsequently added. Some researches suggests that second-generation antipsychotics may induce obsessive-compulsive symptoms which could explain the coexistence of the two diagnosis in Mr N. Additionally, other studies have indicated that genetic factors can predispose individuals to both conditions whereas our patient does not have any notable family history of psychiatric disorders. Finally, literature says that neurobiological factors particularly shared dopaminergic and serotonergic pathways may provide an explanation for the comorbidity of OCD and Schizophrenia.
Conclusions: The comorbidity of OCD and schizophrenia may be explained by several factors, making diagnosis and treatment challenging.

Disclosure of Interest: None Declared

EPV0426

Adjustment Disorder in Mental Health Unit of Matosinhos Hospital: a retrospective observational study of 420 patients.

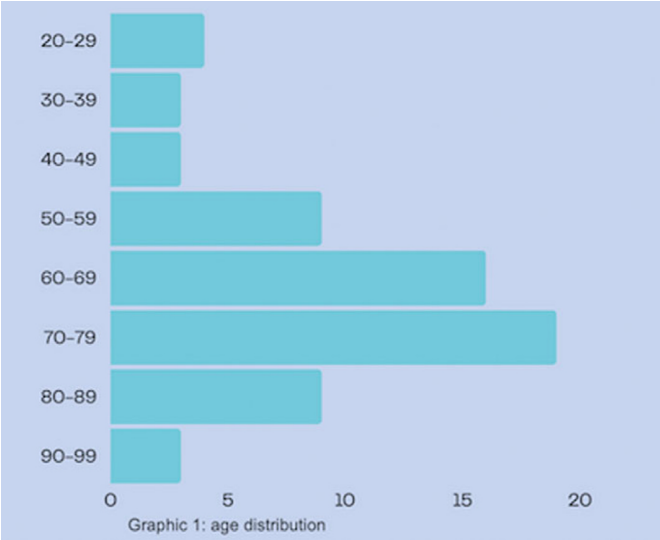
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doi: 10.1192/j.eurpsy.2025.1198

Introduction: Adjustment Disorder (AD), introduced in DSM-III-R, is an emotional or behavioral reaction to a psychosocial stressor that causes significant distress and impairment. Symptoms include excessive worry, sadness, anxiety, and sleep disturbances. U.S. prevalence ranges from 11.5% to 21.5%, higher in those with suicide attempts and twice as common in women. Diagnostic criteria include symptom onset within 1-3 months, significant distress or impairment, and resolution within 6 months after the stressor or its consequences. Subgroups are based on predominant symptoms of anxiety, depression, or behavior (DSM-5).
Objectives: Analysis of Adjustment Disorder cases in patients admitted to medical-surgical Units in 2023 at Hospital de Matosinhos.
Methods: Review of Clinical Records of all internal consultation requests made to the Liaison Psychiatry Team during 2023 at Matosinhos Hospital. Demographic data, psychiatric history, medical-surgical history, multidisciplinary intervention, and post-discharge guidance were obtained.
Results: Out of the 420 patients observed in internal consultation in 2023, 67 were diagnosed with AD, representing 15.9%.
53% were men and 47% women.
The age distribution is represented in figure 1. Most of patients have an age gap between 50-70 years old. 58% is married, 9% single, 9% divorced and 22% widower.
79.1% of the patients live with their family and 20.9% lives alone.
All comorbidities found in patints with adjustment disorder is represented in figure 2. We can see that metabolic diseases and cardiovascular events are the most common comorbidities associated with AD.
Only 32% had seen a psyhiatrist before, while 68% had never contacted with a psychiatrist.
75% of the requests were made by internal medicine and general surgery.

According with the results of figure 3 we can tell that most of the patients started a new medication and just a few had psychological support.

Image 1:



Graphic 1: age distribution

Image 2:

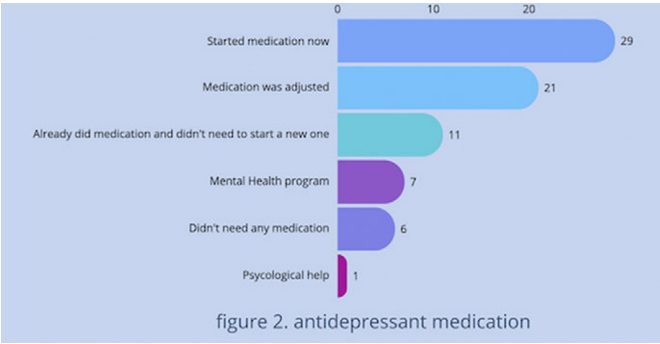


figure 2. antidepressant medication

Image 3:

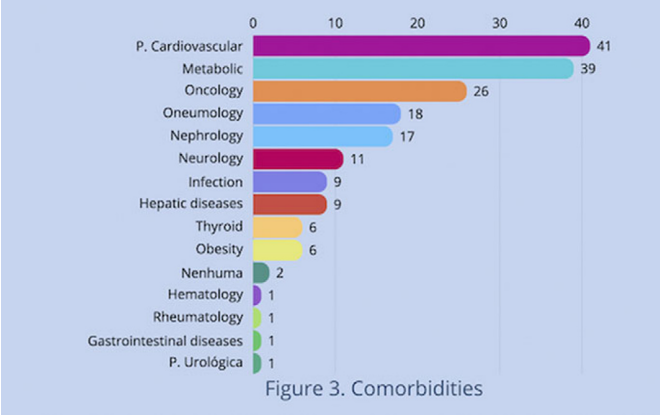


Figure 3. Comorbidities

Conclusions: The diagnosis is subject to a degree of subjectivity and requires clinical judgment. There is a lack of clearly defined diagnostic criteria. It depends on a stressor and a reaction to the stressor that is considered excessive relative to what would be expected in the patient's cultural and social context.

Treatment is underinvestigated. The basic pharmacological management consists of symptomatic treatment of insomnia, anxiety and panic attacks. The use of benzodiazepines to relieve these is common. In this study it is clear the need of giving medication to treat the symptoms even though we know that most of them would stop naturally. However, there is a lack of brief psycological interventions even though they are recommended.

It is now a critical time for advancing our knowledge of the disorder and further studies should be done.

Disclosure of Interest: None Declared

EPV0427

Influence of polygenic risk for schizophrenia and cannabis use on cognition

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Introduction: There is increasing scientific evidence linking the influence of cannabis on the onset of a first psychotic episode (FEP). However, this association may not always be one-way when studying the relationship between cannabis use and cognition.

The role of polygenic risk score for Schizophrenia (PRS-SZ) and lifetime cannabis initiation (PRSCI) and cannabis use disorder (PRSCUD) use remains unresolved. For this reason, a study was carried out to clarify how these factors are related to each other.

Objectives: To study the interaction between genetic risk and environmental factors

To analyze the relationship between polygenic risk scores and clinical features

To determine the impact of cannabis use on cognitive performance

Methods: A neuropsychological study was carried out on a sample of 138 cannabis users, divided into cases and controls according to the existence of a FEP. This assessment included domains of processing speed, verbal memory, attention, working memory, executive function, social cognition, and determination of premorbid IQ, using validated tests.

Three GWAS summary statistics were used to calculate individual PRS conferring risk for SZ, CI and CUD. PRS were constructed using PRS-CS.

The results obtained were then statistically correlated with the polygenic risk score for schizophrenia, cannabis use disorder, and lifetime cannabis use, respectively.

Results: The patient group presented worse processing speed as the risk for schizophrenia increased. In the case of PRS-CU, an opposite effect was evident. For verbal memory, a higher PRS-CUD was associated with poorer performance. Cannabis consumers with

lifetime risk presented better executive function than consumers with lower genetic risk.
Conclusions: The relationship between PRS for Schizophrenia and cannabis use remains uncertain. However, different clinical profiles can be determined thanks to the cognitive assessment.

Disclosure of Interest: None Declared

EPV0428

Complex post-traumatic stress disorder and dissociation: Co-occurrence and relationships with depressive symptoms and functional impairments

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Introduction: Although complex post-traumatic stress disorder (CPTSD) is closely associated with dissociative symptoms, and although dissociation is often conceptualized as a response to trauma, less is known about the co-occurrence of dissociation and (C)PTSD.
Objectives: This study examined the co-occurrence of CPTSD and dissociation and their relationship with depressive symptoms and functional impairments.
Methods: We analyzed baseline data from a clinical trial that evaluated a web-based trauma program. This study included 220 treatment seekers from Hong Kong (Mage = 35.3; SD = 7.9; 82.3% female). Participants completed measures of CPTSD, dissociation, depression and functional impairment, which were assessed with the International Trauma Questionnaire (ITQ), the Dissociative Experiences Scale-Taxon (DES-T), the Patient Health Questionnaire-9, and the Work and Social Adjustment Scale, respectively.
Results: In this sample, 34.1% screened positive for CPTSD only, 10.0% for dissociative symptoms only (DES-T ≥ 25), and 25.0% for both conditions. For participants with CPTSD (n = 130), 42.3% had dissociative symptoms. For participants with dissociative symptoms (n = 77), 7.8% had PTSD, and 71.4% had CPTSD. Hierarchical multiple regression analyses showed that, after controlling for age, gender, education level, and trauma exposure, PTSD ($\beta = .127$, $p = .033$), disturbances in self-organization (DSO) ($\beta = .524$, $p < .001$), and dissociative ($\beta = .169$, $p = .002$) symptoms were all associated with depressive symptoms. Yet, only DSO symptoms were associated with functional impairments ($\beta = .519$, $p < .001$).
Conclusions: This study provides updated data regarding the co-occurrence of CPTSD/PTSD and dissociation. About half of people with CPTSD have considerable dissociative symptoms, while most dissociative individuals may be suffering from CPTSD/PTSD. Moreover, this study found that, among different trauma-related symptoms, DSO symptoms are the strongest predictor of depressive symptoms and functional impairments, highlighting the importance of providing skills training for trauma survivors to address these difficulties in clinical settings.

Disclosure of Interest: None Declared

EPV0429

Muting the self": emotional dysregulation & appeareance and performance-enhancing drugs (APEDs); a clinical report

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Introduction: Appearance and performance-enhancing drugs (APEDs) are a group of loosely-related substances that are used to improve characteristics perceived as desirable, such as external appearance, mental efficiency and sexual prowess. Besides the increasingly popular anabolic-androgenic steroids (AAS), there is an ever-growing array of anorectics, anabolism-enhancers, sedatives and nootropics available to the public.
Objectives: This case report aims to explore the connection between emotional dysregulation, self-actualization and side-effects that arise in users of these drugs.
Methods: We present the case of a 34-year-old male diagnosed with posttraumatic stress disorder and comorbid use of both anabolic-androgenic steroids (including testosterone, nandrolone and trenbolone) and chemsex-related substances (such as mephedrone, GHB and sildenafil). He reported frequent mood swings, constant feelings of loneliness and despair and occasional suicidal ideation; and attributed his pattern of substance abuse to a desire to escape from his "ordinary" self. After being admitted at a local emergency room during a suicidal crisis, he was referred to a mental health outpatient service and informed about the area's addiction treatment resources. During the first outpatient interventions he related his symptoms (tachycardia, excessive sweating, restlessness, bursts of rage and paranoid reactions) to his pattern of APED consumption. He is currently undergoing both individual and group therapy in an MBT-based intervention; reports several months substance-free and has been started on a course of antidepressants (vortioxetine, up to 20 mg per day) and sedatives (zolpidem, 10 mg a day) to help him cope with his distress.
Results: Several authors have explored the relationship between personality and APED use. While some have found a correlation between the "dark triad traits" (mostly machiavellianism) and AAS consumption, others have noted the role these substances play in building up both identity and self-worth. According to Macho et al. (Front Psychol 2021; 12:648467) APEDs provide access to an "actualized" and "extraordinary" self that enables amateur athletes to escape both everyday life and previous trauma. This way out might be dangerous for the user's health, but proves to be an enticing road, particularly to young males such as the one we present in this case.
Conclusions: APEDs are an increasingly popular group of substances, and they are going unnoticed in some clinical settings. Unlike other drugs, its use is not only recreational but directed to a specific goal; a quest for extraordinariness (in appearance, performance or prowess) that is deeply embedded in our culture. Having both a broad spectrum of physical side effects and a myriad of

psychiatric implications, it is vital for mental health professionals to be familiar with this reality when assessing patients, particularly young men.

Disclosure of Interest: None Declared

EPV0430

Assessment of Functionality, Global Clinical Impression, and Addiction Severity in Patients with Dual Diagnosis Treated with Long-Acting Injectable Antipsychotics in a Specialized Center in Bogotá-Colombia

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Introduction: Dual diagnosis, involving both a mental disorder and an addiction disorder, significantly impacts patients' functionality and quality of life. In Colombia, from 2009 to 2017, an average of 20,590 individuals with dual diagnosis were treated annually, representing 7.2 Disability-Adjusted Life Years (DALYs) (Ministerio de Salud, Boletín de Salud Mental No. 7, 2018). This study investigates effective therapeutic strategies for this complex condition by examining six patients with schizophrenia or other psychotic disorders and comorbid addiction who were treated with depot antipsychotics. We assessed their personal and social functioning, symptom severity using various surveys.
Objectives: Describe outcomes of long-acting injectable antipsychotics in patients with dual diagnosis beyond the clinic
To promote research involving a larger number of subjects with dual diagnosis and co-occurring mental disorders, like schizophrenia
Continue the pursuit of tools aimed at improving the quality of life in patients with dual diagnosis.
Methods: This case series involved six patients, all men, aged 20-40 years, all of them using depot antipsychotics (paliperidone quarterly = 2, paliperidone monthly = 3, and risperidone biweekly = 1), followed over 12 months in an addiction program with quarterly evaluations (T0=initial contact, T1=three months, T2=six months, T3=nine months, T4=twelve months) from July 2022 to August 2024 on an outpatient basis. All participants had an addictive disorder and schizophrenic and schizoaffective disorder diagnosed. We administered four periodic surveys (ASSIST, CGI-I, PSP) to evaluate personal and social functioning and symptom severity. Results were collected in a database through in-person visits or telephone contact, with surveys conducted by a multidisciplinary team including psychology, social work, occupational therapy, and psychiatry.
Results: the ASSIST scores improved from [T0=1.333 (44.43%) to T4=2 (44.67%)], CGI-I scores decreased from [T0=4.33 (61.9%) to T4=3 (42.8%)], and the PSP scale showed improvement from [T0=1.666 (55.53%) to T4=2.166 (72.20%)]. These results reflect enhanced cognitive and social functions, particularly in social functioning. Similar results were observed in patients with schizophrenia in a study by Shi et al. (Neuropsychiatr Dis Treat. 2016;12:2095-2104), supporting the potential benefits of depot antipsychotics for dual diagnosis patients.
Conclusions: Depot antipsychotics can be a valuable tool for managing dual diagnosis, enhancing treatment adherence, general functionality and reducing symptom severity. However, this observational study did not account for substance types or socioeconomic factors.

Disclosure of Interest: None Declared

EPV0431

Schizophrenia and pain: a prospective clinical study from 2002-2022 on 753 men with schizophrenia and sensitivity to pain compatible with the cause, reduction or lack of sensitivity

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Introduction: Schizophrenia is a complex neuropsychiatric disorder, which affects 1% of people in the world. It presents marked heterogeneity in terms of clinical presentation, course and prognosis, although patient with schizophrenia may have diseases of other physical causes, in which pain has a protective role for the individual and diagnostic importance. Studies on pain in schizophrenia are rare and predominantly experimental. The cause of decreased sensitivity or lack of sensitivity to pain in patients with schizophrenia is unknown. Among the hypothesis are lesions in the thalamus and psychotic symptoms that would decrease the patient's concentration or divert his attention from the pain.
Objectives: The aim of this research was to study the presence/absence and intensity of pain compatible with the cause in 753 men that we have been treating for schizophrenia for 20 years.
Methods: We asked all our patients with schizophrenia at their first consultation in 2002 whether they would be willing to be clinically investigated for the presence/absence and intensity of pain compatible with any cause.
We divided our patients into 3 groups:
Group 1: 51 patients aged 17 – 25 years
First episode currently symptomatic-negative symptoms.
Group 2: 325 patients aged 27-31 years
Multiple episodes currently symptomatic, 25 negative symptoms, 300 positive symptoms.
Group 3: 377 patients aged 40-45 years
Continuous currently – 7 negative symptoms, 370 positive symptoms.
These patients were examined every 3 months by clinicians and dentists for 20 years.
Treatment
Patients with:

- Positive symptoms (delusional beliefs, hallucinatory perception, and disorganization of thinking and behavior) associated with excessive dopamine release, who respond adequately to (FL-APM) First Line dopamine antagonist medication.
- Positive symptoms which does not respond adequately to FL-APM, who respond adequately to chlozapine.
- Refractory schizophrenia treated with electroconvulsive therapy.

Results: 100 patients quit of the survey
653 had (at least once in these 20 years) headache, toothache or earache.
51 did not complain of pain with trigeminal neuralgia.
30 patients did not complain of pain when they had herpes zoster.

Patients with negative schizophrenic symptoms and resistance to treatments showed an absence of pain (pertinent to their physical illness)
Conclusions: The causes of reduced or absent pain sensation in patients with schizophrenia are unknown. Proposed explanations include thalamic damage and psychotic symptoms that render the patient unable to perceive pain. Our patients did not have thalamic damage but had severe negative psychotic symptoms and resistance to treatments.

Disclosure of Interest: None Declared

EPV0432

Depression and suicidal risk in autism spectrum disorder: efficacy of intranasal esketamine. Clinical experience from a public mental health service in Italy

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Introduction: Depressive disorders and anxiety disorders are typical comorbidities in autism spectrum disorder (ASD), with a reported prevalence of 20% and 9%, respectively (Lai, 2019). Autistic subjects are more at risk for suicidal thoughts and behaviors compared to typically developing peers; moreover, depressive symptoms are often resistant to both pharmacological and psychotherapeutic treatments. In 2019 intranasal esketamine was approved in Italy for treatment-resistent depression (TRD). We observed two young outpatients affected by autism (diagnosis made by "Lab-Aut", a specialized mental health service in Pavia) treated with esketamine in our ambulatory for TRD. Clinical information and personal details were summarized in **Image 1**.
Objectives: To evaluate the clinical response to intranasal esketamine in subjects with major depression in ASD and to compare the outcome with neurotypical patients.
Methods: Autism diagnosis wase made according to ADOS-2 and ADI-R scores, confirmed by a clinical judgment of senior psychiatrist. Our follow-up protocol during esketamine treatment consists in the following scales: MADRS, C-SSRS, DES-II, Psychace Scale, Reading the Mind in the Eyes Test, HAM-A, HAM-D, BDI, PANSS. Psychometric evaluation was performed at T0 (before esketamine), T1 (one week of pharmacotherapy), T2 (one month), T3 (2 months) T4 (3 months) and T5 (6 months). We collected results from neurotypical patients (n=12) and autistic patients (n=2) between 2022 and 2024.
Results: Both in autistic patients and in neurotypical ones we noticed a premature decrease in depressive symptoms and a reduction of suicidal thoughts. This improvement was testified by a reduction from T0 to T1 in MADRS total score and in C-SSRS sub-score focused on intensity of suicidal ideation. The reduction was maintained during the observation period **(Image 2)**. Due to the small sample size of autistic patients, we couldn't reach the statistical significance threshold for this population. Considering the entire sample (n=14) we obtained significant results (T0-T1: MADRS decrease p=0,00006, C-SSRS decrease p=0,00009. T0-T5 MADRS and C-SSRS variations p<0,00001). Comparing our subsamples, it's possible to notice a similar trend in follow-up between autistic and neurotypical patients. **(Image 3)**.

Image 1:

	Patient 1 (G.B.)	Patient 2 (E.S.)
Gender and age	Female, 25 y	Male, 20 y
Job	Student	Student
Intellectual disability	No	No
Hospitalizations	2021, suicidal ideation	2023, sucide attempt 2024, depressive episode
Familiar anamnesis	Depression	Depression, eating disorders
Suicidal attempts	No	1 (2023, setting fire)
Self-harming	Yes	No
Drug abuse	No	No
Pharmacotherapy	Sertraline 200 mg/day, Aripiprazole 15 mg/day	Venlafaxine 300 mg/day Aripiprazole 10 mg/day Propranolol 40 mg/day
Esketamine posology	84 mg	84 mg
Esketamine duration	6 months	7 months (ongoing)
Hospitalizations during Esk	0	0
Suicidal attempts during Esk	No	No
Self-harming during Esk	No	No
Medical comorbidities	No	Hypertension, obesity

Image 2:

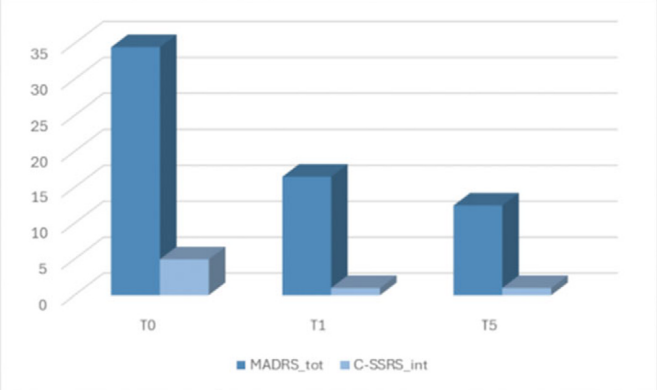
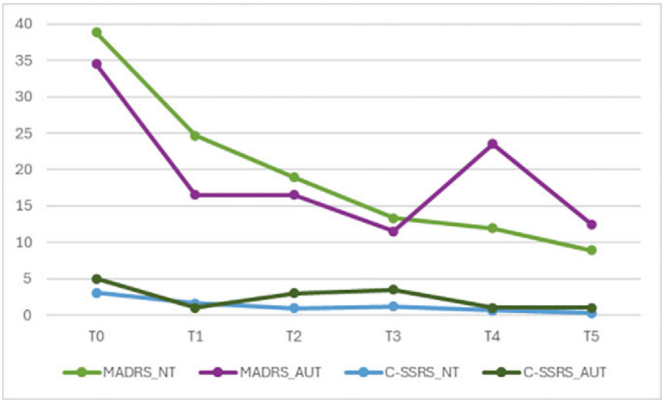


Image 3:



Conclusions: Our preliminary data coming from clinical experience suggest the efficacy of intranasal esketamine in depressive episodes occurring in autistic patients. A larger sample size of autistic patients will be necessary to set a comparative study and to give significance to these results. Esketamine could represent an important therapeutic option in depressed patients with ASD comorbidity.

Disclosure of Interest: None Declared

EPV0434

Handling of diet-related risks in psychosomatic rehabilitation clinics

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Introduction: People with mental health conditions frequently encounter diet-related challenges that contribute to the onset of physical comorbidities, further diminishing their quality of life and life expectancy. To date, diet-related problems often are not adequately addressed in mental health care for reasons like overshadowing.
Objectives: Psychosomatic rehabilitation clinics are a potential setting for tackling these problems as the admission takes place beyond acute crisis and as multi-professional teams, including dietitians, are available. However, little is known so far about the extent to which this potential is being exploited.
Methods: In summer 2024, we conducted 22 qualitative interviews with physicians, dietitians and other staff members at six psychosomatic rehabilitation clinics in Germany to explore the current state of action in handling diet-related risks in psychosomatic rehabilitation clinics.
Results: Interviewees elaborated on their eexperiences with the prescription and utilization of diet-related interventions in psychosomatic rehabilitation and their subjective assessments of the potential added value of screening tools in care planning. Preliminary analyses indicate that diet-related problems have not yet been systematically captured in the rehabilitation process. Due to a lack of time, a comprehensive nutrition-related assessment is hardly possible and therefore the diet-related activities tend to be one-size-fits-all services.
Conclusions: The findings of the qualitative study endorse the implementation of a multi-faceted screening tool, such as the NutriMental screener. By this way, diet-related problems of service users might be recognized at the beginning of inpatient rehabilitation and being addressed appropriately during the inpatient stay by selecting suitable rehabilitation measures, especially dietary interventions.

Disclosure of Interest: None Declared

EPV0437

Cerevicalgia and Depression: Comorbidity and Pathopysiology

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Introduction: The widespread prevalence of neck pain does not mean that one should stoically endure suffering. There is some truth in the fact that many people have such problems, but it is not true that one should not go to the doctor for such trivial reasons. Therefore, if pain in neck occurs, you should go to a neurologist immediately. This is especially true in cases where episodes of pain are repeated, they are persistent or intensify.
Objectives: There are many causes of neck pain:
Fractures, dislocations, injuries to the vertebrae, joints, muscles and ligaments in the neck.
Infections that cause inflammation of bone and cartilage tissue, muscles, cervical lymph nodes and nerves (osteomyelitis, abscess, shingles).
Radiating pain in diseases of the heart, lungs, stomach, esophagus, and other organs. Rheumatological diseases (arthritis, myalgia, fibromyalgia).
Methods: Statistical analysis was performed.
Results: Neuroendocrine pathologies, non-specific factors (herniated and displaced intervertebral discs, problems with intervertebral joints, narrowing of the spinal canal, arthrosis, muscle spasms, osteochondrosis, problems caused by insufficient muscle activity), Intracranial diseases (benign or malignant neoplasms of the brain, stroke, abscess), and also psychosomatics.
Conclusions: There are several reasons that cause depression due to depletion of cartilage tissue. First of all, we are talking about the disruption of cerebral circulation associated with disorders in the cervical spine. Lack of blood flow, and therefore oxygen, leads to starvation of various parts of the brain responsible for certain important functions of the body. This is how nervous system disorders begin to develop: depression, aggression, panic attacks and insomnia.

Disclosure of Interest: None Declared

EPV0438

Complex Care: Schizophrenia Meets Rheumatoid Arthritis

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Introduction: The management of coexisting schizophrenia and rheumatoid arthritis (RA) is complex due to the lack of clear guidelines. While immunosuppressants are the cornerstone of RA therapy and clozapine is the gold standard for treatment-resistant schizophrenia, their shared adverse effects make combined treatment challenging, requiring alternative therapeutic options.
Objectives: present the therapeutic complexity of managing treatment-resistant schizophrenia alongside RA.
Methods: We report a case of drug-induced toxidermia in a patient being treated for RA with some therapeutic particularities.
Results: Mr. W, a 66-year-old man, has been under treatment since 2007 for schizophrenia. Somatically, he has rheumatoid arthritis (RA) that has been progressing since 2016, for which he is treated with Methotrexate.
The diagnosis of treatment-resistant schizophrenia was made. Given this resistance, the introduction of Clozapine was proposed. However, the issue of an interaction between Methotrexate and Clozapine, contraindicated according to pharmacologists' report, required therapeutic reevaluation.
Clinical and biological evaluation showed remission of RA with an EVA score of 0, NAD of 0, NAG of 0, a DAS28 score of 1.13, and an VS of 5 mm. The choice then fell on Sulfasalazine to replace Methotrexate, with a progressive introduction of the drug, starting at 500 mg and increasing by 500 mg every 7 days up to a dose of 2000 mg/day, accompanied by weekly control tests.
Twelve days after the introduction of Sulfasalazine, at a dose of 1000 mg/day, the patient presented with a diffuse rash associated with erythroderma, facial and eyelid edema, an infiltrated, pruritic maculo-erythematous rash, confluent in places but sparing the palms and soles. Given the characteristics of the dermatological lesions and their timing, drug-induced toxidermia caused by Sulfasalazine was strongly suspected. Consequently, Sulfasalazine was discontinued, as well as the antipsychotic, and the patient was treated with topical skin treatments and two boluses of intravenous corticosteroids.
The initial biological workup was normal. However, seven days after stopping Salazopyrin, the patient became febrile with a temperature of 40°C, accompanied by erythematous pharyngitis, an elevated CRP of 45, monocytosis, and the presence of activated lymphocytes on the blood smear. Pharmacovigilance opinion: a DRESS syndrome was suspected, with a Regi score of 2. Two weeks later, the clinical course was favorable, with the complete disappearance of dermatological lesions and normalization of biological parameters.
Conclusions: Managing treatment-resistant schizophrenia alongside rheumatoid arthritis poses a therapeutic challenge due to drug interactions. The case of Sulfasalazine-induced toxidermia highlights this complexity. Close monitoring and tailored treatment alternatives are crucial to minimize risks while ensuring efficacy.

Disclosure of Interest: None Declared

EPV0440

The longitudinal impact of health behaviours on mental health, diabetes distress, and quality of life in people with type 1, type 2, and gestational diabetes: A scoping review

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Introduction: There can be a considerable mental health burden to living with diabetes. Health behaviours are modifiable factors that influence mental health in the general population. However, despite the centrality of health behaviours to diabetes management, there are significant gaps in our understanding of their longitudinal impact on mental health in people with diabetes.
Objectives: This scoping review aimed to synthesise the longitudinal evidence from observational and intervention research on the impact of health behaviours on mental health and related psychological factors in people with type 1, type 2, and gestational diabetes.
Methods: PubMed, PsychINFO, Embase, CINAHL, and PsycArticles were searched for intervention and observational studies examining the effect of health-promoting, health-risk, or diabetes-specific health behaviours on aspects of mental health, diabetes distress, and quality of life, in people with all types of diabetes. Abstracts, titles, and full texts were screened by two independent reviewers.
Results: In total, 100 relevant studies were identified, including 29 observational studies and 71 intervention studies. Studies had a mean follow-up time of 12.9 ± 17.8 months. The health behaviours investigated in the included studies were adherence, alcohol, carbohydrate-counting, diet, diet and exercise combined, exercise, fasting, medical visits, sleep, self-monitoring blood glucose, smoking, and weight. The review identified knowledge gaps surrounding diabetes-specific behaviours, behaviour interactions/clusters, sleep, sedentary behaviour, screen-time, gestational diabetes, mood and ecologically valid and objective measurements. Exercise was the most freqently investigated health behaviour and also the most likely to be found to have a mental health promoting impact.
Conclusions: Findings suggest that health-promoting behaviours influence mental health in people with diabetes. There is less conclusive evidence regarding the impact of health-risk or diabetes-specific health behaviours. In particular, a broad range of physical activities may improve mental health and wellbeing in people with diabetes.

Disclosure of Interest: None Declared

EPV0442

Dual Challenges: Managing Schizophrenia Relapse in a Patient with Sickle Cell Anemia

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Introduction: Sickle cell anemia (SCA) is a genetic disorder resulting in chronic hemolysis and vaso-occlusive crises, which can lead to severe systemic complications. Schizophrenia is a major psychiatric disorder characterized by persistent psychotic symptoms, including delusions and hallucinations. The intersection of these two conditions presents unique clinical challenges, as the management of SCA may complicate the treatment of schizophrenia and vice versa. Despite the prevalence of such comorbid cases, there is a significant gap in research addressing the complexities of managing these conditions concurrently.
Objectives: This case report aims to describe a rare and complex case of schizophrenia in a patient with sickle cell anemia, including the clinical presentation, diagnosis, and management. Additionally, it seeks to highlight the challenges of managing these co-occurring conditions and to promote further research into integrated treatment strategies for such comorbidities.
Methods: We present a 32-year-old male with a history of sickle cell anemia and schizophrenia who was admitted to the psychiatric department at Razi Hospital, LaManouba. The patient was admitted following a suicide attempt driven by acute psychotic symptoms, including delusions and auditory hallucinations commanding self-harm. Upon admission, he was started on a regimen of benzodiazepines to manage severe anxiety and antipsychotic medication to address the hallucinations and delusions. The initial physical examination revealed no significant abnormalities. On the third day of hospitalization, the patient began exhibiting respiratory symptoms, including chest pain and difficulty breathing, which prompted further diagnostic evaluation.
Results: On the third day of hospitalization, the patient developed respiratory symptoms including chest pain, fever, and dyspnea. Evaluation, including lab tests and imaging, revealed acute chest syndrome. Given the risk of benzodiazepines worsening respiratory issues, their use was discontinued, and Haloperidol was introduced at 5 mg to manage psychotic symptoms, with close monitoring for suicidal ideation. The hematology and pneumology departments initiated a treatment protocol involving oxygen therapy, intravenous hydration, paracetamol for pain management, and antibiotics (ceftriaxone and clarithromycin). Within a week, both psychiatric and respiratory symptoms significantly improved, leading to a reduction in supplemental oxygen and discharge with a comprehensive follow-up plan.
Conclusions: This case underscores the complexity of managing co-occurring schizophrenia and sickle cell anemia, highlighting the need for a multidisciplinary approach. Integrated treatment strategies are crucial for effectively addressing both psychiatric and medical complications in such comorbid conditions

Disclosure of Interest: None Declared

EPV0445

Systemic Inflammation from Periodontal Disease and its Neuropsychiatric Implications

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Introduction: Chronic oral health issues, particularly periodontal disease, are significant contributors to systemic inflammation. Emerging evidence indicates that this inflammation can influence neurophysiological processes and contribute to psychiatric disorders, including depression and anxiety. Recent literature review has revealed that periodontal disease and depression share common biomarkers, such as lipopolysaccharide (LPS), C-reactive protein (CRP), interleukin-6 (IL-6), and cortisol.
Objectives: To elucidate the connection between poor oral health and psychiatric disorders through the lens of systemic inflammation and its neurophysiological impacts.
Methods: A comprehensive literature review was conducted using PubMed, PsycINFO, and Google Scholar, focusing on studies from the past decade that examine the relationship between periodontal disease, systemic inflammation, and psychiatric disorders. Key findings regarding the involvement of pro-inflammatory cytokines and their neurophysiological effects were synthesized.
Results: The review highlighted that periodontal disease leads to elevated levels of pro-inflammatory cytokines. Such cytokines as CRP, IL-6, and tumor necrosis factor-alpha (TNF-α) can cross the blood-brain barrier, contributing to neuroinflammation and dysregulation of neurotransmitter systems. One significant effect is on serotonin metabolism, which is critical in the pathophysiology of depression. Pro-inflammatory cytokines can lead to reduced serotonin availability by upregulating genetic expression of serotonin transporters and increased serotonin metabolism. Given the interplay between inflammatory cytokines and neurotransmitter metabolism, the studies indicate that individuals with periodontal disease are more likely to exhibit depressive and anxiety symptoms, with neuroinflammation serving as a mediating factor.
Table 1: Impact of Pro-inflammatory Cytokines on Neurophysiological Processes

Cytokine	Effect on Neurophysiology
CRP	Contributes to neuroinflammation and affects processing skills, motor function, and working memory.
IL-6	Promotes neuroinflammatory responses via impacting neurotransmitter regulation and gut-microbiota-brain axis
TNF-α	Crosses BBB, leading to neuroinflammation and activates hypothalamus-pituitary axis leading to serotonin and tryptophan dysregulation.

Conclusions: Systemic inflammation resulting from poor oral health significantly impacts neurophysiological processes associated with psychiatric disorders. These findings underscore the need for integrated healthcare approaches that consider both oral and mental health to mitigate the adverse effects of neuroinflammation on psychiatric well-being.

Disclosure of Interest: None Declared

EPV0447

From NMDA Receptor Antagonism to Cerebrovascular Effects: The Dual Facets of Nitrous Oxide in Bipolar Depression

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Introduction: Nitrous oxide (N2O) was first discovered in 1772 by Joseph Priestley. Since its anesthetic properties were realized in 1844, it has been used in the medical and dental fields. Nitrous oxide is also known as "laughing gas" or "nos".
Recent literature suggests that studying N2O is important, not only for understanding the pathophysiology of bipolar depression but also for exploring its potential as a treatment.
N2O is often used recreationally for its euphoric, anxiolytic, and dissociative effects.
Objectives: To better understand the role of nitrous oxide, as well as its clinical implications.
Methods: A search was conducted in various databases, including PubMed.
Results: N2O has two potential ways to help with bipolar depression. Firstly, it can block NMDA receptors which can be beneficial for mood stabilization. Secondly, it can widen blood vessels in the frontal brain regions which can improve blood flow and oxygenation.
Clinical studies have suggested the effectiveness of NMDA receptor antagonists in the treatment of depression. Among these studies, the use of ketamine has been a significant breakthrough in the treatment of depression.
Despite its medical uses, N2O has also gained popularity on a recreational level due to its relaxing, euphoric effects and its ability to provoke hallucinations. Unfortunately, recreational use of N2O can lead to various neuropsychiatric symptoms, such as emotional symptoms (mania, depression, anxiety), personality changes, aggressive behaviour, and psychotic symptoms.
Conclusions: Further research is needed to determine if N2O is beneficial in treating bipolar depression or if its use could lead to brain dysfunction (if taken recreationally).

Disclosure of Interest: None Declared

EPV0448

Cluster headache and Bipolar disorders: Phenotypical Overlap and Comorbidity.

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doi: 10.1192/j.eurpsy.2025.1212
Introduction: Cluster headache (CH) and bipolar disorder (BD) are cyclic disorders with shared clinical aspects, e.g. disturbed sleep patterns, response to lithium and a tendency to use illicit drugs.
Objectives: We investigated comorbidity of BD in patients with CH, prevalence of BD amongst CH family members, circadian aspects and use of illicit drugs.
Methods: Patients from the Leiden University Cluster headache neuro-Analysis program (LUCA) were screened cross-sectionally for BD online, using the Mood Disturbance Questionnaire (MDQ-NL) and Altman Self Rating Scale (ASRM-NL) and, if indicated, further evaluated with the Mini international neuropsychiatric interview (MINI). Circadian aspects were analyzed using the Circadian Type Inventory (CTI) and the Munich Chronotype Questionnaire (MCTQ).
Results: The life-time prevalence of BD in patients suffering from CH was 6.5%. Patients with comorbid BD (CH+BD) were more likely to have family members with BD (standardized OR= 1.50, 95% CI=1.15;1.95, p=0.003) and were more likely to suffer from chronic CH (OR=3.05 95% CI=1.18;7.87, p=0.02) after adjustment for age and sex. They also more often used illicit drugs, compared to patients with only CH. Circadian type and chronotype did not differ between the two groups after adjustment for confounders.
Conclusions: There is a high prevalence of BD in CH patients. CH +BD patients are more likely to have a positive family history for BD. CH+BD patients are more likely to suffer from chronic CH and more often use illicit drugs. In clinical practice it is important to screen for BD when treating patients with CH.

Disclosure of Interest: None Declared

EPV0449

Predisposing Factors for the Development of Insomnia in Patients With ADHD

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Introduction: Attention-Deficit/Hyperactivity Disorder (ADHD) often coexists with insomnia. Challenges of ADHD, like racing thoughts and restlessness, can exacerbate sleep issues. Addressing both conditions concurrently is crucial for comprehensive treatment and improved quality of life.
Objectives: The aim is to identify factors promoting insomnia in patients with ADHD.
Methods: The study is conducted on patients >18 years referred to the adult ADHD outpatient service of the Psychiatric Clinic of Ancona (Università Politecnica delle Marche, Italy). The Diagnostic Interview for ADHD in adults (DIVA 5.0) was used for diagnosis. Administered rating scales included Temperament Evaluation in Memphis, Pisa and San Diego (TEMPS-M), Coping Orientation to the Problems Experiences-new Italian version (COPE-NVI), Temperament and Character Inventory-Revised (TCI-R) and Insomnia Severity Index (ISI).
Results: 76% (n=170) of all screened patients were diagnosed with ADHD in adulthood. In our sample of ADHD subjects, those who have bipolar disorder in comorbidity tend to suffer more frequently from insomnia (χ^2=4.290; p=0.038). A multivariate linear regression was observed between the ISI (R^2=0.237; F(3,56)=13.150;

p<0.001) and TEMPS-M cyclothymic temperament subscale (B=0.206; p=0.027), TCI-R responsibility subscale (B=-0.255; p=0.005), and TCI-R self-transcendence subscale (B=0.101; p=0.06). A logistic regression analysis was performed to ascertain the effects of all TCI-R, COPE-NVI, TEMPS-M subscales, on the likelihood of developing insomnia. The logistic regression model was statistically significant, ▫ ▫ 2(1)=4.539, p=0.033. The model explained 62.3% (Nagelkerke R2) of the variance in patients with ADHD and insomnia and correctly classified 76.7% of cases. Insomnia was significantly predicted by TEMPS-M irritable temperament subscale (exp(B)=1.272; p=0.003), TCI-R disorderliness subscale (exp(B)=0.628, p=0.004), TCI-R purposeful subscale (exp (B)=0.781, p=0.003), TCI-R social acceptance subscale (exp(B) =1.232, p=0.052), TCI-R compassion subscale (exp(B)=0.795, p=0.001) and TCI-R transpersonal identification subscale (exp(B) =1.268, p=0.002).

Conclusions: Findings suggest a link between ADHD patients with comorbid bipolar disorder and a higher incidence of insomnia. Personality traits such as cyclothymic temperament, low sense of responsibility, and high self-transcendence are significantly associated with insomnia in ADHD. The logistic regression model accurately predicted and identified key predictors for insomnia in ADHD patients, highlighting the substantial role of irritable temperament, rigidity in being orderly, low determination, high friendliness, low compassion, and high transpersonal identification. Understanding these associations is pivotal in developing targeted interventions and support strategies for individuals with ADHD prone to insomnia, emphasizing the intricate role of temperament and personality traits in sleep disturbances.

Disclosure of Interest: None Declared

EPV0450

Unveiling the Hidden Burden: Psychiatric Comorbidities in Dialysis Patients

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Introduction: Patients with End-Stage Renal Disease (ESRD) undergoing hemodialysis (HD) are particularly susceptible to psychological disorders, such as anxiety and depression, which can significantly affect their quality of life and clinical outcomes. However, in spite of its prevalence, psychiatric comorbidity in this population remains under-recognized, contributing to worse health outcomes and increased mortality.

Objectives: The primary aim of this study is to explore the prevalence of psychiatric comorbidities, particularly depression and anxiety, among HD and PD patients. Insights into the different psychological effects of different dialysis treatments are offered, emphasizing the importance of integrated mental and physical healthcare in improving patient outcomes.

Methods: A narrative review was carried out using PubMed and Google Scholar to identify relevant articles with the keywords "dialysis," "psychiatry," and "comorbidities."

Results: The review underscores the important burden of psychiatric disorders among dialysis patients. Studies suggest that depression may affect up to 50% of these individuals. Both HD and PD patients exhibit varying degrees of psychological distress, exacerbated by factors such as the invasiveness of dialysis, comorbid medical conditions (e.g., diabetes), and socioeconomic challenges. The evidence suggests that HD patients may experience an even more heightened psychiatric burden due to the more invasive nature of HD compared to PD, which imposes greater restrictions on daily activities. Psychiatric disorders in these patients are often underdiagnosed, leading to treatment non-compliance, increased hospital admissions, and elevated mortality rates. The findings stress the necessity of regular mental health screenings and the integration of psychiatric care into routine dialysis practice.

Conclusions: Psychiatric comorbidities are prevalent among dialysis patients, with HD patients exhibiting a greater psychological burden. This review highlights the urgent need for routine mental health screening and intervention within the dialysis care framework. The integration of mental health support into dialysis treatment protocols could lead to improved patient outcomes, fewer hospitalizations, and better treatment adherence. Future research should focus on developing customized mental health interventions that address the specific challenges faced by dialysis patients, thereby enhancing their quality of life and clinical outcomes.

Disclosure of Interest: None Declared

EPV0451

A Case Report on The Course and Outcome of A Patient Diagnosed with Trichotillomania and Major Depressive Disorder

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Introduction: Trichotillomania (TTM) and Major Depressive Disorder (MDD) are two psychiatric conditions that frequently co-occur, presenting a significant challenge for treatment due to their complex interplay. TTM involves repetitive hair-pulling, leading to noticeable hair loss and distress, while MDD is characterized by persistent low mood and loss of interest or pleasure leading to dysfunctionality.

Objectives: This case report aims to discuss a case of a 21-year-old female with major depressive disorder and trichotillomania, management challenges, and the importance of a comprehensive, multifaceted therapeutic approach to address both disorders effectively.

Methods: A 21-year-old female college student and youth church leader presented with chronic hair-pulling and depressive symptoms. She had low self-esteem and a strong need for validation. Despite her responsibilities, she struggled with emotional distress exacerbated by family dynamics and her church role. Her symptoms were linked to self-esteem threats and feelings of inadequacy. She was diagnosed with Trichotillomania, Scalp, and Major Depressive Disorder.

Initial pharmacologic management was Fluoxetine 20mg/day up titrated to 40mg/day with no improvement hence shifted to Escitalopram 20mg/day and N-acetylcysteine 1200mg/day with noted significant improvement in symptoms. Non-pharmacologic strategies included supportive-expressive psychodynamic psychotherapy, cognitive-behavioral techniques, and family therapy. Psychoeducation,

suicide safety planning, and an interprofessional approach with dermatology co-management were also integral.
Results: Over the course of 15 therapy sessions, the patient demonstrated significant improvement in both her depressive symptoms and hair-pulling behavior. Her active engagement in therapy, combined with pharmacological support, facilitated better emotional regulation and a more cohesive sense of self. Her adherence to the treatment plan, along with the collaborative efforts of the interprofessional team, contributed to her positive outcomes.
Conclusions: This case highlights the significance of addressing both TTM and its comorbid conditions for effective treatment outcomes. The interplay between TTM and MDD underscores the need for comprehensive treatment plans incorporating pharmacological and psychotherapeutic approaches. Future practice should consider the benefits of an interprofessional approach for managing complex cases like this.

Disclosure of Interest: None Declared

EPV0452

The Incidence of Depression among female patients with Schizophrenia Hospitalized in the Clinical Hospital of Psychiatry, Chișinău, R. of Moldova

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Introduction: In schizophrenia, depressive and negative symptoms often overlap, complicating the diagnosis. Symptoms such as lack of energy, anhedonia and association make the distinction difficult. A subjective state of sadness may indicate depression, while affective flattening is characteristic of schizophrenia. Other symptoms relevant to diagnosing depression include hopelessness, negative self-assessment, guilt, anxiety, and self-destructive thoughts.
Objectives: This study, conducted over 6 months, aims to establish both the rate and the total number of patients with schizophrenia, suffering from depression to provide a better understanding of the clinical particularities of this type of comorbidity.
Methods: The research provided for a cross-sectional study to assess the incidence of depression among patients with schizophrenia hospitalized in the Clinical Psychiatric Hospital of Chisinau during the reference period. The Calgary depression scale for schizophrenia (CDSS) has been used as an evaluation tool to highlight the presence of depressive symptoms, while PANSS (negative symptoms) has been used, to measure their severity in schizophrenia. The data collection process involved structured questionnaires, semi-structured interviews with patients and clinical history analysis to obtain additional information.
Results: The study included 155 women diagnosed with schizophrenia, aged between 18 and 55. Of these, 28.39% had more than two admissions during the year. Most of the patients included in the study (73.55%) suffered from F20.0, the rates of other forms of schizophrenia being: F20.1 (1.29%); F20.2 (14.84%); F20.3 (9.68%) and F20.9 (0.65%). According to the questionnaire applied to patients with different types of schizophrenia, it was observed that, 40.65% achieved a total score of more than 6 points on the CDSS scale (clinically significant depression) and 34.92% required repeated hospitalisation in the same year. Of those repeatedly admitted, 74.6% suffered from F20.0; 14.29% (F20.2) and 11.11% (F20.3), which probably could be a confirmation of the increased severity of the patient's condition in case of comorbidity – schizophrenia-depression.
Conclusions: It can be assumed that the comorbidity of schizophrenia-depression negatively influences the social recovery process, but also the quality of life of patients; increases the risk of relapse. Patients with depression often experience higher rates of hospitalization because depressive symptoms can lead to emotional instability, cognitive impairments, undermining interpersonal relationships, social networking and reintegration . It is essential that mental health professionals identify and treat depression in patients with schizophrenia in order to increase their quality of life.

Disclosure of Interest: None Declared

EPV0453

Better understand the semiology of the dysgraphia in DCD children by highlighting a motor control disorder

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Introduction: Handwriting is mainly a motor process involving an efficient level of motor organization lead-ing to fine coordination of movements, thus, children with developmental coordination disorder (DCD) are particularly affected with handwriting disorders.
Objectives: We aimed to investigate handwriting disorders in DCD children in order to better understand the semiology of dysgraphia.
Methods: Data from 65 children aged 5 to 15 years (mean age 8.9 years, SD = 2.5) with DCD were collected on DSM-V criteria. They had no other medical or psychiatric condition and born full-term. They were assessed with handwriting testing and standardized assessments of neuropsychological, neurovisual, MRI and neuropsychomotor functions (NP-MOT neurodevelopmental battery), including muscular tone examination. Particular attention was paid to minor neurological dysfunctions (MND) which can be detected with the NP-MOT battery, such as a mild phasic stretch reflex (PSR).
Results: Findings showed a high rate of visual perceptual motor, visuo-spatial, and visuo-constructional impairments (> 82%), visual pursuit disorders (93%) and 89% of handwriting disorders (HD, n=58). Among these HD, there are 83% of poor handwriting (PH) and 17% of dysgraphia (DysG). Moreover, we found in HD, 36% of PSR (with 29% in PH vs 70% in DysG) correlated to imbalance of axial tone (hyper-extension) associated with increase of neuropsychomotor disorders such as dissonance between spontaneous gestural, usual and psychosocial lateralities ($P = 0.03$), impairments of coordination between upper and lower limbs ($P = 0.001$), impairments of manual dexterity ($P < 0.001$), impairments of dynamic balance ($P = 0.002$), and dysdiadochokinesis ($P < 0.001$).

Comparing PH and DysG groups, dysgraphia is associated to PSR (P = 0.04). 38% of abnormal MRI scans were heterogeneous and non-specific to the level of handwriting disorder and to PSR.
Conclusions: Dysgraphia appears to be a singular disorder as a comorbidity of DCD, which is significantly associated with a high incidence of motor impairments, suggesting a disturbance of the motor pathway (mild distal spasticity of the pyramidal corticospinal tract dysfunction). The presence of MND such as PSR highlights a mild impairment of the motor voluntary movement from the premotor cortex. PH appears primarily due to an immaturity of handwriting gesture consecutive to disorders of coordination programming in DCD.
Dysgraphia should be assessed not only with a simple handwriting test (legibility and speed) but completed with a developmental standardized physical neuropsychomotor examination assessing the presence of MND because to know the nature of the disorder is useful in clinical decision-making processes for handwriting remediation.

Disclosure of Interest: None Declared

EPV0454

Utilizing Artificial Intelligence to Predict Psychiatric Disorders in Patients with Inflammatory Bowel Disease (IBD): Insights Based on a Systematic Review

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Introduction: The scientific literature recognizes the Gut-brain axis (GBA) as a crucial connection between gastrointestinal health and mental well-being. Patients with inflammatory bowel disease (IBD) are at a disproportionately higher risk of developing psychiatric disorders due to factors including gut dysbiosis and chronic inflammatory changes. Recent developments in artificial intelligence (AI) and machine learning, provide novel opportunities to predict the comorbid psychiatric outcomes in patients with IBD by analyzing complex datasets including but not limited to the gut microbiome and neuroimaging data.
Objectives: This systematic review discusses the current evidence for AI-driven models to aid in the prediction of psychiatric disorders in IBD patients, with a focus on their performance and potential challenges around their clinical implementation.
Methods: A systematic search on PubMed, EMBASE, Scopus, and Cochrane databases, identified 28 studies utilizing AI-based models to examine gut microbiota and neuroimaging data in patients with IBD. Data extraction illuminated the following artifacts: classification thresholds (i.e. predictive), relevant supervised learning or deep learning modeling (e.g. random forest classifiers, convolutional neural networks, and unsupervised models like attention-based learning), sensitivity, specificity, accuracy, and both accuracy measures and AUC-ROC curve values.
Results: A pooled analysis of the included studies demonstrated an estimated sensitivity of 81% (95% CI: 77-85%) and specificity of 78% (95% CI: 73-82%) to predict psychiatric disorders in patients with IBD with the highest predictive accuracy elicited by studies based on microbiome and neuroimaging data. Yun et al. (2024), for instance, demonstrated a predictive accuracy of 86% using microbiome profiles and structural brain imaging data while Fil et al. (2024) elucidated the positive correlation between gut dysbiosis and psychiatric symptoms based on microbial signature models. Additionally, the variability noted in the predictive performance of the models was found to be based on the patient population, quality of data, and machine learning strategy.
Conclusions: AI models present promising evidence in predicting psychiatric disorders in IBD patients by leveraging microbiome and neuroimaging datasets. Overall, the meta-analysis reports strong predictive strength with high sensitivity and specificity. Future work in this field should focus on the validation of these prediction models in various clinical populations, improving their generalizability and standardization to enable widespread use and integration in the field of personalized psychiatry, especially in patients with IBD.

Disclosure of Interest: None Declared

Consultation Liaison Psychiatry and Psychosomatics

EPV0455

Psychiatric Conditions Following Surgical Interventions: A Case Series

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Introduction: The surgical treatment process involves not only physical recovery but also the management of psychiatric and psychosocial issues. Psychiatric disorders can negatively affect postoperative recovery, complicate adherence to treatment and decrease the quality of life (Begum *et al.* World J Surg 2022; 46(6) 1408-1419).
Objectives: This case series highlights less commonly encountered psychiatric conditions that arise after surgery and emphasizes the importance of considering how these conditions interact with pre-existing diseases during postoperative follow-up.
Methods: This case series examines three distinct cases of psychiatric disorders following surgical interventions:
Delusional disorder after hypophysectomy
Somatization disorder after cystoscopy
Psychotic depression following colostomy creation
Informed consent was obtained from all patients.
Results: Case 1
A 62-year-old male patient diagnosed with hypophyseal macroadenoma underwent transsphenoidal hypophysectomy. Two months after surgery, he developed paranoid delusions, believing his wife was having an affair. Initially treated with aripiprazole 15 mg/day, the patient did not improve. His treatment was switched to risperidone 2 mg/day, resulting in resolution of his symptoms.

Case 2
A 58-year-old male with benign prostatic hyperplasia (BPH) developed persistent groin pain after cystoscopy. Despite urological treatment, the pain did not subside, and he was referred to algology for gabapentin, which was ineffective. Referred to psychiatry, he reported pain radiating to his back and arms, worsened by stress, and trouble sleeping due to his pain. Diagnosed with somatization disorder, he was treated with olanzapine 2.5 mg/day and cognitive interventions, which led to decreased pain.
Case 3
A 72-year-old male patient with rectal cancer, following abdominoperineal resection and colostomy creation, began consuming other people's medications. He exhibited disorganized behavior and suicidal ideation, and was diagnosed with psychotic depression. Treated with olanzapine 5 mg/day and venlafaxine 75 mg/day, his disorganized behavior resolved during follow-up, and olanzapine was discontinued. He remains in remission on venlafaxine 75 mg/day.
Conclusions: This case series illustrates the diversity of psychiatric conditions that can arise after surgical interventions and emphasizes the importance of postoperative psychiatric monitoring. Although there is a lack of sufficient studies on this topic, a postoperative follow-up study conducted with a group of 200 patients found that the risk of developing anxiety after surgery was 31%, and the risk of developing depression was 56% (Basak *et al.* Int J Surg 2015; 23 18-22). Psychiatric symptoms can complicate physical recovery, affect adherence to treatment, and reduce quality of life. A multidisciplinary approach is essential to support both physical and psychological recovery, ultimately improving the overall health status of patients.

Disclosure of Interest: None Declared

EPV0456

Evaluating the Psychometric Properties of Arabic Version of the Patient Health Questionnaire-9 (PHQ-9) among Omani Patients with End Stage Renal Disease on Dialysis

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Introduction: Depression significantly affects patients with chronic kidney disease (CKD), with prevalence rates reaching up to 39% among those on hemodialysis, and is often overlooked in screening. This study aims to assess the PHQ-9's effectiveness in Omani dialysis patients, potentially improving early detection and mental health care integration.
Objectives: The objectives of this study are as follows: 1) To assess the sensitivity, specificity, positive predictive value and negative predictive value of the PHQ-9 in detecting depression among Omani renal dialysis patients at Al Seeb and Bausher dialysis units from October 2023 to January 2024. 2) To evaluate the psychometric properties of the PHQ-9, including the optimal cut-off score, internal consistency, and criterion validity, in Omani renal dialysis patients by January 2024
Methods: This cross-sectional study was conducted from October 1, 2023, to January 31, 2024, at two renal dialysis centers in Muscat, focusing on adults aged 18 and older who had undergone dialysis for at least three months. Data collection included a sociodemographic questionnaire, the Patient Health Questionnaire (PHQ-9) for depression symptoms, and the Structured Clinical Interview for DSM-5 (SCID-5) for psychiatric evaluation, with all ethical standards adhered to and Institutional Review Board approval obtained. Data analysis utilized MedCalc® software, with statistical significance set at $p < 0.05$, and the diagnostic accuracy of the PHQ-9 evaluated through ROC curve analysis.
Results: The study included 209 patients with Chronic Kidney Disease (CKD), averaging 48.43 years, with demographics summarized in **Table 1**. The Patient Health Questionnaire-9 (PHQ-9) effectively screened for Major Depressive Disorder (MDD), achieving an AUC of 0.87, as illustrated in **Figure 1**, with an optimal cutoff score of 9, sensitivity of nearly 78%, and specificity of about 85%. Additional metrics are detailed in **Table 2**, confirming the PHQ-9's overall accuracy of 83.25% in identifying depression, highlighting the importance of clinical evaluation for diagnosis.

Image 1:

Table 1: Distribution of Patient Characteristics

Variables	n (209)	%
Age	48.43 ± 14.58	
Gender		
Male	126	60.3
Female	83	39.7
Employee		
No	156	74.6
Yes	53	25.4
Marital status		
Married	140	67.0
Single	40	19.1
Divorced	10	4.8
Widow	19	9.1
Educational level		
None	11	5.3
Can read	26	12.4
Elementary	23	11.0
Middle school	40	19.1
Secondary school	57	27.3
University	46	22.0
High educational	6	2.9
Financial stressors		
No	148	70.8
Yes	61	29.2
Family support		
No	33	15.8
Yes	176	84.2
Family history of mental illness		
No	203	97.1
Yes	6	2.9
Comorbid group		
No	37	17.7
Yes	172	82.3

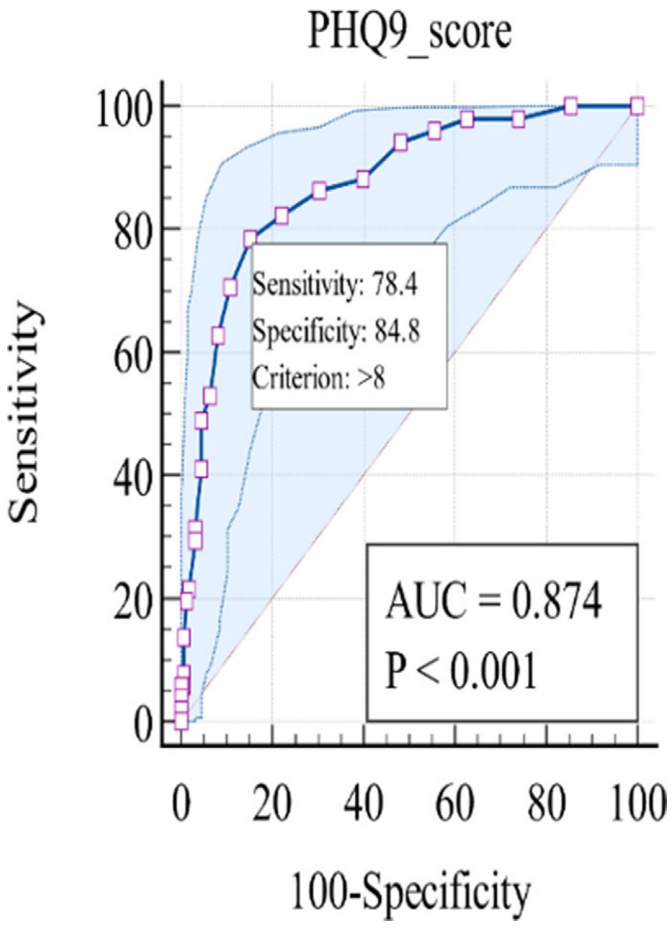


Image 2:

Image 3:

Table 2: Diagnostic Accuracy of PHQ-9

PHQ9	Sensitivity % (95% C.I.)	Specificity % (95% C.I.)	Area Under Curve (AUC) % (95%	Positive Likelyhood Ratio % (95% C.I.)	Negative Likelyhood ratio % (95% C.I.)	Positive Predictive value % (95% C.I.)	Negative predictive value % (95% C.I.)	Accuracy % (95% C.I.)
PHQ - ≥ 9	78.43 (64.68 – 8.71)	84.81 (78.25 – 90.02)	0.816 (0.76 – 0.87)	5.16 (3.48 – 7.67)	0.25 (0.15 – 0.43)	62.50 (52.88 – 71.23)	92.41 (87.79 – 95.38)	83.25 (77.49 – 88.05)

Conclusions: This study provides strong evidence for the validity and reliability of the PHQ-9 as a depression screening tool for Omani dialysis patients, emphasizing the need for culturally sensitive approaches in screening. It suggests adjusting cutoff scores to enhance diagnostic accuracy, with significant implications for clinical practice in Oman and similar regions. Healthcare professionals are urged to consider cultural factors when implementing screening protocols to improve patient care. Future research should broaden the validation of the PHQ-9 across other regions in Oman and the Middle East, examining how linguistic and educational differences may affect its effectiveness.

Disclosure of Interest: None Declared

EPV0457

Catatonia as a debut of systemic lupus erythematosus: a case-report on a diagnostic challenge

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Introduction: Systemic lupus erythematosus (SLE) is an autoimmune disorder characterized by a wide range of symptoms, including neurological and psychiatric symptomatology. Between 37 and 95% of SLE patients present psychiatric symptoms, which can appear at any point in the disease and may present in various forms, ranging from more common conditions like depression and anxiety to rarer manifestations such as psychosis and catatonia (Carrión-Barberà *et al.* Autoimmunity Reviews 2021;20:102780).
Objectives: To describe the case of a patient who presented a SLE debut with catatonic symptoms and to review neuropsychiatric and specifically catatonic symptoms in SLE patients.
Methods: We present the case of a 32-year-old woman with no previous psychiatric history who was brought to our psychiatry emergency department (PED) for difficulties in language emission, only being able to babble for the last days. Approximately two weeks ago she had started to present anxiety, insomnia and catastrophic thoughts, so she consulted a psychiatrist who recommended starting escitalopram up to 15mg/d. In the next days she started to present difficulties of speech which worsened. Upon arrival, several diagnostic tests were performed including blood tests, CT scan, lumbar punction and electroencephalogram, showing no abnormalities. However, since the symptoms did not improve she was hospitalized for diagnostic affiliation.
Results: During her hospitalization, more diagnostic tests were performed, including brain MRI and more exhaustive blood tests with autoimmunity profile, although the results were not available until several days later. Although the diagnosis was not yet clear and there were doubts among psychosis, neurologic functional disorder and organic mental disorder, several drugs were started including corticotherapy and olanzapine 15mg/d, venlafaxine up to 150mg/d and clonazepam 2.5mg/d with partial improvement of the symptoms, still showing motor retardation, blocking, perplexed gaze and mutism. In parallel, blood tests results emerged, showing high titre ANA antibodies, positive anti-double-stranded DNA and anti-Sm antibodies and decreased complement C3 component. With these findings, the diagnosis orientation was systemic lupus erythematosus (SLE).
Conclusions: Catatonia is a rare psychomotor syndrome that can be associated with SLE. Given its rarity, there still no standardized treatment for it in SLE patients, although some options have been proposed including, as in any other SLE manifestations, flare immunosuppressive at high doses and in these patients, the usual psychiatric management (Boeke *et al.* Psychosomatics 2018;59:523-530; Sundaram *et al.* Rheumatology Journal 2021;42:1461-1476) Clinicians should keep this in mind to correctly diagnose and treat these patients, since early identification of this syndrome and prompt treatment leads to a more favorable outcome.

Disclosure of Interest: None Declared

EPV0459

Mental or Metabolic?: Misdiagnosis of Wilson Disease as Primary Psychiatric Disorder in Multiple Members of a Pakistani Family

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Introduction: Wilson disease is an autosomal recessive disorder that leads to defective copper metabolism. It manifests as neurologic, hepatic and psychiatric symptoms (Benhamla et al. Encephale 2007; 33(6):924–32). Through a case series of three family members, we emphasize the varied presentation of Wilson disease, and the need for investigation of metabolic causes of such symptoms especially in families with a history of consanguinity.
Objectives: We aim to underscore the importance of considering metabolic causes of psychiatric symptoms, particularly when these symptoms cluster within families.
Methods: The cases are presented followed by an exploration of social context, gaps in existing literature, and suggestions for clinical practise.
Results: Case 1: A 32-year-old male previously having received diagnoses of Treatment-Resistant Schizophrenia and Obsessive Compulsive Disorder over a period of 13 years presented with cognitive decline, delusions of persecution and reference, 2nd and 3rd person auditory hallucinations, preoccupation with cleaning and a significant decline in the ability to perform activities of daily living. Despite extensive psychiatric treatment, his symptoms worsened, raising suspicion for an underlying medical condition.
Case 2: A 16-year-old male, once a bright student, presented with progressive cognitive decline, poor working memory, social withdrawal, needing assistance with ADLs and sialorrhea for 2 years. These symptoms were initially misattributed to psychological stress and academic pressure, but the lack of response to treatment and worsening neurological signs of poor coordination raised suspicion for an organic cause. His eye exam was positive for Kayser Fleischer ring and his serum ceruloplasmin was below threshold level. This prompted a similar workup for his elder brother which was positive for Wilson disease.
Case 3: The mother of the aforementioned two patients, after witnessing her younger son's decline, developed major depressive disorder with psychosis. Her symptoms started follwoing the stress of her children's health problems and their lack of response to treatment.
Upon genetic counselling, the siblings of the first two patients revealed that they were both respectively engaged to be married to their first cousins and that their mother was adamant about these matches due to family traditions.
Conclusions: These cases underscore the need for a heightened suspicion of Wilson disease and other metabolic disorders in patients who belong to regions with high rates of consanguinity and have clustering of psychiatric disorders in their family. Further studies are needed to determine the true prevalence of Wilson disease in Pakistan which may be relatively high due to the common practise of cousin marriages (Zimbrean et al.Gen Hosp Psychiatry.2014;36(1):53–62).

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EPV0460

Does Psychological Resilience Affect Sexual Satisfaction in Women with Polycystic Ovary Syndrome? A Cross-Sectional Observational Study

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Introduction: Polycystic Ovary Syndrome (PCOS) is a common endocrine disorder in women of reproductive age, characterized by hyperandrogenism, oligomenorrhea/amenorrhea, and polycystic ovary morphology. PCOS can negatively impact sexuality due to physical issues like hyperandrogenism, metabolic syndrome, and infertility, as well as the psychological burden of the disease and associated mental health issues. Psychological resilience, defined as the ability to cope with stress and recover, is known to aid in managing physical illnesses and improve treatment outcomes. Although psychological resilience and sexuality are individually studied in relation to physical and psychological problems, research on their relationship, especially in PCOS, is limited.
Objectives: This study aimed to explore the relationship between psychological resilience and sexual satisfaction in women with PCOS, comparing it with a healthy control group, and to identify factors affecting sexual satisfaction in PCOS patients.
Methods: 70 women aged 18-40 with a PCOS diagnosis and 69 healthy controls matched for age and education participated in this study. Participants underwent a psychiatric interview according to the SCID-5 and completed the Sociodemographic Data Form, Psychological Resilience Scale for Adults (RSA), Hospital Anxiety and Depression Scale (HADS), Golombok Rust Inventory of Sexual Satisfaction (GRISS), and Arizona Sexual Experiences Scale (ASEX). Blood tests requested by the gynecologist were also documented for the PCOS group.
Results: Women with PCOS exhibited lower psychological resilience than healthy controls, particularly in self perception area as shown in **Table 1**. They also reported lower sexual satisfaction with partners. No significant difference was found in masturbation frequency between the groups, nor was masturbation related to sexual satisfaction in either group. However, increased psychological resilience was associated with higher sexual satisfaction in both groups, with future perception area on the RSA significantly impacting sexual satisfaction. Examination of the relationship between RSA scores and GRISS and ASEX scores in women with PCOS is presented in **Table 2** and **Table 3**.

Image 1:

Table 1. Comparison of Resilience Scale for Adults (RSA) scores between women with PCOS and healthy controls

	Women with PCOS		Healthy Controls		Test statistic	p*
	Mean ± SD	Median (Min - Max)	Mean ± SD	Median (Min - Max)		
Resilience Scale for Adults (RSA)						
RSA-Structured style	14.17 ± 4.31	15.00 (4.00 – 20.00)	14.61 ± 3.32	15.00 (4.00 – 20.00)	2331.500	0.724
RSA-Self perception	21.47 ± 4.76	22.00 (7.00 – 30.00)	23.17 ± 4.52	23.00 (11.00 – 30.00)	1916.000	**0.035**
RSA-Future perception	14.16 ± 3.85	14.00 (4.00 – 20.00)	14.78 ± 3.98	15.00 (5.00 – 20.00)	2126.000	0.222
RSA-Social competence	22.94 ± 5.09	24.00 (10.00 – 30.00)	24.49 ± 4.29	24.00 (15.00 – 44.00)	2169.000	0.298
RSA-Social resources	28.46 ± 5.45	29.00 (12.00 – 35.00)	29.88 ± 3.27	31.00 (20.00 – 35.00)	2131.000	0.229
RSA-Family cohesion	20.94 ± 6.52	22.00 (6.00 – 30.00)	22.41 ± 5.58	23.00 (8.00 – 30.00)	2146.000	0.256
RSA-Total	122.14 ± 17.67	124.00 (71.00–151.00)	129.35 ± 16.39	131.00 (77.00–161.00)	1877.500	**0.024**

** Mann Whitney U test; SD: Standard deviation; PCOS: Polycyctic ovary syndrome*

Image 2:

Table 2. Examination of the relationship between RSA scores and GRISS scores in women with PCOS

Women with PCOS (n:70)		RSA-Structured style	RSA-Self perception	RSA-Future perception	RSA-Social competence	RSA-Social resources	RSA-Family cohesion	RSA-Total
GOLOMBOK RUST INVENTORY OF SEXUAL SATISFACTION (GRISS)								
GRISS-Infrequency	r	-0.203	-0.026	-0.015	-0.150	-0.067	-0.090	-0.143
	p	0.092	0.831	0.902	0.214	0.584	0.457	0.238
GRISS-Non communication	r	-0.140	-0.216	-0.344	-0.170	-0.296	-0.174	-0.319
	p	0.249	0.073	**0.004**	0.158	**0.013**	0.150	**0.007**
GRISS-Dissatisfaction	r	-0.195	-0.144	-0.341	-0.223	-0.172	-0.137	-0.285
	p	0.106	0.236	**0.004**	0.064	0.156	0.258	**0.017**
GRISS-Avoidance	r	-0.107	-0.240	-0.364	-0.324	-0.180	-0.102	-0.382
	p	0.376	**0.045**	**0.002**	**0.006**	0.137	0.402	**0.001**
GRISS-Non Sensuality	r	-0.088	-0.047	-0.184	-0.207	-0.163	-0.113	-0.250
	p	0.471	0.700	0.128	0.085	0.177	0.351	**0.037**
GRISS-Vaginismus	r	-0.117	0.063	-0.142	-0.094	-0.109	0.031	-0.149
	p	0.335	0.602	0.242	0.441	0.368	0.801	0.219
GRISS-Anorgasmia	r	-0.346	-0.047	-0.154	0.038	-0.225	-0.116	-0.178
	p	**0.003**	0.699	0.205	0.753	0.061	0.340	0.141
GRISS-Total	r	-0.247	-0.157	-0.335	-0.240	-0.276	-0.125	-0.354
	p	**0.039**	0.195	**0.005**	**0.045**	**0.021**	0.302	**0.003**

r:Spearman's rho correlation coefficient; n: number of people; PCOS: Polycystic ovary syndrome; RSA: Resilience Scale for Adults

Image 3:

Table 3. Examination of the relationship between RSA scores and ASEX scores in women with PCOS

Women with PCOS (n:70)		RSA-Structured style	RSA-Self perception	RSA-Future perception	RSA-Social competence	RSA-Social resources	RSA-Family cohesion	RSA-Total
ARIZONA SEXUAL EXPERIENCES SCALE (ASEX)								
ASEX-Drive	r	-0.092	-0.153	-0.308	-0.303	-0.244	-0.034	-0.317
	p	0.447	0.207	**0.009**	**0.011**	**0.041**	0.782	**0.008**
ASEX-Arousal	r	-0.125	-0.044	-0.159	-0.213	-0.253	-0.121	-0.251
	p	0.302	0.719	0.188	0.076	**0.035**	0.320	**0.036**
ASEX-Lubrication	r	-0.203	-0.058	-0.264	-0.244	-0.351	-0.115	-0.365
	p	0.091	0.632	**0.027**	**0.042**	**0.003**	0.343	**0.002**
ASEX-Orgasm	r	-0.230	-0.049	-0.162	-0.133	-0.393	-0.245	-0.349
	p	0.056	0.690	0.179	0.273	**0.001**	**0.041**	**0.003**
ASEX-Orgasm Satisfaction	r	-0.331	-0.087	-0.236	0.005	-0.155	-0.128	-0.195
	p	**0.005**	0.473	**0.049**	0.969	0.201	0.291	0.106
ASEX-Total	r	-0.189	-0.067	-0.241	-0.200	-0.323	-0.167	-0.314
	p	0.117	0.579	**0.044**	0.097	**0.006**	0.168	**0.008**

r:Spearman's rho correlation coefficient; n: number of people; PCOS: Polycystic ovary syndrome; RSA: Resilience Scale for Adults

Conclusions: Psychological resilience, especially the future perception area, may play an influential role in sexual satisfaction. In light of these findings, it can be suggested that the treatment of PCOS should involve a multidisciplinary approach that includes mental health professionals. It is important to evaluate the sexual life of these women during follow-ups, provide psychoeducation, and adopt a hopeful approach. Considering factors that influence psychological resilience, interventions aimed at reducing risk factors and increasing protective factors could be anticipated to be important tools in preventing and treating sexual problems.

Disclosure of Interest: None Declared

EPV0461

The interplay among mental and physical health in patients with psoriasis: results from an observational study

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Introduction: Psoriasis is a chronic skin condition affecting 2-3% of the global population and is often associated with various comorbidities, including psychiatric disorders. The psychological burden of psoriasis is substantial and multifaceted. Patients frequently experience stigma, social isolation, and reduced self-esteem due to the visible and often disfiguring nature of the disease. These psychosocial stressors can precipitate or exacerbate psychiatric conditions such as anxiety and depression.

Objectives: This study aims to identify the factors influencing psychopathological symptoms in patients with psoriasis, with a specific focus on the mediation role of physical and mental health on psychopathological distress in patient with psoriasis.

Methods: This observational study included 112 patients diagnosed with psoriasis. Dermatological and psychiatric evaluations were performed using Psodisk, the Hamilton Anxiety Rating Scale (HAM-A), the Hamilton Depression Rating Scale (HAM-D), the Symptom Checklist-90-Revised (SCL-90-R), and the 36-Item Short Form Health Survey (SF-36). Descriptive statistics, correlation analysis, mediation models were used for data analysis. To develop the mediation models, Psodisk subscales were used as independent variables, and the Global Severity Index (GSI) of SCL-90-R as the outcome variable; both physical (PCS) and mental (MCS) components of the SF-36 were used as mediators.

Results: The sample consisted predominantly of middle-aged males (mean age 48.91 years). Females ($p < 0.001$), patients with arthritis ($p < 0.05$), and those leading a sedentary lifestyle ($p < 0.05$) exhibited higher scores for anxiety and depression. Psodisk subscales showed a significant correlation with psychiatric symptoms and QoL measures ($p < 0.001$). The mediation analysis revealed that the mental component of quality of life (MCS) had a statistically significant mediating effect in all models, being the only mediator for the effect of health, pain, and sleep domains of the Psodisk on GSI ($p < 0.001$; $R^2 = 0,2$). Furthermore, when total Psodisk score was used as independent variable, MCS mediating effect on GSI was also significant ($p < 0,001$; $R^2 = 0,32$) with a non-significant role of PCS.

Conclusions: This study highlights the complex relationship between psoriasis, psychiatric comorbidities, and QoL. Mediation

analysis shows that mental component of quality of life can play a more significant mediating role than physical alterations in determining psychiatric symptoms in patients with psoriasis. All psoriasis patients, regardless of physical changes, should be considered at risk for developing psychiatric symptoms, and direct collaboration between general practitioners, dermatologists, and psychiatrists may be able to identify the most vulnerable patients and limit the onset of severe mental disorders.

Disclosure of Interest: None Declared

EPV0463

Functional Neurological Disorder with functional ptosis: Clinical challenges and opportunities for learning. (Case study)

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Introduction: Functional Neurological Disorder (FND) is a well-recognised disorder that is seen by both neurology and psychiatry services. It is an unconscious disorder that may involve motor or sensory neurological symptoms, classically ascribed to underlying psychological distress, the aetiology of which can sometimes be difficult to ascertain.

Objectives: This case presented highlights several key features of FND.

Presentations can involve pain and may evolve to involve multiple locations that may not follow a neuroanatomical distribution.

There may be initial reluctance of the patient or family to accept the diagnosis.

These can be difficult cases but there is potential for improvement with multidisciplinary support.

Inclusion of the patients' perspective of going through the diagnostic process, in this case, gives a unique perspective of being a patient with this disorder,

Methods: .

Results: A young female presented to the emergency department with acute onset severe right facial pain, subjective facial swelling, minor ptosis of the right eyelid and headache. Symptoms evolved over the next week to include speech disturbance, right shoulder pain, and reduced sensation in her right arm. After initial extensive negative work, it was felt that the patient most likely had a functional neurological disorder and underwent multidisciplinary treatment. The patient represented four months later after a minor fall at work with re-emergence of the right arm and facial pain associated with speech disturbance. Relapsed functional neurological disorder (FND) was diagnosed. A multidisciplinary team (MDT) approach with neurology, liaison psychiatry, speech and language therapy (SALT), physiotherapy and psychotherapy was instituted resulting in the resolution of symptoms. FND is a common disorder in which clinicians receive limited training. This case highlights a complex presentation of FND including "pseudoptosis", a rarely seen functional symptom, and how MDT input led to symptomatic improvement. Relapse of FND is not uncommon, sometimes after minor physical or psychological stress or trauma. There is hope to improve symptoms when this happens. Our review also includes the patient's perspective of going through the FND diagnosis.

Conclusions: Functional Neurological Disorders are common and greater training in and understanding of these disorders is important.

Symptoms that are rarely functional such as ptosis, do not exclude FND.

FND can be a difficult diagnosis for patients and families to accept, but accepting the diagnosis is key to appropriate treatment and recovery

An MDT approach incorporating neurology, psychiatry, physiotherapy, psychology, speech and language therapy and occupational therapy provides the best opportunity for recovery.

Early diagnosis and multi-disciplinary treatment can aid recovery, reduce the development of further disability and reduce healthcare utilisation and costs.

Disclosure of Interest: None Declared

EPV0465

Defining Brain Fog - A Transdiagnostic Narrative Review

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Introduction: The term brain fog is increasingly used by patients and researchers, but is poorly-defined. Understanding the symptom is important, as it is highly-prevalent, and linked to poor quality of life, and social and occupational disability. Furthermore, it is reported in a broad and seemingly unrelated set of conditions including COVID, menopause, hypothyroidism, traumatic brain injury (TBI), chronic fatigue syndrome (CFS/ME), fibromyalgia, and systemic lupus erythematosus (SLE). Transdiagnostic similarities may indicate common mechanisms or therapeutic targets, and opportunities for translation of research findings.

Objectives: We aimed to review research characterising brain fog across diagnoses and summarise findings on phenomenology, definitions, objective cognitive measures, and neurobiological correlates. We aimed to highlight transdiagnostic commonalities and differences, and make recommendations on terminology and future research.

Methods: We conducted a narrative review of biomedical research into brain fog. We chose a non-systematic approach due to the fragmentary nature of the literature and our exploratory aims.

Results: Brain fog is associated with cognitive symptoms - predominately difficulties with attention, memory, and language, contributing to a subjective "fog" or lack of "mental clarity". It overlaps with fatigue, and psychiatric symptoms, including anxiety, depression, and dissociation. It is chronic but often transient or variable. There are many transdiagnostic similarities, but research conducting direct comparisons is lacking. We argue that transdiagnostic commonalities in brain fog must arise at one of 3 levels - ambiguous language, common cognitive mechanisms, or common neurobiology. Neurobiological correlates appear heterogenous. Objective cognitive findings are mixed, between mild deficits in attention

and memory and no deficits. Evidence for correlation between subjective and objective symtpoms is mixed. Many studies find objective deficits are mediated by associated symptoms such as fatigue, depression, or anxiety.
Conclusions: We suggest researchers avoid the term brain fog in favour of clearly-defined terms where possible. While brain fog appears to refer to a broad range of phenomena, it captures a characteristic assocation of fatigue, cognitive and affective symptoms, and mild objective deficits across diagnoses. Brain fog appears to overlap substantially with mental fatigue. Further research is needed, including direct transdiagnostic comparisons. Measures should include high-precision cognitive batteries, as well as measures of affect (e.g., GAD / PHQ9), fatigue (e.g., FAS), and metacognition, to enable the role of non-cognitive factors to be assessed and compared across conditions.

Disclosure of Interest: None Declared

EPV0466

Frustration reactions as a factor of adherence to treatment in patients with cardiovascular diseases

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Introduction: Adherence to treatment plays a key role in the effectiveness of therapy of the cardiovascular diseases. Patient's personality becomes an inevitable determinant of health behaviour influencing the way the patient reacts to the illness itself. The painful sensations, the need to adapt to the disease may be the cause of frustration in patients (Heszen-Klemens. Soc Sci Med 1987, 24 (5) 409-416). Hence, it is necessary to assess how the frustration reactions are connected with the adherence to treatment.
Objectives: The aim of the research was to study the relationship between the frustration reactions and the adherence to treatment in patients with cardiovascular diseases.
Methods: The Picture Frustration Test (Rosenzweig. Journal of Personality 1945, 14 3-23) was used to assess frustration reactions of the patients. The Questionnaire for Comprehensive Assessment of Treatment Adherence was used to provide a complex evaluation of the adherence to treatment (Nikolayev, Skirdenko. Clinical Pharmacology and Therapy 2018, 1 74-78). The study was conducted from January 2024 to April 2024. The sample consisted of 42 male patients hospitalised with multiple cardiac pathology, whose average age was 49.40±7.71.
Results: The average adherence to treatment of the patients with cardiovascular diseases in our sample was 61.17±18.53%, with twelve (30%) participants being defined as low-adherent and nine (22.5%) as high-adherent. What concerns direction of frustration reactions, low-adherent patients were more likely to exhibit extrapunitive reactions (H=7,760, p=0,021), whereas high-adherent patients demonstrated intropunitive reactions more often (H=6,062, p=0,048). More interestingly, there were significant differences in types of frustration reactions, with need-persistent reactions being more characteristic for the high adherent-patients (H=6,551, p=0,038). Intropunitive and need-persistent frustration reactions were associated positively with the adherence to treatment (r=0.428, p=0.013; r=0.459, p=0.007). Extrapunitive reactions were found to be negatively associated with the adherence (r=-0.409, p=0.004).
Conclusions: Our study was the first to consider the connection between the frustration reactions of the patients with cardiovascular diseases and their adherence to treatment. The results indicate that the way in which patients typically react to the frustration is connected with the way in which they handle limitations and requirements of the treatment process. When the patient is more likely to react to frustration in problem-solving manner, the chances are that their health behaviour will also lead to a sufficient adherence to treatment.

Disclosure of Interest: None Declared

EPV0467

Maturity of defense mechanisms as a predictor of adherence to treatment in patients with cardiovascular diseases

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Introduction: Promoting adherence to treatment is essential for increasing the effectiveness of therapy of the cardiovascular diseases. The role of defense mechanisms and frustration reactions of the cardiac patients in their adherence to treatment was not studied previously.
Objectives: The aim of the research was to study the relationship between defense maturity and adherence to treatment in patients with cardiovascular diseases.
Methods: To measure the adherence to treatment the Questionnaire for Comprehensive Assessment of Treatment Adherence was used (Nikolayev *et al*. Clinical Pharmacology and Therapy 2018, 1 74-78). Defense mechanisms were assessed using the Defense Mechanisms Rating Scales (DMRS-SR-30; Di Giuseppe *et al*. Front. Psychiatry 2020, 11:870). The Picture Frustration Test was used to assess patients' frustration reaction types (Rosenzweig. Journal of Personality 1945, 14 3-23). Structural equation modeling (path analysis method) was used for data analysis. The study was conducted from December 2022 to April 2023. The sample consisted of 42 male patients hospitalised with multiple cardiac pathology, whose average age was 49.40±7.7.
Results: The majority of the patients in our sample demonstrated middle level of the adherence to treatment, with mean score being 61.17±18.53%. Twelve (30%) participants were defined as low-adherent and nine (22.5%) were defined as high-adherent. Assessment of frustration reactions showed that the adherence to treatment is positively connected with intropunitive and need-persistent reactions (r=0.428, p=0.013; r=0.459, p=0.007) and negatively connected with extrapunitive reactions (r=-0.409, p=0.004). What concerns defense mechanisms, the maturity of defenses appeared to be positively connected with the adherence to treatment (r=0,388, p=0,021). Using path analysis, we found only one theoretical model to be representative of the empiric data. The model constructed reveals indirect effect of the defense maturity on the adherence to treatment, mediated by the type of frustration reaction. The paths are positive, significant and equal

0.242 (χ2=1.871, p=0.171, CFI=0.947, RMSEA=0.176). Patients that use more mature defenses are more likely to give need-persistent reactions to frustration, hence, they have better adherence to treatment.
Conclusions: Thus, the results of our study demonstrate that defense maturity can be used as a predictor of the adherence to treatment in patients with cardiovascular diseases due to its role in determining the type of frustration reactions. More mature defenses allow patients to be more flexible in their reaction to the illness and its limitations that leads to higher adherence to treatment.

Disclosure of Interest: None Declared

EPV0468

Psychological factors of adherence to treatment in patients with cardiovascular diseases

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Introduction: Cardiovascular diseases are one of the leading causes of death worldwide. Adherence to treatment is considered to be a key determinant of the effectiveness of therapy. Patient's personality and other psychological characteristics play a regulating role in health behaviour but there is still no consistent evidence on their connection to the adherence to treatment.
Objectives: The study aimed to determine the role of psychological factors regarding the adherence to treatment in patients with cardiovascular diseases.
Methods: Adherence was measured using the Questionnaire for Comprehensive Assessment of Treatment Adherence (Nikolayev *et al.* Clinical Pharmacology and Therapy 2018, 1 74-78). To provide a complex assessment of psychological factors we used the Short Health Anxiety Inventory (Salkovskis *et al.* Psychological Medicine 2002, 32 843-853; Pervichko, Shishkova. National Psychological Journal 2022, 2), the HEXACO Personality Inventory (Ashton, Lee. Personality and Social Psychology Review 2007, 11 150-166; Egorova *et al.* Issues of Psychology 2019, 5 33-49), the Defense Mechanisms Rating Scales (DMRS-SR-30; Di Giuseppe *et al.* Front. Psychiatry 2020, 11:870), and the Picture Frustration Test (Rosenzweig. Journal of Personality 1945, 14 3-23). The study was conducted from January 2024 to April 2024. The sample consisted of 42 male patients hospitalised with multiple cardiac pathology, whose average age was 49.40±7.71.
Results: Patients with cardiovascular diseases mostly demonstrated middle level of the adherence to treatment (61.17±18.53%), twelve (30%) participants were defined as low-adherent, nine (22.5%) were high-adherent. The component of health anxiety known as vigilance to bodily sensations was found to be positively associated with the adherence to treatment (r=0.316, p=0.047). Conscientiousness was the only personality trait to demonstrate significant positive associations with the adherence (r=0.378, p=0.023). More interestingly, adherence to treatment appears to be positively associated with need-persistent and intropunitive frustration reactions (r=0.428, p=0.013; r=0.459, p=0.007) and negatively associated with extrapunitive frustration reactions (r=-0.409, p=0.004). Assessment of defense mechanisms reveals positive associations between overall defense maturity and adherence to treatment (r=0.388, p=0.021), indicating that low-adherent patients are more inclined to use less mature defenses.
Conclusions: Thus, adherence to treatment in patients with cardiovascular diseases is associated with greater vigilance to bodily sensations, conscientiousness, defense maturity, use of need-persistent and intropunitive frustration reactions and lesser use of extrapunitive frustration reactions.

Disclosure of Interest: None Declared

EPV0469

A Diagnostic Challenge: Korsakoff Syndrome Misdiagnosed as Hepatic Encephalopathy

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Introduction: The abrupt occurrence of neuropsychiatric symptoms in patients with alcohol-related cirrhosis requires detailed evaluation not only for hepatic encephalopathy but also for other etiologies like Wernicke-Korsakoff Syndrome. In this case, we present a patient with alcohol-related cirrhosis who was initially admitted to gastroenterology unit with a preliminary diagnosis of hepatic encephalopathy but was ultimately diagnosed with Korsakoff Syndrome.
Objectives: This case highlights the critical need for comprehensive neuropsychiatric assessment in patients with alcohol-related cirrhosis and offers a review of the current literature on the definition and clinical presentation of confabulation.
Methods: Description of a clinical case and literature review
Results: 45-year-old male with a history of alcohol-related cirrhosis was admitted to gastroenterology unit with symptoms suggestive of hepatic encephalopathy. On hospital day two, he was consulted to consultation-liaison psychiatry unit with the complaints of sleep disturbances and meaningless talking. In his story; over the past 3 months, he was talking about unrealistic events, having anger outbursts and disrupted sleep cycle, although his total sleep duration remained normal. Aside from grandiosity, mild irritability and disruptions in thought content, there were no signs of manic episode, such as euphoria, distractibility or reduced sleep. In mental state examination, he was alert, oriented in time, place and person, displaying normal psychomotor activity, speech, and impulsivity with euthymic mood. Neurological examination revealed no signs of Wernicke encephalopathy, such as nystagmus, ataxia or confusion. Subsequent psychiatric evaluations revealed fluctuations in narrative, lack of insight, mild memory impairment, and grandiose thought content suggestive of momentary confabulation, all indicative of Korsakoff Syndrome. He was transferred to the psychiatry inpatient unit and treatment with amisulpride at 200 mg daily and thiamin at 300 mg per day were initiated. Following treatment, there was a gradual improvement in aggression; however, no significant enhancement in confabulations or memory function was observed.
Conclusions: To our knowledge, this is the first case report of Korsakoff Syndrome presenting with a preliminary diagnosis of hepatic encephalopathy. The neuropsychiatric components of hepatic encephalopathy can manifest with a variety of symptoms,

posing a challenge in differentiation from psychiatric disorders, such as mania or Korsakoff Syndrome. This report highlights the importance of a collaborative evaluation for patients presenting with neuropsychiatric symptoms and a history of alcohol-related cirrhosis.

Disclosure of Interest: None Declared

EPV0472

Descriptive Study on Attentional and Executive Functioning Following CAR-T Cell Therapy in Paediatric Patients with Acute Lymphoblastic Leukaemia

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Introduction: Chimeric antigen receptor–engineered T-cell (CAR-T) therapy is a newly approved treatment that has shown high remission rates among patients with acute lymphoblastic leukaemia. However, its neuropsychological impact remains largely unknown. To our knowledge, this is the first study to examine the neurocognitive effects of CAR-T therapy in children.
Objectives: To analyse attentional and executive functioning outcomes in paediatric patients with acute lymphoblastic leukaemia after CAR-T therapy.
Methods: This study was conducted at the Child Neuropsychology Unit of La Paz University Hospital in Madrid, Spain. Thirteen paediatric patients aged 7–16 years (mean age = 12 years and 1 month; 75% male) were assessed. Neurocognitive assessments were performed at an average of 1 year and 4 months after CAR-T therapy (ranging from 3 months to 3 years and 4 months). Neurocognitive measures included the Symbol Digit Modalities Test (SDMT), the Omission score from the Continuous Performance Test Third Edition (CPT 3), the Test of Nonverbal Intelligence Fourth Edition (TONI-4), and the Verbal Fluency Test (FAS). Descriptive analyses were conducted, including median, minimum and maximum scores for age- and sex-adjusted z-scores, with significant impairment defined as $z < -1.5$.
Results: Findings revealed that 58.3% of the children scored significantly below norms on non-verbal abstract reasoning (TONI-4: Median = -1.53; Min = -3.27; Max = 1.27), 53.9% displayed significant sustained attentional deficits (Omission CPT 3: Median = -3.1; Min = -4.0; Max = 0.70), and 41.7% showed relevant impairments in both processing speed (SDMT: Median = -1.5; Min = -5.7; Max = 1.9) and phonological verbal fluency (FAS: Median = -0.7; Min = -2.9; Max = 1.5).
Conclusions: Paediatric acute lymphoblastic leukaemia survivors treated with CAR-T therapy show deficits in processing speed, sustained attention, abstract reasoning, and phonological verbal fluency. These findings underscore the need for both short- and long-term neuropsychological monitoring, and tailored interventions targeting attentional and executive functioning deficits in this population. Future studies should replicate these analyses by using larger sample sizes.

Disclosure of Interest: None Declared

EPV0475

Delirious mania in a 19 year-old Ukrainian refugee

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Introduction: We present a case study of a 19-year old Ukrainian refugee presenting with delirious mania, with no personal or family psychiatric history. Delirious mania is a complex and severe neuropsychiatric condition that remains under-recognised in diagnostic manuals. Delirious mania describes a neuropsychiatric state where a patient is exhibits signs and symptoms of mania, delirium and often catatonia. Most of the patients described in past case reports are older in age than our patient and have a personal or family history of a mood disorder.
Objectives: Our objectives were to investigate the signs and symptoms of delirious mania in this this 19 year-old patient. We sought to compare his presentation to the existing diagnoses in the Diagnostic and Statistical Manual of Mental Disorders Fifth Edition and International Classification of Diseases 11th Revision. These include delirium, mania and catatonia. In addition, we aimed to study existing literature on delirious mania as well as cross-cultural factors in formulation of this complex case.
Methods: We assessed this patient daily as part of the Liaison Psychiatry team and compared his presentation to existing diagnostic criteria of delirium, mania and catatonia. We performed a literature review of delirious mania to identify suggested diagnostic criteria, management strategies and cultural considerations.
Results: Our patient presented to the Emergency Department with a four-day history of bizarre behaviour and poor sleep. He had no past psychiatric history. He was admitted to the general medical ward for a medical work-up, which ultimately yielded no organic pathology. During this time, our patient fulfilled separate diagnostic criteria for delirium, manic episode and catatonia. We found that there was no overarching diagnosis within international diagnostic manuals that encompassed this patient's presentation. However, delirious mania has been described in the literature since 1849. There are various suggested diagnostic criteria for delirious mania suggested in the literature, such as those by Bond (1980) and Fink (1999). This patient was successfully treated with intramuscular lorazepam. In our discussion, we considered various unique factors in the formulation. These included the cultural considerations given that the patient had recently entered the country as a Ukrainian refugee, difficulties in assessment and treatment due to language and cultural barriers and the limitations of psychiatric treatment on a general medical ward.

Conclusions: Delirious mania continues to be unrepresented in diagnostic manuals, which in turn leads to confusion over diagnosis and treatment. Given the complexity of this neuropsychiatric condition, early recognition is key in providing effective treatment before progression into a malignant state. This would be aided by having delirious mania recognised in international classifications.

Disclosure of Interest: None Declared

EPV0476

A Service Audit of Psychiatric Presentations of Displaced Ukrainians in the Emergency Department or as a ward consult in University Hospital Galway from March 2022 to December 2023

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Introduction: We are seeing an increasingly diverse population in the Emergency Department. There have been increasing numbers of displaced Ukrainians attending the Emergency Department and referred from the general medical/surgical wards for psychiatric assessment since the Russian invasion of Ukraine in 2022.
Objectives: The objective of this retrospective audit was to examine the demographic and clinical characteristics of displaced Ukrainians presenting to the University Hospital Galway with psychiatric presentations. Our aim was to review the impact of psychiatric presentations of displaced Ukrainians on the Liaison Psychiatry/on-call Psychiatry service
Methods: We utilised the Liaison Psychiatry patient database to extract data on status as a displaced Ukrainian, presenting complaint, working diagnosis, use of interpreter, location of review, outcome of review and other demographic data. This was a retrospective audit using anonymised data.
Results: We found that a total of twenty-eight patient presentations were seen by Liaison Psychiatry or by the on-call Psychiatry doctor from March 2022 to December 2023 (inclusive). Twenty-three patient presentations (82.1%) were seen in the Emergency Department. Nineteen patient presentations (67.9%) required the services of an interpreter. 16 patient presentations (57.1%) were in relation to low mood with or without suicidal ideation. 16 patient presentations (57.1%) resulted in a referral to a Community Mental Health Team.
Conclusions: There is a significant number of Ukrainian refugees attending the Emergency Department for psychiatric reasons. The vast majority of these patients do not speak English and require an interpreter. Being able to communicate effectively is crucial in taking a psychiatric history and further improvements should be made to improve the experience that this population of patients have in the Emergency Department. This audit can be used to inform service development in the Liaison Psychiatry department to better serve the needs of displaced Ukrainians, such as through the introduction of translated patient information documents.

Disclosure of Interest: None Declared

EPV0477

Post-Stroke Psychosis Following Basilar Artery Occlusion: A Case Report

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Introduction: Approximately 16 million individuals experience a first-time stroke annually, with vertebrobasilar (VB) strokes accounting for 20% of all strokes and transient ischemic attacks. Neuropsychiatric symptoms affect at least 30% of stroke survivors and are associated with low quality of life, an increase in the burden of caregiving, and impaired functional status. These complications can range from mood disorders to psychosis. Psychosis is a relatively rare complication after stroke but is among the most serious of the poststroke syndromes. However, there are no specific guidelines for its treatment.
Objectives: To describe a case of psychosis following a vertebrobasilar stroke and review the relevant literature on the topic.
Methods: We report a case of post-stroke psychosis in a man with no prior psychiatric history and conduct a non-systematic review of the literature.
Results: A 46-year-old man with a history of dyslipidemia and testicular cancer 13 years prior and no previous psychiatric history was admitted to the Stroke Unit under the care of Internal Medicine and Neurology due to a vertebrobasilar stroke. Liaison Psychiatry was called to assess the patient on the 27th day of hospitalization due to visual hallucinations. On examination, the patient presented with a suspicious facial expression, persecutory and infidelity delusions, and both visual and auditory hallucinations. No other psychopathological changes were observed. The case was discussed with the Neurology team, and the patient underwent laboratory tests, a new head computed tomography, and an electroencephalogram, none of which showed recent significant abnormalities. The patient was started on olanzapine 5 mg daily. The patient was reassessed after one week and continued to have the described psychotic symptoms, leading to an increase in the olanzapine dose to 10 mg. After two weeks of treatment, there was a noticeable reduction in the psychotic symptoms.
Conclusions: Psychosis is a possible complication of stroke and is associated with impairment and increased mortality. According to the literature, strokes in the vertebrobasilar territory can cause hallucinations. Guidelines for managing post-stroke psychosis are currently lacking, and to assure evidence-based care, further research is needed. This case underscores the importance of early detection and intervention, emphasizing the need for a multidisciplinary approach to managing post-stroke psychosis.

Disclosure of Interest: None Declared

EPV0478

Gardner-Diamond Syndrome: A Comprehensive Review of Pathophysiology, Diagnosis, and Treatment

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Introduction: Gardner-Diamond Syndrome (GDS), also known as psychogenic purpura, is an uncommon psychosomatic disorder characterized by painful, ecchymotic, purpuric lesions that typically appear after a period of stress, surgical operations or hard physical work, predominantly affecting women. The pathophysiology of GDS is still poorly understood, and diagnosis is often challenging due to its overlap with other hematological, dermatological, or psychosomatic disorders. Appropriate diagnosis is essential for symptom management and patient risk reduction.
Objectives: This review aims to synthesize the current knowledge on GDS, encompassing its etiology, clinical presentation, diagnostic criteria, and treatment approaches while identifying areas for future research.
Methods: We performed a narrative literature review by searching PubMed, Google Scholar, and ScienceDirect articles written in English. Relevant studies, case reports, and reviews published from 1955 to 2023 were included.
Results: Gardner-Diamond Syndrome predominantly affects middle-aged women, but the literature has also published reports concerning men and children. It is often associated with psychological stress, anxiety, or depression. Many authors suggest the presence of histrionic personality traits and a tendency toward somatic reactions in affected individuals. In 1955, Frank Gardner and Louis Diamond identified and described Gardner-Diamond Syndrome after observing four women who experienced recurrent bruising, accompanied by localized pain, erythema, and swelling, following minimal or no trauma. The spontaneous bruising observed in GDS lacks a hematological cause, with most studies suggesting a psychosomatic origin. The diagnosis is made with a detailed medical and psychiatric history, physical examination, laboratory examination, and exclusion of other possible causes. Psychological therapies, such as cognitive-behavioral therapy, alongside pharmacological treatments, have shown variable success in symptom management. However, most patients experience long-term cycles of remission and relapse, and a standardized treatment protocol has yet to be established.
Conclusions: Gardner-Diamond Syndrome represents a complex interaction of psychological and somatic factors, highlighting the importance of a multidisciplinary approach to both diagnosis and treatment. Diagnostic challenges persist due to the absence of definitive biomarkers and reliance on exclusionary criteria. Also, GDS lacks treatment options. While psychological interventions play a central role in management, further research is needed to clarify the underlying pathophysiology and improve therapeutic outcomes. Most patients benefit from a combination of cognitive behavioral therapy and antidepressant treatment. Increasing clinician awareness may help reduce diagnostic delays and improve the quality of life for patients.

Disclosure of Interest: None Declared

EPV0479

Late onset mixed delirium after reconstructive breast operation revealed pituitary macroadenoma: a rare case report

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Introduction: Delirium has been considered a reflection of diffuse cerebral metabolic insufficiency, and the pathophysiology of underlying delirium is quite diverse.
Objectives: We present a rare case of mixed delirium with shifting activity level between the hyperactive and hypoactive delirium types as the only manifestation in a 42-year-old woman presented with psychotic symptoms without any prior psychiatric history, one month after a reconstructive breast cancer operation.
Methods: To provide an overview, describe the clinical features and differential diagnosis, as psychiatric conditions are among the most difficult to differentiate from delirium, and finally review the clinical management.
Results: Presentation of a 42-year-old female with a history of right breast cancer with triple negative B5b invasive carcinoma, twice operated after local recurrence (first operation 4 years ago), and a second reconstructive operation one month ago, with no past psychiatric history, who presented with symptoms of mixed delirium. During the clinical and laboratorial investigation, exams revealed hyperprolactinemia. The patient showed no other clinical signs or symptoms compatible with adrenal insufficiency and displayed normal ACTH and serum cortisol concentrations. Brain magnetic resonance imaging revealed pituitary macroadenoma without any brain metastasis. The patient was treated with antipsychotics and not corticosteroids, resulting in rapid remission of the psychotic symptoms.
Conclusions: Clouded sensorium and behavioral dysregulation in delirium can be easily mistaken as thought and behavioral disorganization in acute psychotic episodes, and detailed evaluation of precipitating factors is required to differentiate delirium.

Disclosure of Interest: None Declared

EPV0483

Screening for neurodevelopmental disorders in preterm Infants

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Introduction: Early detection of neurodevelopmental disorders (NDD) allows for timely intervention and tailored support to address behavioral and learning issues and reduce the impact of

severe disabilities. Certain populations of newborns, particularly premature infants, are at higher risk for developing such disorders; identifying them enables the establishment of preventive monitoring and screening.
Objectives: to evaluate the frequency of neurodevelopmental disorders (NDD) in preterm children seen at the outpatient Neonatology department
Methods: Our study was a descriptive cross-sectional study conducted on 193 premature infants hospitalized in the Neonatology service. All children underwent at least two psychiatric assessments evaluating child development, early interactions, and behavioral problems. These assessments were conducted at the Neonatology outpatient department by a child psychiatrist in the presence of at least one parent, from 2016 to June 2024. Sociodemographic and clinical data were collected from their medical records.
Results: In our sample, the average age of infants was 2 years, with a range from 10 months to 3 years. The sex ratio was 1:1. According to the psychiatric interview and clinical examination, we found that 74.1% of children exhibited psychomotor developmental delays, 15% of them have global developmental delays, 11.4% of children have language delays, and 6.7% of them have been diagnosed with autism spectrum disorder, according to DSM-5 criteria. Among the assessed children, 6.7% showed behavioral issues, and 2.5% presented with reactive attachment disorders. Among the examined children, 24.4% were referred for regular follow-up at the outpatient child psychiatry clinic.
Conclusions: Our study indicates that preterm infants are at a high risk of developing neurodevelopmental disorders due to the immaturity and vulnerability of their brains during critical developmental periods. These findings underscore the importance of Child Psychiatry examination for this population.

Disclosure of Interest: None Declared

EPV0484

A Case of Iatrogenic Panhypopituitarism: Exploring Psychological Symptoms and Psychiatric Interventions

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Introduction: Panhypopituitarism is a rare and life-threatening endocrine condition characterized by the loss of pituitary hormone function. Literature mentions the very rare occurrence of iatrogenic panhypopituitarism caused by neurosurgical operations, radiotherapy, and pharmacotherapy – long-term use of corticosteroids can suppress the HPA axis, leading to secondary cortisol insufficiency, which, in very rare cases, progresses to global panhypopituitarism. Psychological symptoms are often present but are unfortunately rarely recognized.
Objectives: A case of a patient with psychological symptoms due to panhypopituitarism is presented.
Methods: A case report is presented with a literature review.
Results: A 37-year-old patient, has experienced fatigue, tremors, loss of sexual desire, blood pressure and glucose fluctuations, and impaired temperature and pain sensation. Endocrinological testing revealed insufficiency of all pituitary hormones. Multiple MRI scans of the brain showed a normal appearance of the pituitary gland. It was discovered that he had a severe car accident with a head injury 10 years ago. Since then, he has been taking high doses of corticosteroids on his initiative due to severe spinal pain. It is believed that the condition developed iatrogenically due to corticosteroid medication. His psychological condition significantly worsened after one of the adrenal crises. He describes an experience of "encountering death" during one of the adrenal crises. Furthermore, he describes that after this adrenal crisis, his corticosteroid dosage was significantly increased, resulting in feelings of excessive energy, worse anxiety, insomnia, and irritability. Because of this, he began self-reducing the corticosteroid dose, leading to a "vicious cycle" where he fears another crisis. In complex patients like this one, it is crucial to develop a comprehensive treatment plan and ensure good collaboration with somatic physicians. This patient presents with depressive and anxiety symptoms within the context of an adjustment disorder. Additionally, corticosteroid therapy contributes to emotional instability, and the patient also exhibits symptoms of PTSD due to a near-death experience. Also, the patient's complex psychodynamic profile presents significant challenges to treatment. The therapeutic goals for this patient are: mood stabilization and anxiety reduction, sleep regulation, and breaking the "vicious cycle". CBT is the treatment of choice for addressing the patient's anxiety, fear of adrenal crisis, and self-reduction of corticosteroid doses. The patient's complex psychodynamics and high cognitive functioning make him an excellent candidate for long-term psychodynamic psychotherapy.
Conclusions: The psychiatrist plays a crucial role in treating such complex patients, and close collaboration with somatic physicians, along with an adequate and thorough therapeutic treatment plan, is necessary.

Disclosure of Interest: None Declared

EPV0485

Depression and compliance in hemodialysis patients: pilot study

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Introduction: Lack of compliance is well-known limiting factor in achievement of the therapeutic targets in medical care. The frequency of noncompliance as well as the factors contributing to this condition are currently not well understood. In hemodialyzed patients lack of precise adherence to medical recommendations is particularly important for long time survival. Depression occurrence may have an adverse impact on the medical compliance of these patients.
Objectives: The aim of this study was to analyze prevalence of depression symptoms and its impact on compliance to medical recommendations in patients on chronic hemodialysis.
Methods: Forty (M=26;F=14) patients undergoing routine hemodialysis session have taken part in a two-part survey

consisting: Beck's Depression Inventory and IMB-Q - The Information-Motivation-Behavioural Skills Questionnaire. IMB test includes three subcategories as a basis for tailoring of the model to an individual health-related behavior – a) information about disease and treatment, b) motivation and c) behavioral skills to comply with treatment. Additionally, in all patients weight gain between dialysis session was analyzed.
Results: Seventeen patients (47.5%) fulfilled depression criteria, out of which 5 (12.5%) had moderate or severe grade disease. Depression symptoms were inversely correlated with behavioral skills to comply with treatment measured by IMB-Q test in men (r= -0,416; p=0,034). There was no significant correlation between results of Beck Depression Inventory and body mass change between dialysis sessions. There was also no significant difference in the interdialytic weight gain between patients with and without depression.
Conclusions: Depression is frequently found in male patients with end stage kidney disease treated with chronic hemodialysis. Male hemodialysis patients with depression are less likely to be compliant to medical recommendations because of weaker behavioral skills. Improvement of the compliance in hemodialysis patients may play an important role in the prolongation of life in these group.

Disclosure of Interest: None Declared

EPV0486

Prevalence and types of psychological distress in breast cancer patients: An analysis of consultation delay

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Introduction: Breast cancer is the leading cancer among women, and its early diagnosis is vital for improving survival rates. However, many women delay seeking medical attention after noticing symptoms. Factors such as lack of awareness, fear of diagnosis, financial constraints, and family responsibilities often contribute to these delays. In addition to the physical burden of cancer, psychological distress is a common but often overlooked aspect of the patient experience.
Objectives: To identify the prevalence and causes of delayed consultation as well as the different types of psychological distress (practical, familial, emotional, spiritual, and physical) among patients with breast cancer.
Methods: We conducted a descriptive and analytical study over a one-year period (June 2021 - May 2022) in the oncology department of the Maternity and Neonatology Center of Monastir. Data were collected using information sheets, interviews, and medical records. Psychological impact was assessed using the Distress Thermometer (DT), a visual scale from 0 to 10, accompanied by a questionnaire on practical, familial, emotional, spiritual, and physical issues. The median consultation delay and reasons for the delay were also examined.
Results: Among the 150 patients diagnosed with breast cancer who received treatment and follow-up at the Maternity and Neonatology Center of Monastir, the median consultation delay was 28 days, with delays ranging from 1 to 912 days. Thirty-five patients (23.3%) experienced late consultations, defined as a delay of more than 90 days. The main reasons for the delay included 62.2% of patients not suspecting cancer after the first functional signs, 11.1% fearing the diagnosis, and 8.9% facing financial issues or family and professional responsibilities. Among the 104 patients who completed the Distress Thermometer questionnaire, 31.7% had a distress level below 4, while 68.3% had a distress level of 4 or above. The most frequently reported practical problems were child care (26.92%) and meal preparation (18.26%). Familial problems mainly concerned relationships with children (26.92%). Emotional issues included fear (50%), nervousness (50.96%), and sadness (50%). Regarding spiritual concerns, 32.6% of patients had spiritual or religious concerns, and 67 patients reported physical problems.
Conclusions: The results show that the majority of patients experience high psychological distress, particularly in emotional and practical domains. The median consultation delay is 28 days, with a significant delay in 23.3% of patients. It is therefore crucial to improve awareness and psychological support to reduce consultation delays and optimize breast cancer management and patient well-being.

Disclosure of Interest: None Declared

EPV0488

What's in a question-Using patterns in language to correctly identify psychiatric consultation requests

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Introduction: In consultation-liaison work, oftentimes the "consult question" is elusive. Primary teams can sense that there is a need for psychiatric consultation, but may not be able to formulate those concerns into the "right question." Therefore, when the consult team receives the question, the presenting problem may be very different from the reason for consultation. This is never more true than in the case of delirium. Studies have shown that delirium often goes unrecognized by medical and surgical services. (Armstrong et al. Psychosomatics 1997;38:433-439).
Objectives: This study sought to determine the reasons for consultation when a diagnosis of delirium was given by the consulting psychiatrist.
Methods: A retrospective chart review of one year of consecutive consults to the Psychiatry Consult & Liaison service was done for three hospitals comprising the majority of consults to the University of Pittsburgh Medical Center C&L service originating from other teaching services. This yielded approximately 3000 new consults. Each consult was coded for the following variables: the exact quotation from the referring team, the summary statement of what the consultant felt were the most relevant issues, and the DSM-V F-code. We analyzed the consults that were either specific requests for help managing delirium or that resulted in a diagnosis of delirium by the C&L service.
Results: We found that a large majority of consults for "agitation" were ultimately aimed at helping to manage a patient with low cognitive reserve, in the form of dementia, delirium or traumatic brain injury. "AMA" consults were typically involving a patient

withdrawing from alcohol or opioids. "Lack of engagement with the treatment team" corresponded to many patients who were delirious. Of the consults that resulted in the diagnosis of delirium the most common reasons for consultation were: delirium/altered mental status (AMS) (21%), depression/adjustment (16%), agitation (11%), psychosis (11%), substance use or overdose (10%), and previously existing psychiatric disorder (26%). Often more than one reason was given for consultation. When only one reason was given previously existing psychiatric disorder (18%), depression (11%), and delirium/AMS (10%) were the most likely reasons for consultation.
Conclusions: The role of the psychiatric team is often to help primary teams figure out which question to ask, and this is then the first step towards getting the patient the help they need. This work adds to the literature because shows patterns between consultation requests and ultimate diagnoses. If we can notice patterns in the diagnoses based on the types of questions that are asked, this may help teach the teams to broaden their differential to include patterns that we have noticed.

Disclosure of Interest: None Declared

EPV0489

From neuroleptic malignant syndrome to malignant catatonia: The impact of ciprofloxacin in a chronic psychiatric patient

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Introduction: We present the case of a 58-year-old male patient with a history of bipolar disorder, schizoaffective disorder, renal insufficiency and diabetes insipidus who developed malignant catatonia (MC), possibly related to the administration of ciprofloxacin. In a first admission to our care facility, the patient presented a neuroleptic malignant syndrome (NMS) due to antipsychotic medication, with partial remission following the discontinuation of these drugs and introduction of benzodiazepine (BZD) and dantrolene treatment. However, after this first hospital discharge, the patient required a second hospitalization due to a worsening of his general condition, apparently related to a urinary tract infection (UTI). During this last admission, antibiotic therapy with ciprofloxacin was administered, resulting in the worsening of his neuropsychiatric condition and developing clinical symptoms compatible with catatonia. The clinical presentation of his condition eventually requires treatment with BZD and electroconvulsive therapy (ECT).
Objectives: The aim of this work is to describe the course and therapeutic approach of a case of MC possibly induced by ciprofloxacin, clarifying the differential diagnosis between NMS and MC.
Methods: A thorough review of the patient's clinical history was performed from the onset of symptoms in the care facility through his ICU and inpatient hospitalizations. Pharmacological changes were documented, including antipsychotic interruption and BZD administration. Treatment with ECT was initiated after an insufficient response to BZD. Finally, a literature review was conducted to explore the relationship between MC and ciprofloxacin.
Results: Initially, the patient showed a partial remission of the catatonic symptoms with BZD and dantrolene after discontinuing antipsychotics, achieving a temporary stabilization. However, after the introduction of ciprofloxacin, he developed a severe catatonic symptoms characterized by central fever, extreme rigidity, mutism, and withdrawal from the environment. Despite BZD treatment, the catatonic symptoms persisted, leading to the decision to initiate ECT. After multiple sessions, the patient experienced a significant improvement on autonomic, motor and cognitive symptoms of catatonia, as well as a more robust clinical stabilization.
Conclusions: This case suggests a possible association between the administration of ciprofloxacin and the onset of MC in a chronic psychiatric patient with a history of NMS. The favorable response to ECT highlights the utility of this therapeutic option in the management of severe catatonia when other treatments are not fully effective. The chronology on this case suggests a neurotoxic effect of ciprofloxacin, emphasizing the importance of considering interactions between antibiotics and psychiatric pathologies in vulnerable patients.

Disclosure of Interest: None Declared

EPV0490

Specificity of anxiety-phobic states in the structure of psychosomatic relations of hypertension as a criterion for differentiation of psychotherapeutic approaches

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Introduction: The study of anxiety-phobic states as an integral part of psychosomatic relationships in cardiovascular pathology allows us to detail the pathogenetic mechanisms of formation, develop approaches to early diagnostics, psychotherapy and psychoprophylaxis, which is of unconditional medical and social importance in solving this problem.
Objectives: Improving the effectiveness of therapy for patients with hypertension, including in combination with ischemic heart disease (IHD), with anxiety states based on the personalization of psychotherapy.
Methods: The survey included the use of clinical, sociodemographic, instrumental, clinical-psychopathological, psychodiagnostic and statistical methods.
Results: The study sample consisted of 120 patients who were treated at the Kharkiv Clinical Hospital on Railway Transport No. 1, JSC Ukrzaliznytsia. It was revealed that the main psychopathological variants of anxiety states in patients with hypertension are anxiety and combined fears (biological, situational and social, enhanced by psychotraumatic events related to war). The intensity and spectrum of anxiety states have a direct correlation with the duration, severity of the somatic disease and the severity of psychopathological symptoms.
For patients with hypertension with IHD, the dominant fear is typically focused on their own biological well-being (90.5%), for

patients with hypertension – on the biological and social well-being of significant others (74,4%).
The dynamics of anxiety states are different: in 57,7% of patients with hypertension, fear initially develops as a result of traumatic social or situational factors, in 69,1% of patients with hypertension with IHD, unreasonable anxiety acquired a plot due to somatic distress. Psychopathological symptoms in patients with hypertension with anxiolytic states are represented by pronounced asthenic manifestations (95,8%) in combination with hypochondriacal (37,5%), depressive (24,2%), and vegetative (15,0%).
A differentiated psychotherapeutic model for the correction of psychosomatic relationships has been developed, aimed at deactualization of fears, reduction of anxiety, elimination of psychopathological manifestations, improvement of the somatic state, improvement of the quality of life and social adaptation.
Conclusions: The application of the developed model has shown its high efficiency in the complex therapy of patients with hypertension.

Disclosure of Interest: None Declared

EPV0491

Conversion disorder: an inclusive approach based on its history

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Introduction: The conversion symptom, present in current medical practice, traces its origins to Ancient Egypt, having had, over time, several interpretations. Under the name Hysteria, it was studied by Charcot with hypnosis at the Salpêtrière Hospital. Currently, it belongs to Conversion Disorders, and neurology has given the term psychogenic nonepileptic seizures (PNES), to differentiate these phenomena from epileptic seizures.
Objectives: This work proposes to describe the history of Conversion disorder, from Freud's hysteria to the concept of psychogenic nonepileptic seizures, and to summarize useful concepts in approaching patients with conversion disorder, in different contexts.
Methods: Non-systematic review of the literature with selection of scientific articles, using PUBMED as database the following keywords: «Conversion disorder», «hysteria» and « psychogenic nonepileptic seizures». Seven articles were included. We also selected 5 reference books.
Results: In the 19th century, the conversion symptom constituted a very important milestone in Psychiatry, as it was through monitoring patients with hysteria that Freud created Psychoanalysis. Then, the physical symptoms of hysteria (paralysis, convulsions…) began to be understood as symptoms of psychic origin, and as a symbolic expression of a representation that was unacceptable to the Self and, therefore, repressed. According to psychoanalysis, in hysteria, body is invaded by psychic and serves as a stage for unconscious representations. Nowadays, the term hysteria can include psychogenic nonepileptic seizures, which are paroxysmal episodes of changes in behavior, movement, sensitivity or consciousness, similar to epileptic seizures, but which, unlike epileptic seizures, are not caused by a change in brain's electrical activity.
Conclusions: With the description of the evolution of conversion disorder, from Freud's hysteria to nowadays, it is possible to find that conversion pathology will not tend to disappear. It represents a specific mode of psychic functioning, characterized by an organization of defense mechanisms, cognitive styles, memory functions and specific personality traits. Therefore, it is important to continue investigating strategies to individualize the approach to these patients. Also, it would be beneficial to extend access to important psychological knowledge to more general doctors, in order to improve the capacity of managing conversion disorders cases that arise in different health contexts. We highlight the importance of understanding the suffering of these people. Patients with conversion symptoms do not choose to have a certain symptom and shouldn't be a target of stigma. Each person develops their own psychic functioning process, as each person constitutes an unique identity and deserves an individualized and inclusive approach.

Disclosure of Interest: None Declared

EPV0492

Functional Movement Disorder to Huntington's Chorea: Unmasking the Underlying Condition in a Patient Initially Diagnosed with Anxiety Disorder

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Introduction: Huntington's disease (HD) is a hereditary neurodegenerative disorder characterized by motor, cognitive, and psychiatric symptoms. Initially, the patient's involuntary movements were attributed to anxiety-related restlessness and psychomotor agitation, leading to a diagnosis of anxiety disorder. During hospitalization, the patient was referred to neurology for his movements, where functional movement disorder was considered. However, due to worsening cognitive decline, apathy, and the psychiatrists' suspicion that the movements were not functional, further investigations were conducted. Cranial MRI, followed by a dementia protocol MRI, revealed caudate nucleus atrophy, leading to the diagnosis of HD.
Objectives: To illustrate the diagnostic challenges in identifying Huntington's disease in a patient initially misdiagnosed with anxiety disorder and functional movement disorder.
Methods: A 58-year-old male presented with anxiety and involuntary movements, leading to initial diagnoses of anxiety disorder and functional movement disorder. As symptoms progressed—including worsening involuntary movements and cognitive decline—a comprehensive reassessment was conducted. This included neurological examination, neuroimaging, neuropsychological testing, and genetic testing via blood test for CAG repeat analysis.
Results: Cranial MRI revealed bilateral caudate atrophy and dilated lateral ventricles, consistent with Huntington's disease. Neuropsychological assessment showed significant impairments in verbal learning, memory, and executive function. The patient was treated with venlafaxine 150 mg/day, mirtazapine 30 mg/day, and haloperidol 6 drops/day, leading to significant improvement in anxiety symptoms and a reduction in chorea.

Conclusions: This case underscores the importance of considering neurodegenerative disorders such as Huntington's disease in the differential diagnosis of patients presenting with psychiatric symptoms and involuntary movements. Early identification, comprehensive assessment, and a thorough understanding of HD's clinical presentation are crucial for appropriate management.

Disclosure of Interest: None Declared

EPV0495

Alexithymia and emotional distress in patients with asthma: A case-control Study

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Introduction: Alexithymia is characterized by difficulty in verbally expressing emotions, a trait commonly observed in patients with psychosomatic symptoms, such as those with asthma. These individuals struggle to identify their emotions and are more prone to developing somatic health issues.
Objectives:
- To study the prevalence of alexithymia, anxiety and depression in asthma patients
- To identify the relationship between these aspects.

Methods: It was a cross-sectional, case-control, descriptive and analytical study, conducted in the pulmonology department at Hedi Chaker University Hospital in Sfax. The study involved 50 asthma patients and a control group consisting of 50 healthy nurses. Data collection was based on a sociodemographic and clinical questionnaire, as well as two psychometric scales: the Toronto Alexithymia Scale 20 (TAS-20) and the Hospital Anxiety and Depression Scale (HADS).
Results: The mean age of the patients was 44.08 ± 12.78 years and the male-to-female ratio (M/F) was 0.92.
More than half of the patients (62%) had experienced an acute severe asthma requiring hospitalization. The disease was controlled in 70% of the cases.
The prevalence of alexithymia was 40% in the asthma patients and 36% in the control group, with no significant difference between the two groups ($p = 0.68$).
The prevalence of anxiety was 38% in patients and 34% in the control group with a significant difference between the two groups ($p = 0.012$).
The prevalence of depression was 38% in patients and 28% in the control group with a significant difference between the two groups ($p = 0.002$).
Alexithymic patients were significantly more anxious ($p = 0.01$) and more depressed ($p = 0.01$) than non-alexithymic patients.
Conclusions: Patients with ashtma present high rates of anxiety, depression and alexithymia. This latter does not appear to be a determining factor in asthma. However, it seems to be associated with the emotional distress caused by anxiety and depression. Timely screening for emotional distress and its early management is essential in this population.

Disclosure of Interest: None Declared

EPV0496

Mental health and Chemsex: A view from the Liaison and Emergency Psychiatry Service

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Introduction: Chemsex is typically described as the use of specific substances to enable or enhance sex during extended sessions with multiple partners among men who have sex with men (MSM). Numerous studies have linked chemsex with different physical and mental health risks and other potential harms.
According to the latest European online survey por MSM (EMIS-2017), the section on substance use revealed the prevalente of substance use for sexual purposes in the last twelve months was 14.1% with Spain being one of the countries with the highest prevalence of chemsex at the European level.
As the prevalence of chemsex is increasing, consequences from this phenomena arises and a progressive increase in the number of psychiatric consultations and admissions related to chemsex practice have also been described, with substance abuse disorders, depression,and anxiety as the most prevalent diagnoses.
From our Liaison and Emergency Psychiatry Service consultations related with mental health issues and chemsex are increasing with growing number of suicide attempts,psychotic, maniac and depressive episodes.
Objectives: Our objective in this poster is to describe the mental health risks of chemsex,its peculiarities and the main manage issuses in the Liaison and Emergency Pscychiatry Service.
Methods: Systematic review of the scientific literature related with chemsex and mental health risks will be carried out and we will also analyse some of our cases to describe presentation and management of the symptoms.
Results: Chemsex is related with an increased rate of mental health issues and consultations related with substance use disorders, depression and anxiety.Clinical features due to this disorders are unique and integral treatment in coordination with Infectious Medicine Specialist is needed.
Conclusions: Chemsex is an increasing phenomena and it is intimately related with psychiatric disorders.
Psychiatrists must be concerned about it and trained to approach and treat these complex disorders in an integrative way.

Disclosure of Interest: None Declared

EPV0498

Traumatic Brain Injury and Neuropsychiatric Consequences

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Introduction: Post-traumatic brain injury (TBI) is a leading cause of long-term neuropsychiatric consequences, which can significantly impair quality of life and complicate recovery. These consequences include cognitive deficits in memory, attention, and executive functions, depression, anxiety, apathy, obsessive-compulsive disorder, psychosis, personality changes, impulsivity and agitation in moderate to severe cases. In cases of repetitive head trauma, there is a higher risk of developing chronic traumatic encephalopathy, a neurodegenerative disorder charaterized by dementia and motor abnormalities. Understanding the spectrum and prevalence of these disturbances is crucial for developing effective management and rehabilitation strategies.
Objectives: The aim of this study is to review the prevalence and treatment of neuropsychiatric consequences of traumatic brain injury.
Methods: The authors did a non-systematic review of the current literature.
Results: This review revealed that neuropsychiatric consequences are present in approximately 80% of post-TBI patients, depending on the severity of the injury and the time passed from the trauma. Depression and anxiety disorders were the most prevalent, followed by cognitive deficits. Personality changes, impulsivity, and agitation were commonly observed in moderate to severe cases. Factors such as the extent of frontal lobe injury and the time elapsed since the injury were strongly associated with the severity of neuropsychiatric symptoms. There is no pharmalogical treatment approved by the Food and Drug Administration (FDA), but the literature recommends the use of SSRI (in cases of depression), beta blokers (in high doses for agitation), antipsychotics (only if necessary and with caution, because these patients are more propense to the side effects and it can impair cognition and motor rehabilitation) and anticonvulsants (carbamazepine or valproate in cases of agitation or irritability).
Conclusions: Neuropsychiatric complications of TBI are common and have significant implications for long-term recovery and quality of life. Early identification and comprehensive management strategies, including pharmacological and psychological interventions, are essential to address these challenges and improve patient outcomes. Further research is needed to refine diagnostic tools and therapeutic approaches tailored to the neuropsychiatric consequences of TBI.

Disclosure of Interest: None Declared

EPV0499

Post-ictal Psychosis: clinical case presentation and literature review

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Introduction: Post-ictal psychosis is a kind of epileptic psychosis in which psychotic features appear 12h – 7 days after the epileptic seizure causing them.
Objectives: To present a challenging case reflecting upon presentation, management and considerations of post-ictal psychosis.
Methods: Case presentation and non-systematic literature review.
Results: A 40-year-old female, living in a European foreign country with her partner and child, flies to Lisbon 5 days previously to her admission as a sudden decision because she believed she was the daughter of a portuguese yoga master. She was brought to psychiatry ER by the police due to disorganized and aggressive behavior in public, where she presented with severe agitation, disorganized and coprolalic speech, persecutory, mistic and filiation delusions, somatic and affective passivity, and very uncollaborative. She had no analytic or image alterations except for positive cannabinoids in urine. She was admitted in psychiatry and started on risperidone titled till 6mg and diazepam 15mg, with remission of symptomatology. When she was able to collaborate, she admitted she had a history of Epilepsy for which she was not having treatment, and a previous post-ictal psychotic episode some years ago. Family confirmed she had a generalized tonic-clonic seizure about a week ago, and delusional ideas starting the following day, having left home unannounced. Although the EEG was normal, considering suggestive history post-ictal psychosis was admitted ad most probable diagnosis and she was slowly stopped medication without symptom resurgence. The importance of anti-epileptic treatment in order to avoid subsequent seizures and post-ictal psychosis was explained, however the patient denied treatment and was discharged back to her hometown with indication to follow-up in neurology.
Conclusions: Post-ictal psychosis corresponds to 25% of epileptic psychosis. It is associated with temporal lobe epilepsy, psychotic symptoms of mistic and religious themes, aggressive behavior, and increased suicide risk. It has a sudden onset and complete remission although a risk of recurrence as in this case. Treatment consists of seizure control to avoid following episodes. Antipsychotics that don't increase convulsive risk such has risperidone may be useful to acute control of psychotic features and behavior alterations.

Disclosure of Interest: None Declared

EPV0500

1 / 1 Exploring the Clinical and Psychosocial Predictors of Suicidal Ideation in Patients with Systemic Lupus Erythematosus

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Introduction: Systemic Lupus Erythematosus (SLE) is an autoimmune disorder characterized by systemic inflammation and high prevalence of neuropsychiatric symptoms. Among these, suicidal ideation represents a significant concern, with reported higher rates than in the general population. The etiology of suicidal ideation in SLE is multifaceted, encompassing both disease-specific factors and

psychosocial variables. Recent research has highlighted the intricate interplay between SLE and psychiatric symptoms, suggesting a bidirectional relationship mediated by inflammatory processes, neurological involvement, and psychosocial stressors. However, the specific contributions of these factors remain unclear.
Objectives: This study aims to elucidate the primary predictors of suicidal ideation in a cohort of SLE patients.
Methods: A cross-sectional study was conducted with a cohort of SLE patients from the Autoimmune Diseases Unit at Cruces University Hospital (Biscay,Spain). Each patient underwent a thorough clinical evaluation by a psychiatrist, and relevant clinical and sociodemographic data were collected. Suicidal ideation was assessed using the Plutchik scale, while predictor variables included autoimmune factors such as cumulative corticosteroid dose, disease activity, and accumulated organ damage. Psychiatric symptoms were assessed using various psychometric scales. A multiple linear regression model was employed to examine the associations between these variables and suicidal ideation.
Results: A total of 92 SLE patients in active follow-up were included, with a female predominance (91%). Most patients were in an inactive disease state, receiving low-dose prednisone and antimalarial therapy according to our clinical protocol; the majority were in remission, as reflected by a mean SLEDAI-2K score of 1.59(±2.44). Despite a median disease duration of over 10 years, cumulative organ damage was low (mean SDI score 0.33 ± 0.84). In a multiple linear regression analysis, the model showed a strong fit ($R=0.732$, $R^2=0.535$, $p<.001$), explaining approximately 53.5% of the variability in suicidal ideation. Suicidal ideation was significantly associated with cumulative corticosteroid dose ($\beta=0.172$, $p=0.011$), total anxiety score ($\beta=0.248$, $p<.001$), and frequency of traumatic experiences ($\beta=0.118$, $p<.001$). Collinearity statistics (VIF 1.03–1.07) indicated no significant multicollinearity issues.
Conclusions: Suicidal ideation in our SLE cohort was associated with corticosteroid use, anxiety, and traumatic experiences, highlighting the importance of addressing these factors in suicide risk management. The relationship between corticosteroid dose and suicidal ideation may be linked to the neuropsychiatric effects of these drugs, while anxiety and traumatic experiences contribute to the emotional burden of the patient. Notably, disease activity was not linked to suicidal ideation in this cohort.

Disclosure of Interest: None Declared

EPV0502

Lipid-lowering Drugs as a Potential Cause of Psychiatric Adverse Reaction-A Case Report

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Introduction: Cholesterol is important for the normal functioning of the central nervous system. However, its reduction by certain agents might be related to the psychiatric adverse reactions, which could vary in frequency, but some can be serious and even fatal, such as suicidality and severe aggression.
Objectives: With this case report, we would like to draw attention to the possibility of serious psychiatric adverse reactions in patients receiving lipid-lowering drugs.
Methods: Bibliographic search and description of a clinical case of a patient under follow-up in outpatient treatment.
Results: A-60year old woman with generalized anxiety disorder and hyperlipidemia in a previously good remission reported increased anxiety, nervousness, insomnia and irritability on a regular check-up. There were no external stressors, except for an approaching retirement, which she was looking forward to. However, she forgot to mention that she was switched from fenofibrate to a pill consisting of a combination of rosuvastatin and ezetimibe. Her antianxiety medication needed to be increased and some cognitive behavior interventions were administered. However, her condition continued to deteriorate in the following months. She even developed suicidal ideation and verbal aggression. She refused to be hospitalized, while going to a trip with her husband. During the trip, she was not taking her new antilipemic medication and she never restarted it. After two days of discontinuation of the combination pill, her psychiatric condition gradually improved. At the following examination, she revealed the modification of her antilipemic treatment and the new medication could be identified as a cause of intensification of her anxiety.Subsequently, she was switched to atorvastatin (later on ezetimibe was added). She went into a full remission and she remained in it, while her psychiatric medications were reduced to the initial dosages.
Conclusions: The treatment of the patient's symptoms in our case report was directed towards reducing a substantial worsening of the anxiety disorder while lacking the information on the previous replacement of a lipid-lowering drug. Luckily it ended well.With our case report, we would like to re-emphasize the importance of caution and monitoring of side effects, education of patient and interdisciplinary professional communication when treating with lipid-lowering drugs, especially in patients with a known mental disorder.

Disclosure of Interest: None Declared

EPV0503

Interpersonal relations psychotherapy for breast cancer patients: a systematic review

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Introduction: Breast cancer (BC), one of the most common cancer types among women, affects one in four women according to global cancer statistics (Ferlay et al., 2021; Yusof et al., 2021; Sung et al. 2021; Li et al. 2023). Despite the increase in the life expectancy of cancer patients with advances in treatments and developing technology, its diagnosis as a disease with a high risk of death causes anxiety and stress in individuals (Solomon et al., 2000; WHO, 2018; Miller et al., 2019; Abdollahi et al., 2019).
In addition to physical and emotional changes, the diagnosis of cancer brings about changes in social relationships and roles. In coping with these processes, it has been reported that social support and social support management will have positive effects on coping with the problems brought by the disease,

improvement in prognosis and self-management levels of patients (Xiang, 2010).
Interpersonal Relationship Psychotherapy (IRPT), which has been recommended as monotherapy for mild to moderate depression in treatment protocols in recent years (Spinelli, 1997; Spinelli and Endicott., 2003; APA, 2010; Brandom et al. 2012) Interpersonal psychotherapy has been found to be effective in the short and long-term treatment of cancer patients with major depressive disorder (Blanco, Hershman et al., 2014). Grief, interpersonal conflicts, role changes and social isolation (lack of interpersonal skills), which are the focus of IPT, are frequently experienced problems in cancer-related processes. IPT works by associating the social support and interpersonal problems that patients receive with disease symptoms (Sayar & Omay, 2019).
Objectives: This study will examine the effect of Interpersonal Relationship Psychotherapy (IRPT), which is recommended as monotherapy for mild to moderate depression in treatment protocols, in breast cancer patients.
Methods: Studies conducted in the last 10 years and in Turkish-English are included.
95 publications were reached. 73 publications were reached after removing duplicate publications.
We included randomized controlled trials of interpersonal relationship psychotherapy in breast cancer patients, comparing it with combination therapy, and applying it by telephone.The study included 4 studies.
Results: Having examined a total of 73 abstracts, we retrieved 10 full-text papers for further study. Of these, we excluded 6 papers that did not meet inclusion criteria. A total of 4 studies met all inclusion criteria and were included in this systematic review.
Image 1:

Title	Author & Year	Aim of the Study	Sample	Study Design & Intervention	Outcome Measures	Results
A Pilot Study of Interpersonal Psychotherapy by Telephone with Cancer Patients and Their Partners	Donnelly J.M. et al., (2000)	a. To test the feasibility of telephone IPT for cancer patients and their partners during oncology treatment, b. To examine its efficacy in reducing psychological distress	14 women with BC and ten partners	Assessments were before chemotherapy began (baseline), after completion of chemotherapy (3months), and 2 weeks after the final session (5months). The therapist called the participants once a week by appointment. However, she emphasized the option of rescheduling if the patient felt ill.	*Mental Health Inventory Impact of Event Scale * Perceived Self Efficacy Scale * MOS Social Support Survey * OARS Services Assessment Questionnaire Relationship with the medical team *GHAA Consumer Satisfaction Survey * Orientation–Memory–Concentration Test *EORTC QLQ-C30 * CALGB Background Information Form	This study indicated the importance of outreach to family members as well as to cancer patients, intensive patient education about oncology treatment and the medical care setting, and psychosocial services that continue after cancer treatment has been completed.
A Pilot Study of Interpersonal Psychotherapy for Depressed Women with Breast Cancer	Blanco C. et al., (2014)	To examine the feasibility and preliminary efficacy IPT in the treatment of major depressive disorder among women with breast cancer.	Seven patients referred for treatment of depression by their treating oncologist.	12 sessions of IPT were applied.	Hamilton Depression Rating Scale Structured Clinical Interview for DSM-IV (SCID) Clinical Global Impression Scale Hamilton Rating Scale for Anxiety (HAM-A) Beck Depression Inventory (BDI-II) Global Assessment of Functioning Scale (GAF)	IPT a powerful treatment for depression among women with breast cancer. Patients reported both symptomatic and functional improvement and are associated with large effect sizes.

Image 2:

A randomized trial of interpersonal psychotherapy, problem solving therapy, and supportive therapy for major depressive disorder in women with breast cancer	Blanco C. et al., (2019)	Compared outcomes of three evidence-based psychotherapy (interpersonal psychotherapy (IPT), problem solving therapy (PST), and brief supportive psychotherapy (BSP)) 12-week therapies in treating major depressive disorder among women with breast cancer.	134 women with breast cancer screening positive for depression at the Columbia Cancer Center.	12-session IPT. In the New York State Psychiatric Institute. Assessments occurred at baseline, before sessions 4 and 8, and at week 12.	Hamilton Depression Scale The Clinical Global Impression Severity scale Beck Depression Inventory-II Quality of Life Enjoyment and Satisfaction Questionnaire the Medical Outcomes Study Short Form, version 2 (SF-12) The Client Satisfaction Questionnaire The SCID	This study suggests various psychotherapy approaches may benefit patients with breast cancer and major depression.
The effect of interpersonal psychotherapy on quality of life among breast cancer patients with common mental health disorder: a randomized control trial at Tikur Anbessa Specialized Hospital	Belay W. et al., (2022)	To determine the effect of interpersonal psychotherapy on anxiety, depression, and quality of life among breast cancer patients.	124 breast cancer patients with common mental health disorder (62 intervention, and 62 control).	4-6 IPT therapy sessions. At the oncology center of Tikur Anbessa Special- ized Hospital.	Hospital Anxiety and Depression Measurement Scale (HADS) Amharic version of the EORTC QLQ- C30	In this study, interpersonal psychotherapy for Ethiopian use affected anxiety, depression, and quality of life of breast can- cer patients with a common mental health disorder. Hence, health programmers may consider incorporating it as a treat-ment outcome.

Conclusions: When the results of four studies examining the effectiveness of interpersonal relationship psychotherapy were examined, it was found to have a positive effect for breast cancer patients. This study, which examines the effects of interpersonal relationship psychotherapy, a therapy with proven positive effects on depression in different samples, on breast cancer patients, is important because it provides evidence to the literature.

Disclosure of Interest: None Declared

EPV0504

The Impact of Diabetes and Hypertension on Psychological Well-being

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Introduction: Diabetes and hypertension are chronic conditions that significantly impact mental health. Managing these diseases involves constant monitoring, lifestyle changes, and dealing with potential complications, which can lead to increased sleep disorders, anxiety, and depression.
Objectives: the objectives of our study were to determine the frequency of anxiety, depression and sleep disorders in patients with hypertension and diabetes and to investigate factors associated with their occurrence.

Methods: This is a descriptive cross-sectional study conducted over a three-month period from October 1 to December 31, 2022, involving 720 diabetic and/or hypertensive patients followed at the primary health centers (CSB) in Kalaa Kbira Sousse. The assessment of sleep disorders was performed using the Pittsburgh Sleep Quality Index. Anxiety and depression were assessed using the Hospital Anxiety and Depression Scale.
Results: Among the 720 patients included, the majority were women (70.6%), with a gender ratio M/F of 0.41. The average age of the participants was 63.45 ± 13.16 years.The chronic illness was hypertension in half of the cases (49.3%), diabetes in a quarter of the cases (26.3%), and both conditions together in a quarter of the cases (24.4%). Anxiety was present in nearly half of the participants (47.1%), depression affected 40.2%, while anxiety-depressive disorder concerned half of the cases (46.5%).The prevalence of sleep disorders was 54.3% according to the Pittsburgh Sleep Quality Index (PSQI) with a median score of 6 [IQR: 3-9]. The subjective quality of sleep was rated as poor in 41% of cases.The prevalence of sleep disorders was 46% among diabetics, 54.6% among hypertensive patients, and 62.5% among those with both conditions simultaneously.In multivariate analysis, factors associated with poor sleep quality according to the PSQI included age ≥ 65 years (p=0.026), comorbidities (p=0.012), anxiety-depressive disorder ($p \leq 10^{-3}$), poorly controlled diabetes ($p \leq 10^{-3}$), and insulin therapy (p=0.022).
Conclusions: Understanding the mental health challenges faced by individuals with diabetes and hypertension is crucial for developing comprehensive care strategies that address both physical and psychological needs.

Disclosure of Interest: None Declared

EPV0505

Combined spinal cord sclerosis, alcohol and bipolar disorder

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Introduction: The alcohol use disorder has consequences on the metabolic,gastroenterological and especially neurological levels.
The somatic complications of alcohol use disorder add to the psychological and psychiatric complications and repercussions.
This involves presenting the case of Mr D;D admitted as part of the emergency for psychiatric evaluation.
Objectives: Interest in highlighting multidisciplinary care for somatic and psychiatric liaison
Methods: Presentation of clinical case
Results: Patient case
Conclusions: The management of patients with a psychiatric disorder or a request for psychiatric evaluation within the framework of the emergency liaison requires multidisciplinary and coordinated care.
Close collaboration allows early diagnosis and better overall patient care.

Disclosure of Interest: None Declared

EPV0506

The relationship between depressive symptoms and medication adherence among individuals with hypertension: An updated systematic review

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Introduction: Hypertension, a major global public health challenge, is often associated with mental health conditions, particularly depression. Several studies suggest a bidirectional relationship between depressive symptoms and hypertension, which may negatively affect individuals living with hypertension's ability to maintain essential self-care practices, including adherence to prescribed medications and necessary lifestyle modifications.
Objectives: This study aims to build upon our previous systematic review (doi: 10.5455/msm.2024.36.65-72) by incorporating new data to further investigate the relationship between depressive symptoms and various aspects of self-care, with a particular focus on medication adherence among individuals diagnosed with hypertension.
Methods: The electronic database CINAHL was added to those of PubMed, Scopus, and PsycInfo, with the search extending from April 2023 to the present. Given the substantial diversity among the studies, a narrative synthesis of the results was conducted.
Results: A total of five new studies were included alongside the existing eighteen, involving 11,733 individuals with hypertension who met our eligibility criteria. Among these studies, ten reported a statistically significant association, highlighting the negative impact of depressive symptoms on medication adherence. The remaining thirteen studies did not confirm this association.
Conclusions: This systematic review reaffirms the diverse landscape of research examining the relationship between depressive symptoms and medication adherence in individuals with hypertension. It is advisable to conduct more robust longitudinal studies to thoroughly explore this relationship.

Disclosure of Interest: None Declared

EPV0507

The Impact of HIV and SSRI Treatment on Thrombocytopenia Risk

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Introduction: Cytopenia is a common hematological issue in HIV/AIDS patients. Despite early disease identification and less toxic HAART reducing its prevalence, persistent thrombocytopenia remains. SSRIs, prescribed for depression in this population, can also cause thrombocytopenia. This review explores the

potential combined impact of HIV and SSRI treatment on thrombocytopenia risk.
Objectives: The objective of this study is to evaluate thrombocytopenia incidence in HIV/AIDS patients and those receiving SSRIs, and to provide clinical recommendations for monitoring in individuals affected by both conditions.
Methods: A comprehensive literature review was conducted using PubMed, MEDLINE, and the Cochrane Library. Studies on thrombocytopenia in HIV/AIDS patients or discussing SSRI-induced thrombocytopenia were included. Data on incidence and clinical management were extracted and synthesized to form a cohesive understanding of risks and recommended practices.
Results: Thrombocytopenia (<150,000 platelets/μl) is a sentinel event frequently seen in HIV/AIDS patients, often prompting further evaluation. A 1982 study reported thrombocytopenia in up to 40% of AIDS patients pre-HAART. Recent data from the CHORUS cohort (1997-2006) showed a decreased prevalence of thrombocytopenia to 14%. However, 23% of those with severe thrombocytopenia (<30,000 platelets/μl) remained symptomatic despite HAART. A BC-CfE study found a 0.6% prevalence of symptomatic thrombocytopenia among HAART-treated patients (1996-2012), highlighting non-HIV causes. SSRIs can cause thrombocytopenia by interfering with platelet serotonin uptake, reducing platelet function and lifespan. Several case series reported isolated thrombocytopenia following SSRI introduction. While the concurrent use of SSRIs and HAART's effect on thrombocytopenia risk is unclear, careful consideration and monitoring are necessary.
Conclusions: The relative risk of thrombocytopenia from the combined effect of HIV/AIDS and SSRI treatment has not been definitively established. HIV/AIDS patients on SSRIs should be carefully monitored due to the known hematological impacts of both the disease and medication. Regular monitoring of platelet counts is crucial, especially in those with advanced or poorly controlled HIV. Consider alternative psychiatric treatments with lower hematological risks where possible. Effective management requires interdisciplinary collaboration to address these patients' complexities. This review underscores the importance of vigilant monitoring and individualized treatment strategies for HIV/AIDS patients on SSRIs to manage and mitigate the potential risk of thrombocytopenia.

Disclosure of Interest: None Declared

EPV0508

Suspected autoimmune encephalitis in the presence of neuropsychiatric symptoms. The importance of differential diagnosis

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Introduction: Autoimmune encephalitis is a new and increasingly well-described entity. The most common is encephalitis caused by antibodies against the N-methyl-D-aspartate receptor on the surface of neurons (NMDAR encephalitis). It is a predominant entity in women and young patients and it is often associated with ovarian teratomas, neuroblastomas, Hodgkin's lymphomas and others. NMDAR encephalitis can manifest with a diverse range of neurological and psychiatric symptoms (personality change, anxiety, insomnia, confusion, attentional and short-term memory deficits, emotional lability, psychotic symptoms, language impairment, fluctuations in the level of consciousness, seizures and dysautonomia).
Objectives: Clinical review of Anti-NMDAR Encephalitis for differential diagnosis with Functional Neurologic Disorder.
Methods: Clinical case and literature review.
Results: We present the clinical case of a 27-year-old woman with a history of depression and anancastic personality disorder. The patient went to the Emergency Department different days presenting both neurological (facial paresthesias, hypoesthesia, weakness, high-intensity occipital headache, dizziness, loss of consciousness and anterograde amnesia) and psychiatric symptoms (obsessive thoughts, anxiety, visual and auditory hallucinations). She was admitted to the Neurology Unit. Complementary tests were performed: EEG, cranial CT scan, MRI, lumbar puncture, blood tests (including tumour markers) and urinalysis, founding no alterations suggestive of encephalitis or other systemic pathologies. She was also evaluated by the Psychiatry service. The patient described that as a result of a recent change in her job she presented emotional lability, obsessive ruminative ideas and anxiety. Treatment with Sertraline 100mg/day and Lorazepam 1mg/8 hours was started.
After ruling out autoimmune encephalitis, the patient was diagnosed with Functional Neurologic Disorder, given the temporal relationship of the symptoms with the stressful history at work.
Conclusions: Given their growing prevalence autoimmune causes, such as NMDA anti-receptor antibody encephalitis, should always be considered in the cases of neuropsychiatric alterations. It is very important to carry out a correct organic screening prior to the diagnosis of psychiatric pathology. It is also essential an adequate coordination between different medical departments for an accurate and comprehensive approach to the patient.

Disclosure of Interest: None Declared

EPV0509

The Interdisciplinary Challenge: A Case Report on Treating Recurrent Depressive Disorder Amidst Multiple Medical Comorbidities

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Introduction: This case highlights the interdisciplinary management of a 28-year-old Filipino female with recurrent depressive disorder and multiple medical comorbidities, including HIV, tuberculosis, and sexually transmitted infections. Managing depression in patients with complex medical conditions is especially challenging in resource-limited settings like the Philippines, where drug-to-drug interactions and access to high-quality care must be carefully navigated.
Objectives: The objective of this case report is to illustrate the importance of personalized treatment decisions, the rationale for choosing Venlafaxine over SSRIs, and the value of psychodynamic psychotherapy in addressing underlying emotional conflicts in the context of maternal health challenges.

Methods: The patient was referred to the Psychiatry service due to suicidal ideations. She has a history of depressive episodes linked to family stressors and initial flashbacks and nightmares related to her physical abuse from her previous partner. Her extensive comorbidities made the usual first-line antidepressants (SSRIs) unsuitable due to drug interactions. Venlafaxine 75 mg/day was selected, and psychodynamic psychotherapy, trauma-informed psychotherapy, and psychoeducation were integrated into her treatment. Coordination with infectious disease, obstetrics, and internal medicine specialists ensured comprehensive care.
Results: Venlafaxine was effective in improving mood, sleep, and appetite, with no significant side effects. Regular follow-ups confirmed adherence to the medication, and psychodynamic psychotherapy helped her address deep-seated emotional conflicts, particularly surrounding her history of trauma. Ongoing psychiatric care, along with monitoring her medical conditions, provided a supportive framework for her continued improvement. Despite financial constraints, the patient adhered to her treatment regimen, showing improved mental health and commitment to her care.
Conclusions: This case underscores the complexity of treating depression in patients with multiple comorbidities, particularly in resource-limited settings. The selection of Venlafaxine was crucial due to the potential interactions of SSRIs with the patient's medical regimen. Psychodynamic and trauma-informed psychotherapy, combined with interdisciplinary collaboration, were key to the successful management of this case. This highlights the need for an integrated approach to mental health care, especially in low-resource environments, where interdisciplinary coordination is vital.

Disclosure of Interest: None Declared

EPV0511

PANDAS have claws too: A case report of an adolescent female with concurrent PANDAS and Mood Disorder

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Introduction: Pediatric Autoimmune Neuropsychiatric Disorders Associated with Streptococcal Infection (PANDAS) is an autoimmune disease caused by Group A Streptococcus bacteria. It usually affects children 3 to 12 years of age, however, have also been reported among adolescents. PANDAS presents with neuropsychiatric symptoms which can overlap or coincide with existing psychiatric disorders that often emerge further as children get older. Identifying the causation of events may be challenging making such cases difficult to manage.
Objectives: To understand the presentation of PANDAS with concurrent mood disorder and its management.
Methods: Clinical case report
Results: A 16-year-old female was initially admitted due to blank stares, disorganized behavior, paranoia, aggression, and depressive symptoms. Her EEG and MRI were normal. She did not tolerate Fluoxetine but improved with Olanzapine (12.5mg). At 17 years old, she had throat discomfort, colds, and headache with supportive management done. She felt depressed and suicidal due to school stress prompting her second admission. She was started on Escitalopram and Olanzapine was shifted to Quetiapine. Subsequently, she developed manic symptoms with hallucinations and worsened paranoia. Escitalopram was discontinued and Quetiapine was increased (300mg). Bipolar I Disorder with Psychotic Features was considered. Shortly after, she developed explosive motor and vocal tics, involuntary screeching with head gagging and jerking and urges to choke herself or hit her head on the wall. Quetiapine was discontinued and was placed on Clonazepam (0.25mg/8h). Work ups revealed normal EEG, positive ASO and ESR, and findings of Mild Rheumatic Heart Disease on 2D Echo, hence, the assessment of PANDAS. Treatment is multidisciplinary involving antimicrobial, immunomodulatory, and psychotherapeutic interventions. Medications were then adjusted to: Co-amoxiclav (625mg/10days) followed by Penicillin V (250mg/12h), Aripiprazole (15mg), and Divalproex Sodium (1000mg). Intravenous immunoglobulin was suggested due to her moderate to severe presentation. Henceforth, improvement of symptoms were noted and she was reintegrated back home.
Conclusions: Diagnosing PANDAS can be complex among adolescent due to concurrent issues with similar symptom presentation. PANDAS is episodic in nature but may also have sawtooth-like presentation which may indicate first admission as an episode and the second, a flare up. The case could have also been a combination of PANDAS and Bipolar Disorder thus the severity. Regardless, the interplay of biological and psychological facets have evidently magnified her predispositions leading to an intense manifestation of symptoms.

Disclosure of Interest: None Declared

EPV0512

Management of Functional Neurological Disorders: Turkiye Experience

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Introduction: Functional neurological disorder (FND) is diagnosed in approximately one-third of admissions to the general neurology outpatient clinic. Although it affects both gender in a wide age range, it occurs more frequently in women between ages of 35 and 50. As a common neuropsychiatric disorder affecting mostly young people at productive ages, FND also leads to an important socioeconomic burden. For this reason, clinical and research activities tended to increase recently in order to develop new neuroscientific approaches for the treatment of this disorder. Various new clinical centers that offer specialized and multidisciplinary treatment to FND patients, have been established around the world. Likewise, a study group was established in Hacettepe University Adult Hospital, where FND patients were started to be treated by a multidisciplinary team, by also considering the specific needs of our country's population.
Objectives: Here, we aim to share the phenomenological and clinical characteristics and treatment response of patients with functional neurological disorders (FND) who received short-term inpatient multidisciplinary treatment in a university hospital between 2020 and 2023.

Methods: FND study group at Hacettepe University Adult Hospital was founded by 2 neurologists, 2 psychiatrists, 1 psychologist and 2 physiotherapists.
Within the framework of the protocol, FND patients were first informed about the disease process by a neurologist and a psychiatrist and then followed up for further need for an inpatient multidisciplinary approach.
During hospital admission in the room reserved for FND patients in the neurology ward, the treatment protocol was implemented in such a way that each session included **one hour of cognitive behavioral therapy-based psychotherapy** and **at least 2 hours of intensive physiotherapy including FND-specific approaches** for at least 5 days.
Demographic and clinical characteristics of the patients were noted, their fitness levels before and after treatment were evaluated with a visual analogue scale, and the patients' perceived improvement levels were also evaluated with VAS and recorded as a percentage.
Results: The majority of patients were women (19/11).
The age range was wide, between 19 to 75 (average 44 years).
Patients were classified under four groups based on the predominant symptom (gait disorders:15, fixed dystonia: 9, swallowing and speech problems:3, sensorial problems:3)
The level of improvement perceived by the patients was the best in those with sensorial problems, and the worst in those with swallowing and speech problems (%40).
Those with the lowest level of perceived wellness in terms of general health were patients with dystonia component.
Conclusions: Multidisciplinary FND rehabilitation may provide different degrees of benefit to FND patients of different subtypes. Our results may have the potential to contribute to clinicians and academicians in predicting treatment outcomes.

Disclosure of Interest: None Declared

EPV0513

Predictors of depressive symptoms in patients with heart failure decompensation

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Introduction: Acutely decompensated heart failure (HF) may be accompanied by depressive symptoms. Predictors of screening diagnosis of depression (SDD) in decompensated HF are poorly elucidated.
Objectives: We sought to investigate independent determinants of SDD in patients with HF decompensation.
Methods: Enrolled were fifty-one patients with a median age of 67 years and left ventricular ejection fraction (LVEF) of <40% hospitalized due to HF decompensation. SDD based on the result of the Beck Depression Inventory (>10 points), PHQ-9 (>12 points) or Hamilton Depression Scale (lack of depression: <7 points; mild [<12 points], moderate [<17 points] or severe [≥18 points] depression). Neurotrophic potential and response to stress were assessed by brain-derived neurotrophic factor (BDNF) and FK506 binding protein 5 (FKBP5), respectively.
Results: SDD was identified in 26 (51%) patients based on the Beck inventory and in 12 (24%) patients based on PFQ-9. According to the Hamilton scale mild SDD was found in 17 (33.3%), moderate in 9 (17.6%) and severe in 14 (27.5%) of patients. Male patients with HF decompensation had higher result of Beck inventory by 35% (P=0.029), PHQ-9 by 60% (P=0.014) and Hamilton scale by 64% (P=0.003) than female. The result of the Beck Depression Inventory was correlated with plasma levels of FKBP5 (R=0.34, P=0.017) and inversely correlated with BDNF (R=-0.39, P=0.004). In turn, LVEF was correlated with the result of PHQ-9 (r=0.33, P=0.020), Hamilton scale (r=0.33, P=0.18) and with BDNF (r=0.32, P=0.025) while inversely with FKBP5 (r=-0.32, P=0.023). By multivariate analysis the higher result of the Beck inventory was associated with male gender (β=0.26, P=0.048), a higher LVEF (β=0.27, P=0.042) and a lower plasma BDNF (β=-0.46, P<0.001).
Conclusions: SDD in patients with HF decompensation is independently associated with male gender, better preserved left ventricular systolic function and reduced plasma level of BDNF.

Disclosure of Interest: None Declared

EPP288

Comparative analysis of the impact of psychosocial stress on exacerbation and dynamic of psychosomatic pathology (on the model of psoriasis) in periods of large-scale social upheavals (Covid-19 and a large-scale war in Ukraine)

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Introduction: The large-scale social stress of recent years (the COVID-19 pandemic, the large-scale invasion of the rf in Ukraine) has a powerful negative effect on the psyche of people and causes an increase in the incidence of stress-associated pathology. One of the vulnerable groups in the formation of distress conditions is patients with psychosomatic pathology, in particular, psoriasis, in the pathogenesis of which psychosocial stress plays an important role.
Objectives: To determine the existence of a differentiated impact of a contain of the large-scale stressful events on the health of patients with psychosomatic pathology.
Methods: 83 psoriasis patients interactively were examined using the Google Form developed by us, which provided for a structured interview with the purpose of determining anamnestic data and collecting subjective complaints of the patient in two time periods the year of quarantine due the Covid-19 pandemic (11.03.2020-11.03.2021), and the year from the beginning of full-scale russian aggression (24.02.2022-24.02.2023). Statistical analysis included descriptive statistics and assessment of the significance level of differences using Fisher's exact test (one-sided).
Results: In the 1st year of the Covid-19 pandemic, exacerbation of psoriasis was found in 36.1% of patients, of which 63.3% believed that this was associated with the

impact of stress through pandemic. The stress of war proved to be a more powerful psycho-traumatic factor (P<0.01): in the 1st year, exacerbation of psoriasis was observed in 61.4% of patients, 88.2% of whom associated it with the impact of war. The prevalence of almost all psychopathological symptoms in patients during a full-scale war was slightly higher than during the Covid-19 pandemic: fear and anxiety (80.0% VS 88.2%), reduced mood (66.7% VS 90.2%, P<0.01), dyssomnia (50% VS 45.1%), asthenia (36.7% VS 41.3%), emotional lability (33.3% VS 37.3 %).
Conclusions: The conducted study revealed the impact of strong social stress on the frequency of psoriasis exacerbations and mental maladjustment. The stress of the war turned out to be a more powerful stress factor, and the patients significantly more often associated this social stress, with the exacerbation of psoriasis. It is allows us to consider the content of the stress load and the peculiarities of individual perception of stress as a relevant factor in the exacerbation of psoriasis and comorbid mental disorders. But a larger study involving a larger number of patients is needed to reveal more subtle patterns.

Disclosure of Interest: None Declared

COVID-19 and Related Topics

EPV0514

Psychiatric symptoms in Long-COVID patients – how really affect the quality of life?

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Introduction: Prolonged symptoms of SARS COV2 infection known as Long COVID, are defined as symptoms persisting for more than four weeks after the initial diagnosis of COVID-19. Psychiatric symptoms such as anxiety, depression, cognitive deficits, fatigue, qualities poor sleep and somatic symptoms are common in patients with long-term COVID and could last weeks, even months, after recovery.
Objectives: In this study, we tried to identify the psychiatric symptoms that can start after infection with SARS COV2, what could be the risk factors for the onset of these symptoms and how the quality of life is affected in these patients.
Methods: The study included 116 patients diagnosed with COVID-19 in the Suceava County Clinical Hospital, who were monitored for 12 months by applying standardized questionnaires for depression (Patient Health Questionnaire-9), anxiety (General Anxiety Disorder-7) and cognitive disorders. (Montreal Cognitive Assessment), patients being periodically evaluated clinically, biologically, neurologically and psychologically.
Results: A percentage of 26.9% of patients presented the following psychiatric symptoms more than 4 weeks after the diagnosis of SARS COV2 infection: anxiety (6%), sleep disorders (7.7%) manifested by insomnia or hypersomnia, lack of concentration and attention (10.3%), memory disorders (8.6%), depression (4.3%). The most frequent psychiatric manifestations were cognitive disorders (10.3%) expressed by deficits in attention and memory, followed by sleep disorders (7.7%). Women presented a higher percentage of psychiatric manifestations manifested by anxiety and depression, but we did not find a correlation between the age of the patients and the mental manifestations after COVID-19. The 2 patients with depression in the antecedents, presented an exacerbation of mental symptoms post COVID. Depression and anxiety were more frequent in patients who had prolonged hospitalizations or moderate and severe forms of the disease. In 12 patients who presented cognitive disorders, increased values of C-reactive protein and lactic dehydrogenase were found during SARS COV2 infection. The use of questionnaires showed an important impact on the quality of life, especially in patients diagnosed with depression, anxiety and insufficient sleep.
Conclusions: Recognition and treatment of psychiatric symptoms that started after SARS COV2 infection should be included in the management of the patient with chronic COVID. The use of screening questionnaires for depression, anxiety and cognitive disorders must be implemented in the current practice of post-COVID-19 monitoring. The collaboration between infectious disease specialist, psychiatrist and psychologist can be the key to success in the treatment of psychiatric disorders in patients with long-term COVID.

Disclosure of Interest: None Declared

EPV0516

Depression in healthcare workers with COVID-19: Prevalence and associated factors

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Introduction: Since the beginning of the health crisis caused by COVID-19, the impact of the pandemic context on the mental health of healthcare professionals has been widely studied. However, few studies have assessed psychological manifestations in healthcare workers affected by COVID-19.
Objectives: Determine the prevalence and factors associated with depressive symptoms in healthcare workers with COVID-19.
Methods: This is a cross-sectional analytical study of health professionals at Farhat Hached University Hospital with COVID-19 over a 6-month period from September 2020 to February 2021. Depressive symptoms were screened using the Depression Subscale of Hospital Anxiety and Depression Scale (HADS-D).
Results: Our study included 477 healthcare professionals. The mean age was 39.9 ±10.8 years, with a predominance of women (sex ratio =0.27). Almost a third of the participants were nurses (32.1%), followed by doctors (27.9% of cases). Most of the healthcare workers affected developed a pauci-symptomatic form of the infection (73.8%), with an average confinement time of 14.9

±6.9 days. On returning to work, 74 staff (15.5%) noticed that their colleagues were withdrawing from work. According to the HADS-D scale, depressive symptoms were observed in 19.1% of cases. The predictive factors were gender (p<10-3), age (p=0.016), the symptomatic form of COVID-19 (p= 0 ,038), the duration of confinement (p<10-3) and the withdrawn attitude experienced by colleagues on returning to work (p<10-3).
Conclusions: Our results showed that psychological suffering, particularly depression, among care staff depended on several predictive factors. Psychological support during and even after the period of confinement is therefore necessary

Disclosure of Interest: None Declared

EPV0517

Prognostic Significance of CRP, BMI, and Ferritin Levels in Predicting COVID-19 Outcomes in Psychiatric Patients: A Comparative Analysis

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Introduction: This study investigates the predictive value of ferritin, CRP, and BMI levels in predicting COVID-19 outcomes among psychiatric patients.
Objectives: Understanding these markers is crucial given the increased vulnerability of psychiatric patients to severe COVID-19 outcomes.
Methods: We conducted a retrospective analysis of 100 psychiatric patients diagnosed with COVID-19. We collected clinical outcomes (survival or death) data, demographic characteristics, and comorbidities. Blood samples were analyzed for ferritin and CRP levels, and BMI was calculated based on recorded weight and height. Statistical tests, including t-tests and chi-square tests, were used to assess the relationships between these variables and COVID-19 outcomes. Survival analysis was performed using the Log-Rank test to evaluate the impact of these markers on patient survival.
Results: Our results showed that higher ferritin levels were significantly associated with poorer outcomes, with survivors having a mean ferritin level of 246.2 (SD = 150.3) compared to 416.9 (SD = 215.9) in non-survivors ($p < 0.001$). Similarly, mean CRP levels were lower in survivors (1.58, SD = 1.96) compared to non-survivors (3.46, SD = 2.92) with a p-value of 0.002. BMI did not show a statistically significant difference between survivors and non-survivors ($p = 0.429$). Survival analysis revealed that elevated CRP and ferritin levels correlated with decreased survival rates.
Conclusions: The study highlights the significant role of ferritin and CRP as prognostic markers in psychiatric patients with COVID-19, suggesting that elevated levels of these biomarkers are associated with worse outcomes. However, BMI did not significantly affect survival, indicating that inflammatory markers might be more relevant for assessing prognosis in this population. These findings emphasize the need for vigilant monitoring of these biomarkers in psychiatric patients to manage their COVID-19 treatment better and improve outcomes.

Disclosure of Interest: None Declared

EPV0519

Sleep problems and sociodemographic characteristics of the COVID-19 survivors

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Introduction: The COVID_19 pandemic has affected all facets of living, notably our sleep-wake cycle. In fact, sleep disturbances have been reported, not only during the acute phase, but also after the episode. Previous studies have shown that some socio-demographic characteristics are associated with sleep problems.
Objectives: To assess the relationship between sleep disturbances and the sociodemographic profile of the COVID-19 survivors.
Methods: We conducted a prospective cohort study including 121 Tunisian COVID-19 inpatients who had been discharged alive from hospital. Each enrolled patient was asked about the period before the hospital stay, and the 6-9 month-period after hospital discharge, using the Arabic validated version of Pittsburgh sleep quality index "PSQI" scale to assess sleep problems.
Results: The median age of our participants was 59 years old. Among them, 62 (51.2 %) were females. One hundred and eleven patients were married (91.7%), 102 patients (84.2%) had at least a primary educational level, while 19 (15.7%) patients were illiterate. Among the participants 86 (71.07%) had a job at the time of the infection, among them, 9 (7.4%) were Heath care providers. Ninety-five (78.5%) participants were non-smokers. As for alcohol use, 11 patients (9.1%) consumed alcohol. According to PSQI, the incidence of sleep disturbances after COVID was 48.8%. Sleep duration, sleep quality as well as sleep onset latency, sleep disturbances and sleep efficiency were the most affected domains in the PSQI. Females showed significantly higher PSQI after the COVID-19 infection (p<0.001). Non-married participants reported significantly higher scores of hypnotic drug use and daytime dysfunction (p=0.006, p=0.02 respectively). Quality of sleep was significantly poorer in illiterate patients (p=0.036). Health care providers had worse daytime dysfunction in comparison to other occupations (p=0.035). Non-smokers showed a deteriorated sleep efficiency as well as daytime dysfunction (p=0.03, p=0.021 respectively). No statistical association was found between sleep problems and age nor alcohol consumption.
Conclusions: Our study highlighted several associations between sleep problems and sociodemographic characteristics of COVID-19 survivors. This helps clinicians to pinpoint the at-risk people, in order to intervene when needed.

Disclosure of Interest: None Declared

EPV0520

Empathy under prolonged stress situation (COVID-19 pandemic)

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Introduction: Empathy is a fundamental component of the socio-emotional experience. Emotional empathy describes the emotional reaction of an observer to the emotional state of another person - "emotional contagion". People with high empathy can become objects of "emotional contagion" in a stressful situation.
Objectives: **The aim** of the study was to evaluate the mutual influence of stress and emotional aspects of empathy.
Methods: Online survey was used. The level of empathy was assessed by "empathy" of I7 (H.Eysenck), stress was assessed by SCL-90R; COPE and CTI (S.Epstein), questions whether they had ever sought psychiatric help, the presence of suicidal ideas and thoughts of death were used. N=157 (139 women) mean age 41,1. 47 had previously sought psychiatric help. Subgroups of "low" and "high empathy" were analyzed.
Results: People who had previously sought psychiatric help did not differ from "healthy" people in terms of empathy.

	Low empathy (N=86)	High empathy (N=71)	Sig.
GSI (SCL)	0,46±0,39	0,67±0,53	,004
PDSI (SCL)	1,38±0,45	1,53±0,53	,058
PSI (SCL)	26,34±16,29	35,49±18,06	,001
Global Constructive Thinking (CTI)	98,76±13,84	92,83±12,88	,009
Emotional Coping (CTI)	91,32±23,02	82,75±20,79	,022
Focus on and Venting of Emotions (COPE)	9,38±3,04	10,80±2,72	,003
Seeking Social Support for Emotional Reasons (COPE)	9,56±3,37	10,70±3,24	,032
Alcohol/Drug Use scale (COPE)	6,13±2,70	7,15±3,39	,036

Analysis of variance showed: "high empathy" subgroup had a higher level of experienced stress, including higher anxiety, depressive symptoms, and interpersonal sensitivity. Differences in coping strategies and thinking patterns highlight the personality traits of people with high empathy, which affect the stress resistance. The combination of focusing on one's own emotions and reducing emotional coping does not allow to regulate emotional state under stress. Separately, using correlation analysis, the relationship between the level of empathy and the characteristics of emotional regulation and possible suicidal ideas and thoughts about death was assessed in the subgroup of subjects who had previously sought psychiatric help and in the "healthy" subgroup. Both in the group of those who sought help from a psychiatrist and in the "healthy" subgroup, a connection was found between empathy and the level of emotional regulation. In those who had previously sought help from a psychiatrist, the level of empathy positively correlated with the presence of "thoughts about death".
Conclusions: Subjects with "high empathy" are distinguished by a higher level of experienced stress, which may be associated with a reduced ability to emotionally cope. Particular attention should be paid to people who have previously sought psychiatric help. Under stressful conditions with high "emotional contagion" they think about death more often and the risk of suicide may arise.

Disclosure of Interest: None Declared

EPV0524

Neuropsychiatric Sequelae of COVID-19: A Review of Acute and Long-Term Manifestations

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Introduction: The SARS-CoV-2 virus, responsible for COVID-19, has been shown to affect the central nervous system (CNS), leading to a wide range of acute and long-term neuropsychiatric symptoms. These symptoms can profoundly impair cognitive and emotional functioning, highlighting the need for a deeper understanding of their underlying mechanisms and clinical manifestations. Addressing these sequelae is critical for developing effective management strategies and improving patient outcomes. Long COVID has been associated with conditions such as brain fog, depression, anxiety, and fatigue, which can further exacerbate pre-existing mental health conditions and impair quality of life.
Objectives: This review aims to examine the neuropsychiatric manifestations associated with COVID-19, focusing on both acute and long-term (long COVID) effects, and to explore potential pathophysiological mechanisms, including neuroinflammation and immune dysregulation.
Methods: A systematic review of literature was conducted by searching databases such as PubMed and Scopus, using terms like 'COVID-19', 'neuropsychiatric symptoms', 'long COVID', 'inflammation', and 'CNS involvement'. Only peer-reviewed articles published between 2020 and 2023 were included, with an emphasis on studies reporting acute neuropsychiatric symptoms and post-acute sequelae of COVID-19.
Keywords: COVID-19, neuropsychiatric symptoms, long COVID, neuroinflammation, interleukin-6, CNS involvement
Results: Acute neuropsychiatric manifestations of COVID-19 include encephalopathy, delirium, seizures, and mood disturbances. Approximately 22.5% of COVID-19 patients present with neuropsychiatric symptoms during the acute phase, including anxiety, depression, and cognitive impairment. In long COVID, persistent symptoms such as fatigue, depression, anxiety, sleep disorders, and cognitive dysfunction have been reported, with neuroinflammation and elevated interleukin-6 (IL-6) levels proposed as key mechanisms. Neuropsychiatric symptoms are observed in both hospitalized and non-hospitalized individuals, with risk factors including severe infection, female sex, and pre-existing mental health conditions.
Conclusions: COVID-19 is associated with a broad spectrum of neuropsychiatric symptoms that persist beyond the acute phase. The underlying pathophysiology likely involves immune dysregulation, cytokine-mediated neuroinflammation, and direct viral invasion of the CNS. Early recognition and targeted interventions are essential to mitigate long-term neuropsychiatric complications.

Disclosure of Interest: None Declared

EPV0526

Anxiety and depression during COVID-19 in Kosovo: literature review and analysis of repeated cross-sectional surveys

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Introduction: The literature review on anxiety/depression rates during Covid-19 is inconsistent due to significant methodological challenges in quantifying the impact of the pandemic on the mental health of the population.
Objectives: To identify and understand the prevalence of anxiety/depression as a result of the COVID-19 situation aiming to synthesize impact of COVID-19 in mental health of population in Kosovo.
Methods: It's a classic literature review which involves a thorough examination of existing research in internet, including raw data of the individual empirical results from several repeated cross-sectional surveys. We examined data of eight published researches and nine cross-sectional surveys conducted during the period 2020 to end of 2021.
Results: In the review of eight published studies (seven from 2020 and one from 2021) of cross-sectional type, online, with sample sizes from 155 to 904 (four with student population, two with healthcare workers and two with general population) the prevalence of anxiety was from 13% to 73% (average 47.07%; measured with HADS, DASS-21 and GAD-7) while the prevalence of depression was from 13.9% to 71.60% (average 34.42%; measured with HADS, DASS-21 and PHQ-9). The methodological quality of included studies was low. Analysis of raw data of our nine cross-sectional surveys conducted during the period 2020 to end of 2021 show pooled prevalence for anxiety (measured with GAD-7, ≥10) for 2706 participants (five samples) to be 34.59 % (95% CI, 33.11%-36.07%) and for depression (measured with PHQ-9, ≥10) for 3703 participants (seven samples) to be 40.84% (95% CI, 39.43%-42.25%). Mostly, younger age, females and low SES emerged as factors associated with higher levels of anxiety/depression.
Conclusions: Our anxiety/depression prevalence rates, mostly is above average in comparison to other countries in Europe. Despite awareness for methodological flaws of studies, measurement invariances and some evidence of variation in the estimated prevalence rates of depression and anxiety disorder across countries; high prevalence of mental health problems during the pandemic indicates need for mental health prevention, promotion and intervention programs to mitigate the consequences of the COVID-19 pandemic on the population.

Disclosure of Interest: None Declared

EPV0527

Disaster and Distress: The Double Burden. Depression, Anxiety, and Post-traumatic Stress Disorder in Healthcare Providers during the COVID-19 Pandemic in Pakistan

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Introduction: Healthcare providers are at a high risk of occupational stress, psychological distress, and mental health problems due to unique job demands. The unprecedented negative impact of the COVID-19 pandemic on healthcare further intensified the risk.
Objectives: To find out the prevalence of anxiety, depression, and post-traumatic stress disorder (PTSD) in healthcare providers during the COVID-19 pandemic, and explore various associated factors.
Methods: We conducted a cross-sectional survey among clinicians across tertiary care hospitals in Lahore, Pakistan through online forms/ paper-based questionnaires, using the Patient Health Questionnaire (PHQ-9), Generalized Anxiety Disorder (GAD-7) Scale, and The Impact of Events Scale-Revised (IES-R) from July-November 2021. Physicians aged 20-60 years working at the public-sector hospitals of Lahore were included through non-probability convenient sampling. The non-parametric Mann-Whitney *U, Kruskal-Wallis, and Chi-square* test of independence were applied for inferential data analysis in SPSS version 26 at α=0.05.
Results: Of 302 participants, the majority were males (54.6%), from medicine and allied departments (76.9%), junior staff (72%), and frontline workers (75%). 9.5% had a history of psychiatric illness. The prevalence of depression was 25%, anxiety 31.9%, PTSD 15.8%, severe depression 13.8%, and severe anxiety 7.2%. The total median (IQR) scores of depression, anxiety, and PTSD were 5(2-9.5), 4 (0-7), and 10(1-23) respectively. Females and junior staff had comparatively severe symptoms of anxiety and depression. Psychiatric history was linked to severe depression (p=0.003) and PTSD (p=0.001) but not anxiety (p=0.136). There were no statistically significant differences in the anxiety and PTSD severity across genders, departments, and frontline/second-line work.
Conclusions: We found high levels of depression, anxiety, and PTSD in our physician sample even during the 4th COVID-19 wave. This has implications for emphasizing the significance of the mental well-being of healthcare providers and identifying effective interventions to prioritize it even after the pandemic.

Disclosure of Interest: None Declared

EPV0528

Long-Term Psychological Impact of the COVID-19 Pandemic on Healthcare Workers

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Introduction: The COVID-19 pandemic has placed immense psychological pressure on healthcare workers (HCWs) worldwide. In addition to the physical risks of infection, HCWs have faced high levels of anxiety due to their proximity to the virus, overwork, and the challenges of providing care in an ever-evolving environment. These psychological effects are expected to persist well beyond the initial phase of the pandemic.
Objectives: This study explores the long-term impact of COVID-19 on both anxiety and depression among HCWs and identifies the main contributing factors.
Methods: This cross-sectional study was conducted among HCWs infected with SARS Cov-2 between January and August 2022. Sociodemographic and professional data were extracted from participants' medical records. Anxiety and depression were evaluated using the GAD-7 (Generalized Anxiety Disorder) and PHQ-9 (Patient Health Questionnaire) scales, respectively, through phone interviews conducted at least one year after their last COVID-19 infection
Results: This study included a total of 184 healthcare workers (HCWs). The mean age of the participants was 41.93 years (± 8.6), with 95.1% being over 30 years old. Women comprised 81.4% of the cohort, and the majority of participants were nurses (45.7%), followed by administrative staff (20.1%). The median occupational seniority was 16 years. Notably, 28.3% of HCWs were employed in COVID-19 wards. Anxiety symptoms were reported by 92.9% of participants, with 17.3% experiencing mild anxiety, and 38.5% severe anxiety. Depression was prevalent in 69.1% of HCWs, with 27.2% presenting mild symptoms, and 24.5% experiencing moderate to severe depression. Female HCWs and those aged over 40 were significantly more likely to report symptoms of anxiety and depression ($p < 0.001$). Furthermore, HCWs with pre-existing conditions, such as diabetes, as well as those directly exposed to COVID-19 patients, exhibited significantly higher anxiety and depression scores. Nurses demonstrated particularly elevated levels of psychological distress, especially those working in COVID-19 wards.
Conclusions: The COVID-19 pandemic has had a profound and lasting psychological impact on healthcare workers, with anxiety and depression levels remaining elevated long after the acute phase of the crisis. This study emphasizes the need for targeted psychological support interventions. Addressing the mental health needs of HCWs is crucial not only for their well-being but also for ensuring the ongoing efficacy and resilience of the healthcare workforce in times of crisis. Further research is warranted to explore long-term impacts and effective strategies for mental health support in this population.

Disclosure of Interest: None Declared

EPV0529

Use of Psychological Interventions by Healthcare Workers in Post-COVID-19 Period: Longitudinal Study

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Introduction: Despite healthcare workers (HCWs) facing mental health challenges during COVID-19, their use of psychological support is limited. Understanding these dynamics is crucial for identifying mental health needs and vulnerable groups within Spanish healthcare services.
Objectives: This study analyzes psychological support use among Spanish HCWs post-pandemic onset over 2 years, and its link to workplace and COVID-19 factors from 2020 data.
Methods: Longitudinal research involved Spanish HCWs. Data from online surveys covered demographics (age and gender), depressive symptoms (PHQ-9), workplace-and COVID-19-related factors (type of job, direct exposure to COVID-19 patients, adequate access to personal protective equipment, social stigma for working with COVID-19 patients, decision making on patient prioritization, and perceived social network support at work), and psychological support use across 2020, 2021, and 2022. We received responses from 296, 294, and 251 participants at time points 1, 2, and 3, respectively.
Results: Predominantly female participants (n=242, 82%) and with a median age of 43 years. Psychological support seeking increased from 15% in 2020 to 23% in 2022. Notably, one in four HCWs not seeking help showed major depressive disorder symptoms. Predictors for seeking support included patient prioritization decision-making (OR 5.59, 95% CI 2.47-12.63) and probable depression (wave 2: OR 1.12, 95% CI 1.06-1.19; wave 3: OR 1.10, 95% CI 1.04-1.16). Table 1 shows the association between workplace- and COVID-19-related variables at baseline and use of psychological support at follow-up.

Table 1.

	Wave 2		Wave 3	
	Odds ratio	95% CI	Odds ratio	95% CI
Direct exposure to COVID-19 patients	2.03	(0.93, 4.41)	1.03	(0.53, 2.03)
Access to protective equipment	0.81	(0.55, 1.19)	1.10	(0.75, 1.60)
Social stigma for working with COVID-19 patients	1.20	(0.84, 1.71)	1.13	(0.80, 1.60)
Patient prioritization	5.59	(2.47, 12.63)	1.45	(0.64, 3.26)
Social support from colleagues	1.45	(0.88, 2.41)	1.17	(0.75, 1.85)

Conclusions: A significant portion of HCWs may seek psychological support post-pandemic, regardless of prior workplace or COVID-19 stressors. Targeted mental health initiatives are crucial, emphasizing health promotion, primary prevention, and support for individuals, including those with depressive symptoms.

Disclosure of Interest: None Declared

EPV0541

Case study of previously healthy 52 years old woman after COVID – 19 infections

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Introduction: Stressful events are important causes of numerous psychiatric disorders, including anxiety disorders, depression and other psychiatric disorders.
The COVID-19 pandemic affects individuals and then all segments of society, and has threatened both physical and mental health.
We have noticed increasing number of the new patients seeking psychiatric help in period after COVID - 19 infections.
Also, tremendously increasing number of sick days.
Objectives: In this case study, we described a 52-year-old female patient. She is a psychologist, an employee in High school in Podgorica working with students.She has achieved 25 years of work experience.She is divorced, has one child. She has never asked for psychiatric help before Sars Covid-19 infection.
She faced first symptoms in terms of bad mood, withdrawal from social contacts, fear, insomnia, problems with attention and concentration. Those symptoms appeared after COVID -19 infections. The patient was hospitalized at the Psychiatry Clinic due to persistent symptoms Admission was due to organic personality changes of the anxious-depressive type, which occasionally reach the level of psychosis. She was absent from the work more than a year.
Methods: Case study
Results: During hospitalization, the patient was treated with anxiolytics, antidepressants and small dosses of antipsychotics medicine. Her general condition improved after month spent in hospital. She received supportive psychotherapeutic support on a daily basis. She participated in occupational therapy.
A CT scan of the endocranium was normal.
The patient still taking prescribed therapy and regularly attends psychiatrics checks - ups.
She went back to a work after two months.
Conclusions: Based on our daily work with patients, we came to the conclusion that sars covid-19 infection has led to a significant increase in mental health symptoms among the population in Montenegro. This problem must not be ignored"You don't need to fear anything in life, you just need to understand each other." Now is the time to understand more so that we would fear less" – Marie Currie

Disclosure of Interest: None Declared

EPV0542

Features of affective disorders of the depressive spectrum after COVID-19 in patients with a history of mental disturbances

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Introduction: The structure of clinical manifestations in patients with a history of mental disturbances who suffered from COVID-19 and were exposed to the stressors of the SARS-CoV-2 pandemic is characterized by the predominance of affective disorders of the anxiety-depressive spectrum.
Objectives: To investigate the structure of affective disorders of the depressive spectrum after COVID-19 in patients with a history of mental disturbances by nosological groups.
Methods: 95 patients with a history of mental disorders who have experienced COVID-19 were examined and made up the main group (F 32.0-32.2, 33.1, 33.2 – 31 patients, F 06.3, 06.4 – 33 patients, F 41.1, 41.2, 42.2, 45.3, 48.0 – 31 patients). During the study, a thorough analysis of the anamnesis of the disease was carried out, including information about the experienced coronavirus disease COVID-19. Clinical-psychopathological, clinical-amnestic, psychometric (the Montgomery-Asberg Depression Rating Scale (MADRS)) and methods of statistical analysis were applied.
Results: According to the results of the psychodiagnostic study, the features of affective disorders of the depressive spectrum of various degrees of severity were established, which had certain differences according to nosological groups. Patients with depressive disorders have depressive disturbances in the form of sleep impairment (4.48 points, $p = 0.0001$), manifestations of sadness (4.27 points, $p \leq 0.021$), internal tension (3.95 points, $p = 0.01$), difficulties in experiencing feelings (3.87 points, $p \leq 0.019$), concentration difficulties (3.85 points, $p = 0.031$), appetite disturbances (3.11 points, $p \leq 0.012$), manifestations of fatigue (3.06 points, $p = 0.027$), pessimistic (2.78 points, $p \leq 0.026$) and suicidal thoughts (1.67 points, $p = 0.038$). Patients with mental disorders of organic genesis are characterized by depressive disturbances in the form of a feeling of fatigue (4.18 points, $p \leq 0.021$), significant concentration difficulties (4.16 points, $p = 0.024$), sleep deterioration (3.87 points, $p = 0.018$), feeling and expressing sadness (3.16 points and 3.49 points, respectively), difficulties in experiencing feelings (2.43 points, $p = 0.035$). Patients with neurotic, stress-related and somatoform disorders are characterized by depressive manifestations in the form of expression of sadness (4.78 points, $p = 0.034$), feeling of internal tension (3.67 points, $p = 0.027$), concentration difficulties ((2 .68 ± 0.29) points).
Conclusions: The results of the study of the structure of affective disorders of the depressive spectrum after COVID-19 in patients with a history of mental disturbances should be used as targets for effective therapeutic influence.

Disclosure of Interest: None Declared

EPV0543

Peculiarities of the course of mental disorders after the coronavirus disease COVID-19 in patients with a history of mental disturbances

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Introduction: The psychopathological consequences of the complex impact of the coronavirus disease COVID-19 become the basis for the deterioration of the mental state of persons with a history of mental disturbances.

Objectives: To investigate the impact of the clinical and psychopathological consequences of COVID-19 on the course of mental disorders in patients with a history of mental disturbances.
Methods: 95 patients with a history of mental disorders who have experienced COVID-19 were examined and made up the main group (F 32.0-32.2, 33.1, 33.2 – 31 patients, F 06.3, 06.4 – 33 patients, F 41.1, 41.2, 42.2, 45.3, 48.0 – 31 patients). The comparison group included patients with 3 or more episodes of mental disorders in the anamnesis, including the current one. Clinical-psychopathological, clinical-amnestic, psychometric (the Clinical Global Impression Scale (CGI)) and methods of statistical analysis were applied.
Results: A comparison of the course dynamics of current mental disorders after COVID-19 and previous mental disturbances in the anamnesis of the studied patients was carried out according to the indicators of the duration and severity of mental disorders, as well as the duration of the remission that preceded them. The duration of current mental disorders after COVID-19 in the examined patients in most cases ranged from 2 weeks to 6 months (46.32% of persons); duration of remission preceding mental disorders after COVID-19 – from 6 to 12 months (47.37% of persons); the initial degree of severity of psychopathological manifestations according to the CGI-S scale – as "moderate disorder" (36.84% of persons). In comparison with the duration of remission preceding mental disorders in the anamnesis, it was found that in significantly more patients, the duration of remission preceding COVID-19 corresponds to the shortest interval from 6 to 12 months ($p < 0.05$). When comparing with the severity of mental disorders preceding COVID-19, it was established that a "pronounced disorder" was detected in significantly more patients after COVID-19 ($p < 0.05$). In comparison with the duration of mental disorders preceding COVID-19, no significantly difference was found, however, when comparing indicators of minimum duration from 2 weeks to 6 months (46.32% of cases with current and 58.18% with previous disorders), the reliability indicator was $p = 0.0510$.
Conclusions: The obtained data indirectly confirm the complex impact of the SARS-CoV-2 pandemic on the formation and exacerbation of mental disorders, indicate a tendency to increase the severity of mental disorders as a result of the coronavirus disease, and also give reason to put forward a hypothesis about an increase in the duration of mental disorders after COVID-19, which is likely will appear on samples with a larger number of observations.

Disclosure of Interest: None Declared

EPV0544

The factor structure and use of the PHQ-4 among high school learners in selected South African districts

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Introduction: In this study, the scale's psychometric properties are estimated among South African high school learners during a period of the coronavirus-19 crisis. The study was a cross-sectional design. The data were collected from 1603 high school learners in four South African districts. The PHQ-4 was administered for data collection, and was anchored from 0 (not at all) to 3 (nearly every day) over a two-week period, with higher scores indicating the extent of symptom severity (Kroenke et al., 2009).
Objectives: The study sought to validate the PHQ-4 among South African school learners in various South African districts, and tested a model that included the PHQ-4 to investigate the obtaned factor structure's usefulness.
Methods: Useful questionnaires were collected from 1562 high school learners within a cross-sectional design. Grades 10 to 12 learners completed the PHQ-4 from March to May 2022.
Results: Confirmatory Factor Analysis (CFA) was conducted to validate the factor structure of the scale. CFA results show that all PHQ-4 items load onto a single factor. The factor structure reported in this study is unique. Whilst the PHQ-4 is commonly considered to measure anxiety and depression, the results suggest that the scale measures a unidimensional, psychological distress factor among the learners. The total score of the PHQ-4, characterized as psychological distress, could be predicated by associated factors, although the coefficients obtained were statistically significant but weak. The PHQ-4 was predicted by the Perceived Vulnerability and the Germ Aversion subscales but not the Fear of COVID-19 scale in girls. But the PHQ-4 was predicted by the Fear of COVID-19 scale and not the Perceived Vulnerability and the Germ Aversion subscales among boys.
Conclusions: Contrary to existing studies, the PHQ-4 did not consist of 2 factors. Evidence from the current study suggests that it should be used as a unidimensional, single factor scale. The PHQ-4 total scores of girls and boys were predicted by different factors, suggesting that gender should be considered an important factor when using the PHQ-4 in reseaerch.

Disclosure of Interest: None Declared

EPV0545

Exploring factors influencing depression among Polish nurses during the COVID-19 pandemic

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Introduction: The COVID-19 pandemic has been recognized as an international public health emergency.
Objectives: The aim of our study was to identify contributors to nurses' depression.
Methods: This survey-based study was conducted in the Pomeranian Medical University Hospital no. 1 in Szczecin and involved 207 nurses. The following standardized research instruments were applied: the World Assumptions Scale, the Athens Insomnia Scale, the Impact of Event Scale - Revised, the Patient Health Questionnaire-9, the Generalized Anxiety Disorder, the Perceived Stress Scale, and a questionnaire of our own authorship.
Results: The study showed that 72.95% of the subjects experienced severe stress, and 40.58% sufferred from insomnia. In addition, 65.7% of the respondents had anxiety symptoms of varying degrees of severity, and 62.8% had depressive symptoms of mild to severe

severity. The mean score on the IES-R scale, reflecting a psychological impact of the COVID-19 pandemic, was 34.25 points.

Table 1. Influence of insomnia by AIS, anxiety by GAD-7, stress by PSS-10, World Assumptions Scale on the prevalence of depressive symptoms among nurses according to PHQ-9 (Model 1,2,3)
b - regression coefficient, βstand. - standardized regression coefficient, CI - confidence interval, ref - AIS reference level, Athens Insomnia Scale, GAD-7, generalized anxiety disorder; IES-R, Impact of Event Scale - Revised ; PSS-10, The Perceived Stress Scale; WAS, The World Assumptions Scale

Model	factor	b	$\beta_{stand.}$	-95% CI	+95% CI	p
Model 1	AIS (insomnia vs no insomnia)	1.571	0.250	0.155	0.344	0.000
	GAD-7 (total)	0.613	0.535	0.426	0.643	0.000
Model 2	AIS(insomnia vs no insomnia)	1.471	0.234	0.139	0.329	0.000
	GAD-7 (total)	0.600	0.524	0.416	0.632	0.000
	PSS-10 (steny)	0.402	0.101	0.001	0.200	0.047
Model 3	AIS((insomnia vs no insomnia)	1.536	0.244	0.148	0.340	0.000
	GAD-7 (total)	0.616	0.537	0.428	0.646	0.000
	PSS-10 (steny)	0.442	0.111	0.011	0.211	0.029

Conclusions: The COVID-19 pandemic affected the psychological health of medical staff, particularly through increased stress and anxiety symptoms. Anxiety levels and insomnia significantly affect the prevalence of depression among nurses.

Disclosure of Interest: None Declared

EPV0547

The impact of COVID19 on sleep quality among healthcare workers

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Introduction: Since the start of the pandemic, healthcare workers (HCWs) have faced a range of infectious and psychosocial risks. Contracting SARS-CoV-2 has impacted their physical, mental, and emotional well-being, with sleep also likely being affected.
Objectives: Our study aims to assess the impact of SARS-CoV2 infection on sleep quality in HCWs.
Methods: We conducted a descriptive cross-sectional study among staff at Sfax University Hospital who were infected with SARS-CoV-2 between October 2020 and June 2021, during post-COVID follow-up consultations. A questionnaire was utilized, with the medical section completed by a physician to assess sociodemographic, professional, and clinical characteristics of the infection. A self-administered section evaluated the impact of the infection on sleep quality using the Insomnia Severity Index (ISI).
Results: Our study included 200 healthcare workers with an average age of 42.97 years. Nurses comprised 53.5% of the sample, and 41% of the participants were involved in the care of patients with SARS-CoV-2. Workplace infections accounted for 39% of the cases. At the post-COVID follow-up consultation, 83% reported persistent symptoms. According to the Insomnia Severity Index (ISI), 47.5% had no sleep disturbances, 3.5% had mild insomnia, 26% had moderate insomnia, and 8% had severe insomnia. Additionally, 38% of the staff were dissatisfied with their sleep quality following their SARS-CoV-2 infection.
Conclusions: SARS-CoV-2 infection impacts the sleep of healthcare workers, highlighting the need for strategies to improve sleep quality. Addressing these issues is crucial for maintaining staff well-being and ensuring the quality of care provided.

Disclosure of Interest: None Declared

EPV0550

Psychological Growth and Post-Pandemic Stress Among Healthcare Professionals: Challenges and Opportunities

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Introduction: The COVID-19 pandemic placed an unprecedented burden on healthcare workers worldwide, particularly those in primary care settings, who faced both physical and emotional challenges.
Objectives: The study aimed to assess the levels of psychological distress and anxiety, and the coping strategies among healthcare workers after the COVID-19 pandemic. It also examined changes in professional quality of life and the broader impact on personal life during the post-pandemic period.
Methods: A cross-sectional study was conducted on a sample of 100 healthcare workers from various primary care centers in Patras,Greece.The following validated psychometric instruments were used:

- Secondary Traumatic Stress Scale (STSS): assessing symptoms of secondary traumatic stress, reflecting the emotional impact of indirect exposure to trauma through patient care.
- Quality of Professional Life Scale (5th edition): assessing both the positive (compassion satisfaction) and negative (burnout, secondary traumatic stress) dimensions of professional life.
- Posttraumatic Growth Inventory (PTGI): measuring positive psychological changes and personal growth experienced as a result of coping with pandemic stressors.
- Brief-COPE Scale: identifying coping strategies used by nurses, distinguishing between adaptive and maladaptive mechanisms.

Results: The results of the study indicate a persistent and significant psychological distress among caregivers in the post-pandemic context of 2024. The STSS scores revealed elevated levels of secondary

traumatic stress, underscoring the enduring emotional impact of the pandemic on healthcare workers. As demonstrated by the Quality of Professional Life Scale, a divergence in outcomes was observed. While a subset of nurses reported elevated levels of compassion satisfaction, a considerable proportion continued to exhibit high levels of burnout and secondary traumatic stress. This finding suggests that the adverse impact of the pandemic on professional well-being persists. The PTGI results revealed that some HCW experienced post-traumatic growth, suggesting the potential for positive psychological development despite the challenges encountered. Analysis of the Brief-COPE Scale depicted a diverse range of coping strategies, with evidence of both adaptive coping mechanisms, such as problem-focused strategies, and less adaptive responses, including avoidance behaviors.
Conclusions: In conclusion, the results emphasize the persistent psychological impact of the ongoing pandemic on healthcare professionals, even in the post-pandemic era. These findings underscore the necessity for the provision of sustained psychological assistance and interventions that are specifically designed to address post-pandemic stressors, with the aim of ensuring the long-term well-being of healthcare workers.

Disclosure of Interest: None Declared

EPV0551

Fear of COVID-19 and Its Relationship with eHealth Literacy: Impact on Mental Health and the Role of Personal Infection Experience

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Introduction: The advent of the Coronavirus Disease 2019 (Covid-19) pandemic in late 2019 precipitated a profound transformation in the daily lives of individuals across the world, with notable implications for global mental health. The fear of the virus became a significant source of anxiety and stress, compounded by the rapid dissemination of information, both accurate and inaccurate, through digital media. The growing reliance on digital platforms for health information during the pandemic underscored the significance of eHealth literacy, which pertains to the capacity to locate, comprehend, and utilize health data from digital sources. As reliance on digital platforms for health information increased, it became imperative to examine the potential impact of digital health literacy on fear and anxiety levels related to the novel coronavirus disease (2019-nCoV), also known as Coronavirus Disease 2019 (Covid-19).
Objectives: The objective of this study is to examine the relationship between fear of the Coronavirus disease 2019 (Covid-19) pandemic and mental health, while investigating the influence of eHealth literacy on these fears.
Methods: The study was conducted on a sample of 158 individuals from the general population, representing a diverse range of demographic characteristics. The data were collected using a structured questionnaire comprising three sections: demographic information, the Fear of Coronavirus Scale (FCV-19S), and the eHealth Literacy Scale (eHeals). A statistical analysis was conducted to investigate the relationships between demographic factors, levels of fear, and eHealth literacy. Additionally, a comparative analysis was performed to assess the differences between individuals who had and had not contracted the virus.
Results: The analysis revealed no statistically significant differences in the levels of fear regarding the novel coronavirus disease (Covid-19) or eHealth literacy between different demographic groups, including gender, age, education, and health status. Nevertheless, a statistically significant discrepancy was observed in the level of fear between individuals who had contracted the virus and those who had not. Specifically, those who had not been infected exhibited higher levels of fear compared to those who had previously contracted the virus. No significant differences were identified in eHealth literacy based on infection status.
Conclusions: In conclusion, the findings of this study indicate that while demographic factors do not appear to influence the level of fear or digital health literacy, personal experience with a confirmed case of infection does. Those who have not contracted the virus tend to experience greater fear, suggesting that familiarity with the disease may reduce anxiety. These findings underscore the necessity for interventions.

Disclosure of Interest: None Declared

Cultural Psychiatry

EPV0552

Determinants of Deliberate COVID-19 Spread: Exploring Psychological, Social, and Environmental Factors Behind Virus-Spreading Behaviors During a Pandemic in Saudi Arabia

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Introduction: While most individuals adhere to preventive measures during pandemics, a subset engages in behaviors that may intentionally spread COVID-19, presenting unique challenges to public health efforts.
Objectives: This study explores the psychological, social, and environmental factors influencing deliberate virus-spreading behavior in the Saudi Arabian population during the initial phase of the COVID-19 pandemic.
Methods: A cross-sectional online survey was conducted between April 3 and May 5, 2020, with 1,817 participants. The survey collected demographic information and variables related to virus-spreading inclinations. Descriptive statistics and Pearson's chi-squared tests were used to analyze associations between deliberate virus-spreading behavior and various characteristics, with statistical significance set at $p < 0.05$.
Results: Individuals who intentionally spread the virus (2% of the sample) were younger (mean age 22.9 vs. 29.3 years, $p < 0.001$),

predominantly female (81.1% vs. 65.6%, p = 0.033), and more likely to have a history of mental health issues (24.3% vs. 8.5%, p < 0.001) and conspiracy beliefs (45.9% vs. 26.2%, p = 0.003) compared to those who did not engage in virus-spreading behaviors. No significant differences were found regarding marital status, education level, or traumatic life events.
Conclusions: This study highlights key factors associated with intentional virus-spreading behaviors, such as younger age, mental health history, and conspiracy beliefs, underscoring the need for integrated mental health support and targeted misinformation interventions. Public health strategies should include age-appropriate messaging and digital outreach to mitigate the risks posed by intentional spread behaviors and enhance pandemic response efforts. Further research with larger, more diverse samples is recommended to expand understanding and improve intervention strategies

Disclosure of Interest: None Declared

EPV0554

Reducing inequalities in Mental Health Services - how to be more culturally sensitive in a culturally diverse world?

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Introduction: As psychiatrists, we provide care to patients from diverse cultural backgrounds, whose mental health is often affected by migratory trajectories and post-migration factors in the destination country, such as exposure to adversities and inequalities in access to healthcare. Moreover, culture plays a significant role in the presentation of symptoms and influences explanatory models of illness, health objectives, resources mobilized, and treatment styles. Thus, the social determinants of health are often distinct from those of the community of origin.
Objectives: The development of culturally sensitive and adapted services becomes essential to reduce healthcare inequalities. We intend to review the concept of cultural diversity and explore various models studied for intervening in mental health care in culturally diverse communities.
Methods: Narrative literature review through bibliographic research and publications in the Pubmed and Google Scholar databases, using the terms “cultural psychiatry,” “cultural competence,” and “migration.”
Results: Some barriers to healthcare access for the migrant population include ethnolinguistic barriers, stigma, resilience and minimization of symptoms and complaints, and issues related to accessibility and service costs. On the other hand, healthcare professionals also identify bureaucratic issues and report a lack of knowledge regarding different cultural practices, showing interest in obtaining more training in the area. Some strategies to adapt mental health services to cultural diversity include health literacy, “ethnic matching” techniques, interpreter and cultural mediator training, and building cultural competence for both healthcare professionals, institutions and healthcare systems. Cultural formulation uses specific tools to gather clinical information and cultural context, showing positive preliminary results.
Conclusions: Cultural competence represents a comprehensive response to the needs of migrant and culturally diverse population, requiring the acquisition of knowledge and skills at both the individual and organizational levels. Investing in training and research on cultural competence will further enhance the effectiveness and accessibility of mental health care, contributing to the reduction of inequalities and better health outcomes.

Disclosure of Interest: None Declared

EPV0557

When transgenerational trauma meets family secrets : a case study in the Tunisian population

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Introduction: More than any other field in medicine, psychiatry is marked by an individual’s life experiences and the cultural context surrounding them. When a patient presents a set of somatic and seemingly unrelated symptoms that can’t be explained by an underlying physical condition, the diagnosis can become challenging. However, when these symptoms are seen through the lense of their particular cultural context and their traumatic family history, these manifestations start to make sense.
Objectives: This paper aims to examine the relationship between transgenerational trauma and somatic manifestations without an underlying physical condition in an adult female partient N.
Methods: In order to investigate the psychological functioning of the patient N, we conducted a semi-structured interview followed by a set of psychological tests. We administered the Draw-a-Family Picture Test, the Rorschach Test and the Thematic Apperception Test (TAT). We also analysed the patient’s diary entries.
Results: N initially came to us with unexplained somatic symptoms and a generally depressive mood, finding it difficult to discuss certain topics like her sexual issues. The various elements we have collected through the tests and the interviews with the patient N have shed light on an event that occured within the father’s family, an incestuous rape. This event was the cause of the family’s breakdown, and we believe that the depressive symptoms, suicide attempts, as well as the incestuous atmosphere related to the patient N and her family are connected to this event and have continued to be unconsciously transmitted across generations.
Conclusions: This case study showed the importance of taking family history and cultural context into consideration when examining psychological functioning. Family secrets and seemingly unrelated past events can cause a transgenerational trauma affecting the descendants mental and physical health.

Disclosure of Interest: None Declared

EPV0559

Social integration and satisfaction in medical studies among foreign students in Tunisia

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Introduction: Foreign students are confronted to the multiple obstacles along their university studies. These obstacles can be related to the nature of the medical studies, the diversity and dense quantity of the subjects, and also to the interaction of the students with their colleges, their patients and the paramedical staff during the training. Psychological distress can, also affect the process of integration in society.
Objectives: To assess the factors influencing the social integration and the satisfaction of the foreign students in the faculty of medicine in Sfax-Tunisia.
Methods: We conducted a cross-sectional, descriptive and analytical study, carried out between July and September 2023 among foreign students at the Sfax Faculty of Medicine, via an anonymous self- questionnaire via "Google Forms shared via social media. Social integration was evaluated via the French version of the need to belong scale by Richer and Vallerand. The satisfaction of the medical studies was evaluated using the scale of satisfaction of studies by Vallerand and Bissonnette. Psychological distress was assessed using the "DASS-21" Depression, Anxiety and Stress Scale.
Results: Seventy-two foreign medical students completed the survey. The average age was 25 ± 3.45 years. Males represented 57% of the total participants. The majority of the participants were north Africans 87.5% (Moroccan: 68.05%, Mauritanian: 18.05% and Algerian 1.4%). The majority of respondents were single (77.8%). Sixty-one percent were enrolled in the third cycle of medical studies, 26.5% were enrolled in the second cycle of medical studies and 12.5% were enrolled in the first cycle of medical studies. The average length of stay in Tunisia was 6.5 years. Seventy-seven percent were satisfied with the choice of Tunisia for the medical studies. The male gender was statistically associated to the feeling of a better social integration (p=0.045). In addition, social integration was statistically associated to satisfaction in medical studies (p=0.004, r=0.034) and to academic performance (p=0.008). We found no statistical association between the level of the students nor the length of the stay in Tunisia. We found no statistical association between social integration and psychological distress.
Conclusions: The feeling of being an integral part of the social community can help alleviate the stress of adjusting to a new environment and improve emotional well-being, which can positively influence the learning experience and satisfaction of these foreign students.

Disclosure of Interest: None Declared

EPV0560

Socio-cultural and personal profile of international medical students in Tunisia

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Introduction: Foreign medical students in Tunisia represent a dynamic academic community, making an essential contribution to the global medical training. Their presence creates a vibrant academic ecosystem, conducive to discovery, intercultural exchange and medical innovation.
Objectives: To determine the socio-cultural and the personal profile of foreign medical students, in order to optimize their academic performance and facilitate access to a high-quality professional training.
Methods: We conducted a cross-sectional, descriptive and analytical study, from July to September 2023 among foreign students at the Sfax Faculty of Medicine via an anonymous self-questionnaire via "Google Forms" shared among students through social media. We used scale of satisfaction in studies, which is a 5-item scale, each rated on a 7-point Likert scale indicating the degree of agreement or disagreement with the statements.
Results: Seventy-two foreign student completed the survey. The average age was 25 ± 3.45 years. Students of Moroccan origin accounted 68.1%. The socioeconomic status was average in 93.1%. The majority of respondents were single (77.8%). One-third of the students lived with a roommate. Fifty-one per cent of the students had at least one family member in the healthcare field. Of those surveyed, 61.1% were enrolled in the third cycle of medical studies, 26.5% were enrolled in the second cycle of medical studies and 12.5% were enrolled in the first cycle of medical studies. The average length of stay in Tunisia was 6.5 years. Seventy-seven percent were satisfied with the choice of Tunisia for the medical studies. Seventy-nine percent of the students were satisfied with their academic performance. Coffee was the most consumed substance (88.9%) followed by tobacco (47.2%), alcohol (36.1%) and illicit drugs (26.7%). Fifty-nine percent (N=41) practiced sports and 16.7% had an artistic leisure activity. We found a statistical association between satisfaction and the practice of a leisure activity (p=0.007) and a statistical negative association with having a family member in the healthcare field (p=0.022). We found no statistical association with the choice of Tunisia as a destination even though the mean score was higher among the students that was satisfied with their choice. The quality of the studies in Tunisia as well as the geographic localization were the main reasons for choosing Tunisia No statistically significant association was found with gender, socioeconomic status or marital status, substance consumption.
Conclusions: The medical field studies are still challenging for students in general due heavy learning process and training process adding to that the personnel, cultural changes that a foreign student can face. Highlighting these aspects can contribute to improving their experience, by focusing on the learning process as well as making time to practice their leisure activities in order to break the routine.

Disclosure of Interest: None Declared

EPV0561

Influence of strength of motivation for medical studies among foreign students

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Introduction: The process of successfully joining medical schools, represents an important event for each student globally. The transition from one year to another needs much effort, sacrifice and perseverance in order to obtain the final goal of being a practitioner.
Objectives: To assess the strength of motivation for medical studies in foreign students.
Methods: We conducted a cross-sectional, descriptive and analytical study, carried out between July and September 2023 among foreign students at the Sfax Faculty of Medicine. Data collection was carried out using an anonymous self-questionnaire via "Google Forms shared among students via social media. We used the strength of motivation for medical school "SMMS" in its French validated version.
Results: Seventy-two foreign medical students completed the survey. The average age was 25 ± 3.45 years. Males represented 57% of the total participants. The majority of respondents were single (77.8%). Sixty-one percent were enrolled in the third cycle of medical studies, 26.5% were enrolled in the second cycle of medical studies and 12.5% were enrolled in the first cycle of medical studies. Of those surveyed, 83.3% had chosen medical studies as their first choice. For 59.7% of students, this choice was their own. The mean score for the motivational strength questionnaire was 42.4, as for the sacrifice dimension 14.6, for the start-up readiness 13.7, and 11.02 for the perseverance dimension. The mean score for the strength of motivation for medical studies was significantly lower in students enrolled in second cycle of medical studies (p=0.043) and in those who did not have their own choice of medical studies (p=0.037). We found no statistical association between the strength of motivation and having a family member in the medical field.
Conclusions: Motivation is a crucial aspect of the academic life of international medical students, shaping their learning path and overall experience. These students, often driven by dreams of a medical career, face obstacles linked primarily to adapting to a new educational system. The motivating strength that drives them to embark on and pursue medical training may be fueled by the desire to acquire clinical skills that will contribute to the provision of healthcare in their home countries.

Disclosure of Interest: None Declared

EPV0562

The misdiagnose of psychosis and its implications in some cultures. The experience of Doctors Without Borders (MSF) in South Sudan and Chad

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Introduction: In certain cultures psychological suffering is expressed with more somatic symptoms. Besides, they tend to describe more often hallucinations and other forms of perception problems.
Objectives: To describe and warn about the risks of misdiagnose when culture is not an element considered in the diagnosis.
Methods: Descriptive methodology based on practice and observation.
Results: In the last year MSF has been working in more than 40 countries such as South Sudan and Chad with local and refugee populations. The teams have provided treatment to people with anxiety, trauma related and depressive disorders. However, we have also treated many people with hallucinations in the context of trauma, forced displacement. Several patients presented sudden, abrupt symptoms such as fear, insomnia, anxiety, and hallucinations. These hallucinations are often related to the potential traumatic event, to the witness of violence or displacement. When it appears accompanied by flashbacks, hypervigilance, and other PTSD symptoms it may be considered as PTSD with psychotic like symptoms. But other times these hallucinations seem to be more linked to a depressive episode or adjustment disorder. We have witness several cultures where hallucinations are very common during grief processes. The main risks of a misdiagnose of psychosis is the mistreatment.
On another note, it is known that migrant and refugee status are associated with a higher prevalence of psychosis. Using the cultural lenses, should we question these findings? Is there maybe a bias or misdiagnosis in some of these research?
Conclusions: Not all people with sensory perceptual alterations can be diagnosed with psychosis. A proper diagnose that is adapted to the culture of the person is essential for a good quality treatment.

Disclosure of Interest: None Declared

EPV0563

Psychoprophylaxis, art therapy, occupational and play therapy in neuropsychiatrical recovery and rehabilitation center

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Introduction: Many beneficiaries are stuck and find it difficult to act creatively because they are used to being in a different place than where they are at that moment:
they lose their balance and the ability to move in harmony with the forces of the environment which, in the end, will support the expression.
They expect something different from what they are doing at that moment or they think that what they are doing is inadequate; they get stuck, they get caught in negative and confused thoughts.

Objectives: Even if a finished object or image is obtained, the research pursues, first of all, the way and the extent to which the creative process and execution of the artifact contributes to the improvement or healing of the studied beneficiaries. Correlative objective being the increase of their quality of life and their socio-professional integration. In assessing the motor functions of the beneficiaries, it is essential that the emphasis is placed on the outstanding and hidden motor abilities of each individual.The aim is to improve: coordination disorders, spatialization disorders, fine motor skills, sensoriality, creativity, socialization.
Methods: ORGANIZATION OF ACTIVITIES is done in three types of workshops, with different objectives and interventions,

- Occupational therapy workshop in the category that includes art therapy.
- Occupational therapy
- Relaxation, play therapy

CASE STUDY: Placement center Jucu PA, sex M, 16 years old.
Diagnosis: Secular infantile encephalopathy, behavioral disorders

- heteroaggressiveness, severe mental retardation, alalia.
- Uses modeling for self-expression and self-fulfillment. During work, he is not aggressive and relates to people who appreciate his work.

An advanced level is observed in modeling, even compared to normal people. Spatial abstract compositions from plasticine, expressive and balanced, are made at the beginning, the evolution is observed in the modeling of the figures (he starts to model personalized human figures), which he pairs chromatically, groups them into dancing figures, or groups them affectively and vertically. He also showed changes in his behavior: he smiled while working, clapped and recognized us when we entered the workshop, wanted to be photographed and petted (although normally he can't stand being touched). He showed interest in the camera and in the modeling works of other children from Placement center.
Results: Work in visual arts and design therapies aims to create a product. The benefits arise from experiences based on artistic creativity: materializing ideas and solving unexpected results.

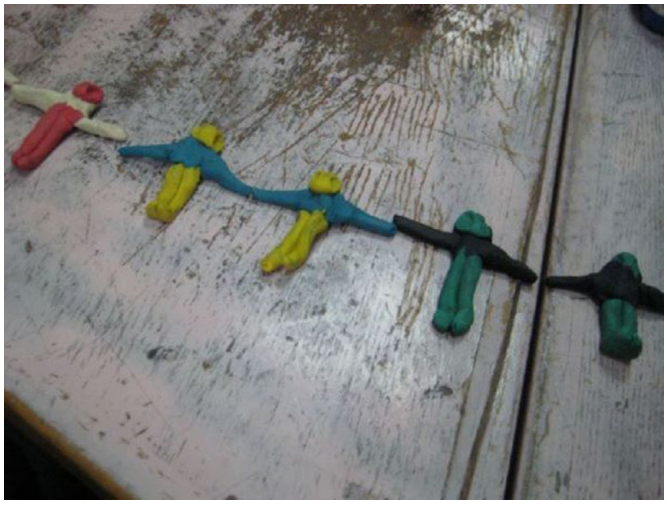
Image 1:



Image 2:



Image 3:



Conclusions: The artistic image becomes significant in strengthening the verbal exchange between the beneficiary and the art therapist, solving problems and formulating new perceptions that in turn lead to positive changes, growth and healing.

Disclosure of Interest: None Declared

EPV0564

From therapeutic to aesthetic value in education/art/occupational therapy: creative potential and tactile value

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Introduction: Fingerprints multiply man in space and time. Educating man with his hand, he learns how to master spatial extent, weight, density, proportion, organizes the activity in order to experience the action. The beneficiary creates a unique universe in which he leaves his mark everywhere. Ergonomics is considered as the "science of work", having the "man-work" relationship as its object of study. In art therapy, occupational and play therapy, which is based on traditional aesthetics, we talk about "sublimation". (ChirilăE & Câmpean & Drăgan-Chirilă.D, 2021- 10-13 April)

Objectives: By means specific to the visual arts, hidden, overdue individual skills are detected, which bring the beneficiary closer to normality, to real life. We can observe that all things in nature are shapes modeled in volumes made up of fillings and voids, which constantly transform the appearance of the world. All these angles are synthesized in the brain, in order to understand the three-dimensionality of the environment as a unitary whole. This happens when we are in a position to be aware, actively, of the deep relationships that the environment implies, in general.

Methods: Tactile value is the origin of any act of creation, the hand removes the sense of touch from receptive passivity. The evaluation of fine and gross motor skills is done by modeling, we use the sense of touch, we follow the use of hands during creation. In the testing activities through product analysis we use the visual language, that of the symbolic language of anthropomorphism. Holistic training is done on the potter's wheel or through 3D multimedia installations. Creating works of art, artefacts, or using arts-based jobs are test activities for art therapy, occupational therapy and ergotherapy, which provide us with information about the author with the help of images and shapes. Each beneficiary can create the images themselves, with which they want interact or can use arts materials and games according to his needs of expression.

Results: These activities allow the beneficiaries to reach a certain level of introspection and to "work through" their problems in a constructive manner. The activities can be approached in several distinct groups of people, who can be qualified in different artistic professions such as: visual artist, decorator, designer, they can practice adaptive-"raw arts". (Chirila, E 2011, PhD Thesis p 398)

Image 1:



Image 2:



Image 3:



Conclusions: The foundations are laid for an occupational therapy workshop for adults with special needs. In these types of activities, the beneficiaries who do not have artistic skills can learn useful skills for CES persons, who, to pursue a productive goal like "Work for the disabled". (Chirila, E 2018 p50)

Disclosure of Interest: E. Chirila Consultant of: NO

EPV0567

Experiences of ethnic minorities engaging with mental health services during and beyond the pandemic

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Introduction: The pandemic exacerbated existing mental health support disparities faced by ethnic minorities in the UK. Many ethnic minorities entered care through crisis pathways, receiving more severe diagnoses than their white British counterparts. Additionally, they were 40% more likely to access mental health services via the criminal justice system. Despite these challenges, research on their evolving experiences with mental health services remains limited.
Objectives: To explore the interactions between ethnic minorities and mental health services. By understanding their engagement and coping strategies, we aimed to capture how these experiences have impacted their mental health and well-being.
Methods: This study was conducted in Northern England, a region with high mental health needs but limited research activity. In-depth, semi-structured interviews were held with a purposive sample of ethnic minority adults with diverse mental health conditions (ethical approval 22/WS/0164).
Two independent researchers conducted interviews remotely or in person between March and September 2023, with consent confirmed before each interview. The topic guide, co-produced and piloted with an advisory group of ethnic minority individuals, carers, and clinicians, focused on service engagement, support experiences, coping strategies during the pandemic, and suggestions for improvement. Data were analysed using a framework approach, with themes and subthemes categorized in a matrix for each transcript. Two researchers independently double-coded a sample of interviews to ensure validity, with the team and advisory group reviewing and finalizing the analytical framework.
Results: Thirty-two ethnic minority individuals were interviewed, revealing five key themes: barriers to managing mental health; limited engagement with health services; preference for community support; reliance on community support during service interruptions in the pandemic; and the need for service-community collaboration. Cultural stigma often led to fear and reluctance to seek support, and participants struggled with non-culturally sensitive health services. Instead, they preferred community-based support, which persisted during the pandemic despite service disruptions. Participants advocated for collaboration between mental health services and ethnic minority communities to enhance cultural understanding and patient-centred care.
Conclusions: Ethnic minorities with mental health conditions face significant challenges in accessing and engaging with services. Addressing these issues requires integrating culturally sensitive approaches into existing frameworks, achieved through collaborations with ethnic minority communities to better understand their unique contexts. Incorporating cultural considerations into service delivery can enhance engagement and improve outcomes for diverse populations.

Disclosure of Interest: None Declared

EPV0569

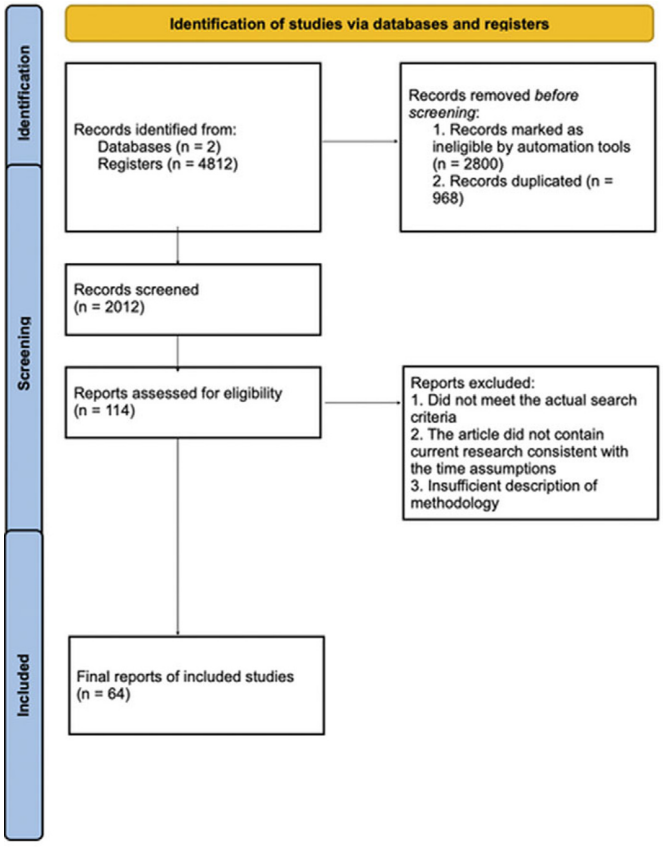
Is religion opium for the masses? Role of spirituality in mental health

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Introduction: The relationship between human mental health and religiosity (or broadly understood spirituality) has been the subject of interest of scientists, including philosophers, for hundreds of years. For centuries, religion has played a key role in shaping people's psychosocial and moral development, both positively and negatively. Spirituality should also not be treated as a practice solely related to attending temples or praying. Certainly, a common feature of all types of spirituality is the search for a deeper meaning that goes beyond the material experience of life.
Objectives: The aim of the study was to analyze available scientific research in terms of the relationship between religiosity, spiritual practices and faith with selected parameters of human mental health.
Methods: The PubMed and Cochrane Library databases were searched for in this analysis. The search phrases used were: "spirituality/religion AND mental health", "spirituality/religion AND depression", "spirituality/religion AND anxiety", "spirituality/religion AND suicide" [Image 1].
Results: The relationship between spiritual practices or religiosity and the occurrence of depressive symptoms is not clear. By far the largest number of analyses was conducted in the United States, where, due to the heterogeneity of society, different beliefs and spirituality are present. Despite the high heterogeneity of studies, a high level of spirituality is usually associated with a lower intensity of anxiety symptoms. Obsessive thoughts are relatively often associated with religious motives. An interesting assumption is the concept that religion as a set of rules and practices that require strict adherence may be the foundation for the development of OCD. Religion may reduce the frequency of fantasizing about death, which is confirmed by studies conducted in various religious populations. Differentiating psychotic symptoms from spiritual experiences may be a significant diagnostic difficulty.

Image 1:



Conclusions: The intensive period of socio-cultural and economic changes has an impact on people's attitudes towards religiosity, their sense of belonging to a religious group, or spirituality in general. As the available analyses show, spirituality can be a protective or burdensome factor, or it can have no impact on a person's mental well-being. The studies available in medical databases show significant heterogeneity in this respect, which makes their direct comparison difficult. Another methodological problem seems to be the assessment of spirituality. We cannot forget about the cultural context in the assessment of societies. An interesting analysis would be to assess the relationship between specific forms of spiritual practice and their intensity with reference to tradition, gender, age, and geographical region. Considering the aspect of spirituality in human life is part of a holistic view in medicine.

Disclosure of Interest: None Declared

EPV0571

Psychological Well-Being, Self-Esteem, and Body Image Satisfaction Among Pregnant Tunisian Women: A Study from Monastir Maternity Department

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Introduction: Pregnancy induces significant physiological and psychological changes. This study evaluates self-esteem, body image satisfaction, and psychological well-being among pregnant women at Monastir Maternity Center, Tunisia.
Objectives:
1. To assess self-esteem and body image satisfaction among pregnant women.
2. To evaluate the psychological well-being and the adequacy of support provided during pregnancy.

Methods: Conducted over two months (March-April 2022) with 62 participants (88.57% response rate) at Monastir Maternity Center. Self-esteem was measured using the Rosenberg Self-Esteem Scale (RSES), and body image satisfaction was assessed with the Body Image States Scale (BISS). Sociodemographic, obstetric, and psychosocial variables were collected.
Results: The study included 62 participants, with an average age of 31.68 ± 7.49 years. Most participants (62.9%) were stay-at-home individuals, and two-thirds reported their current pregnancy as desired.
Body image satisfaction, measured by the Body Image States Scale, averaged 5.32 ± 3.67, indicating moderate satisfaction.
Self-esteem was low in 79% of participants, while 74.2% had no depressive symptoms and 90.3% had no anxiety symptoms.
Half of the participants (50%) reported their psychological well-being was addressed during pregnancy, with the majority (41.9%) receiving support from family members. Three-quarters (75%) considered pregnancy consultations the best time to discuss psychological issues. Almost all (98.4%) wanted additional psychological support. Over half (56.5%) talked about their pregnancy difficulties with someone, while 22.6% did not address them, and 21.0% did not experience any difficulties.
Conclusions: The study highlights a significant prevalence of low self-esteem and moderate body image satisfaction among pregnant women.. The study also reveals that while many women discuss their difficulties with others, there remains a gap in addressing psychological issues adequately, particularly considering the majority of participants desire more support.

Disclosure of Interest: None Declared

EPV0572

Mental health professional impact of dualistic approach on the biological model of depression

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Introduction: In psychopathology, a dualistic approach often refers to the conceptual separation of the mind and body as distinct entities, which can influence how mental disorders are classified and diagnosed. This separation may lead to biased judgments and contribute to the stigmatization of mental health conditions. It can also encourage alternative conceptualizations of mental health

disorders and promote new methods of classifying mental health issues beyond traditional biomedical or behavioral frameworks.
Objectives: The goal of our research was to examine the impact of psychiatrists' and psychologists' dualistic perspectives on the biological model of depression using the PLS-SEM model.
Methods: This cross-sectional study carried out in the Republic of Croatia in 2018, involved 238 participants, comprising 122 psychiatrists and 116 psychologists. We applied the Maudsley Attitude Questionnaire to examine the preferences of psychiatrists and psychologists in choosing the biological model of depression. Their dualistic perspectives were assessed using the Stanovich Mind-Body Dualism Scale. In the PLS-SEM modeling, dualism and monism were observed as exogenous latent variables in the model, and their impact on the biological model, which represents the endogenous latent variable, was analyzed. All model indicators are reflective.
Results: Psychiatrists (M = 14.71, SD = 2.27) and psychologists (M = 13.77, SD = 2.69) predominantly support the biological model out of Harlands' 8 models of mental disorders in defining depression. The PLS-SEM initial reflective model is significant ($p = 0.002$) even though the fit indices provided mixed results. The GFI (0.963) and SRMR (0.059) suggested a good or acceptable fit, but the CFI (0.862) and RMSEA (0.095) indicated that the model requires further refinement. The R^2 value revealed that the model explained 61.3% of the variance in the endogenous variables.
Conclusions: Mental health professionals prefer the biological approach in explaining the etiology, classification, research, and treatment of depression. Supporting a dualistic perspective had a significant negative total effect ($p < 0.05$) on the choice of the biological model of depression.

Disclosure of Interest: None Declared

EPV0574

Importance of Religious Understanding in Psychiatric Evaluation: A Case Report of a Palestinian Christian Patient

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Introduction: Religion plays a big role in daily life in Palestine: it helps give meaning and purpose and creates communities and mutual understanding. Thus, individuals frequently bring up various thoughts and ideas with religious themes and undertones during psychiatric interviews, reflecting their inner and outer experiences. Religious references can be misunderstood when discussed by individuals of religious minorities, such as Palestinian Christians, who comprise around 1% of the Palestinian population in the West Bank (2023 Report on International Religious Freedom). Studies on the mental health of Palestinian minorities are almost nonexistent.
Objectives: Examining the responsibility of psychiatrists to provide culturally sensitive care to their patients, including religious minorities.
Methods: A case report of a Palestinian Christian patient admitted to an acute psychiatric ward in Palestine. This 37-year-old male patient, who has struggled with mental health issues for the past 4 years, presented to Bethlehem Psychiatric Hospital after 10 days of suspiciousness, disturbed behavior, and verbal aggression toward family members. On examination, the patient was found to have a tense elevated mood with persecutory, reference, and grandiose delusions. The patient frequently brought content and references from the liturgy and the New Testament. Blood and urine tests were within normal range and showed no substance use. The patient was started on Olanzapine 15mg and Valproate 400mg.
Results: A review of his hospital file revealed that after 2 weeks on medications, he no longer displayed ideas of delusional intensity. However, the patient mentioned events and lessons from the books of Revelation and Acts of the Apostles of the Christian Bible. He had a particular fascination with their relation to the Old Testament and the image of "tongues of fire" from the Pentecost. Due to his prior psychotic symptoms and limited overall knowledge of Christianity, it was difficult for many staff members to assess his thought content. These challenges were overcome by discussions with Christian hospital staff, gathering collaterals from his family, and self-education. The patient was using moments of transition in the Bible to describe his transition to a non-psychotic state. He was discharged soon after and referred to a community mental health center.
Conclusions: It is common for Arab patients to have psychiatric pathology of religious themes. These are important to distinguish from cultural expressions of emotions and experiences. To provide inclusive and comprehensive care, it is essential for clinicians to have an appropriate understanding of the religions, spirituality, and diversity of the populations they are serving.

Disclosure of Interest: None Declared

EPV0578

God's Ultimatum: The Role of Delusional Guilt in Religious Psychosis

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Introduction: Religious content often shapes the nature of psychotic delusions, particularly those involving guilt or grandiosity. Patients may interpret their faith as direct communication from a divine source, influencing both their thoughts and actions. This case report presents a 27-year-old male with a strong Evangelical background who experienced a sudden onset of manic and psychotic symptoms, including messianic delusions. He believed God gave him a divine ultimatum: either fast for 28 days or his mother would die. His response to this delusion—self-imposed starvation—led to life-threatening behavior, showcasing the impact of delusional guilt in religious psychosis.
Objectives: This report aims to illustrate how delusional guilt in religious psychosis can lead to dangerous behavior, explore the role of religious context in shaping psychotic content, and discuss the clinical challenges and outcomes of pharmacological treatment in such cases.
Methods: Case report; a non-systematic review was conducted by searching academic databases such as PubMed and Google Scholar, using the key-words "religion and psychosis", "transcultural psychiatry", "religious delusions".
Results: The patient was admitted to a psychiatric unit after attempting self-starvation as a result of his belief that God had

given him a life-or-death ultimatum. His psychosis included messianic delusions, interpreting license plates as divine messages. The patient exhibited manic symptoms, such as elevated mood, hyperactivity, and pressured speech. A treatment plan with Paliperidone, titrated to 9 mg/day, and Sodium Valproate, titrated to 1000 mg/day, was initiated.After two weeks of treatment, the patient's symptoms showed significant improvement. His delusional intensity decreased, and he began to question the validity of his beliefs. Manic symptoms also diminished. By the end of the fourth week, the patient no longer exhibited psychotic thinking, and his insight into the irrational nature of his previous beliefs had increased. He resumed normal eating habits, and the risk of further self-harm related to delusional guilt was eliminated. The patient was discharged with ongoing outpatient follow-up and maintained on the same medication regimen.

Conclusions: This case illustrates the role of religious delusions in shaping dangerous behaviors, particularly when driven by delusional guilt. The patient's belief that he was receiving divine communication leading to self-starvation highlights the clinical complexity of managing psychosis intertwined with spiritual beliefs. Cultural competence played a vital role in treatment, as understanding the patient's religious context was essential in addressing his delusions. This case underscores the importance of individualized, culturally informed care in the management of religious psychosis.

Disclosure of Interest: None Declared

EPV0579

The Impact of Separation Anxiety and Psychological Resilience on Parental Attitudes in Individuals Who Attended Boarding School During Adolescence

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Introduction: Boarding schools, seen across various cultures and regions, aim to broaden access to quality education, especially for disadvantaged groups. These schools, operated by different institutions, offer distinct educational approaches. State-affiliated boarding schools centralize resources to provide conditions not easily available elsewhere, fostering independence and discipline. Families often send their children to boarding schools, hoping they will gain opportunities to improve their lives and possibly benefit the family as a whole. However, early separation from family can have both positive and negative long-term effects on children's socio-emotional development.

Objectives: One of the potential outcomes is undoubtedly separation anxiety, which may arise from early separation from the family. On the other hand, this separation might also result in an increase in psychological resilience, as it forces individuals to live independently at an early age. In this study, we aimed to explore how separation anxiety and psychological resilience are impacted by this experience, and how these effects influence the parental attitudes that individuals adopt when raising their own children.

Methods: The study was designed as a case-control study, and participants were recruited through snowball sampling. Data were collected either through face-to-face interviews or online surveys. To gather data, a Sociodemographic Data Form, which included personal and educational information, along with the DSM-5 Separation Anxiety Disorder Severity Scale-Adult Form, the Resilience Scale for Adults (RSA) and Parentıng Attıtude Scale (PAS) were used. After examining whether the data were normally distributed based on Skewness and Kurtosis values, Student's t-test, Mann-Whitney U, and Chi-square tests were used for group comparisons. Relationships between variables were analyzed using Pearson and Spearman correlation tests, as well as Stepwise Regression analysis.

Results: A total of 107 volunteers who attended boarding school during adolescence participated in this study. Of these, 41 were male (38%), and 39 (36%) attended boarding school during high school. The average total score for separation anxiety was 0.890 for those who attended boarding school and 0.675 for those who did not.

Conclusions: This study has allowed us to gain a deeper understanding of the impact of an educational and social phenomenon, such as attending boarding school, on mental health. It is valuable in demonstrating the effects of established social institutions on individual mental health, and to the best of our knowledge, it is among the first studies of its kind. The examination of its impact on parental attitudes also sheds light on the intergenerational transmission of these changes.

Disclosure of Interest: None Declared

EPV0580

Ethnoterritorial features of paranoid schizophrenia with comorbid dependence on synthetic cannabinoids

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Introduction: It is indisputable that against the background of the popularity of various chemical addictions among patients with schizophrenia, it is relevant to study the joint clinical and pathomorphological deformation of two nosological phenomena of paranoid schizophrenia and dependence on modern, increasingly popular drugs, synthetic cannabinoids in various ethno-territorial groups. It is important to consider issues of mutual deformation of mental disorders, their progression, behavioral characteristics and adaptation.

Objectives: to study the ethno-territorial features of paranoid schizophrenia comorbid with abuse of synthetic cannabinoids, clinical dynamics, behavior and adaptations.

Methods: follow-up, clinical-psychopathological methods (PANS, SANS, CGI, MMPI, CGI, STAI, LSI, TPA, ICD-10), statistical (Python 3.11.0).

Results: 193 men (aged 18 to 35 years) were examined: 142 patients with paranoid schizophrenia dependent on synthetic cannabinoids F20.xx+F12.2xx and 51 - F20.xx without drug addiction. The study took place from 2018 to 2024 on the basis of psychiatric institutions in Russia - Tomsk Region, St. Petersburg, Noyabrsk and

Nizhnevartovsk. The phenomenon of abuse of synthetic cannabinoids leads to the development of diseases. Persistent exogenous visual and delirious disorders are included in the complex of symptoms of exacerbation of schizophrenia; A new symptom of pseudohallucinoids appears - thought disorders of an associative (fantasy) disease that arose against the background of long-term exogenous (toxic) effects of the drug on the subject type, usually against the background of a primary endogenous schizophrenic process.
Conclusions: The leading position among patients with schizophrenia who use synthetic cannabinoids in the temperate continental climate zone of Russia was occupied by the following ethnic groups, taking into account the hierarchy: Russians, Tatars; Uzbeks; Germans; Azerbaijanis and Armenians.

Disclosure of Interest: None Declared

Depressive Disorders

EPV0582

Intranasal esketamine in treatment-resistant depression: Descriptive study of our clinical experience

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Introduction: Major Depressive Disorder (MDD) represents a significant challenge for global public health, profoundly affecting social and economic well-being. It is estimated that around 30% of patients do not respond to standard therapies, being classified as Treatment-Resistant Depression (TRD) patients. Intranasal ketamine emerges as a promising therapeutic option for these patients.
Objectives: The objective of this study is to analyze the actual clinical use of intranasal esketamine in a sample of patients with treatment-resistant depression (TRD).
Methods: A descriptive study of different socio-demographic and clinical variables was conducted to analyze the profile of TRD patients treated with intranasal ketamine in the Vigo Health Area.
Results: A study was conducted on 33 TRD patients (48% women), with an average age of 52.77 years. In the current episode, it was observed that 24.2% had received electroconvulsive therapy and 41.7% had experienced at least one psychiatric admission. Additionally, 66.7% had visited the emergency room for psychiatric reasons, while 50% presented with comorbid anxiety, 15% with obsessive-compulsive personality disorder, and 21% with fibromyalgia.
The analysis showed that 88% of the participants had failed at least six lines of treatment, with an average of 4.18 concomitant treatments at baseline. The response to intranasal ketamine was evidenced, for the most part, in the second week of treatment, with a notable increase in the use of the 84 mg dose. In 60% of patients, the induction period was set at 4 weeks and a decrease in MADRS scale scores was observed at weeks 4, 8, and 12. No adverse effects were reported that had not been previously recognized in clinical trials. Adverse effects were rare and mild.
Conclusions: The study indicates that patients presented with highly complex depression, which explains the prolonged induction periods. The good tolerability of ketamine has facilitated a rapid increase to 84 mg dosage in most cases. Although this sample does not align completely with the typical profile of patients who respond well, intranasal ketamine was effective in 70% of cases, similar to the findings of clinical trials. It is suggested that the accumulated knowledge about the drug has contributed to these clinical improvements. Additionally, a more flexible approach has helped patients with low expectations of response.

Disclosure of Interest: None Declared

EPV0583

Prevalence and Risk Factors of Modern-Type Depression in Oman: Validation of the Arabic TACS-22 Scale

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Introduction: Emerging mental health crises in the global south highlight challenges in applying psychological frameworks that primarily originate from wealthy nations in the global north. The concept of modern-type depression (MTD), first recognized in Japan, has recently gained attention due to its divergence from the DSM criteria. MTD manifests itself as a reluctance to engage in social roles, a withdrawal from social norms, and vague omnipotence. Oman, a rapidly developing nation, shows patterns of social withdrawal similar to MTD. This study aims to validate the Arabic version of Tarumi's Modern Depression Trait Scale (TACS-22), evaluate its factor structure, and explore the prevalence and risk factors of MTD in Oman.
Objectives: The entrance of urbanization and digitation has heralded 'de novo psychopathologies' such as those that go under the umbrella of modern-type depression (MTD). To date, the presence of the MTD and the factors associated with it have yet to be explored. Related aims are to conduct exploratory factor analysis (EFA) and confirmatory factor analysis (CFA) to confirm the factorial validity of the 22-item Tarumi's Modern-Type Depression Trait Scale.
Methods: An online survey was conducted in March 2023 with a convenience sample of Omanis aged 18 and over. The survey included the Arabic-translated TACS-22 scale and the PHQ-9 to assess depressive symptoms. An exploratory factor analysis (EFA) was performed to determine the structure of the TACS-22 factor and internal consistency was assessed using Cronbach's alpha. Sociodemographic and clinical data was collected to explore possible risk factors for MTD and univariate and multivariate logistic regression analyses were performed to examine associations.
Results: A total of 1009 participants completed the survey, with a response rate of 50%. The majority were female (70.3%) with a

mean age of 31.1 ± 8.5 years. The prevalence of MTD was 25.3%, with significant associations found between MTD and socio-demographic factors such as sex, marital status, age, and occupation ($p < 0.05$). Furthermore, clinical factors such as mental illness, adverse childhood experiences (ACE), and depressive symptoms were also significantly associated with MTD. The EFA revealed a three-factor structure: Avoidance of social roles, low self-esteem, and complaints, consistent with previous studies, with acceptable internal consistency (Cronbach's $\alpha = 0.77$).

Conclusions: MTD is prevalent in Oman, particularly among younger individuals, students, and the unemployed. The Arabic TACS-22 scale demonstrates acceptable validity and reliability, providing a useful tool for identifying MTD traits in non-Western contexts. Socioeconomic changes in Oman can contribute to the emergence of MTD, and further research is needed to explore tailored interventions for this population.

Disclosure of Interest: None Declared

EPV0584

Esketamine Nasal Spray in the Treatment of Depression: A Comprehensive Analysis of its Efficacy and Safety in 107 Patients of Sulwan Psychiatric Hospital in Kingdom of Bahrain

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Introduction: Depression is one of the most disabling diseases worldwide, but despite numerous attempts to investigate novel drugs, no significant step forward has been taken so far. Traditional antidepressants, including selective serotonin reuptake inhibitors and serotonin and norepinephrine reuptake inhibitors, have been shown to have a slow onset of action and require assessing these drugs for up to eight weeks to determine their effectiveness. As a result, there is an urgent medical need for new, rapid, and effective treatments like Esketamine Nasal Spray for the large number of patients suffering from the disease.

Objectives: In our study, treated with esketamine nasal spray in an inpatient setting, we were able to show better functioning and severe depression, and, at the same time, a reduction in suicidal thoughts was documented. Our 107 analyzed patients demonstrated that this drug is safe and suitable for short-term use.

Methods: One hundred and seven (107) participants with major depressive episodes (MDE) were examined at Sulwan Psychiatric Hospital. The study, spanning 12 weeks, comprised two treatment protocols. After they had been educated concerning the two groups, the subjects decided their preferred treatment protocols. During the four-week induction phase, 56 mg - 84 mg of drug treatment twice a week was administered to the subjects. Then, based on whether they showed clinical response during the induction phase, the subjects entered the eight-week maintenance phase with 28 mg-56 mg twice monthly.

Results: In total, after 14 administrations, all depressive scores decreased significantly, indicating an improvement in depressive symptoms. Esketamine had a fast onset of action, so that already half of the patients felt better after the 2nd administration and 75% showed an effect after the 4th administration; not only the reduction of the mean but also that of the median illustrated a quick relief.

Conclusions: Our main results confirm the unique contribution of this study. In summary, the intranasal administration of esketamine is effective in patients with treatment-resistant depression (TRD) due to major depressive disorder (MDD) and bipolar disorder (BD).

Disclosure of Interest: None Declared

EPV0586

Efficacy of accelerated intermittent Theta-Burst Stimulation (aiTBS) in treatment-resistant depression: study protocol for a randomized controlled trial

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Introduction: New antidepressant treatments are needed that not only demonstrate strong efficacy but also act quickly, are safe for long-term use, and are well-tolerated by patients. Accelerated intermittent Theta-Burst Stimulation (aiTBS) is a promising form of noninvasive brain stimulation in the treatment of depression (1). iTBS stimulation is a time saving and cost-effective technique, and could provide long-lasting improvement of treatment-resistant depression (TRD) (2). Currently, there is limited evidence regarding the role of aiTBS within treatment algorithms for TRD compared to placebo.

Objectives: This is a single-center, double-blind, randomized, placebo-controlled pilot intervention study, designed to evaluate the efficacy and safety of aiTBS for TRD.

Methods: Stimulation will be administered in 10 daily sessions, one session every 50 minutes, over 5 days, for a total of 50 sessions. Each session will consist of 3 minutes of stimulation at a frequency of 50 Hz, delivering 600 stimuli per session, with an intensity of 120% of the motor threshold targeted at the left dorsolateral prefrontal cortex.

Results: Participants must be adults aged 18 to 75 years (inclusive), and meet the criteria for TRD, unresponsive to two antidepressants at an adequate dose and for an adequate duration with a stable dose for at least 4 weeks. Assessments, including HDRS, PHQ-9, EQ-5D-5L, SDS, CGI-S, and MGH-ATRQ, will be conducted at the baseline visit, at the end of the treatment, one and three months after the treatment.

Conclusions: Accelerated protocols are an emerging area of interest in the treatment of TDR, but several issues remain to be clarified, including the durability of their effects, safety, and feasibility of implementing these protocols in outpatient settings in routine clinical practice.

Disclosure of Interest: None Declared

EPV0588

Cognitive-Behavioral Therapy Versus Traditional Approaches in Treating Anxiety-Depression Among International Medical Students

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Introduction: Adapting to a new socio-cultural environment presents a major challenge for African medical students, often leading to the development of anxiety-depressive disorders. To date, a number of therapeutic approaches including psychotherapy, educational programmes and pharmacological treatments are available, but their comparative effectiveness for this group remains poorly researched.
Objectives: The present study aims to comparatively evaluate different methods of psycho-emotional state correction.
Methods: The study included 72 African undergraduate medical students (age range 18-23 years, 54.9% female, 45.1% male).
Participants were assigned to three therapeutic groups. Statistical processing with post-hoc test and Bonferroni correction confirmed the benefit of the psychotherapeutic approach in reducing levels of anxiety and depression ($p \leq 0.01$). An 8-week cognitive-behavioural therapy programme demonstrated the greatest effectiveness. A one-day educational workshop showed moderate efficacy. Medication therapy with antidepressants for 8 weeks resulted in minimal improvement.
Results: Participants were assigned to three therapeutic groups. Statistical processing with post-hoc test and Bonferroni correction confirmed the benefit of the psychotherapeutic approach in reducing levels of anxiety and depression ($p \leq 0.01$). An 8-week cognitive-behavioural therapy programme demonstrated the greatest effectiveness. A one-day educational workshop showed moderate efficacy. Medication therapy with antidepressants for 8 weeks resulted in minimal improvement.
Conclusions: Cognitive-behavioural therapy demonstrated the greatest efficacy in the correction of anxiety-depressive disorders in international medical students, outperforming both educational and pharmacological interventions. Subjective satisfaction of participants was also higher in the psychotherapy group, indicating that it is appropriate to prioritise the use of non-pharmacological methods in this population.

Disclosure of Interest: None Declared

EPV0589

Exploring Postpartum Depression : Sociodemographic and Pregnancy-Related Influences

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Introduction: Postpartum depression is a widespread mental health condition affecting mothers in the weeks and months following childbirth, with potentially significant impacts on both maternal and child well-being. Several factors have been linked to an increased risk of postpartum depression, including perceived social support, sociodemographic characteristics, and pregnancy-related factors.
Objectives: This study aims to investigate postpartum depression prevalence among postpartum women and its associated factors.
Methods: We conducted a cross-sectional descriptive and analytical study targeting women in their first week postpartum who had been admitted to the gynaecology-obstetrics department of the Hedi Chaker University Hospital in Sfax, Tunisia. The study was conducted over a three-month period (October, November and December 2023). To assess the prevalence of postpartum depression, we used the Tunisian Arabic version of the Edinburgh Postnatal Depression Scale (EPDS). A cut-off score of 10 or more on the EPDS Scale indicates the presence of postpartum depression.
Results: Our sample consisted of 220 paturients. The mean age of patients was 31.1 ± 6.6 years. Among the participants, 50.9% came from rural areas. Unwanted pregnancy was reported by 41.8%, with 13.2% having considered abortion. Socioeconomic challenges were notable, with 32.7% of participants reporting low socioeconomic status. Poor marital relationships were reported by 10.9% of the parturients. Additionally, 7.3% had a poor relationship with their mother.
Post partum depression (EPDS ≥ 10) was present in 20.9% of participants.
Depression was significantly linked to: younger age ($p=0.001$), being single or divorced ($p=0.003$), lower level of education ($p=0.005$), unemployment ($p=0.03$), and low socioeconomic status ($p=0.007$). Poor marital relationships also showed a strong association with depression ($p=0.013$). Additional risk factors included unwanted pregnancy ($p=0.003$), difficulty accepting the pregnancy ($p<0.001$), exaggerated sympathetic signs ($p=0.011$), lack of pregnancy follow-up ($p=0.004$), and pregnancy complications such as gestational diabetes and hypertension. Depression was also associated with post-partum stressors, including spontaneous labor ($p=0.044$), complications after delivery ($p=0.022$), infant malformations ($p=0.001$), prematurity ($p=0.001$), poor infant health ($p<0.001$), and lack of breastfeeding ($p<0.001$).
Conclusions: These findings highlight the role of both socioeconomic and pregnancy-related factors in maternal mental health. Understanding these interconnected factors is essential for identifying at-risk populations and implementing targeted interventions to support maternal mental health.

Disclosure of Interest: None Declared

EPV0590

Real clinical experience of inhaled esketamine in depression and chronic pain. A retrospective study

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Introduction: Chronic pain is very prevalent in the population, with an estimated prevalence of 20.5% of the adult population experiencing pain every day or most days. Chronic pain is one of the main factors that generate dysfunctionality in patients, and it can even lead to dependence in activities of daily living. Chronic pain is strongly associated with depression, and can induce a major depression which, due to its characteristics, will become chronic. Several studies have shown that intravenous ketamine can be effective in the treatment of chronic pain. Major depression associated with chronic pain has a worse outcome and is more frequently associated with resistance to pharmacological treatment, making the management of these patients a clinical challenge.
The present study shows the response in a series of cases with major depression and chronic pain treated with inhaled esketamine, showing their evolution through the Montgomery-Asberg Depression Rating Scale (MADRS) and Fibromyalgia Impact Questionnaire (FIQ) as main outcomes.
Objectives: The main objective of this study is to describe the use of inhaled esketamine in patients with major depression and chronic pain in real clinical practice, using the MADRS and FIQ as main outcomes to show the evolution.
Methods: Retrospective descriptive study with a sample selected by non-probabilistic consecutive sampling, retrospective type, in a time interval of 2 years. The patients selected were those who completed treatment with inhaled esketamine and had a diagnosis of major depression and a diagnosis of chronic pain at Hospital Universitario Infanta Elena. A descriptive analysis was performed. Mean and standard deviation were calculated for quantitative variables and N and percentage for categorical variables.
Results: A total of 5 patients with a diagnosis of major depression and chronic pain (n: 5) all treated with inhaled esketamine were included in the study. The efficacy of inhaled esketamine was high in the reduction of pain during the months of treatment with it, presenting an improvement in the MADRS and the FIQ. At the end of treatment, there was a significant difference between patients who had made changes in their daily life habits (sport, improved daily activities, improvement in the quality of life) and those who had not made changes in their daily life habits.
Conclusions: This study shows that inhaled esketamine may be a useful drug in the treatment of major depression associated with chronic pain. Treatment with esketamine improved depressive symptoms and also chronic pain. A significant influence of changes in lifestyle habits was observed in maintaining the response to pain relief once treatment with esketamine was finished. Longitudinal studies must be carried out to confirm this hypothesis.

Disclosure of Interest: None Declared

EPV0591

Real clinical experience of inhaled esketamine in psychotic depression. A retrospective study

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Introduction: Psychotic depression is a severe mental disorder that can cause severe suffering and dysfunctionality in the patient. It is characterised by the presence of major affective symptoms together with the presence of psychotic symptoms in the form of delusions and/or sensory-perceptual alterations. Psychotic depression is particularly severe when it becomes resistant to pharmacological treatment, often requiring the combination of antipsychotics with antidepressants and even the use of electroconvulsive therapy. Lifetime prevalence of psychotic depression ranges from 0.35% to 1%, being more frequent in the elderly. Previous studies have shown positive experience with intravenous ketamine in the treatment of psychotic depression, improving psychotic symptomatology and showing a good safety and tolerability profile. The present study shows the response in a series of cases with psychotic depression treated with inhaled esketamine, showing their evolution through the Montgomery-Asberg Depression Rating Scale (MADRS) as well as their safety and tolerability profile.
Objectives: The main objective of this study is to describe the use of inhaled esketamine in patients with psychotic depression in real clinical practice, using the MADRS as main outcomes to show the evolution.
Methods: Retrospective descriptive study with a sample selected by non-probabilistic consecutive sampling, retrospective type, in a time interval of 2 years. The patients selected were those who completed treatment with inhaled esketamine and had a diagnosis of psychotic depression at Hospital Universitario Infanta Elena. A descriptive analysis was performed. Mean and standard deviation were calculated for quantitative variables and N and percentage for categorical variables.
Results: A total of 5 patients with a diagnosis of psychotic depression (n: 5) all treated with inhaled esketamine were included in the study. The efficacy of inhaled esketamine was very high in the treatment of patients with psychotic depression, achieving a 100% response rate (MADRS<10). All 5 patients showed a rapid improvement in psychotic symptomatology, with cessation of psychotic symptoms in the initial phases of treatment, showing a rapid response. No worsening of psychotic symptoms was observed at any time with the administration of inhaled esketamine. Tolerability was excellent, with no serious adverse effects occurring during treatment administration.
Conclusions: The present study shows a high efficacy of esketamine in the treatment of psychotic depression, with a high response rate and an excellent tolerability profile. Inhaled esketamine could be a useful tool in the treatment of psychotic depression, helping to rapidly restore patients' functionality. Longitudinal studies must be carried out to confirm this hypothesis.

Disclosure of Interest: None Declared

EPV0593

Hostility and self-destructive behavior in depression

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Introduction: Self-destructive behavior in depression is most often a pathological way of emotional self-regulation, but it may increase

suicidal risk. In this regard, the identification of risk factors for self-destructive behavior is of practical importance.
Objectives: The aim was to study hostility as risk factor self-destructive behavior in depression.
Methods: The study included 155 women from 16 to 25 years old (mean age 19,77) hospitalized with depression in a clinic of FSBSI MHRC. The Buss-Perry Aggression Questionnaire (BPAQ), the Symptom Checklist-90-reserved (SCL-90-R), the Physical Appearance Comparison Scale—Revised (PACS–R), the Body Investment Scale (BIS), anamnestic data about self-destructive behavior, a question to assess the level of autoaggression («Sometimes I deliberately injure myself » was measured on a Likert scale from 0 to 5) were used. ANOVA and Spearman's rank correlation coefficient were used. To analyze the features associated with the level of hostility, the sample was divided into subgroups "with low hostility" (78 people, mean age 19.91) and "with high hostility" (77 people, mean age 19.6), according to the median value of the "Hostility" parameter of BPAQ - 23.
Results: Correlation analysis showed a statistically significant relationship between the level of "Hostility" and the frequency of "deliberately injure" ($r=0.19$, $p<0.05$). Comparison of subgroups according to the parameters of SCL-90-R showed a higher level of psychopathologic symptomatology in the group with high hostility: SOM (1.11±0.80 in the "low hostility" group vs. 1.50±0.85 in the "high hostility" group at p=0.001), OC (1.60±0.87 vs. 2, 16±0.77 at p=0.000), INT (1.32±0.84 vs. 2.16±0.90 at p=0.000), DEP (1.73 ±0.98 vs. 2.27±0.87 at p=0.000), ANX (1.27±0.92 vs. 1.90±1.01 at p=0.000), HOS (0, 89±0.87 vs. 1.41±0.89 at p=0.000), PHOB (0.81 ±0.86 vs. 1.42±0.89 at p=0.000), PAR (0.74±0.65 vs. 1.43±0.84 at p=0.000), PSY (0.87±0.65 vs. 1, 26±0.78 at p=0.000), GSI (1.22±0.66 compared to 1.77±0.71 at p=0.000), PDSI (2.12±0.60 compared to 2.39±0.56 at p=.002), PSI (48.66±17.14 compared to 64.20±16.16 at p=0.000). BIS scores on the "body Investment subscale" (3.18±1.18 compared to 2.55±1.12 at p=0.001) on the total scale (3.38±0.58 compared to 3.15±0.54 at p=0.008) The PACS-R scale data demonstrate differences in the physical comparison parameter (2.02 ±1.37 versus 2.66±1.23 at p=0.002).
Conclusions: A higher level of hostility in depression in women with self-destructive behavior is associated with both a worse mental status and a stronger rejection of one's body, manifested in a decreased concern for it and an increased need to compare oneself with others. This allows us to consider hostility as one of the markers of high risk of self-harming behavior in depression.

Disclosure of Interest: None Declared

EPV0594

Fat Chance: The risk of Vortioxetine-induced Hypertriglyceridaemia

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Introduction: Hypertriglyceridaemia as a side effect of antidepressants including venlafaxine and mirtazepine has been described in the literature. A relatively new SSRI, vortioxetine has never been reported to contribute to hypertriglyeridaemia and it is not mentioned in the prescribing information for this agent. Dyslipidaemia is an important risk factor for morbidity in people who suffer with mental illness, most often observed in patients who are prescribed antipsychotic medications. Evidence to date with antidepressant medication is mixed but may represent a clinically relevant additional cardiovascular risk.
Objectives: This case report explores the possible relationship between Vortioxetine and worsening hypertriglyceridaemia in a patient with depressive illness.
Methods: Clinical case report and brief literature review
Results: A 58 year old female, with a history of Recurrent Depressive Disorder was admitted to an acute psychiatric inpatient unit with a relapse in depressive illness with anxious distress and suicidality. Prior to admission, her medications included Mirtazepine 60mg, Duloxetine 120mg and Olanzapine 7.5mg. She had a family history of dyslipidaemia. A blood panel was taken which revealed mildly deranged lipid profile - Total Cholesterol of 7.72mmol/L (Upper limit of Normal - 5.0mmol/L); HDL 1.02mmol/L (ULN - 2.0mmol/L) ; LDL 5.44mmol/L (ULN - 3.0mmol/L) ; Triglycerides 2.78mmol/L (ULN - 2.0mmol/L).
The patient's Duloxetine was switched to Venlafaxine and repeat lipid levels one week later revealed a dramatic rise in triglycerides to 12.16 mmol/L, and then 14.07 mmol/L 2 days later again. Venlafaxine was discontinued in view of these findings with a reduction in serum triglycerides to 11.43mmol/L within 24h.
Vortioxetine 10mg was commenced and the patient's lipid profile was again repeated with an upswing in triglyceride levels to a peak of 15.4mmol/L within 48h of commencement. Vortioxetine was discontinued and fenofibrate was commenced to treat the patient's dyslipidaemia due to a risk of acute pancreatitis and atherosclerotic disease. Serum triglycerides reduced to near-normal levels within days.
Conclusions: This case report highlights the risk of dyslipidaemia associated with antidepressant prescribing and identifies vortioxetine as an agent which may contribute to this. This patient had a number of risk factors for developing hyperlipidaemia including co-prescription with olanzapine and mirtazepine which have known metabolic effects, as well as a family history for hyperlipidaemia and a post-menopausal state. However, it was notable that her significant hypertriglyceridaemia was cause by venlafaxine, and exacerbated further by vortioxetine. Cardiovascular risk profiles must always be considered in the psychiatric patient population and we feel that this case report may add to the literature around commonly prescribed antidepressant medications and their contribution to this risk.

Disclosure of Interest: None Declared

EPV0595

Depressive symptoms among heterosexual and sexual minority college students: network analyses

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Introduction: Depression is one of the most prevalent mental disorders worldwide, and network analyses in psychopathology allow for an improved understanding of its development,

maintenance, and treatment. Evidence suggests that sexual minority individuals are more vulnerable to depression.
Objectives: The objective of this study was to analyze the correlations between depressive symptoms in heterosexual and sexual minority students using network analysis.
Methods: This cross-sectional study was conducted with 1,271 university students to assess depressive symptoms using the Patient Health Questionnaire-9 (PHQ-9). Network analyses were performed to identify influential symptoms and their correlations.
Results: The results showed that sexual minority students had significantly higher scores for all symptoms of depression than heterosexual students did. Guilt and suicidal ideation had the strongest association with the symptom network of heterosexual students. Among sexual minority students, the strongest associations were between lack of energy and depressed moods. The most influential symptom in the heterosexual student network was suicidal ideation, whereas in the sexual minority student network, guilt was the most influential symptom.
Conclusions: These results demonstrate that in network analyses, different depressive symptoms play distinct central roles between heterosexual and sexual minority groups. These differences indicate the need for interventions that are adapted to the specificities of each group to promote mental health.

Disclosure of Interest: None Declared

EPV0596

Inflammatory biomarkers and risk factors in depression: a longitudinal study in adults

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Introduction: Depression is a chronic and recurrent mental condition, causing a high burden of disease, functional impairment, and significant economic costs worldwide.
Objectives: To compare the neuropsychological profile, inflammation, and functionality in patients with a major depressive episode before and after treatment.
Methods: A longitudinal study was conducted, recruiting a total of 39 subjects, with a mean age of 42 years (12 men - 30.8% and 27 women - 69.2%) diagnosed with major depressive disorder (MDD). The neuropsychological profile was measured using the Screening of Cognitive Impairment in Psychiatry (SCIP) and the level of functionality with the Brief Assessment of Functioning (FAST) test. Both total scores and subscales were used, along with inflammatory biomarkers (IL-6, IL-1ß, TNF-α, PGE2) and oxidative stress markers (TAS, GSHtot, GSHfree, GSSG, CAT, SOD, GPx, and BDNF).
Statistical analysis: The paired t-test was used through the statistical program SPSS. A unilateral p-value less than 0.05 was considered statistically significant.
Results: Significant differences were observed in both the Hamilton Depression Rating Scale ($p < 0.001$) and in the biomarkers total GSH ($p < 0.15$), GSH free ($p < 0.029$), and GSSG ($p < 0.027$) of patients at three months from the start of pharmacological treatment compared to baseline (Table 1). Differences were also observed at 3 months of treatment in the SCIP scale ($p < 0.001$) as well as in its subscales: Immediate verbal learning ($p < 0.001$), Working memory ($p < 0.001$), Verbal fluency ($p = 0.007$), and Delayed verbal learning ($p < 0.001$), and in the FAST scale ($p < 0.001$) and its subscales: Autonomy ($p = 0.002$), Cognitive ($p = 0.004$), Finances ($p = 0.004$), and Relationships ($p < 0.001$) (Table 2).
Image 1:

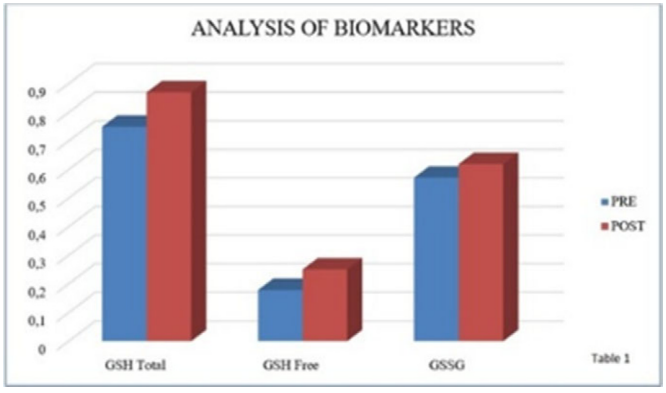
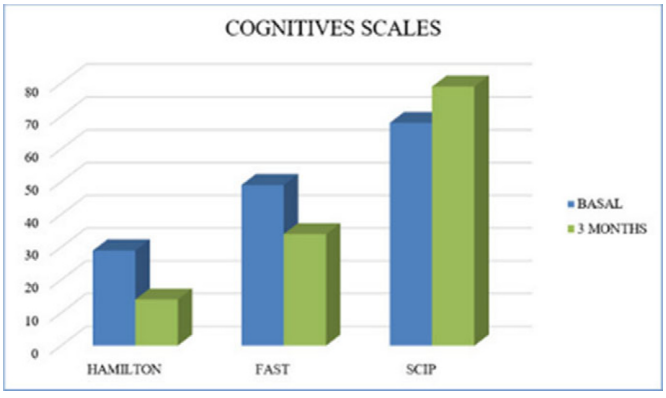


Image 2:



Conclusions: Our results indicate that there are improvements at the cognitive and functional level in subjects taking antidepressant treatment. Changes in GSH and GSSG biomarkers were also observed, whose antioxidant function is crucial for protecting cells from oxidative damage. The findings suggest that oxidative stress is a crucial factor in the pathophysiology of MDD. The study highlights the potential of these biomarkers to guide therapeutic strategies and improve the management of depression.

Disclosure of Interest: None Declared

EPV0597

Depression and Suicide Risks Among Nurses at Sahloul University Hospital in Sousse (Tunisia)

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Introduction: Depression and suicide risk are particularly concerning mental health issues in the workplace, especially among nurses. This group of workers often faces high levels of stress and pressure due to the demanding nature of their job.
Objectives: Our study focuses specifically on describing depression and suicide risk among nurses.
Methods: This is a descriptive study, conducted during January and February 2023, involving 55 nurses working at Sahloul University Hospital in Sousse. Data were collected through a self-administered questionnaire and the Beck Depression Inventory which assesses subjective aspects of depression.
Results: 51% of the participants report that working as a nurse constitutes a significant mental burden. During their hospital careers, 47% have faced violence from patients' family members or companions. (43%) experienced violence from colleagues, mainly in the form of verbal aggression. Nearly all the nurses surveyed (94%) reported demotivation toward their work, with (97.9%) attributing it to work overload and (39.4%) to workplace conflicts. According to the Beck scale, (38%) of the nurses did not present depression, moderate depression was found in (58%) of participants and only 4% had severe depression. Reduced job performance was noted in (16%) of cases. Concerning suicidal ideation, it was reported by only 2 nurses.
Conclusions: Early identification of mental distress and the implementation of appropriate psychological support strategies, are crucial to mitigating these risks. Recognizing psychological risks in hospitals not only improves the well-being of nurses but also enhances the quality of care they provide to patients.

Disclosure of Interest: None Declared

EPV0598

Esketamine and Ketamine use in the Adolescent Population for Treatment Resistent Depression: A Systematic Review

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Introduction: Ketamine is widely recognized for its dissociative anesthetic properties, particularly in procedural sedation and severe pain management among children, adolescents, and young adults. Despite its noted applications, research investigating ketamine's impact on mood and suicidality within this specific demographic remains limited. This retrospective review seeks to address this gap by characterizing ketamine usage and psychiatric comorbidities in Treatment-resistant depression (TRD).
Objectives: This review aims to provide an initial assessment of the safety and efficacy of esketamine in adolescents suffering from TRD with concurrent comorbidities such as GAD and SUD, and infer common drug-drug interactions that may arise from utilizing esketamine in adolescents.This preliminary overview will contribute valuable insights toward optimizing treatment strategies for this vulnerable population.
Methods: This systematic review evaluates the evidence for ketamine use in children with treatment-resistant mood disorders. Two to four authors independently screened studies and extracted data on safety, tolerability, and efficacy. We searched two electronic databases for English-language studies on the therapeutic effects and side effect profiles of ketamine in youth aged 14-23 with treatment-resistant mood disorders, including those with treatment-resistant depression (with and without psychotic features) and bipolar disorder.
Results: Recent studies, including a randomized, midazolam-controlled trial, indicate that IV ketamine can effectively reduce depressive symptoms in adolescents with treatment-resistant depression (TRD), with mild and manageable side effects like dissociation. No serious adverse events or instances of misuse were reported.
Conclusions: In conclusion, esketamine has demonstrated effectiveness in treating treatment-resistant depression. Additionally, when combined with SSRIs, esketamine improves depressive symptoms in TRD patients, irrespective of their anxiety status. These findings highlight the potential of esketamine as a valuable treatment option for this challenging patient population. Future research will focus on optimizing dosing, exploring complementary therapies such as cognitive behavioral therapy (CBT), and identifying biomarkers for response, while considering the unique risks to the developing adolescent brain.

Disclosure of Interest: None Declared

EPV0599

Nurses' knowledge and attitudes regarding postpartum depression

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doi: 10.1192/j.eurpsy.2025.1311

Introduction: Postpartum depression (PPD) is a serious mental health condition that can be challenging to diagnose due to its varying symptoms. As a result, multiple healthcare providers collaborate in its prevention, screening, and treatment. Nurses

play a pivotal role in this process, requiring essential knowledge and skills
Objectives: To assess nurses' knowledge and attitudes regarding PPD.
Methods: A cross-sectional study was conducted among maternity nurses at a university hospital who have direct contact with postpartum patients. Our sample was a convenience sampleData was collected using a self-administered anonymous questionnaire. The questionnaire consisted of two parts : the first part collected demographic information about the nurses, and the second part assessed nurses' knowledge and attitudes regarding postpartum depression.
Results: A total of 50 nurses participated in the study. Nearly half (49%) of participants had over 10 years of professional seniority. The majority (92%) were aware of the postpartum period during which the disorder occurs, as well as the early warning signs of PPD (82%). However, more than half of the participants (52%) were unaware of the risk factors for PPD. The majority (92%) were aware that nurses play a major role in early detection of this disorder. Only 52% knew that the Edinburgh Postnatal Depression Scale (EPDS) is the screening tool for PPD. Nearly half of the suggestions to improve the management of PPD (46%) focused on improving patient conditions and well-being. Moreover, 40% of participants made suggestions centered on collaboration and communication.
Conclusions: Despite their involvement in postpartum care, nurses demonstrated limited knowledge of postpartum depression risk factors, emphasizing the need for enhanced education and support.

Disclosure of Interest: None Declared

EPV0600

Gender Differences in Depressive Symptomatology Among Turkish Immigrants: An Analysis of PHQ9 Scores

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Introduction: Depression is a pervasive mental health disorder that can significantly influence symptomatology, which remains a crucial area of research. This study aims to investigate whether gender correlates with PHQ-9 total scores, enhancing the general understanding of depression across different demographic groups.
Objectives: This study examines the correlation between gender and PHQ-9 total scores, investigating the hypothesis that gender influences various depressive symptoms as measured by the PHQ-9. We aim to determine whether there is a significant difference in depression severity between male and female participants.
Methods: To fulfill this purpose, we collected data from a total of 146 participants, primarily Turkish immigrants of the first and second generation, who were recruited from the Neuro-Psychiatrisches Zentrum Riem. First, we gathered the participants' sociodemographic data, including gender, marital status, and education level. Furthermore, they were asked to complete the PHQ-9 questionnaire, and we conducted a Pearson correlation analysis.
Results: The PHQ-9 total scores and gender show a significant correlation, with a p-value of 0.040. Furthermore, these results indicate that female participants had higher average PHQ-9 scores compared to male participants, suggesting a greater intensity of depressive symptoms among women. Since the participants were predominantly Turkish immigrants, these findings may suggest that Turkish women are more prone to severe depressive symptoms, potentially as a consequence of their immigration history.
Conclusions: This study emphasizes the significance of gender in relation to depressive symptoms, as measured by the PHQ-9 questionnaire. However, future research should investigate other factors, besides gender, that may influence the severity of depressive symptoms in immigrant participants. It is recommended that these studies focus on the long-term effects of immigration, depression, and gender by including a diverse range of participants, such as immigrants from the first, second, third, and fourth generations. These generational differences could indicate significant variations in the experiences and consequences of severe depressive symptoms.

Disclosure of Interest: None Declared

EPV0601

Predictive significance of constellation factors of the newborn in the onset of postpartum depression

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Introduction: Postpartum depression (PPD) includes any non-psychotic depressive disorder that occurs during the first year after childbirth, with an estimated prevalence of 10-15%. Mothers suffering from PPD often exhibit irritability, loss of appetite, lack of interest in their surroundings, insomnia, or excessive sleep unrelated to the baby's sleep-wake rhythm, and are less responsive to their infants' needs. This not only impairs the bond between mother and child but also the child's cognitive, behavioral, and social-emotional development and physical health. While studies suggest a multifactorial etiology of PPD, such as psychosocial stressors and biological factors, the etiology of PPD remains unclear.
Objectives: Reviewing certain constellative factors of the newborn as potential risk factors for the occurrence of PPD in the early postpartum period.
Methods: A prospective study included 30 mothers and their newborn babies. The presence of depression was determined using the Edinburgh Postnatal Depression Scale (EPDS). The EPDS was filled in by mothers after giving birth, retesting was performed on the 3rd and 6th months postpartum. The diagnosis of PPD was established if the score on the EPDS after the 3rd and 6th month postpartum was greater than 9. Constellating factors of the newborn were extracted from the newborn's medical records.
Results: Constellation factors of the newborn, body weight, body length of the child at birth, and APGAR score did not significantly differ between the examined groups of mothers. The gestational age of the newborn was significantly higher in the group of mothers who developed PPD compared to the group of healthy mothers ($p<0.01$).
Conclusions: A few papers have been published on the subject of the influence of constitutive factors of the newborn (gender, body weight, body length, APGAR score, clinical age, and gestational age) on the occurrence of PPD. No strong evidence was found for an increased risk of PPD for any of the investigated factors individually. However, some authors from this group of newborn constellation factors single out the low birth weight of the newborn, below 1500 g, as one of the risk factors for the occurrence of PPD, which does not coincide with the results of our research. In our research, the gestational age of the newborn is a risk factor for the occurrence of PPD. Early

detection of potential risk factors can significantly prevent the occurrence of PPD and significantly affect the central psychological process in the postpartum period, which is related to the development of the emotional relationship between mother and child.

Disclosure of Interest: None Declared

EPV0602

Paroxetine-induced hypoglycemia: a clinical case report

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Introduction: Major Depressive Disorder (MDD) is a prevalent mental health condition that significantly impairs daily life and increases suicide risk. Selective serotonin reuptake inhibitors (SSRIs), such as paroxetine, are widely prescribed due to their efficacy and favorable safety profile. However, SSRIs can impact glucose metabolism, leading to both hyperglycemia and hypoglycemia, particularly in diabetic patients.
In rare instances, SSRIs have induced hypoglycemia in non-diabetic individuals. Paroxetine, known for its strong inhibition of serotonin reuptake, has been implicated in cases of hypoglycemia, though the precise mechanisms remain unclear.
Objectives: With the present report, we examined wheter the hypotesis that paroxetine induces hypoglycemia is valid.
Methods: This case report discusses an episode of paroxetine-induced hypoglycemia in a 60-year-old female, non-diabetic patient with a history of MDD.
Results: The patient was admitted to our in-patient psychiatric unit due to worsening depressive symptoms and recurrent episodes of sweating, dizziness, tremors, and loss of consciousness, suggestive of hypoglycemic crises. Over the previous three years the patient had been on paroxetine 40 mg/day, thus the drug was suspected as a potential cause of these hypoglycemic episodes and it was discontinued whereas fluoxetine and trazodone were administered. By discharge, her depressive symptoms and insomnia had improved significantly
Conclusions: This case highlights the potential for SSRIs, particularly paroxetine, to induce hypoglycemia even in non-diabetic patients. Although hypoglycemia is typically linked to diabetic treatments, this case demonstrates that antidepressants can also play a role in disrupting glucose regulation. In this case, the symptoms subsided after the discontinuation of paroxetine, strongly suggesting its role in the hypoglycemic episodes, as supported by a "probable" causality score on Naranjo's scale. Given the nonspecific nature of hypoglycemic symptoms and the risk of misdiagnosis as psychiatric or somatic conditions, it is crucial for healthcare providers to consider medication-related causes. This report underscores the importance of monitoring glycemic levels in patients on SSRIs, particularly when presenting with atypical symptoms. Increased awareness can help prevent misdiagnosis and facilitate timely intervention to avoid severe complications.

Disclosure of Interest: None Declared

EPV0603

Combined treatment with intranasal esketamine and electroconvulsive therapy in resistant depression. Two cases report

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Introduction: Depressive symptoms that do not respond to 2 lines of antidepressant treatment in adequate doses for 6-8 weeks are known as resistant depression. As therapeutic alternatives we currently have, among other options, intranasal esketamine and electroconvulsive therapy (ECT).
Objectives: To present two cases of resistant depression in combined treatment with esketamine and ECT as an effective tratment
Methods: 2 cases report
Results: The first one is a 60-year-old male with a diagnosis of recurrent depression who was admitted after an autolytic attempt by drug overdose. Our second patient is a 59-year-old male with a diagnosis of bipolar disorder, current major depressive episode with psychotic symptoms. He had a history of previous depressive episodes, requiring treatment with ECT on 2 occasions due to resistance to psychopharmacological treatment.
Both patients had major depressive symptoms resistant to conventional pharmacological treatment, with a predominance of sadness, apathy, anhedonia, hopelessness, psychomotor inhibition and self-induced suicidal ideation. One of them also presented psychotic symptoms congruent with mood.
The first patient received treatment with intranasal esketamine with partial response, so a combination with ECT was started once the 8 biweekly sessions of the induction phase were completed. The second patient was initially ambivalent to a new cycle of ECT. For this reason, treatment with esketamine was proposed and after 6 biweekly sessions he agreed to overlap treatment with ECT. In both patients there was a clear improvement in clinical symptoms and adequate tolerability, allowing discharge home.
Conclusions: There are few data in the literature on combined treatment with intranasal esketamine and ECT. Our experience in the 2 cases described points to an adequate response and tolerability. Specific studies would be necessary in this regard.

Disclosure of Interest: None Declared

EPV0604

Short-term efficacy of theta-burst stimulation for treatment resistant depression in an outpatient setting – a retrospective naturalistic study

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Introduction: Approximately 280 million people worldwide suffer from depression. A significant proportion of these patients (10–30%) fail to achieve full remission after receiving antidepressant treatment with at least two different antidepressant medications. These patients are treatment-resistant (Al-Harbi, 2012; Jaffe et al., 2019; Rush et al., 2006). Theta-burst stimulation (TBS) is a non-invasive brain stimulation technique where a brief magnetic field passes through the scalp to induce an electric current in the cerebral cortex in high frequencies and is used to treat treatment-resistant depression in adjunction to antidepressant treatment.
Objectives: This study aimed to evaluate the short-term efficacy of TBS added to pharmacological treatment in patients with treatment-resistant depression.
Methods: Patients with depression who were treatment-resistant and were treated with pharmacological treatment together with a course of 15 – 30 TBS sessions in an outpatient clinic of the Lithuanian University of Health Sciences Hospital Kaunas Clinics between 2021 and 2024 were enrolled in the study. TBS protocol stimulated in trains of 50 Hz triplets with 5 Hz frequency, a total of 20 trains in a session. The session frequency varied from once to twice daily, five days a week. The severity of depressive symptoms was evaluated with the Patient Health Questionnaire 9 (PHQ—9) before the first session of TBS and every two weeks afterward. The primary outcome measured was the mean change in the PHQ-9 score. We checked for the normality of the distribution of our variables and performed a paired sample t-test for statistical analysis of our sample.
Results: 40 patients were included in this study. There was a statistically significant reduction in mean PHQ-9 score following the 2-week TBS intervention ($t = 6.134$; 95% CI: 2.631-5.219; $p < 0.001$). Overall, 32 participants (80.0%) improved their PHQ-9 scores. In contrast, three participants (7.5%) showed no change in their scores, while five participants (12.5%) experienced a worsening of their symptoms. Mean pre- and post-treatment PHQ-9 scores and the mean change of the PHQ-9 score are presented in Table 1. Mean post-treatment PHQ-9 scores had no significant difference between patients whose PHQ-9 scores improved, showed no change, or worsened ($p > 0.005$).

Outcome category	Number of patients (%)	PHQ-9 Pre-treatment, mean score (SD)	PHQ-9 post-treatment mean score (SD)	Mean PHQ-9 change (SD)	t	p
Improved	32 (80.0)	18,69 (6.44)	13,47 (6,23)	5,21 (3.39)	8.694	<0.001
Worsened	3 (7.5)	17.00 (3.24)	19.00 (3.93)	-2.0 (1.22)	-3.651	0.011
No change	5 (12.5)	15.00 (6.24)	15.00 (6.24)	0	-	-
Total	40 (100.0)	18.20 (6.10)	14.27 (6.15)	3.92 (4.04)	6.134	<0.001

Conclusions: TBS is a valuable short-term intervention for patients with treatment-resistant depression in an outpatient setting.

Disclosure of Interest: None Declared

EPV0605

Deconvolution of hippocampal RNA-sequencing data uncovers distinct cell-type-specific transcriptomic changes in depression and suicide

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Introduction: Major depressive disorder (MDD) is a prevalent and debilitating mental health condition that affects millions of individuals globally and has the highest risk of associated suicide. The underlying etiology of depression and suicide is not clearly understood, impeding the development of effective therapy. Further, the risk factors associated with suicide among MDD patients have not been delineated.
Objectives: Conducting extensive brain gene expression profiling has emerged as a valuable approach to gaining a comprehensive understanding of the root causes of MDD and MDD-associated suicide from a genomic perspective. The objective of the study was to gain further insight into the precise molecular dysregulation underlying depression and suicide at the cellular level.
Methods: Transcriptome deconvolution was deployed on post-mortem human hippocampus samples. The integrated dataset of the human hippocampus contained a total of 73 samples, including 29 healthy controls (C), 15 MDD non-suicide patients (D-S), and 29 MDD patients who died by suicide (D+S). Single-nucleus RNA sequencing (snRNASeq) data was analyzed to establish a reference gene expression profile for deconvolution, identifying 13 cell-type clusters encompassing 11 major hippocampal cell types. Cell type proportions were assessed using MuSic2, revealing variability across sample groups, with endothelial cells predominating, followed by pyramidal cells.
Results: Cell type-specific gene expression deconvolution using bMIND showed distinct patterns among cell types and sample groups. Cell type-level differential expression analysis yielded a higher number of differentially expressed genes than the bulk transcriptome, varying across comparisons and cell types. In pyramidal neurons, a notable contrast was observed between non-suicidal and suicidal MDD patients. The former exhibited an enrichment of cytoskeleton-related pathways and molecular functions, while the latter demonstrated immune-related terms. The dysregulated genes identified as depression and suicide-specific bear relevance to the molecular implications in individuals who die by suicide due to depression.
Conclusions: Our findings of cell-type-specific gene expression and functions in hippocampus serve as a foundational framework for comprehending the complexities of MDD and suicidality. The differences observed in the enriched pathways and biological processes within each cell type underscore the molecular underpinnings of the observed phenotype and delineate the risk genomic factors associated with suicide among MDD patients.

Disclosure of Interest: None Declared

EPV0607

Examining the relationship between depression knowledge level, seeking psychological help and stigma levels in patients diagnosed with depression: Preliminary results of a cross-sectional study

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Introduction: Individuals with psychiatric illnesses still face significant stigma and discrimination around the world. These individuals are reluctant to seek treatment due to fear of stigma, and when they begin treatment, their exclusion from society is a significant obstacle to their well-being. In order for individuals with mental illness to live in a society without stigma and discrimination, it is important to increase the knowledge and understanding of that society towards mental illnesses and develop positive attitudes. Depression is quite common and is the mental disorder that causes the most disability.
Objectives: This study aimed to measure the relationship between individuals' level of knowledge about depression, seeking psychological help and stigmatization.
Methods: The study group consisted of individuals who were diagnosed with major depression according to DSM 5-TR diagnostic criteria and applied to Eskişehir Osmangazi University Psychiatry Outpatient Clinic where the study would be conducted. The Hamilton Depression Rating Scale, Depression Knowledge Test, Stigma Scale, Attitudes Towards Seeking Professional Psychological Help Scale-Revised Form and Stigma Towards Seeking Psychological Help Scale were administered to the participants. Currently, 33 individuals were included in this study, and this number is planned to be 60 by the congress date. Eskişehir Osmangazi University Clinical Research Ethics Committee approved the study on 09.02.2023.
Results: A total of 33 people were included in the study, 25 (75.8%) female and 8 (24.2%) male. The average age of the participants, ranging from 20 to 65 years old, was 41.48. The mean HAM-D scale score was 14.97. Education levels were calculated in years, and the mean years of education of the participants were determined to be 12.44 (5-20). According to the preliminary results of this study, a negative and significant relationship was found between depression knowledge level and stigma (rspearman: -,466, p: ,006). A negative and significant relationship was found between stigma and attitudes towards seeking psychological help ($r_{spearman}$: -,308, p: ,029), and a positive and significant relationship was found between stigma and social stigma due to seeking psychological help ($r_{spearman}$: -,354, p: ,043).

	KTD	ASPPHS-RF	SSRPH	SS
KTD	1			
ASPPHS-RF	.206	1		
SSRPH	.016	-.331	1	
SS	-.466**	-.380*	.354*	1

Conclusions: Stigma and stigmatization in mental illnesses are a major obstacle to diagnosis and treatment. In our study, preliminary data support the literature and show a relationship between depression knowledge level and stigma, and between stigma and psychological help-seeking behavior. These preliminary results show that psychoeducation interventions may have an important role. Results from 60 people will be presented at the congress.

Disclosure of Interest: None Declared

EPV0608

Efficacy and safety of accelerated deep TMS for depressed patient with active suicidality

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Introduction: Suicidality is one of the leading causes of death in young adults. Most of the suicidal patients suffer from background depression. Developments in the last few years in brain simulation technology as dTMS enables a more intensive care in accelerated protocols that have already been approved in the treatment of the depression field. However, most major studies in the field excluded the participation of patient with active suicidality.
Objectives: This study focuses on efficacy of dTMS in patients with active suicidality.
Methods: This double-blind randomized study offers an accelerated protocol dTMS treatment in the span of 10 treatment days, while the patient is maintained in full hospitalization and secure conditions. The study examined the efficacy of the dTMS accelerated protocol (which includes 3 treatments a day for the course of 10 treatment days) on suicidality indicators. This treatment was given in addition (add-on) to standard ward treatments in three arms (1:1:1) sham, active H1 coil and active H7 coil.
Results: 38 patients were enrolled in the study. 30 patients successfully completed 10 treatment days. 8 patients did not complete treatment due to withdraw of informed consent before starting treatment (N = 4), panic attack (N = 2), discharge from the ward (N = 1) and suicide attempt (N = 1). Patients received active treatment (both H1 and H7) showed superior response (defined as >50% improvement in depression scale) compared to placebo arm (PA) (p = 0.03). Additionally, clinically close to significance improvement in suicidality intensity scales was found after 5 and 10 days of treatment in active treatment compared to placebo (p = 0.09). However, no significant difference was found regarding suicidality type scores. No major differences in depression and suicidality were found comparing H1 and H7 coils. The main side effects were headaches and dizziness, motoric tremor during the treatments, vomiting and general exhaustion. One patient (placebo group) completed suicide a month following the end of the study.
Conclusions: Active suicidality is a major challenge in treating severe mental disorders, and death by suicide is still a leading cause of death among patients. However, most clinical studies in mental health still exclude patients with active suicidality, hence treatment options are limited. In this study, we found deep TMS accelerated

protocol (both H1 and H7 coils) to be both safe and effective in decreasing suicidality intensity and depression symptoms among inpatients with severe mental disorders accompanied by suicidality. Further studies are needed to differentiate H1 and H7 coils effectiveness in different depression sub-types and common psychiatric comorbidities.

Disclosure of Interest: None Declared

EPV0609

Evaluating the relation between trait anxiety and stressful life events: implications for stress-induced depression vulnerability

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Introduction: Major Depressive Disorder (MDD) significantly impacts global disability and quality of life. Some variables such as the trait anxiety and experiencing stressful life events (SLEs) are usually related to the MDD. However, the relationship between these variables in depression needs further investigation. Emerging research suggests the STAI-trait could be a nonspecific measure of negative effect and increase susceptibility to stress-induced depression.
Objectives: This study assesses the State-Trait Anxiety Inventory (STAI) trait scores and SLEs, depressive symptoms, outcomed and functionality in MDD patients, with the hypothesis that STAI-trait may predispose individuals to stress-induced depression.
Methods: A prospective observational study was conducted with 25 MDD patients recruited at Hospital Universitari de Bellvitge. The STAI-trait and SLE exposure were measured during the initial visit. Depression symptom and outcome variables were assessed in three sequential clinical evaluations.
Results: Preliminary findings show a significant association between anxiety trait and SLEs, high STAI-trait scores correlated positively with increased SLEs. This, correlating with more severe MDD symptoms and a complex disease course.
Conclusions: These findings support the notion of the STAI-trait as a possible mediator between life stressors and depression.
They highlight that increased STAI-trait anxiety might lead to greater vulnerability to stress and its potentially depressive effects, underscoring the need to consider this trait in clinical practice and the development of preventive strategies.

Disclosure of Interest: None Declared

EPV0610

Motives and Goals for Sports and Exercise Therapy during Treatment of Depression

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Introduction: A growing body of evidence suggests that physical activity can be an effective treatment for depression. In consideration of individual conditions, Sports and Exercise Therapy may be used as standalone or complementary treatment during partial or full-time inpatient treatment. However, current data indicate that only a minority of patients make use of it during the course of their treatment. The beneficial health effects of exercise on mental health can only be realized if the exercise is actually undertaken. Therefore, further research is required on the motivational psychological aspects of participation in Sports and Exercise Therapy. It can be assumed that it is crucial to consider the individual patient preferences when initiating and sustaining physical activity. Moreover, there are notable differences between men and women in terms of their motivation for engaging in exercise.
Objectives: The present study examines gender-based differences in the motivation underlying the participation in Sports and Exercise Therapy during the course of inpatient treatment for depression, whether on a partial or full-time basis.
Methods: In a psychotherapeutic and psychosomatic hospital, motives for Sports and Exercise Therapy of female and male (age 35-64) patients with a primary diagnosis of depression were recorded using the Bernese Motive and Goal Inventory in Leisure and Health Sports. The motives analysed include contact, body/appearance, competition/performance, distraction/catharsis, health, fitness and aesthetics. The survey was conducted within seven days of admission to either partial or full-time inpatient treatment setting.
Results: The total number of patients included in the analysis was 140, comprising 65.0% male (mean-age=48.0, 21.0% full-time treatment) and 35.0% female (mean-age=50.7, 43.0% full-time treatment). The most important motives for both men and women are health (M male=4.29, M female=4.37), fitness (M male=4.20, M female=4.20) and distraction/catharsis (M male=3.72, M female=3.80) due to the highest mean scores. Compared to women (M=1,60, SD=0.77) men (M=2.19, SD=1.93) reported significantly higher mean score for the competition/performance motive (U-test, z=3.987, p<.001). No further significant gender differences were identified.
Conclusions: Significant gender differences were found only for the motive competition/ performance, despite this motive rated lowest on average. The absence of further gender differences may be due to the fact that gender differences may be of less importance for Sports and Exercise Therapy in the treatment context. On average health, fitness, and distraction/ catharsis were rated highest by both genders. This is consistent with typical symptoms during depression, which involve distraction from negative thoughts as well as recovering physical fitness to cope with everyday life. All authors of this study declare that they have no conflicts of interest.

Disclosure of Interest: None Declared

EPV0611

Clinical Features and Severe Outcomes of Depressive Disorders among Healthcare Workers

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Introduction: Depressive disorders among healthcare workers (HCWs) exhibit a range of clinical manifestations, from mild to severe forms, leading to significant consequences such as hospitalization, extended sick leave, and suicide attempts. Understanding these clinical features is essential for the implementation of effective mental health interventions and support services.
Objectives: This study aims to analyze the clinical features of depressive disorders among HCWs, and to assess the relationships between these factors.
Methods: A retrospective descriptive study was conducted over an 11-year period on HCWs in Sousse, Tunisia, who took long-term sick leave for depressive disorders. Data were collected from medical records, and completed with a telephone questionnaire.
Results: Out of 650 cases examined, 48% were classified as having severe depression, while 50% experienced moderate depression, and 2% had mild forms. Anxiety was the predominant clinical feature, occurring in 71.4% of cases and showing a significant correlation with depression severity ($p = 0.001$). Melancholic features were identified in 33% of the cohort and were also significantly linked to severe depression ($p = 0.005$). Hospitalization due to depression was necessary for 11.2% of cases, with 4.2% requiring multiple hospitalizations; notably, all hospitalized patients exhibited severe depression ($p = 0.001$). Additionally, 1.2% of the study population reported a history of suicide attempts, all of whom presented severe depression, although this finding did not attain statistical significance.
Conclusions: This study highlights the importance of understanding the clinical specifications of depressive disorders in HCWs, as severe forms are often associated with hospitalizations and a higher risk of suicide attempts. The results emphasize the need for early intervention and targeted support strategies to address these severe outcomes.

Disclosure of Interest: None Declared

EPV0612

Limited Changes in Red Blood Cell Parameters after Probiotic Supplementation in Depressive Individuals: Insights from a Secondary Analysis of the Pro-Demet RCT

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Introduction: There is an ongoing need to explore new treatment options not just for depression, but also for its associated conditions. Depression often coexists with hematologic health issues, especially anemia, and both can be influenced by factors such as inflammation and imbalances in gut microbiota. Therefore, investigating interventions that target microbiota holds promise for developing safe and effective adjunctive therapies for both depression and its related disorders.
Objectives: The main objective of this secondary analysis was to evaluate the impact of probiotic supplementation on parameters related to red blood cells in individuals suffering from depressive disorders. The secondary goal was to evaluate several potential pretreatment determinants of probiotic activity on RBC, such as dietary habits, inflammatory or metabolic condition, severity and dimensions of psychiatric symptoms, and taken medications. The third goal was to evaluate probiotics' effects on RBC parameters in addition to their effectiveness in treating depression.
Methods: The parent study was a two-arm, 60-day, prospective, randomized, double-blind, controlled study involving eighty-nine participants. The probiotic formulation used in the trial included Lactobacillus helveticus Rosell®-52 and Bifidobacterium longum Rosell®-175. The current analysis assessed changes in red blood cells-related markers following the intervention using the X^2 test. Linear regression and two-way ANOVA analyses were performed to assess the effects of all major clinical variables on the changes (post- minus pre- intervention values) of RBC parameters.
Results: Probiotic intake did not significantly alter the levels of red blood cell parameters, including red blood cell count, hematocrit, hemoglobin, mean corpuscular volume, mean corpuscular hemoglobin concentration, and red cell distribution width, in comparison to placebo.
None of the linear regression, nor ANOVA models were statistically significant.
In the PLC group, increases in RBC counts and HCT levels were associated with a deterioration in self-assessed depressive and anxiety symptoms. Furthermore, this group also exhibited a positive correlation between MCH and MCHC changes and the differences in MADRS score.
Conclusions: Despite the potential benefits of probiotics in treating anemia, our study found limited evidence of significant changes in red blood cell parameters following probiotic supplementation. However, the precise details regarding the clinical sample characteristics, intervention duration, dosage, and specific probiotic strain used are not fully elucidated.
But, probiotic supplementation appeared to may help prevent some alterations in RBC and HCT levels, as well as in MCH and MCHC in depressed individuals.
ClinicalTrials.gov identifier: NCT04756544.

Disclosure of Interest: None Declared

EPV0613

Efficacy of Collimated Light Therapy for Seasonal Affective Disorder: study protocol

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Introduction: Light therapy is a treatment that involves daily exposure to bright light. It is most commonly used to treat seasonal affective disorder (SAD). The standard light therapy regimen for SAD typically involves sitting in front of a light box that emits 10,000 lux of light at a distance of 20 cm from the eyes for 30 minutes per day, preferably in the morning. Sandkühler et al. suggested that increasing the illuminance in light therapy, using a Bright, whole-ROom, All-Day (BROAD) approach, may enhance its effectiveness. Both the standard light therapy regimen and BROAD light therapy involve radiant light sources, which emit light that disperses quickly and produces shadows that vary in size

depending on the distance of the object from the light source. This makes them visibly different from sunlight. This study aims to investigate the efficacy of collimated light therapy, which uses a reflective parabola placed behind an LED to generate a parallel light beam, brightly illuminating a whole room in the patient's home (Collimated Light Therapy), similar to natural sunlight.
Objectives: H1.0) To measure the difference in symptom severity between baseline and after 4 weeks of treatment using the SIGH-SAD questionnaire on SAD symptoms. H1.1) To assess the difference in symptom severity between baseline and after 4 weeks of treatment using the BDI-SAD. H1.2) To determine the fraction of patients in remission after 4 weeks.
Methods: This study includes adult patients diagnosed with SAD according to DSM-5-TR criteria. Participants must be at home for at least 6 hours in the morning and afternoon (before 19:00) on at least 5 days per week. Exclusion criteria include a history of manic episodes, light therapy in the previous 4 months, and recent changes in antidepressant medication. We will test hypotheses H1.0 and H1.1 using independent-sample t-tests to compare average scores on the SIGH-SAD and BDI-SAD scales between the collimated light therapy and standard light therapy groups after four weeks. Hypothesis H1.2 will be tested with a chi-square test for association, comparing remission rates between the two groups after two and four weeks.
Results: Our hypotheses are: (1) Home-based collimated light therapy for at least 6 hours/day reduces winter depression symptoms more than standard light therapy (light box, 10,000 lux, 30 minutes/day) after four weeks, as measured by the SIGH-SAD. (2) After four weeks, collimated light therapy shows greater improvement in symptoms as measured by the BDI-SAD. (3) Collimated light therapy results in a higher fraction of patients in remission after four weeks.
Conclusions: This trial is the first RCT to compare the efficacy of collimated light therapy with standard light therapy for treating SAD. This groundbreaking trial could open a new therapeutic frontier, offering a potentially more effective option for patients suffering from SAD.

Disclosure of Interest: None Declared

EPV0614

Paroxetin in the treatment of depressive symptoms and insomnia

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Introduction: OBJECTIVES: Insomnia is the most prevalent sleep disorder in the general population and depresive symtoms, and one of the most frequent reasons for consultation in the Sleep Units. Paroxetin is an antidepresive also effective on the structure of sleep.
Objectives: We describe the study that evaluates Paroxetin in patients with depression and insomnia.
Methods: Observational retrospective study of 40 patients with depression and insomnia. All patients attended in Neurology or Psychiatry Consultation, from November 2022 to November 2023. They were treated with Paroxetin 30 mgrs. We reviewed age, sex, depressive symtoms and insomnia, and the results of paroxetin for insomnia after 6 months of treatment, measured by the improvement of 3 or more points in the ISI and Pittsburgh scales, as well as the average of hours of sleep gained. The depressive symtoms measured with Hamilton scales.
Results: RESULTS: 40 patients with depression and insomnia, 24 women (60%), 16 men (40%). Average age 46,5 years
Main etiology: depression 40 cases (100%). After the treatment with Paroxetin the total number of hours of sleep improves in 2.5 hours, the scale ISI improves by 6 points (± 2.1 SD, p=0.02), and Pittsburgh scale improves in 4 points (± 1.7, p =0.04). The Hamilton scales improves in 19 points. The treatment was abandoned by 2 patients (5%): 1 due to pregnancy wish and 1 due digestive symtoms.
Conclusions: CONCLUSION: The Paroxetin 30 mgrs/day improves the quality of sleep measured by ISI and Pittsburgh scales (statistically significant), and improves the depressive symtoms.

Disclosure of Interest: None Declared

EPV0615

Unwanted pregnancy, abortion and suicidal behaviour

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Introduction: Previous studies have shown that unwanted pregnancy and abortion, particularly in adolescents, are associated with a higher risk of suicidal thoughts and behaviors. Moreover, women with a history of abortion faced a significantly higher risk of various mental health problems, including suicidal behaviors, compared to those who did not undergo abortion. This is often due to a combination of psychological and social pressures. Factors such as the feeling of shame, social isolation, and a sense of being a burden can exacerbate the mental distress that pregnant women or adolescents experience, especially when the pregnancy is unplanned. Additionally, women who attempted suicide often report high levels of stress related to social expectations, family conflict, and lack of support during pregnancy. In some cases, individuals who were born from unwanted pregnancies or whose mother attempted abortions have also shown a higher risk of suicidal behavior later in life. However, our understanding of the risk and protective factors is uncomplete.
Objectives: In our study the connection between unwanted pregnancy, abortion and suicide attempts were analysed and identify their role as potential suicide risk factors.
Methods: : Structural clinical interview was used to explore trauma history of induced abortion and unwanted pregnancy. 324 subjects were involved in the analysis. 134 of them with history of suicide, 135 clinical sample without suicide history 55 non-clinical sample. We assessed the moderator effect of the attachment style and childhood trauma using the Adult Attachment Scale (AAS) and the Childhood Trauma Questionnaire (CTQ).
Results: We found no significant effects regarding whether the individual was born from unwanted pregnancies (β = -1.509, p = 0.110, OR = 0.221), and whether they lost their child (β = 0.247, p =

0.892, OR = 0.981). However, whether their mother attempted abortion when pregnant with them have shown a higher risk of suicidal behavior later in life (β = 6.939, p = 0.007, OR = 1031.427). The participants who undergone abortion were also more likely to attempt suicide (β = 2.397, p = 0.011, OR = 10.988). In both cases, childhood trauma was a mediator variable on a significant level (in case of mother's abortion: β = -0.130, p = 0.005, OR = -2.804) or as a trend (in case of participant's abortion: β = -0.034, p = 0.050, OR = 0.966).
Conclusions: The perinatal period, particularly for those experiencing unwanted pregnancies, is a critical time for mental health interventions to prevent suicide attempts.

Disclosure of Interest: None Declared

EPV0616

Association of adult attachment styles and early traumas with suicidal behaviour

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Introduction: Attachment styles formed in early childhood can influence mental health across the lifespan. Secure attachment often correlates with resilience, while insecure or disorganized attachment styles may increase vulnerability to mental health issues such as traumas during formative years and can disrupt typical emotional and psychological development, increasing the risk of later mental health issues, including suicide. Early trauma can influence the impact of adult attachment on suicidal behavior. For instance, people with high early trauma levels may experience heightened sensitivity to attachment-related stressors, increasing suicide risk.
Objectives: Our aim was to analyse the role of adult attachment styles and early traumas in suicidal behaviour, focusing on the potential mediating effect of attachment style in the relationship of early traumas and suicidal behavior.
Methods: 357 subjects, 18-85 years of age (mean 37.02 SD=12.86), 33.6% male and 66.4% female. 146 with suicide history, 154 clinical sample without suicide history and 57 non-clinical sample we included in the study. The Adult Attachment Scale (AAS), the Childhood Trauma Questionnaire (CTQ) and the Early Trauma Inventory Self Report Short Form (ETISR-SF) were used. To model the relationship between the variables logistic regression, generalized linear models and mediation analysis were conducted. All models were adjusted for basic demographics.
Results: Severity of emotional abuse (OR=1.064, p=0.004) and neglect (OR=1.064, p=0.007) and the total severity of traumatization by CTQ (OR=1.021, p=0.006) significantly predicted higher risk for suicidal behavior. Higher levels of secure attachment style predicted lower risk of suicide attempt (OR=-0.091, p=0.004). Secure attachment style significantly mediated part of the total effect of early traumatization severity on suicidal behavior (indirect effect=0.0032, p<0.05, Pm=16.5%). We also modeled the relationship between early traumas and attachment style and found multiple associations. For avoidant attachment, significant associations were found with total traumatization scores (ETI: B=0.337, p<0.001; CTQ: B=0.866, p<0.001) and specific adversities, including emotional abuse (ETI: B=2.703, CTQ: B=0.524), emotional neglect, physical abuse, and physical neglect (B=0.469–0.949, all p<0.001). Anxious-ambivalent attachment was linked to total ETI and CTQ scores (B=0.375, 0.088 all p<0.001), emotional abuse (ETI: B=1.605, CTQ: B=0.388), and physical neglect (B=0.261, all p<0.001). Lower secure attachment was associated with CTQ scores for overall traumatization, emotional, and sexual abuse (B=-0.039 to -0.163, all p<0.05).
Conclusions: Our results contributes to understanding how attachment styles and early traumas influence suicidal behavior. Addressing these factors in treatment can lead to personalized and effective interventions, potentially reducing suicide risk among vulnerable individuals.

Disclosure of Interest: None Declared

EPV0619

Chronic manganese exposure and neuroaffective disorder development in Parkinson's disease models: Insights from oxidative stress measurements

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Introduction: Parkinson's disease (PD) and manganism share similar etiological cellular mechanisms, notably the accumulation of manganese (Mn) in mitochondria, which triggers oxidative stress and neurotoxicity. Both disorders are characterized by irreversible motor and non-motor symptoms, including frequent depressive and anxiety disorders.
Objectives: This study evaluates the levels of oxidative stress in various nervous structures affected by PD and examines the correlation between Mn exposure and the resulting neuroaffective disorders.
Methods: Male Wistar rats were administered varying doses of Mn (6 mg/kg, 25 mg/kg, and 40 mg/kg) via daily intraperitoneal injections for 12 weeks. Body weights were monitored weekly. Following exposure, the rats were euthanized, and the striatum, frontal cortex, prefrontal cortex, hippocampus, and olfactory bulb were harvested for analysis. Tests were conducted to measure levels of nitric oxide (NO), lipid peroxidation (LPO), and catalase activity (CAT), indicators of oxidative stress.
Results: Chronic exposure to Mn at doses of 25 and 40 mg/kg significantly induced PD-like symptoms and altered affective behavior, leading to anxiety and depressive behaviors in rats. Notably, these doses resulted in increased LPO levels in the hippocampus, frontal cortex, and prefrontal cortex. Conversely, the 40 mg/kg dose caused an increase in LPO across all tested structures. Elevated doses also resulted in increased NO levels and CAT activity across all structures, contrasting with the 6 mg/kg dose, which did not significantly differ from control values.
Conclusions: The findings demonstrate that chronic Mn exposure has neurotoxic effects that adversely affect neuroaffective behavior,

manifesting as symptoms of depression and anxiety. These results highlight the critical association between Mn-induced oxidative stress and the development of neuroaffective disorders.

Disclosure of Interest: None Declared

EPV0620

Treatment Resistant Depression (TRD) and treatment response of repetitive Transcranial Magnetic Stimulation (rTMS)

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Introduction: Treatment-Resistant Depression (TRD) is commonly defined as an inadequate response to two or more antidepressant trials. The severity of TRD can be evaluated by means of the Maudsley Staging Method (MSM). The MSM consists of five domains including duration of the depression, symptom severity, number of treatment failures, augmentation therapy, and electroconvulsive therapy use. The Danish Medicines Council has suggested that the MSM could guide treatment decisions. However, the use of MSM in clinical practice is lagging and the evaluation of TRD in clinical practice has remained subjective and unstandardized.
Objectives: To evaluate the use of MSM in clinical practice, we investigate the association between MSM scores and response to repetitive transcranial magnetic stimulation (rTMS) treatment, as measured by the 17-item Hamilton Depression Rating Scale (HAM-D17).
Methods: Patients with unipolar depression referred to six weeks of treatment with rTMS were consecutively invited to participate in the study. The study was a multi-center study with inclusion sites in Randers, Viborg, and Skejby, Denmark. Demographic information and clinical data were retrieved from the patient's Electronic Health Record (EHR). The patients were assessed on the MSM within the first two weeks of the treatment. Ratings on the HAM-D17 and self-administered questionnaires including the depressive symptoms, side effects, and quality of life were completed on a weekly basis. Additionally, three side-effect interview assessments were conducted during the six weeks rTMS treatment. A power calculation estimated the inclusion of 65 patients.
Response is to be evaluated by means of the Spearman's rank correlation coefficient (rho) between MSM score and HAM-D17. An adequate response is defined as a 50% decrease in the Hamilton score or below the threshold for remission.
Results: Data collection is ongoing. As of September 2024, a total of 59 out of 65 participants have been recruited. Preliminary results will be presented at the EPA 2025 Congress.
Conclusions: A systematic assessment of TRD according to the MSM in clinical practice, holds promise for predicting treatment outcomes and guiding treatment decisions. Integrating MSM, for instance, during the recording of patient medical history, could enhance its practical utility in everyday clinical settings.

Disclosure of Interest: None Declared

EPV0622

Evaluation of determining factors of early marriages and their impact on depressive symptoms: a study based on the Roma minority in Tirana, Albania

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Introduction: Early marriage is a widespread practice among the Roma population, an ethnic minority spread across Europe and other regions, including Albania. Despite efforts to address social disparities and promote human rights, early marriage persists and poses a significant challenge to the mental health and well-being of the individuals involved.
Objectives: The study aims to evaluate the relationship between depressive symptoms and various determining factors that affect mental health within the Roma minority in Tirana as a result of early marriages. Specifically, it seeks to identify factors related to early marriage that impact individuals' well-being, assess levels of depressive symptoms based on the total scores of the Beck Inventory, and examine depressive symptoms by gender. Additionally, the study will explore the relationship between socio-demographic data and depressive symptoms, as well as the connection between factors related to early marriage and depressive symptomatology, all measured through the total scores of the Beck Inventory.
Methods: Our study is cross-sectional and examined 220 members of the Roma minority, residents of Tirana, both in urban and peripheral areas. This study explores the determining factors of mental health and their impact on depressive symptoms within the Roma community. The administered questionnaire consists of three parts, respectively covering the socio-demographic characteristics of the population, the Beck Inventory, and factors contributing to depressive symptoms.
Results: The study included 220 Roma minority members, with 58.6% being female and 41.4% male. The average age of the subjects was 35.66 years, and 67.7% were married. Most participants lived in urban areas (65%), with the majority earning less than the minimum wage (40,000 ALL). Educationally, most had completed only primary education, and the average age at first marriage was 15.92 years, driven by love, tradition, and family pressure.
Depressive symptoms were reported by 60.5% of the subjects. Regression analysis identified statistically significant factors contributing to depressive symptoms, including age difference with the first partner, gender (with higher prevalence among females), education level, income level, and number of children. Other significant factors included satisfaction with education, loneliness, financial stress, and conflict frequency with partners.
Conclusions: The analysis concluded statistically significant relationships ($p \leq 0.05$) between the sample and several determining factors in depressive symptoms.
This study can serve as a basis for more in-depth research aimed at developing more effective interventions and support strategies for this marginalized group.

Disclosure of Interest: None Declared

EPV0623

EEG dynamics during long-term treatment of depression in young female patients

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Introduction: The need to study and clarify the neurobiological basis of depression is due to the widespread prevalence and heavy socioeconomic burden of this disease. In order to prevent relapses, it is recommended to continue treatment for depression for a long time after the relief of the main depressive symptoms. However, delayed EEG changes have been almost completely unstudied.
Objectives: The aim of the study was to analyze the dynamics of spectral-coherent EEG parameters during long-term treatment for endogenous depression in young female patients.
Methods: The study included 20 female patients aged 16-25 years who underwent quantitative clinical (using the HDRS-17 and GAF scales) and neurophysiological (multichannel resting EEG recordings with subsequent analysis of absolute spectral power and EEG coherence) examination three times: upon admission to hospital before the start of the course of treatment (at visit 1), upon discharge from the hospital at the stage of remission establishing (at visit 2) and one year after discharge from the hospital on maintenance therapy (at visit 3). The clinical and EEG changes were statistically assessed using the Wilcoxon test.
Results: After the course of stopping treatment (at visit 2), there was a significant ($p<0.01$) reduction in depressive symptoms. This was associated with an EEG slowdown in the form of a generalized increase in the spectral power of theta-delta activity (2-4 Hz and 4-8 Hz), which was significant ($p<0.05$) in the frontal-central leads, and a significant ($p<0.05$) decrease in the alpha2 (9-11 Hz) and alpha3 (11-13 Hz) components of the alpha rhythm in the occipital zones. Further improvement in the clinical condition (according to the HDRS-17 scale) and social functioning (according to the GAF scale) was noted a year later (at visit 3), and was associated with the same EEG pattern, including a significant ($p<0.05$) increase of theta2 sub-band (6-8 Hz) spectral power in the central-parietal-occipital leads.
Conclusions: The observed EEG slowdown is considered to be a reflection of a complex restructuring of brain activity into a mode more adequate for these patients, ensuring the suppression of depressive symptoms and restoration of the social functioning of patients, rather than traditionally considered general decrease of the brain functional state.

Disclosure of Interest: None Declared

EPV0624

Neurophysiological correlates of decision-making efficiency in depressive disorders

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Introduction: Reduced ability to make adequate decisions significantly affects the daily functioning and social adaptation in depressive patients. Neurophysiological bases of reduced efficiency of decision-making based on both logical reasoning and emotional processes are not sufficiently studied.
Objectives: The aim of the study was to search for possible links between signs of decision-making efficiency and EEG parameters in depressive patients.
Methods: The study involved 48 depressive female in-patients (F31.3-4, F34.0, by ICD-10), aged 16-25 years (mean age 18.4 ± 2.6). To assess the decision-making process, computer versions of the Wisconsin Card Sorting Test (WCST) and the Iowa Game Task (IGT) were used. Multichannel resting EEG recordings with spectral power analysis were performed at the same visit before the start of treatment. The rank correlation analysis (Spearman) was used for statistical data processing.
Results: In WCST test, negative correlations ($p<0.05$) were found between the "percentage of conceptual level responses", and the spectral power values of beta1 (13-20 Hz), beta2 (20-30 Hz) in the central and posterior areas, and theta1 (4-6 Hz) in anterior areas of the cerebral cortex. Delta (2-4 Hz) activity values in the left frontal areas positively correlated with the WCST parameters "number of moves spent on completing the first category", "number of perseverations on the previous move", "number of moves" and "test completion time". Thus, patients complete the task longer and less effectively with frontal hypoactivity and increased activation of the posterior areas of the cortex that reflects a violation of the brain's inhibitory mechanisms. In the IGT test, positive correlations ($p<0.01$) were revealed between the number of choices of the "bad" deck (A) and both "bad" decks (A and B), as well as negative correlations between the preference for "good" (C and D) over "bad" (A and B) decks in the second half of testing and the values of the alpha2 (9-11 Hz) spectral power in the anterior areas of the left hemisphere. The preference for "good" over "bad" decks on moves 40–60 negatively correlated with the values of alpha3 (11-13 Hz) and beta2 (20-30 Hz) in the right frontal and central areas. Thus, decision-making deficit in the IGT was associated with a relative decrease in the activation of the anterior regions of the left hemisphere and hyperactivation of the right hemisphere.
Conclusions: In depressive patients, impairments in the logical reasoning task (WCST) are associated with hypofrontality while impairments in the emotional learning task (IGT) – with disbalance of hemispheric activation, namely with hypoactivation of the frontal regions of the left hemisphere and increased activation of the right hemisphere.

Disclosure of Interest: None Declared

EPV0625

EEG features in young female depressive patients with ultra-high risk of psychosis

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Introduction: One of the directions of scientific research in modern psychiatry is the search for predictors of the developing of a manifest psychotic attack in patients with non-psychotic disorders,

that is, predictors of an ultra-high risk of psychosis. Such predictors may include various biomarkers, for example, the quantitative EEG parameters, which subtly reflect the features of the brain functional state.

Objectives: The aim of the study was to search for EEG correlates of the brain functional state in depressive patients of the group of an ultra-high risk of developing psychosis in comparison with EEG parameters of patients without symptoms of a risk of psychosis.

Methods: The study included 74 female depressive patients (F31.3-4, F32.1-2, by ICD-10) aged 16-26 years (mean age 20,8 ±3,5 years) at the stage of remission establishing after treatment course, clinically divided into two groups. First group consisted of 32 patients with depressive conditions and attenuated prodromal psychotic symptoms assessed by SANS and SAPS scales and by COGDIS and COPER criteria, but without a history of manifest psychotic attack. The second group included 42 depressive patients without symptoms of ultra-high risk of developing psychosis. In all patients, multichannel background EEG was recorded with spectral power analysis in narrow frequency subbands. Intergroup EEG differences were statistically analized using Mann-Whitney test.

Results: According to EEG data, the functional state of the cerebral cortex in patients of group 2 at the stage of remission establishing was approaching normal. The EEG of the 1st group of patients differed from the EEG of the 2nd group by significantly lower values of EEG spectral power in the alpha3 sub-band (11-13 Hz) in the occipital leads and by significantly increased spectral power of theta1 (4-6 Hz) activity in the central-parietal areas. Such EEG frequency structure of patients in group 1 reflects a reduced functional state of associative areas, and may also indicate dysfunction of the frontal parts of the cerebral cortex. These EEG features of patients in group 1 are consistent with a significantly greater severity of their positive and negative symptoms scores by the SAPS and SANS scales compared to group 2.

Conclusions: In depressive patients at the stage of remission establishing who have symptoms of an ultra-high risk of developing psychosis a reduced functional state of the associative and frontal areas of the cerebral cortex is noted, which may underlie the characteristics of their clinical conditions.

Disclosure of Interest: None Declared

EPV0626

Evaluating the Efficacy and Safety of Repetitive Transcranial Magnetic Stimulation (rTMS) in Treating Prenatal Unipolar Depression: A Systematic Review

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Introduction: Prenatal unipolar depression is a significant mental health challenge affecting a considerable number of pregnant women worldwide, with higher prevalence rates in developing regions. Due to the potential risks of antidepressant medications on fetal health, there is an increasing need for safe, non-pharmacological treatments. Repetitive transcranial magnetic stimulation (rTMS) has emerged as a promising neuromodulation therapy, offering a non-invasive approach to treating depression. This systematic review explores the efficacy and safety of rTMS in addressing prenatal depression, aiming to provide evidence for its potential as an alternative therapy for this vulnerable population.

Objectives: The primary objective of this review was to assess the therapeutic effectiveness and safety profile of rTMS in treating unipolar depression among pregnant women. The secondary aim was to identify gaps in the current literature and provide recommendations for future research to strengthen clinical guidelines for rTMS use during pregnancy.

Methods: A comprehensive search was conducted using the PubMed database without a time restriction, focusing on case reports, case series, uncontrolled studies, and randomized controlled trials that examined rTMS for prenatal depression. Inclusion criteria required studies to involve adult pregnant women diagnosed with major depressive disorder undergoing rTMS treatment. Data on depressive symptom improvements and any adverse effects on both mother and fetus were extracted for analysis.

Results: Analysis of ten studies, including six case reports/series, three uncontrolled studies, and one randomized controlled trial, indicated that rTMS was well-tolerated by pregnant women and showed effectiveness in reducing depressive symptoms. Notably, no adverse effects were observed in fetal outcomes across these studies. Symptom improvement was significant, with high patient satisfaction reported, yet the limited sample sizes and variations in methodology underscore the need for more robust trials.

Image:

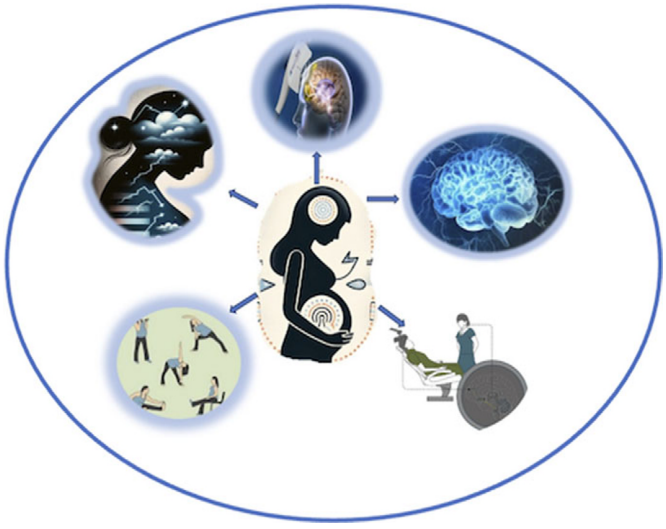


Image 2:

Overview of Repetitive Transcranial Magnetic Stimulation (rTMS) Studies in Depression Treatment

Study	Number of participants	Site of rTMS	Frequency (Hz)	Number of pulses per session	Inter-event interval	Intensity – MT (%)	Number of sessions	Outcome	Concomitant treatment
(Nahas *et al.*, 1999)	1	Left DLPFC	5	-	5s on, 25 s off	100	14	remission	-
(Klirova *et al.*, 2008)	2	1- left DLPFC 1-right DLPFC	20 1	2,000 300	2.5s on, 30s off 60s on, 60s off	100 100	15 15	response response	no Venlafaxine.
(Tan *et al.*, 2008)	1	Left DLPFC	25	1,000	2s on, 28s off	110	77	Remission after the 68th session	no
(Zhang and Hu, 2009)	3	-	-	-	-	-	-	Good response, unknown if remission	-
(Zhang *et al.*, 2010)	1	Left DLPFC	1	1,200	20s off	90	42	HDRS 8	no
(Ferrão and da Silva, 2018)	4	3- left DLPFC 1- right DLPFC	10 1	3,000 1,800	- -	120 120	42.67 20	All patients had a response at mean reduction of 65%.	3 patients: Sertraline x2 Fluoxetine x1 and 2 patients with psychotherapy.

Conclusions: The findings from this review suggest that rTMS is a promising, non-invasive alternative for managing prenatal depression with minimal fetal risk. However, due to the limited number of high-quality studies, further research is necessary to confirm these preliminary findings and establish standardized protocols for rTMS use in prenatal depression treatment. Expanding the evidence base will support the development of safe, effective treatment options tailored to the unique needs of expectant mothers facing depression.

Disclosure of Interest: None Declared

EPV0629

Predictive Factors of Recurrence in Patients with Major Depressive Disorder

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Introduction: Major depressive disorder (MDD) presents as episodes lasting at least two weeks, affecting mood, cognitive, and neurovegetative functions, leading to significant distress [1]. Remission is challenging, with rates of only 30-50% after 6-8 weeks of antidepressant treatment [2]. The STAR*D study shows that 30-40% of patients achieve remission with first-line treatment, and a third fail even after four trials [3]. Recurrence risk is high, reaching 90% after three or more episodes [4][5].
Objectives: The study aims to identify predictive factors for recurrence in major depressive disorder patients at Arrazi Psychiatric Hospital in Salé and to assess the impact of sociodemographic, biological, psychological, socio-environmental, and treatment-related factors on recurrence risk.
Methods: This retrospective, descriptive, and analytical study will collect data from medical records of major depressive disorder patients at Arrazi Psychiatric Hospital in Salé, including socio-demographic, clinical, and therapeutic details. Standardized data extraction ensures anonymity, and factors will be analyzed through univariate, bivariate, and multivariate statistical methods (logistic regressions), with adjusted odds ratios calculated for significant factors and a p-value threshold of < 0.05 applied.
Results: The study shows that women represent approximately 60-70% of patients, with an average age of 30-40 at the first episode and often limited social support in 50-60% of cases. About 40% present psychiatric comorbidities, and 20-30% have physical comorbidities. Nearly 50% of patients have recently experienced stressful events, and 30-40% live in precarious conditions. Therapeutic adherence is insufficient for 30-40% of cases, and 25-35% discontinued treatment prematurely. Meanwhile, those who benefited from combined therapy represent 50-60%, showing a lower recurrence risk.
Conclusions: The recurrence of major depressive disorder poses a major clinical challenge, impacting long-term patient management. Identifying risk factors can enhance preventive interventions and therapeutic follow-up, while an integrative approach considering sociodemographic and psychological factors may help reduce relapse rates. These findings underscore the need for further research into the mechanisms of recurrence in major depressive disorder.

Disclosure of Interest: None Declared

EPV0630

Energy disregulation, adropin as biomarker related with depressive disorder

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Introduction: Adropin is a unique hormone or biomarker that is produced in the liver, brain, and peripheral tissues such as the heart and gastrointestinal tract. It was discovered in 2008 by Kumar and others. It is encoded by a gene associated with energy homeostasis. Adropin plays a key role in the development of various CNS disorders such as stroke, schizophrenia, bipolar disorder, Alzheimer's disease, and Parkinson's disease.
Objectives: Depressive disorder affects a large number of people worldwide, with symptoms such as loss of energy and motivation, sadness, fatigue, and weakness significantly impacting quality of life and functionality. Numerous studies have shown that depression has various neurobiological mechanisms. Deregulation of energy metabolism in the brain is one of the mechanisms associated with the onset of depressive disorder. Adropin can activate BDNF, and since BDNF plays a crucial role in neurogenesis, synapse formation, plasticity, learning, memory, and has a neuroprotective function, adropin may play an important role in the development of depression.

Methods: We conducted a study in which we examined adropin concentrations in depressive disorder in individuals who were diagnosed with depression for the first time and compared adropin levels with healthy controls. We followed up with depressive patients after six months of introducing SSRIs (Selective Serotonin Reuptake Inhibitors) antidepressants.
Results: The adropin values after the introduction of antidepressants and improvement of depressive symptoms were significantly higher after six months compared to the initial blood draw.
Conclusions: Our study measured serum adropin levels in patients who had not previously been treated for depressive disorder. After introducing SSRIs (Selective Serotonin Reuptake Inhibitors) and six months after the initiation of therapy, we repeated the adropin measurements. The results showed a statistically significant difference between the first and second measurements. In the second measurement, adropin levels were higher than in the first. We can conclude that with the improvement of depressive symptoms, the serum adropin levels, as a neuroprotective biomarker, also increased.

Disclosure of Interest: None Declared

EPV0631

An Exploration of Gender and Age Differences in Psychosomatic Responses to Depression and Stress: An Analysis of Beck and DASS-42 Scales

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Introduction: This research investigates gender differences in psychosomatic responses among individuals of various ages, who had been diagnosed with depressive or anxiety disorders, or were in remission. It evaluates symptoms using the Beck Depression Inventory–Second Edition (BDI) and DASS-42 scales in a cohort of 30 adults in an outpatient clinic environment.
Objectives: The aim of the study was to demonstrate the relationship between the degree of development of nicotine and the severity of symptoms related to emotions and mood with patients suffering from schizophrenia.
Methods: A total of 30 adult participants (ages 21-69) were assessed using the BDI and DASS-42 scales. The study is focused on somatic symptoms (as measured by specific DASS-42 items) and their relationship to gender, age, and the severity of depression. The severity of depression was classified into mild, moderate, and severe categories based on BDI scores.
Results: The study revealed that depression significantly affects both daily functioning and emotional responses to stress, with individuals suffering from severe depression showing psychosomatic symptoms most often, regardless of gender. The findings revealed that women diagnosed with depression reported higher rates of psychosomatic symptoms, such as dry mouth, breathing difficulties, and increased heart palpitations, compared to men. Men, on the other hand, exhibited difficulties in emotional regulation in response to stress, which can potentially indicate a general sense of insecurity and anxiety. Younger female individuals, under the age of 40, diagnosed with depression according to the BDI, exhibited more intense psychosomatic symptoms compared to older female patients. Furthermore, within the same cohort of women under 40, the intensity of psychosomatic symptoms was significantly higher in comparison to men in the same age group.
Conclusions: The study uncovered the strong and interconnected relationship between stress and depression. Moreover, it indicated that the severity of psychosomatic symptoms associated with depression and stress is influenced by gender and age. As a result, it is crucial to adopt a comprehensive and personalized approach when treating patients, considering the severity of their conditions. The BDI and DASS-42 scales are effective in capturing these differences, highlighting their usefulness in both clinical and research contexts.

Disclosure of Interest: None Declared

EPV0634

"Electroconvulsive Therapy: A Lifeline for Depression with Psychotic Features and Cognitive Decline" A case series

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Introduction: Depressive disorders with psychotic symptoms in elderly individuals are serious conditions whose diagnosis may be complicated by confusion with neurocognitive disorders. Electroconvulsive therapy (ECT) is an effective intervention for these patients when pharmacological treatments are either ineffective or not feasible due to medical comorbidities.
Objectives: To describe three clinical cases of women over 69 years of age with an initial diagnosis of depression with psychotic symptoms versus neurocognitive disorder.
To assess the clinical response to ECT during their hospitalization.
Methods: A retrospective observational case series was conducted. Three female patients over 69 years old, admitted with a diagnosis of major depression with psychotic symptoms and signs of cognitive impairment, and who received ECT as part of their treatment, were included. The patients' medical records were reviewed to gather information on their diagnosis, evolution, and response to treatment.
Results: Case 1: Patient A (80 years old): psychomotor slowing, delayed response latency, nihilistic delusions with major affective symptoms. She received 10 sessions of ECT, with significant improvement in psychotic, depressive, and cognitive symptoms. She was discharged for outpatient follow-up.
Case 2: Patient B (70 years old): delusions of guilt, impersonation, and persecution, with concomitant major affective symptoms. She received 11 sessions of ECT, with significant improvement in affective, psychotic, and cognitive symptoms. Upon discharge, she continued follow-up with her Mental Health team.

Case 3: Patient C (72 years old): perplexed gaze, hypomimic facies, psychomotor slowing, thought blocking, no delusional symptoms, and major affective symptoms. She received 10 sessions of ECT, with little response in the affective and cognitive spheres. Care continued in the Convalescence Unit (subacute), and she was later institutionalized in a senior residence.
ECT was effective in two of the three patients in terms of psychotic, affective, and cognitive symptom response. In the third patient, where symptoms were more indicative of a neurocognitive disorder, ECT was ineffective, requiring long-term follow-up coordinated between Psychiatry and Neurology.
Conclusions: ECT is effective in treating major depression with psychotic symptoms in elderly patients, although it may have limited response in cases of cognitive impairment. Therefore, a comprehensive approach and multidisciplinary follow-up are required to manage these cases.

Disclosure of Interest: None Declared

EPV0636

Approach to depression in Parkinson's Disease. A case report

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Introduction: Parkinson's Disease is associated with depigmentation of the substantia nigra and locus coeruleus, with specific pathophysiological alterations. It is characterized by tremor at rest, bradykinesia, postural instability and rigidity. But there are also other comorbid psychiatric disorders that accompany it, such as cognitive impairment, psychotic symptoms (hallucinations and delusions), mood disorders and sleep disorders, among others.
Objectives: The main objective of this work is to review the current scientific evidence on the management of depression in Parkinson's Disease.
Methods: The case of a 75-year-old man with a neurological history and a diagnosis of depression with a poor evolution is presented. A detailed search was performed on UpToDate using the search terms "Parkinson's Disease" and "Depression".
Results: This is a 70-year-old man with a history of Parkinson's disease and comorbid depression with a poor evolution. A multitude of therapeutic options have been tried, such as SSRIs, SNRIs, antipsychotics, tricyclic antidepressants and an intensive psychotherapeutic approach. Despite what has been described, the expected improvement is not obtained and, given the difficulties in the treatment of his Parkinson's Disease, an update is necessary according to the scientific evidence collected.
According to the scientific evidence consulted, among the antidepressants most studied in Parkinson's Disease are SSRIs, SNRIs and tricyclic antidepressants. The choice of antidepressant treatment will depend on the patient's main symptoms and the risk-benefit assessment of starting treatment. The importance of cognitive-behavioral treatment is also highlighted.
Conclusions: Depression is one of the most common psychiatric disorders seen in PD. Depressive symptoms in PD are associated with increased motor disability and decreased quality of life. It is estimated that up to 50% of patients have depressive symptoms.
In conclusion, the approach to depression in Parkinson's Disease must be multidisciplinary and comprehensive, with both psychopharmacological and psychotherapeutic treatment.

Disclosure of Interest: None Declared

EPV0637

Music therapy and pharmacotherapy as a combination treatment: a case of periodic depression in comorbidity with subthreshold autism

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Introduction: This case study investigates the combined use of pharmacotherapy and music therapy in treating a 44-year-old male patient with recurrent depression and subthreshold autism traits. These traits contributed to emotional rigidity and reduced treatment outcomes, requiring an interdisciplinary approach to enhance treatment effects.
Objectives: To explore the efficacy of pharmacotherapy and music therapy in treating recurrent depression complicated by subthreshold autism traits, focusing on emotional regulation and coping strategies in a neuroatypical patient.
Methods: The patient was treated in outpatient psychiatry with citalopram (10 mg/day) and nortriptyline (100 mg/day) while attending 18 months of individual music therapy at Aalborg University Hospital. The music therapy involved listening and improvisation aiming at addressing neuroatypical emotional rigidity and sensitivity.
Results: While pharmacotherapy alleviated depressive symptoms, music therapy enabled expression and management of difficult emotions improving emotional flexibility and enhancing coping strategies. The patient was not diagnosed with Asperger's syndrome, but exhibited traits of autism that influenced the treatment response.
Conclusions: The combination of pharmacotherapy and music therapy proved beneficial for the patient, offering a non-verbal approach to emotion regulation. This case highlights the value of interdisciplinary approaches for treating depression in patients with subthreshold autism, especially in complex, treatment-resistant cases.

Disclosure of Interest: None Declared

EPV0638

Using computational psychiatry for identifying risk factors for depressive disorder

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Introduction: Computational psychiatry uses computer models to improve the understanding, diagnosis, and treatment of mental health disorders. These models can integrate large datasets from various sources, including genetic, neurobiological, and environmental factors, to predict the likelihood of developing depression.
Objectives: The aim of the study is to explore the potential of computational psychiatry methods in identifying risk factors for the development of depressive disorders.
Methods: A review of relevant studies was conducted using the PubMed database. The search focused on articles examining computational psychiatry approaches, particularly those assessing risk factors associated with the onset of depressive disorders.
Results: The study highlights computational models that show potential in identifying risk factors for depressive disorders.
Conclusions: Computational psychiatry offers new insights into identifying risk factors for psychiatric disorders and has the potential to contribute to the prevention and treatment of depressive disorders. However, further research is needed to improve the generalizability and applicability of the models.

Disclosure of Interest: None Declared

EPV0639

Exploring the Influence of Personality Traits on Response to Esketamine nasal spray in Treatment-Resistant Depression: A Real-World Study

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Introduction: Treatment-resistant depression (TRD) is a severe condition with substantial economic and social impacts, defined by a lack of response to two or more adequate antidepressant treatments. Esketamine, an NMDA receptor antagonist, acts as an antidepressant by modulating glutamatergic transmission. Some studies suggest that dopaminergic system activation is crucial for the antidepressant effect of (S)-Ketamine (*Jelen LA et al. J Psychopharmacol. 2021 Feb;35(2):109-123*). Recently, nasal spray esketamine (ESK-NS) has been approved for TRD by the EMA and FDA, showing high response rates in some studies (*Martinotti ed al. 2022 J. Affect. Disord. 319, 646–654*). However, while the efficacy of ESK-NS varies among patients, studies on predictive factors of response, especially clinical ones, are limited, and no research has yet examined personality traits as predictors of ESK-NS response.
Objectives: In this multicenter study we aim to investigate correlations between personality traits and response to ESK-NS in a real-world sample of subjects with TRD.
Methods: Eighteen patients with TRD were enrolled in two different centers in Genoa. Sociodemographic and clinical data were collected through semi-structured interviews. The Temperament and Character Inventory (TCI) was administered before therapy (T0) to assess personality traits, while the Hamilton Depression Scale (HAM-D) was used at T0 and three months (T3) to evaluate depression severity and treatment response.
Results: The mean age of patients was 56 years with SD 11,3 years. 66,6 % of patients (n=12) were female. The enrolled patients were divided into two groups (responders 55,6% and non-responders 44,4%) as determined by a reduction of at least 50% in the HAM-D score from T0 to T3. In a multivariate analysis with TCI as the dependent variable and HAM-D severity at T0 as a covariate, a statistically significant difference (p=0.018) was found between the responders and non-responders groups in the TCI Reward Dependence (RD) subscale with higher values in responders compared to non-responders.
Conclusions: Previous studies have examined the link between personality traits and antidepressant response, but this correlation with ESK-NS hasn't been previously investigated. This study, for the first time, demonstrates the correlation between Esketamine responders and RD traits, even when accounting for depressive severity (HAM-D). This may be because individuals with high RD are more sensitive to positive reinforcement. If ESK-NS improves mood and rewarding experiences, these patients might benefit more quickly. Additionally, RD is linked to dopamine, and since ESK-NS influences dopaminergic pathways, those with high RD may respond better to the treatment. This finding supports earlier research that anhedonic features predict better responses in TRD patients (*Pettorruso et al. Psychiatry Res. 2023 Sep;327:115378*).

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EPV0640

Patient-Reported Outcomes of Antidepressant Drug Therapy: A Comparative Analysis

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Introduction: Patient-reported outcomes are becoming increasingly important in the evaluation of antidepressant drug therapy. They capture the patient's perspective on their symptoms, treatment experiences, and overall well-being, unlike traditional clinical measures that focus only on objective assessments (clinical scales measuring symptom reduction and psychological changes). These outcomes provide a more comprehensive understanding of the impact of antidepressants on daily living.
Objectives: The main objective of the study was to determine patient-reported outcomes of antidepressant drug therapy.
Methods: 300 patients from three study centers were included - a geriatric hospital (Germany), a Specialized psychiatric clinic (Germany), Outpatient psychiatric clinic (Croatia). Patients were assessed with the same questionnaire that consisted of two parts - the first one included questions about the patient's current state (possible symptoms) and the second one included questions about possible antidepressant side effects. The main inclusion criterium was continuous antidepressant therapy, and the main exclusion criterium was the inability to communicate via a questionnaire.
Results: Comparative analysis of patient perceptions in an acute psychiatric, outpatient psychiatric and geriatric patient cohort showed all patient cohorts were adherent to taking their medication but differed significantly in the level of awareness of any information regarding their medication taking (why are they taking it, when, what is the prescribed dose, etc.) with geriatric patients being the least aware. The results also show other differences between the three cohorts, especially between the Croatian and German cohorts. An interesting difference is shown in the open question about medication side effects - 99 Croatian patients didn't report having side effects, while only 31 patients from one German center and 71 from another German center answered that they had no side effects when asked openly. When asked specifically, patients from all three cohorts gave similar answers.
Conclusions: Understanding patient-reported outcomes can be extremely beneficial, as antidepressant efficacy as well as side effect severity varies widely among individuals and affects adherence to treatment. Patient-reported outcomes are a great starting point for moving in the direction of patient-centered medicine and can help healthcare providers make more informed decisions regarding antidepressant drug therapy.
This study is a part of ArtiPro ERA PerMed (Multidisciplinary research projects on personalized medicine- development of clinical support tools for personalized medicine implementation) project. The main goal is to establish an artificial intelligence-based platform that integrates data from clinical research involving biomarkers as predictors of illness and treatment outcomes with a goal to identify robust multimodal biomarkers and outcomes for depression.

Disclosure of Interest: None Declared

EPV0641

Resistant depressive disorder: electroconvulsive therapy versus esketamine

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Introduction: Electroconvulsive therapy (ECT) has long been regarded as highly effective in the treatment of Treatment-Resistant Depression (TRD), with remission rates ranging from 50% to 70%. In recent years, esketamine, an N-methyl-D-aspartate (NMDA) receptor antagonist, has emerged as a novel treatment option for TRD due to its rapid and potent antidepressant effects (1).
Objectives: This case aims to reflect on the comparative use of esketamine versus ECT in the management of TRD, considering clinical outcomes, side effects, and patient response.
Methods: A literature review was conducted using PubMed to gather evidence on the efficacy of esketamine and ECT for TRD. We also present a case study of a 53-year-old female patient with TRD to illustrate the clinical application and response to esketamine.
Results: The patient, a 53-year-old divorced woman with a 31-year-old son, has a history of three psychiatric admissions in 2021 due to major depressive episodes. She was previously treated at a day hospital and continues follow-up care in outpatient settings. Her current psychopharmacological regimen includes Venlafaxine 300 mg and Mirtazapine 30 mg, with Aripiprazole recently discontinued.
The patient presented to the emergency department with a marked deterioration in mood, neglect of daily activities, and increased social isolation. Psychiatric evaluation revealed a depressed appearance, slowed speech, bradypsychia, and passive thoughts of death, though without suicidal ideation. Her biological rhythms were disrupted, and she experienced unquantified weight loss, despite good family support.
The patient received her first intranasal dose of esketamine (56 mg) without complications, followed by six additional doses twice weekly. Mild side effects included nausea and occasional depersonalization and derealization. Over time, the patient showed progressive improvement in both affective symptoms and daily functioning.
Conclusions: This case highlights the rapid antidepressant effects of esketamine in TRD patients, aligning with current literature. Esketamine is noted for its quick action and efficacy compared to second-generation antipsychotics (2, 3). Despite these benefits, ECT remains a more cost-effective option with higher remission rates for TRD, even though it is slightly less expensive than esketamine (1). The patient experienced significant clinical improvement with esketamine, which was well-tolerated with minimal side effects. However, the long-term efficacy and cost-effectiveness of esketamine relative to ECT remain under discussion. Further research is needed to clarify esketamine's role in TRD treatment and to establish the best approach for long-term management.

Disclosure of Interest: None Declared

EPV0642

Neuropsychiatric disorders: post-stroke depression. A review

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Introduction: Post-stroke depression (PSD) is the most common neuropsychiatric disorder after stroke, and also the main factor limiting recovery and rehabilitation in stroke patients, which leaded to poor quality of life. A prevalence of 30% is estimated between 1 to 5 years after stroke. More than half of all cases are neither diagnosed nor treated.
Objectives: The aim of this paper is to review the latest updates regarding post-stroke depression and progress in its diagnosis and treatment.
Methods: A systematic review of the scientific and clinical literature on PSD was conducted. The review included databases such as PubMed and Cochrane, covering articles from the past 10 years. The scientific evidence obtained was analyzed and synthesized.
Results: Currently, the diagnosis of PSD is mainly based on the DSM guidelines and combined with various depression scales. Symptoms usually occur within the first three months after stroke, the patient presents symptoms of a depressive episode such as low mood, anhedonia, loss of appetite, sleep disorders, vegetative symptoms or social withdrawal. Several mechanisms, including biological, behavioural, and social factors, are involved in its pathogenesis. The main predictors are personal history or cognitive impairment, as well as sequelae of the stroke. Left hemispheric strokes are those with the highest risk of early depression, as well as small subcortical vessel pathology. Treatment is mainly pharmacological, with SSRIs. The probability of recovery is between 15 and 57% in the first year, with a recurrence of 38% at two years, up to 100% at 15 years. In addition, there is an increase in mortality, especially in those under 65 years of age.
Conclusions: There are still many unanswered questions in the treatment of PSD, such as the best time to start treatment or the effects of antidepressants on cognition and motor function, among others. Although great advance has been made by researchers, the mechanism of PSD is not completely clear.

Disclosure of Interest: None Declared

EPV0643

Successful Pharmacological Management of a Severe Suicide Attempt

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Introduction: Psychotic depression, a severe subtype of major depressive disorder with delusions or hallucinations, increases suicide risk due to distressing symptoms and hopelessness. Suicide attempts in psychotic depression can be severe and violent. Combining antidepressants and antipsychotics shows promise in reducing suicidal ideation and improving prognosis. This case presents a patient with a severe suicide attempt and self-harm in the context of psychotic depression, highlighting successful treatment with a combination of antidepressants and antipsychotics.
Objectives: To present a case study of a patient with a depressive episode that progressed to psychotic features.
Methods: A comprehensive literature search was conducted to identify relevant studies on the treatment of depression with psychotic features. A case report was then developed, detailing the patient's clinical presentation, diagnosis, and treatment regimen.
Results: A 53-year-old male was hospitalized following a serious suicide attempt. The patient had a history of a recent work-related accident, leading to a depressive episode that progressed to psychotic features, including delusions of guilt and economic ruin, attempted suicide using a firearm, leading to significant self-inflicted injuries. Emergency surgical intervention was required for tendon and arterial damage. Psychiatrically, the patient exhibited profound hopelessness, delusional guilt, and active suicidal ideation. Following hospital admission, the patient was treated with a combination of sertraline, olanzapine, and mirtazapine, which resulted in significant improvement in mood, a reduction of delusions, and cessation of suicidal ideation over a three-weeks period. The patient returned to social activities and expressed interest in resuming his professional responsibilities, with no recurrence of psychotic symptoms or suicide attempts.
Conclusions: This case illustrates the severity of suicidal behavior in psychotic depression and the critical importance of combining antidepressants with antipsychotics for effective management. Research has consistently shown that psychotic depression carries a heightened risk of severe suicide attempts due to the intensity of delusions and hopelessness. Antidepressant-antipsychotic combinations, particularly those involving selective serotonin reuptake inhibitors (SSRIs) like sertraline, and atypical antipsychotics such as olanzapine, have demonstrated efficacy in reducing both depressive and psychotic symptoms, thereby mitigating suicide risk. In this case, the patient's marked improvement and remission of psychotic features underscore the role of combined pharmacotherapy in stabilizing mood and preventing future suicidal behavior.

Disclosure of Interest: None Declared

EPV0644

ECT: A Rapid and Sustained Response in Treatment-Resistant Psychotic Depression in the Elderly

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Introduction: Electroconvulsive Therapy (ECT) is a proven treatment for treatment-resistant depression (TRD), especially in elderly patients. Managing depression in this population is challenging due to comorbidities and medication intolerance. Research suggests that factors like melancholic features and early symptom improvement predict a positive response to ECT. ECT offers rapid and sustained antidepressant effects.

Objectives: To present the case of a 74-year-old woman with TRD who successfully underwent ECT after failing multiple medications.
Methods: A literature review was conducted on ECT for TRD in elderly patients. The clinical case is detailed, focusing on treatment, ECT application, and outcomes.
Results: The patient had a history of severe depressive episodes. Previous hospitalizations were managed with tricyclic antidepressants, lithium, and olanzapine. However, lithium was discontinued after discharge due to subclinical hypothyroidism and renal function impairment. Although the patient remained stable for a time, her mood progressively worsened, leading to a marked decline in daily functioning and eventual admission to the psychiatric unit. Upon admission, the patient presented with severe depression, including loss of functionality, self-neglect, and passive suicidal ideation, hyporeactive state, significant vegetative symptoms, and moderate-to-severe anxiety. Given the lack of response to a comprehensive pharmacological regimen, ECT was initiated. The patient underwent six sessions of ECT, with initial improvements observed after the first session. By the third session, she showed marked improvements in mood, energy, and anxiety levels. By the end of the ECT course, she had regained full functionality and emotional stability.
Conclusions: This case underscores the effectiveness of ECT in managing psychotic depression in elderly patients when pharmacological treatments are ineffective or poorly tolerated. The patient's rapid response aligns with previous findings suggesting that early symptom improvement predicts favorable ECT outcomes. Additionally, the presence of melancholic features may have contributed to the success of ECT, as described in the literature. Given the patient's history of lithium intolerance and multiple pharmacological failures, ECT emerged as the most viable treatment option. ECT also demonstrated long-term benefits.
This case also highlights the importance of considering ECT earlier in the treatment process for elderly patients and demonstrates the crucial role of ECT in achieving rapid and sustained recovery in elderly patients with psychotic depression resistant to pharmacological treatments. Early intervention with ECT was essential for the patient's full functional recovery, reinforcing its value as a therapeutic option in severe, treatment-resistant cases.

Disclosure of Interest: None Declared

EPV0647

The efficacy of combined antidepressant therapy in depressed patients

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Introduction: According to certain researches, it is known that depressed patients are represented by a high percentage of psychiatric diseases. In these patients, there is a reduction of volitional dynamism, especially the drive to live as well as the social drive.
Failure to treat these patients can lead to serious consequences, suicides and social dysfunction (reluctance for any activity and social isolation).
That is why it is of great importance to apply adequate antidepressant therapy. On the other hand, according to data from the literature, it is known that depression abounds with a multitude of symptoms that cannot be overcome with the use of only one type of antidepressant, so a combination of them is needed.
Objectives: The Aim of this study is to assess the effectiveness of combined antidepressant therapy in the treatment of depressed patients
Methods: This prospective present study included groups of 30 patients of either sex between 26-55 years with diagnosis F32, F33 evaluated in Private Psychiatric Institution Zora Mitic, Skopje . The study was conducted for 6 month. All the patients was written informed consent. Exclusion criteria was exist depressive disorders, patients with another psychiatric disorders and another organic disorders were not included in the study. The patients were examination before treatment and after treatment with Mirtazepine 15-30mg/day and Sertraline 50-100mg/day doses. The patients were assess using sociodemographic information by semi-structured questionnaire specially designed for the study. The sociodemographic data was:, marital status, education status and employment. Depression in patients was assessed by HAMD scale: 21 items graded ranging 0-4. The results obtained were compared using the t-test and Chi-square test. The quantitative data was expressed in number and percentage.The p value of statistical significance was set at $p<0.05$
Results: Results The obtained results indicated that there is a statistical difference in depressive patients before treatment and after six months of treatment with antidepressant therapy the level of education (p=0,07), marital status (p=0,12); employment (p=0, 09) were without statistical significantly. But we got that the HAMD scale score were statistically significant when compare before treatment and after treatment with antidepressant therapy (p=0,03).
Conclusions: ConclusionThe results obtained in the study confirmed that the combined antidepressant therapy in patients with rich symptomatology reduced the depressive symptomatology and enabled an improvement in the functioning of the individuals.

Disclosure of Interest: None Declared

EPV0648

Diferences in concetration of transforming growth factor beta and interferon gama in adults with major depressive disorder regarding on seveirty of disorder

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Introduction: Over the past 30 years, cytokines have been extensively studied in relation to neuroplasticity, modulation of neurosignaling, and various psycho-immunological aspects of depression. Interferon gamma (INF-γ) is traditionally recognized for its

pro-inflammatory role, but it also possesses regulatory functions by antagonizing Transforming Growth Factor beta (TGF-β). TGF-β acts as an anti-inflammatory and regulatory cytokine. The interaction between these cytokines remains inadequately explored in patients with depression.
Objectives: The aim of our study was to analyze the differences in serum concentrations of INF-γ and TGF-β between patients with Major Depressive Disorder (MDD) and healthy controls.
Methods: Blood samples were obtained from 55 patients who met the DSM-IV-R criteria for a current MDD episode without psychotic symptoms, and from 45 healthy controls, matched for age and gender. Participants were assessed using the Beck Depression Inventory (BDI) and the Hamilton Depression Rating Scale (HDRS). Serum concentrations of INF-γ and TGF-β were determined using enzyme-linked immunosorbent assays.
Results: The concentration of TGF-β was significantly higher in patients compared to healthy controls, while no differences were observed for INF-γ between the groups. Moreover, INF-γ concentrations were statistically higher in patients with more severe depression, as measured by HDRS and BDI. TGF-β levels increased with severity only as assessed by HDRS. Among various factors (sociodemographic, clinical, and hereditary), INF-γ was positively correlated solely with the number of hospitalizations, whereas TGF-β levels correlated with the duration of treatment and symptoms.
Conclusions: The interplay between TGF-β and INF-γ is frequently considered a crucial component of the inflammatory hypothesis in depression. Further research is needed to understand why concentrations are elevated in patients with more severe forms of depression, yet show no correlation with other clinical or sociodemographic factors.

Disclosure of Interest: None Declared

EPV0649

Lifting Spirits: Exploring the Link Between Strength Training Intensity and Depression

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Introduction: In recent years, the appealing aspect of strength training has grown beyond its physical benefits, promoting interest in its potential impact on mental health. Despite the curiosity, the association between it and depression remains unexplored.
Objectives: The purpose of this study is to examine at the link between strength training intensity and depression levels among active gym-goers in Tunisia.
Methods: This is a cross-sectional study, conducted from February to March 2024. Participants were recruited online through social media platforms (Tunisian facebook groups and fitness forums) using a posted survey link. We've included respondents who are 18 years of age or older who have been active in strength training with a gym membership for 1 month or more. The respondents were required to answer a questionnaire that included questions related to socio-demographic data and to provide strength training intensity related details (sessions frequency, duration, perceived overall intensity using likert scale)
Depression levels were measured using the Patient Health Questionnaire-9 (PHQ-9).
Results: The overall number of participants was 72, with 86% being male. The majority of responders (n=65, 90.2%) indicated that they performed strength training exercises at least three times per week, with an average session length of 45 minutes. In terms of strength training intensity, 38.8% (n= 28) of participants reported high-intensity sessions, 48.6%(n=35) moderate-intensity sessions, and the remaining participants reported low-intensity sessions.
The mean depression score on the PHQ-9 scale was 4.3 (SD = 2.1). Implying a prevalence of minimal to mild depressive symptoms among the research population.
Strength training intensity was found to have a negative correlation with depression scores ($r = -0.36$, $p = 0.03$), suggesting that higher intensity sessions were linked with fewer symptoms of depression.
Conclusions: This study serves to shed light upon the association between strength training intensity and depression levels among Tunisian gym-goers. The findings emphasise the positive impact of strength training with higher intensity, on depressive symptoms

Disclosure of Interest: None Declared

EPV0651

Vagal Nerve Stimulation for Depression: A Review of Side Effects in Unipolar and Bipolar Disorders

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Introduction: Vagal Nerve Stimulation (VNS) therapy has emerged as a promising treatment for individuals suffering from treatment-resistant unipolar and bipolar depression. Initially approved for epilepsy, VNS therapy's potential to improve mood symptoms in patients unresponsive to conventional treatments like antidepressants, psychotherapy, ECT, and TMS has garnered growing interest in psychiatry.This systematic review provides a comprehensive overview of the side effects associated with VNS therapy. It aims to offer a balanced perspective on the therapy's safety profile, aiding informed decision-making for depression.
Objectives:
1. To identify the most common side effects of VNS therapy.

Methods: A literature search was conducted within 2 databases (PubMed and Google Scholar). The PubMed search employed MeSH terms as follows: ((vagus nerve stimulation) OR (vagal nerve stimulation)) AND ((major depressive disorder) OR (MDD) OR (depression) OR (unipolar depression) OR (bipolar depression)) AND (side effects). Google Scholar search utilized Boolean operators as follows: "vagus nerve stimulation for depression" "adverse effects" "side effects." Tools that were native to the browsers of these respective databases were used to apply the following filters: publication date (2019-2014), free full text, English, no abstracts, no miscellaneous documents and the remaining results were reviewed independently by 2 investigators to screen for the remaining

inclusion and exclusion criteria. Specifically, studies were only included if they reported on the side effects of VNS therapy for depression. Studies were excluded if they did mention the side effects, or if they were not accessible to the investigators due to pay-walls, for example.
Results: A total of 380 articles were identified from searching in both databases, and screening with application of our inclusion and exclusion criteria left 14 articles to be considered. The side effects of VNS therapy can range from mild and transient to more significant, and most frequently mentioned side-effects included: headache, local skin irritation, intolerable pain, and voice alteration (Jung 2023). Headache and dizziness was common for all forms of VNS, while local skin irritation was far more common in non-invasive methods of VNS involving electrodes, and serious complications from damage to the vagus nerve resulting in arrhythmias and aspiration (Bruer 2022) potentially impacting the overall quality of life and adherence to treatment.
Conclusions: Vagus Nerve Stimulation (VNS) offers a promising treatment option for patients with treatment-resistant depression, providing symptom relief when other therapies fail. However, side effects, particularly laryngeal, and variability in patient response highlight the need for personalized approaches. Future research on transcutaneous VNS and optimized protocols is essential to enhance outcomes.

Disclosure of Interest: None Declared

EPV0652

Depression and Acute Myocardial Infarction: What's New in Their Association?

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Introduction: Depression and myocardial infarction (MI) are leading causes of disability worldwide. Their interconnectedness, along with the burden that these impose on patients, is of particular clinical interest.
Objectives: We conducted a systematic review, that aimed to synthesize recent data on the association between depression and MI, highlighting their outcomes and identifying contributing risk factors.
Methods: Data were extracted from 17 studies, including only prospective and longitudinal cohort studies, published between 2019 and 2024. These studies were selected from an initial pool of 67 relevant articles, retrieved from PubMed, PsycINFO, and Embase databases.
Results: Prevalence of depression was higher among MI survivors (OR 1.21; 95% CI 1.15-1.27), with increased rates observed in patients with comorbid type 2 diabetes (IR 131.1; 95% CI 109.6-155.6). A significant correlation was found between depression and adverse clinical outcomes post-MI (HR 3.41; 95% CI 2.49-2.674), including 30-day hospital readmissions (HR 1.11; 95% CI 1.07-1.15). Additionally, individuals diagnosed with depression had a higher likelihood of experiencing MI (HR 2.07; 95% CI 1.79-2.40), particularly those from lower socioeconomic backgrounds (HR 1.47; 95% CI 1.36-1.60) or with chronic kidney disease (HR 1.29; 95% CI 1.03-1.62). However, depressed men and patients using SSRIs had a reduced risk of MI compared to women and non-SSRI users (HR 1.39; 95% CI 1.35-1.42 and HR 0.91; 95% CI 0.64-1.29, respectively).
Conclusions: Depression increases the risk of developing MI and worsens clinical outcomes, and vice versa. Comorbid conditions, including type 2 diabetes and chronic kidney disease, gender differences, and no antidepressant use, are critical factors that compound their association.

Disclosure of Interest: None Declared

EPV0653

Can Esketamine Become a Viable Alternative for Treating Treatment-Resistant Depression in Ecuador?

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Introduction: Treatment-resistant Depression (TRD) nowadays it is consider a public health problem. Studies had demonstrate that TRD has higher prevalence of psychiatric comorbid conditions, twice the utilization of outpatient health care resources, 3 times the number of inpatient bed-days, and 23% higher all-cause mortality. -Esketamine, the *S*-enantiomer of ketamine, has been recently approved for depression that has failed to respond to two or more antidepressants [2]. Nevertheless, considering its steep cost, accessibility in Ecuador becomes a crucial factor. Comprehensive studies are essential to substantiate its efficacy
Objectives: Evaluate the effectiveness and safety of esketamine nasal spray in a clinical sample of patients with TRD
Methods: This is an observational, retrospective and multicentric study comprising a total of 16 TRD patients treated with esketamine nasal spray, the sample was collected over a period of 2 years. Anamnestic data and psychometric assessment (MADRS and Columbia scale for suicidal ideation) were collected from -medical records at baseline (T0), one month (T1) and two month (T2) follow-ups.
Results: Clinical response was achieved in 68% at T1 and 81% by T2. Remission rates of 50% was detected by T2. Few side effects were seen in this study, 25% (4) present disossiacion 13% (3) hypertension and anxiety 12% (2) all of them were autolimited and no treatment was required. Based on the Columbia scale to assess suicidal ideation, the disappearance of suicidal risk was observed before T1 in all cases. It is important to emphasize that 2 of the patients taken into account for the study abandoned treatment before the time established. The first patient abandoned

it in the second application for economic reasons and the second patient because he observed total remission of the symptoms by T1
Conclusions: Taking into account the results, it can be concluded that esketamine is a safe medication, given the low percentage of observed adverse effects, all of which were mild and self-limiting. Moreover, the high rates of clinical response and remission allow us to conclude its effectiveness. However, the restriced accessibility should be taken into acount due to the elevated cost of esketamine which also limits this study due to the small sample size

Disclosure of Interest: None Declared

EPV0654

Vegan diet and the importance of nutritional self-concept in the treatment of unipolar depression: a new perspective

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Introduction: Studies on the psychological impact of a vegan diet and its effect on mental health are still, although the interdisciplinary literature points to significant diet-related cognitions associated with the active choice of a plant-based diet. This study addresses this research gap by framing veganism as an identity-associated aspect of self-concept in young vegans and examines the influence of self-esteem resulting from the vegan diet on symptoms of unipolar depression in a biopsychosocial framework model.
Objectives: veganism as an identity-associated aspect of self-concept
influence of self-esteem resulting from the vegan diet on symptoms of unipolar depression
alternative perspective on the connections between psyche and nutrition
Methods: In a representative sample of n = 659 students from German universities, the absolute and additional influence of diet-related self-esteem on depressive symptoms was investigated using hierarchical regression, taking biopsychosocial covariates into account.
Results: It was found that the self-esteem experience of the test subjects specifically gained from the vegan diet exerts a statistically significant influence on depressive symptoms (B = - 37, SE(B) = 0.02, p <.001) and can also explain a statistically significant additional proportion of the total variance in a biopsychosocial model of depression (ΔR2 = .18, F [1,649] = 272.34, p <.001). Together, the model of eight covariates and nutrition-related self-esteem can explain 57% of depressive symptoms (R2 = .57, F [9,649] = 94.81, p < .001¸ f2 = 0.13). This statistically significant influence of diet-related self-esteem also persists in an exploratory study of different severity levels of depressiogenic distress
Conclusions: The results provide evidence of a psychological impact factor in relation to a vegan diet and identify psychological consequences and thus open up a new research perspective in clinical psychology.

Disclosure of Interest: None Declared

EPV0656

Clinical Features of Late-Life Depression with Different Neurobiochemical characteristics

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Introduction: Depression is one of the most important medical and social problems in old age due to its high prevalence (10-25%) and a significant increase in the burden on social services and medical institutions. A diverse combination of biological factors of aging contributes to the polymorphism of clinical manifestations of late-life depression.
Objectives: Study of the clinical features of depressed patients of late age of three identified neurobiochemical models of energy, antioxidant and glutamate metabolism.
Methods: The study material consisted of 52 hospitalized patients (40 women and 12 men) aged 60-86 years with a depressive episode of recurrent depressive disorder, bipolar affective disorder and a single depressive episode (ICD-10). The patients were examined by clinical, psychometric, biochemical and statistical methods. Before starting therapy, psychometric assessments were performed using the Hamilton Anxiety and Depression Rating Scales and the Mini-Mental Status Examination. On the same day, the activity of enzymes of energy (cytochrome c oxidase - CO), antioxidant (glutathione reductase - GR and glutathione S-transferase - GST) and glutamate (glutamate dehydrogenase - GDH) metabolism enzymes in blood platelets was determined in patients.
Results: In patients with a decrease in energy and antioxidant metabolism (↓GR, GST, HD and ↑GDH), there was a predominance of shallow apathetic depression of a "seasonal" nature with the presence of mild cognitive impairment, a later age of manifestation, and a high incidence of cerebrovascular pathology. Patients with "disharmonious" metabolism (↓ GR, GST, GD and ↑ CO) were characterized by an early onset of the disease, its longer duration, more severe and complex depression with a pronounced anxiety component. Patients with a conditionally "normal" metabolism were more likely to experience typical melancholy depression and the lowest incidence of severe cerebrovascular pathology.
Conclusions: The relationship has been established between the clinical features of late-life depressions and changes in the activity of enzymes of energy, antioxidant and glutamate metabolism. It was revealed that the type of metabolism with "reduced" and "disharmonious" activity of these enzymes corresponds to the parameters of late and early manifesting depression. Thus, the clinical heterogeneity of late-life depression is closely related to different neurobiochemical types of metabolism.

Disclosure of Interest: None Declared

EPV0657

The course of the late-life depression with different immunophenotypes

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Introduction: According to epidemiological data, about a third of elderly and senile people suffer from mental disorders. The most common are depression and dementia. An urgent problem of modern research is the search for neurobiological correlates of the course and outcomes of late-life depression.
Objectives: To study the outcomes of depression at a late age during a 3-year prospective follow-up in patients with various immunophenotypes.
Methods: A cohort of patients with depressive disorders who were treated in hospital and re-examined in 1 and 3 years. The work carried out a comparative analysis of the course of the disease in patients with different immunophenotypes. The follow-up observation group with immunophenotype A (group 1) included 20 people, 6 men (30.0%) and 14 women (70.0%), median age was 68 years old [62.5; 76.5]. 13 patients (65.0%) were diagnosed with a depressive episode of DE in the framework of recurrent depressive disorder (DDR-F33), 7 patients (35.0%) - in the framework of bipolar affective disorder (BAR-F31). The group with immunophenotype B (group 2) included 31 people, 10 men (32.3%) and 21 women (67.7%), median age was 68 years old [64.0; 72.0]. In 20 patients (64.5%) DDR was diagnosed, in 9 patients (29.0%) - BAR, and in 2 patients (6.5%) – single DE. The patients were examined using clinical, psychometric, immunological and follow-up assessment in 1 year and 3 years.
Results: A comparative study of the course and outcomes of late-age depression in groups of patients with different immunophenotypes, both immediate (1 year) and distant (3 years of follow-up) showed a statistically significant predominance of a favorable course of the disease in patients of group 1 compared with patients of group 2.
In patients of group 1 (in 95% of cases), a favorable course of the disease was noted with the formation of qualitative remissions after 1 year and persisted after 3 years of follow-up. In most patients of the 2nd group, the unfavorable course of the disease prevailed, which was noted both with short-term (1 year - 83.9% of cases) and long-term (3 years - 87.1% of cases) observation. The unfavorable course of the disease in group 2 patients was characterized by a statistically significantly more frequent ($p<0.05$) formation of incomplete remissions with the preservation of residual depressive disorders, the development of repeated depressive phases on their background according to the type of “double depressions”, as well as cases of chronic depression by 3rd year of observation.
Cases of dementia formation and deaths were noted in this group.
Conclusions: The results of the follow-up observation of patients with late depression indicate that the variants of the further course of the disease are closely related to immunological features. The depressions of the apathetic-adynamic structure, in complete remissions in the anamnesis is a marker of a prognostically less favorable course of the disease.

Disclosure of Interest: None Declared

EPV0658

Clinical characteristics of depression in late life

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Introduction: The relevance of studying late-life depression is determined by the increase in its prevalence,difficulties in diagnosis and therapy.Depression in old age aggravates the course of comorbid somatic pathology,leads to a deterioration in the quality of life of the elderly, the development of mental insolvency and social maladjustment. In addition,depression accelerates the aging process,accompanied by an increased risk of mortality and the development of dementia.
Objectives: To study the clinical features of late-life depression in patients of a gerontopsychiatric hospital.
Methods: Patients with depressive disorders who were treated in the conditions of the gerontopsychiatric hospital .The study used clinical, psychopathological and statistical methods. A total of 333 patients were examined: 87 men (26.1%) and 246 women (73.39%) aged 60 and older (average age 69.05±6.66). According to the ICD-10 classification, all patients were diagnosed with a depressive episode of various etiologies: in 20 patients (6.0%) - a single DE, in 86 patients- a depressive phase within the framework of the BAR(25.9%)and in most patients–227people– a depressive phase within the framework of DDR. According to the ICD-10criteria, depression corresponded to a moderate depressive episode in 246 patients (73.9%), a mild depressive episode in 64 (19.2%)and a severe depressive episode in 23 patients (6.9%).
Results: Analysis of the psychopathological structure of the examined inpatient patients with late-age depression revealed the predominance of psychopathological conditions characteristic of late age, in the structure of which anxiety and anxiety-melancholy disorders dominated (152people-45.7% of cases), depression with the dominance of apathetic and adynamic disorders,which were observed in 135people (40.5%), were somewhat less common. Complex psychopathological depressions with a predominance of senesto-hypochondriac disorders, as well as delusional depressions, were less common – in 39 people–11.7% and 7 people-2.1% of cases, respectively. A characteristic feature of late-age depressions was the presence in their structure of dissomnic, anxiety and hypochondriac disorders,which were noted, respectively, in100%, 94.6% and 93.1% of cases, as well as subclinical cognitive disorders: subjective cognitive impairment (complaints of memory loss)- in 64.3% of patients.
Conclusions: The study shows the polymorphism of psychopathological symptoms of endogenous depression in late life, the presence of anxiety, senesto-hypochondriac, dissomnic and cognitive disorders in the structure of depression.

Disclosure of Interest: None Declared

EPV0659

Significant reduction of cognitive distortions after total sleep deprivation in patients with major depression: a preliminary study

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Introduction: Cognitive distortion is a central feature of depression, encompassing dysfunctional personality styles and attitudes, and negative thinking. One of the cognitive schemas characteristics of depressed individuals is the tendency to overestimate causal responsibility for negative events, but not for positive ones. Total sleep deprivation (TSD) has been shown to cause rapid and sustained antidepressant effects in depressed patients and to revert the biased self description present in these patients.
Objectives: The aim of the study was to investigate if TSD treatment would change cognitive distortion in a sample of patients diagnosed with major depressive disorder (MDD).
Methods: Seven patients with MDD (all females), completed the Cognition Questionnaire (CQ) to assess cognitive distortions and were assessed before and after TSD treatment. TSD protocol involved three cycle of sleep deprivation, each one lasted 36 hours and was followed by a night of recovery sleep. Light therapy was administered for 30 minutes at 3 am during waking nights and in the morning after the recovery sleep.
Results: A significant reduction of the depressive symptomatology was observed at both objective (Hamilton depression rating scale -HDRS F=9.85, p=0.008) and subjective (Beck depression Inventory – BDI F=54.73, p<0.001) measures. Investigating the 5 dimensions assessed through the CQ, we observed that the reduction of the dimension "attribution of causality" (r=-7707, p=0.043) and the total CQ score (r=-.8865, p=0.008) after TSD were significantly associated with the reduction of depressive symptomatology as measured by the BDI.
Conclusions: This is a preliminary study on the effect of TSD treatment on cognitive distortion in MDD. TSD treatment improved not only clinical symptoms but also cognitive distortion. Our preliminary findings suggest that TSD could be added to antidepressant treatment to rapidly improve the depressive symptomatology and cognitive distortion which may hamper the compliance with pharmacologic treatments and consequently the reduce the possibilities of a favouble outcome of pharmachologic interventions.

Disclosure of Interest: None Declared

EPV0660

Esketamine-induced dissociation: just a side effects or a potential antidepressant effect booster?

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Introduction: Dissociative experiences are considered typical esketamione's side effects. Several investigations have have shown that ketamine/esketamine-induced dissociation may be linked to improved responsiveness, although other studies have not supported this association. Despite these controversial findings, it's possible that dissociative experiences are crucial to the antidepressant effects, at least in specific subtypes of depression. In fact, current understanding of the therapeutic potential of ketamine (the anaesthetic from which esketamine is derived) converges on the so-called "relaxed prior hypothesis", suggesting that glutamatergic blockade up-weights bottom-up surprising somatosensory/affective states. Consequently, ketamine improves short-term plasticity in depression by enhancing sensitivity to interoceptive signals.
Objectives: This study describes and discusses two case studies in which the experience of esketamine dissociation was particularly effective in enhancing antidepressant effects.
Methods: We selected 2 case studies for their paradigmatic description of "depersonalised depression" (Entfremdungsdepression). Patients were interviewed both 4 weeks before and at the peak of esketamine effects during a 6-month treatment. Following a neurophenomenological approach, we combined subjective reports from unstructured clinical interviews with review of previous objective neuroimaging results and neurocomputational models to elucidate the relationship between esketamine's effects and interoceptive sensitivity. Patients were administered the HAM – D at T0 and T6 and the Dissociative Experience Scale (DES-II) and the Structured Clinical Interview for Depersonalization-Derealization Spectrum (SCI-DER) at T0.
Results: According to our observations, esketamine-induced dissociation may be particularly effective in the depersonalised depression subtype, in which interoceptive awareness and interaffectivity are significantly impaired. In particular, disembodiment may suspend previously acquired patterns of feeling, perception and behaviour. As previously described by Richard Yansen, ketamine disrupts the assertion of bodily tensions so that they cannot tighten in the way they used to tighten, and they cannot hold back emotionally in the way they used to hold back: then many of the feelings behind the armour can pour out with a softening, cathartic release. Our patient D.P. sketches this phenomenon nicely when he says that "esketamine makes you change your own personal attitude, your own grammar".
Conclusions: Consistent with previous findings, we suggest that esketamine-induced disembodiment allows for a temporary window of psychological plasticity and heightened sensitivity with the body regaining its permeability to affective affordances. Future research should address the relationship between esketamine-induced disembodiment, sensitivity to interoceptive signals, and depression outcomes.

Disclosure of Interest: None Declared

EPV0661

Metacogntive training add-on to esketamine treatment in TRD patients: effects on depressive rumination

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Introduction: Depressive rumination has been the subject of increasing clinical and research interest in recent years. Numerous studies have demonstrated its central role in the etiopathogenesis and maintenance of depressive disorders. It refers to the struggle to control repetitive and passive thoughts with a hyper-focus on depressive symptoms, their causes, meanings and consequences. It is, therefore, a process that is often active in people with depressive mood and that can exacerbate and prolong depressive symptoms by promoting their chronicity. It can therefore be argued that depressive rumination may contribute to treatment resistance. The metacognitive model of major depressive disorder and its derived treatment focuses on rumination supporting beliefs and on their modification, with the aim of reducing their negative effects.
Objectives: The aim of this study was to evaluate the improvement in depressive rumination using the metacognitive approach in TRD patients treated with intranasal esketamine.
Methods: Twenty-five patients (13F) with a mean age of 55.88 years (±11.31) diagnosed with treatment-resistant major depression (TRD) received an 8-session weekly metacognitive training (MCT) intervention in addition to the standard intranasal esketamine treatment protocol. Patients were assessed at baseline and after 3 and 6 months of treatment using the Penn State Worry Questionnaire (PENN) and the Ruminative Response Scale (RRS) to assess depressive rumination, and the Montgomery-Asberg Depression Rating Scale (MDRS) to assess depressive symptomatology.
Results: At baseline MADRS and RRS total scores did not differ significantly by gender or age. To assess the effect of MCT as an adjunct to esketamine therapy, a repeated measures ANOVA was performed comparing participants at different time points (T0, T3, T6). The analysis showed an effect of treatment on MADRS total score (η^2=0.45; F=18.22, p=0.001), MADRS item 9 (pessimistic thoughts) (η^2=0.18; F=4.85, p=0.02) and RRS total score. Post-hoc comparisons were significant for MADRS and RRS total scores, with progressive decreases between T0 vs T3, T0 vs T6 and T3 vs T6; for item 9, comparisons were significant between T0 vs T3 and T0 vs T6, with stability between T3 and T6. MCT treatment combined with intranasal esketamine resulted in significant improvements in depressive symptoms. It also reduced depressive rumination and maladaptive metacognitive beliefs.
Conclusions: These preliminary results show that MCT as an adjunct to esketamine treatment is effective for depressive rumination, with stable results up to 6 months after treatment. The generalisability of the results is limited by the lack of a control group and the relatively small sample size. Further studies in larger populations and comparing MCT with other psychotherapies or usual care are needed to confirm these findings.

Disclosure of Interest: None Declared

EPV0662

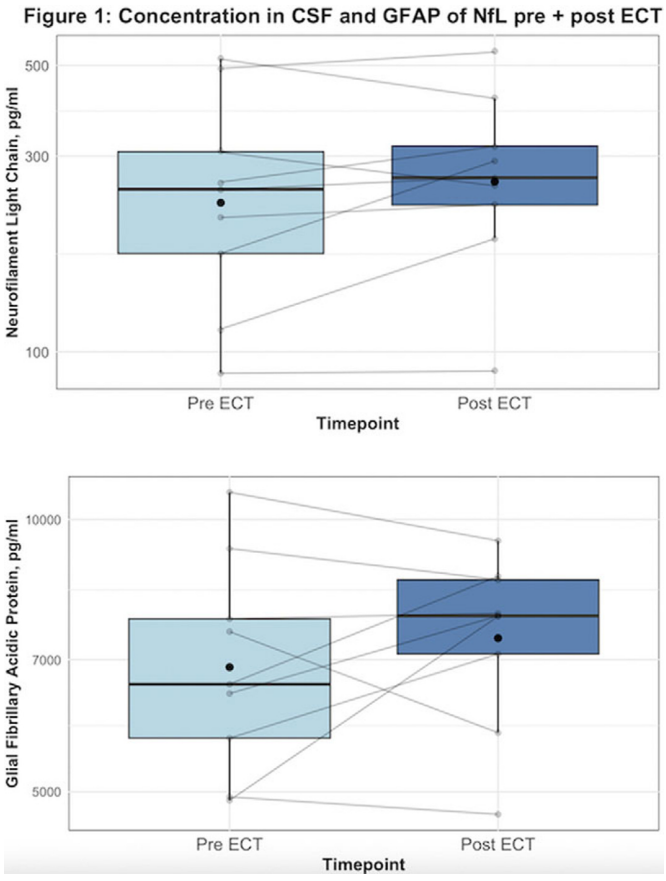
Brain Damage after ECT? No significant changes of Neurofilament Light Chain and Glial Fibrillary Acidic Protein in Cerebrospinal Fluid

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Introduction: Electroconvulsive therapy (ECT) is an effective treatment for major depressive disorder (MDD). Only few studies have measured CSF in patients undergoing ECT; thus far, no prognostic candidate biomarkers for treatment response have been found (Kranaster *et al.* Neuropsychobiology. 2019;77(1):13-22). Neurofilament light chain (NfL) is a protein found in the axons of neurons. If elevated in blood or cerebrospinal fluid (CSF), it is an indicator of neuroaxonal damage. A recent study including 15 patients with MDD who underwent ECT found no significant change in serum NfL concentrations after completion of treatment (Besse et al. Eur Arch Psychiatry Clin Neurosci 2024; 274(5):1187-95). The astrocyte marker glial fibrillary acidic protein (GFAP) is elevated in MDD and neuroinflammatory diseases. Serum GFAP levels in 40 MDD patients decreased after ECT compared to baseline (Xu *et al.* Psychiatry Clin Neurosci. 2023; 77(12):653-64). No studies measuring CSF levels of both markers have been performed.
Objectives: In this prospective study we aimed to measure changes in CSF of NfL and GFAP in patients undergoing an ECT series.
Methods: In a sample of 9 MDD patients undergoing bilateral ECT, CSF was analyzed before and after the 8th ECT session. Patients took antidepressant medication in a steady state over the course of ECT. A mixed-effects linear regression analysis was done using the log-transformed NfL and GFAP levels as outcome variables. The timepoint (pre-ECT, post-ECT) were entered as fixed effects, patient ID was included as a random effect to account for individual variability. We corrected for multiple testing and defined alpha = 0.05/2 = 0.025. Statistical analyses were performed using R version R-4.3.2.
Results: The mean age ± SD was 34 ± 11 years, 6 out of 9 patients (67%) were women. Mean elevations of NfL by 19,9 pg/ml (95% CI: -120.3 to 160.0) and GFAP by 445.8 pg/ml (95% CI: -1279.6 to 2171.4), there was no significant change in NfL (p = 0.213) or GFAP (p = 0.362) levels after ECT. Figure 1 shows concentrations of both NfL and GFAP pre and post ECT.

Image:



Conclusions: This study found no significant changes of NfL or GFAP levels in CSF after an ECT series, suggesting no evidence of neuroaxonal damage or brain damage through astrocyte activation related to ECT. However, the small sample size may have obscured potential effects. Future research with larger sample sizes is therefore essential.

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EPV0663

Measuring the efficiency of treatment with neurofeedback method in patients with Affective disorders

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Introduction: Affective disorders are in constant rise and they are a serious medical and social problem. All the latest studies suggest that the incidence of affective disorders is about 14%, which makes them one of the most common psychiatric disorders. Because of that, there is a need for alternative forms of treatment of affective disorders.

Objectives: The main goal of this study is to evaluate the effectiveness of the combined treatment of pharmacotherapy together with the Neurofeedback method in the treatment of affective disorders in adult individuals.

Methods: A prospective randomized study including a total of 100 outpatients from University Clinic of Psychiatry in Skopje. The subjects were randomly divided into 2 groups of 50 patients, of which the patients in the study group were treated with a combined treatment that includes the neurofeedback method as an augmentation to antidepressant therapy, while the control group with monotherapy with antidepressant medications. Subjects were examined for 2 months, with evaluation of despressive symptoms 2 weeks after the start of treatment, and then after 1 month, using the following psychodiagnostic instruments: psychiatric interview; short non-standardized sociodemographic questionnaire, CGI, HAMD, HAMA and Beck depression scale.

Results: Patients in the study group, treated with a combined approach of antidepressant therapy and the neurofeedback method, showed a significantly greater reduction in symptoms of depression and anxiety compared to patients in the control group treated with antidepressants as monotherapy. According to the HAMA anxiety scale, the mean score in the study group (SG) decreased by 2.86 points ($p<0.0001$), compared to a decrease of 0.84 points in the control group (CG) ($p=0.0017$). On the Beck Depression Scale, the mean score in the decreased by 2.08 points ($p<0.0001$), compared to a decrease of 0.44 points in the CG ($p=0.022$). On the HAMD depression scale, the average score in the study group (SG) decreased by 2.42 points ($p<0.0001$), while in the control group (CG) the decrease was 0.12 points ($p=0.63$), the CGI scale showed a significant reduction in global symptoms in (SG) ($p=0.0035$), which further confirms the positive effects of the combined treatment.

Conclusions: The research shows that neurofeedback treatment in addition to pharamcological therapy leads to significant improvement in depressive and anxiety symptoms.

Disclosure of Interest: None Declared

EPV0664

Omega-3 and Postpartum Depression: Assessing the Effectiveness of Omega-3 Polyunsaturated Fatty Acids in Preventing Postpartum Depression

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Introduction: Postpartum depression (PPD) affects approximately 9% of new mothers and can have profound consequences on both maternal well-being and infant development. Additionally, around 50% of women experience depressive symptoms or mood disturbances during pregnancy and lactation. A growing body of research suggests a potential link between omega-3 polyunsaturated fatty acids (PUFAs) and mood regulation, particularly in the prevention of PPD. Omega-3 PUFAs, primarily docosahexaenoic acid (DHA) and eicosapentaenoic acid (EPA), are found in high concentrations in oily fish and seafood. Over the past century, dietary intake of omega-3 fatty acids has significantly declined in industrialized societies, coinciding with increased rates of mood disorders. Notably, populations with higher fish consumption, such as those in Hong Kong, China, and Japan, report lower incidences of depression compared to Western countries, where lower fish consumption has been linked to higher rates of PPD. During pregnancy and lactation, women become particularly depleted in omega-3 PUFAs, as these essential fats are preferentially diverted to support fetal development, potentially increasing the risk of depression in mothers.
Objectives: This study aims to explore the effectiveness of omega-3 PUFAs in preventing PPD.
Methods: A comprehensive literature review was conducted to evaluate the effectiveness of Omega-3 in preventing PPD. The search was performed on PubMed using key terms such as "Omega-3," "Postpartum Depression," and "Prevention."
Results: In one study, women with low LCP intake were supplemented with 220 mg of DHA, which had no effect on depression, like in another study that reported no effect of 1,8 g of Omega-3 PUFAs on maternal depressive symptoms. Another trial involving 2,399 women found no significant difference in depressive symptoms between those receiving 800 mg of DHA and a control group during the first six months postpartum. A randomized controlled trial of 126 women at risk PPD also showed no benefit from EPA or DHA supplementation in reducing Beck Depression Inventory (BDI) scores compared to placebo. A meta-analysis of 11 trials (N = 3,181) similarly found no significant difference in depression scores between Omega-3 and placebo groups, and no association between the daily doses of DHA or EPA and PPD prevention
Conclusions: Based on the reviewed trials, there is insufficient evidence to recommend Omega-3 fatty acid supplementation (DHA and EPA) at any dosage for the prevention of postpartum depression.

Disclosure of Interest: None Declared

EPV0665

Results of Studying the correlation Between Stress and Depression of Miner Workers

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Introduction: Mining work and environment are the hardest and most difficult jobs in the labor market, increasing the risk of physical and mental illness. A study was conducted to determine the level of stress in mine workers and evaluate the relationship between depression and stress.
Objectives: To determine the level of stress in mine workers and evaluate the relationship between depression and stress.
Methods: Questionnaires were collected from mine workers using the stress detection test (SRQ) and depression detection test (PHQ9) developed by the World Health Organization for doctors.
Results: 2.2% (95) of the respondents are male and 7.8% (8) are female workers. Of these, 70.9% work night shifts, 24.3% do not work night shifts, and 4.8% occasionally work night shifts. Comparing the stress levels of the respondents by age, 1.9% (2) of 20-24-year-olds are moderately stressed, 3.9% (4) of 25-29-year-olds are moderately stressed, and 4.8% (5) are stressed. 30-34-year-olds have moderate stress, 1.9% (2) have high stress, 1% (1) of 35-39-year-olds have moderate stress, 1.9% (2) have high stress, and 1% (1) have high stress. 40-44 have moderate, 1% (1) high, and 1% (1) 45-49 have moderate stress. The depression status of the participants compared to the 20-24-year-olds was 1% (1) transient mood depression, 1% (1) moderate depression, and 25-29-year-olds self-correcting transient mood 4.8% depression (5), 4.8% moderate depression (5), 1% (1) moderate depression, 1% (1) severe depression, 5.8% (6) depressed, 4.8% ((5)) moderate depression, 1.9% (2) moderate depression, 35-39-year-old spontaneous self-correction (68%). 7) with depression, 1.9% (2) with moderate depression, temporary self-correction at the age of 40-44 1.9% (2) with depression, 1% (1) with severe depression, temporary at the age of 45-49 2.9% (3) have depression. According to this, it can be considered that 25-44-year-olds are at risk of depression with a high depression index.
Conclusions: The study concluded that 25-44-year-olds are at risk of depression with a high depression index, indicating that they are at risk of depression.

Disclosure of Interest: None Declared

EPV0666

Effects of vitamin D levels on lipid, glucose profiles and depression in perimenopausal women

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Introduction: Vitamin D deficiency is a significant problem that affects the population living in most countries. This issue is independent of place of residence, gender, age or skin color. It is mainly influenced by the climate we live in and anti-healthy lifestyle, including bad eating habits.
Objectives: The aim of the study was to evaluate lipid profile, glucose level, vitamin D level, taking into account sociodemographic variables, smoking and alcohol consumption. The study also included assessment of depression taking into account sociodemographic variables and vitamin D levels in perimenopausal women.
Methods: The study was conducted in a group of 191 women. The study consisted of two stages. The first part was carried out by means of a diagnostic survey with the use of questionnaire technique. The survey form consisted of two parts: a questionnaire that included questions about sociodemographic data and selected medical information, and the Beck Depression Inventory. The second stage of the study involved the collection of peripheral blood from each respondent in order to determine lipid profile, glycemia and serum vitamin D levels.
Results: The age of the female respondents ranged from 45 to 65 years, mean age was 53.1±5.37 years, median 53 years. Vitamin D result was below normal in 78%. 77% had elevated total cholesterol levels. 91.6% of the respondents had HDL fraction cholesterol levels within the normal range. On the other hand, 64.4% were characterized by too high LDL fraction cholesterol and 84.8% of women showed normal triglyceride levels. Among the respondents, 91.1% had normal glycemic levels. Analysis of collected data showed a weak negative correlation between serum vitamin D concentration and concentrations of: total cholesterol (rho=-0.14; p=0.05), LDL fraction cholesterol (rho=-0.16; p=0.026) and triglycerides (rho=-0.22; p=0.002) of the examined women. Only in the case of HDL fraction cholesterol (p=0.067) there was no statistically significant correlation. There was also no statistically significant correlation between serum vitamin D levels and glycemia and severity of depression (p=0.152).
Conclusions: Most of the women studied did not manifest depressive disorders. Of the various factors affecting the severity of depression, only education was associated with depression severity. Smoking adversely affects serum vitamin D concentration in the examined women.
Cessation of menstruation influenced carbohydrate metabolism and vitamin D concentration. Blood glucose concentration increased with the age of the studied women.
There was a relationship between vitamin D concentration and values of total cholesterol, LDL fraction cholesterol and triglycerides. Therefore, considering the biological functioning of the studied women, it is important to maintain normal vitamin D levels.

Disclosure of Interest: None Declared

EPV0667

Assessment of treatment adherence in liver transplant patients in relation to levels of depression, anxiety, disease acceptance and social support

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Introduction: Nonadherence in transplantology stands for a not cooperating patient in terms of taking medication, having the laboratory, and imaging tests taken, missing appointments, not following dietary and lifestyle recommendations related to smoking tobacco, drinking alcohol, and other high-risk behaviours. Factors of not following therapeutic recommendations in patient after liver transplantation are high costs, psychiatric disorders, convictions regarding harmfulness of the immunosuppressive medicine and its side effects as well as rejection episodes, infections, stress related to suffering from a chronic disease and inadequate social support.
Objectives: The aim of this study was to assess the adherence to therapeutic recommendations in patients after liver transplantation including the level of depression, anxiety, degree of acceptance of the disease and social support.
Methods: Study was carried out among 112 respondents after liver transplantation.The Delphi method was used and the following standardised tools were used: ISSB, AIS, BDI, STAI X-1 and X-2 as well as a questionnaire form regarding sociodemographic data.
Results: An average level of adherence to therapeutic recommendations was on an average level (6.8±1.85). A statistically significant positive correlation between disease acceptance and following therapeutic recommendations was observed ($r = –0.20$, $t = –2.040$; $p = 0.044$). The adherence to recommendations increased with growing disease acceptance. Six factors were distinguished from the analysed predictors which in a relevant way influenced the level of adherence to therapeutic recommendations in the group of patients after liver transplantation. Regression model consisting of six independent variables explains 55% of variation of the dependent variable (r2corrected= 0,55, $F(6, 98) = 22.127$; $p<0.001$). Such positive factors include always following recommendations ($\beta = –0.23$; $p = 0.002$) and seeking various sources of information ($\beta = –0.34$; $p<0.001$), while negative ones constituted of illness duration ($\beta = 0.18$; $p = 0.008$), experiencing side effects ($\beta = 0.40$; $p<0.001$), suffering from concomitant diseases ($\beta = 0,40$; $p<0,001$).
Conclusions: Patients who have accepted their disease constitute a group that adheres to therapeutic recommendations to a lesser extent.
The main factors affecting adherence to therapeutic recommendations are the search for other sources of information and declarative adherence to therapeutic recommendations. Negative predictors-duration of disease, experiencing adverse effects of treatment, and comorbidities.
The way in which a physician communicates to the patients after liver transplantation the information about the results indicating that the medications were taken irregularly significantly more often influenced not following therapeutic recommendations which might suggest an unintended non-adherence.

Disclosure of Interest: None Declared

EPV0668

The relationship between adherence, life satisfaction, and acceptance of illness among patients with mood disorders

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Introduction: Mood disorders are among the most prevalent and debilitating mental conditions in worldwide populations. Non-adherence to treatment recommendations may have serious consequences for patients with mood disorders. There are several methods to show whether the patient cooperates with the doctor and follows his recommendations, or whether he or she skips the prescribed doses of medications. These include objective methods, such as detecting the drug in the blood, urine or saliva by analysis or special markers, pill counting, electronic monitoring, and an electronic record of filled prescriptions. Subjective methods involve assessment of the patient, medical staff, and those in the patient's immediate environment. The most commonly used subjective methods are an interview, filling out a questionnaire, and assessment by health care professionals and the patient's relatives The problem arises when the patient inadvertently skips medications, which makes it difficult to assess adherence. This may be due to the severity of the disease and poorer cognitive function, and sometimes a change in daily routine.
Objectives: The aim of the study was to identify factors influencing life satisfaction, disease acceptance and therapeutic adherence among people with mood disorders.
Methods: This survey-based study included 103 people with mood disorders. It was performed using the author questionnaire, and standardized research tools, namely: the Adherence to Refills and Medication Scale (ARMS), the Acceptance of Illness Scale (AIS), the Beck Depression Inventory (BDI), and the Satisfaction with Life Scale (SWLS).
Results: The level of life satisfaction decreased with an increase in the severity of depressive symptoms (βstd. = -0.665, $p < 0.001$). Mood disorder patients with more severe depressive symptoms had significantly higher scores on the adherence scale (βstd. = 0.290, $p = 0.003$). Patients with higher levels of depressive symptoms showed a lower level of acceptance of the disease (βstd. = -0.215, $p < 0.001$).
Conclusions:

1. The dosage of medications taken, and the severity of depressive symptoms determine life satisfaction of people with mood disorders.
2. Respondents with greater severity of depressive symptoms scored higher on the adherence scale, which means that they were more likely to be non-adherent to treatment recommendations. The type of mood disorder may affect patient adherence. Subjects with bipolar disorder showed higher and those with anxiety-depressive disorder—lower adherence than patients with depression.
3. Subjects with more severe depressive symptoms showed a lower degree of acceptance of the disease.

Disclosure of Interest: None Declared

EPV0669

Selenium as a factor moderating depression and obesity in middle-aged women

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Introduction: Selenium seems to have the ability to alleviate inflammatory signaling path-ways. Obesity is associated with chronic low-grade inflammation. Depression is also defined as an inflammatory disorder. PPAR-γ has been shown to have antidepressant-like effects The levels of inflammatory cytokines that are parameters associated with obesity—are also related to the severity of depression. Studies confirm an increased risk of depressive symptoms in middle-aged women. Therefore, it seems reasonable to consider the influence of selenium, PPAR-γ, and selected proinflammatory cytokines in the context of obesity and depression among middle-aged women.
Objectives: The aim of this study was to evaluate the effect of serum selenium on PPAR-γ and selected proinflammatory cytokines (IL-1β, IL-6, TNF-α) in relation to depressive symptoms and obesity in middle-aged women.
Methods: The study sample included 443 middle-aged women living in north-western Poland.The research procedure: a survey performed using the authors' questionnaire and the BDI, anthropometric measurements, and analysis of blood for the levels of selenium, cytokines, and genetic analysis of the PPAR-γ polymorphism.
Results: It has been found that BMI increases along with the concentration of IL-6. No moderating effect of selenium was observed, although cut-off values for "p" were established for IL-β*Se (p=0.068) and IL-6*Se (p=0.068), so there is a potential association with these two markers. At high selenium levels, the effect of higher IL-β levels on a decrease in BMI was stronger. So was the effect of an increase in IL-6 levels on an increase in BMI.
Conclusions: No effect of selenium on PPAR-γ has been found in relation to depressive symptoms and obesity. 2. Higher selenium levels may have a beneficial effect on BMI even at high IL-β concentrations, however, at high IL-6 concentrations, this effect was not observed. 3. Selenium levels had no impact on depressive symptoms.

Disclosure of Interest: None Declared

EPV0671

Occupational exposure to anesthetic agents and mental health among anesthetic technicians

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Introduction: Exposure to anesthetic agents (AA) has long been a subject of concern, both for patients and healthcare workers. Recent studies highlighted potential associations between a prolonged exposure and healthcare concerns, including psychological effects such as depression.
Objectives: The aim of this study was to assess signs of depression among anesthetic technicians (AT) and evaluate its associated factors.
Methods: We conducted a cross-sectional study among AT in two University Hospitals in Sfax, Tunisia, between January and July

2024 during periodic health assessment visits. Sociodemographic and professional data were collected. The Patient-Health-Questionnaire-9 (PHQ-9) was used to assess signs of depression.
Results: Our population consisted of 60 AT with a mean age of 47.9±7.1 years. Two participants (3.3%) were males. Nine participants (15%) had a known psychiatric history. The mean seniority was 24±7.5 years in healthcare and 10.4±8.1 years in the current ward. The mean duration of exposure to anesthetic gases was 18.3 ±10.7 years. Sevoflurane was the most utilized AA, used by 75% of the population. Ninety-five percent of the population had shift work.
The median PHQ-9 score was 7 interquartile range IQR [2;11]. Moderate to severe signs of depression were found in 26.7% of the population. Duration of exposure to anesthetic gases was significantly lower among those presenting moderate to severe signs of depression (11 IQR [5;21]) compared to those presenting no or mild signs of depression (20 IQR [11;28]) (p=0.02).
Conclusions: Long professional exposure to AA showed lower depression scores among AT. Comprehensive studies are needed to evaluate the broader mental health and cognitive effects of these agents. Understanding these dynamics is essential for ensuring the safety of healthcare professionals.

Disclosure of Interest: None Declared

EPV0672

A Comparative Study of Depression Score in Anesthesia vs Radiology Technicians

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Introduction: Healthcare workers are exposed to many psychological constraints, making them vulnerable to mental health issues, like depression. However, these constraints, in addition to other organizational and environmental exposures, vary between specialties and wards.
Objectives: The aim of this study is to compare depression score in anesthesia technicians (AT) and radiology technicians (RT).
Methods: We conducted a cross-sectional study among AT and RT in both University Hospitals in Sfax, Tunisia, between January and July 2024 during periodic health assessment visits. Sociodemographic and professional data were collected. The Patient-Health-Questionnaire-9 (PHQ-9) was used to assess signs of depression.
Results: A total of 79 technicians participated in the study, with 60 AT and 19 RT. Their mean age was 46.4±7.6 years and six of them were males. Ten participants (12.7%) had a known psychiatric history. The mean seniority was 22.2±7.7 years. Sixty-two percent of the population had night shift work. The median PHQ-9 score was 7 interquartile range IQR [4;12]. Moderate to severe signs of depression were found in 32.9% of the population. Depression scores were significantly higher among RT with a median of 10 IQR [6;15] compared to a median of 7 IQR [2;11] among AT (p=0.04). PHQ-9 was not associated with age (p=0.15), sex (p=0.9) or seniority (p=0.06).
Conclusions: Both AT and RT presented signs of depression. The difference of scores between the two groups stirs interests about the explaining factors. Further studies detailing different occupational constraints and exposure are needed.

Disclosure of Interest: None Declared

EPV0673

Barriers to motivation for physical activity in patients with affective disorders

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Introduction: Affective disorders, including but not limited to major depressive disorder, bipolar disorder, and persistent depressive disorder, comprise a group of disorders characterized by clinically significant mood disturbances. Depression, which makes the most important contribution to the DALY index among all mental disorders, was the primary focus of this study. Physical activity, regardless of changes in body weight, has been shown to reduce symptoms of depression and the likelihood of a new episode of the disease.
Objectives: This qualitative study aimed to explore the barriers to motivation for physical activity in patients with affective disorders.
Methods: This study comprised a qualitative investigation using semi-structured interviews with thematic analysis. Following ethical approval, a convenience sample of 10 participants with affective disorders was drawn: all of the sample were female, aged 18 years or older, with 69% falling into the 27–35 years age bracket. Diagnostic and clinical information were collected, and barriers to engagement in physical activity were explored. All interviews were recorded and transcribed verbatim.
Results: Ten face-to-face qualitative interviews were completed and lasted between 30 and 60 min. The findings were summarized under the key thematic areas of Anhedonia, Fatigue, Lack of time, Fear of condemnation, and Embarrassment, illustrated by texts. The key thematic areas were further grouped under the overarching themes of 1. Personal characteristics and the influence of low mood: anhedonia and fatigue; 2. External factors: need more time; 3. Social factors: embarrassment and fear of condemnation. Then, the following barriers were identified: “Lack of Strength” barrier, “Lack of Time” barrier, and “Rejection of physical characteristics” (or self-stigma) barrier.
Conclusions: While small and exploratory, the study provides significant insights into the barriers to motivation for physical activity in patients with affective disorders. Although these findings are not generalizable to other populations or males with affective disorders, they offer valuable considerations for future research and interventions in this field. This study’s findings have profound implications for future psychosocial interventions for patients with affective disorders. By identifying and understanding the barriers to motivation for physical activity, it paves the way for more effective, individualized interventions, including those aimed at reducing self-stigma.

Disclosure of Interest: None Declared

EPV0675

Pathogenetic substantiation of depressive disorders in old age as factors of premature brain aging

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Introduction: A systems approach to understanding late-onset depression points to its association with cardiovascular disease, cerebrovascular disease, tissue and organ trophic disorders, cognitive impairment, anergy, and decreased lifespan. These features are consistent with progressive aging
Objectives: literature analysis
Methods: general scientific method
Results: Cellular senescence is characterized by irreversible cell growth arrest. Characteristic features of senescent cells include increased cell size, accumulation of β-galactosidase and lipofuscin in the cytoplasm, accumulation of DNA damage foci, condensed heterochromatin regions, shortened telomeres, and increased expression of cell cycle regulatory markers. Telomere attrition has been linked to depression. Individuals with MDD have shorter white blood cell length compared to subjects without a history of depression. Telomere attrition is also associated with more unstable IL-6 levels and oxidative stress markers in major depressive disorder. Postmortem studies of the brain have revealed that severe depression leads to depletion of various areas of the cerebral cortex and oligodendrocytes. According to the authors, there is a link between severe depressive disorders and cellular aging of the brain. **Mitochondrial dysfunction.** Mitochondrial dysfunction in depression and aging includes genomic instability, defects in biogenesis, electron transport chain and mitochondrial scavenging, nutrient regulation mechanisms, proteostasis. In late depression, the number of mitochondrial DNA copies decreases. Increased production of ROS is a marker of mitochondrial dysfunction. In contrast, depressed individuals have elevated lipid peroxidation markers and an imbalance between oxidative stress and antioxidant stress markers. MtDNA oxidation and fragmentation are consequences of elevated OS, with high levels of fragmented mtDNA being associated with more severe depressive episodes and also a biomarker of aging and tissue damage. In patients with late-onset depression, ccf mtDNA has been found to correlate with chronic levels of IL-6, a master regulator of inflammation and a major component of SASP.
Conclusions: Total scores assess indicators of mitochondrial dysfunction, telomere length, cognitive tests, and structural changes on MRI in women with late depression higher than in elderly men.

Disclosure of Interest: None Declared

EPV0676

Hair cortisol concentration in early pregnancy on postpartum depressive symptoms

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Introduction: Knowledge of the prenatal predictors of postpartum depressive symptoms is of fundamental importance in preventing them.
Objectives: This study aimed to examine whether first trimester maternal hair cortisol influenced maternal postpartum depressive symptoms.
Methods: The women ($N = 75$) were tested twice: in the first trimester of pregnancy and within three months after delivery. In the first trimester, they had hair samples taken and were examined using a sociodemographic survey and questionnaires: the Edinburgh Postnatal Depression Scale (EPDS), the Perceived Stress Scale (PSS-10), and the Zimbardo Time Perspective Inventory (ZTPI). After delivery, women completed a survey about the course of delivery and their child's health, EPDS, PSS-10, and ZTPI.
Results: A multiple hierarchical regression analysis was conducted to identify the predictors of postpartum depressive symptoms. In the first step, presence of maternal chronic illness and birth length were added, since these variables were associated with postpartum stress in our study. In the second step, we added the scores on depressive symptoms (EPDS) and stress (PSS-10) in the first trimester. After including hair cortisol concentration in the third step, depressive symptoms, stress, and hair cortisol concentration in the first trimester turned out to be predictors of postpartum depressive symptoms. The results showed that higher levels of depressive symptoms and stress and a lower level of hair cortisol concentration in the first trimester were associated with higher levels of postpartum depressive symptoms.We conducted mediation analyses to test time perspective as a mediator in the relationship of hair cortisol concentration in the first trimester to postpartum depressive symptoms.The results suggested that fatalistic time perspective mediated the relationship between hair cortisol concentration in the first trimester and postpartum depressive symptoms. In other words, women with lower hair cortisol concentration in the first trimester were more likely to develop postpartum depressive symptoms, and this relationship was explained by fatalistic time perspective.
Conclusions: The results of our study indicate that women with very low hair cortisol concentration in the first trimester are at greater risk for postpartum depression. These are the first data to show that low level of cortisol in the first trimester can be a predictor of maternal postpartum depressive symptoms. The results of our study suggest that examining hair samples in the first trimester of pregnancy may be a valuable method for identifying women at risk of developing postpartum depression.

Disclosure of Interest: None Declared

EPV0677

Mindfulness-Based Interventions for Difficult-to-Treat Major Depressive Disorder: A Systematic Review and Meta-Analysis

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Introduction: Major Depressive Disorder (MDD) affects up to 20 million people worldwide over their lifetime. 30% will not attain lasting symptom relief even after multiple treatment attempts. Mindfulness-based interventions (MBIs) have recently been added as adjunctive therapy for MDD. However, their efficacy as adjunctive therapy for difficult-to-treat depression (DTD) remains unclear.
Objectives: This systematic review and meta-analysis sought to evaluate the efficacy of MBIs in treating DTD.
Methods: We conducted a search of MEDLINE, Embase, Web of Science, PsycINFO, Cochrane Central Register of Controlled Trials, the World Health Organization International Clinical Trials Registry Platform, and ClinicalTrials.gov. No restrictions on language or publication date were enforced. We included randomized controlled trials that compared MBIs with usual care or other treatments for unipolar DTD. In this context, DTD refers to the inability to achieve full remission of depressive symptoms despite receiving an adequate course of antidepressant medication. When a sufficient number of studies were available for the outcome analysis, we employed a random-effects model to address the variability between interventions. For outcomes based on a smaller number of studies, we used a fixed-effects model. Additionally, we performed influential and subgroup analyses to investigate the data further. To assess the risk of bias, we utilized the Risk of Bias 2 tool.
Results: Eight studies met our inclusion criteria, comprising 449 participants (mean age = 42.6, predominantly female). The MBIs evaluated included mindfulness-based cognitive therapy, breathing-based meditation, and dialectical behavior therapy with mindfulness components. We found that adjunctive MBIs significantly reduced depressive symptom severity, with an effect size of g = -0.80 (95% CI [-1.32, -0.27], p = 0.0004). Additionally, MBIs caused significant improvements in anxiety (g = -0.57, 95% CI [-0.94, -0.20], p = 0.002) in four studies (n = 126), mindfulness (g = 0.32, 95% CI [0.06, 0.57], p = 0.02) in three studies (n = 243), and psychological well-being (g = 0.66, 95% CI [0.25, 1.07], p = 0.002) in three studies (n = 97).
Conclusions: MBIs demonstrate a substantial benefit for patients with DTD, with a large effect size in reducing depressive symptoms, a medium effect size in improving anxiety and psychological well-being, and a smaller effect size in enhancing mindfulness. Their ability to significantly alleviate depressive symptoms and improve overall mental health supports their integration into treatment plans for DTD. However, this review was limited by the small number of eligible studies, small sample sizes, and high heterogeneity between studies. To better understand the effectiveness of MBIs for DTD, larger clinical studies are needed.

Disclosure of Interest: I. Borja De Oliveira: None Declared, L. Robles Rafael: None Declared, M. Kraide Piedade de Abreu: None Declared, A. Stephany: None Declared, D. Soler Lopes: None Declared, M. Geremias: None Declared, F. Wagner: None Declared, A. de Vasconcelos: None Declared, M. Carbajal Tamez: None Declared, J. Quevedo Shareolder of: Instituto de Neurociencias Dr. Joao Quevedo, Grant / Research support from: LivaNova; and receives copyrights from Artmed Editora, Artmed Panamericana, and Elsevier/Academic Press, Consultant of: EMS, Libbs, and Eurofarma, Speakers bureau of: Myriad Neuroscience and AbbVie., M. Teranishi: None Declared

EPV0678

Depressive disorders after cervical spine injuries in amateur athletes

?. Syrmos[1]

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Introduction: Cervical spine injuries are serious traumatic situations with negative effects in the overall health and also in sports performace and health
Objectives: Aim of this study is to present cases of deppresive disorders after cervical spine injurie in amateur athletes
Methods: 12 cases are presented. Range of age between 30 and 40 years old. All of them reported depressive disorders during the post traumatic period after cervical spine injuries mainly during amateur athletic activities
Results: All of them they receive appropriate neurological, psychiatric, psycological and rehabilitation support and treatment. They managed to have a good outcome after 24 months follow up.
Conclusions: The development of depressive disorders after such traumatic events remains a strong predictor of a variety of difunctions (social, personal, work etc). The emergence of depressive disorders in many cases remains unexplored and poorly understood. The effect into the the overall health remains a very important factor to investigate. The combination and collaboration of the various medical disciplines is essential in order to help young people.

Disclosure of Interest: None Declared

EPV0679

Deppresive disorders after combination of cranial and cervical spine injuries in amateur athletes

?. Syrmos[1]

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doi: 10.1192/j.eurpsy.2025.1376

Introduction: Cranial and cervical spine injuries are serious traumatic situations with negative effects in the overall health and also in sports performace and health
Objectives: Aim of this study is to present cases of deppresive disorders after combination of cranial and cervical spine injuries in amateur athletes
Methods: 8 cases are presented. Range of age between 25 and 45 years old. All of them reported depressive disorders during the post traumatic period after combination of cranial and cervical spine injuries mainly during amateur athletic activities

Results: All of them they receive appropriate neurological, psychiatric, psycological and rehabilitation support and treatment. They managed to have a good outcome after 36 months follow up.
Conclusions: The development of depressive disorders after such traumatic events remains a strong predictor of a variety of difunctions (social, personal, work etc). The emergence of depressive disorders in many cases remains unexplored and poorly understood. The effect into the the overall health remains a very important factor to investigate. The combination and collaboration of the various medical disciplines is essential in order to help young people.

Disclosure of Interest: None Declared

EPV0680

Depressive disorders after mild craniocerbral injuries in professional athletes

?. Syrmos[1]

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doi: 10.1192/j.eurpsy.2025.1377

Introduction: Craniocerebral injuries are serious traumatic situations with negative effects in the overall health and also in sports performace and health
Objectives: Aim of this study is to present cases of deppresive disorders after mild craniocerebral injuries in professional athletes
Methods: 6 cases are presented. Range of age between 20 and 30 years old. All of them reported depressive disorders during the post traumatic period after craniocerebral injuries mainly during professional athletic activities
Results: All of them they receive appropriate neurological, psychiatric, psycological and rehabilitation support and treatment. They managed to have a good outcome after 24 months follow up.
Conclusions: The development of depressive disorders after such traumatic events remains a strong predictor of a variety of difunctions (social, personal, work etc). The emergence of depressive disorders in many cases remains unexplored and poorly understood. The effect into the the overall health remains a very important factor to investigate. The combination and collaboration of the various medical disciplines is essential in order to help young people and mainly professional athletes.

Disclosure of Interest: None Declared

EPV0682

Thirteen-Year Trajectories of Depressive and Anxiety Symptoms in Individuals with and without Migraine: Insights from the NESDA Cohort

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Introduction: Migraine is strongly associated with depressive and anxiety disorders, as migraine patients have over a twofold higher risk of major depressive disorder and nearly a threefold higher risk of anxiety disorders compared to non-migraine individuals.
Objectives: This study investigates the 13-year trajectories in individuals with a depression or anxiety disorder with and without comorbid migraine. Additionally, the time to recovery of the depressive or anxiety disorder was compared.
Methods: The NESDA cohort consists of participants with an affective disorder at baseline, according to the Composite International Diagnostic Interview (CIDI). Depressive symptoms were measured using the Inventory of Depressive Symptomatology (IDS) and anxiety symptoms with the Beck Anxiety Inventory (BAI). The participants were divided at baseline into three subgroups: migraine, non-migrainous headache and non-headache. The individual symptom trajectories were evaluated over 13 years with linear mixed models. Additionally, the time to recovery of the affective disorders with or without migraine were compared with a Cox-proportional hazard analysis.
Results: In total 1,448 participants had either a depressive or anxiety disorder or a combination of both at baseline, 327(23%) had additional comorbid migraine, 518(36%) non-migrainous headache. Participants with comorbid migraine consistently reported higher severity of depressive and anxiety symptoms than non-headache participants over the 13-year follow-up, with an estimated higher IDS sum score of 0.22 (p<0.001) and a higher BAI sum score of 0.28 (p<0.001) (see Figure 1 and 2). The time to recovery of an affective disorder was similar for migraine and non-headache individuals (HR: 1.13 (p=0.17)).

Image:

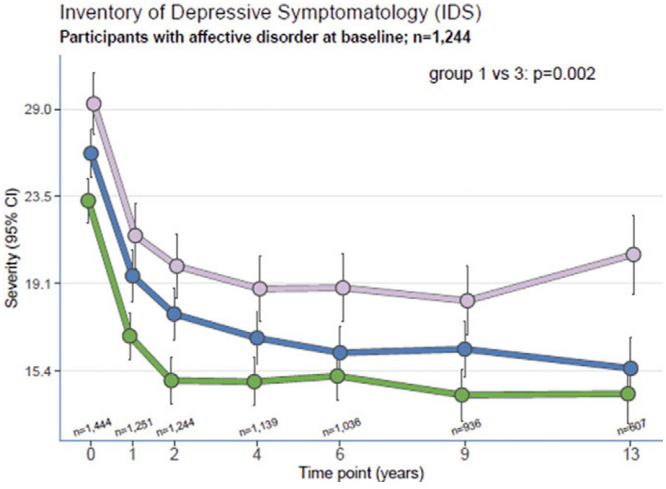
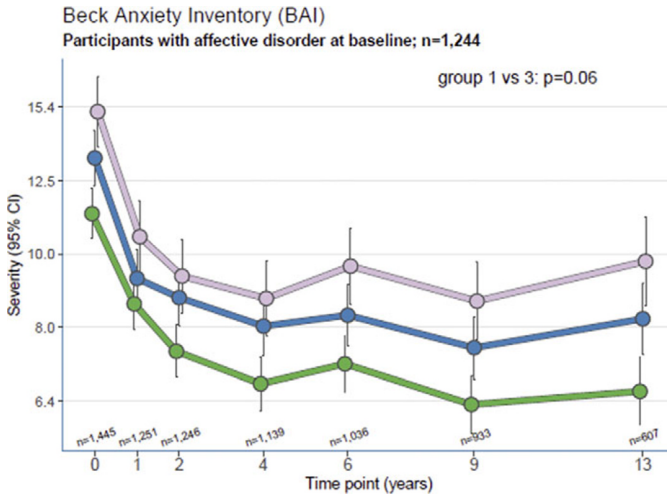


Image 2:



Conclusions: In this cohort, individuals with comorbid migraine showed consistently higher severity of depressive and anxiety symptoms than non-headache individuals over 13 years. Recovery time from an affective disorder was similar for migraine and non-headache individuals.

Disclosure of Interest: N. Van Veelen: None Declared, N. Pelzer Grant / Research support from: Independent support from the European Community, Dutch Heart Foundation, Dutch Research Council, Dutch Brain Foundation, Dioraphte, and the Clayco foundation, Consultant of: Consultancy support from Abbvie/Allergan, Lilly, Lundbeck, Novartis, Pfizer, Teva, B. Penninx: None Declared, G. Terwindt Grant / Research support from: Independent support from the European Community, Dutch Heart Foundation, Dutch Research Council, Dutch Brain Foundation, Dioraphte, and the Clayco foundation, Consultant of: Consultancy support from Abbvie/Allergan, Lilly, Lundbeck, Novartis, Pfizer, Teva, E. Giltay: None Declared

EPV0683

Pharmacological management of late-onset major depression – Evidence-based approaches from the first episode to treatment-resistant cases

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Introduction: Depression in older adults may present itself as a recurring disorder originating from earlier life, as a new onset depression (late-onset depression, LOD), or as a depression due to organic diseases (e.g., vascular depression). An estimated 30% of all cases of depression in older adults are represented by LOD. Low tolerability due to the changes of the pharmacodynamic and pharmacokinetic profile (e.g., lower volume of distribution, reduction of renal clearence, longer half-time, different receptoral sensitivity and density), as well as low efficacy of antidepressants and high risk of completed suicide, have been reported in this population.

Objectives: To explore the current state of evidence for the pharmacological treatment of LOD through a narrative literature review.

Methods: This review included three databases (Web of Science/Clarivate, PubMed, and Cochrane), explored from their inception to June 2024, for papers published in English using the keywords "late-onset depression," "geriatric depression," "old age depression," and "antidepressants" or "treatment."

Results: Based on the results of 27 selected primary and secondary reports, selective serotonin reuptake inhibitors (SSRIs), especially escitalopram and sertraline, are considered the first line of treatment for LOD, with >50% rate of responsiveness being reported. SSRIs are followed by serotonin-norepinephrine reuptake inhibitors (SNRIs), and other new-generation antidepressants, mainly mirtazapine, vortioxetine, and bupropion. The therapeutic guidelines recommend the correct treatment of comorbid neurocognitive disorders; however, the available evidence shows that antidepressants have very limited efficacy in the presence of dementia. The number needed to treat (NNT) for LOD was between 6.7 and 14.4 (Alexopoulos *Transl Psychiatry* 2019;188 9). For treatment-refractory LOD (TRLOD), augmentation with lithium, aripiprazole, memantine, or methylphenidate, as well as switching to phenelzine, nortriptyline, desipramine, or a combination of antidepressants, such as bupropion and nortriptyline have been suggested as potential solutions, but the evidence to support such recommendations has low quality. Regarding the tolerability of antidepressants in this specific population, electrolyte imbalance, worsening of cognitive dysfunction, increased coagulation time, and falls should be considered.

Conclusions: SSRIs are the first-line pharmacological approach in LOD, with SNRIs and other new-generation antidepressants as the second-line. The pharmacological recommendations for TRLOD are based on low-quality data. Due to the tolerability and safety-specific aspects, special care should be given when monitoring these patients during the pharmacological treatment.

Disclosure of Interest: None Declared

EPV0685

Improvements in Functioning with Esketamine Nasal Spray versus Quetiapine Extended Release in Patients with Treatment Resistant Depression

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Introduction: In the ESCAPE-TRD study, esketamine nasal spray (ESK-NS) significantly increased chance of remission at Week 8 versus (vs) quetiapine extended release (Q-XR) in patients (pts) with treatment resistant depression (TRD; Reif *et al.* NEJM 2023; 389:1298–309). Changes in disability and functional impairment due to depressive symptoms assessed with the Sheehan Disability Scale (SDS) are reported.
Objectives: To assess the effect of ESK-NS vs Q-XR on pts' daily functioning using SDS, considering their symptom evolution.
Methods: ESCAPE-TRD was a randomised phase IIIb trial comparing the efficacy of ESK-NS vs Q-XR, both alongside an ongoing selective serotonin/serotonin-norepinephrine reuptake inhibitor, in pts with TRD. Clinical response (CRes) was defined as ≥50% improvement in Montgomery-Åsberg Depression Rating Scale (MADRS) score from baseline or total score ≤10, clinical remission (CRem) was defined as total MADRS score of ≤10, and functional remission (FRem) was defined as SDS total score ≤6. The Kaplan-Meier method was used for time to event analyses, and hazard ratios (HRs) were estimated using Cox regression models. Time in each state was estimated by treatment arm and compared between arms using analysis of covariance.
Results: 336 and 340 pts were randomised to ESK-NS and Q-XR, respectively. Significantly more ESK-NS treated pts achieved CRes, CRem and FRem (HRs: 1.848, 1.711 and 1.819, respectively; all p<0.001), and achieved these faster, compared to Q-XR (**Figure 1**). In each arm and at each time point, more pts reached CRes than CRem, and more reached CRem than FRem, illustrating that FRem is more difficult to achieve (**Figure 1**). Total time in CRes was 5.4 weeks greater for ESK-NS compared with Q-XR; total time in CRem was 3.7 weeks greater and in FRem 2.0 weeks greater for ESK-NS vs Q-XR, respectively (**Table 1**).

Image 1:

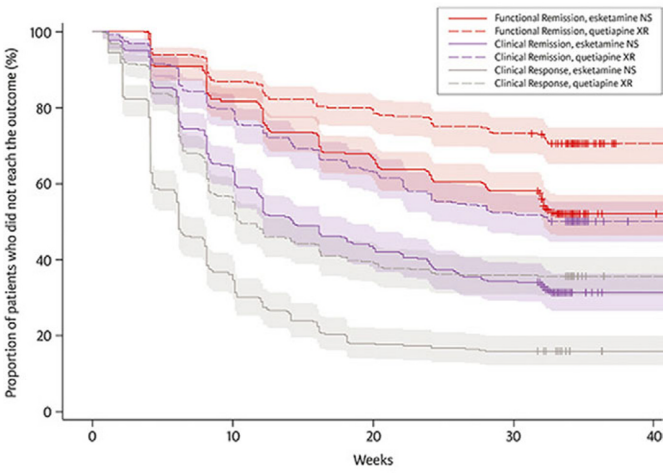
Table 1. Difference in cumulative time in health states between treatment arms (weeks)

Outcome	Esketamine nasal spray + SSRI/SNRI LS-means N=336 (SE) [95% CI]	Quetiapine extended release + SSRI/SNRI LS-means N=340 (SE) [95% CI]	Difference Estimate (SE) [95% CI], p value	% increase
Clinical response	17.0 (1.0) [15.0, 19.0]	11.6 (1.0) [9.6, 13.7]	5.4 (0.8) [3.7, 7.1], p<0.0001	+46.4
Clinical remission	10.5 (0.9) [8.7, 12.3]	6.8 (0.9) [5.0, 8.6]	3.7 (0.8) [2.2, 5.2], p<0.0001	+55.0
Functional remission	6.7 (0.8) [5.1, 8.2]	4.7 (0.8) [3.1, 6.2]	2.0 (0.7) [0.7, 3.3], p=0.0023	+43.2

Full analysis set. CI: confidence interval; LS: least squares; SE: standard error; SNRI: serotonin-norepinephrine reuptake inhibitor; SSRI: selective serotonin reuptake inhibitor.

Image 2:

Figure 1. Time to clinical response, clinical remission and functional remission



Full analysis set: includes all randomised patients. NS: nasal spray; XR: extended release.

Conclusions: These data support a temporal cascade of events from CRes to CRem to FRem; ESK-NS improved time to, and in, each outcome vs Q-XR. Treatments that reduce clinical symptoms better and faster provide the best chance of improving functional impairment.

Disclosure of Interest: None Declared

EPV0686

Social support and financial status are associated with depression symptoms among healthcare workers one year after the onset of the COVID-19 pandemic in France

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doi: 10.1192/j.eurpsy.2025.1381

Introduction: One year after COVID-19's emergence, studies show healthcare workers (HCWs) face significant depression risk linked to pandemic stressors. While the pandemic impacted social and economic factors, the link between depression and social support/financial hardship in HCWs remained unclear.
Objectives: This study leaded in France investigates depression prevalence and its association with these factors among HCWs one year after the onset of the COVID-19 pandemic.
Methods: Data collection was conducted in 2021 where participants completed an online questionnaire to assess probable major depressive disorders (MDD) using the 9-item Patient Health Questionnaire (PHQ-9).
Results: Among the 655 respondents, 21.1% had probable MDD. Using log-binomial regression, we found an association between perceived loneliness, lack of psychosocial support at work and

deterioration of one's financial situation with probable depression. Further adjustment on mental health comorbidities revealed an association between both a deterioration of financial situation and living alone with probable depression.
Conclusions: This study shown an association between social support and financial conditions and depressive symptoms among HCWs, regardless of level of education, pandemic and work-related factors and mental health comorbidities. This emphasises the need to improve working conditions for HCWs, combat their loneliness, increase wages and provide support for HCWs at high risk of depression.

Disclosure of Interest: None Declared

EPV0687

The Discovery and Development of KH607 as a Treatment for Postpartum Depression(PPD)and Major Depressive Disorder (MDD)

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doi: 10.1192/j.eurpsy.2025.1382

Introduction: Depression is a serious CNS-related disease that may require long-term treatment. Postpartum depression is a critical medical condition that affects the mother, as well as has a short and long-term impact on the growth of the infant. There is an urgent medical need to develop new treatments for these diseases. GABAA receptor is a cell membrane receptor in the brain that responds to the neurotransmitter gamma-aminobutyric acid (GABA). It is a ligand-gated ion channel and help maintain the balance between excitation and inhibition in the central nervous system, by reducing the likelihood of neuronal firing. It is proven that positive allosteric modulation of GABAA receptor has the potential to treat postpartum depression and major depression disorder.
Objectives: To discover a pre-clinical compound that meets our targeted product profile, i.e., good potency, orally bioavailable, in vivo efficacy in animal disease models, a good safety profile, etc. The compound was to be advanced into clinical development.
Methods: With the help of CADD and AIDD, we have discovered lead molecules that bound to GABAA receptor. Structural optimization of these molecules led to the discovery of a potent GABAA receptor positive allosteric modulator as our pre-clinical candidate (PCC) compound with excellent pharmacokinetic properties and efficacy in a variety of animal models. Safety studies showed that the compound has a good safety profile.
Results: We have discovered a positive allosteric GABAA modulator, KH607, with high potency against all three subtypes of GABAA receptors, especially the α5β3γ2 subtype. PK studies showed that the compound had high oral bioavailability in mice, rats, dogs, and monkeys, ranging from 60% to 125%. KH607 effectively penetrates the blood-brain barrier. In anxiety and depression animal modes, KH607 showed anti-anxiety and antidepressant efficacy through oral administration at a dosage of 0.3 mg/Kg to 1.0 mg/Kg. The phase 1 clinical trial up to 40 mg qd dosage orally in human showed that KH607 was well-tolerated with no severe adverse events (AEs) and low discontinuation rate. The PK result demonstrated good pharmacokinetic characteristics and a linear correlation between dosage and exposure.
Conclusions: PPD and MDD are serious CNS-related diseases that need new treatments. Our newly discovered compound, KH607 is a potent GABAA receptor positive allosteric modulator. Pre-clinical studies showed significant efficacy to improve anxiety and depression-like behaviors in a variety of animal models. The compound has an acceptable safety profile for the development as an anti-depressive drug. Therefore, it was advanced to human clinical studies. A phase 1 clinical trial in human was completed. Phase II clinical studies are currently ongoing. We expect that the compound to be developed as a new treatment to address the unmet medical needs for PPD and MDD patients.

Disclosure of Interest: None Declared

Eating Disorders

EPV0689

Prevalence and correlates of eating disorders in bipolar patients

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doi: 10.1192/j.eurpsy.2025.1383

Introduction: Bipolar disorder is a chronic mood disorder that often coexists with a range of psychiatric and physical comorbidities. Among these, eating disorders (ED) have emerged as a significant concern due to their impact on the course and prognosis of BD.
Objectives: This study aims to investigate the prevalence of ED in stabilized bipolar patients and identify clinical and demographic factors associated with this comorbidity.
Methods: We conducted a cross-sectional, descriptive, and analytical study of patients followed for bipolar disorder at the psychiatry outpatient unit at the Hedi Chaker University Hospital in Sfax. The questionnaire included sociodemographic data, medical and psychiatric history, and anthropometric characteristics. Eating disorders were assessed using the Eating Attitude Test 40 (EAT-40).
Results: Our study included 93 patients. The mean age was 41.49 ±12.33 years, with a M/F sex ratio of 2.58. Among the patients, 58.1% were married, 45.2% had secondary education, and 47.3% were unemployed. Personal somatic history was reported by 35.5% of participants, and 11.8% had psychiatric comorbidities alongside bipolar disorder.
The mean body mass index (BMI) was 27.4 kg/m² (SD=5.96). Of the patients, 29% were overweight, and 31.2% were obese. The prevalence of eating disorders was 18.3%.
EAT-40 scores were significantly associated with age (p=0.018), female gender ($p<10^{-3}$), living alone (p=0.031), lack of formal education (p=0.009), history of medical comorbidities ($p<10^{-3}$), weight (p=0.05), and BMI (p=0.003).
Conclusions: The significant associations between EAT-40 scores and sociodemographic factors underscore the need for targeted screening and interventions in this population. Early detection and management of eating disorders in bipolar patients are crucial to improving clinical outcomes and overall quality of life.

Disclosure of Interest: None Declared

EPV0690

Bulimic behavior in euthymic bipolar disorder patients

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Introduction: Bulimic behavior has been increasingly recognized in patients with bipolar disorder (BD). Even during euthymic phases, individuals with BD may remain vulnerable to disordered eating patterns such as bulimia and binge eating.
Objectives: This study aims to examine the occurrence of bulimic behavior in euthymic patients with BD and identify associated clinical and sociodemographic factors.
Methods: We conducted a cross-sectional, descriptive, and analytical study of 93 patients followed for bipolar disorder at the psychiatry outpatient unit at the Hedi Chaker University Hospital in Sfax. The questionnaire included sociodemographic data, medical and psychiatric history, and anthropometric characteristics. Bulimic behavior was assessed using the Bulimic Investigatory Test Edinburgh (BITE).
Results: The mean age of the participants was 41.49±12.33 years, with a M/F sex ratio of 2.58. Among the patients, 58.1% were married, 45.2% had secondary education, and 47.3% were unemployed. Personal somatic history was reported by 35.5%, while 11.8% had psychiatric comorbidities in addition to bipolar disorder.
The mean body mass index (BMI) was 27.4 kg/m² (SD=5.96), with 29% of patients being overweight and 31.2% classified as obese.
Eight patients (8.6%) had BITE scores above the threshold of 20, indicating bulimic behavior.
Significant associations were found between elevated BITE scores and female gender (p=0.012), comorbid medical conditions (p=0.005), family history of schizophrenia (p=0.024), weight ($p<10^{-3}$), BMI ($p<10^{-3}$), hypomanic residual symptoms ($p<10^{-3}$), irregular follow-up (p=0.027), and delayed management of BD (p=0.04).
Conclusions: Our results highlight the importance of early identification and comprehensive management of disordered eating in bipolar patients, even during periods of mood stability, to optimize overall health and psychiatric outcomes.

Disclosure of Interest: None Declared

EPV0691

Correlation of Symptoms of Anxiety-Depressive and Obsessive-Compulsive Spectrum and BMI in Patients with Eating Disorders

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Introduction: Eating disorders (EDs) are characterized by intrusive thoughts about food, weight loss, and body image, often accompanied by compulsive behaviors related to weight control. Obsessive-compulsive behavior is frequently observed in individuals with EDs. The relationship between obsessive-compulsive disorder (OCD) and EDs is complex due to overlapping symptoms. Research indicates that individuals with both OCD and EDs are prone to depression and anxiety, which may manifest as secondary responses to stress. Symptoms of OCD can significantly impair functioning, leading to maladjustment. Some studies have noted a correlation between increased body mass index (BMI) and reduced depressive symptoms in patients suffering from anorexia nervosa.
Objectives: This research aimed to investigate the severity of anxiety-depressive and obsessive-compulsive symptoms in relation to changes in BMI among patients with eating disorders.
Methods: The study was conducted at the Center for Eating Disorder Research in collaboration with the Department of Psychiatry and Medical Psychology at the Peoples' Friendship University of Russia. A sample was created from patients undergoing inpatient treatment with diagnoses according to ICD-10 (F50.0, F50.1). Clinical interviews were conducted during the first and fourth weeks using PHQ-9 (for depression), GAD-7 (for anxiety), and the Yale-Brown Obsessive Compulsive Scale. Statistical analysis was performed using Jamovi 2.3.28.
Results: Thirty female patients participated in the study. All received psychopharmacotherapy. The average age was M=14.4, SD=1.5. The mean BMI at the start was M=13.3, SD=1.69, increasing by M=1.20, SD=0.612 by the second assessment. Depressive symptoms were observed in 28 (93.33%) during week one and in 25 (83.33%) during week four. Elevated anxiety levels were noted in 24 (79.99%) during week one and in 25 (83.33%) during week four. Significant OCD symptoms were present in 25 (83.33%) during week one and in 21 (70%) during week four. Correlation analysis revealed no significant relationships ($p > 0.01$) between BMI levels and OCD symptoms on the Yale-Brown scale ($r = 0.099$), depressive symptoms on the PHQ-9 scale ($r = 0.28$), or anxiety levels on the GAD-7 scale ($r = 0.369$).
Conclusions: Findings indicate certain relationships between BMI and psycho-emotional states among patients with eating disorders; however, statistically significant correlations were not identified ($p > 0.01$). This underscores the need for further research to deepen understanding of these relationships, especially since none of the respondents achieved normal BMI values (18.5). Future studies should involve larger sample sizes and extended time frames for more reliable data.

Disclosure of Interest: None Declared

EPV0692

The Impact of Periconceptional Alcohol Use on the Etiology of Eating Disorders

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Introduction: The adverse social impact of parental alcoholism on children's development is well known and is primarily associated with difficulties in social adaptation, a higher risk of anxiety, depression, personality disorders, etc. At the same time, in the genesis of neuropsychiatric disorders in such children, parental alcoholism can be both a socio-psychological and biological factor, through its

impact on germ cells, the developing fetus, and postnatal development. The dates of birth of the studied cohort of patients fell in the period of the late 1970s - first half of the 1980s - years of steady growth in alcohol consumption in the late Soviet Union, when, according to the USSR State Statistics Committee, the average resident of the USSR consumed (excluding production by the population, primarily moonshine) an average of 10.7 liters of pure alcohol per capita. Soviet tradition prescribed the mandatory presence of alcoholic beverages on the holiday table. At the same time, the longest and most widespread alcohol consumption in the USSR occurred on summer vacations and official state holidays, for which extraordinary non-working days were established. Along with traditional summer holidays (July and August), such periods were, the second half of February – the first half of March (passing from one to another, the celebration of February 23 (Soviet Army Day and March 8), the end of December/ the non-working first half of January (a ten-day celebration of the New Year), the celebration of Revolution Day (the first half of October).

Objectives: To investigate the possible role of increased alcohol abuse during the periods of conception of children who will later suffer from nervous anorexia and bulimia.

Methods: The approximate dates of conception (considering the terms of full-term pregnancy and the date of birth) of patients (N=191) with eating disorders (AN and NB) born before 1991 were analyzed in relation to the periods of traditional mass alcohol consumption in the late USSR.

Results: The frequency of conception of future patients with eating disorders in the study group during periods of traditionally stable growth in alcohol consumption was 1.4–1.7 times higher ($p < 0.01$) than in other periods. A clear pattern emerged from the analyses. That is, eating disorders, like other chronic psychiatric diseases, are the product of multiple factors, however, alcohol abuse during conception clearly increases the risk of having daughters with AN and BN.

Conclusions: In conclusion, periconceptional alcohol consumption appears to significantly elevate the risk of offspring developing eating disorders, specifically anorexia nervosa and bulimia nervosa. The study reveals a marked increase in conception during peak alcohol consumption periods, suggesting alcohol's potential role in the etiology of these disorders.

Disclosure of Interest: None Declared

EPV0693

Efficacy, safety and tolerability of Lisdexamfetamine Dimesylate Treatment Compared to Placebo in Adults with Binge-Eating Disorder: A Systematic Review and Meta-Analysis of Randomized Controlled Trials

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Introduction: Binge-Eating Disorder (BED) is characterized by frequent episodes of consuming excessive amounts of food, leading to both psychological and physical symptoms. Treatment typically involves a combination of psychotherapy and antidepressants. The disorder is often associated with dysfunctions in the dopamine and norepinephrine systems and to address these dysfunctions, lisdexamfetamine dimesylate (LDX) may offer potential benefits by targeting impulse control and reward pathways, thereby addressing these underlying issues.

Objectives: This study aims to evaluate the efficacy, safety, and tolerability of LDX compared to placebo in adults with BED through a systematic review and meta-analysis.

Methods: We systematically searched PubMed, Embase, and Cochrane Central for randomized controlled trials (RCTs) comparing LDX versus placebo in patients with BED. Primary outcome was binge eating days per week (BEDW) and secondary outcomes were Yale–Brown Obsessive–Compulsive Scale modified for binge eating (YBOCS-BE), Clinical global impressions-improvement scale (CGI-I), weight reduction (WR) and specific occurrence of treatment-emergent adverse event (TEAEs), like dry-mouth and insomnia. Mean differences (MDs), standardized mean differences (SMDs) and risk ratio (RR) were used for all outcomes. $p<0.05$ presented significant statistical results, while $I^2>40\%$ represented a high heterogeneity.

Results: A total of 5 RCTs were included, involving a total of 963 patients, of whom 517 patients received LDX. BEDW (MD: -1.29; 95% CI [-1.65, -0.93]; $p<0.01$; $I^2=60\%$; Figure 1A) was significantly reduced when comparing LDX with placebo. YBOCS-BE (MD: -6.16; 95% CI [-8.35, -3.97]; $p<0.01$; $I^2=66\%$; Figure 1B) has shown an indication of reduction of obsessive-compulsive behaviors (OCB) in patients using LDX. CGI-I (RR: 1.72; 95% CI [1.12, 2.63]; $p=0.032$; $I^2=71\%$; Figure 2A), WR (SMD: -1.31; 95% CI [-1.55, -1.07]; $p<0.01$; $I^2=59\%$; Figure 2B). The use of LDX exhibit an increase on dry-mouth (RR: 5.08; 95% CI [3.39, 7.61]; $p=0.001$; $I^2=0\%$; Figure 3A) and insomnia (RR: 3.00; 95% CI [1.52, 5.94]; $p=0.014$; $I^2=0\%$; Figure 3B) when compared with placebo.

Image 1:

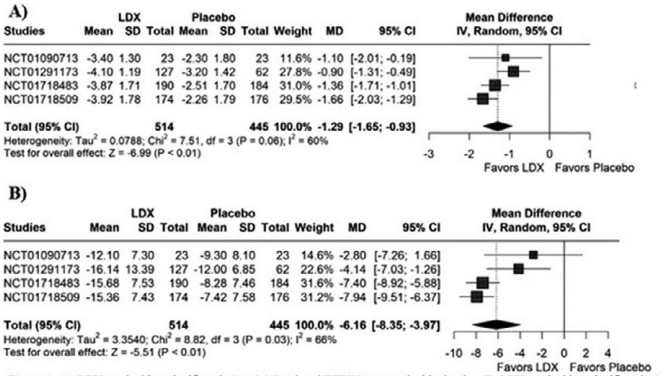


Figure 1 – A) LDX resulted in a significantly ($p < 0.01$) reduced BEDW compared with placebo. **B)** LDX resulted in a significantly ($p < 0.01$) reduced OCB as measured by YBOCS-BE compared with placebo.

Image 2:

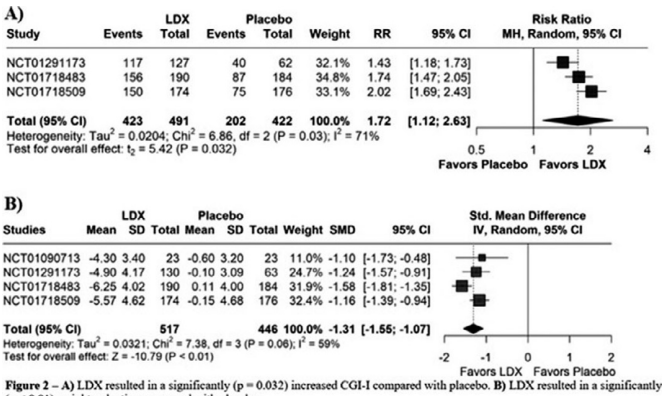


Figure 2 – A) LDX resulted in a significantly (p = 0.032) increased CGI-I compared with placebo. **B)** LDX resulted in a significantly (p < 0.01) weight reduction compared with placebo.

Image 3:

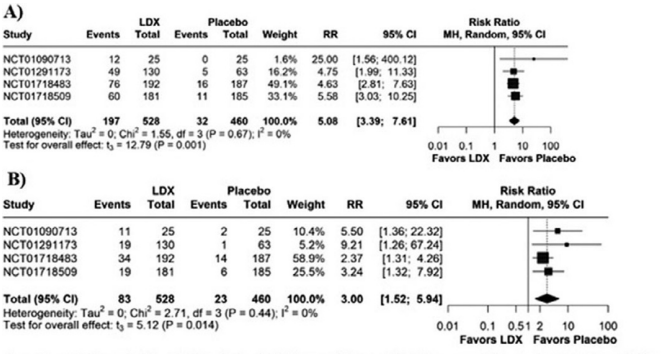


Figure 3 – A) LDX resulted in a significantly (p = 0.001) increased dry-mouth TEAE compared with placebo. **B)** LDX resulted in a significantly (p = 0.014) increased insomnia compared with placebo.

Conclusions: Our study has shown significant improvements in the use of LDX in BED. Patients presented a reduction in OCB, CGI-I, WR, and BEDW. Although some TEAEs were observed, LDX treatment in BED shows a greater benefit.

Disclosure of Interest: None Declared

EPV0696

Exploring Health Professionals' Knowledge and Attitudes on Eating Disorders

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Introduction: Non-mental health professionals play an important role in the diagnosis and treatment of Eating Disorders (EDs).
Objectives: This study aimed to explore attitudes toward EDs and knowledge of diagnosis, aethiology, and management of EDs among health professionals.
Methods: A new questionnaire was validated and administered to residents and consultants working in disciplines involved in the management of EDs. Health professionals were grouped in the following areas: internal medicine, general practitioners, psychiatric area, psychological area, and surgical area. One-way ANCOVA and chi-square tests were employed to compare knowledge and attitudes among the study groups.
Results: For all health professionals, the most deficient area was the aetiopathogenesis, while the best one was the management of physical complications. A gap in the knowledge of diagnosis, aetiopathogenesis and treatment emerged in nonmental health professionals. Psychotherapy effectiveness and the role of family members in the therapeutic process were not sufficiently acknowledged, and general psychological factors contributing to the onset of EDs were not recognized. Stigma was found primarily among surgeons, although all nonmental health professionals often considered those patients responsible for their ED.
Conclusions: Inadequate knowledge and impaired attitudes toward EDs occurr among health professionals. This type of stigma may impair early diagnosis and treatment of EDs. Educational programs should provide continuous education to update and improve the knowledge of EDs among non-mental health professionals.

Disclosure of Interest: None Declared

EPV0697

Exploring the impact of early emotional abuse on eating disorder psychopathology: a multiple mediation analysis

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Introduction: Childhood emotional abuse (EA) is a well acknowledged risk factor promoting the association between any type of childhood maltreatment and eating disorder (ED) psychopathology.
Objectives: This study investigated the association between EA and ED specific symptoms exploring multiple potential mediators to better understand this complex relationship.
Methods: The study sample included 151 individuals with Anorexia Nervosa (AN), 115 with Bulimia Nervosa (BN), and 108 healthy participants. Before entering treatment programs, participants completed the following questionnaires: the Childhood Trauma Questionnaire, the Toronto Alexithymia Scale, the Behavioral Inhibition System/ Behavioral Approach System, BAS, and the Eating Disorder Inventory-2. A multiple mediation model was run including EA as independent variable, eating symptoms as dependent variables, and ineffectiveness, sensitivity to punishment, alexithymia, and impulsivity as mediators.
Results: In individuals with AN impulsivity emerged as mediator between EA and desire for thinness and bulimic behaviors. In those with BN sensitivity to punishment mediated the relationship between EA and dissatisfaction with body image. In both clinical groups ineffectiveness and difficulty identifying emotions were mediators of the relationship between EA and eating-related symptoms. No mediation effect was observed in healthy controls, although a total effect of EA on dissatisfaction with one's body was observed.

Conclusions: Impulsivity, sensitivity to punishment, ineffectiveness, and alexithymia may make individuals with childhood EA more vulnerable to ED psychopathology with some differences between AN and BN. Addressing these psychological problems and their connections with early emotional abuse may represent treatment targets for individuals with EDs and a history of childhood trauma.

Disclosure of Interest: None Declared

EPV0700

Eating Disorders: Prevalence of Anorexia Nervosa Among Tunisian Military Nursing Students

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Introduction: The societal pressure to maintain a thin appearance combined with the academic stress has a significant influence on eating disorders in young people.
Anorexia Nervosa (AN), a severe eating disorder characterized by a distorted body image, restrictive eating habits, and an overwhelming fear of gaining weight, is often misdiagnosed.
Early detection is critical to improve treatment management.
Objectives: The present study aimed to determine the prevalence of Anorexia Nervosa among Tunisian military nursing students.
Methods: A cross-sectional descriptive survey was conducted from March to May 2024 on nursing students at the Military Health School of Tunisia, using a data file for data collection and an Arab version of a self-report questionnaire: Eating Attitudes Test (EAT40), validated in Tunisia. The EAT40 is designed to assess attitudes related to eating and body image serving also as a tool to identify Anorexia Nervosa. To analyze the obtained data, Excel software was used.
Results: The study enrolled 148 students, mostly male (57.4%), with an average age of 21.3 [19-24] years. Of them, 48.6% were in their third year and 19.6% in their second one. Geographically, 57.4% was from the north of Tunisia. The majority (85.8%) was in a middling socioeconomic position and 9.5% was in a high one.
With an average weight of 75.1±14.8kg and extremes between 48kg and 105kg, 52.7% of the population weighed less than 70kg. Also, 67.56% of them were taller than 1m70 of whom 35.81% stood between 1m70 and 1m80. The average Body Mass Index was 23 [17-32]. Among the students, 71.6% had a normal BMI, whereas 2.7% were underweight.
Regarding outward look, 89.9% of respondents said they were happy with their bodies' looks and 67.6% with their weight. When they were younger, the majority (73.6%) did not experience any weight issues. Prior to completing the EAT40, 57.4% said they had no eating disorders.
Of the surveyed, 83.3% expressed dissatisfaction with school meals for a variety of reasons, the most common being insufficient quantity, poor quality, or tasteless food.
According to the study, the average of the EAT40 score was 20±14. Of the participants, 10.8% (N=16) had Anorexia Nervosa; their ETA score was 30 or higher. The majority (62.5%,N=10), were female; females' EAT40 average score was 23±15 [1-44] while males' EAT40 average score was 21±10 [1-41].
The results also revealed that students suffering from AN had an average BMI of 19±4 [weight: 60±10kg, height: 1m60±.08m], compared to students without eating disorders with a BMI of 25±3 [weight: 69±12kg, height: 1m70±0.15m].
Conclusions: This study reveals a concerning prevalence of Anorexia Nevrosa among Tunisian military nursing students, highlighting the necessity of early detection for effective management and of interventions such as raising awareness within educational institutions aspiring to better mental health outcomes for healthcare students.

Disclosure of Interest: None Declared

EPV0701

Eating Disorders: Prevalence of Bulimia Nervosa Among Tunisian Military Nursing Students

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Introduction: Eating disorders are life-threatening. They affect both physical and mental well-being, specially among young adults in high-stress environments such as military training.
Bulimia Nervosa (BN) is characterized by binge eating and inappropriate compensatory behavior to control weight with potentially dangerous sequelae.
Early recognition is essential to optimise treatment management.
Objectives: This study sought to determine the prevalence of Bulimia Nervosa, its symptoms and its severity, among military nursing students in Tunisia.
Methods: Between March and May of 2024, **a** cross-sectional descriptive survey was conducted for nursing students at the Tunisian Military Health School. Data were gathered using a data file and a self-report questionnaire: Bulimic Investigatory Test, Edinburgh (BITE). The BITE is designed to identify binge eating and compensatory behaviors, providing information on cognitive and behavioral aspects of bulimia nervosa. The scores are classified into two subscales: symptoms and severity. Excel software was used to analyze the obtained data.
Results: The study enrolled 148 nursing students with 57.4% male. The average age was 21.3 [19-24] years. Among our participants, 57.4% came from northern Tunisia. Of them, 48.6% were in their third year and 19.6% in their second one. Of the surveyed, 85.1% were in a middling socioeconomic position followed by 9.5% in a high one.
With an average weight of 75.1±14.8 [48-105]kg, 47.3% weighed more than 70kg with 4.05% between 90kg and 100kg and 2.02% exceeding 100kg. Of the students, 67.56% were taller than 1m70. The average Body Mass Index BMI was 23[17-32]. Around 71.6% had a normal BMI, while 24.32% were overweight[BMI:25-30], and 1.35% were obese[BMI>=30].
In terms of physical appearance, 89.9% expressed satisfaction with their bodies' looks and 67.6% with their weight. Growing up, 73.6% (N=109) did not have any weight issues while 8.1%(N=12) reported they were obese.
Prior to completing the BITE, 57.4% said they had no eating disorders while 18.2% estimated they had BN.
Of the surveyed, 83.3% expressed dissatisfaction with school meals mainly due to insufficient quantity, poor quality, or tasteless food.

According to the study, the BITE's average score was 8±6 [0-34]. Of the participants, 17.5%(N=26) had Bulimia Nervosa with a BITE score of 20 or above. The majority (76.92%,N=20) were female with one reported severe case; their average BITE's score was 23±15 [1-32]; the male's BITE average score was 20±9 [0-34].
Furthermore, according to the survey results, students suffering from BN had a BMI of 29±5 [weight:81±11kg] whereas those without eating disorders had a BMI of 25±3 [weight:69±12kg].
Conclusions: This study highlights the remarkable prevalence of Bulimia Nervosa among Tunisian military nursing students underscoring the urge to pay attention to early symptoms for better targeted interventions and mental health promotion.

Disclosure of Interest: None Declared

EPV0702

Pathopsychological characteristics of patients with extreme obesity 12 months after SADI-GP

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Introduction: Morbid obesity is correlated with hypertension, dyslipidaemia, prediabetes and T2DM. If lifestyle modifications and pharmacotherapeutic or mixed interventions fail, bariatric surgery is advised for morbidly obese patients. Psychological characteristics of such patients, especially after bariatric surgery, are a vastly under-researched area.
Objectives: This research presents the short-term results of the LASAGNE trial (LAparoscopic Single-Anastomosis duodeno-ileal bypass with Gastric plication (SADI-GP) in the maNagEment of morbid obesity) regarding psychopathological values.
Methods: This study used a cohort of consecutively admitted patients to assess complication rates and efficacy of SADI-GP. Patient recruitment began in October 2018 and ended in June 2019. Preoperative evaluation followed by surgery and postoperative follow-up visits (at 1, 3, 6 and 12 months) with Minnesota Multiphasic Personality Inventory (MMPI-2) recorded at 12-month follow-up. Participants' age was between 18 and 65 years, with BMIs of > 40 (without comorbidity related to morbid obesity) or > 35 (with comorbidity related to morbid obesity, especially glucose metabolism). Psychological characteristics of patient groups were analyzed based on weight loss outcomes and Body Mass Index (BMI) changes. Substance Use Disorder was among other exclusion criteria.
Results: Scales of affective function deficit (RCd, RC1, RC2, RC7) were elevated at 13 cases, scales of behavioural dysfunction (RC4, RC9) were elevated at 11 cases, scales of thought dysfunction (RC3, RC6, RC8) were elevated at 8 cases, RC2 and RC7 showed emotion dysregulation tendencies (Table 1). No subject scored within the normal range on the Introversion/Low Positive Emotionality (INTR/LPE) scale (Table 2). We distinguished and compared the low and high scorers on the INTR/LPE scale (Table 3). This study has limitations regarding sample size, higher-than-expected drop-out rate, strict exclusion criteria, male-to-female ratio, short-term results, no longitudinal data on psychological characteristics.

Image 1:

Table 2. Frequencies along the Revised Clinical Scales (Rc)

	High score	%	Low score	%
Demoralization (Rcd)	4	25%	0	0
Somatic Complaints (Rc1)	2	12,5%	0	0
Low Positive Emotions (Rc2)	7	43,75%	0	0
High/Low scores on Cynicism (Rc3)	5	31,25%	3	18,75%
Antisocial Behavior (Rc4)	7	43,75%	0	0
Ideas of Persecution (Rc6)	2	12,5%	0	0
Dysfunctional Negative Emotions (Rc7)	4	25%	0	0
Aberrant Experiences (Rc8)	1	6,25%	0	0
Hypomanic Activation (Rc9)	4	25%	0	0

Image 2:

Table 2. Frequencies along the PSY-5 Scale

	High score	%	Low score	%
Aggressiveness (AGGR)	1	6,25%	0	0
Psychoticism (PSYC)	2	12,5%	0	0
Disconstraint (DISC)	2	12,5%	0	0
Negative Emotionality/Neuroticism (NEGE)	0	0	0	0
Introversion/Low Positive Emotionality (INTR/LPE)	6	37,5%	10	62,5%

Image 3:

Table 3. Differences between INTR/LPE-high and INTR/LPE-low groups along the Revised Clinical Scales

	t	df	M_{high}	M_{low}	Sig. (2-tailed)
Demoralization (Rcd)	-4.243	14	61.50	44.80	.00**
Somatic Complaints (Rc1)	-2.963	14	54.83	45.70	.01*
Low Positive Emotions (Rc2)	-7.248	14	69.83	42.80	.00**
Antisocial Behavior (Rc4)	-1.616	14	58.17	49.30	.13 (n.s.)
Ideas of persecution (Rc6)	-.439	14	53.33	50.60	.67 (n.s.)
Dysfunctional Negative Emotions (Rc7)	-2.265	14	58.33	48.60	.04*
Aberrant experiences (Rc8)	1.441	14	43.33	50.90	.17 (n.s.)
Hypomanic Activation (Rc9)	1.771	14	43.67	53.60	.10 (n.s.)

Sig. *p<.05, **p<.01

Conclusions: Our results suggest that the majority of bariatric surgery patients, 12 months after the procedure, show signs of affective dysfunction, thought dysfunction and emotion dysregulation, all signs of a depressive state. Greater weight loss carries a greater probability of depression along with a lesser likelihood of positive emotional experiences; therefore, psychological support during follow-up is necessary to maintain weight loss.

Disclosure of Interest: None Declared

EPV0703

Comorbidity between Anorexia Nervosa and Autism Spectrum Disorder, a therapeutic challenge and worse prognosis? A case series

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Introduction: Anorexia nervosa (AN) and autism spectrum disorder (ASD) share symptoms that complicate diagnosis and treatment,

including rigidity in thinking and behavior. This inflexibility often manifests as strict food routines in anorexia. Both conditions involve excessive preoccupation with control and perfection, leading to restrictive behaviors and heightened anxiety.
Objectives: To show the clinical presentation of Anorexia Nervosa and austism spectrum disorder through the presentation of two cases.
Methods: Cases presentation and literature review
Results: Case 1
A 15-year-old girl is receiving psychiatric follow-up for restrictive eating habits. She developed normally and has used sophisticated language since childhood. However, during her infancy, she did not engage in symbolic play. Academically, she performs exceptionally well. She describes herself as having a very rigid personality and struggles with understanding irony and certain social behaviors. She has few friends, viewing friendships as a waste of time. Her interests lie deeply in literature and science, and she tends to wear childish clothing. She expresses feelings of jealousy towards her younger sister and mentioned that she reduced her food intake to prevent growing taller and to achieve "thinner ankles." As she begins psychotherapy, she shares that she finds it challenging to grasp what the psychologist means due to her tendency for literal thinking.
Case 2
The patient is a 14-year-old male from Peru, who arrived in Spain 8 months ago. Developmental milestones within the normal range. Little symbolic play and difficulty with non-verbal language. Highly ritualised behaviours and tendency to obsessions, requiring psychological intervention due to compulsion to clean in the COVID-19 pandemic. The patient was admitted to the inpatient unit for weight loss of 6 kilograms in one month, with food restriction and excessive increase in physical exercise. Selective mutism is associated with months of selective mutism, as 'he does not speak to people who do not speak with a Peruvian accent'. Parents speak of a rigid and literal idea of 'having to be thin in order to make friends and strong in order not to be weak'.
Both cases reflect how the rigidity and literal thinking of autistic disorder can lead to extreme behaviours such as 'don't eat so as not to grow up' in the first case, or 'don't eat to make friends' in the second case, lived with no flexibility
Conclusions: There is a recognized connection between ASD and AN, with studies indicating a prevalence of 20-25%. Inflexible thinking associated with ASD can negatively impact the prognosis of AN, as ASD may contribute to the chronicity of the eating disorder. Additionally, psychotherapy can present challenges, and research suggests that behavioral techniques, particularly Applied Behavior Analysis (ABA), tend to yield better outcomes for individuals with AN.

Disclosure of Interest: None Declared

EPV0704

Suicide risk and depressive symptoms in obese patients treated with GLP-1 receptor agonists

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Introduction: The Atlas study, conducted in 2023, shows that the global prevalence of high body mass index (BMI) is expected to increase significantly by 2035, both in adults (from 42% to over 54%) and in young people aged 5-19 years (from 22% to 39%). Also in 2023, the European Medicines Agency (EMA) published a statement warning about the risk of suicidal thoughts and self-harm with glucagon-like peptide-1 receptor agonists (GLP-1 RAs), including semaglutide, tirzepatide and liraglutide. The psychiatric safety of recently developed anti-obesity drugs has not been adequately studied.
Objectives: The objective of this study was to collate and evaluate the existing evidence regarding the psychiatric safety of GLP-1 RAs in individuals without major psychopathology.
Methods: A narrative literature review was carried out in the PubMed, Cochrane and Embase databases, selecting only the articles published in the last 4 years, using the following keywords: depression suicidal ideation, GLP-1 receptor agonists, semaglutide, tirzepatide, liraglutide.
Results: There is a complex relationship between body weight and depressive and anxiety disorders. Obesity can be understood as chronic low-grade inflammation of adipose tissue, and the activation of inflammatory pathways could lead to the development of depression and anxiety. Also, due to cultural norms, obesity contributes to increased body dissatisfaction and lower self-esteem, both of which are associated with depression and anxiety. All of these factors can contribute to the maintenance and worsening of anxiety and depression. In most trials, there was no evidence of an association between treatment with GLP-1 RAs and an increased risk of developing depression or suicidal thoughts/behaviour. Psychiatric adverse events were rare, occurring in only 1.2-1% of patients. Depression was the most common adverse event reported, followed by anxiety and suicidal ideation. Fatal outcomes occurred mainly in men and in people treated with liraglutide, which is associated with a higher risk of suicide than semaglutide.Tagliapietra et al suggest that the patient population receiving GLP-1RAs compared with other diabetes pharmacotherapies is a group with a higher basal risk of developing depression, rather than a causal effect of the drugs. Recent but limited real-world evidence suggests that the use of semaglutide is associated with reduced suicidal ideation and major depression.
Conclusions: The results of our analysis suggest that GLP-1 RAs did not increase the risk of developing symptoms of depression or suicidal thoughts. However, the severity and fatal outcomes of some of these reports warrant further investigation. People with obesity should be monitored for mental health problems so that they can receive appropriate support and care.

Disclosure of Interest: None Declared

EPV0705

Parental Overcontrol and Its Role in the Development of Anorexia Nervosa: A Case Report

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Introduction: Anorexia nervosa is a complex eating disorder often associated with various psychological factors, including maladaptive coping mechanisms and dysfunctional family dynamics. This case report illustrates the impact of parental overcontrol on the development and persistence of anorexia nervosa in a young female patient.

Objectives: To present the case of a 19-year-old female patient with anorexia nervosa, emphasizing the influence of her childhood experiences, particularly parental overcontrol, on her eating behaviors and psychological state.
Methods: Case report.
Results: The patient presented to the emergency room accompanied by family members due to extreme weight loss (29.6 kg; BMI 11.4 kg/m^2) and severe purging behaviors, including self-induced vomiting and the consumption of 400 laxative tablets daily for six months. Her history of mental health issues began in 2013, characterized by severe anxiety related to separation from her parents and academic performance, culminating in a suicide attempt. In 2019, she developed purging behaviors and received outpatient treatment for eight months, which she discontinued. Symptoms resumed, and after reaching a target weight of 30 kg, she set a new target weight of 20 kg. The patient's behavior was influenced by insecure attachment modeled by her father, who exhibited controlling and intrusive parenting styles.
A review study (Gale C.J., et al. A review of the father-child relationship in the development and maintenance of adolescent anorexia and bulimia nervosa. *Issues Compr. Pediatr. Nurs.* 2013;36:48–69. doi: 10.3109/01460862.2013.779764.) investigated the role of the father–child relationship as a risk or maintenance factor of Eating Disorders in developmental age. Results showed that within the relationship of the father and child, and especially with daughters, there are several themes such as conflict and communication, parental protection and psychological control, emotional regulation and self-esteem, and self-perfectionism that appear to condition the child's level of self-determining autonomy and can consequently impact maladaptive eating attitudes and psychopathology. (Criscuolo, M., et al (2023). Parental Emotional Availability and Family Functioning in Adolescent Anorexia Nervosa Subtypes. *International Journal of Environmental Research and Public Health*, 20(1), 68. https://doi.org/10.3390/ijerph20010068)
Conclusions: This case highlights the significant association between parental overcontrol and the development of anorexia nervosa, illustrating the need for targeted interventions that address both psychological and familial factors contributing to the disorder. Further discussion is warranted on the implications of parenting styles in the management and prevention of eating disorders.

Disclosure of Interest: None Declared

EPV0707

Dying to be Thin: The complex relationship between Eating Disorders, Epilepsy and Treatment Resistant Depression

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Introduction: Depression is a common comorbidity in patients with eating disorders. Epilepsy significantly impacts mood and personality, with up to one-third of epilepsy patients experiencing psychiatric comorbidities. The coexistence of eating disorders, epilepsy, and depression presents a clinical challenge due to complex neurological, psychiatric, and psychosocial interactions. Despite well-established links between these conditions, little literature explores their convergence in a single patient.
Objectives: We describe a case of anorexia nervosa (AN) in a premorbidly well woman who subsequently developed idiopathic generalized epilepsy. She then developed depression and an intractable urge to end her life solely because she felt "fat". We discuss the complex relationship between these conditions and propose hypotheses that may explain this interaction.
Methods: Informed consent was obtained from Ms. O to access her medical records for this case report. We reviewed her medical history, psychiatric evaluations and treatment interventions.
Results: Miss O is a 24-year old ex-nursing student with no past psychiatric history and was described as a bubbly young girl. She first presented in Nov 2018 with AN (BMI 14.0) achieving weight restoration by Aug 2019 after developing binge-eating episodes. In Jan 2020, she was diagnosed with epilepsy. Shortly thereafter, she developed severe depression, accompanied by personality changes, self-harm behaviours, and intractable suicidal ideations. She attributed her suicidality to her body image disturbances and perceived weight gain. She continues to restrict and purge but her weight has stabilized around BMI 20-22. Since then, she has had 13 admissions for suicide attempts and 7 for managing depression. Her treatments included antidepressants, mood stabilizers, antipsychotics, electroconvulsive therapy, repetitive transcranial magnetic stimulation and intravenous ketamine but her condition remained treatment-resistant.
We propose several hypotheses to explore the interactions between AN, epilepsy, and treatment-resistant depression. These include hypothalamic-pituitary-adrenal axis dysregulation and neuroinflammation, potential common neurological pathways between AN and epilepsy, the possible development of personality disorders, and cognitive distortions where disordered eating and suicidal behaviours serve as maladaptive control mechanisms. We also explored concepts like epileptic personality, interictal dysphoric disorder, and the interplay between antiepileptic drugs and mood.
Conclusions: These hypotheses collectively highlight the complex mechanisms that likely underlie Ms. O's comorbid AN, epilepsy, and treatment-resistant depression emphasizing the need for integrated, multidimensional treatment approaches. Further research is essential to develop targeted interventions for such challenging comorbidities.

Disclosure of Interest: None Declared

EPV0708

Orthorexia Nervosa and Social Media: A Literature Review

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Introduction: Orthorexia Nervosa (ON) is an emerging disordered eating pattern marked by an excessive focus on healthy eating, leading to psychological, social and physical impairments. While ON remains outside formal diagnostic systems, such as the DSM-5, increasing research highlights its prevalence and association with social media use. Social media platforms, particularly image-based platforms, play a dual role, often fostering rigid dietary ideals while simultaneously providing recovery support for users. This study reviews the influence of social media on ON development and its socio-cultural underpinnings.

Objectives: This literature review aims to examine the interplay between ON and social media, focusing on the extent to which social media exacerbates or alleviates ON symptoms. We explore the influence of platform-specific content on ON behaviors, considering factors such as exposure to "clean eating" ideals, dietary pressures and social validation.
Methods: A literature review was conducted, analyzing 17 studies encompassing various methodologies, including cross-sectional, qualitative and mixed-method approaches. Studies were sourced from databases including PubMed and Scopus, focusing on publications from diverse cultural contexts. Data extraction followed the PRISMA guidelines, with attention to PICO criteria, evaluating ON's psychological, behavioral and social dimensions alongside the impact of social media.
Results: Findings consistently indicate that social media intensifies ON tendencies through heightened exposure to "idealized" eating behaviors. Instagram users frequently encounter diet-focused content that promotes obsessive eating habits under the guise of health, while Twitter discussions reflect societal pressure and the emerging medicalization of ON. Studies reveal that frequent social media users demonstrate higher ON symptom severity, with platforms like Instagram and Grindr contributing uniquely to ON among specific demographics. Moreover, qualitative insights show that social media also fosters community support, with some users seeking recovery guidance.
Conclusions: The relationship between social media and ON is complex, encompassing both risks and recovery potential. While social media can reinforce disordered eating patterns, it also serves as a support mechanism, offering peer connections and recovery tools. Future research should prioritize cross-cultural analyses and interventions targeting social media literacy to mitigate ON risks and enhance positive engagement.

Disclosure of Interest: None Declared

EPV0709

The interpersonal theory of suicide in the understanding of eating disorders

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Introduction: Suicidal behavior could be one of the declinations of destructiveness in patients with Eating Disorders (EDs), and represents an important cause of death in these patients. In recent years some theoretical models aimed at a deeper undestanding of suicidal behaviors have been developed and proposed, including the Interpersonal Theory of Suicide (IPTS) by Thomas Joiner, and it has been applied to EDs patients with mixed results.
Objectives: The objective of this study was to deepen the understanding of the problem of suicide in EDs, with the aid of the IPTS.
Methods: Multicenter study coordinated by the Department of Psychology - University of Milano-Bicocca (UniMiB) and the Psychiatry of the Università del Piemonte Orientale (UPO); the recruitment of patients with EDs involves: Novara Mental Health Center and Psychiatry outpatient clinic of the Maggiore della Carità University Hospital in Novara, Regional Expert Center for the Diagnosis and Treatment of Eating Disorders in Turin, outpatient clinic for Nutrition and Eating Disorders, IRCCS San Gerardo dei Tintori Foundation in Monza. Healthy controls were enrolled through UPO and UniMiB. Variables related to suicidal ideation and suicide attempts, IPTS constructs and psychological factors (anxiety, somatic and mental pain, reasons for living, enteroceptive awareness, self-esteem, body image, etc.) were assessed.
Results: Preliminary analyses involving 28 EDs patients (ED group) and 45 healthy controls (HCs). The ED group reported increased lifetime and past-two-weeks suicidal ideation and a greater number of lifetime suicide attempts. With regard to IPTS, a higher Perceived Burdensomeness (INQ-PB) emerged in the ED group compared to HCs; no differences emerged in Thwarted Belongingness and in the Acquired Capability for suicide. In the EDs group, state and trait anxiety, mental pain, Visual Analogue Scale scores for somatic and psychological pain are higher; self-esteem is lower. Correlations emerged between INQ-PB, mental pain and self-esteem in EDs patients: as mental pain increases and self-esteem decreases, INQ-PB increases. The EDs sample has currently almost doubled, and new analyses will be performed to see whether the findings described above are confirmed in a larger sample; analyses comparing different subtypes of EDs will be run as well.
Conclusions: With the limitations of the sample size recruited in the pilot phase, which we aim to overcome by running new analyses in a larger sample as recruitment is ongoing, the preliminary data of this study offer preliminary support to the existing data in the literature on IPTS in EDs. An increase in IPTS construct scores appears to be independent of the severity of body image disorder in these patients.

Disclosure of Interest: None Declared

EPV0710

Eating disorder in Down's Syndrome and GLUT-1 Detection

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Introduction: The results of many previous studies report a high prevalence of overweight and obesity in children and adults with Down syndrome (hereinafter DS). According to different authors, the incidence of obesity in them varies between 23 and 70%. The age of onset of overweight formation was 2–3 years.
Objectives: Glucose transporter (abbreviated GLUT) is a large group of membrane proteins responsible for the transport of glucose across the cell membrane. Since glucose is a vital source of

energy, these proteins are present in all types of living organisms. GLUT, or SLC2A, is a separate family of glucose transport proteins found in most mammalian cells. Thus, the human genome encodes twelve proteins of the GLUT family. They are transport uniporter proteins.
Methods: We studied PCR of scrapings of the mucous membrane of the inner side of the cheek to search for GLUT1 genes in 31 patients with DS, ьen and women aging from 8 to 39 years. The control group consisted of 67 healthy donors by the same ages and genders.
Results: It was found that the expression of GLUT1 genes was significantly reduced. A decrease in the expression of these genes correlated with an increase in body weight and symptoms of bulimia in patients with Down syndrome.
Conclusions: Eating disorders, namely bulimia, in DS is a serious condition that aggravates the course of the underlying disease. Hereditary factors affect the expression of glucose transporter genes. Taking these circumstances into account would help in developing personalized pharmacotherapy.

Disclosure of Interest: None Declared

EPV0711

"How I wished to be like Bruce Lee. Eating Disorders and Psychotic Symptoms" A case report

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Introduction: Eating disorders (ED) can sometimes present with psychotic symptoms, including delusions and cenesthetic or auditory hallucinations. In a minority of patients, these symptoms may stem from an underlying psychotic disorder, such as schizophrenia, which is more common in males (Bou Khalil R, Hachem D, Richa S. (2011). Eating disorders and schizophrenia in male patients: a review. Eat Weight Disord, 16(3) , 150-6). Therefore, early detection and intervention are critical in cases where EDs are accompanied by prodromal or attenuated psychotic symptoms.
Objectives: To present the clinical case of a 14-year-old male with an unspecified eating disorder and high-risk mental state for psychosish To highlight the importance of early identification and intervention in eating disorders with psychotic features.
Methods: A Pubmed database was used to collect information about psycothic symptoms in EDs, using the terms 'eating disorder', 'pyscosis' and 'high risk mental state'.
We present the following clinical case:
A 14-year-old spanish male of Bolivian descent. The patient exhibited a two-year history of food restriction, vigorous exercise, social isolation, and absenteeism from school. Detailed clinical evaluations were performed, documenting his physical, psychological, and behavioral symptoms. The patient's diagnosis was reevaluated based on emerging psychotic symptoms during hospitalization.
Results: The patient reported intense distress about perceived fat accumulation in his face and trunk, which he believed diminished immediately after exercise. He engaged in excessive physical activity, including jumping rope for at least two hours multiple times a day, and swimming against currents. He also experienced episodes of binge eating followed by purging and compensatory exercise. Social withdrawal, emotional blunting, disorganized biological rhythms, and soliloquies were observed during his admission. Based on these findings, his diagnosis was revised to an unspecified ED with a high-risk mental state for psychosis.
Conclusions: Psychotic symptoms, particularly in restrictive anorexia, can arise during the course of an ED, with malnutrition acting as both a cause and sustaining factor by exacerbating serotonin-dopamine dysregulation (Sarró, S (2018). Those courageous boys: 73 years after the Minnesota starvation experiment. A psychiatrist's view. Neurosciences and History, 6(1) , 28-37). While these symptoms may result from malnutrition, they could also signal the onset of a primary psychotic disorder, with males at higher risk (3.6%). Early detection of attenuated or prodromal psychotic symptoms is essential, and regular reevaluation is recommended, especially during the first months of follow-up, to prevent short-, medium-, and long-term complications.

Disclosure of Interest: None Declared

EPV0712

Beyond the Plate: Evidence-Based Psychotherapies for Eating Disorders - A Transdiagnostic Comparison

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Introduction: Eating disorders (EDs), including binge-eating disorder (BED), bulimia nervosa (BN), and anorexia nervosa (AN), represent serious mental health conditions characterized by disturbances in eating behavior and body image concerns. These disorders significantly impair health, psychosocial functioning, and quality of life. Evidence-based psychotherapies have shown effectiveness in treating EDs.
Objectives: This study aims to evaluate and compare the effectiveness of various psychotherapies for treating BED, BN, and AN, with a focus on both short-term and long-term outcomes. A secondary objective is to assess the applicability of transdiagnostic psychotherapy approaches across different EDs.
Methods: A literature review was conducted using articles from PubMed, focusing on the terms "eating disorders", "evidence-based psychotherapy", "cognitive-behavioral therapy", and "interpersonal psychotherapy". The selection prioritized the most relevant clinical trials and meta-analyses.
Results: Cognitive-behavioral therapy (CBT) consistently demonstrated significant short-term effects in reducing binge-eating episodes and EDs psychopathology, particularly in BED and BN. It outperformed both inactive controls (e.g., wait-lists) and other psychotherapies. Long-term, CBT continued to show sustained improvements in symptom reduction, particularly for BED, though it was less effective for BN and AN.
For the treatment of AN, most guidelines recommended psychological interventions, particularly family-based therapy (FBT) for younger patients. CBT and structured therapies like Maudsley Anorexia Nervosa Treatment for Adults (MANTRA) were also recommended. Interpersonal psychotherapy (IPT) received limited support due to insufficient evidence.

In BN, CBT was widely endorsed as the first-line treatment. IPT was recommended as an alternative, noted for its slower symptom \reduction but equivalent long-term efficacy. FBT was recommended for younger patients.
For BED, CBT was consistently recommended as the first-line treatment, with growing evidence supporting guided CBT self-help. IPT was recommended by several guidelines as an alternative.
Conclusions: CBT was the most consistently recommended treatment for all EDs, particularly for BN and BED, offering faster symptom reduction, higher remission rates, and better long-term outcomes. While IPT is a viable alternative, particularly for BED, it generally takes longer to achieve comparable results. The findings emphasize the need for more personalized treatment approaches and the exploration of adjunctive therapies to improve outcomes, especially for AN. Further research is required to refine therapy selection and address the distinct challenges posed by different ED subtypes, particularly in achieving long-term treatment success.

Disclosure of Interest: None Declared

EPV0714

Critical Insights: Hospital Admissions for Eating Disorders in Spanish Youth – A National Study

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Introduction: Eating disorders (EDs) are complex conditions with significant impacts on physical and mental health. This study investigates hospital admissions and resource utilization for EDs among pediatric patients in Spain over a seven-year period, emphasizing the effects of the COVID-19 pandemic.
Objectives: To analyze the epidemiological trends, prevalence, and hospital resource use for pediatric ED admissions in Spain from 2016 to 2022.
Methods: A retrospective analysis was conducted using data from Spain's Minimum Basic Data Set of acute hospitals (CMBD-H) for patients aged 10–19 years with an ED diagnosis (ICD-10-CM code F50) between January 1, 2016, and December 31, 2022. Trends in hospitalization rates, types of EDs, comorbidities, and resource utilization were assessed.
Results: The study identified 8,275 pediatric ED admissions, comprising 17% of all mental disorder admissions. **Table 1** summarizes the characteristics of hospital admissions by age group (10-14 years and 15-19 years). Hospitalization rates increased from 19.4 per 100,000 in 2016 to 32.7 in 2022, with a notable rise in the 10–14-year age group post-pandemic. Anorexia Nervosa (AN) was the predominant diagnosis (71.6%). Psychiatric comorbidities were present in 35.6% of cases. The average length of stay was 24 days, with annual direct medical costs totaling €3 million and a median cost per admission of €11,580. AN patients had longer hospital stays (median 28 days) compared to other disorders, while Bulimia Nervosa (BN) patients had shorter stays (median 14 days) but higher average costs (€12,300). **Table 2** details the average hospital length of stay and average cost of hospital admissions for EDs among adolescents in Spain.

Image 1:

Table 1. General characteristics of hospital admissions for EDs in children and youth divided by age group.

	Total	10-14y	15-19y	P-value†
Number of admissions	8,275	3,450	4,825	
Sex, female	7,669 (92.7)	3,162 (91.6)	4,507 (93.4)	.002
Hospital admission				<.001
Anorexia Nervosa	5,923 (71.6)	2,518 (73.0)	3,405 (70.6)	
Bulimia Nervosa	361 (4.6)	55 (1.6)	306 (6.4)	
Other Eating Disorders	422 (5.1)	229 (6.6)	193 (4.0)	
Eating Disorder, Unspecified	1,569 (19.0)	648 (18.8)	921 (19.1)	
Main psychiatric comorbidities				<.001
Yes	2,945 (35.6)	1,013 (29.4)	1,932 (40.0)	
Median stay (IQR) in days‡	24 (10, 40)	26 (11, 40)	23 (9, 40)	.0032

†Chi-2 Test; ‡ U-Mann Whitney Test, IQR: Interquartile range

Image 2:

Table 2. Use of hospital resources

	Median stay (IQR) in days			Average costs in euros		
	All-age	10-14y	15-19y	All-age	10-14y	15-19y
Eating disorders	24 (10, 40)	26 (11, 40)	23 (9, 40)	11580	11497	11639
Anorexia nervosa	28 (14, 43)	29 (15, 42)	28 (13, 44)	13216	13183	13241
Bulimia nervosa	14 (8, 23)	15 (12, 24)	14 (7, 23)	12292	12631	12230
Other eating	12 (5, 28)	13 (5, 28)	12 (5, 27)	6028	5964	6105
Eating disorder, unspecified	15 (6, 29)	17 (7, 30)	14 (5, 28)	6731	6808	6678

Conclusions: There was a 70% increase in pediatric ED admissions in Spain from 2016 to 2022, with a significant post-pandemic rise in younger patients. This underscores the need for improved early detection and intervention strategies, as well as enhanced screening for comorbid mental health conditions to manage the growing hospital demand effectively.

Disclosure of Interest: None Declared

EPV0715

The Digital Diet Dilemma: Social Media's Role in the Rise of Interest in Orthorexia

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Introduction: Since its inception in 1997, the term orthorexia nervosa (ON), derived from the Greek words for "right" and "appetite" (Donini et al, 2022), has been utilized to describe an obsession with "correct" or "healthy" eating. Despite numerous

authors suggesting diagnostic criteria and the publication of several theoretical papers, consensus regarding a definition or even the existence of ON remains elusive (Dunn and Bratman, 2016). Conversely, anorexia nervosa (AN) has been recognized since the first iteration of the DSM (Bhattacharya et al, 2022; Dell'Osso et al 2016). Layperson awareness of these conditions has been increasing, with a notable increase in interest in "orthorexia" over the past several years, potentially influenced by popular culture and increased social media use (Sharma et al, 2023)

Objectives: The purpose is to understand shifts in public interest as well as the ever-present influence of the online world on patients, especially those with disorder eating patterns.

Methods: This study compared United States Google search trends for the terms "orthorexia" and "anorexia" . Using Google Trends data, we reviewed the average monthly search volume from January 2004 to March 2024. We analyzed the data to determine if there was a significant difference in search volume over time.

Results: Google search data revealed a monthly search volume of ˜7000 queries for "orthorexia" in January 2004, and analysis of the volume revealed that there has been a significant and sustained increase in the searches for "orthorexia". Additionally, searches for the term "anorexia" reached a height of 2.1 million in 2007, but have been steadily declining in the past several years.

While anorexia remains the more prominent search term, over time the queries for anorexia have decreased from their peak in the early 2000's. The rise in the term orthorexia may be partly due to the proliferation of highly visual social media platforms, particularly YouTube and TikTok, where content creators often focus on healthy eating and lifestyle trends (Sharma et al, 2023).

Additionally, there is a possibility that orthorexia is being used on these platforms to describe a subset of AN. Some individuals with anorexia may present with behaviors resembling orthorexia, such as a fixation on healthy eating or a rigid adherence to specific dietary guidelines.

Conclusions: The findings indicate a shift in the public's interest in orthorexia and anorexia during the past several years, possibly influenced by increased social media use. Further research is needed to understand the implications of this trend on individuals' attitudes towards healthy eating and body image.

Disclosure of Interest: None Declared

EPV0717

Personality traits and risk of eating disorders among Polish women: the moderating role of self-esteem

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Introduction: Personality dimensions should be taken into account when diagnosing individuals with disordered eating behaviours in the hope of better understanding their etiology and symptom progression and when planning treatment.

Objectives: The objective of this study was to attempt to determine the moderating role of self-esteem in the relationships between personality traits included in the Big Five model among Polish women and the occurrence of eating disorders.

Methods: The study was conducted among 556 Polish women from Zachodniopomorskie Voivodeship. A diagnostic survey was used as the research method, and the empirical data were collected using the following research tools: The NEO Five-Factor Inventory (NEO-FFI), Rosenberg Self-Esteem Scale (SES), ORTO – 15 *Questionnaire*, The Three-Factor Eating Questionnaire (TFEQ-13), and the authors' original questionnaire.

Results: Only the personality trait of neuroticism exhibits a statistically significant effect on the "Cognitive Restraint of Eating", "Uncontrolled Eating", and "Emotional Eating" scores ($p<0.001$). The moderation effect was demonstrated between self-esteem and the personality trait of conscientiousness on the "Cognitive Restraint of Eating" scale score. There is a moderation effect between self-esteem and the personality trait of extraversion on the "Uncontrolled Eating" subscale score. There is a moderation effect between self-esteem and the personality trait of conscientiousness on the "Uncontrolled Eating" scale score.

Table 1. Analysis and the moderation effect between self-esteem and the personality trait of conscientiousness in the effect on the "Cognitive Restraint of Eating" subscale score.

		95% Confidence Interval			
	b	Lower	Upper	Z	p
C stens	-0.150	-0.220	-0.080	-4.214	< 0.001
Rsbrg	-0.001	-0.022	0.020	-0.097	0.923
C stens * Rsbrg	0.010	0.000	0.019	2.040	0.041
Low (-1SD)	-0.221	-0.320	-0.122	-4.380	< 0.001
Average	-0.150	-0.220	-0.080	-4.200	< 0.001
High (+1SD)	-0.079	-0.176	0.018	-1.590	0.111

b – unstandardised regression coefficient, CI – confidence interval; * moderation effect. *Note.* shows the effect of the predictor (conscientiousness) on the dependent variable (Cognitive Restraint of Eating) at different levels of the moderator (Rsbrg)

Conclusions: Self-esteem was not a predictor of the occurrence of eating disorders while playing a moderating role in the relationship between certain personality traits and the occurrence of eating disorders. A higher level of neuroticism was identified as an important predictor of higher results for orthorexia, Cognitive Restraint of Eating, Uncontrolled Eating, and Emotional Eating. It was also demonstrated that the orthorexia risk index decreased with increased extraversion and openness to experience.

Disclosure of Interest: None Declared

EPV0718

The relationship between depressiveness and eating behaviors among women

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Introduction: Research has demonstrated the effect of eating disorders on the occurrence of depressiveness as well as the effect of depressiveness on the occurrence of eating disorders.

Objectives: The objective of the study was to determine the relationship between depressiveness and the occurrence of eating disorders, i.e., emotional eating, uncontrolled eating, cognitive restraint of eating, and the risk of orthorexia.
Methods: The study was conducted among 556 women from the West Pomeranian Voivodeship (Poland). The study employed the diagnostic survey method using a questionnaire technique: The Beck Depression Inventory, the ORTO—15 Questionnaire, the Three-Factor Eating Questionnaire, and a sociodemographic questionnaire.
Results: Higher depressiveness severity is associated with a higher score on the "Cognitive Restraint of Eating" scale. The authors' original study demonstrated a statistically significant relationship only between depressiveness and the "Uncontrolled Eating" subscale ($p = 0.001$).
Table 1. A multivariate model without moderation—analysis of the effect of sociodemographic variables and the severity of depressiveness according to the BDI on cognitive restraint of eating according to TFEQ-13

	Level	ß	−95% CI	+95% CI	t	p
Marital status	Single (ref.)					
	In a relationship	0.091	0.005	0.176	2.084	0.038
Professional activity	Inactive (ref.)					
	Active	−0.046	−0.135	0.043	−1.008	0.314
Age		−0.166	−0.260	−0.073	−3.511	<0.001
BDI (scoring)		0.228	0.147	0.309	5.527	<0.001

ref.—reference level, ß—standardized regression coefficient, CI—confidence interval, and BDI—Beck Depression Inventory
Table 2. A multivariate model with moderation—analysis of the effect of sociodemographic variables and the severity of depressiveness according to the BDI on cognitive restraint of eating according to TFEQ-13

	ß	−95% CI	+95% CI	t	p
Absolute term				1.914	0.056
Marital status*BDI	0.015	−0.147	0.176	0.178	0.859
Age*BDI	−1.344	−6.233	3.545	−0.540	0.589
Professional activity*BDI	−0.037	−0.236	0.162	−0.362	0.717
Educational background*BDI	0.013	−0.145	0.171	0.165	0.869
Residence *BDI	0.153	0.002	0.305	1.994	0.047

ref.—reference level, ß—standardized regression coefficient, CI—confidence interval, BDI—Beck Depression Inventory, and * moderation effect
Conclusions: The results of this study suggest that depressiveness is an important factor that contributes to a better understanding of eating behaviors. In addition, the results of this study suggest that eating behaviors and psychological factors should be taken into account in psychological interventions in the treatment of eating disorders. The clinical goal can be considered to be an improvement in non-normative eating behaviors, such as a reduction in overeating episodes or eating less frequently in the absence of a feeling of hunger.

Disclosure of Interest: None Declared

EPV0719

Deontological guilt feelings in eating disorders: data from an Italian experience

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Introduction: Guilt and shame are common emotional experiences that may influence the prognosis and treatment of many psychiatric disorders.
Objectives: The aim of this study was to examine the role of guilt and shame in individuals with eating disorders (ED).
Methods: Forty-three adults diagnosed with anorexia nervosa, bulimia nervosa, and binge eating disorder were included in the study. They completed the following questionnaires: the Moral Orientation Guilt Scale (MOGS), which measures different components of guilt, and the Eating Disorder Inventory 2 (EDI-2), which measures ED psychopathology. To assess the relationships between MOGS and EDI-2 subscales, Spearman's correlations and a stepwise multiple regression have been conducted including all patients in a unique ED group.
Results: Positive correlations were found between the EDI-2 bulimia subscale and the MNV (moral normal violation) subscale of the MOGS (0.26, p.=0.05), between the EDI-2 interpersonal distrust subscale and the MNV subscale of the MOGS (Rho=0.28, p=0.03), and between the EDI-2 interpersonal distrust subscale and both altruistic guilt components of the MOGS (Rho=0.33, p=0.01 for harm; Rho=0.29, p=0.03 for empathy). The multiple linear regression model was significant (R^2=0.29, F=8.38, p.<0.01) and showed age (t=-2.9, p<0.01) and the HARM subscale (t=3.4, p<0.01) as predictors of interpersonal distrust.
Conclusions: The results provide preliminary evidence for a possible role of guilt in the aetiopathogenesis of ED. Sensitivity to altruistic guilt, and especially to the harm caused, seems to influence the ability to trust others. Avoidance, distancing, or closure may be strategies to overcome high sensitivity to guilt. Further studies with larger samples, including both ED patients and healthy individuals, are needed to determine the role of guilt in EDs.

Disclosure of Interest: None Declared

EPV0720

Pica, a complex differential diagnosis. A case report

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Introduction: The Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition (DSM-5) defines pica as the ingestion of non-nutritive and non-food substances. For a diagnosis to be made, the behavior must persist for at least one month, not be consistent with the child's developmental stage, and not be a socially normative or culturally accepted practice.The etiology of pica is not well understood. Additionally, knowledge about its overall prevalence is limited.

Objectives: We present the case of a 61-year-old female patient diagnosed with histrionic personality disorder and generalized anxiety disorder, who began to frequently visit the hospital emergency department due to the ingestion of various objects, such as screws, paper clips… (Image 1). It was decided to admit her to the psychiatric ward with two main objectives:To halt the progression of disruptive behaviors and to determine the underlying cause of the pica behaviors.

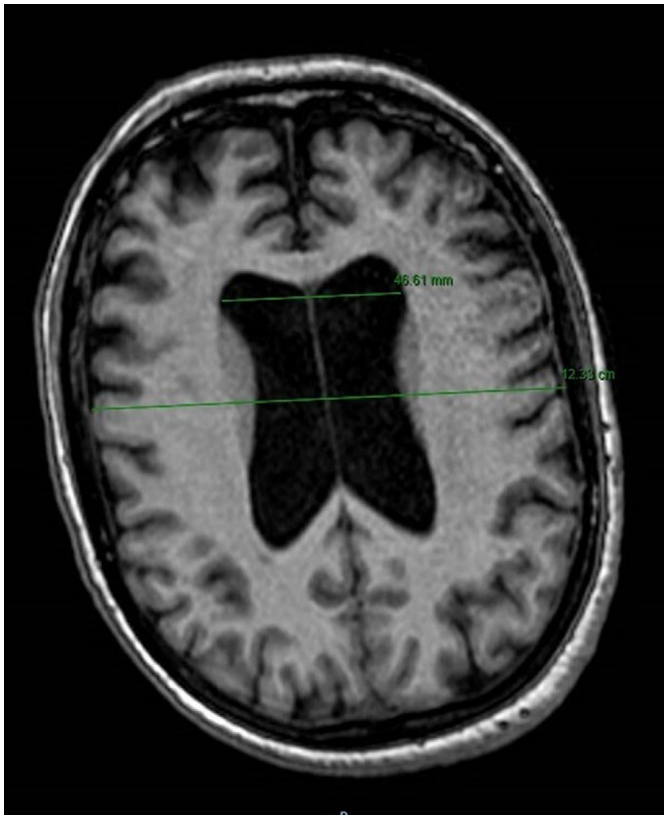
Methods: During hospitalization, no clear affective disturbances toward any polarity were observed. Additionally, the patient was unable to coherently justify her behaviors, merely describing them as "spontaneous and irresistible impulses." However, significant cognitive impairment was evident during the admission. Furthermore, the presence of balance disturbances with lower limb incoordination and urinary incontinence was confirmed. The described triad—gait disturbances, urinary incontinence, and cognitive deterioration—is characteristic of adult chronic hydrocephalus (ACH). Given this suspicion, a cranial computed tomography (CT) scan, was requested.

Results: The Evans' index (EI) was calculated. An EI greater than 0.30 is indicative of ventricular dilation, and the patient's EI was 0.39 (Image 2). The high clinical suspicion, insidious onset, and the ventricular dilation observed made the diagnosis of ACH highly probable. Consequently, the patient was referred to the neurosurgery department to evaluate the potential placement of a cerebrospinal fluid shunt.

Image 1:



Image 2:



Conclusions: Although pica behaviors can be associated with various psychiatric disorders, there is often an underlying organic substrate. In this patient, the initial diagnosis of personality disorders and generalized anxiety, coupled with the repetitive pica behaviors, might have initially pointed exclusively toward a psychiatric approach. The identification of a broader symptomatic pattern, led to the suspicion of adult chronic hydrocephalus (ACH). The triad of symptoms in ACH, though classic, may not always be evident, and neuropsychiatric manifestations such as pica could be indirect signs of brain involvement.
This case underscores the need to consider organic differential diagnoses in patients presenting with atypical or unexplained behaviors from a purely psychiatric standpoint.

Disclosure of Interest: None Declared

EPV0721

Case study of GBMT post-bariatric surgery with psychiatric co-morbidities

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Introduction: Gelatinous bone marrow transformation (GBMT) is a degenerative change in hematopoietic bone marrow, initially linked to anorexia nervosa (AN) and recently to bariatric surgery (BS) (Böhm *et al.* Am J Surg Pathol 2000; 24(1) 56-65). BS is associated to malabsorption, nutrient deficits, diets, and medical complications resembling eating disorders (ED) (Conceição *et al.* Int J Eat Disord 2023; 56(4) 831-834), complicating diagnosis and management. Treating the underlying cause is key for GBMT recovery.
Objectives: Review BS complications: malnutrition, GBMT and AN with normal Body Mass Index (BMI).
Methods: This case study highlight the emergence of GBMT and atypical AN following BS.
Results: A 55-year-old woman first sought treatment from the Community Mental Health Team (CMHT) over 30 years ago for marital issues and was given medication. In 2006, she underwent bariatric surgery (BS) due to morbid obesity (BMI 52.6 kg/m^2). Since 2007, she had 3 hospitalizations for cosmetic surgeries and 5 for medical complications, including oedema, hypoproteinaemia, pancytopenia, zinc deficiency, and sepsis requiring ICU admission. She also showed symptoms of depressive disorder (DD), AN, and purgative symptoms. In 2017, she was re-referred to CMHT and diagnosed with DD, anorexia was considered a symptom of DD.
In 04/2024 she was readmitted under Internal Medicine care with subacute multifactorial diarrhoea, severe malnutrition, pancytopenia, coagulopathy, vitamins A, E, D and Zn deficiency and lower limb oedema (likely contributing to a normal BMI).
Diarrhoea was managed by switching sertraline to citalopram and budesonide added to treat lymphocytic colitis. Moreover, ciprofloxacin and metronidazole were used for small intestinal bacterial overgrowth.
Psychiatric involvement confirmed DD, anxiety disorder (AD), and atypical AN. Topiramate, mirtazapine and olanzapine were stopped to possible myelotoxic effects. A bone marrow aspirate confirmed GBMT. Benzodiazepines and gabapentin were used to manage AD. Her malnutrition was managed with Total Parenteral Nutrition and she was transferred to a psychiatric ward where she received specific treatment for ED. Pancreatic enzymes were added to reduce malabsorptive impact of BS. The option of reversing the bypass was considered.
Once the vital risk decreased and she was consuming normalized intakes, she was discharged with a BMI=20.9.
One month later, she was euthymic, reduced anxiety and coagulopathy and nutritional parameters normalized with haematological improvement.
Conclusions: Given the high prevalence of malnutrition and ED post-BS, ED should be systematically assessed even in patients with normal BMI. Early diagnosis prevents worsening of symptoms, which only improve after nutritional recovery (Steinhausen *et al.* Am J Psychiatry 2002; 159(8) 1284-93). Multidisciplinary management is crucial to achieve optimal nutritional outcomes.

Disclosure of Interest: None Declared

EPV0722

Refeeding Syndrome and Its Interventions: A Literature Review

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Introduction: Refeeding syndrome is a severe metabolic condition seen in psychiatric patients, particularly those with anorexia nervosa or other eating disorders, after rapid nutrient reintroduction. It involves disturbances such as hypophosphatemia, hypokalemia, and hypomagnesemia, creating challenges in psychiatric and medical settings. Early identification and management are critical to prevent complications like cardiac and respiratory failure (1,2,3).
Objectives: This study analyzes the pathophysiological mechanisms of refeeding syndrome, focusing on key metabolic, psychiatric and electrolyte disturbances during the refeeding process in malnourished patients. It also discusses prevention strategies and clinical management, emphasizing the role of multidisciplinary teams in early diagnosis and treatment (1,2,3).
Methods: A literature review was conducted using Scielo, PubMed, Cochrane, and BMJ, focusing on studies about the pathophysiology, risks, and interventions related to refeeding syndrome. From 40 articles analyzed, 12 published between 2000 and 2023 were selected, focusing on clinical management and treatment guidelines for malnourished patients.
Results: The review highlights that refeeding syndrome (RS) is a serious metabolic condition in malnourished patients, especially those with psychiatric disorders like anorexia nervosa. Rapid nutrient intake can cause metabolic issues, such as hypophosphatemia and hypokalemia, alongside significant psychiatric stress. Anxiety and treatment resistance may increase, especially in patients fearing weight gain, raising the risk of relapse.
Physical discomfort from refeeding, such as fluid retention, can worsen anxiety and complicate treatment. This may lead to extended hospitalization and poor treatment adherence. In psychiatric settings, inadequate management of RS can lead to agitation or

self-harm. Preventive measures like controlled carbohydrate intake, thiamine supplementation, and electrolyte monitoring are crucial. Multidisciplinary teams, including psychiatrists, psychologists, and nutritionists, are key to managing RS. Guidelines like those from NICE recommend gradual refeeding to reduce both metabolic and psychiatric stress.
Conclusions: Refeeding syndrome is a preventable yet potentially fatal condition. Early identification of at-risk patients and careful nutritional strategies are essential to reduce morbidity and mortality. Multidisciplinary teams play a crucial role in managing and educating patients, while further research is needed to inform clinical practices (6-7).

Disclosure of Interest: None Declared

EPV0723

Orthorexia Nervosa, Eating Disorders and Obsessive-Compulsive Disorder: A Selective Review of the Last Seven Years

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Introduction: Orthorexia Nervosa (ON) is an eating disorder, characterized by rigid and irrational rules about nutrition and food preparation. Although it is not officially recognized by the DSM-5 as a mental disorder, individuals with ON exhibit compulsive and obsessive behaviors related to their diets, with an interest that starts moderate but gradually becomes excessive and potentially pathological.
Objectives: To assess individuals facing eating disorders, with an emphasis on Orthorexia Nervosa (ON) and Obsessive-Compulsive Disorder (OCD).
Methods: This is an integrative literature review, with analyses conducted on the National Library of Medicine (PUBMED) using the descriptors and boolean operators: (Orthorexia Nervosa) AND (Eating Disorders) AND (Obsessive-Compulsive Disorder) AND (obsessive compulsive). Filters applied included: articles published in the last 10 years and available in full text. All articles were analyzed a priori based on the information in the title, followed by reading the abstract, and subsequently, reading the full article.
Results: Seventeen studies were found. According to the data, the age range between 23 and 26 years is at the highest risk for ON, while the risk is lower in individuals between 16 and 19 years. Orthorexic tendencies are more prevalent among Hispanics/Latinos and individuals with overweight or obesity. ON is frequently associated with patients who have body distortions, dissatisfaction with body image, excessive desire for thinness, and eating disorders such as anorexia and bulimia nervosa. Additionally, ON is linked to compulsive behaviors, obesity, strict diets, perfectionism. In individuals on diets, behaviors and problems similar to those seen in eating disorders are often observed, including orthorexic tendencies and obsession with adhering to strict dietary rules. Perfectionism is a common trait among these patients, who often begin with the desire to improve their diet and adopt a healthier lifestyle. However, this pursuit can become excessive, leading to behaviors such as social isolation, high spending on food, and nutritional deficiencies. Various tests conducted in the analyzed studies showed effects in identifying patients with ON, indicating the need for further research to better understand risk factors in different populations and to develop effective strategies for diagnosis, prevention, and treatment.
Conclusions: While a careful diet is not pathological in itself, severe dietary restrictions and social problems should raise the possibility of ON. Improving the identification of risk factors and behaviors may contribute to a better understanding, prevention, and management of ON.

Disclosure of Interest: None Declared

EPV0724

Screening eating disorders among workers from an electricity company

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Introduction: Eating disorders (EDs) can significantly worsen one's physical and psychological well-being. In the professional environment, EDs may have serious consequences on the psychological and physical health of workers.
Objectives: Our study aims to screen EDs and psychological health among workers.
Methods: We conducted a descriptive, analytical, cross-sectional survey among workers from an electricity company. We collected sociodemographic and professional characteristics. We screened EDs using the SCOFF questionnaire (Sick, Control, One stone, Fat, Food). Psychological health of our participants was assessed using the Hospital anxiety and depression scale (HADS).
Results: Our study included 497 workers with an average age of 42.2 ± 11.1 years. Among them, 381 were male (76.7%) and 72.2% were married. Two hundred twenty-two participants engaged in physical activity, and 44.1% were smokers. The average job tenure was 15.2 ± 10.8 years. According to the SCOFF questionnaire, 35.6% of participants showed signs of possible eating disorders (EDs). Additionally, 12.5% of participants were found to be anxious, and 13.9% were depressed. The likelihood of EDs was higher among those with depression. Factors associated with an increased probability of EDs included feeling slowed down, experiencing anxiety symptoms like 'butterflies' in the stomach, and losing interest in personal appearance.
Conclusions: Eating disorders are common among workers, with notable rates of anxiety and depression also observed. It is essential to raise awareness about the importance of a healthy, balanced diet to support mental well-being and, in turn, improve workplace productivity.

Disclosure of Interest: None Declared

EPV0725

Not on the List: A Case Report on Diabulimia and the limitations of existing classification systems

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Introduction: Eating disorders have some of the highest mortality rates among mental health conditions, particularly when co-occurring with diabetes. In such cases, the risk of complications like recurrent diabetic ketoacidosis and premature mortality significantly increases. Diabulimia, characterized by intentional insulin restriction in individuals with type 1 diabetes to lose weight, remains unrecognized as a distinct diagnosis in psychiatric classification systems, limiting effective treatment options.
Objectives: To examine the unique clinical challenges of managing diabulimia and address the diagnostic limitations in current psychiatric frameworks
Methods: A comprehensive case report was conducted, which included a review of the patient's clinical history, treatment responses, and psychosocial interventions. Additionally, a literature review was performed using multiple databases, including PubMed, PsycINFO, and Scopus, to evaluate current research on the co-occurrence of eating disorders and diabetes, with particular emphasis on diabulimia. This review helped contextualize the case findings within the broader clinical understanding of diabulimia and its management.
Results: The patient, a 22-year-old woman, has a long history of type 1 diabetes and struggles with diabulimia. She is aware of the severe risks associated with insulin omission, but her desire for weight control leads her to intentionally restrict insulin, particularly during periods of emotional distress. She has a concurrent psychiatric history of depression and anxiety, which exacerbate her difficulties with diabetes management. The patient's adherence to insulin therapy has been inconsistent, with cycles of brief compliance followed by relapse, particularly during times of heightened stress and body image dissatisfaction. Despite treatment with fluoxetine and ongoing cognitive-behavioral therapy (CBT), she continues to face significant challenges in managing both her diabetes and eating disorder. Recent interventions, including a structured fitness program and targeted psychotherapy, have yielded partial improvements, helping her develop healthier coping mechanisms and improve self-management. However, sustaining these gains remains difficult, and she continues to experience frequent hospitalizations due to metabolic decompensation.
Conclusions: Diabulimia presents unique diagnostic and therapeutic challenges, primarily due to its lack of recognition as a distinct disorder within current psychiatric classification systems. This case highlights the complex interplay between eating disorders, mental health, and diabetes management, highlighting the need for an integrated, multidisciplinary approach to treatment. There is a critical need for increased awareness, the development of specific diagnostic criteria, and tailored therapeutic interventions to improve outcomes for individuals affected by this often-overlooked condition.

Disclosure of Interest: None Declared

EPV0726

Sociocultural factors in eating disorder. A comprehensive review

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Introduction: Eating disorders, such as anorexa nervosa, bulimia nervosa and binge eating disorder, are complex conditions that affect both a person's physical and mental health. Although biological and psychological factors have been extensively studied, sociocultural factors play a fundamental role in the developmental and maintenance of these disorders.
Objectives: This poster explores how peer pressure, beauty standards, the influence of the media and social media, along with aspects such as gender, social class and culture, contribute to the emergence of eating disorders, especially among teenagers and young women.
Methods: Literature review
Results: Patterns are identified that show a significant correlation between the idealization of thinness and increased body dissatisfaction. The impact of patriarchy, diet culture and social media consumption are discussed, and how these influences are amplified in different sociocultural contexts. Additionally, differences in the prevalence of eating disorders by gender and ethnicity are discussed, as well as implications for treatment prevention.
Conclusions: Intervention strategies that address sociocultural factors and promote a more inclusive and healthy view of the body are needed, with the aim of reducing the impact of these factors on the appearance of eating disorders. The research highlights the need for public policies that regulate media content and promote educational programs on physical and mental health.

Disclosure of Interest: None Declared

EPV0727

Preoperative psychological assessment for bariatric surgery in the Brazilian public health system

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Introduction: The Preoperative Psychological Assessment of Bariatric Surgery and Metabolic (PP-BSM) aims to detect psychopathologies before the procedure, facilitating interventions and lifestyle changes.
Objectives: Describing and analyzing the psychological aspects and tools used for pre-bariatric surgery psychological evaluation in the Brazilian Public Health System.
Methods: Descriptive cross-sectional study. The convenience sample was composed by psychologists of the bariatric surgery and metabolic teams in the public health system in a region in the South of Brazil. Data were collected through an electronic questionnaire administered via telephone survey, focusing on PP-BSM.

Results: There was consensus regarding the areas to be assessed: cognition, emotion, social support, and psychiatric comorbidities. Variation was found in the protocols and instruments used for PP-BSM, with each hospital using its own protocol. Semi-structured clinical interviews, along with self-reported scales and questionnaires, were used by most psychologists.
Conclusions: Although the psychological aspects assessed are aligned with current Brazilian guidelines, there is a lack of either standardized protocols among services or specific instruments for bariatric surgery candidates. Providing adequate tools and training professionals in their use may contribute to increasing safety and long-term positive surgical outcomes.

Disclosure of Interest: None Declared

EPV0728

Pharmacological treatments for eating disorders – How far are we from new solutions?

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Introduction: Eating disorders (EDs) are an important and highly prevalent class of disorders worldwide, with the global lifetime prevalence reaching more than 8% in females and 2% in males. Also, EDs associate high rates of mortality, comorbidity, organic and psychiatric complications, and years lived with disability (YLD), low quality of life and increased healthcare costs. Yet, the pharmacological armamentarium available to treat EDs is quite reduced, a phenomenon that creates difficult challenges for the case management of these patients.
Objectives: To review the existing literature in order to find new targets explored for the treatment of EDs.
Methods: A literature review was conducted in four electronic databases (PubMed, EMBASE, Cochrane, and Clarivate/Web of Science) and the US National Library of Medicine database for clinical trials (www.clinicaltrials.gov) to find clinical studies published between January 2000 and September 2024. The keywords used were “eating disorders”, “feeding disorders”, “anorexia nervosa”, “bulimia nervosa”, “binge eating disorder”, “drugs in pipeline”, and “pharmacological treatment”. Only adult participants were included, and only sources published in English were selected.
Results: The following data are based on 33 sources found during the literature search. Lisdexampheatmine and vortioxetine are explored for in BED, with the first agent receiving FDA approval for moderate and severe binge eating disorder (BED) in adults. Olanzapine is explored in patients with anorexia nervosa (AN), chromium picolinate for BED, methylphenidate + CBT also for BED, and antibiotics for bulimia nervosa (BN). Psychedelics, e.g., psilocybin and MDMA, are explored for AN and BED, but there is a limited number of trials dedicated to these agents that reach only phase 2a. Therapeutic guidelines dedicated to EDs have very few level A recommendations, i.e., fluoxetine and topiramate for BED, lisdexamphetamine for BED, and olanzapine for AN, with several cautionary notes regarding adverse events and restricted availability for some of these drugs.
Conclusions: There is a dearth of good-quality data regarding the efficacy and tolerability of newer pharmacological agents for treating EDs. Therapeutic guidelines dedicated to this type of disorders have only scarce recommendations regarding pharmacotherapy, and there is an urgent need to find more agents that could improve the prognosis of patients with ED.

Disclosure of Interest: None Declared

EPV0729

Longitudinal observational study of resting-state brain functional connectivity changes in anorexia nervosa post-treatment

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Introduction: Altered brain functional connectivity (FC) of patients with anorexia nervosa (AN) has been observed in the acute phase of the disorder, but it remains unclear to what extent these alterations recover during weight normalization.
Objectives: In this study, we used resting-state functional imaging data collected during hospitalization and six months post-treatment to investigate longitudinal changes in FC patterns in patients with AN during weight normalization. Since a core feature of AN is the disconnect between body signals and the brain, we aimed to elucidate whether treatment led to changes in the FC of the anterior cingulate cortex (ACC), a part of the brain’s limbic system that plays a crucial role in integrating visceral, attentional, and emotional information.
Methods: Seventeen women with restricting type AN underwent MRI scans and assessments to measure BMI and eating disorder symptomatology (Eating Disorder Inventory- EDI) upon hospital admission and six months after discharge. Functional imaging data were processed using seed-based connectivity analysis with ACC as a seed.
Results: Longitudinal analyses showed a significant ($p<0.05$ FDR corrected) increased FC post-treatment between the ACC and the precuneus, specifically Brodmann area 7. Participants demonstrated significant BMI increases, although no significant changes were observed in clinical symptomatology assessed by EDI.
Conclusions: The findings indicate greater FC between the ACC and the precuneus as patients with AN complete treatment and undergo weight normalization. The precuneus is integral to one’s sense of self, perceived information integration, and reaction to cues. Therefore, increased FC between the ACC and precuneus might improve proprioception, body awareness, and frequency of body image disturbances—all abnormalities central to AN.

Disclosure of Interest: None Declared

E-mental Health

EPV0730

Digital Cognitive Behavioral Therapy (CBT) Apps for ADHD: A Systematic Review of Recent Evidence

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Introduction: Attention-deficit/hyperactivity disorder (ADHD) is a neurodevelopmental condition characterized by persistent patterns of inattention, hyperactivity, and impulsivity. Cognitive Behavioral Therapy (CBT) is a well-established intervention for ADHD, helping individuals manage symptoms by targeting dysfunctional thought patterns and behaviors. In recent years, the accessibility of digital CBT apps has expanded, providing a potential alternative to traditional therapy. This systematic review aims to assess the efficacy of digital CBT apps for symptom management in individuals with ADHD.
Objectives: This review seeks to (1) evaluate the effectiveness of digital CBT apps in reducing ADHD-related symptoms such as inattention and impulsivity, (2) assess the adherence and usability of these apps, and (3) identify gaps in the literature to guide future research on digital interventions for ADHD.
Methods: A systematic search was conducted using PubMed and Google Scholar to identify peer-reviewed studies published within the last 5 years (2019–2024). The search terms used included "ADHD," "digital CBT," "mobile apps," and "cognitive behavioral therapy." Inclusion criteria were studies that focused on the use of digital CBT interventions specifically for ADHD symptom management in both children and adults. Studies that assessed the effectiveness of these interventions using standardized symptom rating scales were prioritized. Articles that involved non-CBT digital interventions, case reports, or review articles were excluded.
Results: Six studies met the inclusion criteria. The results showed promising outcomes for ADHD symptom reduction, particularly in reducing inattention and impulsivity. Lenhard et al. (2018) demonstrated significant improvement in ADHD symptoms in children using digital CBT programs. Nigg et al. (2020) found similar improvements in adults. Sibley et al. (2021) observed enhanced executive functioning with high adherence to app-based interventions. In Torous et al. (2020), digital CBT apps improved patient engagement and accessibility to care. Hirvikoski et al. (2017) reported moderate effectiveness in symptom control but emphasized the need for continued monitoring of user adherence. Russell et al. (2021) highlighted the potential for personalization in digital therapies, although further research is needed to optimize these interventions.
Conclusions: The review suggests that digital CBT apps offer a promising approach for ADHD symptom management, particularly in increasing accessibility and adherence to therapy. While these interventions show moderate to significant effectiveness in reducing core symptoms like inattention and impulsivity, further research is needed to address personalization and long-term efficacy. This highlights the growing potential for digital mental health interventions to complement traditional ADHD treatments.

Disclosure of Interest: None Declared

EPV0731

A promising future for tele-mental health in Oman: A qualitative exploration of clients and therapists' experiences

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Introduction: Objectives: Tele-mental health services can play an important role in overcoming barriers in mental health services in the Eastern Mediterranean Region. However, despite its potential, tele-mental health has not been widely adopted in Oman.
Objectives: This study is an exploratory investigation into the experiences of therapists and their clients in utilizing video-based tele-mental health care during the COVID-19 pandemic.
Methods: A total of 19 semistructured qualitative interviews were individually conducted, it included 13 adult clients with mental health conditions who received video-based tele-mental health care and six clinical psychologists who provided video-based tele-mental health care during the COVID-19 pandemic.
Results: The clients reported favorable experiences using tele-mental health, with the primary benefits being convenience, easy accessibility to subspecialized care, reduced absenteeism from work with commuting costs, and alleviated mental health stigma. The therapists also expressed experiencing benefits from tele-mental health, such as reduced risk of intrahospital infection, reduced healthcare costs, and the achievement of work-life balance. Primary concerns were related to the lack of public tele-mental health services, lack of specified tele-mental health guidelines, shortage of trained therapists, limited access to high-speed Internet, electronic devices, privacy, and concerns toward the security of tele-health systems in general.
Conclusions: Clients and therapists report that tele-mental health offers new opportunities to improve the quality of mental health-care services in Oman, and that the challenges could be resolved by establishing governmental tele-mental health services along with developing tele-mental health guidelines and implementing local postgraduate clinical psychology programs in universities in Oman.

Disclosure of Interest: None Declared

EPV0732

Suicide Prevention based on IA detection for Inpatients (SPIIN)

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Introduction: Hospital suicide rates vary according to study from 100 to 550 per 100,000 admissions. This is 10 to 30 times the rate of suicide rate in the general population. In prison, there is an average of one death every two or three days, Most of them by suicide.

Sensors and Artificial Intelligence to avoid and/or interrupt suicide in the inpatients population. Preliminary explorations will determine weather this kind of device might be acceptable for care providers and patients.
Objectives: Determine weather careproviders (doctors, nurses) consider the SPIN system as usable in a routine hospilat care setting Determine weather careproviders (doctors, nurses) consider the SPIN system as acceptable
Establish the technical feasability of the SPIN sytem includin hadware (sensors) and softwar (algorithm) in an invitro setting.
Methods: A full presentation of the spin device was presented to the careproviders in a in vitro setting and via a video tutorial of the data capture procédure.
Participants were interviewed during a personal meeting.
Evaluation criteria were :Score to the SUS usablity scale, score the net promoter score and Analysis of the qualitative contents of the interviews.
Results: Qualitative analysis of the interviews contents showed a good
The Spin system will enable earlier intervention in cases where risk factors associated with increased suicidal risk are identified, as well as adjustment of therapies associated with the management of suicidal risk. It can also be used to adjust hospitalization conditions for patients at risk of suicide. transfer knowledge to the prison environment, for example, or to the home of a patient identified as being at high risk (repeat patient).
According to participants, the SPIN device will:

- alleviate the mental workload of caregivers whose job it is to supervise high-risk patients (risk of falling, risk of agitation, risk of suicide, etc.).
- admit patients under better conditions (less frequent searches on admission, less frequent room visits, more human-centred care).

This type of system will free us from the logistical constraints associated with the proximity of surveillance rooms and treatment rooms, or even their availability. In this way, patients in intensive care units (monitoring rooms with a view of the nurses' station) can benefit from more flexible hospital conditions (accommodation), thanks to a remote monitoring system.

Image:

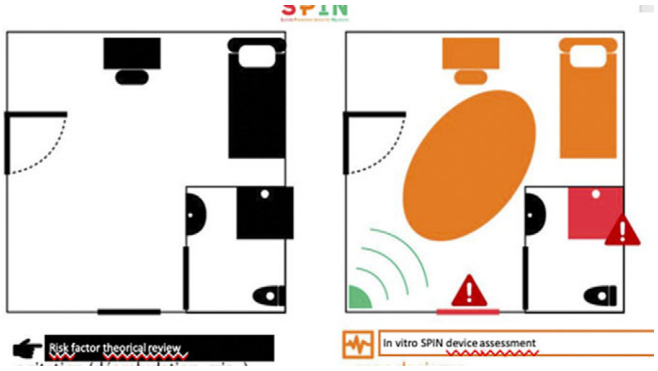
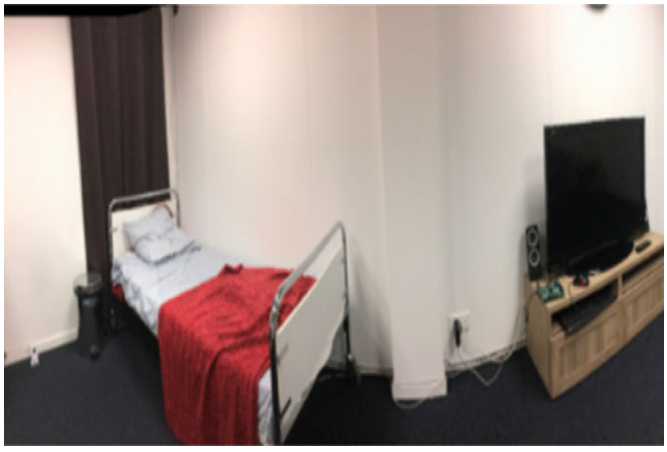


Image 2:



Conclusions: Overall, our study showed a good acceptance of the in vitro setting of the SPIN device in the careproviders population. The newt step of our study will decribe the acceptance in a patient populations and the efficiency on suicidal outcomes in routine population.

Disclosure of Interest: None Declared

EPV0733

Efficacy of Step-by-Step (SbS) in Improving Depressive Symptoms and Functional Impairment: A Systematic Review and Meta-Analysis of Randomized Controlled Trials

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Introduction: The growing need for effective solutions to bridge the mental health treatment gap is particularly critical in countries where economic and political crises have exacerbated existing mental health challenges. In this context, the urgency for scalable and accessible interventions is evident. Step-by-Step (SbS), a guided digital self-help program developed by the World Health Organization (WHO), has been implemented as a promising approach to alleviate depressive symptoms and improve functionality in vulnerable populations.
Objectives: This meta-analysis aims to evaluate the findings of studies that examined the efficacy of SbS, compared with enhanced care as usual (ECAU), in reducing depressive symptoms and functional impairment.
Methods: We systematically searched PubMed, Cochrane, and Scopus for randomized controlled trials (RCTs) comparing SbS with ECAU. The pooled outcomes were the overall improvement in

depressive symptoms, measured by the Patient Health Questionnaire (PHQ-9), as well as functional impairment measured by the WHO Disability Assessment Schedule-12 (WHODAS). We calculated the mean difference (MD) for the outcomes, with 95% confidence intervals (CIs). Statistical analysis was performed using Review Manager (RevMan) 8.1.1 with a fixed-effect model. Heterogeneity was assessed using the I^2 statistic.
Results: Three RCTs were included, encompassing 604 patients, of whom 263 (43.5%) participated in SbS. The population consisted of 35.1% males and 64.9% females. The mean age was 28.8 years, with a standard deviation of 8.7. SbS reduced PHQ-9 scores (MD = -3.48; 95% CI [-4.44, -2.52]; $P < 0.00001$; $I^2 = 3\%$; Figure 1) and WHODAS scores (MD = -3.37; 95% CI [-4.84, -1.90]; $P < 0.00001$; $I^2 = 0\%$; Figure 2) compared with ECAU.

Image 1:

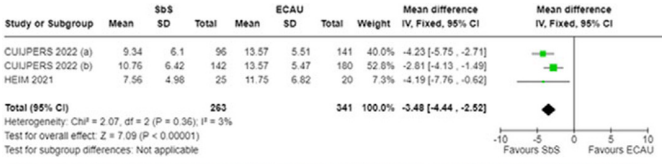


Figure 1 - Forest plot showing a significant reduction in depressive symptoms (PHQ-9 Scores) with SbS compared to ECAU (P < 0.00001)

Image 2:

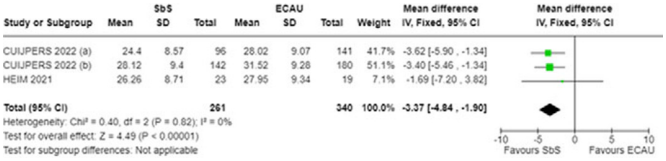


Figure 2 - Forest plot indicating a significant improvement in functional impairment (WHODAS Scores) with SbS compared to ECAU (P < 0.00001)

Conclusions: This meta-analysis of RCTs suggests that SbS has a positive effect in reducing depressive symptoms and functional impairment compared with ECAU.

Disclosure of Interest: None Declared

EPV0736

My Virtual Parent, Adult, and Child: Simulating Ego-States in Transactional Analysis with LLM

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Introduction: Recent advancements in large language models (LLMs) demonstrate their ability to perform verbal generalization and simulate agency, opening new possibilities for innovative applications in psychotherapy. One promising avenue is the integration of LLMs into Eric Berne's Transactional Analysis, a psychotherapeutic approach that conceptualizes human personality through three distinct ego-states: Parent, Adult, and Child.
Objectives: To investigate the potential of LLMs in Transactional Analysis.
Methods: LLM capabilities described in the literature were compared with demands derived from the theory.
Results: By examining the interactions among ego-states in Transactional Analysis, individuals can become aware of their behavior patterns and modify ineffective ones, fostering healthier relationships and improving social adaptation. Incorporating LLMs into Transactional Analysis offers a novel tool for psychotherapeutic interventions. Therapists could utilize AI to help clients recognize emotional experiences and identify maladaptive interaction patterns. By simulating the Parent, Adult, and Child ego-states, an LLM could engage in dialogues that reflect these internal states, allowing the client to explore and better understand their emotional reactions and needs. This interaction would enable clients to actively engage with different parts of their personality, promoting self-awareness and providing valuable insights into the causes of relational difficulties. While the potential benefits are clear, further research is needed to assess the practical effectiveness of integrating LLMs into Transactional Analysis. Empirical studies should investigate the degree to which LLMs can accurately simulate ego-states and contribute to positive therapeutic outcomes. Additionally, ethical considerations must be addressed to ensure that the application of AI in psychotherapy is both responsible and beneficial for clients.
Conclusions: The proposed approach fosters a deeper understanding of internal conflicts and provides a structured, controlled environment where clients can work through problematic situations.

Disclosure of Interest: None Declared

EPV0737

Developing an early support mHealth intervention for women and partners after perinatal loss: A secondary study of the e-Perinatal Project

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doi: 10.1192/j.eurpsy.2025.1422

Introduction: Perinatal loss is a prevalent health concern worldwide, with one in four pregnancies ending in loss. Spontaneous perinatal loss (i.e., miscarriage, stillbirth, and neonatal death) is an excruciating experience that becomes part of parental identity and represents a unique form of grief. Online interventions offer a cost-effective and feasible option for reducing symptoms of depression, anxiety, and grief in cases of perinatal loss. Involving stakeholders during the early stages of content design and development results in interventions that are more relevant and effective.

Objectives: This study aims to co-design evidence-based online content for offering psychological support in the early stages after perinatal loss and to integrate this content into the e-Perinatal app (mHealth application for the prevention of Perinatal Mental Health Disorders). It involves collaboration with local stakeholders, including bereaved women, non-birthing partners, and health professionals, to ensure that the intervention meets the population's needs and aligns with the local sociocultural context. This is a secondary study of the ERC Starting Grant ePerinatal project (101042139), funded by Banco Sabadell Foundation.
Methods: This study employed a qualitative design to conduct a multi-stage co-design and development process (pre-design, generative and evaluative phases). Two online focus groups were conducted: 1) bereaved women and non-birthing partners (n = 9), and 2) healthcare professionals with experience in perinatal loss care (n = 12). Following the presentation of the app prototype, participants were asked to provide feedback on both the evidence-based content (micro-intervention contents and information provided) and the app design features. The qualitative data were analysed using thematic analysis with NVivo software, while sociodemographic data were analysed through descriptive analysis. All data were coded by two researchers.
Results: The analysis process is ongoing, and the emerging themes and subthemes are being categorized into: 1) user-related (e.g., health status, previous experience with the public health system, social support), 2) program-related (e.g., intervention content, formal and informal social connectedness), 3) user experience (e.g., information architecture [length], content strategy [wording]), and 4) professional-related (e.g., factors influencing healthcare professionals' recommendations of the app).
Conclusions: The content developed for perinatal loss will be designed to align with local stakeholders' expectations and be integrated into the e-Perinatal app. By offering accessible support for women and their partners, the app will aim to help manage the psychological reactions often experienced during this vulnerable period, including grief, stigma, and an increased risk to mental health, as it is implemented in routine maternal care.

Disclosure of Interest: None Declared

EPV0738

Internet Addiction among Nursing Students and its impact on their academic performance: Case study at the Higher Institute of Nursing Professions and Health Techniques of Oujda

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Introduction: Nowadays, the use of the Internet has become a very popular practice. However, excessive use can lead to serious problems such as cyberaddiction. This phenomenon has repercussions on several levels, including academic performance.
Objectives: This study aimed to explore the prevalence of cyberaddiction and its associated factors among nursing students at the Higher Institute of Nursing Professions and Health Techniques of Oujda in Morocco.
Methods: A cross-sectional study was carried out among undergraduate nursing students in the city of Oujda, Morocco. The data were collected through a self-administered questionnaire that was directly distributed to all of the targeted students, exploring their demographic and academic profiles. Young scale was used to identify the levels of cyberaddiction among participants.
Results: The average student's daily connection time was 5.3+/-3.2 hours. 26.3% of the participants were identified as cyber-dependent, and 1.4% were suffering serious issues linked to cyber-addiction. Internet addiction was significantly associated with academic failure.
Conclusions: These results should lead to preventive measures in order to protect nursing students from the potential harmful effects of internet excessive use.

Disclosure of Interest: None Declared

EPV0739

Reconnected project in Kosovo: first steps in co-creation process

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doi: 10.1192/j.eurpsy.2025.1424

Introduction: Current global societal challenges pose significant threats to the mental well-being of European citizens. The 'RECONNECTED' project, supported by the EU/Horizon Europe program, aims to tackle mental health issues experienced by vulnerable populations in Europe, including those in Kosovo, particularly individuals with low socioeconomic status.
Objectives: The objective is to present key pillars of project and outline some key findings that will inform the consortium toward finalizing the conceptual framework of RECONNECTED which draws inspiration from the Urban Mental Health (UMH) framework, with a focus on particular aspects related to Kosovo.
Methods: It's a mixed-methods study design. We have reviewed the literature related to three key pillars of project: social prescribing, mental health literacy and personalized micro-interventions in Kosovo, and analysed preliminary some recent cross-sectional samples focusing on sociodemographic and psychosocial variables. Data processing was done with SPSS 27.0 and Microsoft Excel 2019.
Results: The literature review in internet does not find information about the implementation of social prescription and personalized micro-interventions in Kosovo so far. However, we can see that similar fragmented activities of social prescription have been implemented in Kosovo in various unstructured and informal designs. There is also information about the individual use of various applications by young people. Furthermore, no study is found regarding mental health literacy in Kosovo, and we have found that there are no mental health promotion programs. Recent cross-sectional samples analysis highlights the association between gender, dysfunctional coping style, social support and low socio-economic status with mental health indicators like anxiety, depression and suicidal ideation among young individuals.

Conclusions: These findings highlight how key mental health challenges could impact the implementation and use of a digital support system like RECONNECTED within a community care model. Addressing these factors during the co-creation process between researchers, stakeholders and end-users is crucial for ensuring the success of this innovative scientific approach in Kosovo, a low-middle-income country.

Disclosure of Interest: N. Fanaj Grant / Research support from: Principal Researcher for Kosovo in Project RECONNECTED, S. Mustafa Grant / Research support from: Researcher Officer for Kosovo in Project RECONNECTED, E. Krasniqi Grant / Research support from: Researcher Officer for Kosovo in Project RECONNECTED, A. Cerga Pashoja Grant / Research support from: Principal Researcher for UK in Project RECONNECTED

EPV0740

Efficacy of Teletherapy vs. Conventional Therapy in Improving Depressive Symptoms: A Meta-Analysis of PHQ-9 Scores Outcomes

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Introduction: Tele-rehabilitation (Tele-TR) has emerged as a promising alternative to traditional, in-person cardiac rehabilitation (Conventional-CR), offering accessible and convenient rehabilitation options for patients who may face logistical or health-related barriers to attending conventional programs. Advances in digital health technologies, coupled with the increasing demand for remote healthcare solutions, have led to the widespread adoption of Tele-TR, particularly for patients recovering from cardiac events or undergoing surgery. However, there is a need for a comprehensive evaluation of the comparative effectiveness of Tele-TR versus Conventional-CR, especially in terms of clinical outcomes. Given the rise in mental health concerns among patients undergoing cardiac rehabilitation, the impact of these rehabilitation modalities on psychological well-being, particularly depressive symptoms, has become an important area of focus.

Objectives: This meta-analysis aims to evaluate the efficacy of Tele-TR in comparison to Conventional-CR, specifically assessing their effects on depressive symptoms. The primary objective is to determine the mean differences in health assessment scores, such as the PHQ-9, across studies that compare Tele-TR and Conventional-CR. By synthesizing the findings from multiple randomized controlled trials (RCTs), this analysis will provide insights into the relative effectiveness of these two rehabilitation approaches, with a particular emphasis on mental health outcomes and their implications for patient recovery and quality of life.

Methods: Three studies were included, comparing Tele-TR with Conventional-CR. Outcomes were assessed based on mean differences (MDs) and 95% confidence intervals (CIs) for continuous data. Heterogeneity among studies was quantified using Tau^2 and I^2 statistics, and a random-effects model was employed to account for variability across studies.

Results: The analysis of post-treatment improvement in PHQ-9 scores across included studies demonstrated an overall mean difference of -1.94 (95% CI [-4.02; 0.15]), suggesting a trend favoring Tele-TR over Conventional-CR. However, this improvement did not reach statistical significance (Z = -1.82, P = 0.07). High heterogeneity was noted (Tau^2 = 3.36, I^2 = 100%, P < 0.01), indicating substantial variability in treatment effects among studies.

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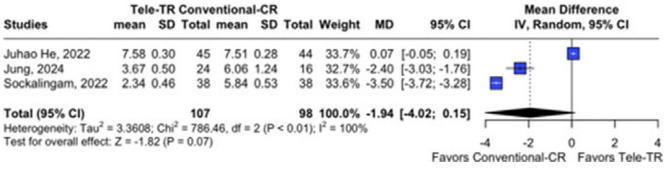


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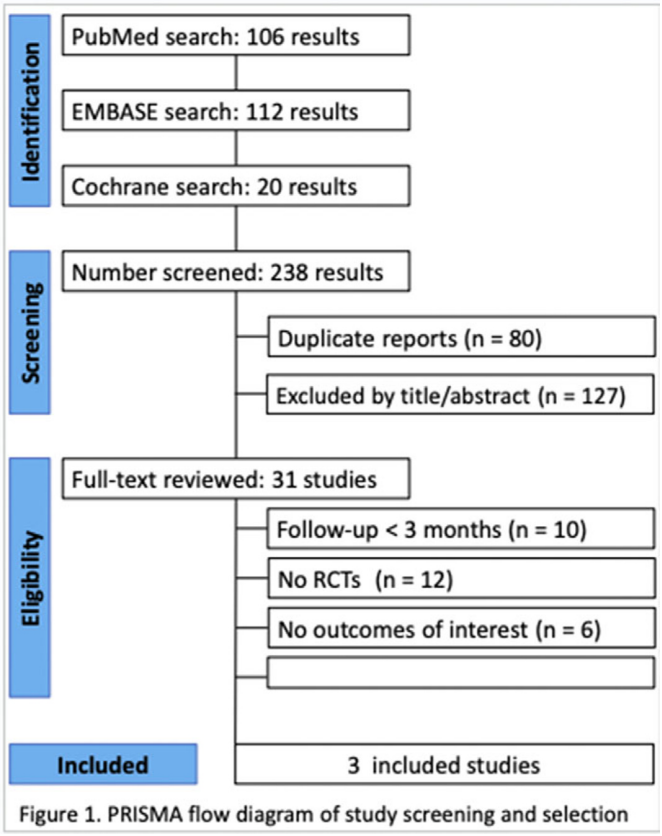


Figure 1. PRISMA flow diagram of study screening and selection

Conclusions: While Tele-TR showed a trend toward improvement over Conventional-CR, the findings did not achieve statistical significance. High heterogeneity suggests differences in study design and patient populations, warranting further research to clarify the potential benefits of Tele-TR and identify the contexts where it may offer the most significant advantages.

Disclosure of Interest: None Declared

EPV0741

Strengths and limitations of the use of Artificial Intelligence in Mental Health

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Introduction: Artificial intelligence (AI) is emerging as a disruptive tool in medicine and healthcare, especially in Mental Health. Its ability to process large volumes of data and detect complex patterns has opened up new possibilities for the diagnosis, treatment, and monitoring of mental disorders, providing opportunities to improve the clinical accuracy and personalisation of therapeutic intervention. However, the use of AI in Mental Health poses critical challenges involving ethical, privacy, and inherent issues regarding the quality and validity of the models employed.
Objectives: The aim of this review is to critically analyse the strengths and limitations of the use of AI in Mental Health, offering a balanced perspective on the potential benefits and associated risks.
Methods: A narrative review of the current scientific literature was conducted on the main applications of AI in the diagnosis, treatment, and monitoring of mental disorders as well as the barriers to its effective implementation.
Results: The main strengths identified were the ability of AI to provide more accurate and personalised diagnoses, continuous monitoring of patients' well-being, increased efficiency in the delivery of Mental Health services, and the possibility of analysing large volumes of data in reduced times, thus improving the ability to detect and track symptoms. However, regarding limitations, the scientific literature highlights the lack of transparency in many of the studies conducted, problems of methodological quality, risks regarding the perpetuation of pre-existing biases, concerns about the privacy of sensitive data, and the potential risk of dehumanisation of care by prioritising automated systems over human contact. In addition, the need for rigorous validation and a clear regulatory framework are key issues in ensuring the ethical and safe use of these technologies.
Conclusions: In conclusion, AI represents a resource with immense potential for transforming clinical practice in Mental Health care, providing more accurate diagnoses, personalised interventions, and real-time monitoring. However, its implementation must be accompanied by rigorous scientific and regulatory scrutiny to mitigate ethical risks and ensure the protection of patients' privacy and dignity. It is necessary to ensure that technological advances go hand in hand with a humanised approach, where technology complements, but does not replace, the essential therapeutic connection in Mental Health care.

Disclosure of Interest: None Declared

EPV0742

Perceptions and Attitudes Towards Artificial Intelligence Among Education and Mental Health Professionals: A Comparative Pilot Study

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doi: 10.1192/j.eurpsy.2025.1427

Introduction: The integration of Artificial Intelligence (AI) in education and mental health fields represents an innovative path to optimize diagnostic, intervention, and monitoring processes, although it poses ethical and technical challenges that must be carefully assessed. Understanding how professionals in these areas perceive this technology is essential to support its informed and effective adoption.
Objectives: This study aimed to explore and compare perceptions and attitudes towards AI among professionals in education and mental health by examining key dimensions such as efficiency, personalization, diagnosis, monitoring, privacy, and validation.
Methods: A cross-sectional pilot study was conducted with a sample of 17 professionals divided into two groups: five from the educational sector and 12 from the clinical-mental health sector. An online structured questionnaire, designed ad hoc, was used, comprising ten dimensions addressing diagnosis, monitoring, efficiency, data analysis, quality, ethics, dependency, validation, ease of use, and AI acceptance. All participants provided written informed consent to participate in this study.
Results: The findings are as follows:

- High agreement in perceived efficiency across both sectors (>80%).
- Greater optimism in personalization within the educational sector (80% vs. 58.3% in mental health).
- General concern about the validation of AI systems (94.1% consider it insufficiently rigorous).
- Significant resistance to AI implementation (82.4%).
- Key perceived barriers: Data privacy (85%) and risk of dehumanization (76%).

Conclusions: While AI's potential to enhance efficiency is acknowledged in both areas, reservations persist concerning the validity and safety of these systems, particularly regarding data privacy and the integrity of professional-patient or student relationships. These findings suggest the need to develop comprehensive validation programs and specific protocols that facilitate the ethical and technically sound implementation of AI in these fields.

Disclosure of Interest: None Declared

EPV0743

Process evaluation of eHealth interventions for healthcare workers with psychological distress

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Introduction: Over the past two decades, public health research has increasingly informed decision-making, but more evidence is needed on implementing interventions in real-life conditions. The COVID-19 pandemic highlighted these challenges, particularly in mental health. A study in Spain (RESPOND-HCWs) adapted and implemented psychological interventions for healthcare workers during the pandemic, showing significant reductions in anxiety and depression symptoms. This process evaluation aims to guide the practical implementation of these interventions in crisis settings.
Objectives: This study provides a process evaluation of a successful stepped-care program involving eHealth interventions (Doing What Matters in Times of Stress [DWM] and Problem Management Plus [PM+]) designed for healthcare workers experiencing psychological distress (REsponding to Psychological distress among HCWs [RESPOND-HCWs] trial) conducted in Spain. The aim is to analyze program delivery context, assess implementation outcomes, and explore mechanisms of action.
Methods: We utilized mixed methods, gathering quantitative data through routine RCT monitoring and structured observation, complemented by qualitative insights from semi-structured interviews with trial participants (n = 12) and decision-makers (n = 7), and a focus group discussion involving intervention providers (n = 7). Quantitative data were analyzed descriptively using R Software. Qualitative data underwent thematic analysis with NVivo.
Results: Context analysis identified implementation barriers, such as DWM visual design, confidentiality, time to practice, stigma, unrealistic expectations about stepped-care programme, DWM phone calls, trust in the health system, internet literacy and intervention provider profile; and enabling factors, such as flexibility in schedules, remote delivery and mental health awareness initiatives. The implementation of the interventions was feasible, appropriate, and had minimal protocol deviations, with good participant acceptance. Mechanisms of action included confidence in intervention effects, a strong therapeutic relationship, and specific intervention components.
Conclusions: The results serve as a complement to outcome evaluation and can guide wider implementation in similar settings. Recommendations include raising awareness about mental health and reducing stigma, providing brief orientation sessions, offering flexible schedules, and encouraging peer support.

Disclosure of Interest: None Declared

EPV0744

Econsult system: direct coordination between mental health and primary care

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Introduction: The econsulta is the telematic coordination system between hospital care and primary care. In this way, it allows an agile and fluid coordination, improving the coordination and the care process of the patient.
Objectives: With the data collected and analyzed, a descriptive study of the functioning of the econsulta as a coordination tool between Mental Health and Primary Care is carried out.
Methods: The data collected corresponds to health area 6 of the Community of Madrid, which consists of 18 primary health centers for a Mental Health Center. The econsultations carried out between January 2022 and August 2024 are analyzed.
The data collected are broken down into patient diagnoses, coded according to the ICD-10 classification system, and the attitude to be taken in each of them.
Results: A total of 1489 econsults performed in the period between January 2022 and August 2024 were obtained. The majority diagnoses are:

- Organic mental disorders, including symptomatic.
- Mental and behavioral disorders due to the use of multiple drugs or other psychotropic substances.
- Schizophrenia, schizotypal disorder and delusional disorders.
- Mood (affective) disorders.
- Mood disorders
- Neurotic disorders, secondary to stressful situations and somatoform disorders.
- Eating behavior disorders.
- Personality and behavioral disorders in adults.
- Mental retardation.
- ADHD

Thanks to the econsult, 692 patients have been resolved, without requiring referral to Mental Health, through direct indications and recommendations on treatments prescribed in Primary Care. Likewise, 61 of them avoided referral only to obtain a visa for the usual treatment. On the other hand, 378 patients required direct referral to Mental Health and 54 to the CAID. In addition, 229 of the patients who were already under follow-up were consulted about their treatment.
After analyzing the data, Primary Care made adequate use of the system, given that only 40 of the consultations were not appropriate.
Conclusions: After analyzing the data, the econsultation is a fast and effective coordination system that increases the efficiency of the patient care system.

Disclosure of Interest: None Declared

EPV0745

TELMA-PSYK - A Digital Homebased Research and Treatment Application in the Mental Health Service

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Introduction: The gap between staff resources and population needs for psychiatric treatment and support, as well as the geographical gap between services delivered in rural areas and in cities is a major challenge for the Danish society as well as globally.
The current project will investigate video consultations (VC) in the context of developing a full-scale home-based mental health service for users with severe mental illness (SMI) necessitating multidisciplinary and municipal support. Digital patient reported outcome (PRO) monitoring can strengthen shared decision making in consultations, and is frequently applied for users with SMI, but it is not regularly combined with VC.
TELMA (Telemedical Monitoring Application) is a national IT system that makes it possible to monitor a patients' health status in their own home. TELMA includes several questionnaires and the option to connect telemedicine devices that can send vital data such as sleep quality or heart rate measurements directly to the app using Bluetooth. A number of affiliated, cross-sectoral teams who monitors the patient's health status can view the patient's responses and data. By mapping the needs and preferences of patients and staff along with an initial trial of the application of TELMA-PSYK for home-based treatment in psychiatry, this study will pave the way for the development of fully digital, person-centered, sector integrating home-based treatment.
Objectives: This study aims to explore barriers and opportunities to home-based treatment for users with severe mental illness as seen by stakeholders, staff, management and users in mental health services and municipalities.
Methods: TELMA-PSYK will be examined in a small-scale feasibility study.
Twenty users with SMI and their regional and municipal staff will be invited to participate in the study. A qualitative study based on phenomenological enquiry will capture the respondents' experiences of VC and their concerns for and opportunities of full-scale home-based mental health service with PRO recording.
Qualitative data will be interviews examining the users' experience of three months' home-based service provision, and the corresponding staffs' experience of the user's treatment course and the intervention. Qualitative data will be analyzed with reflexive thematic analysis.
Results: It is expected results from the feasibility study will be ready by March 2025.
Conclusions: It is expected conclusions from the feasibility study will be ready by March 2025.

Disclosure of Interest: None Declared

EPV0746

Resources, support and integration as influencing factors in the implementation of blended therapy in psychiatric inpatient care

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Introduction: Blended therapy (BT) is defined as the use of digital tools combined with traditional face-to-face therapy. Despite growing evidence concerning BT in outpatient settings, there is not much data on BT in inpatient care. To our knowledge, this is one of the first studies to investigate the implementation of BT in the routine care of psychiatric inpatients.
Objectives: Our objective was to identify factors potential barriers and facilitating factors influencing the implementation of BT in psychiatric inpatient settings.
Methods: We used a retrospective, exploratory qualitative research design and developed a semi-structured interview to collect our data. This enabled us to gain insights into the experiences of healthcare staff and patients. Participants were asked to reflect on the following themes we had pre-defined: resources, support, integration and sequential BT.
Results: Therapists cited work overload with inadequate time adjustments and lack of ongoing training to sustain the use of BT in the long term as common barriers. A key finding of this study from the therapists' perspective was also the importance of a clearly defined concept and setting for successful implementation. Patients valued the availability of satisfactory instructions for use, integration by therapists and a flexible setting. There were mixed opinions on sequential BT, with therapists mentioning in particular a lack of resources for patient care after discharge.
Conclusions: In summary, the results show that therapists reported more barriers in contrast to patients' perceptions. This highlights that while understanding the patient's perspective is important, healthcare professionals play the central role in implementing and maintaining BT.

Disclosure of Interest: None Declared

EPV0747

The Impact of Online Dating on External Validation and Self-Perception

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Introduction: In the digital era, online dating platforms have emerged as a prominent means for establishing social relationships. While these platforms facilitate connections, they also introduce a distinct form of external validation through likes, matches, and compliments. Despite their popularity, researchs on the psychological effects of this validation on users are limited.
Objectives: This study aimed to reveal the profile of dating platforms users and assess whether these platforms foster a dependence on external validation and affect operator's self-esteem
Methods: A cross-sectional study was shared via social media and online forums. In addition to socio demographic and work related

variables, it comprised an evaluation of dependency on external validation through a series of targeted questions, and explored its relationship with the use of dating platform. The Rosenberg Self-Esteem Scale was used to assess participants' self-esteem, with a score below 31 indicating low self-esteem.
Results: The study included 55 participants aged between 19 and 40 years, with a mean age of 26.27. The gender distribution was nearly equal, with 49.1% male (n=27) and 50.9% female(n=28). Most participants (54.54%) were single, and 40% reported using dating apps primarily for casual dating and entertainment.
Among applications users, 46.7% engaged with the platforms several times a week, while 20% used them daily. Furthermore, 53.7% of users plan to continue using them.
Regarding external validation, 64.4% reported that receiving validation motivated them to use the applications more frequently, while 56.2% indicated they would adjust their behavior based on feedbacks. Additionally, 47.1% felt influenced by compliments, and 58.9% reported that criticism and rejection affected them negatively.
According to the Rosenberg Self-Esteem Scale, 33.3% of users exhibited low self-esteem and 28.5% of users reported that dating applications had a negative impact on their self-esteem. Notably, no significant correlation was found between dating applications' usage and self-esteem ($p = 0.53 > 0.05$).
Conclusions: This study highlights a reliance on external validation among online dating users, suggesting that these platforms may encourage behaviors driven by the need for approval. This underscores the importance of further research into the psychological effects of such dependence.

Disclosure of Interest: None Declared

EPV0749

Stigma in development and evaluation of web-based weight loss programs? Characteristics of study samples - a systematic review

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Introduction: People with a severe mental illness (SMI) have a higher prevalence of obesity than the general population. Weight gain is one of the main adverse side effects of antipsychotic treatment, leading to health complications, higher mortality and low treatment adherence in people with SMI. E-Health programs are increasingly used for weight loss.
Objectives: This systematic review aims to analyze target groups and the inclusion and exclusion criteria in evaluation studies of such programs, with a focus on the exclusion of individuals with SMI and the resulting gap in healthcare.
Methods: The systematic search consisted of studies in English using the databases PUBMED, PsychInfo and Cochrane Database, published between January 1, 2003 - February 29, 2024. Exclusion criteria were studies with a focus on programs other than weight loss or combined interventions. Further, we used the search terms: web-based, app* OR artificial intelligence* OR software OR online OR machine learning* OR digital* OR Internet AND weight loss OR body mass index OR weight reduction* OR body weight OR waist circumference OR obesity* OR BMI OR weight. The database search identified 4560 records, of those 633 duplicates were removed. The remaining 3927 records were further screened and 3584 were excluded, 343 full-text articles were assessed for eligibility. 117 full text articles were excluded with reasons and finally 226 studies were included in qualitative synthesis.
Results: Preliminary results showed that app recommendations were reported in only 44 out of 226 studies. Additionally, analysis of target groups for recommended apps indicated that most were designed for individuals with diabetes, closely followed by apps targeting maternity, hypertension or cardiovascular diseases and corporate health management. Notably, none of the apps were specifically designed for people with a mental illness. Moreover, a comparison of the frequency of exclusion criteria for mental vs. somatic vs. chronic illnesses in general resulted in: 77:54:105. The terminology used for exclusion specifically for people with a mental illness was often general (e.g. "mental impairments", "any psychological problem", "unstable emotional condition").
Conclusions: The results point to deficits in the area of app recommendation and in sample selection. Specifically, people with a mental illness were most frequently excluded using vague terminology. Furthermore, there is an enormous lack of such programs for people with SMI. Knowledge about such gaps is crucial in order to avoid inadequate care for vulnerable groups. Excluding people with SMI from the development and subsequent evaluation of such programs may not adequately address their challenges and may lead to additional frustration experienced by this group due to inadequate app recommendations. The results suggest a potential stigmatization.

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EPV0751

Generative Pre-trained Transformer-4 (GPT-4) generated psychological reports in psychodynamic perspective: a pilot study on quality of report, risk of hallucination, and client satisfaction

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Introduction: Recently, there has been growing interest in leveraging large language models (LLMs) in psychiatry and counseling. Specifically, there is a need to develop LLM-based programs that generate psychodynamic assessments, helping individuals gain self-insight and evaluate the quality of such services. However, research in this area remains limited.
Objectives: This pilot study aims to evaluate quality, risk of hallucination, and client satisfaction with psychodynamic psychological reports generated by GPT-4.

Methods: The reports consisted of five components: psychodynamic formulation, psychopathology, parental influence, defense mechanisms, and client strengths. Participants experiencing distress from recurring interpersonal issues were recruited for the study, which followed three stages: 1) GPT-4 generated tailored questions for participants to infer psychodynamic formulations, then used the responses to create psychological reports. 2) Seven psychiatry professors from various university hospitals assessed the reports for quality and hallucination risk, comparing GPT-4-generated reports with expert-inferred reports. 3) Participants evaluated their satisfaction with the psychological reports. All assessments were conducted using self-report questionnaires based on a Likert scale developed for this study.
Results: Ten participants were recruited for the study, with an average age of 32 years. The median response indicated that the quality across all five components of the psychological report aligned closely with expert evaluations. The risk of hallucination was assessed to be minimal, ranging from unlikely to minor. In the satisfaction evaluation, over 90% of participants agreed or strongly agreed that the report was clear, insightful, credible, useful, satisfying, and recommendable.
Conclusions: These findings suggest that artificial intelligence may have the potential to provide expert-level psychodynamic interpretations with minimum face-to-face interaction.

Disclosure of Interest: None Declared

EPV0752

Artificial intelligence in healthcare – Attitudes towards AI among Hungarian healthcare professionals

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Introduction: Artificial intelligence (AI) can potentially enhance healthcare professionals' understanding of certain disorders, facilitating improved diagnosis, treatment, and prevention. Exploring potential psychological factors that can possibly influence healthcare professionals' attitudes towards AI in their work is crucial to assist successful adoption and utilization of these technologies.
Objectives: The possible role of burnout, perceived distress, and factors related to work circumstances on willingness to use AI were explored in this investigation.
Methods: Attitudes towards artificial intelligence, perceived distress and factors related to work were assessed by using an online questionnaire. Participants (86 % women, *Mage* = 46.9 years, SD = 11.3) were healthcare professionals recruited from Hungarian hospitals and healthcare institutions.
Results: Linear regression analysis indicated that most participants (58%) were open to using AI in their work. Significant predictors of use were job satisfaction, work performance, and administrative workload. Higher burnout levels and perceived distress were not associated with attitudes towards AI.
Conclusions: The present findings suggested that work-related environmental factors may have a greater predictive power in explaining the propensity to use AI in healthcare than individual psychological factors. However, the explanatory power of these factors in AI use was modest (7.5%), suggesting that future research should investigate further possible predictors of attitudes towards AI such as social factors.

Disclosure of Interest: None Declared

EPV0753

Development of Virtual Reality Systems for Social Skills Training in Individuals with Autism Spectrum Disorder: A Systematic Literature Review

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Introduction: Autism Spectrum Disorder is a neurodevelopmental condition characterized by deficits in social communication, restricted and repetitive patterns of behavior. In recent years, there has been a growing interest in using virtual reality technologies for social skills training in individuals with ASD. Virtual reality offers the opportunity to create immersive and interactive virtual environments where participants can practice and enhance their social skills in a safe and controlled setting.
Objectives: To analyze the quality of using virtual reality as a treatment method for patients with autism spectrum disorder to improve their social skills.
Methods: Through a descriptive systematic review, studies in Spanish and English from the years 2021 to 2024 were analyzed, selected from the databases PubMed, Scielo, and Lilacs, using the keywords: "Virtual reality"; "Autism spectrum disorder"; "Social skills". Articles that did not address virtual reality as the main training method, were off-topic, or did not present results from this method were excluded.
Results: Children and Social Skills
Programs like FaceMe use gamified environments to teach facial expressions, while tools like GameBook use interactive scenarios and augmented reality to reinforce these skills. VR's ability to track and analyze eye movement patterns offers insights into social behavior. Programs like "Virtual Farm" and VR games such as Zentastic have demonstrated positive effects, with children engaging in various virtual social scenarios. Programs like VRESS use immersive scenarios to teach social skills that provide real-time feedback on behavior can help individuals develop self-awareness and adjust their interactions.
Adults and Social Skills
Adults with autism face challenges in non-verbal communication, understanding social cues, and forming relationships, which can lead to social isolation. VR offers simulations for practicing social interactions, enhancing communication, empathy, and conflict resolution. Programs like VRESS use immersive scenarios to teach social skills, and tools that provide real-time feedback on behavior can help individuals develop self-awareness and adjust their interactions.

Conclusions: The development of virtual reality systems for social skills training in individuals with autism spectrum disorders represents an innovative and promising approach to assisting in the development of these skills in both children and adults with autism. Virtual reality offers a more engaging and effective training experience, allowing users to practice social skills in a controlled environment tailored to their individual needs. Despite the promising results, there are still challenges to be faced, such as methodological issues and the need for awareness and training of health and education professionals.

Disclosure of Interest: None Declared

EPV0754

Nomophobia and mental health: are cell phones taking our sleep away?

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Introduction: The widespread use of mobile devices, particularly among young people, extends beyond entertainment to education and professional purposes. However, excessive smartphone use has led to health issues such as headaches, poor concentration, sleep problems, and anxiety. A condition called nomophobia, or the fear of being without a mobile phone, has emerged, though it's not officially recognized as a psychiatric disorder. In adults, 20% experience mild nomophobia, 50% moderate, and 20% severe symptoms, which can be measured using the Nomophobia Questionnaire (NMP-Q). Smartphone overuse is also linked to psychopathological issues like insomnia and anxiety.
Objectives: The aim of this study is to evaluate the impact of nomophobia in insomnia and anxiety.
Methods: Non-systematic review of the literature regarding nomophobia and anxiety and insomnia. The research was carried out through the PubMed® database, using the terms "nomophobia", "nomophobia and anxiety" and "nomophobia and insomnia".
Results: The included studies highlight that nomophobia is associated with higher anxiety levels in most individuals as well as a substantial correlation between nomophobia symptoms and insomnia.
Conclusions: Nomophobia is increasing due to technological advancements and widespread access. Overuse of mobile phones is linked to psychopathologic symptoms, like anxiety and insomnia. Raising awareness and helping young adults manage their phone use is essential for promoting health and well-being as digital technologies become an integral part of daily life.

Disclosure of Interest: None Declared

EPV0755

Contextual analysis for the implementation of a digital psychosocial intervention to enhance mental health outcomes in North Macedonia

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Introduction: This study represents the first effort in North Macedonia to examine the contextual attributes that may influence the effectiveness and acceptability of a novel digital intervention, DIALOG+, within the mental health care system. The intervention aims to enhance mental health outcomes through a structured approach, but its success depends on understanding the specific characteristics of the local health context.
Objectives: The primary objective of this research is to identify the key contextual attributes within the mental health care system of North Macedonia that are relevant to the successful implementation of DIALOG+. This includes examining factors that could impact both the effectiveness of the intervention and its acceptance by various stakeholders, including patients, clinicians, carers, and policymakers.
Methods: Data for this study were drawn from a variety of sources, including the National Mental Health Strategy 2018-2025, relevant documents from the World Health Organization, and other action plans. In addition, interviews were conducted with key stakeholders —patients, carers, clinicians, and policymakers—to gather perspectives on the anticipated introduction of DIALOG+ and assess the readiness of the mental health centers for its implementation. The data were subsequently mapped to a framework developed by the Ottawa Implementation Group, which outlines 14 key contextual attributes influencing health interventions.
Results: The findings were categorized into two subgroups, identifying both facilitators and barriers to the implementation of DIALOG+ in North Macedonia's mental health system. The intervention's characteristics as a broadly applicable psychosocial tool align well with modern approaches to psychosocial rehabilitation, particularly for individuals diagnosed with psychosis.
Conclusions: DIALOG+ presents a valuable tool for mental health professionals in North Macedonia, offering structured support for monitoring patient progress and achieving institutional objectives. The intervention has the potential to facilitate patients' reintegration into society, enhance their independence, and enable them to reach their full potential in the pursuit of a healthy and functional life.

Disclosure of Interest: None Declared

EPV0756

Evaluating the Clinical Reasoning Capabilities of AI Language Models in Diagnosing and Treating Depression

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Introduction: Artificial intelligence (AI) language models are increasingly accessible tools that offer potential support in mental health care. Despite their promise in revolutionizing mental health care through symptom assessment and treatment suggestions, concerns about their validity, accuracy, ethical considerations, and risk management persist. This study evaluates the clinical reasoning capabilities of two leading AI language models in assessing a clinical case vignette of Major Depressive Disorder (MDD).

Objectives: To evaluate the diagnostic accuracy, risk assessment proficiency, and quality of treatment recommendations provided by ChatGPT and Claude when applied to a standardised clinical vignette of a case of MDD.
Methods: A clinical vignette describing a 50-year-old male patient exhibiting symptoms consistent with MDD was presented to both ChatGPT 4o and Claude 3.5 Sonnet. The patient had significant cardiac disease, leading to unemployment, social withdrawal, and passive suicidal ideation. Both AI models were asked five identical questions regarding: (1) diagnosis, (2) severity assessment, (3) first-line treatment recommendations, (4) optimal antidepressant selection, and (5) suicide risk evaluation. Two psychiatrists independently reviewed the responses for accuracy, comprehensiveness, and alignment with established guidelines and evidence-based treatment for depression with comorbid cardiac disease.
Results: Both AI models correctly diagnosed MDD and accurately recognized the severity of the case due to the presence of suicidal ideation and significant functional impairment. Both offered comprehensive treatment recommendations, including pharmacotherapy and psychotherapy, and specifically suggested Sertraline as the antidepressant of choice due to its favourable cardiac safety profile. Both models assessed the patient as having a moderate to high suicide risk and provided a reasonably thorough analysis of risk and protective factors. However, limitations were noted in their ability to incorporate individualized patient nuances and psychosocial factors fully.
Conclusions: ChatGPT 4o and Claude 3.5 Sonnet demonstrated significant capabilities in clinical reasoning, providing diagnoses and treatment recommendations that align with best clinical practices. Their responses were largely accurate and comprehensive, indicating potential utility as supportive tools for healthcare professionals. AI models may assist non-specialists in preliminary assessment and management but are not substitutes for professional psychiatric evaluation. Caution is advised in relying on AI for clinical decision making, and further refinement is necessary to enhance their ability to integrate patients-centered care and adherence to ethical guidelines, to mitigate risks associated with self-diagnosis and inappropriate treatment.

Disclosure of Interest: None Declared

EPV0757

The wait time study: (Cost-) Effectiveness of a personalized e-health intervention for patients with psychiatric disorders on waiting lists for treatment– a randomized controlled trial

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Introduction: Access to timely mental health care in the Netherlands has become increasingly challenging, with waiting times steadily increasing in recent years. Extended waiting times for treatment in mental health care can be harmful due to increased severity of symptoms, poorer treatment outcomes and a reduced quality of life. There is growing interest in the potential of unguided e-health interventions to provide support during these waiting periods without overburdening healthcare professionals
Objectives: The main objective of this study is to test the clinical effectiveness and cost-effectiveness of a personalized unguided e-health intervention during the waiting list period.
Methods: A Randomized Controlled Trial (RCT) with two trial arms will be conducted: the intervention condition and the treatment as usual waiting list condition. Adult outpatients awaiting an intake at a several specialized mental health care institutions will be included in the study. Both trial arms will include repeated measures during the waiting period. The intervention arm will receive online access to a selection of existing e-health modules. Personalization will be achieved by employing both innovative and traditional methods to identify symptoms that are most influential for each individual participant. A Dynamic Time Warping analysis based on a three-week ecological momentary assessment (EMA) will be used to determine which specific symptoms are most responsible for maintaining the patient's overall complaints (4). This analysis will be used to provide tailored recommendations of e-health modules. The study's outcomes will focus on symptom severity, cost-effectiveness, quality of life, digital phenotyping and patient satisfaction during the waiting period.
Results: At this stage, no results are available yet as the study is still being conducted.
Conclusions: No conclusions can be drawn as the study is still being conducted.

Disclosure of Interest: None Declared

EPV0758

A Preliminary Exploratory Clinical Trial of the Efficacy of Digital Therapeutics for ADHD children in Korea

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Introduction: Recently, CBT-based digital therapy has been developed and used for the treatment of various psychiatric disorders, including insomnia, depression, anxiety and panic disorders, and alcohol/drug addiction. In the United States, the first game-based digital therapy for ADHD has also received FDA approval and is being used for the treatment of children and adolescents with ADHD.
Objectives: We conducted a randomized controlled study to examine the effectiveness of a digital therapeutic (model named 'ADAM-101') for children with ADHD in Korea, which was developed by Dragonfly GF Co., Ltd."
Methods: Participants are 18 children with ADHD, aged 7 to 13 years, who are visiting the Department of Child and Adolescent Psychiatry at Seoul National University Children's Hospital in Seoul, Korea. ADHD children with an IQ of 70 or above, who are currently taking stimulants and do not have other pediatric psychiatric disorders such as depression, anxiety disorders, tic disorders, ASD, were included in the study. They were randomly assigned to either the combined treatment group (medication + digital therapy, n = 9) or the medication-only group (n = 9). The digital therapy program was conducted using a tablet PC for 25 minutes a day, 5 days a week, for 4 weeks. Before starting the study, permission was obtained from the Institutional Review Board of Seoul National University Hospital. As

a primary outcome measure, the Korean version of the Continuous Performance Test (KAT) was administered individually to the ADHD children by child clinical psychologists to assess inattention, impulsivity, and processing speed, after obtaining written agreement to participate in the study. Additionally, the Korean version f the ADHD Rating Scale-5 (K-ARS-5) was administered to the parents of the ADHD children.
Results: We have not yet completed the study. Currently, out of the 18 ADHD children, 8 have completed the training and both pre- and post-assessments. All training and evaluations are expected to be completed by early October, and an analysis to verify the effectiveness of the digital therapeutic will be conducted in mid-October. Since this was not a double-blind study, we observed that, based on some children's CPT and K-ARS-5 results, children in the combined treatment group tended to show a reduction in omission and commission errors on the CPT compared to those in the medication-only group. Additionally, there was a trend towards a reduction in inattention and hyperactivity-impulsivity scores on the K-ARS-5 in the combined treatment group.
Conclusions: Despite being conducted with a small sample, these results suggest the potential efficacy of the digital therapeutic (model named 'ADAM-101') for Korean ADHD children, indicating its potential clinical usefulness as an adjunctive treatment tool for ADHD children

Disclosure of Interest: None Declared

EPV0759

Effectiveness of a guided e-health sleep and biological clock intervention in university students (i-Sleep & BioClock) – results of a randomized controlled trial

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Introduction: Sleep problems are very prevalent among university students, affecting their mood, energy levels, daily functioning, and quality of life. Irregular sleep-wake patterns contribute to the disruption of their circadian rhythms. Cognitive behavioural therapy for insomnia (CBT-I) has been proven effective in adults, but research in university students is still limited.
Objectives: The aim of this study is to investigate the effectiveness of a guided digital self-help intervention targeting sleep and the biological clock in university students to improve sleep and mental health outcomes.
Methods: We conducted a two-arm randomized controlled trial in nine Dutch Universities. We included 196 university students (Bachelor, Master, and PhD) with self-reported insomnia symptoms (Insomnia Severity Index ≥ 10) and randomly assigned them (1:1) to receive the 5-week 'i-Sleep & BioClock' intervention or online psychoeducation. The intervention is based on CBT-I with specific emphasis on the biological clock. It consists of 5 weekly online modules and is guided by online coaches. The primary outcome is insomnia severity. Secondary outcomes are depression, anxiety, daily functioning, academic performance, quality of life, and sleep & light exposure diary outcomes. Outcomes were measured at baseline, mid-treatment (3 weeks), post-treatment (6 weeks after baseline), and at 18 weeks follow-up. Data will be analyzed with intention-to-treat analysis using linear mixed models. The study is registered at ClinicalTrials.gov (NCT06023693).
Results: Recruitment started on Nov 1st, 2023 and ended on Sept 5th, 2024. Data collection is currently ongoing and will be finalized in January 2025. We hypothesize that the guided digital self-help intervention will reduce insomnia severity and improve mental health outcomes in students (results will be presented).
Conclusions: Findings from this randomized controlled trial will contribute to the growing body of knowledge on digital sleep interventions and their potential impact on mental health. If the intervention proves effective, we aim to disseminate the intervention widely in higher education to benefit a broader student population.

Disclosure of Interest: None Declared

EPV0761

Studying the Impact of Online Mental Health Therapy: Platform Usage Patterns and Effectiveness of Chat-Based Therapy for Anxiety

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Introduction: The treatment landscape for mental health has transformed significantly with the emergence of digital platforms, which offer a promising public health solution by expanding access to mental health services. Despite their potential, further research is needed to evaluate both the usability and clinical effectiveness of these online interventions.
Objectives: To investigate the usage patterns of an online mental health app and the effectiveness of chat-based emotional support (ES) in reducing psychological distress and achieving therapeutic goals.
Methods: The analysis included data from 3,751 users of *ifeel* app onboarded in 2023, 58% of whom were female and 42% male. Two main modalities were studied: chat-based therapy,(N= 3,170) and video therapy,(N=1,942), with some overlap as users could engage in both modalities. Key metrics for analysis included session frequency, session timing, session duration, and user demographics. The study also explored chat-based ES therapy by evaluating 113 individuals at two points in time: after one week of therapy, and after three weeks. Psychological distress levels were measured using the Kessler Psychological Distress Scale (K6), and goal attainment was measured through self-reports over the two time points.
Results: Usage data showed a strong preference for chat-based therapy, with 85% of users engaging in chat therapy compared to 52% who used video therapy. Younger users, particularly those aged 25-34, were the most active in engaging with chat-based therapy. On average, chat therapy users send between 14 to 17 messages per month, whereas video therapy users take 2 sessions per month. These results underscore the higher frequency of engagement in chat therapy, particularly among younger demographics. In terms of clinical effectiveness, psychological distress was reduced significantly at both one week and three weeks of therapy. After one week of treatment, participants showed a significant reduction in distress symptoms *($F(1) = 5.10$, $p = .03$*)* this was evident also after three

weeks *(F(1) = 24.25, p = .000***).* Goal attainment showed substantial progress over time, with significant improvements in both groups *(F(1) = 5.03, p = .03*; F(1) = 31.61, p = .000*),* indicating that users were making meaningful strides toward their therapeutic goals.

Conclusions: This study underscores the usage pattern and clear preference for chat-based therapy, particularly among younger users. Chat-based emotional support therapy was found effective in reducing psychological distress, suggesting that online platforms, especially those offering chat-based therapy, are both accessible and clinically effective. Further research should focus on refining these services to maximize clinical outcomes, adapt to diverse user demographics, and ensure long-term engagement.

Disclosure of Interest: None Declared

EPV0764

Development of app-based neuropsychological tasks for screening people at mental health high risk

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Introduction: Depressive and anxiety disorders have a high prevalence and pose a significant socioeconomic burden. To reduce this, the importance of early intervention through the screening of high-risk groups has been highlighted by many researchers and clinicians. However, due to the heterogeneity of symptoms and comorbidity with other mental disorders, it is challenging to identify high-risk groups of depression and anxiety disorders early on. To address this issue, we developed App-based neuropsychological tasks for screening high-risk groups and classifying subtypes of depression and anxiety disorders through services in the metaverse.

Objectives: As a preliminary step, we have developed four app-based neuropsychological tasks for the early screening and subtype classification of individuals at high risk for depression and anxiety disorders, and examined the reliability and validity of the tasks.

Methods: Subjects were 30 adults with mean age of 32.93(male=8, female=22). After obtaining written agreement to participate the study, smartphones with the app-based neuropsychological tasks were provided to them, and then smartphone app tasks as well as digitized self-report scales related to depression and anxiety were performed. To analyze the reliability of the tasks, Cronbach's alpha was calculated. And correlation analyses were conducted between the scores of each task (ex; number of correct response, reaction time, number of skipping the task level) and the scores of the self-questionnaires to verify validity of the tasks. The overview of the tasks developed in this study is as follows: The catching raccoon task investigates the tendency to abandon performance in complex working memory task situations. The soccer task measures vitality and planning abilities. The risk-taking decision-making task examines the tendency to take risks. In the verbal memory task with mood induction, we investigate whether attention bias towards negative emotions, such as depression, affect the memory functions after inducing negative emotions through audiovisual stimuli.

Results: The range of Cronbach's alpha values for the task was between .71 and .92, showing that the tasks are reliable. Additionally, three out of the four tasks showed statistically significant correlations with the scores of depression or anxiety measured by self-report rating scales, confirming the validity of the tasks.

Conclusions: Despite being conducted with a normal population, these results verified the reliability and validity of the tasks, suggesting the potential usefulness of the tasks for early intervention through the screening of high-risk groups with depression and anxiety disorders.

Disclosure of Interest: None Declared

EPV0766

A 12-week app-based multidomain intervention ameliorates cognitive performance in patients with mild cognitive impairment: preliminary results of the MEMODIO_APP@CARE RCT

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Introduction: The *Lancet Commission on dementia prevention, intervention and care* and the *WHO Guidelines on risk reduction of cognitive decline and dementia* provide evidence-based recommendations on lifestyle behaviours and interventions to delay or prevent cognitive decline and dementia. Due to demographic change and because new developments in pharmacotherapy are not suitable for all patients, there is a great need for non-pharmacological interventions. The MEMODIO app was developed to provide a multidomain therapy for users with Mild Cognitive Impairment (MCI) and dementia. A screenshot of the app is shown in Image 1.

Objectives: The aim of this study was the exploratory evaluation of whether an app-based therapy can improve cognitive function in patients with MCI and mild dementia. For the interim analysis as of October 2024, the results of the MCI study arm are reported (n=42).

Methods: One hundred forty patients with confirmed diagnosis of MCI [Montreal Cognitive Assessment (MoCA) score 21-25] or Mild Dementia (MoCA score 14-20) were randomized to an intervention (IG) or standard of care (SoC) group. IG patients received SoC plus the MEMODIO app, providing cognitive and physical exercises, as well as psychoeducation on a brain-healthy diet and risk factors for cognitive decline, for 12 weeks. MoCA, Amsterdam Instrumental Activity of Daily Living Questionnaire - Short version (A-IADL-Q-SV) Dementia-Related Quality of Life (DEMQOL) as well as Physical Activity Questionnaire (PAQ 50+) were collected at baseline and study end.

Results: In the MCI group, the mean age was 71 years, 20 out of 42 patients were female. Preliminary outcomes are shown in Images 2 and 3.

The preliminary analysis on MCI patients (mean age: 71 y ±9,49 SD, 48% were female) showed statistically significant improvements in MoCA in the IG (-0.84±3.5 SoC vs. 1.96±2.7 IG, p=0.006). Quality of life, physical activity and activities of daily living at the time point of the interim evaluation were not significantly different from baseline, but the activity level measured by PAQ showed a non-significant improvement in the SoC group.

Image:



Image 2:

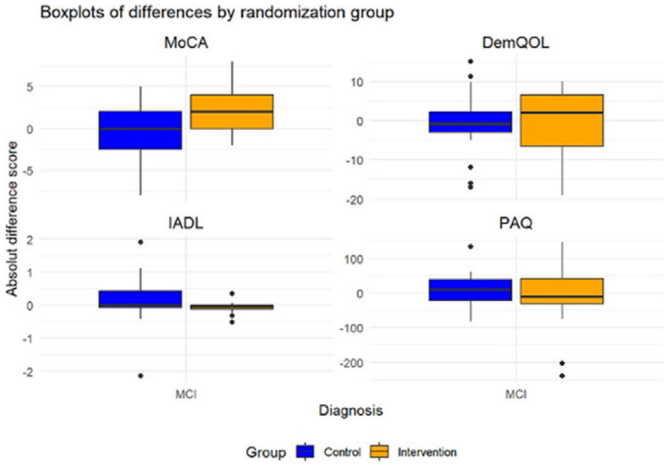


Image 3:

Outcome MCI (n=42)	Mean of differences t0 to t1 control group (SD)	Mean of differences t0 to t1 intervention group (SD)	p-Value
Cognitive function (MoCA)	-0.836 (3.46)	1.957 (2.74)	0.006
QoL (DEMQOL)	-0.609 (7.72)	-0.565 (8.67)	0.986
Daily abilities (A-IADL-Q-SV)	0.092 (0.74)	-0.071 (0.18)	0.339
Activity level (PAQ 50+)	9.368 (48.7)	-8.757 (92.3)	0.453

Conclusions: In this RCT, a significant improvement in cognition was shown in MCI-patients using the MEMODIO app compared to those receiving SoC alone. Further analyses are ongoing.

Disclosure of Interest: G. Nelles Grant / Research support from: PI of MEMODIO@APP_CARE, T. Steinmann Employee of: memodio GmbH, D. Stein Shareolder of: memodio GmbH, V. Weil Employee of: memodio GmbH, A. Bicu: None Declared, C. Polidori: None Declared

EPV0767

Cognitive Adaptation Training for healthcare professionals & relatives: The development of a web-application through User Centered Design

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Introduction: Cognitive impairments often hinder daily functioning in people with severe mental illness (SMI). Cognitive Adaptation Training (CAT) is an effective psychosocial intervention that reduces this impact. However, barriers such as the two-day training and lack of neuropsychological expertise in some professionals hinder CAT implementation.
Objectives: To make CAT more accessible to healthcare professionals and relatives of people with SMI by developing a web application (House-CAT) that guides users through the intervention.
Methods: For the development, User Centered Design (UCD) is used: a design process where close cooperation with future users (healthcare professionals, relatives, service users) is important to make sure that their needs are met. Although UCD is circular and iterative, three phases can be distinguished: analysis, design, and evaluation. In the analysis phase, users' needs are identified and translated into design criteria. A testable prototype of House-CAT is created (design phase), followed by implementation and evaluation on efficiency, acceptability, and user-friendliness (evaluation phase).
Results: Three focus groups were conducted in the analysis phase: CAT-experienced professionals (n=5); professionals unfamiliar with CAT (n=4); and relatives (n=5). Further, individual meetings with family members (n=8), and professionals (n=6) were conducted. Design criteria included the app's ability to (1) support with setting up individual goals; (2) find personalized strategies or tools; (3) improve communication between professionals; (4) encourage cooperation between professionals, relatives, and service users; (5) be available in hybrid form; (6) use simple language. The design- and evaluation phase are currently in process: the web app and results from the evaluation phase will be presented at the conference.
Conclusions: House-CAT should support users in creating individual goals and personalized strategies, stimulate contact between professionals, relatives and service users, and be simple to use.

Disclosure of Interest: None Declared

EPV0768

Implementation of a Remote Primary Care and Psychiatry Model for Early Detection and Treatment of Depressive Symptoms in Adolescents

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Introduction: Psychopathology in adolescents is influenced by genetic factors, hormonal changes, individual vulnerabilities, and coping skills. Telepsychiatry has proven effective in improving access to mental health services.
Objectives: To implement a Remote Primary Care and Psychiatry Model (MAP/PSI) to facilitate early diagnosis and timely treatment of depressive symptoms in youths from the Municipality of Ciudad Fernández, San Luis Potosí, Mexico, using an implementation science approach
Methods: A prospective study was conducted with 38 patients evaluated in child psychiatry, using the PHQ-9 (Patient Health Questionnaire) and GAD-7 (Generalized Anxiety Disorder) scales. Non-parametric statistical tests were applied
Results: The sample included patients aged 15 to 25. Diagnoses included 8 (20%) with generalized anxiety, 8 (20%) with mild depression, 15 (35%) with moderate depression, and 9 (25%) with severe depression, who were referred to the general hospital due to suicidal ideation. 60% of patients were female and 40% male. The mean age was 20 years ±3, with mean scores on the PHQ-9 of 16 ±7 and on the GAD-7 of 13 ±6, reduced in the final consultation to 8 ±6 and 7 ±6, respectively. Increased symptom frequency was observed in females ($p < 0.044$) and older age correlated with higher initial PHQ-9 scores ($p < 0.034$), with no correlation to generalized anxiety ($p < 0.021$). No relationship was found between the duration of symptoms and improvement
Conclusions: The MAP-PSI model facilitated early detection and treatment of depressive and anxiety symptoms in youths, preventing progression to severe depression and its complications.

Disclosure of Interest: None Declared

EPV0769

Ecological Momentary Assessments: A Real-World Solution for Understanding Functional Challenges

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Introduction: Major Depressive Disorder (MDD) is the leading cause of disability worldwide, affecting individuals' functioning in various life areas. Prolonged residual functional impairment is one of the risk factors for recurrence. Moreover, symptoms severity and accompanying functional disabilities negatively impact quality of life (QoL) and personal well-being, affecting the recovery process of

people with MDD and their reintegration into daily life. Therefore, restoring functional abilities is no less important than reducing symptoms.

Objectives: Recent changes in mental health policy have led to an expansion of client-oriented community-based services, focusing on preventing health problems and promoting QoL and well-being. A significant change can also be seen in depression evaluation and treatment, moving from traditional face-to-face therapy to hybrid care settings that incorporate remote or home-based treatments and assessments of everyday life.

While traditional assessments of symptoms and behavior often rely on questionnaires and interviews, they frequently miss the dynamic changes in daily functioning experienced by people with MDD. Clinicians primarily rely on patients' retrospective reports regarding mood, affective state, thoughts, and behavior. However, understanding and gaining insight into day-to-day experiences requires addressing dynamic processes and changes that occur over time, rather than in a single time point. Hence, **ecological momentary assessment** (EMA) is a powerful and effective technique for assessing moment-to-moment function patterns in daily life.

Methods: Advancements in technology have enabled the use of computer-assisted methodology and real-time monitoring EMAs. The methodological advantages, including the circumvention of retrospective bias and increased longitudinal and ecological validity, have facilitated the widespread use of EMA in mood disorder clinical practice. Nevertheless, addressing everyday functioning using EMA remains limited in clinical research and practice.

Results: Utilizing EMA can enhance our understanding of human experience, leading to human-centered research, design practice, and mental health care. It has the potential to reveal real everyday functioning and reflect the activities and contexts chosen and experienced by people with MDD. Addressing each patient's unique functional profile can facilitate personalized interventions, supporting the recovery process and improving QoL.

Conclusions: This presentation will review the benefits of EMA in the field of mood traits, and especially EMA monitoring for daily function. Additionally, it will present recent studies using EMA and discuss advancements and clinical applications.

Disclosure of Interest: None Declared

EPV0771

Digital Health in Psychiatric Aftercare – Evaluation of the App Flowzone for Bridging Waiting Times in Treatment of Depression

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Introduction: Since the risk of relapse is particularly high after completion of acute treatment of depression until remission, the guidelines recommend maintenance therapy or continuation over several months and subsequent relapse prevention. In contrast, average waiting time for further outpatient treatment after a part-time inpatient stay is 19.9 weeks in Germany. Digital health technologies can help to support patients at the vulnerable interface when changing health care sectors from part-time inpatient treatment to further outpatient treatment and contribute to a successful change of health care sectors.

Objectives: Flowzone is a digital communication platform in which therapists and patients can stay in contact after completion of part-time inpatient treatment. Individualized therapy content can be shared with patients in weekly plans and communication can be maintained via the chat function. The aim of the current study is to investigate whether Flowzone enables continuity despite long waiting times when health care sectors changes from part-time inpatient to outpatient care.

Methods: In a longitudinal intervention study depressive symptoms (BDI-II) and quality of life (WHOqoL-Bref) will be assed at the end of part-time inpatient treatment (t1) and 8 weeks after end of treatment (t2). Participants diagnosed with depression will be recruited in a day clinic with treatment focus of men of a psychiatric psychotherapeutic specialist hospital in Lower Saxony (Germany). Participants of control group (CG, $n = 11$) will take part in the local 8 week aftercare groups of the psychiatric hospital. Participants of intervention group (IG, $n = 21$) will take part in the digital aftercare with Flowzone. Furthermore subjective benefit, of IG will be measured. In addition, the subjective benefit and user experiences of IG will be measured.

Results: Mean BDI scores of IG are t1 = 14 vs. t2 = 15 and of CG t1 = 9. Mean values of IG for WHOqoL-Bref domains are general quality of life t1= 77/ t2 = 73; physical health t1= 71/ t2 = 68; psychological health t1 = 59/ t2 = 55; social relationships t1 = 65/ t2 = 57; environment t1 = 77/ t2= 71. Further inferential statistical analysis and group comparisons will be reported when date are available.

Conclusions: Results might suggest that depressive symptoms and quality of life could be stabilized with the use of Flowzone 8 weeks after part-time inpatient treatment. Further data collection will allow statistical comparisons to CG. Inclusion of the CG with standard follow-up in an outpatient setting is needed. Flowzone could help to bridge the gap in treatment when patients switch health care sectors and experience a gap between part-time inpatient care and further outpatient care.

Disclosure of Interest: None Declared

Emergency Psychiatry

EPV0773

Do patients with Autism Spectrum Disorder receive more sedatives in the Emergency Department? A case matched cohort study

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Introduction: Adult patients with Autism Spectrum Disorder (ASD) exhibit a range of behaviours that can be disruptive to the medical care of themselves and other patients and as a result, are at higher risk of being sedated.Symptom severity is heterogenous. Some patients are completely non-verbal, some require assistance with basic activities of daily living, and others function independently with only mild difficulties . Roughly two thirds of patients with ASD have a comorbid psychiatric diagnosis, with the most frequent comorbidities

being ADHD, anxiety and depressive disorders or intellectual disability. These comorbidities complicate the management of these patients, and may further increase their agitation and distress.
Objectives: The present study aims to determine whether adult patients with ASD who present with acute psychiatric illnesses receive more sedatives in the emergency department.
Methods: 43 adult patients with a previous diagnosis of ASD who were referred to the mental health team at a single, large emergency department in metropolitan Victoria over the year of 2021 were identified and matched with an equal number of controls within the same cohort. Sedative medications were converted to diazepam and chlorpromazine equivalent doses.
Results: There were 41.9% female participants among cases and controls. The mean age of patients with ASD was 26.7 (SD = 7.9), which was similar to the mean age of controls of 27.4 (SD = 7.6). The mean hospital length of stay was 13.4 hours (SD 8.6) among cases and 14.0 (SD 7.0) among controls.A higher proportion of patients with ASD received benzodiazepines at 60.5% compared to 46.5% among controls, with a difference that was not statistically significant. A lower proportion of 30.2% of patients with ASD received antipsychotics compared to 44.1% among controls, with a difference that was not statistically significant.
Conclusions: This study shows evidence that patients with ASD are more heavily sedated in the emergency department compared to patients who present similarly but do not have a prior diagnosis of ASD. While the observed increased dose of benzodiazepines was modest, it does represent a potentially increased degree of harm to patients with ASD. We strongly recommends that every attempt should always be made to reduce the use of sedative medications in favour of other techniques for behavioural management. These include verbal de-escalation, reducing sensory stimuli, one-to-one nursing, prompt security presence and the involvement of family or friends. Since patients with ASD are at a higher risk of receiving sedatives, efforts should be made to recognise their patterns of behaviour and difficulty, to understand them and formulate constructive and safe ways to manage their behaviour.

Disclosure of Interest: None Declared

EPV0774

Patterns in Psychiatric Emergency Care: a Three-Month Statistical Approach

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Introduction: Psychiatric emergencies represent a significant challenge for healthcare systems due to their impact on patients, families and also healthcare professionals. These emergencies often arise in crisis situations, requiring immediate and appropriate intervention. Effective management not only involves stabilizing the patient but attending to psychosocial factors and continuity of treatment. In recent years, there has been an increase in the demand for psychiatric emergency services attributed to various factors; this underscores the need to analyze the patterns of these emergencies in order to optimize available resources and improve patient care.
Objectives:
The present study provides information regarding demographic and clinical characteristics of the patients treated. The main goal is to identify trends, risk factors, and opportunities for improving critical situations management as well as and the effectiveness of procedures implemented in primary and specialized care.
Methods: Currently there is no standardized method for collecting data on urgent psychiatric care, thus depending on the specific methodology of each center. In our hospital, a written request from the General Emergency department (where patients are initially received and attended) is mandatory; without it, patients are not assessed. Therefore, there is a reliable computerized record of daily attendances, data that has been collected retrospectively on a weekly basis until the study period is completed (June, July, and August 2024).
The following items have been studied: time of request, age, sex, patient origin, reason for the request, prior follow-up, management in emergencies, and discharge referral. Telephone calls for specific consultations have not been included in the record or considered psychiatric care as such.
Results: There is a wealth of cross-referenced data that can be obtained form the collected information. In our opinion, the most interesting ones are those regarding referral reasons and discharging plans according to sex as well as age groups.

Image 1:

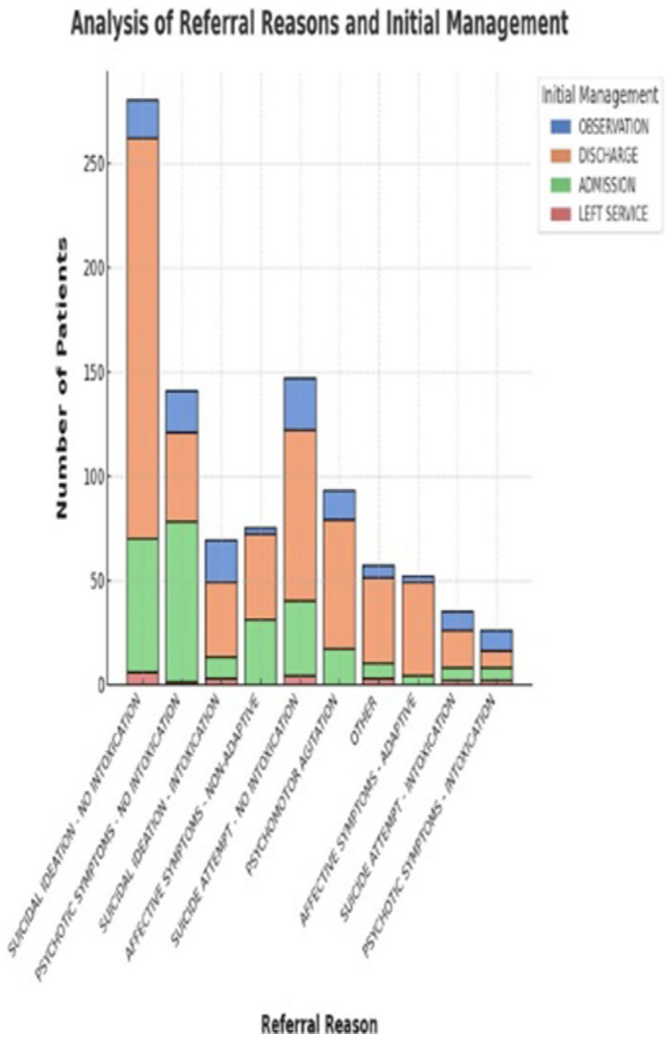


Image 2:

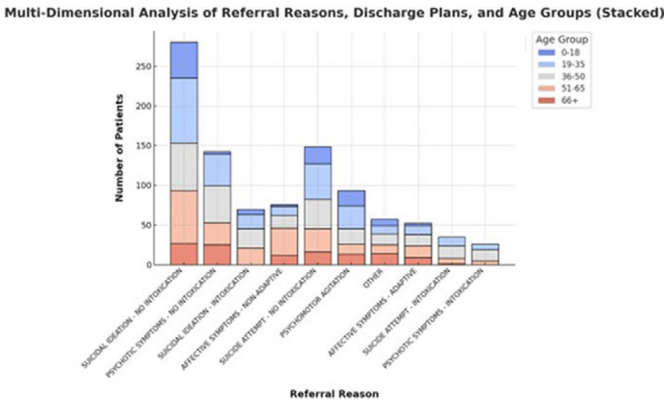
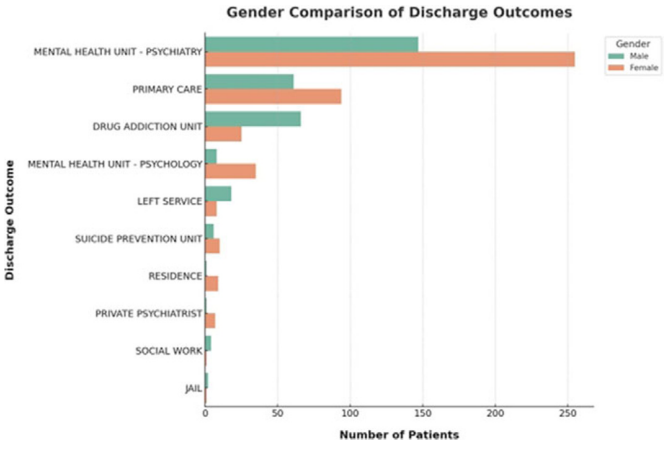


Image 3:



Conclusions: The main conclusions are:

(1) More than 55% of patients present voluntarily, which could be interpreted as a positive indicator of mental health awareness, although it may also indicate a lack of prior support to prevent these crises.
(2) Of the patients assessed, 64.3% are discharged and 22.1% are admitted, with a low rate of service abandonment (1.8%). 64.3% of the total number had prior follow-up, suggesting effective ongoing care.
(3) More than 56% of the attendances received are women. It is essential to investigate whether this gender difference is due to a greater predisposition to seek help or differences in the incidence of psychiatric disorders.
(4) Regarding the reason of consultation, there is a high prevalence of suicidal ideation without prior intoxication (22.1%), reflecting the importance of preventive strategies in mental health and early crisis intervention.

Disclosure of Interest: None Declared

EPV0775

Midazolam as a Sedative in Agitated or Aggressive Patients Before Psychiatric Admission

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doi: 10.1192/j.eurpsy.2025.1452

Introduction: Managing agitated or aggressive patients prior to psychiatric admission is a critical challenge in clinical practice. When verbal de-escalation fails, effective pharmacological interventions, including benzodiazepines and neuroleptics, are necessary, either orally or via injectable forms. In some cases, physical restraint is inevitable, which is challenging and distressing for both patients and staff members Midazolam, a short-acting benzodiazepine, is well-known for its rapid sedative effects and potential to minimize the need for physical restraint in such patients.
Objectives: To evaluate the efficacy of oral midazolam in providing rapid sedation in agitated patients, facilitating their pre-admission management to psychiatric units.
Methods: A review of clinical practices and relevant studies was conducted to assess the use of midazolam for sedation in patients displaying aggression or agitation prior their admission to a psychiatric unit. The evaluation focused on the drug's pharmacological profile, including its onset of action, duration, and impact on patient care and staff workflow.
Results: Oral midazolam, due to its rapid onset and short duration of action, effectively provides sedation in acutely agitated patients. Its use significantly reduces the need for physical restraints or other invasive interventions, improving patient comfort and making the admission process smoother for the healthcare staff.
Conclusions: Midazolam presents a promising pharmacological option for pre-admission sedation of agitated or aggressive patients in psychiatric settings. Its rapid sedative effect, combined with its short duration, enhances patient management and minimizes the need for physical restraints, ultimately helping both patients and staff. Further research is needed to standardize its use in psychiatric emergencies.
Keywords: Midazolam, sedation, agitation, psychiatric admission, aggression, pre-admission management.

Disclosure of Interest: None Declared

EPV0776

Frequent Attenders in a Psychiatric Emergency Department: A Descriptive Analysis

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Introduction: Frequent attenders (FAs) are defined as patients who repeatedly visit emergency services, commonly characterized as those making ≥4 visits to the emergency department within a year (Pek et al. Ann Acad Med Singap 2022; 51:483-492). Their

identification is considered a potentially preventable misuse of resources (Pines et al. Acad Emerg Med 2011; 18).
Objectives: To identify and describe the frequent attenders of the Psychiatric Emergency Department at Hospital Universitario Infanta Cristina.
Methods: A descriptive analysis was carried out on all patients who made ≥4 visits to the emergency department at the hospital during 2023.
Results: We identified 28 frequent attenders (FAs) in our emergency department, 16 women and 11 men, who made a total of 162 visits to the emergency service. Of these, 23 patients were aged between 18 and 65 years, with a mean age of 32.87 years. The most common diagnosis was Personality Disorders, observed in 17 patients, followed by Depression in 16 patients. However, the patients with the highest number of visits on average were those diagnosed with Psychosis, recording an average of 8.30 visits per year, followed by those diagnosed with Personality Disorders, with an average of 7.76 visits per year. No patients with Bipolar Disorder were identified among the described FAs.
When analyzing temporal trends, the months with the highest number of visits from FAs were July, August, and September, with 22, 18, and 19 visits respectively. This pattern is mirrored among patients diagnosed with Psychosis, who made 30 visits during these months. In contrast, patients with Personality Disorders made 28 visits in these months, compared to 24 visits in April and 30 visits in January and February.
An additional noteworthy finding is that, out of the 162 visits made by FAs, only 20 resulted in hospital admission—14 women and 6 men. More than half of these admissions involved patients with neurotic spectrum disorders, specifically 7 cases of Personality Disorders and 6 cases of Depression
Finally, it is worth noting that of the 162 visits made by FAs, 47 were due to suicidal ideation or attempts, with 29 of these cases involving women.
Conclusions: The analysis of these patients suggests that individuals with severe mental disorders may be more affected during summer months, often requiring urgent evaluations, while those with neurotic spectrum disorders seem to be more influenced by seasonality, with a higher likelihood of requiring hospitalization. Additionally, there is a significant gender bias, with women tending to visit the emergency department more frequently, presenting with more severe conditions, and having a higher rate of hospital admissions. Accurate characterization of these patients can facilitate the prevention of potential decompensations by enhancing monitoring strategies based on the data presented.

Disclosure of Interest: None Declared

EPV0777

Summary and review of data on psychiatric emergency care in 2023 in a hospital in the Community of Madrid

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Introduction: The term '*psychiatric emergency*' refers to any situation in which certain psychopathological symptoms or behavioural disorders are perceived as disturbing, worrying or threatening by the patient, their family/social environment or other health/social actors, thus motivating the request for urgent care.
Objectives: The aim of this poster is to analyse the data on psychiatric emergency care in 2023 at the Infanta Cristina University Hospital in Parla.
Methods: The computer record of all psychiatric care carried out in the hospital's Emergency Department during 2023 has been reviewed.
Results: During 2023, a total of 1231 psychiatric emergencies were registered, of which 136 (11.05%) belonged to the child and adolescent population and 1095 (88.05%) to the adult population (i.e., over 18 years of age).
Of the 136 attendances in the child and adolescent population, 93 (68.38%) were of people identified as female and 43 (31.62%) as male.
Of the 1095 attendances in the adult population, 641 (58.54%) were of people identified as female and 444 (40.55%) as male.
In both the child and adolescent population and the adult population, the most frequent reason for consultation was "anxiety" (25% and 32.05%, respectively). However, it should be noted that, in both populations, two of the most frequent reasons for consultation were "autolytic ideation" (19.12% and 16.25%, respectively) and "autolytic attempt" (19.85% and 12.05%, respectively).
Conclusions: Women went to the psychiatric emergency department more frequently.
The percentage of children and adolescents who attended the psychiatric emergency department was high.
Although the most frequent reason for consultation was "anxiety", it is important to be able to reflect on the high figures of "autolytic ideation" and "autolytic attempt".

Disclosure of Interest: None Declared

EPV0778

Multiculturalism, Integration, and Mental Well-being in the Context of Emergency Departments: a Comparative Analysis Across Three Hospitals in Northern Italy

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Introduction: A migrant is any person who moves or has moved across an international border regardless of the legal status of the person, whether the movement is voluntary or not, the reasons for the movement or the length of stay. In recent decades, migratory flows have increased significantly also in Italy. The migration process has highlighted the need to explore the potential challenges within the local multicultural context, as well as the difficulties that migrant patients with mental health issues may face. The assistance, diagnosis, and treatment of patients of foreign origin have become essential aspects of the pursuit of overall well-being within the community.

According to the literature, migration can represent a stress factor that leads to an increased risk of developing psychiatric symptoms or disorders. It should be emphasized that, although the organization of mental health services in Italy is strongly based on territorial outpatient services, the first contact of migrants with psychiatry occurs through the emergency room and the psychiatric wards of hospitals that usually admit patients with disorders in the acute phase.
It becomes necessary to learn more about this topic, given the limited or insufficient national and international studies on these issues.
Objectives: This study aims to investigate and describe the characteristics of migrants admitted to three Emergency and Acceptance Departments (DEA) in Northern Italy: Novara, Alessandria, and Borgomanero in comparison with natives, to investigate any differences between the two populations regarding the variables described above.
Methods: Through an electronic data acquisition research software solution (REDCap), the clinical and socio-demographic characteristics of migrants hospitalized at the three DEA will be collected. The data of migrants who received psychiatric consultation (PC) from January 2020 to December 2024 will be compared with those of natives. Data will include socio-demographic and clinical aspects, with a specific focus on mental health disorders (such as suicidal behaviours), type of intervention and outcome of the consultation. The only inclusion criterion used was the presence of PC after triage while no exclusion criteria were used except for age under 16.
Results: Ongoing analyzes will provide an in-depth description of the correlation between migrant status and the mental well-being of patients accessing the DEA who have received a PC. Particularly, the analyzes will allow us to outline the risk factors for psychiatric diagnosis and the choice of treatment strategies.
Conclusions: The data could suggest the need for prevention and intervention programs aimed at the migrant population, oriented towards cultural differences in the expression of discomfort, linguistic difficulties and/or mutual understanding between healthcare personnel and patients.

Disclosure of Interest: None Declared

EPV0781

Neuropsychiatric symptoms in epileptic seizures. A case report

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Introduction: Epilepsy is the most common chronic neurological disease in the general population. The role of the psychiatrist in this pathology is to consider the epileptic diagnosis within the diagnostic possibilities, its psychosocial consequences and the psychological and cognitive effects of common antiepileptics. It has been reported that 30% to 50% of all individuals with epilepsy present, at some point in their lives, psychiatric difficulties.An epileptic seizure is a transient paroxysmal pathophysiological alteration of brain function caused by spontaneous excessive neuronal discharge. Symptoms will depend fundamentally on the cerebral origin of the seizure and the spread of activity in the brain. Finally, to better understand the clinical case that will be presented, it is important to differentiate between partial epileptic seizures, which involve epileptiform activity in localized brain regions, and generalized seizures, which affect the entire brain.
Objectives: The main objective of this work is to review the current scientific evidence on psychiatric symptons in epilepsy.
Methods: The case of a 75-year-old man with a neurological history and abrupt appearance of atypical psychiatric symptoms is presented. A detailed search was performed on UpToDate with the search terms “Epilepsy” and “psychiatric pathology.”
Results: This is a 75-year-old man with an organic history of repeated cerebral strokes and vascular epilepsy who attended the Emergency Department due to the onset of autolytic ideation abruptly and without a biographical trigger. After the express request by psychiatry for a neurological study, an EEG was performed, where epileptiform activity was observed in the frontal lobe and a diagnosis of right frontal focal status epilepticus secondary to a chronic cerebrovascular lesion was diagnosed. Preictal events in complex partial epilepsy include autonomic sensations (gastric repletion, flushing and changes in breathing), cognitive sensations (déjà vu, jamais vu, forced thoughts), affective states (fear, panic, depression, euphoria) and automatisms.
Conclusions: Status epilepticus constitutes one of the main neurological emergencies. Convulsive status epilepticus is a life-threatening situation that requires immediate pharmacological treatment and life support measures, as well as recognition and treatment of a possible triggering cause. It is a prolonged epileptic seizure or one that repeats itself in time intervals that are short enough so that the patient does not regain consciousness between episodes. Among the possible symptoms in epilepsy with a focus on the frontal lobe, atypical behavioral alterations are included that can go unnoticed and be referred to psychiatry.
In conclusion, this case shows the need for organic screening in those patients with atypical symptoms that do not fit into the major neuropsychiatric syndromes.

Disclosure of Interest: None Declared

EPV0782

Evaluation of suicidal risk and severity in psychiatric emergency departments of different hospitals of the Autonomous Community of Madrid

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Introduction: Suicide is a public health problem whose impact is increasing every year, causing more than 700,000 deaths per year globally (WHO). This includes Spain, where there is an upward trend with differences according to sociodemographic areas. The use of an appropriate suicide risk assessment scale could be a fundamental tool in psychiatric emergencies.
Objectives: The main objective: to analyze the differences in suicidal risk in different geographical areas of the CAM, using the C-SSRS in psychiatric emergencies for which patients from a capital area of Madrid (HUFJD) were compared with a peripheral area (HURJC).
Methods: Observational, analytical, cohort and multicenter study on a total of 4375 patients attended between July 2023 and January

2024 in the psychiatric emergency department of a hospital in the center of Madrid (Fundación Jiménez Díaz) and in a peripheral hospital (Hospital Rey Juan Carlos). Since the first date, these services have implemented the Columbia Scale to Assess Suicide Risk (C-SSRS) as an assessment tool in their clinical records.
Results: Of the patients, 34.95% were at high risk of suicide (moderate and high risk levels according to the C-SSRS), 8.2% were at low risk and 56.9% were not at suicidal risk. Statistically significant differences were found in high suicidal risk, being higher in the peripheral hospital (Hospital Rey Juan Carlos 40.2% vs Fundación Jiménez Díaz 30.8%; p<0.000). In addition, logistic regression shows a ratio: 1.32 times higher high suicidal risk in women, 3.26 times in patients who self-harm, 1.5 times in those without sociofamilial support and up to 1.99 times in those under 65 years of age.
Conclusions: This study confirms the importance of sociodemographic data in the incidence of increased suicide risk, among which the geographic area of residence stands out, with a difference of more than 10% in the risk of high suicide risk between the periphery (40.2% in HURJC) and the capital (30.8% in HUFJD) of the CAM, which could be related to the different socioeconomic levels in both areas.Other sociodemographic factors that increase suicidal risk are: age between 18 and 65 years (with higher incidence between 18 and 25 years), female sex, and lack of sociofamily support. In addition to these factors, self-injury and previous suicide attempts are important suicide risk factors.The availability of a tool such as the C-SSRS that can be administered to all patients attending psychiatric emergency departments seems a fundamental strategy to assess suicidal risk and severity. Its implementation in all hospitals would provide more objective data to develop lines of research, which is essential given the great impact that suicide has at a global level and its worrying trends that are continually on the rise.

Disclosure of Interest: None Declared

EPV0783

A case report of delirium tremens in a patient with myasthenia gravis

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Introduction: This report describes a case of delirium tremens in a 35-year-old male patient with myasthenia gravis and epilepsy. He first came to our clinic on 18th of August 2024. His complaints were of bad mood, nervousness and loss of will and appetite, he started to drink alcohol. He was advised to quit drinking and was prescribed quetiapine.
Objectives: On 20th of August he was hospitalised in our clinic as he presented with the withdrawal state. That, along with his initial blood tests, indicated a high probability of developing delirium tremens and presented us with the problem of treating this patient given his pre-existing condition.
The patient was started on saline with vitamins and glucose infusions. Low doses of quetiapine (25-50 mg) were given.
Current literature regarding MG and medications, puts diazepam in risk level 4, which means it rarely worsens MG, but symptoms must be monitored. Considering the high doses of diazepam usually required in states of delirium tremens and also not being able to predict how the strain of the delirious state will affect a patient with MG, we were cautious in administrating benzodiazepines.
Methods: A neurologist was consulted and they evaluated there was no need to transfer the patient or to adjust his medication. His chronic therapy was pyridostigmine 3x60 mg and valproic acid 2x600 mg. Blood tests showed a rise in CK level from11463 U/L to 12793 U/L in just a few hours. Myoglobin was at 630 ng/mL. Potassium levels were initially 2.9 mmol/L and were corrected to the value of 3.8 in the control test. An internal medicine specialist was called for but did not come that day. The patient was more agitated, began hallucinating, profusely sweating and trembling trough out the night. He was physically restrained.
The following day, blood test showed a further increase of CK (15578 U/L). His general state was progressively worsening, and we resorted to administering low doses of diazepam and haloperidol along quetiapine.
On Aug 22nd, test results were: urea 6.9 mmol/L, creatinin 112 umol/L, K 4.0 mmol/L, Na 149 mmol/L, Cl 111 mmol/L, CRP 91.3 mg/L, AST 381 U/L, ALT 211 U/L, LDH 653 U/L, CK 17747 U/L, CKMB 134 U/L, Mg 0.72 mmol/L, amonia 58.28 umol/L. The patient was transferred to an IC unit where he was treated for two days and during which time he was respiratory stable but in need of constant electrolyte and pH correction. His CK levels were as high as 43400 U/L and myoglobin 5542.8 ng/mL.
Results: On August 24th the patient was returned to our clinic to continue his treatment. He was hospitalised for 20 more days and released home in good health.
Conclusions: in emergency psychiatry there are sometimes cases which exceed our competences and practical possibilities to treat, but because they're psychiatric in origin, those patient are admitted in psychiatric hospitals. There is need for therapeutic guidelines for patients who develop delirium tremens and are burdened with comorbidities.

Disclosure of Interest: None Declared

EPV0784

Self-induced Widespread emphysema in the first psychosis episode in a migrant worker: case report

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Introduction: In psychosis, self-mutilation reveals an intense alteration in body perception. This is even truer during the first psychotic episodes when one is overcome by delirium and hallucination. It often leads to physical disability particularly in ocular, genital, and limb regions.
Migrant have shown to present a higher risk of psychosis and schizophrenia. With the language barrier burden, self-mutilation may appear, as an attempt to remove from the body what cannot be verbally expressed.
Objectives: To describe the clinical presentation of an acute psychotic decompensation associated with unusual somatic symptoms (generalized emphysema), highlighting the importance of integrated psychiatric and somatic care.
To emphasize partial adherence to delusional ideas to distinguish intrapsychic thoughts from auditory hallucinations and refine the diagnosis.
Methods: Presented the case of a 25-year-old Eritrean male, living alone in Switzerland for 8 years who self-induced a widespread emphysema (Pneumomediastinum, orbital left pre- and post-

septal, intracanal extradural, pre- and retroperitoneal extending to the pelvis) by attempting to unblock his nose with his right little finger secondary to a Command hallucination in a first psychosis episode.

Results: The patient has not given news to his friends for 3 weeks. When visiting him they noticed that his apartment was unkempt and messy. The patient had a strange mystical speech and explained hearing a voice that tries to command him. He denied suicidal intent. Emergency exam revealed Subcutaneous emphysema and the A computed tomography body scan displayed a generalized soft tissue emphysema extending from the left temporal region, left pre- and post-septal orbital emphysema, throughout the neck spaces, intracanal extradural (cervical spine), dissecting

The mediastinum with scissural extension, probable emphysema component outside the parietal pleura (pneumothorax component is not excluded) extending preperitoneally and retroperitoneally to the level of the pelvic floor and extends along the iliac axes and into the left testicle. Also present, soft tissue emphysema in the left upper limb, up to the wrist. No pharyngolaryngeal, tracheal or esophageal perforation visible on CT. Otorhinolaryngology origin too small to be visualized.

The patient was hemodynamically *stable,* the laboratories were normal and no clinical evidence was found to consider an organic mental disorder. No drug history was found.

The mental status revealed mystical delusion with intrapsychic hallucination ordering him to evacuate the feeling of chest tightness he had felt with unblocking his nose. The diagnosis of schizophrenia spectrum disorder was retained.

Image:



Image 2:

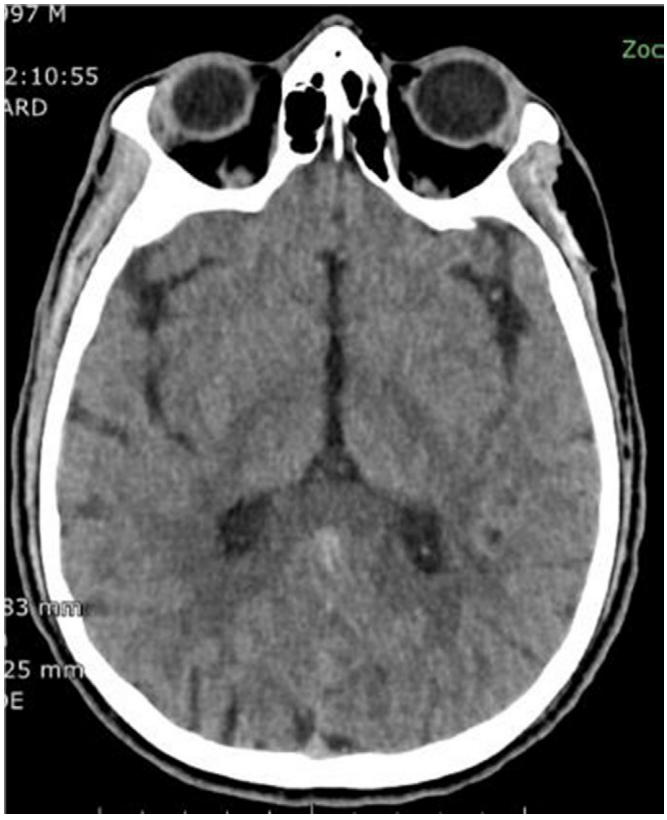


Image 3:



Conclusions: The case confirmed the importance of recognizing physical symptoms in a psychiatric context to avoid severe complications and the impact of multidisciplinary assessment.

Disclosure of Interest: None Declared

Epidemiology and Social Psychiatry

EPV0787

Schizophrenic patient's preference for long-acting injectable antipsychotics in Saudi Arabia

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Introduction: recognizing their potential impact on patients preferences towards antipsychotic treatment can guide the development of personalized and culturally sensitive treatment approaches. Gaining insight into patients' preferences regarding long-acting injectable versus oral antipsychotics has the potential to alleviate barriers to LAI utilization in schizophrenia treatment. Therefore, we aimed to identify whether patients with schizophrenia prefer LAI or oral antipsychotics in Saudi Arabia.
Objectives: Gaining insight into patients' preferences for long-acting injectable (LAI) antipsychotics could aid in mitigating potential barriers to the utilization of LAI in patients with schizophrenia
Methods: A cross-sectional descriptive study was conducted among schizophrenic patients in Saudi Arabia between June 2023 and October 2023. An analysis was conducted on the responses obtained from the Medication Preference Questionnaire.
Results: There was a subtle trend toward favouring oral antipsychotics over LAIs. Patients on oral antipsychotics commonly favoured the following outcomes: "I don't have to worry about taking medicines" (77%), "I can get back to my favourite activity" (71%), and "I feel symptoms will not come back" (65%). Most patients favoured gluteal injections over deltoid injections for the following reasons: easier use (90%), improved symptom relief (73%), lesser side effects (73%), and reduced pain (73%). Overall, 65% of patients favoured the dose once per month as opposed to three times per month (18%) or daily (17%). The common reasons cited by patients who favoured a 1-monthly dose were "less medication-related conflict" (97%) and "dislike to taking too much medication at once (93%)."
Conclusions: This study unveiled the presence of a subtle differentiation between LAI antipsychotics and oral antipsychotics in terms of their relative desirability, with a slight inclination toward an increased preference for oral medications. Patients with schizophrenia favoured the gluteal injection over the deltoid injection on account of its greater ease of use, efficacy in symptom relief, absence of adverse effects, and reduced discomfort. Furthermore, patients exhibited a greater inclination towards monthly LAI in comparison to 3-monthly LAI and oral pill antipsychotics.

Disclosure of Interest: None Declared

EPV0789

Psychosocial risk factors among nurses at Sahloul University Hospital in Sousse (Tunisia)

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Introduction: Nursing staff occupy a profession that requires significant mental, emotional, and affective demands. These caregivers are particularly vulnerable to psychosocial risks that can have significant impacts on their mental and physical health, as well as on the quality of care they provide.
Objectives: To describe the psychosocial risk factors at work among nurses at SAHLOUL university hospital.
Methods: This is a descriptive cross-sectional study conducted among the nursing staff of SAHLOUL university hospital. Data was collected using a self-administered questionnaire. Data analysis was performed using SPSS 26 program.
Results: A total of 95 nurses participated in the study. Almost all the nurses surveyed (95.8%) reported that their work constitutes a significant mental load. More than one-third of respondents (34.7%) frequently faced cases of death during their work. Most of the nurses surveyed (93.7%) felt demotivated regarding their work. Just over half of the nurses surveyed (51.6%) reported having been victims of a violent situation from a patient during their professional career. Regarding the results relative to the Karasek scale, we note that our population tends to utilize skills more than to be autonomous (35.56 vs. 34.36). Social support is generally low among our study population with an average score of 25.37±2.57.
Conclusions: There is psychosocial, and particularly professional, repercussions on the psychological state of healthcare personnel, which means that care workers' mental health needs to be addressed. Occupational health services must detect the suffering of care workers and improve the psychosocial environment.

Disclosure of Interest: None Declared

EPV0790

Burden assessment in caregivers of patients with schizophrenia

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Introduction: The role of caregiver of patients with schizophrenia is associated with an increased risk of adverse mental and physical health outcomes.
Objectives: assess the severity of the burden in caregivers of patients with schizophrenia as well as to determine the factors associated with a high burden with the overall goal of improving the quality of life of caregivers of patients with schizophrenia.
Methods: This is a descriptive mono-centric cross-sectional study with an analytical aim carried out during the period March-April

2022 on 80 caregivers of schizophrenia patients followed up at the psychiatric consultations of the University Hospital of Mahdia. The evaluation of the burden experienced by the caregiver was carried out using the "SCQ" Schizophrenia Caregiver Questionnaire Version 1.0.

Results: The average age of the caregivers was 57.1 years with 54% of them being male. 71% of the caregivers were married with 81% of them being educated and 19% being illiterate. 45% of the caregivers were still active with 58% of them having an average socioeconomic level. Parents represented 59% of caregivers, siblings 29% and spouses 14%. They lived with the patients in 96% of cases and took care of another family member in 37.5% of cases. 89% of the caregivers were taking care of the patients for a period of more than 5 years and in 77.5% of the cases, these caregivers requested specialized help. 75% of patients were completely dependent on the caregiver.

37.5% of caregivers had a severe level of burden. Four factors were found to be predictive of severe burden: low education level of the caregiver, low socioeconomic level of the caregiver, violent and aggressive behaviors of the patient, and degree of dependence of the patient ($p<0.05$).

Conclusions: Being a caregiver of a patient with schizophrenia is correlated with a great burden and deterioration of quality of life, hence the importance of assessing this burden, determining the initiating and aggravating factors as well as developing well-defined strategies for these caregivers in order to alleviate this burden and improve their quality of life.

Disclosure of Interest: None Declared

EPV0791

Predictive Factors of Treatment-Resistant Schizophrenia

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Introduction: Schizophrenia is a complex, chronic psychiatric disorder marked by disruptions in thought processes, perception, social interactions, and emotional regulation. Despite various therapeutic options, 20–34% of patients develop treatment-resistant schizophrenia (TRS)[1], a condition associated with a poor prognosis and significant challenges in clinical management. Early identification of predictive factors for treatment resistance may enable more targeted interventions, ultimately improving patient outcomes by allowing for tailored treatment approaches.

Objectives: This study aims to identify early predictive factors for the progression to TRS, differentiate modifiable from non-modifiable factors, and determine prognostic indicators for schizophrenia. The goal is to facilitate early intervention for high-risk cases and prevent TRS by targeting modifiable factors.

Methods: This is a descriptive and an analytical retrospective study including patients diagnosed with TRS according to NICE criteria, treated with Clozapine, and hospitalized at the Ar-Razi Psychiatric Hospital in Salé between 2022 and 2024. Included cases meet specific criteria, such as complete clinical records and the need for Clozapine treatment, with no age restrictions. Sociodemographic, clinical, evolutionary, and therapeutic data are collected using Excel and analyzed using SPSS 20 software.

Results: Among the 126 TRS cases included, several risk factors were identified. Non-modifiable factors include age, family history, and the presence of negative symptoms, while modifiable factors include the duration of untreated illness and certain comorbidities.

Conclusions: The results of this study provide valuable insights into risk factors associated with TRS and guide specific management and prevention strategies for this subgroup of schizophrenia patients.

Disclosure of Interest: None Declared

EPV0792

A systematic review of dietary changes after migration in women: a focus on schizophrenia

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Introduction: The impact of migration on cardiovascular risk factors have been reported to be gender-specific. Obesity and cardiovascular disease are increased in those who migrate to Western countries.

Objectives: Our aim is to investigate changes in the dietary habits of women after migration, especially in schizophrenia women.

Methods: A systematic review was performed in PubMed, Scopus and PsycINFO databases from inception to October 2024 according to the PRISMA statement. Search terms: (diet OR food OR "dietary acculturation") AND migration AND women. Studies were included if they were focused on dietary changes after migration in women. In a second step, we conducted electronic searches to find additional papers on schizophrenia.

Results: A total of 2046 records were screened, of which 36 studies were included.

(1) Socio-clinical scenarios of migration: a)Latin-American (n=5), b)African (n=7), c)Asian (n=17), Europe (n=2). Results: Weight gain after migration to developed countries, reduced dietary diversity and limited access to culturally appropriate foods are common (poor traditional-food trajectories). Early stages of migration are critical. Model of dietary transition during pregnancy (3 stages) and risk of gestational diabetes.

(2) Transnational migration (rural-urban, n=5). Indian women had higher intakes of both fruit and vegetables and fat. Migration from rural-to-urban and urban-to-urban areas was associated with obesity risk. Exception: rural migrants to Mongolia's capital maintaining traditional lifestyles. Few studies focus on women with schizophrenia.

Conclusions: The dietary habits of migrant women may have implications for future chronic disease risk, particularly for those with schizophrenia. Early culturally sensitive weight-loss interventions for migrant women are recommended.
Key-words: Migration; Diet; Dietary acculturation; Schizophrenia; Women.

Disclosure of Interest: None Declared

EPV0796

Exploring Societal Attitudes and Acceptance of Mental Illness in Albania: A Study on Stigma and Treatment Preferences

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Introduction: Mental illness remains a significant issue globally, often accompanied by challenges related to stigma, stereotypes, and prejudice. In Albania, research exploring societal perceptions and the acceptance of mental illness and psychiatric treatment is limited. Understanding these views is crucial for improving mental health care and reducing stigma.
Objectives: The aim of this study was to evaluate the perception and prejudice toward mental illness in the Albanian population, with a focus on stigmatization, acceptance, and attitudes toward psychiatric treatment.
Methods: Data collection was carried out through a self-administered online questionnaire distributed to the general population in Albania. A total of 326 questionnaires were analyzed. The study population included individuals born and residing in Albania. The data was processed using the statistical program IMB SPSS v. 23.
Results: The sample showed a significant gender disparity, with a female-to-male ratio of 2.7:1. The majority of respondents were aged 21 to 40 years and had higher education. Religious individuals also showed high participation. While respondents acknowledged high levels of stigma in society, they expressed personal openness toward maintaining relationships with individuals with mental illness and integrating them into society. Despite this, there was a general lack of knowledge regarding mental illness, and confidence in the quality of mental health services in Albania was low. Psychiatrists were recommended for severe cases, though psychologists were preferred for treating depression. The most favored treatment approach was a combination of medication and psychotherapy.
Conclusions: The findings suggest that while there is an awareness of societal stigma toward mental illness in Albania, individuals personally express supportive attitudes toward integration and treatment. However, a gap in knowledge about mental illness and skepticism toward mental health services highlights the need for public education and improvements in the healthcare system. The preference for combined treatment reflects an evolving view on comprehensive care.

Disclosure of Interest: None Declared

EPV0797

Risk and Protective Factors in Schizotypy, Mistrust and Anomalous Perceptual Experience: a Network Analysis

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Introduction: A resilience-based approach should be more integrated in order to get a greater understanding of the psychopathological patterns and derive prevention or intervention implications from this (Kalisch *et al. Nat Hum Behav* 2019; 1(11) 784-790). In subthreshold psychopathology, so far there is a growing body of research focusing on potential risk and protective factors while most of these studies are following an isolated focus on either of those factors. Or are using statistical methods that are not often considered the dynamic interplay of those variables (Pereira-Morales *et al.* J Ment Health 2019; 28(2) 153-160; Schäfer *et al.* Transl Psychiatry 2023; 13(1) 328). Scruitinizing the dynamic patterns enables the network approach. Mental disorders can be conceived as a complex network, involving a dynamic interplay between symptoms and protective factors (Boorsboom *et al.* Nat Rev Methods Primers 2021; 1:58*)*.
Objectives: This study investigates the role of risk and protective factors in relation to subthreshold psychosis like-experience symptoms (schizotypy, mistrust and anomalous perceptual experience) in a network structure.
Methods: This cross-sectional analysis of the prospective longitudinal ZInEP Epidemiology Survey included n = 632 participants (general population), aged 20-41 years. Dynamic relationships between potential risk factors (child hood trauma, maladaptive coping, self-stigma, perceived stress, chronic stress), potntial protective factors (adaptive coping, self-efficacy, optimism, self-confidence, self-control, spirituality) and psychopathology (schizotypy, mistrust, anomalous perceptual experience) are investigated using network analysis at baseline.
Results:

- negative association of schizotypy with optimism and self-control
- negative association between mistrust and self-control
- positive association of schizotypy with perceived and chronic stress, maladaptive coping and childhood trauma
- perceived stress highly negatively assiociated with optimism and self-efficacy
- maladaptive coping as a bridge from potential protective factors to perceived and chronic stress and schizotypy

Image 1:

Tab. 1: Clinical characteristics of the ZInEP sample

Variables	M *(SD)*
Psychopathology	
anomalous perceptual experiences	0.44 *(0.5)*
mistrust	2.01 *(0.7)*
Personality Traits	
schizotypy	6.01 *(4.3)*
Other factors	
adaptive coping	2.42 *(0.4)*
self-efficacy	3.73 *(0.6)*
self-confidence	3.35 *(0.6)*
optimism	3.70 *(0.7)*
self-control	3.14 *(0.7)*
spirituality	
maladaptive coping	1.79 *(0.4)*
self-stigma	3.67 *(0.4)*
child hood trauma	1.62 *(0.3)*
perceived stress	1.43 *(0.7)*
chronic stress	2.39 *(0.8)*

Image 2:

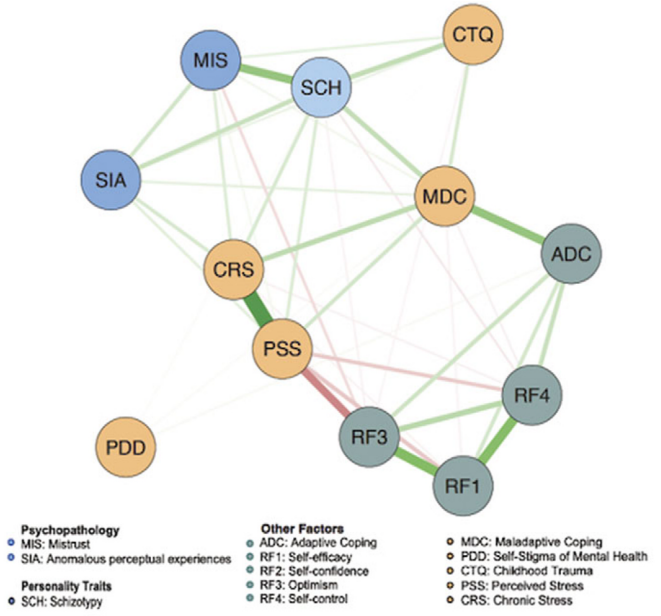


Fig. 1: **Network structure (*n* = 632).** Colors of edges: green lines indicate positive associations (red = negative) between two nodes. The wider and more saturated the edge (thickness), the stronger the association (partial correlation).

Conclusions:

- optimism and self-control as protective factors for schizotypy and mistrust
- perceived and chronic stress, maladaptive coping and child-hood trauma as risk factors associated with all psychopatho-logical symptoms
- protective factors might have more an indirect impact over risk factors on symptoms
- interventions for optimism and self-control might reduce stress

Disclosure of Interest: None Declared

EPV0798

Healthcare workers and students in Bulgaria: Perspectives on Assisted Suicide

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Introduction: This ongoing research investigates the attitudes of healthcare workers and students in Bulgaria toward assisted suicide, a practice that remains illegal and ethically debatable in the country.
Objectives: The purpose of the research is to better understand how Bulgarian healthcare workers and students deal with assisted suicide's ethical dilemmas and its potential impact on the country's ability to provide end-of-life care in the future.
Methods: Using mixed method approach including quantitative surveys, qualitative interviews, focused groups, this research seeks to capture wide range of opinions from healthcare professionals including medical doctors, nurses, laboratory assistants, midwifes, rehabilitators, medical students, nursing students, midwifing students etc.
Results: Initial findings suggests that majority of the respondents of the focused group are opposed to the legalization of the assisted suicide due to ethical concerns including adherence of the Hippocratic Oath, potential misuse, and the influence of religious beliefs. The focus group does, however, include a small but notable percentage of individuals especially younger healthcare professionals and students who recognize, value, and appreciate the significance of patient autonomy and the elevation of suffering as essential components of compassionate care.
Conclusions: This ongoing research into the views of healthcare workers and students in Bulgaria on assisted suicide uncovers a complex situation that is heavily influenced by ethical considerations and long-standing cultural and religious values. As the study progresses, it aims to dive deeper into how factors as age, duration of experience in medical field, specialty in medical field and social status contribute to these diverse views.

Disclosure of Interest: None Declared

EPV0799

Cancer mortality and morbidity among patients with schizophrenia: A hospital-based cohort study, 1992-2020

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doi: 10.1192/j.eurpsy.2025.1468

Introduction: The inconsistency in cancer incidence and mortality rates in terms of cancer site reported among patients with schizophrenia has been an interesting topic in epidemiology, and additional studies are necessary to gain a more comprehensive understanding.
Objectives: Due to the inconsistency of the evidence about the cancer risk among patients with schizophrenia, the aim of this study was to analyse cancer mortality and morbidity in patients with schizophrenia treated in a single centre in Lithuania during the study period of 1992-2020.
Methods: A retrospective cohort study was conducted in Vilnius Republican Psychiatric Hospital, the biggest specialised psychiatric hospital in Lithuania, with approximately 5000 hospital admissions annually. The patients' cohort was established by identifying all patients with the diagnosis of schizophrenia (ICD-10 code F20) in the hospital database from 1 January 1992 until 31 December 2017. The cancer cases and cancer deaths in the cohort were identified in the Lithuanian Cancer Register through linkage procedures. The analysis of risk was based on a comparison of observed and expected numbers of cancers and deaths. Expected number of cancer cases were calculated by multiplication of the exact person-years under observation in the cohort by sex, calendar year and a 5-year age-group-specific national incidence and mortality rate. All statistical analyses were carried out using STATA 15 statistical software.
Results: During the follow-up, out of 8553 patients, 673 cases of cancer were diagnosed in both sexes. Statistically significantly lower risk for overall cancer incidence was observed in men (SIR 0.74, 95% CI 0.66-0.83), but not in women (SIR 1.07, 95% CI 0.97-1.18). We observed lower risk for pancreatic cancer (SIR 0.36, 95% CI 0.14-0.96), non-melanoma skin cancer (SIR 0.54, 95% CI 0.33-0.88) and prostate cancer (SIR 0.69, 95% CI 0.55-0.87) in men and higher risk for malignant neoplasm of liver (SIR 2.58, 95% CI 1.53-4.36) and skin melanoma (SIR 2.03, 95% CI 1.12-3.66) in men and for breast cancer (SIR 1.38, 95% CI 1.14-1.66) and corpus uteri cancer (SIR 1.56, 95% CI 1.18-2.07) in women (Table 1). Statistically significant lower overall cancer mortality risk was observed in men (SMR 0.82, 95% CI 0.70-0.96), while in the women's group, risk of cancer deaths was significantly higher compared to the general population (SMR 1.28, 95% CI 1.11-1.48).
Conclusions: The current results of our study indicate lower risk of overall cancer incidence and mortality in male patients with schizophrenia, while female patients had a higher mortality risk, alongside variations in the risk of different cancer types. This information is important not only for patients, but for healthcare specialists to develop effective disease-specific preventive interventions and programmes.

Disclosure of Interest: None Declared

EPV0800

The global burden of teacher burnout: Evaluating the roles of workload and social support in diverse educational contexts

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Introduction: Teacher burnout is a pervasive challenge across the global educational sector, profoundly impacting educator well-being and the overall quality of education. A robust body of research highlights the link between organizational factors and burnout, underscoring the urgent need for an in-depth understanding of these dynamics across different cultural contexts.
Objectives: This systematic review aims to delineate how workload and social support dynamically influence teacher burnout. Through a detailed examination of the complex interrelationships among these factors, we endeavor to elucidate the underlying mechanisms by which they influence teachers' emotional and psychological health, thereby providing critical insights into potential evidence-based interventions.
Methods: We synthesized findings from a total of 40 relevant studies (35 cross-sectional and five longitudinal studies), adhering to the 2020 PRISMA guidelines. We utilized the Newcastle-Ottawa Scale for quality assessment due to its rigorous criteria, examining the impact of workload and social support on teachers' stress levels across diverse educational settings.
Results: High workload and insufficient social support were identified in 75% of the studies as significant predictors of emotional exhaustion among teachers globally. Excessive workloads were correlated with increased burnout levels, which negatively affected their mental health and job satisfaction. Conversely, strong social support networks, including collegial relationships and administrative support, were found to effectively mitigate burnout, bolstering teachers' resilience and overall well-being. Furthermore, the review underlined that the quality of the evidence was moderate, highlighting the need for further, more robust research.
Conclusions: This review confirms the complex interactions within organizational dynamics that contribute to teacher burnout. It underscores the critical need for tailored interventions, such as professional development in stress management and policies that foster supportive work environments. By strategically addressing workload challenges and enhancing social support, stakeholders can significantly improve teacher well-being and reduce burnout risks globally.

Disclosure of Interest: None Declared

EPV0801

Psychological burdens and resilience among Moroccan trainee teachers during the COVID-19 lockdown: A study of challenges and coping strategies

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Introduction: The onset of the COVID-19 pandemic necessitated the declaration of a global emergency. The pervasive fear of contagion has transformed daily life practices, and lockdown measures globally implemented to mitigate virus transmission have led to a spectrum of adverse psychological effects, including anxiety, sadness, frustration, disorientation, and potential for post-traumatic stress disorder, significantly affecting mental health.
Objectives: This study aims to evaluate the psychological effects of the COVID-19 pandemic on the well-being of trainee teachers.
Methods: A descriptive analysis was conducted on a cohort of 370 Moroccan trainee teachers, with a mean age of 28.30 ± 5.99 years. Data were collected using a self-administered questionnaire designed to assess the presence and extent of psychological distress, along with sociodemographic and professional characteristics, during the lockdown.
Results: The findings revealed that 65.1% of the confined trainees experienced obsessive tendencies, and 40% reported that their daily activities were restricted, affecting their normal life pursuits. Furthermore, 68.3% expressed moderate to high stress levels due to various factors, such as financial and professional concerns, potential loss of family members, or personal hospitalization. Half of the trainees expressed concern for their future prospects and feelings of ennui during these unprecedented times.
Conclusions: The findings reveal the enduring psychological impacts of the COVID-19 pandemic on trainee teachers, with significant stress and psychological disorders noted. This emphasizes the critical need for targeted mental health support and proactive resilience-building within educational systems, not only aiding recovery but also preparing educators for future pandemics.

Disclosure of Interest: None Declared

EPV0802

Beyond exhaustion: A multidimensional assessment of occupational stress and burnout among high school teachers

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Introduction: In the rapidly evolving landscape of contemporary education, high school teachers are increasingly confronting significant professional stress that critically undermines their mental health and overall well-being. This pervasive issue not only affects teachers but also has broader implications for the effectiveness and sustainability of educational systems.
Objectives: This study aims to elucidate the complex dynamics of occupational stress, psychosocial workplace factors, and burnout among high school teachers in Tetouan, Morocco.
Methods: A cross-sectional survey was conducted among 258 high school teachers. The study utilized the Maslach Burnout Inventory (MBI) to assess burnout levels, the Job Content Questionnaire (JCQ) to evaluate psychosocial factors, and the Perceived Stress Scale (PSS-10) to measure perceived stress levels.
Results: The MBI indicated that 43% of teachers experienced high emotional exhaustion, 46% reported low depersonalization, and 47% indicated low levels of personal accomplishment. On the JCQ, 55% of teachers faced high psychological demands, 57% had limited decision latitude, and 44% received insufficient social support at their workplace. There was a significant correlation between MBI emotional exhaustion and JCQ psychological demand scores ($r = 0.381$, $p < 0.01$), indicating a complex interplay between burnout dimensions and psychosocial factors in the workplace. Furthermore, the PSS-10 results exhibited a median stress score of 27, indicating a significant **variability in** stress perceptions among the participants.
Conclusions: This study underscores the critical need to address burnout, psychosocial workplace factors, and perceived stress among high school teachers. The prevalent emotional exhaustion, substantial psychological demands, and varied perceived stress levels revealed by this study necessitate integrated strategies that address these complex interactions to foster a more supportive and healthy professional environment. Further research should focus on operationalizing these insights into concrete, actionable policies that enhance educational professionals' well-being and productivity.

Disclosure of Interest: None Declared

EPV0803

Effect of attachment styles on general psychological well-being and resilience as a mediating factor

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Introduction: Attachment styles, developed through early life interactions, influence how individuals perceive relationships and manage stress. Medical students often exhibit insecure attachment styles, which are linked to increased psychological distress.
Objectives: The primary aim of this study is to explore the extent to which resilience influences the connection between attachment styles and general psychological well-being among medical students.
Methods: This cross-sectional study was conducted at New Giza University in Cairo, Egypt, and involved 437 medical students. Participants completed self-report surveys measuring attachment styles, resilience, and psychological distress. The survey instruments included the Relationship Questionnaire (RQ) for attachment styles, the General Health Questionnaire (GHQ-12) for psychological

distress (where a lower GHQ-12 score indicates less psychological distress), and the Connor–Davidson Resilience Scale (CD-RISC-10) for resilience. Participants were grouped into four attachment styles: secure (SA), fearful avoidant (FA), anxious preoccupied (AP), and dismissive avoidant (DA).

Results: The sample's mean age was 20.32 years (SD = 2.09). Females comprised 69.6% of the cohort, and single students made up 80.1% of the whole cohort. The distribution of attachment styles across females and males differed significantly ($p < 0.0001$, $\chi^2 = 25.7$), with DA being more prevalent in males compared to females (28.6% and 13.2%, respectively). GHQ-12 median scores were similar between genders ($p = 0.23$), while CD-RISC-10 scores differed ($p = 0.002$), with males having a higher median (28).

Median scores of GHQ-12 and CD-RISC-10 differed significantly across groups of attachment styles ($p < 0.0001$ and $p = 0.0002$, respectively). AP and FA had the highest GHQ-12 medians (15), while AP had the lowest CD-RISC-10 median (25).

A negative correlation between CD-RISC-10 and GHQ-12 scores was significant in the whole cohort ($p < 0.0001$, $r = -0.3227$), with FA showing the strongest correlation ($p < 0.0001$, $r = -0.3292$, CI: -0.4714 to -0.1704) and other groups showing similar reuslts (figures 1, 2 and 3).

Image:

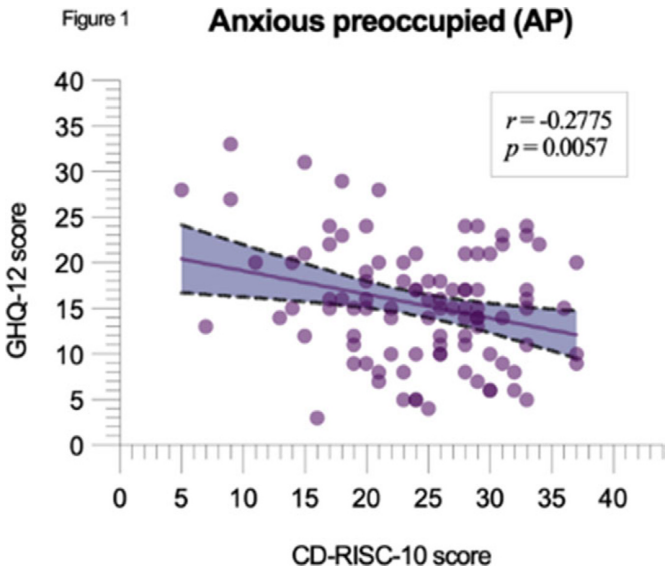


Image 2:

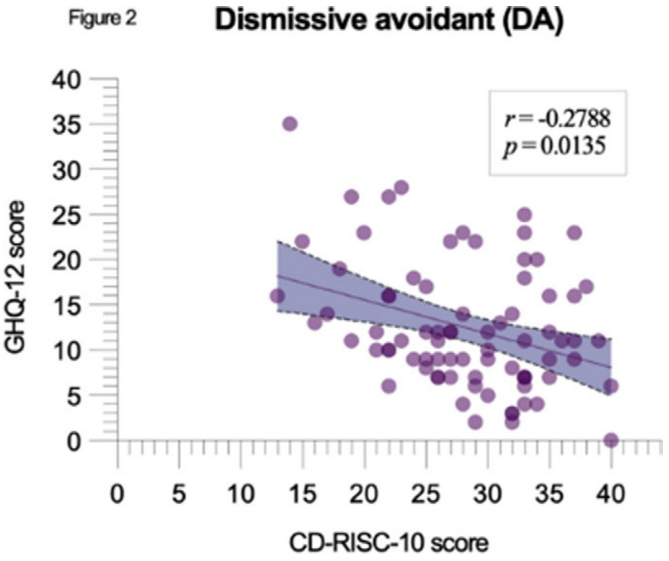
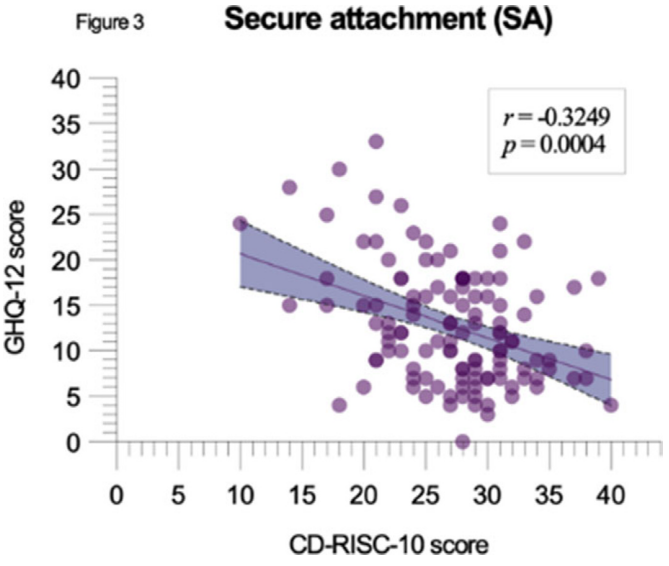


Image 3:



Conclusions: The findings underscore the critical role of resilience in buffering against the psychological impacts of insecure attachment among medical students. Approaches targeting resilience enhancement could serve as a valuable intervention target to mitigate psychological distress and improve well-being in this high-risk attachment styles. Future research is recommended to develop and test resilience-focused interventions tailored to medical students with insecure attachment styles, which may help reduce burnout and promote mental health in medical training environments.

Disclosure of Interest: None Declared

EPV0804

Study of post-partum mental disorders: case of the Hospital of Mental Health and Psychiatric Diseases of the Chu Mohammed-VI of Oujda

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doi: 10.1192/j.eurpsy.2025.1473

Introduction: The birth of a child is a joyous event that can be accompanied by major challenges for women's mental health. It is marked by physical, hormonal, psychological, family and social upheavals. It can also be associated with an increased risk of incidence or decompensation of psychiatric disorders.
Objectives: The aim of this study is to describe the trends and characteristics of post-partum mental disorders in the Orientale region of Morocco.
Methods: 36 files of patients hospitalised or having consulted for a post-partum psychological disorder at the Mental Health and Psychiatric Diseases Hospital of the Mohammed-VI University Hospital Centre in Oujda were examined using a data collection form.
Results: The main disorders identified were post-partum depression and puerperal psychosis, with rates of 62% and 38%, respectively. 32% of them have attempted suicide, 14% have suicidal thoughts, 32% have committed infanticide, and 21% have rejected their baby. With regard to pregnancy and childbirth, a third of the women had a caesarean section, with primiparous women predominating. 57% of the women described their childbirth experience as long and painful. Similarly, the use of addictive substances was mentioned in 44% of cases.
Conclusions: It is true to say that measures need to be put in place to improve conditions for women and to raise awareness among those around them of the need for early detection of these disorders. These proposals underline the importance of taking concrete steps to support the women concerned and promote their mental well-being.

Disclosure of Interest: None Declared

EPV0805

Anxiety, Depression and Quality of Life among youth in Kosovo

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Introduction: The literature review on anxiety/depression rates and quality of life (QoL) in youth in Kosovo are scarce. Studies on anxiety and depressive symptoms in Kosovo mostly, have revealed high prevalence rates pre and during COVID-19.
Objectives: This study aimed to explore the relationship between anxiety, depression, and quality of life in Kosovo youth. The significance of this study lies in the fact that these variables are being examined together for the first time in Kosovo after COVID-19.
Methods: Its cross-sectional study. The sample consisted of 563 students aged 18 to 25 (Mage=20.88; SD=1.52). Participants recruited online in the period of May 2023, and completed the Albanian version of GAD-7, PHQ-9 and GQOL (Global Quality of Life Scale). Data processing was done with SPSS 27.0 and Microsoft Excel 2019.
Results: The prevalence of anxiety (measured with GAD-7, ≥10) was 42.6 % while the prevalence of depression (measured with PHQ-9, ≥10) was 45.5%. Significant negative correlations were observed between anxiety and QoL ($r = -.335$, $p < 0.00$) and between depression and QoL ($r = -.326$, $p < 0.00$). A partial correlation indicated that anxiety and depression had very much influence in controlling for the relationship with QoL reciprocally; for anxiety ($r = -.133$, $p < 0.02$) and for depression ($r = -.109$, $p < 0.13$). Females and low SES emerged (but not employment status) as factors associated with higher levels of anxiety/depression and low Quality of Life.
Conclusions: Our anxiety/depression prevalence rates are mostly above those found in Kosovar youth both before and during COVID-19, and also in comparison to other European countries. Anxiety and depression, both separately and especially when co-occurring, significantly affect the quality of life of young people. Despite the fact that prevalence rates can vary depending on the specific methodology, sample size, and population demographics of each study, these findings should be taken seriously and addressed by mental health authorities in Kosovo through preventive and treatment programs. Additionally, further studies with sound scientific quality are necessary.

Disclosure of Interest: None Declared

EPV0806

Unwanted Loneliness and Mental Health: Current State of Knowledge

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Introduction: Loneliness and social isolation are frequently associated with mental health problems. In Spain, the term 'unwanted loneliness' has gained particular importance in recent years, referring to an involuntary insufficiency in social relationships. According to recent studies, this affects an estimated 13.4% of the Spanish population (Jiménez Rodríguez. Rev Esp Salud Publica 2024; 98).
Objectives: To conduct a review of the studies that address loneliness and social isolation
Methods: We searched in PubMed using the following terms: '((unwanted loneliness[Title/Abstract]) OR (loneliness[Title/Abstract]) OR (social isolation[Title/Abstract])) AND (mental health[Title/Abstract])', limiting the search to the last 30 years.
Results: We found 5,472 articles on the subject, of which 4,373 were published in recent years, confirming the growing interest in this issue. The countries with the most publications on this topic were

England (1,733 results), the United States (1,561 results), and Switzerland (894 results). Although we did not focus on this aspect, it is worth noting that the most frequently used keyword was 'COVID-19,' appearing a total of 1,229 times, which may partially explain the increase in publications over the last year.
Upon reviewing the content of the articles, we observed that many focus on demographic factors. For example, living with a romantic or sexual partner has been consistently identified as a protective factor against loneliness (Currin et al. Curr Psychol 2022; Online publication), and we also found significant associations between loneliness and being single, separated, or divorced (Ibáñez-Del Valle et al. Int J Environ Res Public Health 2022; 19:16622).
The association of this issue with social inequalities has also been highlighted (Martín Roncero et al. Gac Sanit 2021; 35:432-437). We observed a potential gender bias, with findings indicating a higher risk in women for the perception of loneliness and the evaluation of social relationships (Pavlidis et al. Aging Ment Health 2023; 27:1313-1321). Other studies have found that higher population density reduces social isolation in areas with a high proportion of people of the same race or ethnicity but increases it in areas with fewer people of the same ethnicity (You et al. Inquiry 2024; 61:469580241273127). Sexual orientation-related factors also appear to be significant: internalized homonegativity has been associated with loneliness, where it is noted that accepting and integrating a gay or lesbian identity seems particularly important for younger, non-gay-identified individuals (Berg et al. J Gay Lesbian Ment Health 2015; 19:285-302).
Conclusions: Unwanted loneliness is a complex and highly significant phenomenon, with a demonstrated association with poorer overall and mental health (Martín Roncero et al. Gac Sanit 2021; 35:432-437). This issue should be studied not only from the lens of mental health but also from a sociological perspective.

Disclosure of Interest: None Declared

EPV0808

Childhood sexual abuse and dissociation: Testing the betrayal trauma theory in two Chinese samples

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doi: 10.1192/j.eurpsy.2025.1476

Introduction: Childhood sexual abuse (CSA) is a major public health concern and is closely associated with dissociative symptoms. According to the betrayal trauma theory, dissociation can be interpreted as a response towards betrayal trauma (i.e., trauma perpetrated by a close person, such as a family member). No previous study has validated this theory with a focus on CSA in the Chinese context.
Objectives: We hypothesized that people with betrayal CSA, but not non-betrayal CSA, would report significantly more dissociative symptoms than people without CSA. We also hypothesized that betrayal CSA, but not non-betrayal CSA, would be significantly associated with the severity of dissociative symptoms. We tested the hypotheses in two independent Chinese-speaking samples.
Methods: Sample 1 (N = 91) consisted of participants seeking treatment in an evaluation study; while Sample 2 (N = 376) included community health service users in a survey study. In both Chinese-speaking samples, participants completed the two CSA items on the Brief Betrayal Trauma Survey and the 16-item Dissociative Features Section of the Self-report Dissociative Disorders Interview Schedule (SR-DDIS). ANOVA and regression analyses were used to test our hypotheses.
Results: Across both samples, participants with betrayal CSA reported significantly more dissociative symptoms than those without any CSA (Sample 1: M = 5.60, SD = 3.14 vs M = 3.67, SD = 3.06; F = 3.301, p = .041, Sample 2: M = 2.06, SD = 2.49 vs M = 0.93, SD = 1.32; F = 8.428, p < .001). As hypothesized, no significant differences in dissociative symptoms were observed between participants with and without non-betrayal CSA (Sample 1: M = 4.00, SD = 3.71 vs M = 3.67, SD = 3.06; Sample 2: M = 1.14, SD = 1.83 vs M = .93, SD = 1.32). Across both samples,, betrayal CSA, but not non-betrayal CSA, was significantly associated with dissociative symptoms (Sample 1: β = .250, p = .024, Sample 2: β = .189, p < .001), after controlling for age and gender.
Conclusions: This study provides cross-cultural evidence for the betrayal trauma theory. We suggest that proactive family-centered child protection is needed to prevent CSA, and screening for dissociative symptoms is also necessary in CSA survivors.

Disclosure of Interest: None Declared

EPV0809

Long-Term Sick Leave for Psychiatric Disorders Among Healthcare Workers

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Introduction: Absenteeism is a significant issue affecting various professional sectors, and its increase within healthcare institutions is a major concern. This phenomenon is complex and multidimensional, involving numerous factors.
Objectives: To determine the rate of absenteeism among healthcare personnel, describe the socioprofessional characteristics of employees on long-term sick leave due to psychiatric disorders, and identify the main factors associated with this absenteeism.
Methods: This is a retrospective descriptive study conducted on all healthcare personnel in a Tunisian governorate who took long-term sick leave for psychiatric reasons between 2015 and 2020. Data were collected from medical and administrative records through the Regional Long-Term Sick Leave Commission and via a questionnaire conducted by phone
Results: Among the 5067 employees in healthcare facilities in the governorate, 388 (7.65%) had taken at least one period of sick leave

due to psychiatric issues. The average age of absent personnel was 45 ± 9 years, with a range of 30 to 65 years. A significant majority of the absentees were female, accounting for 85.8%. Additionally, 78.8% of the absent employees were married. University hospitals (UHs) accounted for 75.6% of absenteeism cases, with nurses being the most affected professional group (40.5%). The duration of sick leave ranged from 1 to 60 months, with an average of 8.5 months. Depression was the most frequent psychiatric cause, accounting for 82.34% of cases. The analysis showed that depression was significantly associated with several factors, notably age (p=0.021), job position (p=0.049), and employment in UHs (p=0.027).
Conclusions: The results indicate high levels of absenteeism, emphasizing the urgent need for a comprehensive intervention plan. This plan should prioritize preventive measures, targeting both individuals and workplace organization.

Disclosure of Interest: None Declared

EPV0812

Chronic and Transient Loneliness in Spanish Adults: Prevalence, Risk Factors, and Their Impact on Depression, Anxiety, and Substance Use Disorders

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Introduction: Chronic and transient loneliness are two clinically distinct conditions that have different impacts on mental health. However, there is limited information regarding the prevalence of chronic and transient loneliness, and their associated risk factors.
Objectives: This study aims to (1) assess the prevalence of chronic and transient loneliness among Spanish adults, (2) identify and compare the risk factors associated with both forms of loneliness, (3) examine how perceptions of loneliness contribute to its persistence, and (4) evaluate the effects of chronic versus transient loneliness on depression, anxiety, and substance use disorders.
Methods: A total of 1,503 Spanish adults were interviewed by phone from May to June 2024. Loneliness was measured with a direct question, and the three-item loneliness scale from the University of California, Los Angeles, was used for the sensitivity analyses. Chronic loneliness was defined as reported loneliness both two years ago and currently, while transient loneliness was defined as reported loneliness only two years ago. The CAGE Adapted to Include Drugs (CAGE-AID) questionnaire was used to assess substance use disorder within the previous month, anxiety symptoms were measured using the GAD-2, and depressive symptoms were assessed using the PHQ-2. Logistic regression models were constructed to examine sociodemographic and behavioral risk factors for chronic and transient loneliness, as well as the impact of loneliness perceptions on the likelihood of chronicity and the association of both types of loneliness with mental disorders.
Results: 11.4% of the sample reported chronic loneliness, while 9.5% reported transient loneliness. Risk factors associated with chronic loneliness included being a younger adult, female, living alone or with roommates, having low education level, and poor health status. In contrast, the risk factors for transient loneliness included being single or separated and frequent use of social media. Poor social support was a risk factor for both types of loneliness, though it had a significantly stronger impact on chronic loneliness (OR = 10.1, 95% CI: 5.5–18.4) compared to transient loneliness (OR = 2.2, 95% CI: 1.2–3.8). Feelings of emptiness (OR = 2.7, 95% CI: 1.4–5.4) and perceiving loneliness as insurmountable (OR = 2.6, 95% CI: 1.4–4.6) were risk factors for chronicity among individuals feeling loneliness. Sensitivity analyses showed similar results to the main findings. Only chronic loneliness was longitudinally associated with higher odds of depression (OR = 5.0, 95% CI: 3.4–7.4), anxiety (OR = 3.1, 95% CI: 1.3–4.1), and substance use disorder (OR = 3.6, 95% CI: 1.9–6.6).
Conclusions: Chronic loneliness can be identified through its risk factors and the perceptions of those experiencing it, highlighting the importance of addressing these issues to improve mental health outcomes.

Disclosure of Interest: None Declared

EPV0813

Gender identity and symptoms of anxiety and depression and their relationship with sleep disorders among Polish adolescents during the Covid-19 pandemic and the outbreak of war in the Ukraine

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Introduction: For most people, gender identity is consistent with biological sex and such people are called cisgender. People in whom such a relationship does not occur or occurs to a lesser extent are referred to as gender non-conforming - and these include transgender, non-binary, agender and gender-fluid people. These groups are usually affected by minority stress, which, combined with the circumstances of the pandemic and war, may have led to mental disorders and sleep disorders in this population.
Objectives: The aim of the study was to analyze the symptoms of anxiety, depression and insomnia in a group of Polish youth during the COVID-19 pandemic and the outbreak of the war in Ukraine, taking into consideration gender differences.
Methods: The study involved 1621 secondary school students aged 14 to 19, the average age was 16.73±1.35, including 857 girls, 690 boys and 74 people who defined their gender as non-binary. A set of questionnaires for the Diagnosis of Depression in Children (CDI 2), the State-Trait Anxiety Inventory (STAI), the X-1 subscale, The Athens Insomnia Scale (AIS) and an original questionnaire of sociodemographic data were used in research.
Results: Analyzing the results obtained in the study group, the respondents scored an average of 17.99 ±9.55pts in the assessment of depressive symptoms. After division into genders, the overall score was 19.69±9.40pts for girls, 15.03±8.68 for boys and 25.86 ±9.91 for non-binary people. The difference was statistically significant in all groups. In the anxiety symptoms assessment, the respondents scored an average of 46.92± 11.67pts. After division into genders, 49.21± 11.12pts for girls, 43.39 ± 11.47 for boys and 53.39 ± 10.41 for non-binary people. The difference was statistically significant in all groups. Analyzing the results obtained in AIS, the average score was 8.31±4.58pts, which allows to evaluate sleep onset as a norm. After dividing into groups, the results were 8.95±4.55pts for girls, 7.19±4.21 points for boys and 11.35±5.43 for non-binary people, the difference was statistically significant. Statistically significant

positive correlations were found between the results obtained on the scale assessing depressive symptoms and anxiety symptoms and the results obtained on the AIS scale.
Conclusions: Among the studied group of teenagers, the highest intensity of depressive symptoms is demonstrated by non-binary people, followed by females, and finally by males. Similar results were obtained in the assessment of anxiety symptoms. The non-binary group achieved results indicating sleep disorders, while the cisgender group's results of sleep onset were borderline normal. Whatsmore, the greater the severity of depressive and anxiety disorders, the greater the sleep disorders in all study groups, regardless of gender.

Disclosure of Interest: None Declared

EPV0814

Stigma resistance and quality of life in patients diagnosed with borderline personality disorder

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Introduction: Unlike data on public stigmatization with regard to the diagnosis of borderline personality disorder (BPD), literature concerning internalized stigma (IS) and stigma resistance (SR) is scarce.
Objectives: The objective of the present study was collecting data about SR in patients diagnosed with BPD. Furthermore, quality of life and depressive symptoms were assessed and checked for possible associations with SR.
Methods: Patients meeting the inclusion criteria with 18-65 years of age and diagnosed with BPD were included into the study after giving written informed consent. The stigma resistance scale (SRS) had been translated to German. The SRS comprises 5 subscales and measures SR on a 5-point-Likert scale (1-5). Higher values indicate higher levels of SR. Furthermore, the German versions of the depression scale CES-D (ADS) and the quality of life – BREF (QOL-BREF) were used in this study. ADS measures depressive symptoms on a scale ranging from 0-60, with higher scores indicating more severe symptoms. QOL-BREF measures values between 0-100 on 4 domains, with 100 indicating a maximum of health in each domain. The recruitment took place in specialized inpatient and outpatient units between 2019 and 2022, with some interruptions caused by COVID protective measures.
Results: 101 participants (f = 90.1%) with a mean age of 29.2 years (18-59) were included into the study. The overall mean score of the SRS was 3.6. The mean scores of the subscales showed values between 2.8 (personal cognition) and 3.9 (public SR). The 4 domains of the QOL-BREF showed the following mean values: Physical health 47.4, psychological health 30.7, social relationships 51.2, environment 62.1. The study sample had a mean ADS score of 34.8. Interestingly stigma resistance, quality of life and depressive symptoms showed no correlation. Compared to the mixed sample in the original study, the sample of the current study showed comparable values in stigma resistance.
Conclusions: The use of the German SRS is feasible in a sample of patients with a diagnosis of BPD and yielded comparable results with the original mixed diagnoses study sample. As the measure exists already in several languages, comparisons between cultural, diagnostic and otherwise defined subgroups will be possible in the future. Further conceptual as well as qualitative and quantitative research work will be informed by these findings.

Disclosure of Interest: None Declared

EPV0815

Mindfulness and Perceived Stress: A Study Among Tunisian University Students

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Introduction: Mental health among young people, particularly students, has become an increasing concern in contemporary society, shaped by its complexity, fast-paced nature, and hyperconnectivity. High levels of stress have been observed in numerous studies of this population. Perceived stress goes beyond merely observing stressful events, encompassing the individual's subjective evaluation of these situations. This perception involves awareness of one's emotions and thoughts, as well as awareness of the surrounding environment.
Objectives: The aim of this study was to explore the relationship between perceived stress and mindfulness levels among Tunisian students.
Methods: This was a cross-sectional study, conducted over a five-month period from August to December 2023. A questionnaire was distributed via email to 800 students, collecting sociodemographic data as well as two scales. The Perceived Stress Scale (PSS-10) was used to evaluate how participants perceive daily life situations as stressful: a higher PSS-10 score indicates greater perceived stress, categorized into three levels: low, moderate, and severe. The Five Factor Mindfulness Questionnaire-15 (FFMQ-15) assessed mindfulness dimensions: observing, describing, acting with awareness, non-judging, and non-reactivity. A higher FFMQ-15 score indicates greater mindfulness.
Results: A total of 102 students agreed to participate in the study. Their ages ranged from 19 to 30, with more than half being under 20 years old. 75.5% of participants were female.
The average PSS-10 score was 23, with significantly higher scores observed among women ($p < 10^{-3}$). Stress levels were mostly moderate (55.88%) or high (32.35%).
The mindfulness assessment revealed that the majority of participants had a moderate level of mindfulness (46 ± 8). Mindfulness scores were higher among students aged between 20 and 30 compared to those under 20 years old ($p < 10^{-3}$).
A negative correlation was observed between perceived stress and mindfulness ($p = 0.01$; $r = -0.508$), particularly in three mindfulness dimensions: describing, non-judging, and acting with awareness.
Conclusions: Mindfulness appears to play a significant role in reducing perceived stress levels. Our findings suggest that mindfulness training should be integrated into programs aimed at improving stress management among students.

Disclosure of Interest: None Declared

EPV0816

Decadal trends in illicit drug-related poisonings in Morocco: Epidemiological analysis and public health implications

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Introduction: The impact of **illicit** drug-related poisonings on public health is a pressing global concern, necessitating focused scrutiny to mitigate adverse effects on communities. In Morocco, the prevalence of **illicit** substance abuse and its resulting emergencies pose a complex challenge to public health systems. **Particularly concerning are the poisonings induced by these substances, which not only require immediate responses but also demand a sustained, strategic approach to ensure long-term community** health **and safety**.
Objectives: This study aims to delineate trends in poisonings caused by illicit drugs, as reported to the Moroccan Poison Control Center over a decade, focusing on the annual number of cases and their proportion to overall poisoning cases.
Methods: Data spanning from 2013 to 2022 from the Moroccan Poison Control Center were analyzed to assess the annual number of poisoning cases and proportions attributed to incidents involving illicit drug use. The analysis focused on identifying long-term trends, highlighting the evolving role of **illicit** drugs in poisoning statistics.
Results: Between 2013 and 2022, a total of 109,976 poisoning cases were recorded, of which 2,284 (2.08%) were related to the use of illicit drugs. Initially, drug-related poisonings increased, peaking in 2017 at 339 cases (2% of 16,906 total cases). Notable observations included 198 drug-related cases in 2013 (1.65% of 11,968 cases) and 334 in 2016 (2.11% of 15,838 cases). However, a marked decline was observed post-2017, culminating in 2022 with 84 drug-related cases (1.99% of 4,225 total cases). The prevalence of drug-related poisonings fluctuated annually, ranging from 1.56% to 3.65%, with a significant decrease in both total and drug-related poisonings after 2017.
Conclusions: Although there was an initial increase in **illicit** drug-related poisonings in Morocco, a notable decline was observed. Despite this downturn, **illicit** drug-related poisonings continue to pose a critical public health issue. Ongoing monitoring and proactive prevention strategies are crucial to sustain this downward trend and effectively manage the challenges of illicit substance abuse.

Disclosure of Interest: None Declared

EPV0817

Assessment of cannabis-related health impacts in Morocco: A decade-long epidemiological study

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Introduction: The rise in cannabis consumption in Morocco, paralleling global patterns, has heightened concerns over its potential repercussions on mental and physical health, as well as its broader societal implications.
Objectives: This study aims to delineate the demographic and clinical characteristics of individuals affected by cannabis toxicity and elucidate the details of their exposure scenarios in Morocco.
Methods: We conducted a retrospective analysis of cannabis poisoning incidents from 2008 to 2017, encompassing both occasional and habitual users. Data were sourced from the Moroccan Poison Control Center (MPCC), providing a comprehensive national perspective.
Results: During the study period, 553 cases of cannabis poisoning were reported, with a gender distribution of 19.3% female and 80.7% male. Notably, 245 individuals were identified as regular users. The mean age of those affected was 18.3 years. Findings indicate that children are particularly vulnerable to accidental poisoning from psychoactive substances, predominantly due to the ingestion of delta-9-tetrahydrocannabinol (THC), the principal psychoactive compound. The clinical manifestations vary depending on the dosage and pattern of use. Out of 438 cases with documented outcomes, six resulted in fatalities, while the remainder showed improvement following appropriate medical interventions, including gastrointestinal decontamination.
Conclusions: The escalating use of cannabis necessitates immediate and strategic public health interventions, particularly targeting the youth, to mitigate its adverse health effects and societal impact. It is crucial to develop targeted strategies to enhance preventive efforts and curb cannabis misuse among vulnerable populations.

Disclosure of Interest: None Declared

EPV0818

Mental health among female sex workers: A cross-sectional survey (study design)

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Introduction: "Sex work" refers to the provision of sexual services in exchange for monetary or material compensation. The exact number of sex workers in Germany, where prostitution is legal, remains uncertain, but estimates suggest it could be as high as 700,000. The majority of the group is female and has a migration background. Sex work covers different areas. These include work in brothels and strip clubs, street prostitution, hostess services and work in the porn industry. Previous research into sex work has mainly focused on sexually transmitted diseases. While results from Switzerland indicate elevated prevalences of depression, anxiety

disorders, and substance use among sex workers, to date, there has been no research specifically addressing mental illnesses among sex workers in Germany.
Objectives: The research project aims to fill this gap by determining the 1-year prevalence as well as risk and resilience factors for mental illness among sex workers in Berlin. The research findings aim to enhance psychosocial care services for sex workers and foster meaningful contributions to the broader social discourse.
Methods: The socio-demographic composition of the sex worker population is constantly shifting, making it difficult to obtain a truly representative random sample. Quota sampling offers the closest alternative, with interviewees being approached at various workplaces. Additionally, we ensure a diverse age range is included in the study. A total of 500 participants will be surveyed using structured interviews. The interview consists of a sex work questionnaire, standardized research instruments, and a mental health screening. The sex work questionnaire gathers data on work type and intensity, socio-demographic characteristics, and individual access to counseling and support services. Standardized instruments include assessments for personality (TIPI), coping behaviors (Brief COPE), health-related quality of life (SF-12), stigmatization experiences (PASS 24), and childhood trauma (CTQ). The mental health screening will be conducted using the Mini-DIPS.
Results: The submitted poster will offer a detailed overview of the study design and methodologies. In addition, preliminary results will be shared, shedding light on the mental health status and access to healthcare services among sex workers.
Conclusions: This pioneering study seeks to address a significant gap in current research. The final findings will form the foundation for more in-depth analysis and guide future recommendations to improve support services for this population.

Disclosure of Interest: None Declared

EPV0819

Prescription of psychotropic drugs in persons with concurrent mental health and substance use disorders before and during the COVID-19 pandemic in Norway

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Introduction: The COVID-19 pandemic has had a profound impact on mental health globally, exacerbating existing mental health disorders (MHD) and substance use disorders (SUD). Various measures have been implemented to mitigate these adverse mental health consequences. Nevertheless, the significant rise in mental health challenges has underscored the role of psychotropic drug prescriptions as an important metric for assessing mental health trends in certain populations. During the pandemic, data from high-income countries, indicate an increase in the prescription of psychotropic drugs. This might reflect heightened mental health needs in the general population, but also may underscores the exacerbated vulnerability of individuals with pre-existing concurrent MHD/SUD. Prescribing psychotropic drugs can be complex due to the potential for misuse and the need for careful monitoring to balance therapeutic effects with the risks.
Objectives: This study aimed to evaluate 1) the number of prescriptions of psychotropic drugs in persons with concurrent MHD and SUD in the years before and during the two COVID-19 pandemic years (2020 and 2021) and 2) to study the impact of the COVID-19 pandemic on the consumption of psychotropic drugs among this population.
Methods: We conducted a retrospective cohort study based on a data file constructed by merging individual-level information from the Norwegian Patient Register and the Norwegian Prescribed Drug Registry, analysing data from 2019-2021. The International Classification of Diseases (ICD)-10 main diagnosis, chapter V have been used to identify persons with MHD/SUD. We recognised 35.000 individuals who received a diagnosis of co-occurring MHD/SUD between the years 2019-2021. A graphical approach and descriptives were applied to study the population. Interrupted time series analysis was used to compare changes in trends in the prescriptions dispensed by eight psychotropic drug classes, according to the consecutive COVID-19 waves during the first two years of the pandemic.
Results: Preliminary analysis show, an increased prescription rate in all eight psychotropic drugs classes in persons with MHD/SUD during the first two years of the pandemic, compared to 2019. The largest increases were shown to appear parallel with the COVID-19 waves. Antipsychotics and anxiolytics were the most prevalent prescribed drugs, followed by opiates, hypnotics & sedatives and antidepressants. Being female and older age was associated with higher odds of receiving a prescription, regardless psychotropic drug class.
Conclusions: The prescription of psychotropic drugs has gradually increased from 2019-2021. More research is needed to differentiate increases due to unmet needs versus overprescribing and further, to study the long-term effects of the pandemic regarding the utilization of psychotropic drugs in this vulnerable patient group.

Disclosure of Interest: None Declared

EPV0820

The Brief Symptom Inventory-9 (BSI-9): Psychometric properties among Irish college students

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Introduction: The Brief Symptom Inventory-9 (BSI-9) is a recently developed short (9-item) self-report scale measuring distress. It has three Subscales measuring Anxiety, Depression, and Somatisation. The BSI-9 is based on longer scales (BSI-18, BSI-53, and SCL-90) and was developed as a brief screening tool.
Objectives: The present study examined the generalisability of the original foundational research undertaken in Germany. The present study examined the psychometric properties of the BSI-9 among a sample of Irish college students.
Methods: A sample of 763 Irish college students completed the BSI-9, and a further 18 students completed the BSI-9 on two occasions, separated by four weeks, as part of a more extensive study. Factor analyses and reliability analyses were carried out.
Results: The BSI-9 scale and the three Subscales measuring Somatisation, Anxiety, and Depression were each found to have appropriate

factor loadings, satisfactory levels of internal consistency, and satisfactory levels of temporal stability across four weeks. These findings are consistent with those reported in the original foundational research in Germany.
Conclusions: Although the sample size was small and restricted to students only, the present study does provide evidence for the reliability of the BSI-9 among a sample of Irish college students. Future work is now required to extend this work to examine the convergent validity of the BSI-9 among other English-speaking samples.

Disclosure of Interest: None Declared

EPV0821

The influence of Stigma, Disclosure, and Self-Esteem on Quality of Life in Individuals with Mental Illness

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Introduction: Stigma not only influences the willingness to disclose mental health conditions and self-esteem but may also diminish the overall quality of life in individuals with mental illnesses. However, limited research has examined the potential mechanisms underlying this complex relationship.
Objectives: This study aims to explore the mediating roles of disclosure and self-esteem in the association between mental illness stigma and quality of life.
Methods: We utilized the meta-analytic structural equation modeling (MASEM) approach and conducted a comprehensive literature search across various electronic databases to identify relevant publications up to July 2023. MASEM was employed to derive bivariate correlation matrices for stigma, disclosure, self-esteem, and quality of life. Additionally, two simple mediation models and one serial mediation model were tested to examine the relationships between these variables.
Results: The analysis included 181 articles reporting 195 independent samples (N = 33,162) and 278 effect sizes. The single mediator model indicated that self-esteem ($\beta = -0.155$, 95% CI [−0.276, −0.070], $p < .001$), rather than disclosure ($\beta = -0.019$, 95% CI [−0.094, 0.031], $p > .05$), served as a mediator. In the multiple mediator model, disclosure and self-esteem were found to have serial mediating roles between stigma and quality of life ($\beta = -0.016$, 95% CI [−0.0546, −0.0003], $p < .05$).
Conclusions: This study makes a significant contribution to understanding how stigma attitudes impact the quality of life in individuals with mental health problems, providing a strong empirical foundation for the development of mental health interventions. Future research directions and practical implications are also explored.

Disclosure of Interest: None Declared

EPV0823

The prevalence of adverse childhood experiences in systematic reviews of primary headache and cancer

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Introduction: Adverse childhood experiences (ACEs) describe an array of stressful exposures that occur during childhood/ adolescence, including types of abuse and neglect. As ACEs occur during a critical period of human development, they have been associated with a range of chronic diseases in adulthood.
Objectives: We aimed to systematically analyze the prevalence of ACEs in studies in two different disease severity populations, including primary headache and cancer. The objectives of this study are to examine,
The prevalence of ACEs hypothesized to impact chronic disease
The pooled association of the presence of "disease", which consists for this study only primary headache and/or cancer, with ACEs
Methods: The inclusion criteria for the studies in the systematic reviews/meta-analyses included observational studies with a comparator group, ACE(s) occurrence at ≤18 years of age, and disease diagnosis at ≥21 years of age. Searches were conducted up to Mar 16, 2023. Two review authors independently screened articles, extracted data, assessed risk of bias using QUIPS, and conducted GRADE assessment as part of the systematic reviews. In this study, we calculated the prevalence and the odds of experiencing ACEs among those with disease compared to those without disease.
Results: Of the total 39,658 articles screened, 44 studies were eligible for synthesis of 437,852 participants from 22 countries across five continents. Among included studies, the most commonly examined ACEs were physical abuse (82% of studies), sexual abuse (77%), household substance or alcohol abuse (52%), witnessing or threat of violence (50%), having a household member with a mental illness (45%), and emotional abuse (43%).
Of the 437,852 participants in the synthesis, an estimated total of 196,587 participants (45%) reported experiencing at least one ACE. Among participants with primary headache and/or cancer, 51% (29,838/58,580) reported experiencing at least one ACE, compared to 44% (166,749/379,272) of participants without primary headache and/or cancer (crude odds ratio = 1.32, 95% confidence interval: 1.30, 1.35).
Conclusions: The prevalence of ACEs is high when hypothesized to be associated with diseases, independent of the risk for mortality (i.e., primary headache low mortality, cancer high mortality). Abuse ACEs are more commonly considered in studies than neglect ACEs, and therefore, more consistent and comprehensive reporting of ACEs is needed. There is untapped opportunity for the expertise of psychiatrists to collaborate with clinicians and researchers of adult chronic disease studies.

Disclosure of Interest: None Declared

EPV0824

Myths of ADHD in the Kyrgyz Republic: Destigmatization and Challenges in Mental Health

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Introduction: As a neurodevelopmental disorder characterized by symptoms such as inattention, hyperactivity, and impulsivity, ADHD was once predominantly associated with Western medical discourse. However, recent years have seen a notable rise in self-diagnoses of ADHD among young people in Kyrgyzstan.
Objectives: This research aims to explore the myths surrounding ADHD in the Kyrgyz Republic, focusing on how these misconceptions contribute to the destigmatization of mental health disorders and create challenges for mental health professionals. The research also seeks to examine the gap between public awareness of ADHD and the actual resources available for diagnosis and treatment in Kyrgyzstan.
Methods: This analysis is qualitative and is based on, (1) observations of self-diagnosis trends among young people in Kyrgyzstan, and (2) anecdotal evidence from mental health professionals working in the country. In-depth interviews were conducted with 15 adolescents, self-diagnosed with ADHD, and 15 mental health care specialists working in Bishkek. Informed consent was presented before the interviews and both patients and specialists were rewarded by 15 dollars after the interview.
Results: Three key myths emerged from the analysis: (1) **ADHD as a Temporary Condition:** A prevalent belief in Kyrgyzstan is that ADHD can be easily cured by a few visits to a "good" psychologist. It reflects the unrealistic expectations of therapy and the lack of understanding that ADHD often requires long-term management. (2)**ADHD as a Fashionable Disorder:** There is a growing trend, particularly among urban youth, to romanticize ADHD as a "cool" or "fashionable" diagnosis. While this has contributed to greater awareness of ADHD, it also trivializes the disorder, promoting self-diagnosis and diluting the seriousness of the condition. (3) **ADHD as a Childhood Disorder:** Another widespread misconception is that ADHD primarily affects children and that individuals grow out of it with age. This myth prevents many from seeking early intervention.
Conclusions: The growing awareness of ADHD in the Kyrgyz Republic is a double-edged sword. On one side, it is helping to reduce the stigma associated with mental health disorders, providing people with a socially acceptable way to discuss and understand their struggles. Conversely, the myths accompanying this awareness hinder effective diagnosis and treatment, making it difficult for individuals to access proper care. Mental health professionals must not only treat ADHD but also work to correct these societal misconceptions, a task made more difficult by limited resources in Kyrgyzstan. A more nuanced public understanding of ADHD, supported by accurate information and improved mental health infrastructure, is essential for addressing these challenges

Disclosure of Interest: None Declared

EPV0825

Evaluating the implementation of the community mental health program GBV: service users' perspectives

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Introduction: A multi-site randomized controlled study demonstrated that the community mental health intervention GBV, when combined with standard care in the German healthcare system, led to greater improvements in empowerment, quality of life, and needs-orientation for people living with severe mental illness. However, to gain a comprehensive understanding, it is essential to include service users' perspectives alongside effectiveness data.
Objectives: This study aimed to assess the implementation of GBV from the service users' viewpoint, providing a holistic evaluation of the intervention beyond randomized trial results.
Methods: A mixed-methods approach was used to evaluate the service users' experiences with GBV. Semi-structured interviews were conducted, transcribed, and analysed using thematic content analysis. Additionally, fidelity ratings were collected after 12 months of intervention, based on a scale developed from GBV quality standards, focusing on needs orientation, relationship building, and service availability.
Results: The process evaluation revealed a greater increase in empowerment, subjective quality of life and treatment satisfaction as well as a greater reduction in unmet needs with a subjectively higher perceived manual fidelity. Qualitative interviews supported these findings, emphasizing the critical role of strong relationships with GBV staff, personalized care tailored to individual needs, and adherence to GBV's quality criteria.
Conclusions: While the effectiveness of GBV has been established, ensuring fidelity to the intervention's manual is crucial for large-scale implementation. Key factors for success include a focus on relationship building and needs-orientation, ensuring that service delivery aligns with the predefined GBV quality standards.

Disclosure of Interest: None Declared

EPV0826

Psychosocial Interventions for the Caregivers of patients with Epilepsy

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Introduction: Epilepsy, one of the most common neurological disorders, affects around 50 million people worldwide. It is unpredictable, intrusive illness that impacts not only the patients but also those who care for them.Caregivers are vulnerable to great burden; depressive and psychosomatic symptoms, as well as physical, emotional, and economic pressures.
Objectives: To explore the psychiatric comorbidities, attributes related to caregiver burden and psychosocial intervetions available to allivate the burden in **Caregivers of patients with Epilepsy**.

Methods: A narrative review of the relevant studies focusing on psychiatric comorbidities and psychosocial interventions for reducing the caregiver burden in caregivers of patient with epilepsy was comducted.
Results: Caregivers of patient with epilpsy have poor quality of life and are at risk of developing psychiatric illnesses.Caregiving was reported to negatively impact one's physical and mental health, overall family functioning, and financial status. Psychological interventions such as **psychoeducation, individual, group or family counselling, Interpersonal and social support networks, relaxation therapy and cognitive behaviour therapy** have been used to treat caregiver burden associated with epilepsy caregiving.
Conclusions: Caring for patients with epilepsy is challenging and it is associated with enormous burden. It can lead to mental health problems which ultimately affects the compliance to treatment and overall prognosis. Psychosocial interventions can prepare caregivers for a better role of caregiver and better management of the care process. There is increased need to focus on this unexplored area through research and to provide effective interventions as a part of clinical services.

Disclosure of Interest: None Declared

EPV0827

The Burden of Mental Disorders in the world – a GBD 2021 analysis in the WHO regions

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Introduction: The Global Burden of Disease (GBD) study has generated a plethora of worldwide data on mortality and disability, including the disease burden due to mental disorders, often amenable to interventions, essential for health planning.
Objectives: This work aims to report the burden of mental disorders in disability-adjusted life years (DALYs), from 2001 to 2021, globally and in the six World Health Organization (WHO) regions.
Methods: Retrospective descriptive study, using secondary data from the GBD 2021 Results Tool. Globally and for each of the six WHO regions, age-standardised DALY rates are reported and respective 95% uncertainty intervals, between 2001-2021, for both sexes and for males and females. All data analysis was performed using R version 4.0.5.
Results: In 2021, the both-sex age-standardised DALY rate due to mental disorders was 1909.15 (1440.16 – 2437.88) DALYs per 100,000 globally, with great heterogeneity across regions: the Americas with 2379.96 (1786.30 – 3026.74) DALYs per 100,000, the highest burden, and the Western Pacific with 1517.45 (1159.48 – 1910.43) DALYs per 100,000, the lowest. Between 2001-2021, the global both-sex age-standardised DALY rate remained relatively stable and even decreased slightly until 2019 but a sharp increase occurred in 2020 and 2021. This pattern generally held up across regions, with the Americas consistently the region with the highest burden, followed by Eastern Mediterranean, Europe, Africa, South-East Asia and Western Pacific. The European region showed the largest increase in 2001-2021 (from 1895.12 (1435.12 – 2420.97) to 2162.03 (1609.92 – 2777.89)). The same pattern occurred in females across regions, but an important difference in males was observed, with the Eastern Mediterranean region presenting the highest burden in 2021 (2012.54 (1523.41 – 2569.42), after overtaking the Americas in 2008.
Conclusions: The burden of mental disorders remained relatively stable between 2001-2019 with a sharp increase in 2020-2021 globally, and great heterogeneity between regions and some important differences between sexes. Besides opportunities for mutual learning, essential for health planning, cultural sensitivities and social/economic contexts can be important factors associated to these patterns: the COVID-19 pandemic may have been an important trigger for this sharper increase in burden. These results highlight the different patterns of disease burden due to mental disorders in the world and the need for tailored strategies.

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EPV0828

Mortality Rates from Suicide in Brazil in 2021: A Comprehensive Demographic Analysis by Sex and Age Group

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Introduction: Suicide represents a significant and growing public health challenge in Brazil, reflecting a complex interplay of social, economic, and mental health factors.
The increasing rates of suicide highlight the need for targeted interventions and policies. Understanding the demographic characteristics associated with suicide, particularly in relation to sex and age, is crucial for developing effective prevention strategies and health policies. This study utilizes data from the 2024 epidemiological bulletin, "Panorama dos Suicídios e Lesões Autoprovocadas no Brasil de 2010 a 2021."
Objectives: This study aims to provide an analysis of the mortality rates from suicide in Brazil for the year 2021. The primary focus is on exploring the distribution of suicide rates by sex and age group, as well as evaluating the proportional mortality in relation to the total number of deaths in the country.
Methods: The study utilized data sourced from the Mortality Information System (SIM) and the aforementioned epidemiological bulletin, which compiles comprehensive mortality data across Brazil. We analyzed the rates of mortality from suicide, categorizing the data by age groups: 05 to 14 years, 15 to 19 years, 20 to 29 years, 30 to 49 years, 50 to 69 years, and 70 years and older. The analysis further differentiated the data by sex, allowing for a nuanced understanding of demographic variations.
Results: In 2021, Brazil reported a total of 15,507 deaths attributed to suicide. Of these, 12,072 (1.21% proportional mortality) were male, and 3,431 (0.43% proportional mortality) were female, indicating a substantial gender disparity in suicide rates. The mortality rates from suicide per 100,000 inhabitants varied significantly by age group: 0.7 for males and 0.9 for females in the 05 to 14 years age group; 9.3 for males and 4.5 for females in the 15 to 19 years group; 14.6 for males and 3.9 for females in the 20 to 29 years group; 14.9 for males and 3.8 for females in the 30 to 49 years group; 15.4 for

males and 3.8 for females in the 50 to 69 years group; and 18.1 for males and 2.9 for females aged 70 years and older. Notably, among the leading causes of death, suicide ranked 11th for the 05 to 14 years age group (3.41%), 3rd for the 15 to 19 years age group (6.90%), and 4th for the 20 to 29 years age group (5.56%). These figures underscore the significant impact of suicide on young populations.
Conclusions: The high mortality rate from suicide in Brazil underscores the urgent need for public health policies focused on suicide prevention. Effective interventions should include mental health support, community outreach programs, and increased awareness campaigns aimed at reducing the stigma around mental health issues. By addressing the underlying social and economic factors contributing to suicide, Brazil can improve health outcomes and enhance the quality of life for at-risk populations.

Disclosure of Interest: None Declared

EPV0829

Epidemiological Trends and Hospitalization Profile of Alcohol-Related Mental and Behavioral Disorders in the State of São Paulo, the Most Populous State of Brazil, 2023

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Introduction: Mental and behavioral disorders resulting from alcohol use are a significant public health issue. As the nation's most populous state, São Paulo encounters distinct challenges in this domain. According to the 2022 Census, the most recent national demographic survey, the state of São Paulo's population is estimated at 44,411,238, representing approximately 21.9% of Brazil's total population of 203,080,756. Understanding the epidemiological profile of these disorders is crucial to better assess their impact on the healthcare system and to guide effective resource allocation and management strategies.
Objectives: The present study aims to analyze statistical data related to hospitalizations due to mental and behavioral disorders caused by alcohol use in the state of São Paulo in 2023.
Methods: A cross-sectional, descriptive, retrospective, and quantitative study was conducted, focusing on hospitalizations of individuals diagnosed with mental and behavioral disorders due to alcohol use in the state of São Paulo during 2023. Data were collected from the Department of Health Informatics of the Brazilian Unified Health System (DATASUS) within the "Hospital Information System of SUS" section, examining variables such as age range, gender, ethnicity, and length of hospital stay.
Results: In 2023, São Paulo recorded 5,898 hospitalizations for alcohol-related mental and behavioral disorders, with total expenditures amounting to R$ 9,215,994.94. The average length of stay was 22.9 days, and the overall mortality rate was 0.64%, with 38 deaths. The highest number of hospitalizations occurred in the 35-39 years (12.1%), 40-44 years (14.7%), and 45-49 years (15.5%) age groups, which together accounted for 42.3% of all cases. Men represented 86.1% of hospitalizations, with an average length of stay of 23.4 days compared to 19.9 days for women. The ethnic distribution showed that 52.9% of hospitalizations were among White individuals, 8.3% were Black, 37.5% were Multiracial, and 0.7% were Asian. The longest average stays were among White individuals (25.1 days), followed by Black (22.2 days) and Multiracial (20.2 days). The overall mortality rate was 0.64%, with a slightly higher rate in men (0.65%) compared to women (0.61%). Black individuals had the highest mortality rate (1.23%), particularly among men (1.25%).
Conclusions: This study underscores the public health impact of alcohol-related mental and behavioral disorders in the state of São Paulo, particularly among middle-aged men. Ethnic disparities in hospitalization duration and mortality suggest the need for targeted healthcare strategies to meet diverse demographic needs. These findings highlight the importance of tailored interventions and strategic resource allocation to reduce the burden of alcohol-related disorders and enhance health equity.

Disclosure of Interest: None Declared

EPV0830

High Prevalence and Socioeconomic Inequalities of Mental Disorders Among Adults with Disabilities in Western Iran

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Introduction: There is very little information about the mental health status of people with disabilities in Iran, while monitoring the status of this index is very necessary to properly address problems, design appropriate interventions, and evaluate the impact of interventions.
Objectives: in this regard, this study investigated the prevalence of mental disorders among adults with physical and sensory disabilities in Sanandaj City, Iran.
Methods: This descriptive-analytical and cross-sectional study was conducted on people with physical and sensory (sight, hearing and speech) disabilities over 18 years of age in Sanandaj city in 2023. A two-part questionnaire was used in order to collect data in this study. The first part consisted of age, sex, type of disability, basic health insurance status, supplementary health insurance, education, employment status, and economic status (wealth assets). The second part included Goldberg's 28-item questionnaire (GHQ-28) that was used as a screen tool for mental disorders. Data were analyzed using STATA software version 16.0 (Stata Corp, College Station, TX, USA.)
Results: Finally A total of 607 people (response rate: 99%) participated in this study that 317 were men (52.2%) and 290 were women (47.8%). The prevalence of mental disorders suspicion was 56.7% (344 people) and its prevalence based on the severity of the disorder was 29.7% mild, 16.6% moderate and 10.4% severe. Results indicated that over 56% of participants were suspected of having a mental disorder, with the most common being depression and anxiety. Females, younger participants, the unemployed, those without supplementary health insurance, and those from lower economic classes had significantly higher odds of mental disorder suspicion. An uneven distribution was observed, with a disproportionate concentration among the lower economic status group.

Conclusions: The findings highlight a high prevalence of suspected mental disorders among people with disabilities and inequalities in gender, age, employment, insurance coverage, and socioeconomic status. Addressing mental health needs is crucial through targeted screening, prevention programs, and promoting access to appropriate services for this vulnerable population.

Keywords: Disabled individuals, Disability, Mental health, Psychiatric disorders, Psychology, Health inequality, Iran.

Disclosure of Interest: None Declared

EPV0833

Examining the relationship between personality traits, anxiety levels, and coping styles with stress among architecture students

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Introduction: The university period is a time during which individuals experience both physical and social changes, encounter conflicts and intense anxieties that can be categorized under various subheadings such as behavioral, emotional, sexual, social, economic, and academic.Moreover, studying in the department of architecture includes additional stressors that differ from other faculties, such as non-objective materials and educational outputs, the requirement for versatile abilities and originality, subjective evaluation processes, constant exposure to criticism, performance anxiety.The level of an individual's current anxiety and the coping methods they will develop in response to stress are determined by the fundamental analysis methods of their personality traits. In this context, the aim of our study is to determine the significance of the relationship between personality traits, anxiety levels, and stress coping styles of architecture students studying at faculties located in the Marmara region, and to identify whether these factors vary according to demographic characteristics.

Objectives: The levels of anxiety that arise due to various reasons, the coping styles developed in response to stressor factors, and the personality traits, which are often considered the key determinants of these two factors, are examined within the scope of architecture students, who are exposed to intense stressors as the study population.Analyzing the relationships between these elements is crucial both to address gaps in the existing literature and to contribute to public health.

Methods: A study was conducted with 432 architecture students, who volunteered to participate in the study, from the Faculties of Architecture in universities located in the Marmara Region of Turkey. Data were collected using Random Sampling Method (Voluntary Basis), Online Survey Application, Socio-Demographic Information Form, Big Five Personality Inventory, Beck Anxiety Inventory, Coping with Stress Lifestyle Scale. The results of the study were evaluated using SPSS, Cronbach's alpha analysis, Mahalanobis distance values, T-TEST, One-Way Analysis of Variance, LSD TEST, Pearson Correlation Analysis and Standard Multiple Regression Analysis.

Results: As a result of the study, significant relationships were found between anxiety levels and gender, personality traits, types of schools, coping styles with stress, parental education levels; between coping styles with stress and types of schools, parental education levels, personality traits, and father's education level, family income level; and between anxiety levels and coping styles with stress.

Image 1:

ANOVA Analysis of Participants' Personality Traits According to Mother's Education Level

		Kareler Toplamı	Sd	Kareler Ortalaması	F	p
Dışadönüklük	Gruplararası	375,759	6	62,626	1,539	.164
	Gruplariçi	15948,818	392	40,686		
	Toplam	16324,576	398			
Uyumluluk	Gruplararası	566,336	6	94,389	2,892	.009
	Gruplariçi	12794,030	392	32,638		
	Toplam	13360,366	398			
Sorumluluk	Gruplararası	256,082	6	42,800	1.160	.327
	Gruplariçi	14463,469	392	36,897		
	Toplam	14720,271	398			
Duygusal Denge	Gruplararası	205,297	6	34,216	1.320	.247
	Gruplariçi	10162,227	392	25,924		
	Toplam	10367,524	398			
Zekâ	Gruplararası	335,302	6	55,884	1.643	.134
	Gruplariçi	13329,495	392	34,004		
	Toplam	13664,797	398			

Image 2:

ANOVA Analysis Results of Participants' Coping with Stress Styles According to Mother's Education Level

		Kareler Toplamı	Sd	Kareler Ortalaması	F	p
Kaçınma	Gruplararası	1557,885	6	259,648	6,247	.000
	Gruplariçi	16292,551	392	41,563		
	Toplam	17850,436	398			
Problem Odaklı Başa Çıkma	Gruplararası	456,101	6	76,017	1.781	.102
	Gruplariçi	16729,809	392	42,678		
	Toplam	17185,910	398			
Sosyal Destek	Gruplararası	488,376	6	81,396	2.085	.054
	Gruplariçi	15303,148	392	39,039		
	Toplam	15791,524	398			

Image 3:

ANOVA Analysis Results of Participants' Personality Traits Based on Father's Education Level

		Kareler Toplamı	Sd	Kareler Ortalaması	F	p
Dışadönüklük	Gruplararası	517,308	6	86,218	2.138	.048
	Gruplariçi	15807,268	392	40,325		
	Toplam	16324,576	398			
Uyumluluk	Gruplararası	129,022	6	21,504	.637	.701
	Gruplariçi	13231,344	392	33,753		
	Toplam	13360,366	398			
Sorumluluk	Gruplararası	130,481	6	21,747	.584	.743
	Gruplariçi	14589,789	392	37,219		
	Toplam	14720,271	398			
Duygusal Denge	Gruplararası	98,363	6	16,394	.626	.710
	Gruplariçi	10269,161	392	26,197		
	Toplam	10367,524	398			
Zekâ	Gruplararası	202,575	6	33,762	.983	.436
	Gruplariçi	13462,222	392	34,342		
	Toplam	13664,797	398			

Conclusions: This research has demonstrated that anxiety, personality traits, and coping styles in architecture students are influenced by various factors.This finding indicates the need for further studies focusing on architecture students.

Disclosure of Interest: None Declared

EPV0835

Frequency and Correlates of Anxiety Symptoms in Serbian Primary Care

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Introduction: Globally, anxiety disorders are ranked as the sixth largest contributor to non-fatal health loss (WHO, 2017). Data on anxiety in primary care patients in low- and middle-income countries are sparse.
Objectives: Determining prevalence and demographic correlates of symptoms of anxiety in primary care across Serbia.
Methods: Cross-sectional study was conducted in 100 primary care facilities from whole Serbia. Sample consisted of 10-12 consecutive patients interviewed by each of the 270 partaking general practitioners, total of 2041. The participants answered sociodemographic questionnaire, and if they were previously diagnosed with F40 or F41. GAD-7 questionnaire was used for the assessment of symptoms of anxiety (cut-off score ≥ 10). Multiple logistic regression was applied.
Results: Positive screening for anxiety was found in 22.7% of participants. It was significantly associated with gender (male OR: 0.769, 95% CI: 0.602-0.982), marital status (divorced OR: 1.901, 95% CI: 1.346-2.686; single OR: 1.573, 95% CI: 1.042-2.375), education (high school OR: 0.578 95%, CI: 0.410-0.814; university OR: 0.489, 95% CI: 0.323-0.740), employment (unemployed OR: 1.903, 95% CI: 1.355-2.672; retired OR: 1.797, 95% CI: 1.209-2.672; homemaker OR: 3.018, 95% CI: 1.842-4.945) and region of residence (Beograd OR: 0.595, 95% CI:0.430-0.824; Central Serbia OR: 0.371, 95% CI:0.231-0.597) Percentage of participants who have screened positively for anxiety without having previously established anxiety (F40, F41) diagnosis was 61.4%.
Conclusions: Anxiety is relatively prevalent among patients in primary care in Serbia and it is associated with gender, marital status, education, employment, and region of residence, with homemakers, divorced and the ones with only primary school being the most likely to have positive screening for anxiety. Even though positive screening for anxiety as measured here does not necessarily imply diagnosis of anxiety disorder, it nevertheless, means that the person experiences distress, and may need clinical attention - substantial percentage of patients with positive screening for anxiety is unrecognized and untreated.

Disclosure of Interest: None Declared

EPV0837

Attachment styles among students at the faculty of medicine of Sfax and suicidality

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Introduction: The theory of attachment is one of the most influential theories in developmental psychology. It was formulated by British psychologist John Bowlby in the 1950s and 1960s.This theory states that early relational experiences, particularly those with primary attachment figures (usually parents), influence the formation of internal working models that guide social interactions and attitudes toward oneself and others throughout life. The theory of attachment has important implications for adult relationships. An important time to study attachment is during university years, when many young adults are on their own for the first time and must establish new relationships which represents a moment of vulnerability.
Objectives: The purpose of this study was to evaluate the prevalence of different attachment styles among medical externs using the RSQ scale and to examine the relationship between these attachment styles and suicidality.
Methods: This is a cross-sectional, descriptive, and analytical study. It was conducted over a period of five months among students at the Faculty of Medicine of Sfax using an online form that included sociodemographic data, medical history, lifestyle habits and the "Relationship Scale Questionnaire" (RSQ)
Results: The average age was 21.63 years. The distribution of students according to their attachment styles showed that avoidant attachment was the most prevalent (29%, n=150), and women exhibited more ambivalent attachment than men (p=0,031). Ambivalent attachment was significantly associated with sexual orientation (p=0,025).
Personal psychiatric history was associated with secure (p=0.008), ambivalent (p=0.005), and disorganized attachment styles (p=0.011).

A significant link was found between personal history of suicide attempts and ambivalent attachment style (p=0.005).Our results were compared with existing literature and studies on this topic agree on the importance of assessing students' attachment styles and their emotional needs.
Conclusions: This study highlights the significant relationship between attachment styles and suicidality among students at the Faculty of Medicine of Sfax.
Further research is needed to advance our understanding of the implications of these findings and how to address the emotional and psychological needs of students.

Disclosure of Interest: None Declared

EPV0838

Attachment styles among students at the faculty of medicine of Sfax and parental separation and divorce

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Introduction: The theory of attachment is one of the most influential theories in developmental psychology. It was originally developed by John Bowlby.This theory states that early relational experiences, particularly those with primary attachment figures (usually parents), influence the formation of internal working models that guide social interactions and attitudes toward oneself and others throughout life. This framework is particularly relevant in the context of students at the Faculty of Medicine of Sfax, where the pressures of rigorous academic demands intersect with personal histories that may include parental separation and divorce. Research indicates that parental separation and divorce can negatively impact attachment security, leading individuals with such experiences to have a higher likelihood of developing distrust in relationships.
Objectives: The purpose of this study was to evaluate the prevalence of different attachment styles among medical externs using the RSQ scale and to examine the relationship between these attachment styles and parental separation or divorce.
Methods: This is a cross-sectional, descriptive, and analytical study. It was conducted over a period of five months among students at the Faculty of Medicine of Sfax using an online form that included sociodemographic data, medical history, lifestyle habits and the "Relationship Scale Questionnaire" (RSQ).
Results: The average age was 21.63 years. The distribution of students according to their attachment styles showed that avoidant attachment was the most prevalent (29%, n=150), and women exhibited more ambivalent attachment than men (p=0,031). Ambivalent attachment was significantly associated with sexual orientation (p=0,025). A significant link was demonstrated between parental marital status and avoidant attachment style (p=0,008). Indeed, an avoidant attachment style was more frequently found among students whose parents were separated or divorced. Ambivalent and disorganized attachment styles were associated with separation from the mother during the first five years of life (p=0,004 and p= 0,011) and separation from the father during the first five years of life (p=0,034 and p = 0,010). A correlation was found between repeating a year and avoidant attachment style (p=0,018). Single students were primarily avoidant (p=0,039), while married students showed more secure (p=0,019) and disorganized attachment (p=0,029).
Conclusions: In conclusion, the attachment styles developed in childhood, particularly in the context of parental separation and divorce, have significant implications for students at the Faculty of Medicine of Sfax.By addressing the impact of attachment styles, educators and counselors can better equip students to thrive both personally and professionally, ultimately enhancing their contributions to the medical field.

Disclosure of Interest: None Declared

EPV0839

Attachment styles among students at the faculty of medicine of Sfax and childhood trauma

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Introduction: Attachment styles, which describe the patterns of interpersonal relationships formed during early childhood, play a crucial role in shaping individuals' emotional and social functioning throughout life. Among students at the Faculty of Medicine of Sfax, understanding these attachment styles is particularly relevant, as they can influence academic performance, peer relationships, and overall well-being. Students who experienced adverse childhood events may display heightened anxiety, avoidance, or ambivalence in their relationships, potentially affecting their ability to connect with peers and mentors in the demanding environment of medical education.
Objectives: The purpose of this study was to evaluate the prevalence of different attachment styles among medical externs using the RSQ scale and to examine the relationship between these attachment styles and childhood trauma.
Methods: This is a cross-sectional, descriptive, and analytical study. It was conducted over a period of five months among students at the Faculty of Medicine of Sfax using an online form that included sociodemographic data, medical history, lifestyle habits and the "Relationship Scale Questionnaire" (RSQ).
Results: The average age was 21.63 years. The distribution of students according to their attachment styles showed that avoidant attachment was the most prevalent (29%, n=150), and women exhibited more ambivalent attachment than men (p=0,031). Ambivalent attachment was significantly associated with sexual orientation (p=0,025).
Students with an ambivalent attachment were more likely to be victims of verbal aggression during childhood (p=0.002), whereas students with a disorganized attachment were more likely to be victims of sexual aggression during childhood (p=0.020).This aligns with other studies that have shown that children who have been victims of abuse are more likely to develop insecure attachment, particularly disorganized attachment.
Conclusions: Understanding these dynamics is crucial for developing targeted support systems that promote emotional resilience and healthier relationships within the educational context. The findings suggest that students with insecure attachment styles, often stemming from adverse childhood experiences, may face unique

challenges in their academic and social environments. Further research is needed in that area.

Disclosure of Interest: None Declared

EPP298

Epidemiological models for the suicide rate of the Russian population in the period 1992-2022

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Introduction: Suicides remain one of the most important problems of public health and society, being the most common reason for seeking emergency psychiatric care. The suicide rate is one of the most important indicators of the mental health of the population. Epidemiological models allow you to demonstrate the scale of problems and assess the resources to solve them.
Objectives: The construction of epidemiological models for the suicide rate of the Russian population in order to analyze the relationship of this indicator with demographic and socio-economic factors in the period 1992-2022.
Methods: The work uses data from Russian socio-economic statistics, materials from medical and research institutions and results published in scientific periodicals (see, [1] and references). In the formation of epidemiological models, the methods of systematic data analysis presented in the work [1] and statistical analysis in the framework of MS Excel were used.
Results: During the period under review, for the Russian population, there is an almost linear dependence (negative) of the suicide rate on the main integral factor - life expectancy (years) (for the Russian population). The correlation coefficient of this factor with the suicide rate is 0.959. The next most important influence on the suicide rate is the unemployment rate (correlation coefficient 0.764). Using regression analysis, one-factor and two-factor epidemiological models for the suicide rate from these factors were obtained. The obtained regression models are characterized by very high reliability with a coefficient of determination R^2 equal to 0.919 for the one-factor model and, accordingly, 0.943 for the two-factor model.
These results, obtained on the basis of data for the period of large-scale socio-economic and political reforms, allow us to offer a rational explanation for the observed rapid (in the period under review) deterioration of the mental health of the population. Conservative genetic mechanisms cannot fully explain such rapid variations in the mental health of the population. Consequently, the main weight in the study of mental disorders of the Russian population is given to demographic, socio-economic and cultural living conditions of the population, psychosocial stress, environmental factors and, possibly, epigenetic changes caused by them.
Conclusions: The obtained models make it possible to quickly monitor and predict the impact of demographic, socio-economic factors and changes in the staffing of psychiatric care on the suicide rate of the Russian population. 1. Mitikhin V., Yastrebov V. et al. *Neuroscience and Behavioral Physiology*. 2019; 49(2): 233-239. doi: 10.1007/s11055-019-00720-4

Disclosure of Interest: None Declared

Ethics and Psychiatry

EPV0840

Training of Psychiatry and Child Psychiatry Residents : Ethical Aspects

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Introduction: Ethical practices are fundamental to the training and professional development of psychiatry and child psychiatry residents. However, challenges such as stigmatization, discrimination, and ethical dilemmas in clinical and research settings can impact the quality of their training experience.
Objectives:
1. To assess the degree of exposure of residents to stigmatization during their residency training.
2. To explore the level of awareness among residents regarding the practice of ethics in their clinical and research activities.

Methods: This is a cross-sectional study conducted by the National College of Psychiatry and Child Psychiatry from January 13 to January 16, 2024. An anonymous Google Forms questionnaire about ethic aspects during during residency training was sent to psychiatry and child psychiatry residents via the college email and private groups.
Results: We received 71 responses. The participants had an average age of 29.9 years, with a sex ratio of 0.1. Among them, 50.7% were child psychiatry residents, and 49.3% were psychiatry residents. Residents reported experiencing discrimination in 49% of cases, with the following breakdown: from senior staff (61.1%), paramedical staff (47.2%), and doctors from other specialties (33.3%). The primary cause of discrimination was the residency level (56.3%). Residents reported experiencing discrimination in role distribution within the department (35.2%) and in scientific work (31%).
Regarding their thesis work, 8.5% of residents felt obliged in choosing their thesis supervisor, and 16.9% felt pressured in selecting their thesis topic. Residents submitted their thesis work to the local committee in 58.5% of cases, informed participants about the study in a satisfactory manner in 75.4% of cases, and obtained oral informed consent from participants (or their parents) in 46.2% of cases. The residents felt that training in psychiatric ethics was necessary in 94.5% of cases and that specific training in research ethics in psychiatry was necessary in 91.8% of cases.
Conclusions: Taking into account the various findings of our survey and raising awareness among different stakeholders, including doctors and paramedical team members, are essential measures to ensure that psychiatry and child psychiatry residents can complete their specialty training while adhering to fundamental ethical principles.

Disclosure of Interest: None Declared

EPV0841

Euthanasia for psychic suffering: the psychopathological (f)law

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Introduction: In countries where euthanasia is allowed it seems natural that it can also be applied to persons with psychiatric pathologies, euphemistically called 'psychic suffering'. Is it that self-evident? In society it still raises ambivalence. In court proceedings it's almost about psychopathological cases which can't be solved rightly in a judicial context. These examples are like seismographs detecting special vibrations. Metaphorically speaking several causes are at stake to explain those oscillations. One of them is discussed below. Psychopathology.
Objectives: Psychopathology as such is dynamic – not static. It is a self-organization of complex dynamic systems. The clinical reality and the theoretical grounds corroborate this assumption. This has consequences for the application of euthanasia in case of psychic suffering. Can it still be argued that a psychiatric disease is untreatable? That in the future no change is possible anymore? The objective is to explain that these questions are rhetorical.
Methods: The exploration of two theories leads to the understanding of the proposition, namely that psychopathology is a complex dynamic self-organization.
Results: First, anthropopsychiatry – an integrative theory and praxis of modern psychiatry, philosophy and psychoanalysis with the human(e) as the heart of the matter - states that the human being is intrinsically dynamic and unpredictable. So is the broken man lost in psychopathology. Second, complex living systems are dynamic, with coincidence and uncertainty – in present and future – as core of the systems themselves.
Conclusions: These findings are essential for the theory and practice of euthanasia for psychic suffering. The law only allows it when the psychiatric disease of a person is said to be incurable and not likely to change in the future. From the previous it is clear that this isn't the case. It's the flaw of the law in case of euthanasia for psychic suffering.
The importance is to realize these findings and acting accordingly. After all it is a matter of life or death, isn't it?

Disclosure of Interest: None Declared

EPV0842

Assessment of Medical Decision-Making Competence in Emergency Settings: Application of a Validated Scale in a Case Study

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Introduction: The assessment of competence for medical decision-making is a critical aspect in the care of patients with mental health disorders. Since patient autonomy is a fundamental pillar of medical ethics, evaluating their capacity to make informed decisions ensures respect for their rights while safeguarding their well-being. An accurate assessment of competence not only facilitates safer and more appropriate decisions for the patient, but also allows physicians to act ethically and legally. Understanding the tools and criteria for such assessments is essential to balance patient autonomy with the protection of their health.
Objectives: Identify factors that may influence a patient's competence for specific decisions.
Familiarize with validated scales for assessing patient competence. Identify strategies to improve competence in cases where necessary.
Methods: We present the case of a 65-year-old female patient without significant medical or psychiatric history, who was evaluated in the emergency department for cardiac tamponade, requiring urgent intervention via pericardiocentesis. At the time of the procedure, the patient refused the intervention due to severe pain, requesting voluntary discharge without undergoing further tests. Psychiatry was consulted to assess the patient's decision-making capacity. An interview was conducted using the MacCAT-T (MacArthur Competence Assessment Tool for Treatment) scale.
Results: A joint interview was conducted between the emergency medicine, intensive care, and psychiatry departments. The results indicated partial competence of the patient for this medical decision (understanding of the procedure and its impact on daily life, but high risk associated with the decision). The patient's family was involved in the decision-making process, and it was decided to extend the emergency department stay for two additional days to promote better patient competence.No psychopathology was found that impaired the patient's competence. Ultimately, it was determined that the patient had the necessary competence for this specific decision, and she was discharged home.
Conclusions: Interviews assisted by validated competence assessment scales, such as the MacCAT-T, can be a useful tool in challenging decision-making contexts in emergency situations, providing a more objective and ethical evaluation of patient competence.

Disclosure of Interest: None Declared

EPV0843

EU and UK migration policies impeding mental health justice - a critical review

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Introduction: Ongoing global conflicts have led to increasing forced migration and displacement. This rising numbers' trend has fueled discriminatory policies in the EU and UK, resulting in detrimental mental health consequences for refugees and asylum seekers (RAS) caused by post-migration stressors. These policies sharply contrast ratified treaties and conventions based on the Universal Declaration of Human Rights (UDHR).

Objectives: The review examines the infringement of RAS' right to health, focusing on the mental health consequences of post-migration stressors faced upon arrival in the EU and the UK. It analyses how these post-migration stressors reflect a violation of human rights (HR), tracing the evolution of human rights theory from natural law to contemporary universal principles. It investigates how post-migration stressors exacerbate psychiatric symptoms in an already vulnerable population present in the EU and UK. It seeks to understand whether the EU faces a moral cosmopolitan duty of humanitarianism towards RAS, exploring the ethical and legal obligations of the EU and UK under key international HR frameworks.
Methods: A systematic search was conducted across several databases, including PubMed, ScienceDirect, and GoogleScholar. The search comprised keywords such as human rights, cosmopolitanism, health justice, post-migration stressors, refugees and asylum seekers, common european asylum system and mental health. Boolean Operators AND and OR were applied. Exclusion criteria included non-English/German/Italian publications, papers focused on non-european asylum policies or refugee populations outside the EU and UK, and study protocols. Studies were synthesised to provide a comprehensive overview of post-migration stressors in the EU and UK and a philosophical deduction of human rights.
Results: Both the EU and UK violate international HR law by failing to ensure the right to health for RAS. Empirical studies from Greece, Italy, and Germany document that post-migration stressors —such as inadequate housing, poor living conditions, and delays in asylum procedures—exacerbate mental health conditions like depression, post-traumatic-stress disorder, and anxiety. The recent reform of the Common European Asylum System (CEAS) demonstrates the gap between legal commitments in international law and current migration policies. This further restricts access to asylum and (mental) healthcare, subjecting RAS to violence and inadequate care.
Conclusions: The EU's and UK's political and legal responses violate basic human rights of RAS, particularly their right to health, despite legal commitments to international HR treaties. This further exacerbates mental health conditions in RAS. A human rights-based approach, integrating mental health into migration policies, is crucial to protecting RAS' dignity and mental health. Until then, the EU and UK will continue to fall short of their moral and legal obligations.

Disclosure of Interest: None Declared

EPV0845

Perceived stigma in AI-generated mental health imagery: an online study

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Introduction: Artificial intelligence (AI) has enriched the everyday lives of many people and is used in a variety of ways, i.e. as a resource of medical information. One of the most popular AI functions is the generation of images of real-world settings. Recent research (Mei et al. ACM FAcct 2023; 1699-1710) has shown, that AI could reinforce prejudice and can be biased in its answers leading to stigmatization in the online world as well. This has dramatic consequences as stigma is known to affect mental health negatively (Pérez-Garín et al. Psychiatry Res. 2015; 228 325-331). Little is known, however, if and to what extend AI generated images reveal bias towards people with mental illness or corresponding institutions such as psychiatric clinics.
Objectives: The aim of this exploratory study is to investigate whether AI-generated images of psychiatric institutions, scenes, and severe mental illnesses are perceived as stigmatizing compared to other hospital scenes and severe illnesses from patients, mental health experts, and the general population in Germany.
Methods: Two researchers prompted three different AIs to generate various realistic medical scenes (prompts: person suffering from a severe mental illness, person suffering from a severe illness, mental health institution, hospital, psychiatric ward, hospital ward, incident in a mental health institution, incident in a hospital, electroconvulsive therapy session, cardiopulmonary resuscitation session). For each chatbot, one image per prompt was selected randomly for the following online survey. In a mixed subject design, participants were randomly assigned to one of three groups displaying the generated images of one AI. Then, they were asked to rate the images on SAM rating scales, adjective scales, to provide a title for the image, and to decide whether the image stigmatizes specific groups. The survey starts on November 2024 and a total sample size of 100 subjects is aimed for.
Results: Preliminary results will be presented at the congress.
Conclusions: This study examines the effects of AI-generated images on patients, experts and the general population. It attempts to find out whether and to what extent AI-generated images stigmatize people with severe mental illnesses and to what extent psychiatric institutions are portrayed realistically compared to general medical institutions and severe illnesses.

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EPV0846

A correlational study of Greek therapists' responses to sexual and erotic feelings during psychotherapy

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Introduction: Erotic and sexual feelings within therapy are complex phenomena which provide important information on aspects of both the client's and the therapist's relational self and hence bear great significance for the outcome of the therapy. The present correlational study examined Greek therapists' responses to sexual and erotic feelings during psychotherapy.

Objectives: The following hypotheses arising from the relevant literature were formulated so as to explore the above aims of the study empirically.
Hypothesis 1: Women therapists experience more negative feelings than males.
Hypothesis 2: There will be a statistically significant difference between males and females in experiencing gratification feelings.
Hypothesis 3: Therapists with psychodynamic training will experience lower levels of dysphoric feelings compared to therapists of other orientations.
Hypothesis 4: The proportion of psychodynamic therapists that disclose sexual and erotic feelings towards a client in supervision will be significantly higher than that of therapists of other orientations.
Since the present is the first conducted in the cultural environment of Greece and the first one correlating quantitative data from a psychometric test with handling of erotic and sexual feelings questions, the study will investigate in addition further questions correlating years of experience, sexual orientation, therapist age, with measures of emotional reactions.
Methods: Over two months, 139 adult psychotherapists completed an anonymous online survey. The demographics and attitudes of psychotherapy participants toward sexual and erotic feelings were collected. The Therapists' Attitude toward Sexual and Erotic Feelings Scale measured emotions.
Results: Results showed that male therapists felt more enjoyment than females, who were more afraid of the erotic or sexual. When controlling for therapist age, gendered difference in terror disappears. CBT and integrative therapists, who scored high on Aversion, also experienced higher threat levels. The present investigation showed no correlation between psychotherapeutic orientation and therapist erotic or sexual disclosure to supervised clients. Additional secondary analysis was done.
Conclusions: The findings of the study imply that therapists' emotional reactions to sexual and erotic sensations in psychotherapy are multifaceted and relate to their professional and personal identities. Psychotherapeutic training, licensure, supervision, and therapist implications are examined.

Disclosure of Interest: None Declared

EPV0847

Involuntay hospitalization for purpose of treatment - experiences and viewpoints from patients with schizophrenia

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Introduction: Coercive methods in psychiatry have been a matter of intense public debate for many years. Involuntary hospitalization (IH) for purpose of treatment is a major intervention with the purpose of providing care for individuals, who, during psychotic episodes, are not immanently dangerous to self or others but unable to take care of themselves and at risk of significant deterioration. The intervention is, however, not yet fully examined from patients' perspectives.
Objectives: To examine views and experiences of patients with schizophrenia, involuntary hospitalized in a psychotic state for purpose of treatment.
Methods: Nine patients were interviewed at discharge with a semi-structured instrument on the following: If IH can be justified in general and in the context of their own admission, how IH can be prevented, and finally, how they would react if confronted with a person in a similar condition as their own as described in their chart at the time of IH. The patients were reinterviewed after the interviewer had read their chart to obtain their reactions on others' descriptions of their condition.
Results: None of the patients considered their involuntary hospitalization necessary in its entirety or as an act of caregiving, and they believed that community support could have prevented it. Some described improvement in their condition attributed not to the hospitalization itself but to positive interactions with staff and other patients. They did not view their condition as psychotic but rather as angry, stressed, or even entirely well. They stressed that psychiatric patients should be able to refuse treatment in the same way as patients with somatic illnesses can.
Conclusions: We discussed the patients' experiences and negative view of IH, how their opinions can be related to the concept of psychosis and insight, possibilities of increased community support, and ethical issues concerning caregiving when the person being cared for does not feel a need. A better understanding of the role of psychopathology and patients' subjective experiences may provide a foundation for a patient-doctor dialogue on joint interventions in the future. More options for community support and acute outpatient interventions could be a possible way to reduce IH of patients, who are not dangerous to self or others.

Disclosure of Interest: None Declared

EPV0849

The Hidden Dangers of Diagnostic Overshadowing in Psychiatric Patients: A Case Study

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Introduction: Diagnostic overshadowing, or the tendency to attribute physical symptoms to mental illness, poses a significant risk to psychiatric patients, significantly delaying diagnostic and treatment possibilities. This case study highlights the potentially life-threatening consequences of dismissing physical complaints in patients with a history of mental health disorders.
Objectives: To examine the impact of diagnostic overshadowing on patient care and outcomes, emphasizing the need for comprehensive, unbiased medical assessment, regardless of psychiatric history.
Methods: We present the case of a 72-year-old female patient with an extensive history of multiple psychiatric admissions, primarily

for somatization and depressive episodes. The patient's journey began with an initial admission in our psychiatric service. However, her condition rapidly degenerated, as she developed chest pain, leg numbness, and digestive issues. These symptoms were initially attributed to her psychiatric conditions by the internal medicine team, leading to a critical delay in appropriate medical intervention.
Results: As a consequence, the patient's condition deteriorated rapidly, culminating in a severe septic state. Further investigation revealed that the sepsis had a pulmonary origin, with Serratia marcescens identified as the causative pathogen. This underscores the potential for seemingly benign symptoms to mask serious underlying infections in vulnerable populations. The patient's case was further complicated by the emergence of several severe medical conditions, including toxic hepatitis, cardiomyopathy, and valvular insufficiencies, highlighting the potential for cascading health issues when initial symptoms are not thoroughly investigated. In the course of treatment, the patient experienced additional complications arising from medical interventions, most notably drug-induced hepatotoxicity, serving as a reminder of the delicate balance required in managing complex cases and the potential for treatment-related adverse events to further complicate patient care.
Conclusions: This case study underscores the critical importance of conducting thorough and unbiased medical evaluations in psychiatric settings, or in cases where psychiatric history is present. It vividly demonstrates how preconceived notions and unconscious biases regarding psychiatric patients can lead to delayed diagnosis and treatment of serious medical conditions, potentially resulting in life-threatening consequences. The case serves as a wake-up call for healthcare providers to approach each patient with an open mind, regardless of their psychiatric comorbidities.

Disclosure of Interest: None Declared

EPV0851

Effects of Mental Health Stigma on Clinical Decision-Making in the Context of Digital Medicine

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Introduction: People with mental illness often experience stigma and discrimination, which can reduce treatment outcomes and quality of life. Numerous studies have shown that stigmatizing attitudes among physicians negatively affect both psychiatric and somatic care. Recently, technological advancements have led to the emergence of digital medicine as a new avenue for health care. However, little is known about how stigmatizing attitudes toward patients with mental illness might impact clinical decisions in the context of digital medicine
Objectives: This study aims to assess how implicit and explicit stigma against mental illness among medical students and general practitioners affects their decision for recommending treatment through a digital mHealth app.
Methods: A total of 62 general practitioners and 60 medical students participated in the anonymous online survey. After providing demographic information, participants reviewed two case vignettes: one depicting a patient with a comorbid mental and somatic illness, and the other depicting a patient with only a somatic illness. Participants rated, on a scale from 1 to 10, the likelihood of prescribing an mHealth app designed to enhance treatment of the somatic disease. The Social Distance Scale (SDS) and the Implicit Association Test (IAT) were used to measure explicit and implicit stigma, respectively. The IAT is a computer-based task that assesses implicit bias regarding the perceived incompetence associated with psychiatric disorders compared to somatic disorders.
Results: On average, participants were more likely to prescribe an mHealth app for patients with only a somatic illness than for patients with both somatic and comorbid mental illness ($p < .001$). Furthermore, implicit stigma was a significant predictor of participants' preference to treat patients with somatic over mental disorders ($p = .013$). There were no group differences in the IAT score.
Conclusions: Our findings indicate a bias against people with mental illness among both medical students and physicians, even within the context of digital medicine. Future research is needed to further examine the scope and impact of stigmatizing attitudes on patient health care outcome.

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EPV0853

Use of Physical Restraint in Psychiatry: Attitudes of Healthcare Providers and Ethical Considerations

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Introduction: Physical restraint in psychiatry is a widely used practice intended to protect patients from harming themselves or others, guided by strict procedures and monitoring. Recent reports and legal updates aim to regulate its use more closely
Objectives: This study assesses the extent of physical restraint use and explores healthcare workers' perceptions and experiences regarding this practice, focusing on ethical issues.
Methods: Between April and May 2024, we conducted a cross-sectional descriptive study involving healthcare staff from psychiatry departments across Tunisia, including hospitals in Sousse, Monastir, Kairouan, Mahdia, Sfax, and Tunis. Participants were surveyed using a literature-based questionnaire, and data were analyzed with SPSS21 software.

Results: The study included 16 men (28%) and 43 women (72%), predominantly aged 20-30 years (72%), with most participants from Kairouan (52%). Sixty-four percent of staff viewed physical restraint as a therapeutic tool. Opinions on its impact on the therapeutic alliance and physical integrity were mixed, with 33% considering it dehumanizing. The most common emotions reported were fear (58%) and pity (39%), while anxiety was the least reported (9%). Coping strategies included rationalization (63%) and discussing experiences with colleagues. Sixty-six percent of staff reported encountering ethical dilemmas, with varying frequencies. Views on patient consent were divided, with 42% opposing seeking consent, and differing opinions on obtaining consent from patients with good insight or in relapse.
Conclusions: The study reveals diverse and complex attitudes towards physical restraint in psychiatry. It underscores the need for continuous training, ethical reflection, and efforts to align practices with ethical standards to mitigate negative impacts on staff.

Disclosure of Interest: None Declared

EPV0854

Respect for Autonomy in Patients with Altered Reality Judgment

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Introduction: Bioethics is a discipline based on ethical principles aimed at guiding healthcare practice. Four fundamental principles are defined: autonomy, non-maleficence, beneficence, and justice. The first of these is autonomy, which expresses the ability of each individual to make decisions regarding their own health.
Objectives: This case presents a 47-year-old male patient diagnosed with schizophrenia, legally incapacitated and under guardianship by a Foundation. He has no awareness of his illness, is on pharmacological treatment in a controlled environment, and does not cooperate for testing or procedures. He has been involuntarily admitted to the Psychiatry Unit since 2022, awaiting transfer to a residential facility.
Methods: In recent months, the patient has exhibited dysphagia and constitutional syndrome. A tumor suspicious for malignant oropharyngeal neoplasm is identified. He is informed in simple terms, in the presence of his legal guardians, that he has a tumor with malignant characteristics, which will grow over time, eventually blocking his airway and leading to death. Testing is necessary to reach a diagnosis and propose treatment.
Results: The patient repeatedly and firmly expresses his desire not to undergo any tests or treatment. In coordination with the Psychiatry and Otorhinolaryngology services, and in consultation with the Bioethics Committee, it is decided to respect the patient's autonomy and his decision to refuse tests or invasive procedures. At all times, comfort measures and pain management are provided.
Conclusions: Autonomy is the ability to have control over one's own life. Every person has the right to make decisions about their health. Mental impairments can alter a person's autonomy, as they hinder the conscious process of decision-making.
The dignity of the person plays a key role in the protection of life, physical and psychological integrity, and the freedom of individuals with mental disorders.

Disclosure of Interest: None Declared

Forensic Psychiatry

EPV0856

The Use of Clozapine in Incarcerated Persons with Borderline Personality Disorder

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Introduction: Borderline personality disorder (BPD) is common in incarcerated persons. Psychiatric medications are prescribed in prisons for the treatment of psychiatric illnesses, but also for the reductions of symptomes triggered by the specific conditions and environment. The use of psychotropic medications in incarcerated persons is beneficial in terms of prevention of aggression and violent outbursts. Clozapine, as the most effective antipsychotic for aggressive and violent behavior could be very useful in forensic population, but is avoided due to adverse effects and the need for regular monitoring (Cekerinac et al. IJOPH 2024).
Objectives: The objective of this reserch is to analyze the use of clozapine among incarcerated persons with BPD, and to evaluate the incidence of adverse effects.
Methods: A cross-sectional, epidemiological survey was used to measure the prevalence of antipsychotic prescribing among adult prisoners in Sremska Mitrovica Prison (Serbia) in 2020.
Results: Of 1280 incarerated persons, (all men, average age 36.3 years), 80 (6.25%) were prescribed an antipsychotic. More than a half (N=44) were prescribed clozapine, but in doses lower than recommended for approved indications. None of them had an approved indication for clozapine, so this can be defined as off-label use. The average dose of clozapine was 51.14 mg/day, while the recommended maintenance dose is 300–450 mg/day. The other commonly used antipsychotic in this population was olanzapine (N=30). No cases of elevated white blood cells count were noted during regular monitoring. For the broader purpose of the study, metabolic parameters were assessed for the users of both antipsychotics, BMI, plasma glucose levels, plasma cholesterol levels and plasma triglyceride levels. Only the mean values of the levels of glucose and triglycerides in the plasma were slghtly elevated compared to the referent values of the Prison Hospital (Table 1.).
Table 1. Metabolic parameters in inmates prescribed olanzapine and clozapine vs. inmates who were prescribed metabolically inert antipsychotics

Metabolic parameter (mean±SD)	Treated with clozapine or olanzapine	Referent values
BMI	26.147±4.180	25.0-29.9 (healthy weight)
Glycemia mmol/L	5.783±0.849	3.9-5.6
Cholesterol mmol/L	4.413±0.953	<5.17
Triglycerides mmol/L	2.433±1.380	<1.7

Conclusions: We justify the off-label use of clozapine in prison settings due its benefits in reducing violence and aggression; however, further research would be necessary to clarify does the use of clozapine in incarcerated persons cause behavioral improvements that could reduce recidivism and improve post-imprisonment outcomes. The prevalence of adverse effects is rare; however, that is possibly due to low doses of the prescribed antipsychotics and specific prison settings in terms of dietary options and physical activity, as well as the average young age of the inmates.

Disclosure of Interest: None Declared

EPV0857

Involving forensic psychiatric patients in research - experiences, challenges and lessons learnt after one year of the PART Advisory Board

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Introduction: Participatory research can enhance the relevance, quality, and impact of studies, increase recruitment, and optimize research methods. It can also help to secure third-party funding,. The participatory inclusion of forensic psychiatric patients in research has so far primarily been implemented in the UK. With the establishment of the PART advisory board, founded in December 2023, this gap is intended to be closed in Germany by creating sustainable, previously lacking structures for the involvement of forensic psychiatric patients. The acronym PART refers to participation/ participatory. In the PART advisory board, people with lived experience and researchers actively cooperate in projects in the field of forensic psychiatry. In preparation for their role, people with lived experience received training where they were provided with knowledge and skills for their work. The board has now advised several research projects and issued recommendations.
Objectives: The purpose of this presentation is to critically reflect on the first experiences and consider how to incorporate these insights to improve the structure and working methods of the advisory board: What experiences have researchers, people with lived experience and those presenting their research projects made? How were participants involved? What impact did the advisory board have on specific research projects? What challenges arose, and how were they addressed? What are the lessons learned so far?
Methods: To answer these questions, various evaluation tools were used. These include feedback questionnaires from participants assessing each advisory board meeting and project presentation, interviews with participants at least two times throughout the project, statements from the advisory board to project presenters, and responses from the presenters on how the board's recommendations were implemented. Additionally, the perspectives of involved project staff were considered.
Results: By the time interim results are presented at the EPA Congress 2025, the PART Forensic Advisory Board will have met at least 12 times and at least five research projects will have been presented to the board and received its recommendations. It has already become clear that involving participants, especially in forensic psychiatric settings, requires specific framework conditions. These address overarching structural aspects, disease specific patient relevant needs, as well as knowledge- and method-based issues relevant to participants.
Conclusions: Even at this stage, the advisory board can be considered successfully implemented. Participatory research with people with lived experience in forensic psychiatric settings is possible, feasible, and above all, meaningful.

Disclosure of Interest: None Declared

EPV0858

Gambling among forensic psychiatric patients: A prevalence study

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Introduction: While gambling problems are increasingly recognized as a public health concern, knowledge of the prevalence and impact within psychosocially vulnerable populations is scarce. Never before has the prevalence of gambling problems been studied in a forensic psychiatric patient population. Given the risk for gambling problems to exacerbate existing mental health conditions, cause financial strain, and contribute to criminal behavior, understanding its prevalence and associated factors within this population is critical.
Objectives: The study aims to estimate the prevalence of gambling behavior and gambling problems among forensic psychiatric patients in Denmark and compare the results to the general Danish population. Additionally, the study seeks to identify associations

between psychosocial and demographic variables and the occurrence and severity of gambling problems. Lastly, the study will explore gambling motives and their relation to gambling problems in this patient population.
Methods: This observational, cross-sectional study will include inpatients and outpatients in Central Denmark Region forensic psychiatric care and inpatients in Capital Denmark Region forensic psychiatric wards from June 1 to December 31, 2024. Participants must be 18, and speak Danish, English, or Greenlandic. Data will be collected via self-report questionnaires and electronic patient records. Key measures include gambling behavior (past year gambling, frequency, and expenditure), gambling problems (the Problem Gambling Severity Index), and gambling motives (the Gambling Motives Questionnaire-Financial).
Results: Data collection ends by December 31, 2024; preliminary findings will be presented at the conference.
Conclusions: Results will provide valuable insights into the prevalence and characteristics of gambling problems in this population, informing clinical care and potentially guiding the development of targeted interventions. By highlighting the need for attention to gambling issues in forensic psychiatric settings, the study may enhance rehabilitation and recovery efforts and successful discharge by addressing potential risk factors for recidivism.

Disclosure of Interest: None Declared

EPV0859

Smoking, Obesity, and Metabolic Syndrome in Two High Security Settings

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Introduction: Two high security Forensic Psychiatric Centers (FPC) were implemented in the last decade in Flanders (FPC Ghent and FPC Antwerp). FPCs provide court[1]ordered treatment for forensic psychiatric patients (called "internees") that have committed a criminal offense related to their psychiatric disorder and who are at a high risk for recidivating.
Objectives: Treatment is often mandatory and lengthy, and per[1]sonal rights are highly restricted, which has an impact on treatment motivation and overall patient wellbeing (Lutz et al., 2022). While the Risk Need Responsivity (RNR) model - which focuses on risk reduction – was and still is the prominent model for offender rehabili[1]tation, other aspects are currently given more atten[1]tion. This includes the Good Lives Model (GLM) and the recovery movement, that aim at improving the achievement of skills necessary to maintain a good live and give meaning and value in one's existence (Lutz et al., 2022).
Methods: Data collection and statistical analyses The descriptive analyses of categorical and continuous variables was done using SPSS version 28. Valid per[1]centages were given. Assumption testing was per[1]formed and found that the data were not eligible for parametric examination. The significance level was set at .05.
Results: Weight and BMI At the initial measurement, the mean weight was 89.3 kg (SD ¼ 21.64, range ¼ 46–222 kg). The mean weight at second measurement was 92.6 kg, with a standard deviation of 21.90 and a range of 46.6–185.6. The second weight measurement occurred 812.2 days or 2.2 years (SD ¼ 552.39, range ¼ 7–3084 days) after the initial measurement. The weight difference between the two measurements ranged from a weight loss of 53.8 kg to a weight gain of 51.6 kg and showed a mean weight increase of 2.2 kg (SD ¼ 10.41)1
Conclusions: The overall conclusion of the study is that obesity, MetS, smoking, as well as substance misuse are highly prevalent among our high security population. These are all risk factors associated with somatic morbidity and mortality. Our study showed that obesity and MetS were found across psychiatric diagnoses and the presence of metabolic syndrome was not limited to the use of SGA.

Disclosure of Interest: None Declared

EPV0860

The Utility of Carbohydrate-Deficient Transferrin (CDT) Test for Regranting Driver's License After Repeat Drunk-Driving in Taiwan

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Introduction: Carbohydrate-Deficient Transferrin (CDT), a biomarker for excessive alcohol consumption, has been used in driver's license regranting programs in the UK and other European countries, but relevant data is lacking in Taiwan. This study collected % CDT data from repeat drunk driving offenders to monitor their alcohol consumption and aims to provide local data to inform policies in Taiwan.
Objectives: The objective of this study is to assess whether alcohol consumption decreases over a 12-month period, as measured by % CDT values and Alcohol Use Disorders Identification Test - Consumption (AUDIT-C) scores.
Methods: Study Design
This study was conducted from 2020 to 2023, involving 65 recidivist drunk drivers whose licenses had been revoked and who sought to reapply. Participants were referred to our hospital for a one-year, monthly evaluation and intervention program. Data were collected on gender, age, marital status, education level, employment status, years of alcohol consumption, primary type of alcohol consumed, DSM-5 severity, AUDIT, and AUDIT-C scores. Blood tests, including GGT, AST, ALT, triglycerides, cholesterol, and %CDT, along with AUDIT-C assessments, were conducted at the 1st, 4th, 7th, and 11th evaluations.

Results: Basic demographic information is shown in Image 1. There was no significant difference in %CDT before and after the intervention (p = 0.332), with values of 1.99% and 2.28%, respectively. Among 42 participants who completed the 12-month intervention, %CDT showed no significant change (p = 0.46; 1.93% vs. 1.83%). For 23 participants who did not complete the intervention, %CDT also showed no significant difference (p = 0.219; 2.11% vs. 3.14%). However, AUDIT-C scores significantly decreased across all groups. The total group's scores dropped from 4.51 to 3.20 (p = 0.00091), the completion group from 4.00 to 2.60 (p = 0.011), and the non-completion group from 5.43 to 4.30 (p = 0.025). These results are shown in Image 2, and the correlations between baseline variables are displayed in Image 3.

Image 1:

Demographics of Repeat Drunk-driving Offenders (N=65)	
Gender	Men: 61 (93.9%), Women: 4 (6.1%)
Age (Mean: 46.3 years)	20-34: 3 (4.6%), 35-49: 38 (58.5%), 50-64: 23 (35.4%), 60+: 1 (1.5%)
Marital Status	Married: 35 (53.9%)
Education Level	Elementary: 2 (3.1%), Junior High: 16 (24.6%), High School: 42 (64.6%), College: 5 (7.7%)
Job Status	Full-time: 56 (86.2%), Part-time: 2 (3.1%), Unemployed: 7 (10.7%)
DSM-5 Severity	Not meet: 15 (23.0%), Mild: 20 (30.8%), Moderate: 17 (26.2%), Severe: 13 (20.0%)
AUDIT Scores (Mean: 9.32)	Low-risk: 25 (38.4%), Hazardous: 30 (46.2%), Dependence Likely: 10 (15.4%)
Drinking Years	<5 years: 16 (24.6%), 5-10 years: 9 (13.8%), 11-15 years: 8 (12.3%), 16-20 years: 7 (10.8%), >20 years: 25 (38.5%)
Drinking Type	Beer: 36 (55.4%), Kaoliang: 11 (16.9%), Whiskey: 6 (9.2%), Paolyta: 6 (9.2%), Abstained: 4 (6.2%), Medicinal liquor: 2 (3.1%)

Image 2:

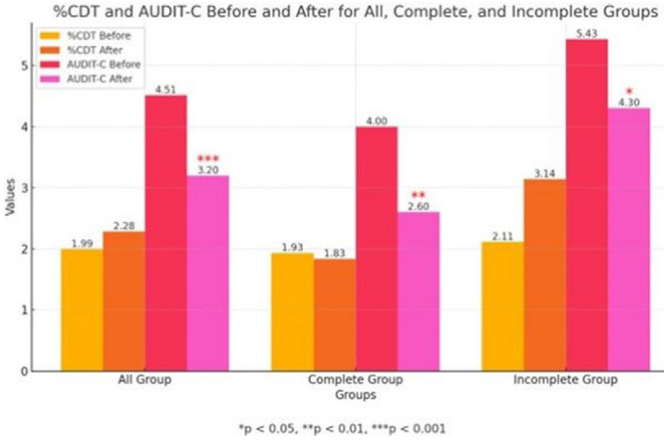
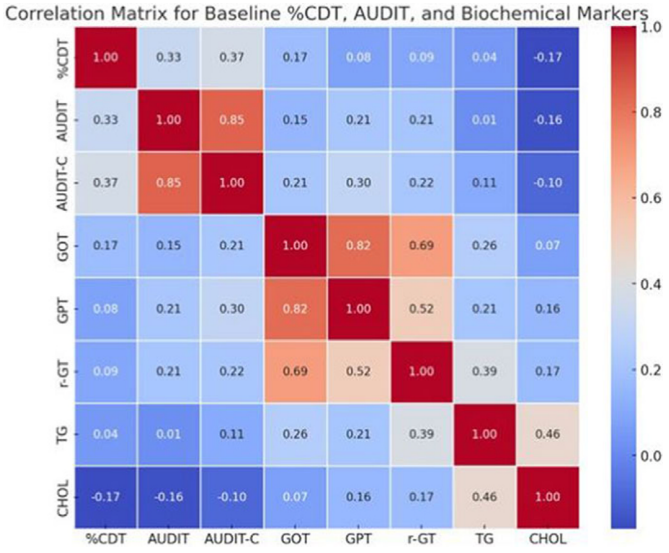


Image 3:



Conclusions: Our study found that monitoring drunk-driving recidivists with %CDT every three months did not yield a statistically significant change in %CDT, but did result in a significant reduction in AUDIT-C scores. Fleming et al. (2004) suggest that psychological pressure from long-term biomarker monitoring may have a therapeutic effect, with bimonthly CDT follow-ups potentially beneficial. Thus, using %CDT for license reinstatement is feasible, though adjustments to assessment intervals and inclusion of other biomarkers should be considered.

Fleming et al., Alcohol Clin Exp Res 2004; 28: 1347–55.

Disclosure of Interest: None Declared

EPV0861

False positive urine drug test for tricyclic antidepressants attributed to quetiapine treatment

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Introduction: Quetiapine is a serotonin-dopamine antagonist widely used for the treatment of bipolar disorder and schizophrenia. Patients with bipolar disorder and schizophrenia are also at high risk of drug abuse. Illicit substances are often traced in such patients during manic and psychotic episodes. Urine drug tests are commonly used to detect illicit substance use during hospital admissions.
Objectives: We report a case of an adult male patient treated with 600mg o.d. quetiapine who falsely tested positive for tricyclic antidepressants in a routine urine drug test

Methods: A male patient with a prior history of alcohol, cannabis and cocaine abuse acutely developed psychotic-like symptoms (persecutory delusions, psychomotor retardation, social withdrawal) and attempted to commit suicide. He was admitted to our psychiatric hospital, and he denied illicit drug use during the last 5 months.
Results: The patient was treated with quetiapine monotherapy, progressively titrated up to 600mg o.d. As a routine procedure and because of his personal history of drug abuse, he has been subjected to a urine drug test, which revealed positive results for tricyclic antidepressants. Due to uncertainty whether he abused tricyclic antidepressants prior to this admission, a second test was ordered after two weeks of quetiapine monotherapy and close inpatient monitoring, which was also positive for tricyclic antidepressants.
Conclusions: Quetiapine has a three-ringed chemical structure which shares similarities with tricyclic antidepressants. in vitro tests proved cross-reactivity of quetiapine and tricyclic antidepressants with some commercially available immunoassays. However it is not clear if the cross-reactivity is due to quetiapine or its active metabolites. In any case, the interpretation of a urine test positive for tricyclic antidepressants should take into account the possibility of such cross-reactivity with quetiapine, especially in cases of suspected drug overdose when the urine test is used to deduct the possible offending drug. Moreover, this cross-reactivity might be eploited in cases of suspected non-adherence to quetiapine treatment.

Disclosure of Interest: None Declared

EPV0862

The assessment of decision-making ability in the forensic evaluation of capacity for civil conduct in patients with schizophrenia

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Introduction: Patients with schizophrenia often require civil capacity assessments when participating in civil activities. The primary focus of the assessment involves evaluating patients' understanding of the issues at hand, their awareness of potential choices and the corresponding outcomes, and their ability to make decisions after considering the advantages and disadvantages. As such, the ability to make decisions is the fundamental neuropsychological mechanism underlying civil activities.
Objectives: This study systematically reviewed existing research on decision-making ability in patients with schizophrenia.
Methods: Both major international and Chinese databases were systematically searched. Relevant studies were summarized in aspects of the assessment, neuropsychological mechanisms, and neurobiological mechanisms of decision-making ability in patients with schizophrenia.
Results:

1. The most frequently employed experimental paradigms in studies focusing on economic decision-making include the Iowa Gambling Task (IGT) and the Game of Dice Task (GDT). Patients with schizophrenia performed significantly worse on the IGT compared to healthy individuals, often overestimating immediate gains and losses while failing to learn from the frequency of wins. There are relatively few studies utilizing the GDT, and the findings are inconsistent across studies.
2. Cognitive domains related to the decision-making ability in patients with schizophrenia could be executive function, verbal memory, and working memory. Psychiatric symptoms related to the decision-making ability include diminished motivation, lack of interest, depressive symptoms, and negative symptoms. Moreover, emotion plays a critical role in decision-making behaviors. Decision-making ability can also be influenced by medication and the overall severity of the illness; however, some studies found no association between decision-making ability and psychiatric symptoms, the illness stage, or medication usage.
3. Imaging studies consistently indicate that the prefrontal cortex is a critical brain region associated with decision-making abilities. Brain areas such as the orbitofrontal and ventromedial prefrontal cortex, amygdala, frontoparietal cortex, medial prefrontal cortex, dorsomedial prefrontal cortex, bilateral thalamus, and the left dorsal anterior cingulate cortex may play a role in decision-making processes in patients with schizophrenia. Nonetheless, some research found no association between decision-making ability and the functioning of the dorsomedial prefrontal cortex.

Conclusions: Deeply exploring the neuropsychological and neurophysiological mechanisms behind decision-making ability can help the understanding of the decision-making behavior of patients with schizophrenia in civil activities and can benefit forensic evaluation of civil capacity.

Disclosure of Interest: None Declared

EPV0863

Outpatient compulsory observation and treatment by a psychiatrist: Russian perspective

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Introduction: Outpatient compulsory observation and treatment by a psychiatrist (OCOTP) is, according to Russian Law, a coercive measure of medical nature. It was put into effect in 1997 and may be assigned by the court to persons suffering from mental disorders who have committed criminal offenses. Forensic psychiatric examination is a mandatory condition for the court to make a decision.
Objectives: To provide an overview of (1) the purposes of OCOTP, (2) the differences between OCOTP and outpatient mandatory psychiatric treatment, (3) the basis for judicial decisions to order and terminate OCOTP, the duration of OCOTP, and its effectiveness.
Methods: An analysis of scientific publications and professional literature on the topic and my own practical experience as a forensic

psychiatrist who recommended such a measure to the court, and the treating psychiatrist who carried it out in a mental institution.
Results: OCOTP may be imposed by the court (1) in relation to defendants found NGRI, who committed socially dangerous acts primarily in a state of "temporary mental disorder", (2) following completion of compulsory inpatient treatment of an insane person, (3) as a preventive measure in conjunction with punishment when the offender is found guilty but has a mental disorder that can be treated on an outpatient basis. OCOTP is ordered for an indeterminate period, and the court considers its extension or termination annually.
Conclusions: OCOTP is an evolving concept and the topic of discussion in professional literature.

Disclosure of Interest: None Declared

EPV0864

Training Police Officers how to Interact effectively with those who have Autism

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Introduction: There is growing awareness of the need for Police Officers to develop skills to assist those who have Autism. The development of skills is essential for a positive outcome, be it managing an emergency call out, making an arrest or interviewing a victim of crime. This is being championed by the development of co-responder teams which consist of a Police Officer and a Mental Health Professional who are dedicated to responding to emergency calls that may have a mental health component. These teams report a high rate of call outs involving those with Autism and frequently request further training in the area.
Objectives: To develop a training pilot study in Ireland which could be expanded to an international cohort of Police Officers and co-responder teams in the United States.
Methods: We were invited to train a small group of Irish Police Officers. We used the opportunity to obtain feedback which we then used to identify common training needs and used to improve the presentation. This was then delivered to the Framingham Police, Boston, USA and a group of co responder trainees. Feedback was again sought and used to improve the presentation to better address the needs of the group. A presentation was delivered to a conference for those who co-ordinate co-responder teams in Law Enforcement, Universities and Colleges in the United States and feedback sought.
Results: In the initial training to Irish Police Officers, feedback demonstrated improvement with significant *p*-values in all domains examined with questions e.g. 'I understand the common difficulties those with Autism experience' and 'This training will help me in my day to day work'. The feedback from the conference demonstrated significant interest and engagement in the training with questions e.g. 'The program maintained my interest' and 'The presenters responded to the questions and needs of the attendees'.
Conclusions: There is growing recognition of the need for Police Officers to have the skills to recognise, communicate with and support those with Autism. Our program has demonstrated a need and interest of Police Officers and co-responder teams for training in this area. We have also demonstrated effectiveness of the training using feedback from the attendees.

Disclosure of Interest: None Declared

EPV0865

Significance of forensic perpetrators with diagnosis of dementia

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Introduction: Although criminal behavior is not expected in the elderly, especially those diagnosed with dementia, it is important to keep in mind the potential forensic significance of dementia. Also it is especially important to focus attention on the participation of people with dementia in the legal process, given that their cognitive impairments may impair their ability to participate in the judicial process, as well as their capacity to protect their rights and interests.
Objectives: The aim of the study is to provide an overview of the forensic meaning of dementia and the assessment of persons with a diagnosis of dementia in a legal context.
Methods: For the purpose of the research, a review of relevant studies in the PubMed database was performed, related to the field of forensic psychiatry of offenders diagnosed with dementia and criminal behavior of the elderly.
Results: During the forensic assessment of people with dementia, it is important to assess their cognitive impairment, for which purpose various psychological tests and diagnostic processing are applied in addition to diagnosing other comorbid diagnoses, especially depression or the existence of a psychotic disorder. In dementia, an important criminogenic factor can be the use of alcohol, along with the potential for committing violent crimes.
Conclusions: Depending on the severity of cognitive impairment and the existence of psychotic symptoms or a delirious state, the legal capacity of people with dementia can be significantly impaired. It is important to assess the need for security measures of psychiatric treatment, as well as the possibility of participating in the court process with regard to cognitive impairment. It is also necessary to pay attention to the protection of the rights and interests of people with dementia, as well as the ability to reason.

Disclosure of Interest: None Declared

EPV0867

Exploring the Clinical Applications and Implications of EMDR Therapy for PTSD in Forensic Settings: A Systematic Review

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Introduction: There is a scarcity of research on the application of EMDR in addressing PTSD within correctional facilities, presenting varied results due to the difficulties associated with prolonged imprisonment. Prisoners encounter persistent mental health conditions such as depression, trauma, PTSD, and substance use disorders, contributing to maladaptive behaviors within the aggressive and psychologically taxing prison environment. Racial tensions and the pressure to conceal emotions further complicate matters, affecting daily life within the prison setting.
Objectives: To conduct a systematic review, following PRISMA guidelines, to assess the efficacy and evidence supporting the use of Eye Movement Desensitization and Reprocessing (EMDR) therapy for Posttraumatic Stress Disorder (PTSD) within forensic settings, in order to address the limited research available and provide insights into the outcomes and challenges related to treating PTSD in incarcerated individuals.
Methods: A review of 11 studies meeting the inclusion criteria was conducted. The study involved 156 incarcerated participants with a median age of 36.9 years, examining gender-based differences in reported trauma experiences and evaluating the effectiveness of EMDR therapy for PTSD in forensic environments. Primary assessment tools included PCL-C and CAPS scores for pre- and post-therapy evaluations. The timing of the initial EMDR session post-incarceration and symptomatic improvements over sessions were analyzed.
Results: Analysis of the study revealed significant improvements in symptoms over an average of six EMDR sessions, with no reported adverse events during therapy. The study highlighted the challenges and outcomes of implementing EMDR therapy for PTSD in correctional settings, shedding light on the effectiveness of the treatment among incarcerated individuals.
Conclusions: Despite positive initial results, it is vital to approach the interpretation of the benefits of EMDR therapy with caution, given factors such as the absence of standardized clinical trials, variability in reported outcomes, and the potential for study bias. Recognizing the need for additional investigation, further exploration is warranted to understand the lasting effects of EMDR therapy on recidivism rates, taking into account variables like the nature of the offense, length of incarceration, and frequency of reoffending.

Disclosure of Interest: None Declared

EPV0870

Differential diagnosis of disinhibited behaviors in forensic psychiatry: a report of three cases

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Introduction: In forensic psychiatry, the most common diagnoses among the affected population are mood and psychotic disorders, personality disorders, or other conditions including intellectual disabilities. These individuals are either offenders or victims in criminal cases. Moreover, the tendency towards criminal behavior, disinhibition, agitation and aggression may also be associated with a neurocognitive disorder. Criminal behavior has been detected in 37.4% of frontotemporal dementia, 7.7% of Alzheimer's disease, and 20% of Huntington's disease patients.
Objectives: Raising awareness on the potential presentations of disinhibited behaviors through three case reports and on the importance of detailed clinical evaluation to differentially diagnose and appropriately manage forensic referrals.
Methods: Each case was evaluated based on a predefined procedure comprising the anamnesis, mental status examination, review of previous medical and forensic records, neurological consultation including neuropsychiatric battery, social investigation and any other relevant information. Informed consent was obtained from all patients before presentation.
Results: Case 1
A 63-year-old male, presented with a legal request of determining the need for a legal representative. The patient, who previously showed no similar behavior, repeatedly took loans under his own name, sold his assets at undervalued prices, experienced difficulties managing money, and was easily deceived. The patient was determined to exhibit frontal-type memory impairment, consistent with behavioral variant FTD (bvFTD), and it was deemed appropriate to appoint him a legal representative.
Case 2
A 52-year-old male, presented to assess his criminal responsibility regarding a theft offense. Anamnesis revealed forgetfulness, difficulties in managing money, tendency to take items from stores without paying, and repetitive behavior of cooking. Detailed examination and tests conducted led to a diagnosis of anxiety disorder, with a conclusion indicating full criminal responsibility.
Case 3
A 72-year-old male was hospitalized regarding an insult towards legal authorities. During the observation period in the inpatient ward, he exhibited similar behaviors. However, the final diagnosis was consistent with no significant psychopathology, and the patient was deemed criminally fully responsible for this act.
Conclusions: In cases where behavioral disturbances predominate, the possibility of frontal lobe dysfunction should be considered. Nevertheless, temporality relationships in symptomatology and the course of the disease, as well as where, when, and how the criminal act happened should also be taken into account. Cases which have similar initial presentations may finally lead to unrelated diagnoses.

Systematic evaluations are necessary to accurately guide the legal authorities as well as planning treatment.

Disclosure of Interest: None Declared

EPV0871

Stalking syndrome in clinical forensic psychiatry

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Introduction: This study is probably the first study on stalking conducted in the Republic of Serbia.
Objectives: The aim of this study was to examine the stalking experiences of a sample of persons who, according to the Court's judgment, were in need of treatment.
Methods: This retrospective study was conducted from January 2020 until January 2024 and included 46 persons on the measure of treatment treated at the Clinic for Mental Disorders "Dr Laza Lazarević" in Belgrade. All obtained data were from their medical records and based on the judgment of the Court. The data were processed using SPSS version 21 to produce mainly descriptive and inferential statistics. Difference were considered statistically significant if $p< 0.05$.
Results: The participantes were mean age 49.5 ±12.9 years, and most of them 41 (89.1%) were men. The stalker was in most cases a male, he was unemployed (65.2%), unmarried (91,3%), lived with his parents (67.4%) in the city (91.3%). Stalkers were most often diagnosed with F22 (23.9%) and F23 (23.9%). The stalker with the diagnosis F22 most often pursued the desired partner (33.3%) and the stalker with the diagnosis F23 a person from the social environment (33.3%). After the treatment measure is completed, the stalker often repeats the same act (12.83%).
Conclusions: Stalking remains a major problem and insufficiently tested that must be taken seriously. It is best to look at stalkers as a heterogeneous group whose behavior can be motivated by various psychiatric illnesses, predominantly psychoses.

Disclosure of Interest: None Declared

EPV0872

A post-tragedy psychiatric approach to violence prevention and community healing

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Introduction: The world is increasingly burdened by complex, interwoven crises—economic, social, and political— and societies must examine and adapt their institutions to prevent and mitigate violence. Developing countries such as Serbia are transitioning from a history of conflict and face many difficulties in this regard. Lingering stigma around mental health, limited resources, and collective societal trauma complicate the task of responding to incidents of violence. One of these is the recent school shooting which has, on the one hand, highlighted deficiencies in early identification and intervention for at-risk adolescents, and has, on the other hand, pointed out the potential role of forensic psychiatry in transforming both prevention and post-crisis mediation.
Objectives: The aim of this study will be to propose potential pathways to redefine the Serbian forensic psychiatric landscape, through delineating interdisciplinary interventions such as implementing community-based mental health education, expanding risk assessment protocols for youth, and providing prophylactic care for vulnerable populations.
Methods: Drawing on comparative data from international practices, this paper explores several potential culturally adapted forensic models, focusing on early intervention, trauma-informed care, and interdisciplinary collaboration.
Results: The dialogue between forensics and restorative justice could help define models for facilitating community healing, as well as enabling accountability and rehabilitation for patients. This paper proposes that changes in forensic psychiatry might facilitate the development of evidence-based frameworks directed at reducing future violent incidents, if applied in an communal, distributed model which includes social workers and other persons of interest. These interventions would be crucial in aligning Serbia's forensic practices with current socio-political dynamics, potentially fostering a more effective and scientifically informed approach to justice and rehabilitation.
Conclusions: Implementing a culturally adapted, interdisciplinary forensic psychiatric model in Serbia could provide a vital framework for violence prevention, community healing, and the integration of restorative justice practices.

Disclosure of Interest: None Declared

EPV0873

Debriefing after incidents and restrictive practices: a D-FOREST study

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Introduction: The Council of Europe's Model Mental Health Act places emphasis on the need for a 'debriefing' discussion with patients after incidents of restrictive practices to arrive at a common understanding concerning what happened and to consider future prevention strategies. For the patient, issues may arise that may be subjectively reinforcing or subjectively aversive and staff may feel that the incident has, or does not have, alienating consequences.
Objectives: The aim of this study was to evaluate the consequences for the patient and for staff of incidents and use of subsequent

restrictive practices, as a basis for future understanding of what debriefing might usefully include.
Methods: A prospective cohort study was completed whereby incidents were rated using the Dynamic Assessment of Situational Aggression (DASA) and DRILL tool 'consequences' scales in the Central Mental Hospital (CMH). The DRILL consequences scale consists of three ladders, 're-enforcing', 'aversive' (both rated from the point of view of the patient) and 'alienating' (rated from the point of view of ward based staff). Data were gathered as part of the Dundrum Forensic Redevelopment Evaluation Study (D-FOREST). An omnibus General Estimating Equations model (GEE) was tested with the DRILL 'consequences' as dependent prior to dismantling studies.
Results: In this study, the 384 patient-days were in scope, 411 lines of data including 326 patient-days, 85 harmful incidents and 63 incidents of seclusion. In an omnibus GEE with the three-item DRILL consequences scale as dependent variable, DASA on the day before Wald X^2=3065.9, p<0.001; DRILL behaviours scale Wald X^2=970.7, p<0.001; DRILL interventions Wald X^2=140,159.1, p<0.001; DUNDRUM-1 Wald X^2=1638.9, p<0.001. The three items of the DRILL consequences scale were individually tested as dependent variables in GEE models with DASA the day before, DRILL behaviour scale, DUNDRUM-1 and each of the eight items of the DRILL interventions scale. Only increasing observation levels were not re-enforcing, with searches and seclusion strongly re-enforcing.
Conclusions: We have shown that consequences of harmful behaviours and preventive, restrictive interventions are measurable and proportionate for patients and for staff. Short-term risk on the day prior to an incident was able to predict the re-enforcing and aversive consequences for the patient, but not the alienating consequences – or lack of them – for staff. Future research will examine the way in which the baseline need for security mediates or moderates the relationship between incidents and patients and staff views of the consequences of incidents and restrictive practices.

Disclosure of Interest: None Declared

EPV0874

Not guilty by reason of insanity: characteristics of psychotic murders and murderers

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Introduction: Some acts of murder are committed out of insanity by individuals suffering from psychotic mental disorders. According to the law in many countries, these individuals do not have criminal responsibility. They are defined as not guilty due to insanity and therefore cannot be punished.
Objectives: This study aims to explore the sociodemographic, psychiatric, criminal and forensic characteristics/factors of insanity murders and murderers. This examination has not yet been conducted in Israel, which is a multicultural country with social, religious, ethnic complexity.
Methods: This study examined the hospital records (investigation material, indictments, admission summaries, and expert testimonies) of all 80 inpatients who had committed murder and been hospitalized in the maximum security unit from its opening in 1997 until 2021, and were found not guilty due to insanity.
Results: ***Demographics characteristics*** (at the time of the offense). The participants were men ages 18-85 (M=36.11, SD=11.84). 58.8% were born in Israel, 21.3% immigrated from the former Soviet Union, 6.3% from Ethiopia, and 13.8% from other countries. The majority (82.5%) were Jewish, 16.4% were Arab. Most lived in urban centers (86.3%). Most were not married at the time of the offense: Single (62.5%), divorced (21.3%). Only a minority was married (16%).
Psychiatric characteristics. Most participants were diagnosed with schizophrenia (90%); had at least one hospitalization prior to the offense (70%), and had a previous hospitalization due to violence. Most of them were not compliant with psychiatric treatment and follow-up (only one participant was fully compliant). In most cases (74%) pre-murder deterioration was recorded.
Criminal characteristics. At least 52.5% had a criminal record prior to committing the offense (a higher number is possible, the information is based on the medical file only, there was no access to an official criminal record).
Murder/forensic characteristics. At least 48.8% there was no prior planning. In most cases (66.6%) the motive described was paranoid delusions and only in 5% there is command hallucinations. In most cases the murders took place in the home of the victim and/or the assailant (67.5%), one person was murdered (91%) and the victim was known to the assailant (88.8%), most of them a family member (61.3%). In at least 75% of the cases there was a brutal murder with multiple stabbings, use of multiple means/actions, abuse of the body or dismemberment. Following the murder, 58.3% of the assailants remained at the site of the crime and/or called for help, 27.4% left the site (no information for the remaining subjects).
Conclusions: The findings are consistent with existing knowledge and may assist in identifying at-risk populations, develop and implement relevant prevention programs as well as improving the therapeutic continuum from hospitalization to the community.

Disclosure of Interest: None Declared

Genetics and Molecular Neurobiology

EPV0876

What do European guidelines say about genetic testing for people with mental disorders? A scoping review

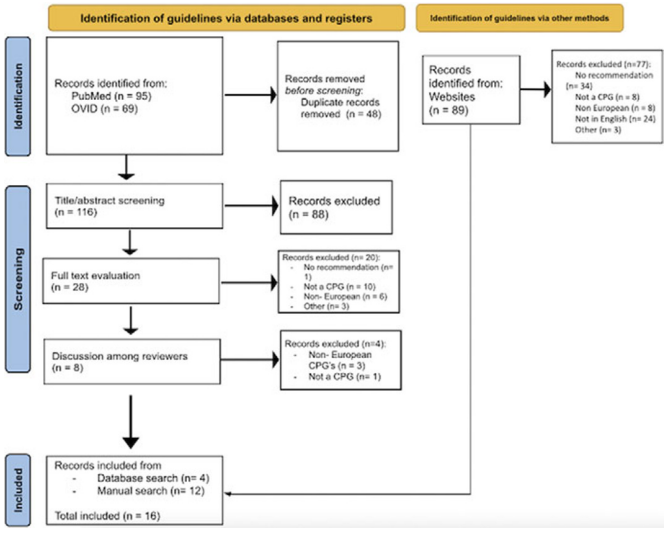
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Introduction: Technological advancements have identified numerous genetic variations linked to mental disorders, providing potential explanations and, in some cases, enabling targeted treatments. However, clinical genetic testing remains underutilised in psychiatric care, potentially due to inconsistent clinical guidelines across Europe.
Objectives: This scoping review aims to compile, summarise and evaluate European clinical practice guidelines (CPGs) on genetic testing in mental disorders, identifying gaps and variations in recommendations to inform current practice and future guideline development.

Methods: A scoping review was conducted across scientific databases (PubMed/MEDLINE and Ovid) and grey literature sources (Image 1. Flow diagram). Inclusion criteria centred on European CPGs published in English from 2010 onward with specific recommendations on genetic testing in mental disorders. Quality assessment was performed using the International Centre for Allied Health Evidence (iCAHE) checklist. Data extraction focused on guideline characteristics, target populations, and genetic test recommendations.
Results: Sixteen CPGs met the inclusion criteria, displaying considerable heterogeneity in quality and content, and covering a limited range of mental disorders. Six guidelines addressed neurodevelopmental disorders. Most recommended genetic testing in Autism Spectrum Disorder (ASD) when indicators such as intellectual disability (ID) or dysmorphic features were present; however, one guideline recommended routine testing. Only one guideline included recommendations for genetic testing in ID; routine access to Fragile X testing, chromosomal microarray, and whole genome sequencing was recommended as standard care.
Eleven guidelines provided recommendations on genetic testing in neurodegenerative disorders. In dementia, consensus on routine testing was generally limited to young-onset cases or those with distinct genetic profiles. APOE genotyping was generally discouraged. Guidelines for diagnostic testing for Huntington's Disease (HD) were consistent. Access to predictive testing with appropriate genetic counselling for at-risk adults was also recommended.

Image:



Conclusions: Based on our findings and the wider literature, we recommend considering genetic testing for: 1) all patients with ID, 2) patients with ASD exhibiting features suggestive of a genetic cause, such as ID and dysmorphic traits, and 3) patients with dementia with a young age of onset or a family history indicative of a Mendelian disorder. For HD, testing should be informed by phenotypic features and family history. Establishing harmonised, evidence-based guidelines is essential to integrate testing effectively. Key considerations include clinical utility, patient autonomy, and access to genetic counselling to ensure informed and supportive care.

Disclosure of Interest: None Declared

EPV0879

Season of birth/C-reactive protein gene interaction differentially affects negative symptoms domains in patients with schizophrenia

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Introduction: Schizophrenia is a severe psychiatric disease caused by genetic and environmental factors or their interactions that can contribute across multiple disease domains, including negative symptoms (NS), a core feature of schizophrenia.
Objectives: To study the association between season of birth (SOB), a well-replicated risk factor for schizophrenia, and NS domains avolition/apathy (AA) and diminished expression (DE) and to search for an interaction effect of SOB and rs2794521 genetic variants of the inflammatory marker C-reactive protein (CRP) on these domains.
Methods: The study included 2475 patients with schizophrenia. Patients born during the months of December to February were considered to be winter-born (n=636) and patients born in other months were considered to be non-winter-born (n=1839). Genotypes for CRP rs2794521 were obtained for 2437 patients. NS factors were calculated based on the Positive and Negative Syndromes Scale.
Results: There was a significant effect of SOB on AA scores (p=0.009), which remained after adjustment for sex and illness duration. Patients born in winter had higher scores compared with those born in other seasons. No significant effect of SOB on DE scores was observed. An association between the CRP rs2794521 *G*-allele and AA scores was found (p=0.044) in the winter-born group, with the carriers of the *G*-allele having higher scores. There was no effect of the *G* allele on DE scores in this group and on AA or DE scores in the non-winter group.
Conclusions: The results provide new evidence about the effect of SOB and SOB/CRP gene interaction on schizophrenia NS domains.

Disclosure of Interest: None Declared

EPV0880

The association between oxytocin receptor gene polymorphism, childhood adversity and negative symptoms of schizophrenia

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Introduction: Neurohormone oxytocin plays an important role in the pathogenesis of mental illness, and also moderates the relationship between stress factors, especially those acting in the early stages of development, and the development of mental disorders. Literature data indicate that environmental risk factors significantly increase the risk of schizophrenia and the severity of its clinical presentation.

Objectives: To study the association between the oxytocin receptor (OXTR) rs468302 and rs7632287 polymorphisms and negative symptoms of schizophrenia, taking into childhood adversity (CA), i.e. events that could adversely affect the psychoemotional state and development of the child in the period up to 18 years. CA includes abuse in the family, alcohol or drug addiction in parents, mental disorders.
Methods: The study included 592 patients with schizophrenia (items F20. according to ICD-10). Information about the presence of CA was obtained from case histories and patient interviews. Analysis of covariance was used for statistical data processing; in post-hoc pairwise comparison, Tukey's test was used.
Results: A significant effect of the interaction between CA and OXTR gene polymorphism rs7632287(G\A) on the severity of negative symptoms in patients with schizophrenia was revealed. For rs4686302 (C\T) polymorphism the association was found at the trend level. In patients without CA, polymorphisms did not have a significant effect.
Conclusions: The OXTR rs468302 and rs7632287 polymorphisms, previously associated with phenotypes related to social behavior, may be associated with negative symptoms of schizophrenia, and the association is mediated by the presence of a history of psychotraumatic events acting at an early stage of development.

Disclosure of Interest: None Declared

EPV0881

Exploring genetic sources of a decreased cognitive performance in psychometric schizotypy

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Introduction: Schizotypy is seen as subclinical part of the psychosis liability continuum. While several studies have attempted to confirm the relationship between schizotypal traits and genetic predisposition to schizophrenia using polygenic risk scores (SZ-PRS), the association of SZ-PRS with other features of schizotypal individuals resembling schizophrenia symptoms remains unexplored.
Objectives: This study aimed to assess the contribution of SZ-PRS and PRS for other relevant traits to cognitive functioning in schizotypy.
Methods: Healthy subjects (n=1468) were divided into low, negative, positive, and high mixed schizotypy groups based on a cluster analysis of the Schizotypal Personality Questionnaire data. Of them, 247 individuals had genome-wide information and completed a comprehensive cognitive battery, from which a cognitive index (CogI) was derived. PRS for schizophrenia, bipolar disorder, educational attainment, intelligence (IQ), neuroticism, and risk-taking were calculated with LDpred2-auto tool. The association of the CogI with PRSs was examined with stepwise multiple linear regression controlling for age and two ancestry-related principal components.
Results: The groups differed in the CogI (p=0.015). The high schizotypy individuals (n=49) had a lower CogI than the low (n=73, p=0.01), negative (n=54, p=0.08), and positive (n=64, p=0.09) ones. SZ-PRS (β=-0.16, p=0.012) and IQ-PRS (β=0.13, p=0.014) predicted CogI in low schizotypy; IQ-PRS (β=0.42, p<0.001) in negative schizotypy; risk-taking PRS (β=-0.27, p<0.001) in positive schizotypy; and none of the PRSs predicted cognition in high schizotypy.
Conclusions: We did not find traits whose PRS might explain the lower cognitive performance in high schizotypy. Thus, nongenetic factors deserve more attention in future research.

Disclosure of Interest: None Declared

EPV0882

Characterization of SLC6A1 mutations associated with schizophrenia using SH-SY5Y-based cell lines Ekaterina Marilovtseva1

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Introduction: SLC6A1 is a GABA transporter which, being expressed in neurons and glial cells, removes GABA from extracellular space, preventing the spread of the inhibitory transmission within the brain. Recently, A93T, R211C, and W495L *de novo* mutations in SLC6A1 have been demonstrated to be involved in schizophrenia pathogenesis. However, the mechanism of action of SLC6A1 in schizophrenia is still to be determined.
Objectives: To establish a series of SH-SY5Y-based cell lines expressing wt *SLC6A1* and its forms with single A93T, R211C or W495L mutations and their combinations, and to further characterize the properties and the subcellular localization of the resulting proteins.
Methods: The chosen variants of *SLC6A1* tagged with N-terminal FLAG were cloned into a lentiviral plasmid under the TRE promoter and used for transfection of HEK293T with further SH-SY5Y transduction. *SLC6A1* expression was initiated by adding 20 μg/mL of doxycycline to the cells. After 48 hours of treatment the cells were either used for qPCR and Western blot analysis, or stained.
Results: All cell lines expressed *SLC6A1* forms efficiently. SLC6A1 with single mutations, $SLC6A1^{R211C;W495L}$, and $SLC6A1^{A93T;\ R211C;\ W495L}$ were present by the same ≈67kDa form as wt SLC6A1, while $SLC6A1^{A93T;R211C}$ resulted in an additional band at ≈130kDa, indicating either the presence of PTM, or the formation of a homodimer. $SLC6A1^{A93T;W495L}$ gave no protein product, probably, due to its proteolytic degradation. Interestingly, wt SLC6A1, $SLC6A1^{R211C}$, and $SLC6A1^{A93T;R211C}$ were detected in neurites, while $SLC6A1^{A93T}$, $SLC6A1^{W495L}$, $SLC6A1^{R211C;W495L}$, and $SLC6A1^{A93T;R211C;W495L}$ were mainly found in cytoplasm, which might indicate that these mutations might affect the function of the protein.
Conclusions: Having established a series of SH-SY5Y-based cell lines expressing SLC6A1 with schizophrenia-associated mutations, we demonstrated the effect of the latter on the protein's subcellular localization. Based on our observations, we speculate that R211C has the mildest effect on the localization and function of SLC6A1 and can even partially compensate that of A93T, but not W495L. We also suggest that SLC6A1 with the A93T;W495L combination undergoes proteolytic degradation, most likely, due to the defects in its structure.

Disclosure of Interest: None Declared

EPV0884

Shared Genetics between Depression and Cardiometabolic Disorders

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Introduction: Several studies have discovered associations between depression and cardiovascular disease risk factors and patients with Coronary Artery Disease with comorbid Depression have worse prognosis. There is growing evidence of polygenic overlap between depression, Coronary Artery Disease and other Cardiovascular risk factors and may suggest molecular mechanisms underlying the association between depression and raised cardiovascular disease risk.
Objectives: Depression and cardiometabolic disorders are both heritable and both are caused by a mix of genetic and environmental factors. Genetic factors contribute to 31–42 % in MDD (Sullivan et al. 2000), 30–60 % in coronary artery diseases (Marenberg et al. 1994), 26–69 % in type 2 diabetes (Almgren et al. 2011 ; Poulsen et al. 1999), 24–37 % in blood pressure (hypertension) (Van Rijn et al. 2007), 35–48 % in heart rate variability (Kupper et al. 2004), 40–70 % in obesity (body mass index) (Willyard 2014), and 58–66 % in the level of serum lipids (Knoblauch et al. 1997). Moreover, there are fairly high genetic co-heritabilities (genetic correlations) between depression and the different cardiometabolic disorders suggesting the influence of pleiotropic genes and shared biological pathways within them.
Methods: Literature search was conducted and appropriate material was then extracted to examine the hypothesis.
Results: Identification of shared molecular pathways supports a growing evidence base for cross-diagnostic treatment. Besides, further exploration of overlapping molecular pathophysiology can unveil novel targets for drug development and repurposing of existing medications. Also, cardiometabolic disorders can increase the risk of poor response to standard treatments in mood disorders. Lastly, studying shared pathways of depression and somatic disorders can untangle the clinical and genetic heterogeneity that underlies in these illnesses.
Conclusions: Genetic studies have suggested the involvement of pleiotropic genes in the comorbidity between depression and cardiometabolic disorders. While our abstract attempts to provide some insight into the common mechanisms and role of pleiotropic genes, in-depth understanding of how these genes mediate the association between depression and cardiometabolic diseases requires future larger scale comprehensive cross-disorder research. This will enable us to better understand why patients suffer from multiple diseases at a time and how multimorbidities influence pharmacological treatment response to diseases.

Disclosure of Interest: None Declared

EPV0885

The Impact of Bisphenol A (BPA) on Serotonin Regulation and Its Implications for Mood

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Introduction: Bisphenol A (BPA), a widely used chemical in the manufacturing of plastics and resins found in everyday consumer products such as water bottles and food containers, is known to interfere with the body's endocrine system. Specifically, BPA acts as a xenoestrogen, meaning it can mimic the hormone estrogen by binding to estrogen receptors (ERs) in the body. This interaction raises concerns about BPA's potential impact on brain regions with high densities of these receptors, including the hippocampus and prefrontal cortex, which are critical for mood and cognitive functions. Estrogen plays a vital role in regulating serotonin, a neurotransmitter essential for mood stability. This review synthesizes existing literature on how BPA may disrupt serotonin regulation and its implications for mood disorders.
Objectives: To evaluate the mechanisms by which BPA interacts with estrogen receptors and serotonin in the brain with a key focus on its implications for mood disorders such as depression and anxiety.
Methods: A narrative literature review was conducted, gathering findings from relevant studies published over the past two decades. Sources were identified through database searches in PubMed, PsycINFO, and Google Scholar using keywords such as "BPA," "serotonin," "estrogen receptors," "hippocampus," "prefrontal cortex," and "mood disorders." The review focused on various types of studies that examine BPA's interaction with estrogen receptors and its effects on serotonin regulation allowing for the creation of an up-to-date integrative summary.
Results: The review reveals that BPA's interaction with estrogen receptors in the brain can lead to significant disruptions in serotonin regulation. BPA competes with endogenous estrogen for ER binding leading to altered serotonin synthesis and release. BPA exposure is associated with reduced expression of tryptophan hydroxylase, the enzyme critical for serotonin production, potentially lowering serotonin levels. BPA's interference with ERs impairs serotonin release from presynaptic neurons, particularly in the hippocampus and prefrontal cortex, which are vital for mood regulation.
Conclusions: The literature strongly suggests that BPA disrupts normal estrogenic regulation of serotonin, with significant implications for mood disorders such as depression and anxiety. The hippocampus and prefrontal cortex appear particularly vulnerable to these disruptions, which could theoretically exacerbate symptoms of mood dysregulation highlighting the importance of considering environmental factors like BPA in the treatment of mood disorders. Given the widespread exposure to BPA, these findings underscore the need for further research into its long-term effects on mental health and potential regulatory measures to mitigate exposure.

Disclosure of Interest: None Declared

EPV0886

Plasma-based microRNA biomarkers for depression in Romanian patients: preliminary findings

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Introduction: Depressive disorders are one of the most disabling mental illnesses with a significant impact on society. In Romania the mean annual total costs per depression patient are EUR 5553, a much higher figure than the mean annual total costs per patient ranged worldwide.
Even though their roles in depression have not been elucidated, a plethora of potential biomarkers in multiple body fluids for the early diagnosis of depression has been suggested. Blood circulating microRNAs (miRNAs) are potential biomarkers for several human diseases, including psychiatric disorders. Different studies have shown that micro RNAs are involved in a series of pathophysiological processes and could be useful markers for diagnosis and prognosis of depression.
Objectives: This preliminary case-control study was designed to identify putative blood circulating miRNAs associated with the diagnosis of depression in Romanian patients.
Methods: In this study, 20 patients with depression and 24 non-depressed controls were enrolled. All the individuals have been interviewed and screened using the following scales: the Hamilton Anxiety Scale (HAM-A), the Becks Depression Inventory (BDI) and the Perceived Stress Scale (PSS). The expression of 179 miRNAs in plasma have been evaluated by qRT- PCR. The difference in the expression of miRNAs between the two groups, as well as the correlations with the scores of the scales have been analyzed.
Results: A panel of 28 miRNAs was identified as differentially expressed between patients and controls. Only miRNAs showing a -2>FC>2.0 and p<0.05 have been considered significant. Seven miRNAs (miR-143-3p, miR-331-3p, let-7f-5, miR-502-3p, miR-145-5p, miR-7-1-3p, miR- 29a-3p) were found up-regulated in the depression group, while 21 miRNAs (miR-885-5p, miR-425-3p, miR-32-5p, miR-23b-3p, miR-590-5p, miR-30a-5p, miR-132-3p, miR-376a-3p, miR-223-5p, miR-133b, miR-142-5p, miR-92b-3p, miR-140-3p, miR-16-2-3p, miR-28-3p, miR-27a-3p, miR-15b-3p, miR-106b-3p, miR-877-5p, miR-30e-3p, miR-140-5p) showed a down-regulation in the group of patients compared to the controls. Some of the significant correlations between miRNA expression and the scale scores are reported: a positive correlation between let-7f-5 and miR-7-1-3p with the BDI score (p=0.003 r=0.526, and p=0.008 r=0.477, respectively) and a negative correlation between miR-425-3p with BDI (p=0.002 r=-0.502) were found.
Conclusions: The results reported in this communication represent preliminary findings. Due to the nature and heterogeneity of depression, the number of patients and controls in the two cohorts will be enlarged to correlate these miRNAs with other patient features.

Disclosure of Interest: None Declared

EPV0887

Mitochondrial DNA Copy Number Changes in Mood Disorders during the Menopausal Transition

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Introduction: A heightened susceptibility to mood disorders among women at specific junctures throughout their reproductive lifetime has been reported. Previous studies have suggested that the probability of developing Major Depressive Disorder (MDD) during the menopausal transition is amplified from 2 to 4 times when contrasted with both premenopausal and postmenopausal periods and also increased mood symptom severity in the menopausal transition in bipolar disorder (BD) has been cited (Chen *et al.* Arch Womens Ment Health 2017; 20 463-8). A considerable body of evidence suggests that mitochondrial dysfunction plays a crucial role in the pathophysiology of various psychiatric disorders, including MDD and BD. Researchers have proposed that the mitochondrial DNA copy number (mtDNAcn) may serve as an essential marker of mitochondrial health, which is the ratio of mitochondrial and nuclear DNA (Malik *et al*. Mitochondrion 2013; 13 481-92).
Objectives: In this review, we aimed to compile and present existing data regarding mtDNAcn alterations in women during the menopausal transition by comparing the mtDNAcn numbers of the women in premenopausal, perimenopausal and postmenopausal periods thereby establishing a foundation for future research on the origins of these conditions.
Methods: A literature search was conducted on the electronic databases PubMed, Cochrane Library, Medline (OVID), Scopus, Web of Science and CINAHL to identify the relevant studies published until 14 October 2024. The search was performed using the following keywords (Menopause OR Premenopause OR Pre-Menopause OR Premenopaus* OR Perimenopause OR Postmenopause OR Post-Menopause OR Postmenopaus*) AND (mitochondrial DNA copy number OR mtDNA copy number) and limited to English language.
Results: According to the search results, 66 publications were reached in total. After detecting and removing duplicate publications, there were 21 publications left. After screening, any of the studies met inclusion criteria for the systematic review, because most of them were conducted in different patient groups and healthy controls in the menopausal transition periods, but the main findings of these studies can be summarized as; mtDNAcn varies between the patients groups and healthy controls in the menopausal transition periods with the conflicting results. Some of the studies found higher mtDNAcn in patient groups such as breast cancer and pelvic organ prolapsus, whereas some of them found lower mtDNAcn numbers in patient groups such as osteopenia and osteoporosis.
Conclusions: Considering above findings, there is mtDNAcn alterations in women during the menopausal transition. These findings may highlight the need for future studies to elucidate the link with mtDNAcn and mood disorders in the menopausal transition period by comparing the women in different menopausal periods.

Disclosure of Interest: None Declared

EPV0888

Neurotrophins expression in brain regions of an anorexia nervosa mouse model, biomarkers for diagnostic and prognostic

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Introduction: Anorexia nervosa (AN) is a complex mental disorder characterized by a voluntary food restriction and excessive physical activity resulting in dramatic weight loss. Neurotrophins are growth factors that play s role in the proliferation, survival and differentiation of cells in the brain. Alterations in neurotrophin factors, including the brain-derived neurotrophic factor (BDNF), have been found in patients wuth AN. Variants of genes encoding various neurotrophins and their receptors have been associated with eating disorders or with disease outcome or prognosis compared with controls. In animal, BDNF negatively modulates the central control of food intake and its injection into rodents induces weight loss and anorexia. Its receptor, the p75 neurotrophin receptor was also able to regulate the energy balance, as observed in mice lacking the p75NTR, which decreased their feeding. Thus, several neurotrophins and their receptor may have a metabolic effect, making them good candidates for biomarkers in AN for diagnostic and prognostic purposes.
Objectives: Our work measured the levels of expression of neurotrophins and their receptors in specific brain areas, taking advantage of the mouse AN-like model in food-restricted and refeed animals.
Methods: The AN-like model combining a chronic food restriction (50%) for 15 days followed by an *ad libitum* refeeding period of one week was used. Female mice have access to a running wheel to create a metabolic environment similar to that of patients suffering from AN during restriction and recovery after hospitalization. The mRNA levels of Bdnf, TrkB, Ngf, NtF3 and Ntf5 were measured in brain regions (prefrontal cortex, hippocampus, hypothalamus and dorsal striatum) using quantitative PCR in the different groups of mice (ad libitum, ad libitum with wheel, food restriction and food restriction with wheel). Statistical analysis will compare levels using one-way or two-way ANOVAs depending on the animal group or brain region.
Results: A significant decrease of the expression of *Bdnf*, *Ngf* and *Ntf5* genes was observed between *ad libitum* and food restriction groups in the dorsal striatum. The transcript level for *Bdnf* was also decreased in the prefrontal cortex in the food restriction groups compared to the *ad libitum* groups. In contrast, TrkB transcript was increased in in food restriction groups compared to ad libitum groups, in the prefrontal cortex. We expect significant differences in gene expression in the other brain regions of interest for the food restricted animals compared to the *ad libitum* animals. The levels of neurotrophic genes are ongoing for the refeeding animals.
Conclusions: Neurotrophins could represent potential biomarkers of AN for the diagnosis and prognosis in the evolution to weight recovery and will thus allow a better understanding of the aetiology of AN.

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Disclosure of Interest: None Declared

EPV0890

A Potential Paradigm Shift in Managing Huntington's Disease? A Meta-Analysis of the Recent Advances in Symptomatic Treatment and Gene Therapy

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Introduction: Huntington's Disease (HD) is a serious inherited neurodegenerative disorder characterized by a progressive decline in motor and cognitive functions, along with neuropsychiatric symptoms. The pathophysiology involves extended CAG repeats in the huntingtin (HTT) gene, leading to the toxic accumulation of protein aggregates and subsequent neurodegeneration. Current treatments for HD solely provide symptomatic relief and are merely adjunctive, with no effect on disease progression. Novel gene editing technologies, such as CRISPR on the other hand, directly target mutant huntingtin at either the DNA or RNA level, and may potentially delay or halt the progression of HD through their disease-modifying effects.
Objectives: This review is aimed at critically evaluating the recent advances in gene therapy and symptomatic treatment approaches, focussing on both current treatments as well as first-generation human and preclinical studies targeting HD. The review also seeks to assess the rationale for these studies, the mechanisms of action involved, and their broader implications for clinical practice and patient care.
Methods: A systematic review of the recent literature on drug-based and non-drug-based HD treatment approaches, including symptomatic and advanced gene-editing strategies, was conducted. Data pooling was carried out with random-effects models to provide calculated standardized mean differences (SMDs) and 95% confidence intervals (CIs). The review included a comprehensive investigation of strategies such as CRISPR-Cas9, prime editing, antisense oligonucleotides, and RNA interference, yielding promising data with prudent clinical utility.
Results: Eighteen studies with a total of 2,152 participants were analyzed. A significant reduction in motor manifestations compared to controls was recorded with Tetrabenazine and Deutetrabenazine use, with an SMD of -0.65 ($p < 0.001$). Antidepressant supplementation showed promising effects on psychiatric symptoms, achieving an SMD of -0.70 ($p < 0.001$). Non-drug-related treatments moderately improved participants' quality of life, as illustrated by an SMD of 0.58 ($p < 0.001$). In gene therapy-related interventions, CRISPR-Cas9 and prime editing approaches showcased a significant reduction in the levels of mutant huntingtin protein, with a mean of -1.25 ($p < 0.001$). Additionally, antisense oligonucleotides provided encouraging results, eliciting a dose-dependent reduction in RNA levels, with a mean of -0.85 ($p < 0.001$).
Conclusions: Combining innovative symptomatic treatments with novel gene-editing technology marks a potential paradigm shift in managing Huntington's Disease. While symptomatic therapies are paramount to ensure optimal patient comfort, recent advances in gene therapy research hold tremendous potential in modifying and curbing disease progression.

Disclosure of Interest: None Declared

Guidelines/Guidance

EPV0891

Cardiovascular Risk Assessment in Psychiatric Patients

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Introduction: Psychiatric patients, particularly those with severe mental illness, face an elevated risk of cardiovascular disease. This heightened risk stems from a combination of factors, including the effects of antipsychotic medications, unhealthy lifestyles, and socioeconomic disadvantages. Addressing cardiovascular risk in this population requires tailored approaches that consider both medical and mental health aspects. Traditional cardiovascular risk prediction models, such as SCORE2, often fail to accurately assess cardiovascular risk in psychiatric patients.
Objectives: This non-systematic review aims to evaluate the evidence behind the use of cardiovascular risk prediction models in patients with mental illness, assessing their applicability and limitations.
Methods: Relevant and recent studies or reviews were selected from the PubMed electronic database using search terms related to cardiovascular risk prediction and mental illness. Articles were chosen based on their relevance to psychiatric populations and their focus on prediction models.
Results: Recent cardiovascular risk prediction models, such as PRIMROSE and QRISK3, incorporate factors like the presence of severe mental illness, antipsychotic and antidepressant use, and lifestyle factors (smoking and alcohol consumption). These models are more effective than general population models in predicting cardiovascular events in psychiatric patients. Interventions based on these models, particularly pharmacological strategies such as the use of statins and metformin, have been effective in managing lipid levels and reducing cardiovascular risk in this population.
Conclusions: Psychiatric patients are at a significantly increased risk of cardiovascular disease, warranting early intervention and consistent monitoring. Tailored risk assessment models can significantly improve cardiovascular outcomes by guidind pharmacological intervention. Further studies are needed to improve and validate the available prediction models.

Disclosure of Interest: None Declared

EPV0892

"Conflict-free communication skills" as a new academic course in the medical students' education

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Introduction: The professional activity of doctors is often associated with conflict situations, so it is important for them to obtain conflict-free communication skills during their education. These skills can be formed during a new academic course in curriculum. In this paper, we describe the prerequisites of the course "Conflict-free communication skills" on the sample of teaching pediatrics students at the Sechenov University.
Objectives: To clarify the possibility and expediency integration of a new course into the curriculum of medical students.
Methods: The primary method employed is bibliographic analysis.
Results: The main purpose of a new course is the formation of universal, general professional and professional competencies in verbal and nonverbal communication for medical students. It is necessary for medical students to acquire the basic principles of communication psychology and the formation of conflict-free communication skills. In the process of organizing education for future medical staff, it is important to start from the basic concept of communication, not from the basic concept of conflicts. From our point of view, the concepts of effective communication and conflict-free communication are interrelated. To make this course more practical, classes should be held in the format of business games, case studies, and social-psychological training.
We have identified the following sections of the discipline:

The phenomenon of communication;
Business communication and its types;
Psychological boundaries and their violations;
Empathy in the work of a doctor;
Teamwork and collaboration.
Conclusions: The integration of a new course into the curriculum of medical students will allow us to develop conflict-free communication skills and teamwork, thereby simplifying business communication in the medical field.

Disclosure of Interest: None Declared

EPV0894

End-of-life decision-making in the ICU: perspectives on who "should" decide and influencing factors

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Introduction: Discrepancies often arise between experts and non-experts regarding their roles in making end-of-life (EOL) decisions within the Intensive Care Unit (ICU). Such decisions are frequently contentious in clinical settings, with wide-ranging consequences in legal, ethical, psychological, social, and clinical contexts.
Objectives: The aim of this study was to systematically review the global perspectives of physicians, nurses, family members, and the general public on who "should" be involved in decision-making for adult ICU patients, as well as to identify potential influencing factors.
Methods: Adhering to the PRISMA 2020 guidelines, a comprehensive literature search was performed across PubMed, EMBASE, and CINAHL databases. A data extraction table was developed,

validated through discussion and implemented by two independent researchers. The extracted data were subsequently analyzed descriptively.
Results: Thirty-three studies were included, documenting variations in findings across different geographical and temporal contexts. Most participants in these studies were healthcare professionals. Despite evidence of paternalistic tendencies, physicians generally showed a growing inclination toward a more collaborative decision-making model. Similarly, the views of other population groups leaned towards patient and family involvement, with nurses additionally supporting their own participation. Six categories of influencing factors were identified, with legal/regulatory considerations and participant demographics emerging as the most significant.
Conclusions: The overall representation of participants' perceptions highlights a broader tendency towards collaborative decision-making. This requires coordinated efforts from both clinical practitioners and policymakers to establish a decision-making framework that is inclusive, context-sensitive, and adaptable to the legal and cultural specifics of each region. To this end, emphasis should be placed on national-level interventions that address these issues directly, as opposed to broader, supranational approaches that may lack the necessary nuance.

Disclosure of Interest: None Declared

EPV0895

Clinical management of self-harming children and adolescents in the United Kingdom: a multicentre audit

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Introduction: The risk of self-harm is highest in younger age groups, with increasing numbers of under-18s being admitted to hospital due to self-harm in recent years in the UK1,2. The National Institute for Health and Care Excellence (NICE) guidelines for self-harm in adolescents over eight was updated in September 2022 and reinforces the need for the proper initial management of adolescent self-harm3. To our knowledge, our study is the first UK national audit on the management of self-harm in adolescents presenting to the emergency department using the updated NICE guidelines.
Objectives: To assess the clinical management of children and adolescents who present to the Emergency Department (ED) following self-harm, a cross-sectional, multicentre study was conducted within teaching hospitals affiliated with nine medical schools across England, Wales and Scotland.
Methods: Data was retrospectively collected from ED records using consecutive sampling of individuals aged 8 to 17 years who presented with self-harm from 7 Sep-7 Nov 2022.
Results: Records from 328 patients were included in the final analysis. Most patients were female (82.0%) and white (68.2%), with a mean age of presentation of 14.7 (σ = 1.58). The rate of positive responses to each question is available in Table 1. A 'positive' response is defined as a 'yes' response, rather than 'no' or 'not documented'.

Table 1. Rate of compliance with audit criteria

Guideline number	Criteria	Rate of positive response (%)
1.3.1	All staff who have contact with people who self-harm should ask about safeguarding concerns.	56.4
1.2.2	Recognise the need to seek consent from the person as early as possible.	73.5
1.5.2	Do not delay the psychosocial assessment until after medical treatment is completed. *Question:* Was psychosocial assessment delayed until after medical treatment is completed?	17.8
1.5.15	Together with the person who self-harms and their family and carers, develop or review a care plan using the key areas of needs and safety considerations identified in the psychosocial assessment	68.9
1.6.6	Undertake a risk formulation as part of every psychosocial assessment.	45.5
1.9.2	If a 16-/17-year-old is admitted to a general hospital, ensure that it is to a ward that can meet the needs of young people.	26.1
1.11.12	Discuss with the person harm minimisation strategies that could help to avoid, delay or reduce further episodes of self-harm and reduce complications.	43.2

Conclusions: This is the first study, to our knowledge, that investigates the management of self-harm in under 18s across the UK using the updated NICE guidelines. Some criteria may have been adhered to but not documented. The results from this study provide support for the further improvement of clinical practice in the management of self-harming children and adolescents.

Disclosure of Interest: None Declared

EPV0896

The Impact of a Digital Guideline Version on Schizophrenia Guideline Knowledge: Results from a Multicenter Cluster-Randomized Controlled Trial

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Introduction: While clincial practice guidelines are an effective means of improving healthcare, they are not always adequately implemented. A recent study of the German S3 guideline for schizophrenia (version 2019) revealed low rates of adherence among medical professionals (Khorikian-Ghazari *et al.* Eur Arch Psychiatry Clin Neurosci 2023, 1-12). The factors impeding adherence are numerous and encompass individual, contextual, and guideline-related elements. The present study (Halms *et al.* 2024 BMC Medicine 2024, 22(1) 311) examines the efficacy of a digital guideline version in comparison to print/PDF formats with respect to guideline knowledge.
Objectives: The primary aim of this study was to assess whether healthcare professionals using a digital version of the schizophrenia guideline achieved greater knowledge gains than those using traditional print or PDF formats. Secondary objectives included examining the usability of the formats, shared decision-making capabilities, and confidence in clinical decision-making.
Methods: A multicenter, cluster-randomized study was conducted in psychiatric hospitals in South Bavaria, Germany. Medical and psychological staff were divided into two groups: Implementation of the guideline via the digital MAGICapp platform or the conventional print/PDF version. The study comprised a baseline assessment (T0) and a post-intervention assessment (T1) after a six-month implementation phase. The primary outcome measure was guideline knowledge, measured by knowledge questions about the contents of the German S3 guideline for schizophrenia.
Results: A total of 217 subjects participated at the initial assessment (T0), while 120 subjects completed the follow-up assessment (T1). Both groups demonstrated notable gains in knowledge, yet no significant differences were observed between the two groups. At T0, 43.6% of the control group and 52.5% of the intervention group met the specified criterion. With regard to the primary outcome (≥ 30 of 46 knowledge questions and all five cardinal questions answered correctly), no significant difference was found at either T0 or T1 (T0: $Chi^2_{(1)} = 1.65$, $p = 0.199$, T1: $Chi^2_{(1)} = 0.34$, $p = 0.561$). Following the intervention, 58.2% of the control group and 63.5% of the intervention group met the primary outcome.
Conclusions: Overall, a significant improvement in guideline knowledge was demonstrated throughout the implementation process. The digital guideline version did not demonstrate superiority in knowledge gain, but it did show potential advantages in shared decision-making. The results may have been influenced by familiarity with conventional formats and barriers to implementing digital applications. The study highlights the importance of needs-based, structured implementation strategies, particularly for younger practitioners with less professional experience.

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EPV0898

Comparative Effectiveness of Olanzapine Versus Haloperidol in Treating Delirium: A Systematic Literature Review and Meta-Analysis of Randomized Trials

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Introduction: Delirium, as described in the DSM-V, is a disruption in attention and consciousness that develops over a brief period, representing an acute change from baseline awareness. First-generation antipsychotics, such as haloperidol, are often advised as the first line of pharmacological treatment. In comparison to haloperidol, olanzapine appears to be more beneficial in terms of efficacy and safety, according to a 2016 systematic review and meta-analysis of randomized clinical studies. However, most of the research included were single-center investigations with tiny sample numbers, diverse study demographics, and bias potential.
Objectives: The aim of this systematic review was to identify the current best evidence on the effectiveness of olanzapine versus haloperidol in various clinical settings to guide best practices for healthcare professionals. Also, this literature review seeks to provide a up-to-date synthesis of the current evidence on this subject.
Methods: We conducted a systematic search of four databases (PubMed, PsycINFO, CINAHL, and Cochrane Central) from inception through January 31st, 2024, using keywords related to delirium (acute confusion, confusion state, confusional state), olanzapine, and haloperidol. The search was limited to randomized controlled trials comparing olanzapine with haloperidol, without restrictions on dose, route of administration, or drug exposures. When analyzing outcomes with a robust number of studies, we applied a random-effects model. For outcomes with fewer studies, we used a fixed-effects model. Additionally, we conducted sensivity and subgroup analyses. All statistical evaluations were performed using the RevMan software.
Results: Seven studies met our inclusion criteria. Haloperidol was associated with a significantly lower severity of delirium after 2-3 days of treatment compared to olanzapine, with a small effect size (g = 0.40, 95% CI [0.02; 0.78], p = 0.04) based on three studies (n = 110). However, no significant difference was observed after 4-7 days

(g = 0.09, 95% CI [-0.26; 0.44], p = 0.61) across five studies (n = 306). There was no significant difference in overall side effect rates between haloperidol and olanzapine (p = 0.29, 7 studies, n = 530), but haloperidol resulted in significantly more extrapyramidal side effects (p = 0.008). Sedation as an adverse effect did not differ significantly between the two drugs (p = 0.54, 4 studies, n = 284).
Conclusions: Haloperidol may offer superior short-term efficacy in reducing delirium severity but is associated with a higher risk of extrapyramidal symptoms. No significant differences were found in long-term efficacy or sedation rates between olanzapine and haloperidol. These findings support the need for careful consideration of drug safety profiles in the treatment of delirium.

Disclosure of Interest: None Declared

EPV0899

Comprehensive Analysis of Hormone Formulations and Emotional Effects in Transgender Men Undergoing Hormone Replacement Therapy

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Introduction: Hormone replacement therapy (HRT) for transgender men involves various formulations of testosterone, each exhibiting unique pharmacokinetic profiles and emotional impacts. A comprehensive understanding of these variations is crucial for optimizing treatment outcomes and managing side effects effectively.
Objectives: This study aims to elucidate the differential emotional effects associated with various testosterone formulations used in HRT for transgender men.
Methods: A comprehensive literature review was conducted using databases such as PubMed, Scopus, and Web of Science. The review focused on four primary testosterone administration methods: intramuscular and subcutaneous injections, transdermal patches and gels, oral testosterone, and implantable pellets. Key metrics evaluated included pharmacokinetics, emotional effects, and nature of side effects.
Results: The review identified distinct pharmacokinetic profiles and emotional responses associated with each testosterone formulation:
Intramuscular and Subcutaneous Injections: These methods showed peak testosterone levels within 24-48 hours, followed by a decline over one to two weeks. Emotional effects included mood elevation and increased energy during the peak phase, with potential irritability or anxiety. The trough phase was marked by mood swings and depressive symptoms, particularly before the next injection. Side effects such as acne and libido changes peaked shortly after injection and decreased before the subsequent dose.
Transdermal Patches and Gels: These methods maintained consistent blood testosterone levels, resulting in stable mood and emotional states with reduced mood swings. Initial therapy adaptation caused mild mood changes, and side effects were primarily localized to skin irritation at application sites.
Oral Testosterone: Testosterone undecanoate offered stable testosterone levels with consistent mood regulation. Gastrointestinal side effects were common, and emotional stability varied based on absorption rates and adherence to dosing schedules.
Implantable Pellets: These provided the most stable testosterone levels over several months, leading to very stable emotional states with minimal mood fluctuations. Side effects included localized reactions such as discomfort or infection at the implantation site, with minimal systemic side effects.
Conclusions: The choice of testosterone formulation significantly impacts the emotional well-being of transgender men undergoing HRT. Intramuscular and subcutaneous injections were associated with emotional fluctuations tied to hormone peaks and troughs, while transdermal, oral, and implantable methods provided more stable hormone levels and emotional states. Regular monitoring and individualized modifications are crucial to optimizing physiological and emotional outcomes and enhancing the quality of life for transgender men.

Disclosure of Interest: None Declared

Intellectual Disability

EPV0900

Involvement of loved ones in the rehabilitation process for severe neurotrauma in children

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Introduction: Among children with developmental disabilities, there is a group with consequences of neurotrauma that requires comprehensive support at different age stages, with the obligatory inclusion of the family in the rehabilitation process. These children are shown both medical and psychological and pedagogical rehabilitation, the effectiveness of which is determined by the active position of the patient's relatives.
Objectives: The study the factor of involvement of close patients with neurotrauma in the rehabilitation process: manifestations of psychophysical activity.
Methods: 140 children with neurotrauma consequences with neuropsychiatric disorders (2021-2024) and 136 families. Medical and pedagogical method with observation, examination, diagnostic and typological assessment of children's mental activity; cluster analysis of the results of studying families (parents) as participants in rehabilitation.
Results: Clusters were identified based on the assessment of the activity of parents' inclusion in the rehabilitation process:

Cluster 1. Active families (40%). The patient's relatives follow all the instructions of the specialists, are an important and integral part of the rehabilitation team. Children from the families studied show both qualitative and quantitative gains in rehabilitation, predominantly in the socio-communicative and cognitive domains.
Cluster 2. Estranged families (60%). Adults formally relate to rehabilitation activities. In children from these families, the dynamics of recovery is limited to an insignificant increase in psychophysical activity indicators, without transition to a higher level.

Conclusions: The effectiveness of the rehabilitation process for severe neurotrauma in childhood is influenced by the involvement of adults close to the child. The personality traits of the parents, adaptability and resistance to stress, the severity of the child's illness - these factors turn out to be decisive. Most loved ones need medical and psychological support. Regardless of the severity of neurotrauma in children, parents become more active if they note the dynamics in improving mental health. In case of long-term, severe illness of children accompanied by disability, family members only provide care and supervision.

Disclosure of Interest: None Declared

EPV0901

Categorization in different modalities as cognitive processes impairment indicator in children with developmental learning disorder

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Introduction: Categorization is one of the main processes representing human thinking. There is plenty of categorization study methods, but none use the same methodology to study categorization in different modalities. Notably, it is hard to compare results of such categorization directly due to the different category familiarity degree. For example, visual forms and number of visual stimuli are more familiar than number of syllables, plural or singular word form. However, it is possible to compare quality (type) of categorization errors in different modalities considering the relation to different cognitive processes.
Objectives: To explore the categorization errors in visual and verbal modalities.
Methods: A special task inspired by Bruner concept formation study was used. 49 children with developmental learning disorder had to recognize common features in series of visual or verbal stimuli (5 series of 30 stimuli in each modality).
Results: 15 error types were identified in both visual and verbal modalities indicating the impairment of working memory, executive control, nominative processes, cognitive speed and categorization level.
Conclusions: Studying types of categorization errors may indicate the cognitive processes impairment and helps to clarify the relation between categorization and modality of input information.

Disclosure of Interest: None Declared

EPV0902

Psychiatric and behavioral problems in Prader-Willi syndrome: a clinical case

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Introduction: Prader-Willi syndrome (PWS) is a rare neurodevelopmental and multisystemic disorder. This syndrome is most often caused by paternal deletion or a maternal disomy of chromosome 15. PWS is characterized by hypotonia, hypogonadism, and hyperphagia. Intellectual disability, impaired social skills, emotional regulation, sleep disorders and behavioral problems (tantrums, temper outbursts, obsessive–compulsive symptoms, skin picking) are also present. Autism spectrum disorder, mood disorders, anxiety, and psychosis are common in these individuals. (Bos-Roubos *et al.* Frontiers in psychiatry 2022; 13 897138).
Objectives: The aim of the case is providing a review of psychiartric and behavioral problems in PWS.
Methods: Clinical case description and literature review on the subject.
Results: We report a clinical case of a 23 year old man who was diagnosed with PWS. Clinical features includes intellectual disability, obesity, scoliosis bracing, probable hypoventilation-obesity syndrome [using non-invasive ventilation], hypercholesterolemia and hypogonadism. He took 3 doses of testosterone in 2017, which had to be suspended due to serious changes in behavior. Behavioral sporadic problems, reactive to the environment, are also present such as impulsiveness, stubbornness, aggressive outbursts, oppositional behavior, self-injuring behavior (placement of foreign bodies in the ear canal), card obsession and suspicious posture. This clinical condition has an impact on PWS relatives and at social level. He was medicated with Paliperidone 9mg; Topiramate 50mg; Clozapine 25mg; Escitalopram 10mg; and Haloperidol 2mg/ml (SOS). Currently, the patient is stable, with little weight gain and sporadic episodes of greater impulsivity without clinical relevance. He has participating in integrated activities at the institution.
Conclusions: The main limitations in adolescence/adulthood are psychiatric and behavioral comorbidities, in association with hyperphagia and intellectual disability, which become more prominent with age. However, these symptoms are highly variable among individuals of different ages. Antipsychotics have been used for management of psychiatric and/or behavioral comorbidities. Other medications have also been used such as antidepressants (SSRI), antiepileptics, mood stabilizers and the response may vary depending on the individual. Weight gain, due to atypical antipsychotics, can be mitigated when food has controlled access. PWS has a major impact on the individual's social and family environment, which requires an appropriate multidisciplinary strategy. A safe and constant environment as well as behavioral management programs must be ensured. (Butler *et al.* Current pediatric reviews 2019; 15 207-244).

Disclosure of Interest: None Declared

EPV0903

Fragile X Syndrome and multidisciplinary strategy: a clinical case

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Introduction: Fragile X Syndrome (FXS) is a hereditary disease, linked to the X chromosome. FXS is the most common form of

inherited intellectual disability and monogenic cause of Autism Spectrum Disorder (Protic *et al*. Developmental medicine and child neurology 2024; 66,7 863-871). Other clinical features includes speech and language delay, deficits in executive functioning, attention deficit hyperactivity disorder, sensory hyperarousal, social anxiety and aggressive behaviour. Cardiac abnormalities, musculoskeletal and gastrointestinal symptoms are also present.

Objectives: The aim of the case is providing a review of multidisciplinar strategy in Fragil X Syndrome.

Methods: Clinical case description and literature review on the subject.

Results: We report a clinical case of a 25 year old man was diagnosed with autism spectrum disorder, moderate intellectual disability, associated with Fragile X Syndrome. The patient is followed up in a Psychiatry (neurodevelopment) consultation. The present clinical condition causes multiple difficulties in managing his daily life, requiring supervision to carry out most of the tasks assigned to him, resulting in dependence on a third person. Furthermore, the patient has permanent total incapacity for any employment activity. Despite the diagnosis presented, as a result of investment on the part of the clinical, school, social action teams and especially his parents, the patient does not present behavioral changes that justify, at the moment, the use of any psychotropic drug. However, it is important to have access to all non-pharmacological therapies, otherwise the patient will lose the benefits achieved to date. The patient is currently stable, taking a course to become an administrative assistant at an institution. He participates in dance groups, speech therapy and hydrotherapy.

Conclusions: The best approach involves a targeted intervention to control symptoms and improving the quality of life. The management includes non-pharmacological strategies, such as individualized educational support, applied behavior analysis, physical, occupation and speech-language therapy. A pharmacologic strategies that includes, for exemple, SSRIs and/or antipsychotics is often helpful. FXS has a major impact on the individual's social and family environment, which requires an appropriate multidisciplinary strategy that includes occupational, physical therapists, teachers, psychologists and psychiatrists. (Protic *et al.* International journal of molecular sciences 2022; 23 1935).

Disclosure of Interest: None Declared

EPV0904

"Exploring Nurses' Perspectives on the Behavioral Responses of Residents with Intellectual Disabilities and Dementia in Social Welfare Centers"

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Introduction: The behavioral disorders of individuals with dementia, as well as the attitudes and behaviors of people with intellectual disabilities, create challenges both in their home environment and for the nursing staff responsible for their care in Social Welfare Centers. This phenomenon is widely examined in both international and Greek literature; however, it remains a complex and multifactorial issue, not only in defining behavioral disorders but also in identifying the factors that cause them.

Objectives: This qualitative study aims to explore how nurses at Social Welfare Centers perceive behavioral disorders, the factors they associate with them, and their emotional reactions. The goal is to gain an in-depth understanding of the phenomenon, highlight its significance, and bring forward the nurses' perspectives.

Methods: A qualitative approach was adopted to explore the relationship between nurses and beneficiaries due to behavioral disorders. A relational perceptual framework was used. Eight semi-structured interviews were conducted with permanent nursing staff from Social Welfare Centers. This was followed by a literature review of behavioral disorders, focusing on both nurses and beneficiaries.

Results: The qualitative data analysis revealed three key themes: the role of the nurse and their relationship with beneficiaries in Social Welfare Centers, the behavioral disorders and emotional reactions of nurses based on their experiences, and the need for nursing staff education, along with the importance of an interdisciplinary team.

Conclusions: The onset, worsening, reduction, or elimination of behavioral disorders depends on the complex interaction between nurses and patients with dementia or intellectual disabilities. The need to focus on factors that increase the occurrence of such behaviors is emphasized, to assist nurses working in long-term care facilities in managing them without compromising the quality of care provided to the beneficiaries. More studies are required to provide guidelines for better management of behavioral disorders.

Disclosure of Interest: None Declared

EPV0905

Comparative Efficacy of Second-Generation Antipsychotics vs. SSRIs in Managing Behavioral Symptoms in Children and Adolescents with Autism Spectrum Disorder

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Introduction: Autism Spectrum Disorder (ASD) is characterized by social interaction challenges, repetitive behaviors, and behavioral issues such as irritability, aggression, and hyperactivity. These symptoms lead to significant functional impairments, placing emotional and financial burdens on caregivers. Current treatment options include second-generation antipsychotics (SGAs) and selective serotonin reuptake inhibitors (SSRIs), but direct comparisons of their efficacy in managing ASD-related behaviors are limited.

Objectives: This review aims to compare the efficacy and safety of SGAs and SSRIs in reducing behavioral symptoms in children and adolescents with ASD.

Methods: A comprehensive systematic review by Lamy et al. (2020) evaluated over 50 studies on pharmacotherapy for ASD, including randomized clinical trials (RCTs) of SGAs like risperidone and aripiprazole. Other studies focused on specific SSRIs, such as citalopram, in ASD populations. Additionally, two notable trials were

included: Ghanizadeh et al. (2014), which compared aripiprazole and risperidone, and King et al. (2009), a placebo-controlled study on citalopram.

Results: Lamy et al. reported that SGAs, particularly risperidone and aripiprazole, significantly reduced irritability scores on the Aberrant Behavior Checklist (ABC) and Clinical Global Impression (CGI) scales ($p<0.05$), aligning with their FDA approval for ASD treatment. Ghanizadeh et al. (2014) also found that aripiprazole and risperidone reduced ABC scores (12.6 points for aripiprazole and 9 points for risperidone), though both were associated with side effects, such as increased appetite (34.5% for aripiprazole and 40% for risperidone) and drooling.

In contrast, King et al. (2009) found no significant improvement with citalopram over placebo (CGI-I improvement: 32.9% for citalopram vs. 34.2% for placebo) and noted more adverse effects in the SSRI group, including impulsiveness and insomnia. The review highlighted limitations, including methodological heterogeneity, lack of direct comparisons between SGAs and SSRIs, and variability in treatment duration.

Study	Intervention	Sample Size	Outcome Measure	Key Findings
Lamy et al. (2020)	SGAs (multiple RCTs)	>50 trials	ABC, CGI	Significant reduction in irritability ($p<0.05$)
Ghanizadeh et al. (2014)	Aripiprazole, Risperidone	59	ABC	Reduction in symptoms; fewer adverse events with aripiprazole
King et al. (2009)	Citalopram, Placebo	149	CGI, CY-BOCS	No significant benefit over placebo; more adverse effects

Conclusions: In conclusion, SGAs appear more effective than SSRIs in managing ASD-related behavioral symptoms, particularly irritability. Despite limitations, SGAs show consistent benefits with a manageable safety profile. Future research should prioritize direct SGA vs. SSRI trials and longer treatment durations to inform clinical decision-making in ASD pharmacotherapy.

Disclosure of Interest: None Declared

EPV0906

Current Treatment Approaches for Affective and Anxiety Disorders in Adults with Intellectual and Developmental Disabilities

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Introduction: Adults with intellectual and developmental disabilities (IDD) have higher rates of psychiatric disorders, such as depression, anxiety, and bipolar disorder, compared to the general population. Unique challenges, like cognitive impairments and communication barriers, require tailored treatments. This poster reviews strategies for managing these conditions in adults with IDD, focusing on adaptations in psychopharmacology and psychotherapy.

Objectives: To outline treatment approaches for depression, anxiety, and bipolar disorder in adults with IDD, highlight limitations and necessary adaptations, and advocate for collaborative treatment models involving healthcare providers and caregivers.

Methods: A literature review identified studies and guidelines on psychopharmacologic and psychotherapeutic interventions tailored to adults with IDD, examining the effectiveness of pharmacological agents, cognitive behavioral therapy (CBT), and other adaptations.

Results: Current treatments for depression, anxiety, and bipolar disorder in adults with intellectual and developmental disabilities (IDD) often deviate from standard protocols, requiring modifications in both pharmacological and therapeutic approaches. Depression management in IDD typically relies on selective serotonin reuptake inhibitors (SSRIs), adapted with gradual dose escalation and close monitoring due to limited data on their specific effects in this population. Psychotherapy, particularly group cognitive behavioral therapy (CBT), has shown notable efficacy, with studies reporting significant symptom reduction in treated groups. For anxiety disorders, low-dose SSRIs remain the primary pharmacological option, with cautious titration to minimize adverse effects, while benzodiazepines are generally avoided to prevent paradoxical responses and disinhibition. CBT-based interventions, including graduated exposure therapy customized for specific phobias or triggers, show promise, though further randomized trials are warranted. Managing bipolar disorder in IDD is particularly challenging due to the heightened risk of severe functional impairment and symptom overlap, with mood stabilizers like lithium and antipsychotics administered sparingly given potential metabolic and neurological side effects. Given limited research, clinical strategies often rely on individualized treatment plans informed by provider expertise and patient-specific needs.

Conclusions: Treatment for psychiatric disorders in adults with IDD requires significant adaptation, with careful dosing and monitoring of medications to minimize adverse effects. Evidence supports CBT as an effective option, yet there is a critical need for more research, especially randomized trials, to develop more robust guidelines specific to this population. Close collaboration between healthcare providers and caregivers is essential for successful outcomes.

Disclosure of Interest: None Declared

EPV0907

Overview of Psychiatric Conditions in Adults with Intellectual and Developmental Disabilities (IDD)

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Introduction: Adults with intellectual and developmental disabilities (IDD) are more likely than the general population to experience

psychiatric disorders, with prevalence rates estimated at 33-40%. These individuals often display atypical symptoms, complicating diagnosis. Primary care providers are often the first to encounter these patients but face challenges due to limited training and "diagnostic overshadowing"—the misattribution of psychiatric symptoms to the IDD itself rather than recognizing comorbid mental health conditions.

Objectives: This study aims to: (1) highlight the prevalence and unique presentations of psychiatric disorders in adults with IDD, (2) discuss diagnostic challenges, particularly diagnostic overshadowing, in primary care, and (3) advocate for collaborative care models to improve diagnostic accuracy and outcomes.

Methods: A literature review across PubMed, Medline, and PsycINFO focused on studies addressing psychiatric prevalence in IDD, diagnostic barriers, and the efficacy of collaborative care models in managing complex cases in primary care.

Results: Adults with IDD show high rates of mood disorders, anxiety, ADHD, and psychotic disorders, often presenting atypically. For example, ADHD may show as prolonged attentional and behavioral difficulties, impacting social and functional skills. Anxiety may present as agitation or sensitivity to routine changes, often misinterpreted as behavioral issues. Mood disorders, especially depression, tend to appear as irritability or somatic complaints, which are frequently attributed to the IDD itself. Psychotic disorders are also prevalent, particularly among individuals with certain genetic syndromes, and complicate diagnosis due to overlapping symptoms.

Diagnostic overshadowing significantly impacts accurate psychiatric diagnosis in adults with IDD, as primary care providers often attribute psychiatric symptoms to the disability itself. Limited IDD-specific training in primary care compounds this issue. Collaborative care models, where primary care providers collaborate with mental health specialists familiar with IDD, show promise in addressing these diagnostic and treatment challenges, especially for complex cases.

Conclusions: Effective psychiatric care for adults with IDD requires specialized provider training, comprehensive evaluations sensitive to atypical presentations, and collaborative care models. Addressing diagnostic overshadowing through improved training and integrated care can enhance psychiatric outcomes for this underserved population. Further research, particularly randomized controlled trials, is needed to develop evidence-based guidelines for tailored care in adults with IDD.

Disclosure of Interest: None Declared

EPV0908

Improving Psychiatric Care for Adults with Intellectual and Developmental Disabilities (IDD)

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Introduction: Adults with intellectual and developmental disabilities (IDD) often struggle to access suitable psychiatric care due to cognitive and communication challenges. Traditional mental health services are not always well-equipped for these needs, highlighting a critical need for evidence-based, IDD-specific guidelines. Expanding research, especially randomized controlled trials (RCTs), is essential to develop personalized, effective treatments for this population.

Objectives: This poster aims to outline current gaps in psychiatric care for adults with IDD, propose strategies for treatment adaptation, and emphasize research priorities to advance evidence-based care for this underserved group.

Methods: A literature review assessed studies on treatment adaptations for IDD, focusing on the effectiveness of current interventions and limitations in existing research. Priority was given to innovative care approaches and adaptations in standard mental health treatments.

Results: Psychiatric care for adults with IDD often involves adapting treatments like cognitive-behavioral therapy (CBT) and pharmacotherapy with simplified, patient-centered methods. For example, CBT adaptations may include breaking techniques into smaller steps, using visual aids, and shorter sessions, which accommodate cognitive limitations. Personalized care is essential due to varying abilities within this population. Pharmacological treatments also require careful titration and close monitoring, as the risk of side effects is higher among those with IDD. However, few RCTs assess the efficacy and safety of treatments for severe psychiatric disorders in the IDD population, underscoring the need for more rigorous research to support clinical guidelines. To overcome recruitment and follow-up barriers in RCTs, studies suggest alternative methods such as targeted outreach through day centers, provider organizations, and one-on-one approaches, which have been effective in reducing dropout rates. Furthermore, bipolar disorder treatment in IDD is particularly under-researched, despite its significant impact on quality of life, highlighting a need for focused studies in this area.

Conclusions: Enhancing psychiatric care for adults with IDD will require systemic changes, including increased research funding, IDD-specific clinical guidelines, and improved provider training. RCTs focused on adapted therapies and pharmacological interventions are crucial to build a strong evidence base. By promoting individualized, evidence-based approaches, the field can better meet the unique needs of adults with IDD, ultimately improving mental health outcomes and quality of life.

Disclosure of Interest: None Declared

EPV0910

Genetic Considerations in Psychiatric Treatment for Individuals with Intellectual and Developmental Disabilities (IDD)

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Introduction: Genetic testing has become an essential tool in managing psychiatric conditions among individuals with intellectual and developmental disabilities (IDD). The frequent presence of genetic syndromes within this population underscores the value of genetic insights for guiding personalized treatment. By integrating pharmacogenetics into care, clinicians enhance medication efficacy and reducing the likelihood of adverse effects.

Objectives: This study aims to elucidate the role of genetic testing in identifying specific syndromes and psychiatric comorbidities in IDD, explore the application of pharmacogenetic insights to optimize psychiatric medication management, and highlight case examples that demonstrate how genetic insights influence treatment decisions.
Methods: A targeted literature review identified relevant studies on genetic syndromes linked to IDD, the impact of genetic testing in psychiatric care, and the application of pharmacogenetic data in guiding medication management. Key studies examined the pharmacogenetic profiles of individuals with IDD and their effects on treatment outcomes, focusing on findings that can inform personalized treatment strategies.
Results: Fragile X syndrome (FXS), a prevalent genetic disorder among IDD populations, is associated with high rates of anxiety, ADHD, and autism spectrum disorder (ASD). Research shows that stimulant medications commonly used for ADHD may worsen agitation in individuals with FXS, making non-stimulant options or behavioral therapies preferable. Pharmacogenetic findings, such as variations in serotonin-related gene polymorphisms, have been linked to increased aggression and stereotypic behaviors in males with FXS, guiding clinicians toward selective serotonin reuptake inhibitors (SSRIs) or alternative behavioral approaches. In cases of DiGeorge syndrome (22q11.2 deletion syndrome), genetic testing identifies an increased risk for psychotic disorders, and genetic variants may affect drug metabolism. Findings from the IMPACT study, a Centre for Addiction and Mental Health (CAMH) project, highlight the benefits of tailoring medications based on genetic markers, such as CYP2D6 and CYP2C19 enzyme activity. These insights improve outcomes by reducing side effects like sedation and enhancing therapeutic efficacy, especially for IDD patients who may respond unpredictably to psychiatric medications.
Conclusions: Genetic testing is invaluable in the psychiatric management of individuals with IDD, offering insights that enable more personalized and effective treatment approaches. By identifying genetic syndromes and incorporating pharmacogenetic data into medication planning, clinicians can minimize adverse effects, tailor therapies, and improve patient outcomes. Ongoing research and broader access to pharmacogenetic testing are essential to further refine treatment protocols for the IDD population.

Disclosure of Interest: None Declared

Mental Health Care

EPV0912

Multimodal Management of a Patient with Severe Mental Disorder: A Case of Escape and Re-admission to a Long-Term Psychiatric Care Unit

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Introduction: The follow-up of patients with severe mental disorders and disruptive behaviors poses a significant challenge, particularly when there is a history of high impulsivity and risk of escape. Effective coordination among mental health teams, support institutions, and families is essential to provide a safe therapeutic environment and facilitate rehabilitation. This case illustrates the complexity of managing a patient with conduct disorder and borderline intellectual functioning following a prolonged escape from a long-term psychiatric care center.
Objectives: To describe the clinical and outpatient management of a patient who escaped from a long-term psychiatric care facility. To evaluate the importance of multidisciplinary and inter-institutional coordination in the planning and follow-up of treatment to optimize the clinical and functional stability of the patient.
Methods: We present the case of a 26-year-old male with a history of conduct disorder and borderline intellectual functioning (IQ=60), problematic cannabis use, and gambling addiction. The patient was admitted to a Long-term Psychiatric Care Unit (UCPP) due to impulsive behaviors, aggression, and threats towards family members. The patient escaped and remained missing for 8 months. After being located and returning to the clinic, an outpatient intervention was initiated in coordination with the Madrid Agency for Support to People with Disabilities (AMAPAD) and the Regional Office of Mental Health and Addictions (ORSMA), assessing his readiness for re-admission and the adequacy of the treatment plan.
Results: Upon re-admission, the patient initially appeared cooperative, minimizing the behaviors that led to his previous admission. As the intervention progressed, signs of irritability and hostility emerged, with overvalued/delusional ideas of persecution from family and UCPP staff, and limited introspective capacity. Intensive treatment at the UCPP led to better acceptance of limits and reduced impulsivity, although deficiencies in awareness of his limitations persisted. A transfer to another long-term care unit, the recently inaugurated Recovery and Community Reintegration Unit (URCC), was planned, with intensive rehabilitation goals tailored to the patient's needs.
Conclusions: Proper coordination among institutions and flexibility in the therapeutic approach are essential for managing patients with severe mental disorders and high-risk behaviors. This case underscores the importance of a multimodal approach and adapting therapeutic strategies to the patient's clinical evolution, always prioritizing the safety and well-being of both the individual and their family environment.

Disclosure of Interest: None Declared

EPV0914

Association of Antipsychotic Polypharmacy VS Monotherapy with psychiatric re-hospitalization among adults with schizophrenia followed By the ACT TEAM in Bronx

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Introduction: The ACT team consists of mental health professionals with a wide range of expertise, including psychiatrists, psychologists, nurses, social workers, and peer specialists. The goal of ACT is to help patients achieve and maintain stability in the community, and to reduce the need for hospitalization and other

forms of institutional care and reduce the barriers to care by bringing the care to the Patient.
Upon discharge from the Psychiatric Hospital Patients are often sent home with more than one antipsychotic oral medication and are at times on two long-acting intramuscular preparations.
This is an example of polypharmacy which refers to the concurrent use of multiple medications to treat a single patient, polypharmacy is often used to manage patients with complex mental health conditions who may require multiple medications to address their symptoms.
Objectives: The AIM of the study is to determine the number of patients followed by the ACT team in the Bronx who are on 2 or more antipsychotics as compared to those on monotherapy who were re-hospitalized within 1 year of discharge.
Methods: This is a retrospective study on patients who are followed by Bronx ACT team affiliated with the Institute for Community Living (ICL) in NYC from February 2022 to February 2023. The study compared the number of re- hospitalizations of patients on 2 or more Antipsychotics as compared to those on Monotherapy from February 2022- February 2023. were a thorough review of charts of the 68 Clients being followed by the ACT team was done.
Results: Out of 68 patients being followed by the ACT team; 9 Patients were on 2 antipsychotics/ LAI (Long Acting Injectable) of which 5 patients were on 2 oral antipsychotics, 1 Patient on 3 oral antipsychotics, and 3 Patients on two long-acting intramuscular depot preparations of which five 5(3 for psychiatric related issues and 2 for medical reasons) out of 9 (55.55%) of this population were hospitalized in the 12-month reporting period of February 2022 to February 2023. As compared to 27 (45.7%) patients on monotherapy who were also hospitalized in the last 12-month reporting period.
All remaining 32 (54.2%) clients on monotherapy had no hospitalizations in the 12 months reporting period.
Conclusions: Patients who warrant the need to be followed by The ACT are majorly those who require intensive follow-up in the community and are mostly non-adherent with their medications and prescribing multiple antipsychotics that usually not taken should be carefully considered.
Due to the nature of the study no definite conclusion could be drawn regarding causality between APP and hospitalizations within the 12- month reporting period.

Disclosure of Interest: None Declared

EPV0915

An epidemiological survey of occupational stress among teachers in Tunisia

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Introduction: Stress is one of the biggest problems facing teachers today. The increasingly demanding nature of their job has also increased pressure levels dramatically. Research shows that teachers are now facing greater day-to-day problems with occupational stress than most other employees.
Objectives: Determine the prevalence and the caracteristics of the occupational stress among teachers.
Methods: This is an exhaustive cross-sectional study carried out among the teachers of a private teaching group in the city of Sousse in Tunisia between October and December 2022. The data were collected using an anonymous questionnaire in electronic format 'Microsoft Forms' distributed by e-mail. The questionnaire included socio-professional and medical data. Ocuupational stress was assessed using the Karasek questionnaire.
Results: A total of 241 questionnaires were included, representing a response rate of 90.14%. The mean age of the teachers in this study was 39.98 ± 9.14 years, with a predominance of females (56.8%) and a sex ratio (M/F) of 0.75. In this private teaching group, there were 181 higer education teachers (75.1%) and 60 school teachers (24.9%).The average seniorty in this educational group was 3.49 ± 2.95 years. Participants worked an average of 4.88 ± 1.49 hours per day and 16.92 ± 7.39 hours per week. The majority of respondents had no medical (82.6%) or surgical (71.8%) co-morbidities. Only 10 (4.1%) teachers were anaemic, 6 (2.5%) were hypertensive and 4 (1.7%) were diabetic. More than half (55.6%) of the teachers had a BMI above the normal range: 102 participants were overweight (42.3%) and 32 (13.3%) were obese. As for lifestyle habits, 12.9% of teachers were smokers, 9.5% drank alcohol and 34.4% practised a sporting activity. Referring to Karasek's two-dimensional model, 59 (24.5%) of the 241 teachers were classified in a situation of <<Jobstrain>>associating: low latitude and high professional demands. By completing this model with the third dimension of social support at work, 35 (14.5%) of the 241 teachers were classified in a situation of <<Isostrain>> combining low latitude, high professional demands and low social support.
Conclusions: Action to improve work organisation and support for teachers would be necessary to prevent the occupational stress.

Disclosure of Interest: None Declared

EPV0916

The Impact of workplace Harassment on Mental Health among healthcare workers

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Introduction: Workplace harassment is one of the main psychosocial risks, leading to suffering at work or a lack of well-being.

It can compromise one's sense of safety and dignity and leave lasting scars on mental health.
Objectives: Determine the prevalence of workplace harassment in healthcare environments and evaluate its impact on mental health.
Methods: This is across-sectional study conducted among health professionals at an University Hospital in Tunisia. Data was collected using a pre-established synoptic form on the social and professional characteristics of the participants. Workplace harassment was assessed using the LIPT questionnaire.
Results: Of the 500 healthcare workers included in this study period, 362 respended to the questionnaire representing a response rate of 72.4%. The average age of the participants was 37.3 ±8.71 years, with women predominating (59.4%). The majority of participants were paramedical staff (54.4%). Of the participants, 101 (27.9%) had at least one comorbidity. The most common medical conditions were hypertension (10.5%). As for psychiatric history, which was present in 21.8% of participants, depression was the most common pathology (53.1%). The prevalence of harassment was 19.9%. Both men and women were harassed in 47.9% of cases, 66.7% by their hierarchical superior, and 72.2% by their colleagues. Our results show that 27.4% of subjects reporting palpitations were harassed, compared with 14.8% in the group without palpitations (p=0.003). Similarly, the frequency of harassment was significantly higher in participants with a lump in the throat. Subjects with fatigue were also significantly more harassed than subjects without this complaint (25.5% vs. 12%, p=0.002). Anxiety and competition problems were 4.27 (CI95%(2.3-7.91), p<0.001) and 4.41 (CI95%(2.32-8.39), p<0.001) times more frequent in people suffering harassment.
Conclusions: The prevalence of harassment among health professionals is not negligible, and the repercussions of this phenomenon are frequent. Given the extent of this emerging concept, preventive measures must be proposed and studied in order to put an end to its harmful effects.

Disclosure of Interest: None Declared

EPV0917

Managing Needs-based Inpatient Care for Young Adults: Project 'House of the Future'

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Introduction: The transition from childhood to adulthood is a complex process and an important developmental task with many opportunities and risks. Despite the fact that almost three-quarters of psychiatric disorders begin before the age of twenty-four, adolescents and young adults are poorly represented in psychiatric research, and the data used to guide diagnosis and treatment in this group rely mainly on studies in adult populations. The mental health system in Germany is also not organized to meet the needs of this age group, and as a result, the treatment outcomes for young adults in inpatient or day-care units of adult psychiatric centers are mostly unsatisfactory. For this reason, it is crucial to implement mental health care concepts that are tailored to the needs of young adults.
Objectives: Here we present a milieu-therapeutic inpatient care concept, 'House of the Future,' which integrates different therapeutic approaches to provide holistic and targeted support for young adults in need of psychiatric care.
Methods: An innovative inpatient psychiatric care concept for young adults from a psychiatric training hospital in Lower Saxony, Germany, will be presented in detail.
Results: The concept of the ward incorporates a variety of therapeutic approaches, including milieu therapy, systemic family therapy, and psychodynamic therapy. Additionally, it incorporates safe-wards elements and numerous non-verbal, innovative techniques such as art therapy, occupational therapy, music therapy, and sports therapy adapted for this age group. We provide a structured and needs-based environment for young adults, enabling them to engage with their experiences without being defined by their disorder or solely integrated into psychiatric systems. Our holistic approach aims not only to treat symptoms but also to promote sustainable personal development and a healthy lifestyle that empowers young adults. Young adults represent the future, and the development of their future is contingent upon the efficacy of the social support system, which is itself a significant challenge. Consequently, social work and pedagogical support are among the most essential elements of the concept. In addition to the comprehensive presentation of the concept, opportunities for networking with integration support institutions, day clinics, and specific outpatient units will be provided.
Conclusions: Adolescence and young adulthood are distinct developmental stages with unique needs. To reach optimal outcomes and to build our future on a safe base, it is fundamental to implement tailored care models in psychiatric settings that are in harmony with the specific requirements of this age group. Project 'House of the Future' aims to be a best practice example to address these needs.

Disclosure of Interest: None Declared

EPV0918

The correlation between socio-educational factors and the level of functionality in patients with Schizophrenia

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Introduction: The level of functioning, in patients with schizophrenia, is an essential aspect in assesing and improving their quality of life. Schizophrenia is a major contributor to severe disability in adults, as it impacts patients' capacity to live independently, engage in social activities and pursue work or education. It is important to focus not only on reducing patients' symptoms, but also on improving their overall functioning. There are some factors, that can improve the functional capacity of these patients, such as: family support, level of education, being employed, treatment adherence.
Objectives: A 64 years old man, was diagnosed with Schizophrenia at the age of 20 years old (44 years ago) and he has had several hospitalizations in the Psychiatry Clinic. He is living with his 90 years old mother, has never been married and doesn't have

any children. The patient finished high school, but he doesn't have additional studies and he has never had a job. Outside the hospitalization periods, the patient has never been compliant to the amtipsychotic treatment. The mental state exam is dominated by: complex visual and auditory hallucinations; delusional ideas of interpretation and persecution; soliloquy, stereotyped speech; bizarre, desorganized behavior; diminished self-care and self-management abilities; recent and long-term memory loss.
Methods: A 65 years old man, was diagnosed with Schizophrenia at the age of 31 years old (34 years ago) and has had several hospitalizations in the Psychiatry Clinic. He lives with his wife, he has 3 children and 2 grandchildren. The patient finished high school and has post-secondary studies. He worked as an electrician until the age of 53 years old and then he retired due to his medical condition. The patient was compliant to the treatment for the majority of the time. The mental state exam of the patient, was dominated by: complex imperative auditory pseudohallucinations, complex visual pseudohallucinations and hallucinations, cenesthetic hallucinations; delusional ideas of persecution and interpretation, tangentiality and circumstantiality; emotional blunting, with an improvement of the symptoms over time.
Results: The GAF scale was applied for both patients (in 2024), and the difference between the two of them was significant, with the first patient scoring only 27 points, indicating a notable deterioration in his functionality. The second patient scored 58 points, indicating a much better level of functionality. The SQLS scale was also applied for both patients, the first one achieved a higher score, meaning a poor quality of life, whereas the second one obtained a lower score, meaning a better quality of life.
Conclusions: The socio-educational factors play a significant importance in the quality of life, in patients with schizophrenia Mental health professionals should be aware of this factors for helping their patients to improve their functionality.

Disclosure of Interest: None Declared

EPV0919

The meaning of 'risk' in mental health care: a qualitative study of its usage in clinicians' language

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Introduction: Although there is good empirical data on factors that predict harmful outcomes, and standardised approaches to risk assessment have been developed, there remains a disconnect between the academic study of risk and routine clinical practice. This is exemplified by (i) the outstanding uncertainty about how to use predictive models for everyday clinical decision-making, and (ii) the use of predictive methodology to test tools that eschew prediction. The disconnect is, in part, a consequence of the varied use of the notion of 'risk' within and between academia and clinical practice.
Objectives: To derive a more nuanced understanding of the meaning of 'risk' in clinical practice.
Methods: After reading clinical vignettes, participants (all practising clinicians, n=18) took part in semi-structured interviews regarding clinical decision-making. The interview transcripts were subject to thematic analysis using a novel approach to the analysis of ideas in expressed language (in this case the idea of 'risk') which draws on philosophical and intellectual history methodologies (derived from the work of Wittgenstein, and Skinner respectively).
Results: The use of risk by participants varied according to the extent and type of its spatial location (figure 1).
In many cases, 'risk' was used in a disembodied (i.e., dislocated) way (e.g., 'what is the risk,' 'risk will increase').
When locatable, it was evident that participants located risk in:

a) the patient (e.g., '*the patient's risk*') which was sometimes qualified by the type of harm envisaged (e.g., '*his risk involved hurting staff*');
b) clinical activity (e.g., risk assessment, positive risk-taking, risk management);
c) the clinician (e.g., risk tolerances and thresholds); and
d) the system (e.g., '*our system is… quite risk averse*,' '*who holds the risk*').

Image:

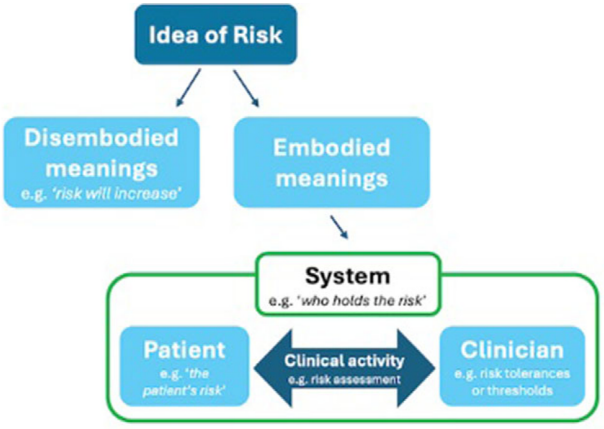


Figure 1. Meanings of the idea of 'risk' in clinicians' language

Conclusions: This study demonstrates the varied use of 'risk' in practice. By empirically delineating the different expressed forms 'risk' takes in clinicians' language (and thinking), the findings of this study can inform (i) the development of risk study methodologies that are more applicable to practice, and (ii) improvements in clinical practice by clarifying how risk can be understood and spoken about.

Disclosure of Interest: None Declared

EPV0921

Humanitarian Love and Ethical Dilemmas in Mental Health Care: A Literature Review

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Introduction: Humanitarian love, a concept grounded in compassion, emotional support, and empathy, plays a pivotal role in mental

health care, where patients often confront profound emotional and psychological challenges. This compassionate approach strengthens patient-centered care by fostering deeper therapeutic relationships between mental health professionals and patients. However, balancing this emotional engagement with professional responsibilities can give rise to complex ethical dilemmas.
Objectives: This literature review aims to: a) examine how humanitarian love influences mental health practice, and b) explore the ethical tensions between respecting patient autonomy and ensuring beneficence.
Methods: A literature review of scientific articles was conducted using databases such as PubMed, Scopus, and Cochrane, with a focus on recent research exploring the role of humanitarian love in mental health care.
Results: The findings suggest that humanitarian love enhances the quality of mental health care by promoting empathy, trust, and greater patient engagement. However, significant challenges arise when mental health professionals must navigate the balance between compassion and their ethical and legal obligations. The assessment of a patient's decision-making capacity is inherently subjective, which can potentially lead to bias or burnout among mental health professionals. Furthermore, cultural factors often add complexity to mental health care, particularly in global or cross-cultural contexts. In such situations, well-intentioned humanitarian interventions may inadvertently conflict with local traditions and human values.
Conclusions: While humanitarian love is essential in mental health care, it frequently comes into conflict with the ethical principles of autonomy and beneficence. The subjective nature of assessing a patient's decision-making capacity, combined with cultural influences, requires mental health professionals to adopt a sensitive and nuanced approach to ensure balanced and high-quality healthcare services.

Disclosure of Interest: None Declared

EPV0922

Link between Quality of Life and Self-Esteem in Tunisian Women with Systemic Lupus Erythematosus

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Introduction: Systemic lupus erythematosus (SLE) is a chronic, multisystemic disease that can significantly impact the quality of life (QoL) and self-esteem of lupus patients.
Objectives: To study the quality of life of female patients with SLE and its relationship with self-esteem.
Methods: A descriptive and analytical cross-sectional study was conducted on 50 female patients with SLE followed at the Department of Internal Medicine at Hédi Chaker Hospital, Sfax, Tunisia, from September to November 2023. We used:

- A socio-demographic and clinical data sheet and the Lupus QoL questionnaire to assess the quality of life of lupus patients
- The Rosenberg Self-Esteem Scale

Results:

- The mean age of patients was 43.46 ± 11 years. 56% had a medical or surgical history.
- The mean age of SLE diagnosis was 33.54 years with a mean number of flares of 2.94 years ± 2.473
- **According to the Lupus QoL questionnaire:** the mean global score was 59.76± 23.496 [8.8-91.98]. The mean scores in the different domains were: physical health = 58.35 ± 32.571 [0-97], pain = 53.013 ± 33.896 [0-100], planning= 69.33 ± 32.741 [0-100], feeling of being a burden = 71.36 ± 32.694 [0-100], emotional health = 57.71 ± 26.67 [0-95.83], body image = 72.9 ± 24.6 [10-100], fatigue = 40.93 ± 24.462 [0-87.5].
- **According to the Rosenberg Scale:** a mean global score of 28.28 ± 8.572 [2-40]. Very low to low self-esteem was found in 50% of patients.
- Statistically significant correlations between low scores in the domains of quality of life and low to very low self-esteem were found:
  - Physical health: P = 0.000
  - Planning: P = 0.042
  - Pain: P = 0.002
  - Emotional health: P = 0.004
  - Fatigue: P = 0.017
  - Body image: P = 0.007
  - Global Lupus QoL: P = 0.001

Conclusions: Our results indicate that SLE can impair the QoL of lupus patients in various domains. The same is true for self-esteem. The positive relationship between the two parameters encourages a better understanding of the factors associated with each and highlights the importance of a global approach to improve the management of female lupus patients.

Disclosure of Interest: None Declared

EPV0924

Well-being and job satisfaction : a study of healthcare workers at Charles Nicole Hospital in Tunis

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Introduction: Job satisfaction is undoubtedly one of the concerns that has given rise to the most research since the middle of the 20th century. It is one of the particularly important concepts in the study of 'health at work' determinants. Its evaluation may appear to be necessary in order to set up relevant preventive actions. However, in Tunisian hospitals, job satisfaction remains poorly assessed. It is therefore crucial to assess it and study its factors in order to promote a balanced work environment.
Objectives: Assess the overall job satisfaction of health care workers (HCW) at Charles Nicole Hospital using a validated questionnaire in French and Arabic.
Methods: This was a cross-sectional study of consenting HCW at Charles Nicole Hospital during the period from 1st September to 31st October 2024. Data were collected by means of a 63-item questionnaire, which assessed participants' well-being and satisfaction on several aspects using a four-point Likert scale with six dimensions: Perceived superior support at work, affective commitment, emotional exhaustion, work/family conflict, extrinsic efforts and job satisfaction. The questionnaire had good internal consistency

and was validated in French and Arabic. The questionnaire was self-administered to the HCW who went to the occupational health department for a medical check-up.
Results: A total of 30 participants were enrolled. The mean age was 45.37 ± 10.3 years, with a sex ratio of 2.3 (F/H). Eighty-six percent were married and had at least one child. The most common occupational category was senior technician (34%). The average length of service was 17.27 ± 10.1 years. Laboratory departments and surgical departments were the most represented in 32% and 26% of cases respectively. Eighty percent of HCW worked full-time. Teamwork was reported in 53% of cases. The number of staff in the work team was less than 10 in 83.4% of cases. Perceived support from a superior was found in 40% of cases. Nearly 20% of cases showed emotional exhaustion secondary to their work and 34% showed extrinsic strain. Affective commitment was present in 36.7% of cases. Only 14.3% of cases showed work/family conflict. Overall, 73.3% of HCW were satisfied with their work.
Conclusions: This study highlights the importance of working conditions and organisational support in the well-being of HCW. Job satisfaction, although mainly present, is put to the test by a mismatch between professional and personal life, extrinsic efforts and a lack of hierarchical support. Emotional exhaustion is a major warning sign, showing that better care and support could improve both emotional commitment and job satisfaction.

Disclosure of Interest: None Declared

EPV0925

Burnout and absenteeism: What impact on fitness for work?

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Introduction: Burnout is a prolonged response to chronic emotional and interpersonal stressors on the job and is defined by the three dimensions of exhaustion, cynicism, and inefficacy. Burnout has a major impact on employees' health and the economy through absenteeism.
Objectives:
- To describe the socio-professional characteristics of patients suffering from burnout
- To Specify the impact of burnout on the medical fitness for work.

Methods: Retrospective descriptive study of patients with burnout who consulted the occupational pathology and fitness for work department, during the period from 17 August 2022 to 14 September 2023, as part of a medical examination for long-term absence.
Results: Of the 669 patients who presented for medical control, 222 (33.2%) suffered from burnout. The average age was 45.51 ±10.69 years. They were predominantly female, with a sex ratio (M/F) of 0.43. They belonged to the health (78.8%) and service (21.2%) sectors. The most common occupations were nurses (32.9%), manual workers (19.4%), and administrative staff (7.4%). The average length of time off work was 60.5±32.6 days. Medical decisions were to justify sick leave (73%) and return to work (24.8%).
Conclusions: Burnout is responsible for absenteeism, which is a major source of expense. Prevention based on collaboration between the occupational physician and the psychologist is essential.

Disclosure of Interest: None Declared

EPV0926

Psychiatric disorders during premature ovarian failure and the benefits of exerkines

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Introduction: Premature ovarian failure (POF) is manifested by menstrual troubles and menopause symptoms including psychiatric burdens such as depression, anxiety, and decreased perceived psychosocial support. POF predisposes to many health risks, including decreased bone density and early progression of cardiovascular disease. Hormono-therapy of replacement of ovarian sex steroids is indicated until the normal age of natural menopause.
Objectives: The aim of our work was to study the benefits of increased physical activity and regular exercise in POF women and to show how exercise produces positive biological effects on their psychiatric health through the contribution of the exerkines network.
Methods: We conducted a comprehensive review of the scientific literature with the following keywords: Premature ovarian failure (POF), exerkines and psychiatric health.
Results: Increased physical activity and regular exercise are accompanied by the discharge of exerkines that represent an intricate network of signaling molecules or kines released into the systemic circulation during and after exercises. These molecules derived from various tissues (myokines, batokines, etc…) and organs (organokines) such as skeletal muscle, white and brown fats, liver, bones, nervous system, heart, etc…) act in different ways on the body: autocrine, paracrine or endocrine manners. Their roles in metabolic regulation, neuroprotection, and muscle adaptation highlight the importance of physical activity in maintaining health and preventing disease. Generally, it is shown that exercise can positively affect hormonal balance, homeostasis and overall health. It is also reported that physical activities promote stress reduction and hormonal regulation. Consistency and moderation are key to reaping the benefits of exercise for ovarian health. We found no human studies reporting the action of exerkines and myokines in women with POF. Some studies reporting the effects of physical exercise without further details on exerkines were found in women during and before menopause. The relationship between ovarian function and exercise, as well as exerkines levels and proteomics, was non-existent in humans and rare in animal models. Other research indicates that exercise has a positive impact on mental health, improving mood, self-esteem, and reducing stress and anxiety levels, through the improvement of the production of endorphins and neurotransmitters, the mitochondrial function and the hypophyso-hypothalamo–adrenal axis regulation interaction response to stress.

Conclusions: We conclude that human scientific studies in women with ovarian deficiency should now be carried out to investigate the types of exercise to be recommended in these women to improve their mental health. These studies should benefit from next-generation technologies such as proteomics and interactomics.

Disclosure of Interest: None Declared

EPV0927

Mental Health Support in Assisted Reproductive Technology Centers

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Introduction: Access to genetic testing and counseling for infertile couples is essential to provide them specialized care at the genetic level. Having access to psychological support during genetic fertility assessment can be very helpful for many patient and genetic counseling offers invaluable emotional support throughout the process.
Objectives: Based on our twenty-four years' experience in genetic counseling, we present here the main psychological challenges facing couples struggling with fertility problems.
Methods: We selected all infertile couples evaluated between 2000 and 2024, who were treating their infertility with assisted reproductive technologies. Patients' psychological problems and emotional suffering, as well as the causes of these conditions, were evaluated retrospectively through our genetic counseling reports.
Results: All couples suffering from primary infertility show a more obvious decline in general well-being and satisfaction as a couple, when they are compared to couples seeking ART for secondary infertility, but having already other children. Anxiety, depression and feelings of culpability in infertile partners are the most common psychological concerns. Besides the psychological distress related to infertility, ART itself is, despite the hope it offers in terms of parenthood prognosis, a stress factor and a cause of numerous emotional and psychological problems. This distress is related to the invasive features of the ART, such as intra-testicular sperm extraction in azoospermic men and oocyte puncture, and the hormonal use in the female partners, which disturb their behaviors and moods. Other problems are associated with the lengthy, arduous and economically burdensome procedures involved in the entire treatment process. In addition, the worries of failure and the distress of failure when it becomes a reality are a crucial factor in psychological distress for the couple. Furthermore, dissatisfaction and frustration when ART is undergone for infertility affecting only one partner were noted. Many religious issues and worries about fear or phobia concerning germ cell manipulation also contribute to psychological problems. Genetic testing is another burden for the couples in our study, given the widespread ignorance of genetics and the consequent phobia of the unknown, as well as the fear of results that, once revealed as abnormal, will affect self-esteem for life.
Conclusions: This study describe the psychological concers of infertile couples undergoing ART treatment in the Tunisian Context. The improvement of the understanding of psychological needs, which are certainly provided during genetic counselling, requires a multidisciplinary consultation, involving gynecologist, reproductive biologists, geneticists, psychiatrists and psychologists. This would enable holistic and personalized psychological intervention and support.

Disclosure of Interest: None Declared

EPV0928

Transforming mental health care with a digital platform for adaptive PREMs and PROMs

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doi: 10.1192/j.eurpsy.2025.1569

Introduction: In transforming mental health care, integrating patient perspectives is essential through Patient-Reported Experience Measures (PREMs) and Patient-Reported Outcome Measures (PROMs). PREMIUM and MyPsy&I® are two French initiatives advancing this approach by developing adaptive PREMs and PROMs and implementing a digital platform for seamless data collection, fully integrated within France's national health information systems.
Objectives: The objectives were (1) to develop eight item banks (seven PREMs and one PROM) and their corresponding Computerized Adaptive Tests (CATs) using a rigorous methodology grounded in Item Response Theory (IRT) (PREMIUM); and (2) to create a digital platform designed for multi-level use (micro, meso, and macro), enabling integration within the national health information system for enhanced patient feedback collection and analysis (MyPsy&I®).
Methods: This multicenter, cross-sectional study uses a mixed-methods approach, integrating qualitative and quantitative methodologies across three main phases: (1) development of item banks and corresponding CATs based on a standardized procedure, including conceptual work, domain mapping, item selection, item bank calibration, and CAT simulations and validation; (2) development of a digital platform tailored for multi-level use and integrated within the national health information system; and (3) a qualitative study exploring the implementation and acceptability of both the CAT and the digital platform.
Results: More than 3,000 patients with schizophrenia, bipolar disorder, and major depressive disorder were recruited from various inpatient and outpatient settings in France.
Unidimensionality, local independence, and monotonicity were verified for each item bank. Psychometric properties were satisfactory for both internal (RMSEA ≤ 0.08, CFI, TLI ≥ 0.95, and infit mean square statistic ranging between 0.7 and 1.0) and external validity. Each CAT demonstrated satisfactory accuracy and precision (standard error of measurement < 0.55 and root mean square error < 0.3), with an average administration of eight items.
The MyPsy&I® digital platform has shown strong acceptability and value across 12 French hospitals, facilitating efficient, real-time collection of patient feedback. This streamlined approach allows healthcare providers to integrate patient perspectives at various stages of care, enhancing both the quality and responsiveness of mental health services.

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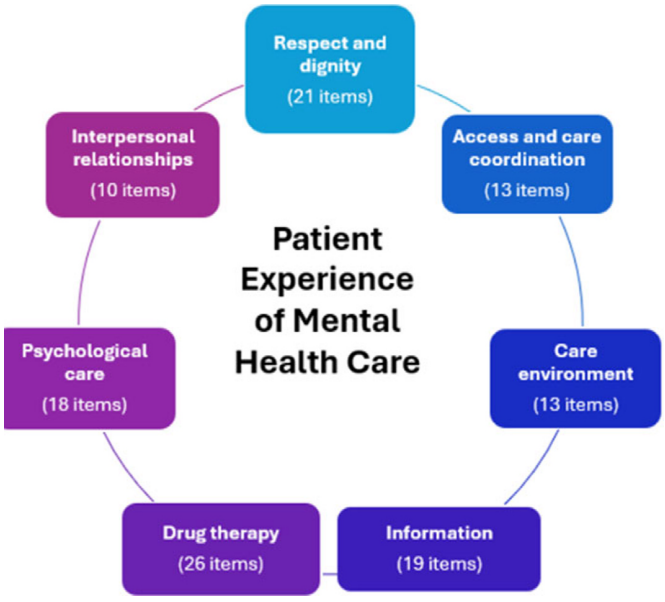
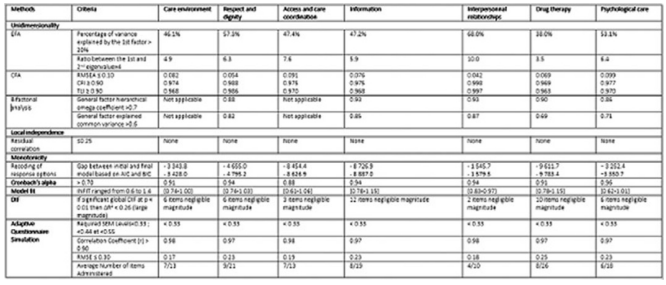


Image 2:



Conclusions: This work provides adaptive PREMs, PROMs, and a digital platform that streamline patient feedback collection, reducing burden on patients and providers. Integrating these tools into the health information flow is essential for embedding patient perspectives in modern healthcare systems, especially in a digital and AI-enhanced environment.

Disclosure of Interest: None Declared

EPV0929

Moral Injury in Healthcare Workers: Preliminary Results from a French Nationwide Survey

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Introduction: Healthcare workers (HCW) face a growing crisis marked by high burnout levels (40-60%) and a rising intent to leave the profession. Current interventions focus mainly on individual resilience but have limited collective impact. Emerging evidence suggests that "Moral Injury" (MI)—a deep discord between HCW values and their practice, often worsened by organizational and economic constraints—may play a key role in this crisis.
Objectives: The primary aim of this study was to describe the manifestations of MI among HCW in France, with a healthcare system characterized by universal health coverage. Secondary objectives included the psychometric validation of the Moral Injury Inventory (MII) for HCW, analysis of organizational determinants of MI, and modeling of the underlying mechanisms of this phenomenon.
Methods: This cross-sectional, observational study was conducted nationally via an online survey. Measures included the MII, the Moral Injury Events Scale (MIES), the PHQ-9 for depression, the GAD-7 for anxiety, the Maslach Burnout Inventory (MBI), and the EuroQol 5-Dimensions (EQ-5D) for quality of life. Item Response Theory (IRT) was used to test the MII, including assessments of construct validity, and reliability. Structural equation modeling (SEM) was used to explore complex interactions between MI and other variables, including burnout, depression, and anxiety.
Results: Nearly 3,000 HCW participated in the survey. Psychometric analysis confirmed that the MII met IRT model assumptions, including unidimensionality, local independence, and monotonicity, with fit indices indicating adequate model fit (RMSEA ≤ 0.08, CFI, TLI ≥ 0.95, and infit mean square statistic ranging between 0.7 and 1.0). Differential Item Functioning analysis revealed no item biases. Over 50% of HCW reported experiencing MI, with notable variability across structural/organizational characteristics. MI and burnout emerged as distinct yet frequently associated constructs, with moderate to strong correlations observed between them. Their combined presence had a cumulative negative impact on health outcomes, with affected HCW showing higher levels of depression, anxiety.
Conclusions: This study highlights the high prevalence of MI among HCW in France, even within a robust healthcare system with universal coverage, and confirms that MI is distinct from burnout. These findings underscore the need for systemic interventions that address organizational factors, beyond the current individual-focused approaches used for burnout. Such a shift in focus would also help move away from the current tendency to over-burden and even blame HCW for systemic issues beyond their control. Given the global nature of the healthcare crisis, an international study is essential to identify systemic factors across healthcare settings, paving the way for a holistic, worldwide approach to supporting the healthcare workforce.

Disclosure of Interest: None Declared

EPV0930

Impact of Psychiatric History on Healthcare Delivery

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Introduction: A history of psychiatric disorders significantly impacts patient evaluation and treatment in healthcare. Nearly

80% of excess mortality in individuals with mental illnesses is due to physical health issues. While suicide risk is widely recognized, most mortality from mental illnesses stems from physical conditions like cardiovascular diseases, respiratory issues, and cancer, leading to a life expectancy reduction of 15-20 years compared to the general population.
Objectives: To exemplify through a case the possible impact of psychiatric history on healthcare provision.
Methods: We present the case of a 55-year-old woman with a history of severe functional neurological disorder resulting in mobility limitations, dyskinetic movements, and functional pain characterized as allodynia. She has been followed by neurology for the past year. She began mental health follow-up one year earlier due to reactive anxiety stemming from work-related issues. Her substance use history includes being a tobacco smoker for over 20 years (FTND score>50) and a former consumer of three liters of beer daily for two years, with periods of abstinence. The patient presented to the emergency department due to weight loss and low mood, worsening over the past few weeks, in the context of intense muscle pain and loss of strength. Blood tests and a brain CT scan were performed without abnormalities. She was initially admitted to Neurology for severe functional neurological disorder for symptom control, but was later transferred to Psychiatry due to suicidal threats. During her psychiatric admission, she experienced improvement in pain and subsequently in her mood. After discharge from psychiatry, the patient returned several times to the emergency department due to worsening neurological symptoms, being discharged with a diagnosis of functional disorder.
Results: Two months after her discharge from psychiatry, the patient returned to the emergency department due to rib pain. After emergency assessment, she was referred to Neurology for worsening neurological symptoms. With suspicion of paraneoplastic polyneuropathy, an MRI of the brain and spine, EMG, lumbar puncture, and CT scans of the neck, chest, abdomen, and pelvis were performed during her neurology admission. She was diagnosed with small cell lung carcinoma stage IVA and asymmetric paraneoplastic sensory neuropathy. Following the diagnosis, she was referred to Oncology, receiving one cycle of chemotherapy. However, given the unfavorable progression, it was decided, in agreement with the patient, not to continue active oncological treatment, and she was transferred to a Palliative Care Center.
Conclusions: This case emphasizes the need to recognize how psychiatric history affects medical care. Stigma and the patient's challenges in communicating symptoms can hinder the diagnosis and treatment of organic conditions, contributing to the excess mortality associated with mental health issues.

Disclosure of Interest: None Declared

EPV0931

The association between Mental Health and Workaholism in Healthcare Workers

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Introduction: Workaholism, or work addiction, is a compulsive drive to work excessively, often at the detriment of personal and professional well-being. This behavior is associated with increased risk of burnout and psychosocial disorders. While understudied in healthcare workers, the constant connectivity and demands of the healthcare profession can exacerbate workaholism. Occupational health teams must prioritize addressing this issue to mitigate its negative consequences.
Objectives: To study the factors associated with workaholism among healthcare workers and to assess its impact on mental and physical well-being.
Methods: A cross-sectional descriptive study examined the determinants of workaholism and its impact on quality of life among healthcare workers at the Farhat Hached University Hospital in Sousse, from March 2022 to June 2022. The Work Addiction Risk Test (WART) was used to assess workaholism and The Hospital Anxiety and Depression Scale (HAD) to measure mental health symptoms.
Results: A total of 117 questionnaires were completed by healthcare workers, representing a response rate of 68.8%.The average age of participants was 35.45 years, with a female-dominated population (81.2%). Nurses comprised the largest group (73.5%), and most participants had less than 10 years of experience in their current department. Shift work was common, with 74.4% of participants working shifts. The Work Addiction Risk Test (WART) revealed that 18.2% of healthcare workers were at risk of work addiction, including 13.7% at moderate risk and 5.1% at high risk. The Hospital Anxiety and Depression Scale (HAD) indicated that 54.7% of participants suffered from anxiety and 35% from depression. A significant association was found between anxiety scores and a high risk of work addiction (p=0.003).
Conclusions: This study highlights the potential for workaholism among healthcare workers, particularly those facing challenging work conditions such as shift work, heavy patient loads, staff shortages, and high levels of stress. Further studies with larger and more diverse samples are necessary to better understand the prevalence and impact of workaholism among healthcare professionals mental heath.

Disclosure of Interest: None Declared

EPV0932

The Impact of Working Conditions in the Public Health Sector on the Mental Health of Young Doctors in Tunisia

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Introduction: Recent events in Tunisia have highlighted the severe challenges faced by young doctors, including high stress levels, burnout, and mental health issues.
Objectives: This study aims to shed light on the often-invisible realities of the medical profession in Tunisia by exploring the impact of working conditions and health policies on the mental health of young doctors.
Methods: This multicentric cross-sectional study collected data from 385 interns and residents working in four main university hospitals in Tunisia. The questionnaire included sections on sociodemographic characteristics, satisfaction with working conditions, burnout symptomatology (MBI), and anxiety and depressive symptomatology (HADS).
Results: Most respondents (82.6%) were aged 25-29, with 73% being women. Most participants (83.1%) were residents. The study \revealed widespread dissatisfaction with working conditions, including remuneration (82% dissatisfied), days off and rest periods (73% dissatisfied), and overall working conditions (78% dissatisfied). The average emotional exhaustion score was 31.883 (SD=10.2), indicating a high degree of burnout. Depersonalization scores averaged 10.176 (SD=6.3), and personal accomplishment scores averaged 23.838 (SD=8.7). The mean anxiety score was 8.776 (SD=4.2), and the mean depression score was 7.774 (SD=3.9), indicating moderate levels of anxiety and depressive symptoms.

Image 1:

Table 1: Demographic Characteristics of Participants

Characteristic	n	% (95 % CI)
Age Group		
25-29	318	82.6 % (78.5 %, 86.7 %)
30-34	50	13.0 % (9.7 %, 16.3 %)
Other	17	4.4 % (2.4 %, 6.4 %)
Gender		
Female	281	73.0 % (68.4 %, 77.6 %)
Male	104	27.0 % (22.4 %, 31.6 %)
Professional Status		
Residents	320	83.1 % (79.1 %, 87.1 %)
Interns	65	16.9 % (12.9 %, 20.9 %)

Table 2: Satisfaction with Working Conditions

Aspect	Dissatisfied (%)	95 % CI
Remuneration	82.0 %	[78.0 %, 86.0 %]
Days off and rest periods	73.0 %	[68.4 %, 77.6 %]
Social benefits and insurance	82.0 %	[78.0 %, 86.0 %]
Overall working conditions	78.0 %	[73.7 %, 82.3 %]

Conclusions: The results paint a concerning picture of the mental health status of young doctors in Tunisia, with high levels of burnout, anxiety, and depression strongly correlated with poor working conditions and work-life imbalance. These findings highlight the urgent need for comprehensive reforms in the Tunisian healthcare system, including policy changes, organizational support, and improved medical education. Limitations include the cross-sectional nature of the study and potential self-reporting bias. Future longitudinal studies are needed to understand the long-term impacts of poor working conditions on physician mental health and career trajectories.

Disclosure of Interest: None Declared

EPV0933

Impact of Emotional Intelligence on Stress Levels Among Medical Students

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Introduction: The prevalence of stress and emotional disorders among medical students has risen dramatically in recent years. In response, it is essential to develop prevention strategies, such as emotional intelligence (EI), to better manage stress and preserve mental well-being.
Objectives: To evaluate the level of EI among medical students and study its relationship with perceived stress.
Methods: This cross-sectional, analytical study was conducted among medical students at the Faculty of Medicine, Sousse, from March 2023 to February 2024. Participants completed a questionnaire assessing perceived stress using the Perceived Stress Scale (PSS10), emotional intelligence using the Schutte Emotional Intelligence Test, and lifestyle habits including sports participation and psychoactive substance use.
Results: The study included 207 students, with a majority being female (87.7%). Among them, 88.4% had no psychiatric history. Alcohol consumption was noted in 36 students, while 10 participants reported cannabis use. Regular physical activity was observed in 64.3% of cases. Students with lower EI scores generally exhibited higher stress levels, especially in the absence of sports or extracurricular activities. While correlations between EI and stress were evident, univariate analysis did not reveal a statistically significant direct association (p=0.416). Psychiatric symptoms, including anxiety and emotion regulation difficulties, emerged as significant factors in stress modulation, independent of EI levels.emotion regulation appeared to play a major role in stress modulation, independent of EI.
Conclusions: EI emerges as a critical factor in enhancing resilience against stress among medical students. By developing a more profound understanding and effective regulation of emotions, students can significantly elevate their mental and emotional well-being.

Disclosure of Interest: None Declared

EPV0934

Relationship Between Emotional Intelligence and Burnout Among Anesthesia and resuscitation Care Staff

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Introduction: Anesthesia and critical care professionals are particularly vulnerable to burnout due to the demanding nature of their work, including long hours, night shifts, high-stress situations, and the constant risk of medical errors. Emotional intelligence (EI) has emerged as a crucial factor in fostering positive professional relationships and mitigating burnout.
Objectives: To study the association between EI and burnout among healthcare workers in anesthesia and critical care settings.
Methods: This is a cross-sectional descriptive and analytical study conducted over a period of 3 months in 2024. It included 72 healthcare workers in the anesthesia and critical care departments at the Sahloul University Hospital in Sousse. The survey was based on a self-administered questionnaire, including data on sociodemographic and professional characteristics, the Maslach Burnout Inventory (MBI), and the Schutte Self-Report Emotional Intelligence Test (SSEIT).
Results: The majority of participants were female (58.3%) with an average age of 33 years. Most participants (61.1%) were nurses, and 40.3% worked in the surgical critical care unit. The average EI score was 103.26. Among the EI factors, emotion perception was the most affected, with a score of 30.69 ± 9.34. EI levels were low in 11.1% of cases. Severe burnout was present in 19.4% of participants, and 65.3% had a high emotional exhaustion (EE) score. Additionally, 70.8% had a high depersonalization score, and 58.3% exhibited low personal accomplishment. EI levels was statistically associated with time spent with family and friends ($p = 0.027$). Among the professional factors, job satisfaction was significantly associated with EI level ($p = 0.001$). The factors significantly associated with severe burnout were the absence of alcohol consumption ($p = 0.000$) and the absence of time spent with loved ones ($p = 0.033$). A significant relationship between EI and self-emotion management and EE was reported ($p = 0.040$).
Conclusions: EI is crucial for preventing burnout among healthcare workers in anesthesia and critical care. By enhancing positive attitudes, managing stress, and improving interpersonal skills, EI can improve work life and patient care. Incorporating EI training into health science curricula can equip future providers with essential tools for well-being.

Disclosure of Interest: None Declared

EPV0935

The Impact of Psychosocial Factors on the Work Capacity of Healthcare Workers

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Introduction: Healthcare workers, faced with increasingly demanding professional requirements, are particularly exposed to psychosocial risks. These psychosocial factors have direct repercussions on their work capacity, potentially compromising their professional performance and increasing the risk of medical errors.
Objectives: To study the influence of psychosocial factors on the work capacity of healthcare workers.
Methods: This is an analytical cross-sectional study conducted among healthcare staff at Sahloul University Hospital in Sousse over a 3-month period. Our study was based on a questionnaire that included socio-professional characteristics, Karasek's model, and the Work Ability Index (WAI).
Results: One hundred and thirty-seven staff members were included in this study, with a response rate of 72.4%. The mean age was 48.7 years, with a sex ratio of 0.57. A low work ability (WAI) was reported in 37.1% of cases. A high psychological demand at work was noted in 24.8% of cases. Job strain was reported in 18.1% of cases. Low WAI scores were statistically associated with age ($p<10-3$), female gender ($p<10-3$), lack of physical activity ($p = 0.03$), professional seniority ($p<10-3$), and high psychological demand at work ($p<10-3$). No association was found between low decision latitude, low social support, and WAI scores.
Conclusions: The results of this study highlight the significant impact of psychosocial factors on the work capacity of healthcare staff. Preventive measures in healthcare settings to improve working conditions and preserve the mental health of caregivers are essential.

Disclosure of Interest: None Declared

EPV0936

Attitudes of Psychiatric Hospital Staff Toward Restraint and Influencing Factors

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Introduction: There has been an increasing socio-medical discourse on the humanitarian approach to the use of restraint in psychiatric inpatient units.
Objectives: It is necessary to investigate the attitudes of psychiatric hospital staff toward the use of restraint in psychiatric inpatient units and to identify the factors influencing these attitudes.
Methods: This study examined the attitudes of psychiatric hospital staff toward the use of restraint in situations involving physical violence toward other patients, verbal violence toward other patients, physical violence toward staff, verbal violence toward staff, and disruption of the treatment environment. The study also investigated factors related to the considerations and perceived burdens (both legal and medical) associated with the use of restraint, comparing

these findings with data from a survey conducted 10 years ago. Attitudes toward restraint were not significantly associated with gender, age, or years of service. However, staffs who exhibited less prejudice toward mental illness-related crime were less likely to find restraint necessary. Compared to 10 years ago, there was little change in the need for restraint in cases of physical violence (both toward patients and staff), but the need for restraint in response to verbal violence (toward both patients and staff) had decreased. The perceived burden, both legal and medical, associated with the use of restraint had increased.

Results: Attitudes toward restraint were not significantly associated with gender, age, or years of service. However, staff who exhibited less prejudice toward mental illness-related crime were less likely to find restraint necessary. Compared to 10 years ago, there was little change in the need for restraint in cases of physical violence (both toward patients and staff), but the need for restraint in response to verbal violence (toward both patients and staff) had decreased. The perceived burden, both legal and medical, associated with the use of restraint had increased.

Conclusions: Psychiatric hospital staffs with less prejudice toward mental illness-related crime were less likely to perceive a need for the use of restraint. Compared to 10 years ago, the necessity of restraint in cases of verbal violence has decreased, which may be attributed to ongoing human rights education and increased legal and medical concerns. These findings provide important insights for future policy development aimed at promoting humanitarian approaches, such as non-restraint treatments.

Disclosure of Interest: None Declared

EPV0937

The Impact of Night Shift Work on Mental Health Outcomes in a Tunisian Industrial Setting

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Introduction: The increasing prevalence of shift work, particularly night shifts, in modern industrial settings has raised concerns about its potential detrimental effects on workers' health. Disruptions to circadian rhythms, sleep deprivation, and social isolation associated with night shift work have been linked to a range of physical and mental health problems.

Objectives: This study aims to investigate the specific impact of night shift work on the mental health outcomes of Tunisian industrial workers.

Methods: This is a cross-sectional study carried out during 3 years among active workers working in the inter-company occupational health services of Sousse. All participants had a fixed night work schedule. Data collection was based on a pre-established anonymous questionnaire. Job strain was assessed with Karazek questionnaire.

Results: A total of 453 employees were included in our study. Mean age was 32.12 ± 7.68 years. Half of the participants were women (52%). Sixty percent of participants were not married. Tobacco consumption was identified among 26% of the participants. The most affected sector of activity was the electronic one (63%). The average occupational seniority was 7.78 ± 6.407. Job strain was revealed in 23.4% of employees. High psychological demand was noted among 46.5% of cases. Low job control was identified among 57,4% of participants. Low social support was noted among 68% of participants.

Conclusions: These results underscore the need for targeted interventions to protect the health and well-being of night shift workers. Future research should explore the effectiveness of various strategies, such as scheduling modifications, workplace accommodations, and health promotion programs, in mitigating the negative impacts of night shift work.

Disclosure of Interest: None Declared

EPV0938

Mental well-being of medical students and the need for mental health care in the dynamics of 2020-2024 years

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Introduction: Research has consistently highlighted the vulnerability of medical students to poor mental health and wellbeing. The COVID-19 pandemic has further exacerbated this issue. However, there is limited understanding of medical students' mental well-being dynamics after the pandemic.

Objectives: The aim of the study was to comparatively analyse the mental wellbeing and mental health needs of medical students in comparison with those during the COVID-19 pandemic.

Methods: An anonymous structured online survey was conducted among students of a medical institute in St. Petersburg, Russia. The sample included responses from 152 students (76.3% women) of all courses of study. The results were compared with the data of a survey conducted at the same institute in 2020 (Chumakov *et al.* Middle East Curr Psychiatry 2021;28, 38).

Results: The majority of respondents (n=145; 95.4%) reported experiencing significant stress in their lives (95.8% in 2020). The main sources of stress included education-related factors (83.6%), uncertainty about the future (72.4%), financial problems (48.0%), intimate/family relationships (46.7%), work (27.6%), and housing problems (19.1%). Thirteen students (8.6%) reported that they had been diagnosed with a mental health disorder prior to enrolling in the institute (6.1% in 2020; p=0.393). Twice as much students (n=27; 17.8%) were diagnosed with mental disorders during institute studies (15.2% in 2020; p=0.53). The mental disorders reported by the respondents were dominated by depressive disorders (n=7), anxiety disorders (5), mixed anxiety and depressive disorder (5), ADHD (5), bipolar disorder and cyclothymia (3). At the time of the study, 26 students (17.1%) were being seen by a mental health

professional (10.9% in 2020; p=0.111), the same number of students were taking any prescribed medication for mental health (10.9% in 2020; p=0.111). One-third of respondents (n=53; 34.9%) had taken non-prescription medication in the last year to improve their well-being or mood (27.3% in 2020; p=0.143), and 45 (29.6%) had taken medication in the last year to improve concentration or academic performance (38.3% in 2020; p=0.107).
Conclusions: The study showed high mental health care needs among medical students with a tendency to self-medication. Notably, mental health indicators have not improved since 2020 despite the end of the COVID-19 pandemic. Our findings highlight consistent trends in medical students' mental health and underscore the need for targeted interventions to support this vulnerable population.

Disclosure of Interest: None Declared

EPV0939

Breaking the barrier: stigma, psychiatric disorders and life-threatening risks in healthcare: case report

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Introduction: The existing studies found that stigma expands also among healthcare professionals when it comes to psychiatric patients, where a particular group is represented by substance use disorder patients, who are often perceived as manipulative, irresponsible or non-compliant.
Objectives: The aim of this case presentation is to emphasize the importance of stigma reduction especially among healthcare professionals.
Methods: A 26-year-old female patient with medical history of treatment-resistant epilepsy and misuse of cannabis and alcohol was brought into the Psychiatry ward after multiple grand-mal seizures, which occurred after weeks of daily use of alcohol and no adherence to the medical treatment.
Results: Prior to the admission, the patient was directed to the Neurology ward, where the hospitalization was declined due to her psychiatric history and the multi-drug test result, which turned positive for THC.
On the first day after admission, the patient had two seizure episodes, lasting 10 and respectively 30 minutes, after which she was transferred to the ICU department, where she was stabilized. Therefore, she returned to the psychiatric ward, where the patient enters status epilepticus, for which she underwent an neurological examination and received emergency treatment successfully.
The following day, the patient presents another episode of status epilepticus, after which she does not recover her respiratory function spontaneously and suffers cardiac arrest. The resuscitation protocol was initiated, an Emergency Medical team was requested to take over. After 4 minutes of CPR, the patient became pulmonary and hemodynamically stable.
Conclusions: Stigma is one of the factors that can influence the quality of the healthcare services provided by physicians. In the given case, stigma led to a life-threatening scenario, in which the patient was denied to receive adequate neurological treatment due to cannabis and alcohol use disorder. The impact of stigma on healthcare delivery and the barriers to receiving adequate treatment in these cases emphasize the need for training and education for all healthcare professionals.

Disclosure of Interest: None Declared

EPV0940

A naturalistic study on physioterapy in acute psychiatric service

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Introduction: There is clear evidence on the physical and psychological benefits of a bodily approach for the treatment of psychiatric disorders. They can have a significant impact on the patient's perceived suffering (Carek et al. IJPM 2011; 41(1) 15–28). In January 2024, a Physiotherapy Project started at the Acute Psychiatric Service of the Rieti ASL in collaboration with the Physical and Rehabilitation Medicine service.
Objectives: Evaluate the impact of the physiotherapy program on psychopathological dimensions and on the patients subjective well-being.
Methods: The naturalistic study was conducted on subjects consecutively hospitalized at the SPDC from January to June 2024 who voluntarily joined the physiotherapy activity. The intervention was administered with bi-weekly sessions of about 45 minutes and included: stretching, orientation exercises, active movement, coordination, muscle strengthening. The Exclusion Criteria were: sedation status, disorganization, behavioral problems. The General Health Questionnaire-12 (GHQ-12) and the Brief Psychiatric Rating Scale (BPRS) were adminstred at admission (T0) and discharge (T1). A Self-evaluation of the useful of the program was administred only to discarege (T1): participants answered by choosing between "not useful", "partly useful", "very useful" to 4 questions on the usefullness of the intervention.
Results: Thirty-five participants (17 M, 18 F; mean age 38.2±15,4) were admitted to physical activity. They recieved the following diagnoses: 48.6% Psychotic Disorder, 20% Depressive Disorder, 2.9% Bipolar Disorder, 28.6% Personality Disorder. Eleven of 35 participants had comorbid substance use disorder (14.3% alcohol, 5.7% cocaine, 5.7% cannabis, 2.9% opioids, 2.9% other substances). The hospitalization time was 11.8±4.3 and the average number of physical sessions was 1.7±0.8. The BPRS (44.4±11vs25.9±4.5; F=1024.25; p<0.001) and GHQ-12 (24.6±4.9vs15.11±5.8; F=833,43; p<0.001) mean scores significant improved in two time of evaluation (T0 and T1).

	very useful	partly useful	not useful
How useful was it for you to practice physiotherapy during your hospitalization?	46,2%	53,8%	
How much has it helped you manage anxiety?	65,4%	34,6%	
How much has it helped you muscle tension?	73,1%	19,2%	7,7%
Did participating in the group improve your mood?	61,5%	30,8%	7,7%

Conclusions: Participants showed a reduction in psychopathological severity and an increase in perceived well-being between T0 and T1. They found useful to practice physioterapy during hospitalozation and to manage anxiety, muscle relaxation and mood improvement.

Disclosure of Interest: None Declared

EPV0941

Advancing resilience in healthcare professionals: A multifaceted IoMT-based strategy to combat burnout

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Introduction: The escalating burden of occupational stress and chronic health issues among healthcare professionals frequently culminates in burnout syndrome.
Objectives: This study proposes the development of a prototype mobile recommendation system that utilizes the Internet of Medical Things (IoMT) for health monitoring and burnout assessment, while simultaneously offering coping strategies for healthcare professionals.
Methods: A digital framework was conceptualized using the Unified Modeling Language (UML), **which outlined** the system's modules and graphical interfaces. The proposed system **integrates a range of** biometric sensors, including an **electrocardiogram** (ECG), a blood pressure monitor, a blood oxygen saturation monitor, and temperature sensors, complemented by a psychometric **assessment tool** to evaluate burnout syndrome.
Results: The **results of this study demonstrate that the proposed** system **can offer significant** benefits **in terms of** promoting physical and mental well-being. By **functioning** as a **continuous** health monitoring tool and a preventive measure against stress and chronic illnesses, **the proposed system can enhance** the resilience of healthcare professionals.
Conclusions: The proposed system not only facilitates proactive health surveillance but also delivers targeted interventions to alleviate burnout effects. **The implementation of** this technology could revolutionize mental health management in the workplace, paving the way for robust health policy formulation within medical institutions.

Disclosure of Interest: None Declared

EPV0942

Desire for social distance towards mentally ill people

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Introduction: Familiarity with, social distance from people with mental illness and socio - demographic characteristics has been linked to conditions that lead to weaker prejudiced beliefs and a more positive opinion about mental illness.
Objectives: The relation of the attitudes and perceptions of the citizens of Larissa city towards mental illness and their desire for social distance from the mentally ill people, in relation to their familiarity with mental illness and their demographic characteristics.
Methods: A **convenience sampling survey** was conducted in Greece, **Larissa City (n=220).** The research tools which were used were: a) **Familiarity** was assessed using **the Level of Contact Report**, b) **The Social Distance Scale**, to measure the desire for social distance from people with mental illness c) Attitudes about mental illness were assessed using **The Opinions About Mental Illness (OMI) Questionnaire** and finally d) **a questionnaire for the socio - demographic information.**
Results: Univariate and multivariate analysis was applied for the statistical analysis of the data, which showed that: Desire for social distance from people with mental illness is positively related with the familiarity (with mental illness) but on the other hand is negatively related to the opinions / attitudes about mental illness.
Conclusions: The results from this study highlight and emphasize the important role of familiarity (with mental illness) and the desire for social distance (from people with mental illness) in the formation of positive/negative (prejudiced) attitudes and perceptions about mental illness.

Disclosure of Interest: None Declared

EPV0943

The Relationship between Mental Health and Music Listening in the Elderly: Is There a Connection?

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Introduction: All older adults have a strong desire to age healthily and successfully. Because of this, the research community has extensively researched various influences on an older person's aging experience. One of those influences is music, which is associated with a positive impact on the aging experience and contributes to an individual's health, wellness, and quality of life.
Objectives: This study aims to explore the relationship between older adults' mental health and music listening.
Methods: A self-report survey was employed in this study with 168 people over the age of 65, using a convenience sample. The survey had two parts: the first part included socio-demographic information and a variety of music and listening factors, while the second part was a health-related quality of life assessment—the SF-36.
Results: The Mann–Whitney statistical test was used to examine the hypothesis that the mean total score of the SF-36 mental health subscale is different between participants who identified as enjoying

music listening and those who did not. Participants who identified as enjoying music listening had a significantly higher overall mental health total score (median = 74.5) than participants who did not enjoy music listening (median = 66.2), U (Enjoy = 38, No Enjoy = 130) = 3037, z = 2.150, p = 0.032.
Conclusions: Music has a positive influence on both mental and physical health in older adults. Listening to music or participating in music-making in late life can positively affect quality of life, particularly for older adults.

Disclosure of Interest: None Declared

EPV0944

Reliability and validity of a symptom management scale in a sample of Chinese treatment seekers

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Introduction: The Recovery Assessment Scale-Domains and Stages (RAS-DS) is a recently developed measure that builds on the original Recovery Assessment Scale (RAS). Within the RAS-DS, which measures one's recovery from mental illness, a specific domain is called "Clinical Recovery" (RAS-DS-CR). It extends the "Not Dominated by Symptoms" subscale of the original RAS, which only has three items. The RAS-DS-CR provides a more comprehensive assessment of the sense of control over symptoms and is a promising, easily-administered outcome measure for evaluating early interventions such as psychoeducation and skills training programs.
Objectives: This study examined the psychometric properties of the 7-item RAS-DS-CR in a Chinese sample of treatment seekers.
Methods: We analyzed data from 91 participants from a two-month psychoeducation program (M_{age} = 28.87; SD = 7.84, 89.0% female). At baseline, they exhibited high levels of post-traumatic (mean PCL-5 = 57.18; SD = 14.68) and dissociative (mean DES-T = 47.90; SD = 23.13) symptoms. All participants completed the baseline assessment, 83 completed the 2nd pretest, 58 completed the posttest, and 44 completed the two-month follow-up test. They completed the RAS-DS-CR and other validated self-report measures at each time point.
Results: The RAS-DS-CR revealed good internal consistency (α = .805 to .871) at each time point. Intraclass correlations of two tests taken pre-intervention (ICC = .524, p <.001) and post-intervention (ICC = .613, p <.001) indicated moderate test-retest reliability. At each time point, the RAS-DS-CR was significantly correlated with self-esteem (r = .338 to .574), depressive symptoms (r = -.402 to -.486), and PTSD symptoms (r = -.245 to -.462), indicating its construct validity. The paired sample t-test also suggested that participants scored significantly higher on the RAS-DS-CR post-intervention compared to pre-intervention (t = -4.330, p < .001; Cohen's d = 0.56), providing evidence for its sensitivity to change.
Conclusions: This study provided new evidence for the reliability and validity of the RAS-DS-CR. The RAS-DS-CR is a short and easy-to-use outcome measure of one's mental health recovery in terms of the confidence in symptom management.

Disclosure of Interest: None Declared

EPV0945

The Urgency of Legal Issues Among Older Adults in the Context of the Fragmentation of Their "Good Objects"

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Introduction: Conflicts concerning land ownership and inheritance disputes among older adults are prevalent and often lead to extreme and criminal behaviors. Even seemingly insignificant differences, such as disputes over a few square meters of land or a single tree, can escalate into violence or homicide.
Objectives: This study aims to examine these phenomena through the lens of the fragmentation of the "good object," as well as the accompanying sense of urgency experienced by older adults. This fragmentation refers to the loss of emotional and psychological foundations that provide a sense of security and identity. The study explores how these seemingly minor disputes, when they threaten the "good objects" of older adults, combined with their intense urgency to resolve these issues before it is too late, can turn into serious identity crises, potentially leading to extreme behaviors.
Methods: Through the analysis of case studies and a psychoanalytic approach, the psychosocial factors influencing older adults' decisions regarding the management of their property and their emotional connections to these assets are examined.
Results: The findings reveal several key factors contributing to these conflicts, including: a) Emotional attachment to property stemming from years of hard work, b) Inheritance tensions and a sense of injustice, c) Financial insecurity, which makes property the most valuable asset for survival, d) Psychological pressure and isolation, which may lead to unpredictable behaviors, e) Lack of emotional control and traditional perceptions of honor and dignity, f) A sense of loss of control as they age and the need to defend what they deem important.
Conclusions: The psychoanalytic interpretation of these phenomena reveals that the fragmentation of the good object, which may be land or other property, is closely tied to the identity and mental well-being of older adults. These individuals experience an intense sense of urgency, as delays in resolving their legal issues can mean the loss of their identity. This urgent need to protect their "good objects" often leads to reactions, frequently violent, stemming from despair and the perception that their social fabric is abandoning them. For older adults, legal and property disputes are not merely material concerns but represent their last struggle to maintain their identity. It is essential to recognize the importance of these issues and provide them with the value they deserve.

Disclosure of Interest: None Declared

EPV0946

Work-Related Quality of Life in Tunisian Medical Interns: Key Influencing Factors

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Introduction: Work-related quality of life (WRQoL) is a crucial aspect of overall well-being, particularly for medical interns who face unique challenges in their demanding environment.
Objectives: This study aims to assess factors associated to work-related quality of life in a population of Tunisian Medical Interns.
Methods: A cross-sectional study was conducted from July to September 2024 among Tunisian medical interns using a Google Form's questionnaire. They were asked about their sociodemographic characteristics and their working conditions such as number of working hours per day, number of night shifts per month, and number of patients seen per day. Quality of working life was measured using the the Work-Related Quality of Life (WRQoL) Scale which covered six domains: General Well-Being (GWB), Home-Work Interface (HWI), Job and Career Satisfaction (JCS), Control at Work (CAW), Working Conditions (WCS) and Stress at Work (SAW).
Results: Our study included 141 interns with a mean age of 27.28 ± 2.42 years. Among them, 31 (22.1%) were married. The average working hours per day was 6 .42 hours, and the average number of patients seen per day was 12 patients. The average nightshifts done per month was 6. Age was statistically positively associated with all WRQoL' domains. However, GWB and HWI were negatively associated with number of working hours per day (p=0.022 and 0.026 respectively) and number of night shifts per month (p=0.001 and 0.000 respectively). Moreover, JCS, CAW and WCS were negatively associated with number of night shifts per month (p=0.007, 0.002 and 0.000 respectively).
Conclusions: This study highlights the significant factors influencing work-related quality of life among Tunisian medical interns such as working conditions. By addressing these factors, it is possible to enhance the overall quality of life for medical interns, thereby promoting their well-being and improving their capacity to provide quality patient care.

Disclosure of Interest: None Declared

EPV0947

Job satisfaction among family medicine residents: A cross-sectional study

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Introduction: Job satisfaction reflects on overall life quality involving social relationship, family connection and a feeling of enjoyment or fulfillment specially for family medicine residents' contentedness with their job.
Objectives: This study aims to assess factors associated to job satisfaction in a population of Tunisian family medicine residents.
Methods: We conducted a cross-sectional study from January to July 2024. Family medicine residents participated in the survey through a Google Forms questionnaire. They were queried about their sociodemographic information and work conditions, including daily working hours, the number of night shifts per month, and the average number of patients seen each day. To assess participants' job satisfaction, we used the validated physician's job satisfaction scale which covered five domains: patient care, burden, income-prestige, personal reward, and professional relations.
Results: We enrolled 108 family medicine residents (65 women and 43 men) with an average age of 26 ± 2 years [22-37 years]. The average daily working hours were 6.62 hours, with an average of 15 patients seen each day. Additionally, the average number of night shifts completed per month was 5. Positive correlations were found between age and satisfaction with time spent with family friends or leisure activities (p=0.001, r=0.3), burden's average mean (p=0.01, r=0.2) and opportunities for continuing medical education (p=0.03, r=0.1). However, a negative correlation was found between satisfaction with professional relations and the number of night shifts per month (p=0.01, r= - 0.2).
Conclusions: This research highlights the critical factors influencing job satisfaction among family medicine residents in Tunisia, with a particular focus on their working conditions. Addressing these issues is essential for enhancing the overall satisfaction of these residents. By creating a supportive work environment, we can ultimately improve patient care and treatment outcomes.

Disclosure of Interest: None Declared

EPV0948

Mental health status of nurses working in private and public sectors

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Introduction: Nurses are at the forefront of patient care and are often exposed to various stressors that can impact their mental health. The mental health of nurses working in both the private and public sectors is a significant issue that requires attention.
Objectives: In this study, we propose to compare psychological distress of nurses working in private and public sectors.
Methods: It was a cross sectional study conducted among 200 nurses (100 from each of the private and public sector). We used the 6-item Kessler scale (K6) to measure symptoms of psychological distress.
Results: The average age of nurses working in the public sector was 33.24 ± 9.34 years versus 31.93 ± 7.68 years in the private sector. Most staff (33.5%), whether in the public or private sector, had

professional seniority of between 6 and 10 years. The average K6 score was significantly higher in the public sector (9.01) compared to the private sector (7.35) (p-value = 0.01). The likelihood of experiencing psychological distress was lower in the private sector compared to the public sector (p= 0.034; OR= 0.37; 95% CI [0.14-0.95]).
Conclusions: These findings highlighted potential implications for the mental health of nurses based on their employment sector, showing that prolonged daily stress could have a negative impact on their psychological well-being.

Disclosure of Interest: None Declared

EPV0949

Screening for psychological distress among workaholic engineers

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Introduction: Several factors can threaten the mental health of engineers and seem to lead to anxiety and depressive disorders. Workaholism is an emerging phenomenon that has been the topic of much debate on its impact on workers' mental health.
Objectives: Determining the prevalence of workaholism among women and men engineers and screening for psychological distress among the workaholic engineers with a focus on gender differences.
Methods: This study is a descriptive-cross sectional analysis conducted on active engineers for one month. Data were collected through an online questionnaire, including socio-professional data, the WART (Work Addiction Risk Test) and the Hospital Anxiety and Depression scale.
Results: Our population consisted of 45 women and 62 men engineers with an average age of 28.62± 4.3 years and 29.61± 4.5 years respectively. A high risk of workaholism was present among 42.2% and 41.9% of women and men respectively.
Among workaholic engineers, anxiety and depression were present in 73.1% and 46.2% of cases respectively among men and in 78.9% and 42.1% of cases respectively among women.
Workaholic engineers women were likely to have anxiety (p=0.000) and reproach from their families for excessive professional commitment (p=0.007).
Among engineers men, associations were found between workaholism and anxiety (p=0.000), depression (p=0.024), the use of psychotropic medication (p=0.013), a job satisfaction less than 4/10 (p=0.024) and facing reproach from their families for excessive professional commitment (p=0.032).
Workaholism among both women and men engineers was negatively correlated with sports activities (p=0.006, p=0.042).
Conclusions: Workaholism is a significant phenomenon among engineers that can lead to anxiety and depression disorders. Therefore, the detection of early signs of workaholism and its associated symptoms seems essential among this vulnerable population in order to prevent its psychological impact.

Disclosure of Interest: None Declared

EPV0950

Impact of social support on the outcomes of upper limb occupational injuries

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Introduction: Upper limb occupational injuries constitute an important health problem affecting workers in their most productive years. The professional environment influences the outcomes of these injuries. The impact of social support among this vulnerable population may explain the difference in terms of outcomes of occupational injury.
Objectives: Evaluating the impact of social support in upper limb occupational injuries' outcomes.
Methods: A cross-sectional analysis was conducted during 9 months among workers victims of upper limb occupational injuries consulting for an Impairment Rating Evaluation. Socio-professional data and the accident' outcomes were collected. Social support was evaluated by the Social Support Scale. The pain was evaluated by a Visual Analogue Scale. Anxiety and depression were evaluated by the Arabic version of Hospital Anxiety and Depression scale. Unsuccessful return to work comprises all situations other than a satisfactory return to the same position held before the accident.
Results: Out of 90 injured workers, 78.9% were male. Hand and wrist injuries represented 63% of injured sites. The mean age was 43.10± 9.87 years. The mean pain scale was 5.75±2.78. The mean length of absence was 180.73±245.14 days. A proportion of 12.2 % had low social support. Unsuccessful return to work was found among 37.8% of participants. The prevalence of anxiety and depression were 31.1% and 20% respectively. Sleep disorders were mentionned by 56.7% of subjects. Low social support was associated with unsuccessful return to work (p=0.000), negative outlook of the professional future (p=0.000) and depression (p=0.002). No association was found with pain, length of absence and sleep disorders.
Conclusions: Social support may influence the outcomes of upper limbs occupational injuries. This finding highlights the need for further examination of social factors among this vulnerable population.

Disclosure of Interest: None Declared

EPV0951

Efficacy of a modified remotivational program for persons with Schizophrenia in community mental health center

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Introduction: Patients with schizophrenia often experience deficits in motivation, which can significantly impact their functional

abilities and participation in daily life activities as the illness progresses. Motivational deficit is a key concern in the treatment and rehabilitation of schizophrenia. The remotivational program, based on the Model Of Human Occupation, is a therapeutic intervention aimed at improving the volition subsystem and addressing motivational deficit in patients.
Objectives: (1) The modified remotivational program can improve the motivation deficits, social functioning, social skills, and alleviate the psychiatric symptoms of individuals with schizophrenia in the community. (2)The experimental group, compared to the control group, can improve the motivation deficits, social functioning, social skills, and symptoms of patients.
Methods: This study is conducted at a psychiatric specialty hospital in northern Taiwan and recruits participants from a community rehabilitation center. This study included a total of 38 participants, diagnosed with schizophrenia or schizoaffective disorder. The experimental group receives a modified remotivational program twice a week for 50 minutes per session over eight sessions. This experiment employs a randomized assignment and single-blind design, with assessors unaware of group assignments. Statistical analyses involve paired sample t-tests to compare within-group differences pre- and post-intervention, and independent sample t-tests to compare between-group differences post-intervention.
Results: The experimental group underwent a four-week intervention consisting of eight sessions of themodified remotivational program. Results indicated significant improvement in addressing motivational deficits in patients (t=2.61, p=0.01). However, other outcome measures showed no significant differences between the experimental and control groups.The experimental group with average satisfaction ratings ranging from 4.12 to 4.43, and average self-assessment scores ranging from 4.12 to 4.25. Clinical feedback and observations revealed that participants in the experimental group expresses higher interest and engagement in the modified remotivational program.
Conclusions: While individuals with schizophrenia undergoing community-based mental rehabilitation generally exhibit stable psychiatric symptoms, they often overlook the pervasive impact of negative symptoms, particularly the widespread influence of motivational deficits. This study's findings demonstrate that the intervention program effectively addresses motivational issues. Therefore, it is recommended that future clinical practices integrate and utilize such interventions to provide community-based psychiatric care with individualized and diverse intervention strategies.

Disclosure of Interest: None Declared

EPV0952

Caring Under Pressure: Perceived Stress Among Caregivers of Dementia Patients

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Introduction: Dementia is a progressive neurodegenerative disorder characterized by a gradual decline in cognitive functions, such as memory, reasoning, and communication, which places a significant burden on caregivers. Dementia caregiving presents unique challenges that contribute to elevated stress levels. Caregivers of dementia patients often face increased psychological and physical strain, exacerbated by the disease's progressive nature and complex caregiving demands. This systematic review explores the perceived stress among dementia caregivers, highlighting the impact of caregiving responsibilities and identifying potential coping mechanisms. Our review seeks to offer evidence-based recommendations to support caregivers and improve their quality of life, thereby addressing a crucial gap in dementia care.
Objectives: This systematic review aims to assess the extent of perceived stress among dementia caregivers, identify associated factors, and evaluate coping mechanisms. The goal is to highlight critical stressors and propose evidence-based strategies for improving caregiver support.
Methods: We systematically reviewed eighteen studies from PubMed using the terms "Perceived Stress Scale" and "Caregivers of Dementia Patients." Our analysis included data from 3,385 caregivers, focusing on stress levels, cortisol measurements, and psychological impacts.
Results: The review consistently identified high levels of perceived stress among dementia caregivers. Cortisol levels, assessed in three studies, were significantly elevated in caregivers compared to non-caregivers (Williams et al., 2021; Kim & Park, 2022; Nguyen et al., 2023). Perceived stress showed a significant correlation with cognitive decline and sundowning behaviors. Additionally, caregivers reported elevated depressive symptoms, with stress levels showing a direct association with these symptoms (Jones et al., 2021). The review also identified that higher education was associated with reduced anxiety and depression, while female caregivers reported higher stress levels compared to males (Miller et al., 2022). Effective coping strategies included seeking information, participating in culturally adapted interventions, and enhancing social support networks (Patel & Singh, 2023).
Conclusions: Dementia caregiving imposes considerable stress due to the demanding nature of the role and the complexities of patients' conditions. Interventions should prioritize culturally sensitive support programs, expand educational opportunities for caregivers, and strengthen social support systems to alleviate caregiver stress. Future research should further investigate the influence of gender, social isolation, and healthcare access on caregiver stress, particularly in low- and middle-income countries (LMICs) and during global crises such as the COVID-19 pandemic. Addressing these factors will be crucial in developing comprehensive strategies to support dementia caregivers effectively.

Disclosure of Interest: None Declared

EPV0953

Burnout Syndrome Among Pediatric Residents at a Children's Hospital in Madrid

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Introduction: Burnout Syndrome (BOS) is a state of exhaustion due to chronic workplace stress, characterized by emotional exhaustion (EE), depersonalization (DP), and a diminished sense of personal accomplishment (PA). BOS is significant among healthcare professionals worldwide, and a critical issue in medical residency, raising concerns about mental health, patient care and safety.

Objectives: This study aimed to evaluate the prevalence and severity of BOS among pediatric medical residents at a children's hospital in Madrid, Spain. The association between demographic and occupational factors, such as gender, residency year, and night shifts per month, and the presence of BOS was also analyzed.
Methods: An observational, cross-sectional study was conducted in September 2024, using a survey distributed to pediatric residents. The survey included demographic and occupational data and the Maslach Burnout Inventory Human Services Survey (MBI-HSS), which assesses burnout through EE, DP and PA. Perception of institutional burnout prevention and support programs was also evaluated.
Results: The response rate was 81.8% (45/55), the majority of respondents were female (77.8%), aged between 24-32 years (mean 26.8), from all levels of training. Burnout scores were abnormal in 55.6%, and 11.1% met criteria for high levels of burnout. Emotional exhaustion was the most affected dimension, over half (57.8%) scoring in the high-degree for EE, followed by 40% for high DP and 28.9% for low PA. No significant associations were found between gender, residency year, or night shifts and burnout levels. However, 66.7% of the respondents perceived insufficient institutional burnout prevention programs or support.
Conclusions: The study confirmed a high prevalence of BOS among pediatric residents. These results emphasize the urgent need for targeted interventions to prevent and address burnout and improve health-care professionals well-being. Further research is needed to explore factors contributing to burnout and effective strategies for mitigating burnout among medical residents.

Disclosure of Interest: None Declared

EPV0955

Psychiatric comorbidities and societal demographics of population with pyromania admitted to Bronx Care: a retrospective chart review

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Introduction: Pyromania is an impulse control disorder where repeatedly setting up intentional fires provides instant gratification after failing to control the urge. Within the psychiatric population, 6% of the individuals meet the lifetime criteria of pyromania, making it a rare diagnosis of high medico-legal significance. We aimed to estimate the prevalence of pyromania, identify psychiatric comorbidities, substance use, and related sociodemographic factors in patients with a history of pyromania within a psychiatric center in South Bronx. We hypothesize that individuals with fire-setting behavior are more likely to have antisocial tendencies, substance use disorders, and psychiatric comorbidities, leading to increased mental health service use.
Objectives: The objective of this study is to estimate the prevalence of pyromania and fire-setting behavior in a psychiatric center in South Bronx, and to examine the associated psychiatric comorbidities, substance use disorders, and sociodemographic factors. By analyzing these relationships, we aim to provide insights into the characteristics and mental health service utilization patterns of individuals with pyromania or fire-setting behavior, thereby informing future treatment strategies and interventions in urban mental health settings.
Methods: We searched for patients aged 12 and older, including all genders, who were evaluated or admitted through a psychiatric center within the South Bronx between December 2013 and December 2023 for a retrospective observational study. After applying inclusion/exclusion criteria, we included 11 patients diagnosed with pyromania or fire-setting behavior (ICD-10-CM code F63.1 or ICD-9-CM code 312.33), based on evaluation notes. We extracted and analyzed the data for demographics, substance use, comorbid psychiatric, and medical diagnosis.
Results: We found that pyromania diagnosis was found in individual's age range of 12 to 59 years (Mean Age-33.36 ± 14.72 years). All individuals were single, 82% were unemployed, 72.73% were US-born, and 91% were male. Psychotic disorders, primarily schizophrenia, were diagnosed in 73%, while 64% had a substance use disorder. The group comprised 45% Hispanic and 55% African American individuals.
Conclusions: Our study, conducted over ten years in the Bronx, revealed a strong association between firesetting behavior and psychiatric comorbidities, particularly psychotic disorders and substance use. Contrary to our initial hypothesis, we found no significant link between firesetting and antisocial tendencies. These findings emphasize the need for targeted interventions addressing both psychiatric and sociodemographic factors, especially in urban mental health settings like the Bronx.

Disclosure of Interest: None Declared

EPV0957

Deprescribing off label antipsychotic medications in a general adult psychiatry service: A risk management Perspective

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Introduction: Antipsychotic medications, initially designed for severe mental illnesses like schizophrenia and bipolar disorder, have witnessed a significant rise in off-label prescribing for a diverse range of conditions and at times these medications remain unchanged over long periods of time and poses a potential risk due to their side effect profile. There are different types of risks associated and depends on the dose of medication, age and comorbid physical health conditions of the patient.
Objectives: To evaluate the outcomes of tapering and discontinuing off-label low-dose antipsychotic medications in patients without psychiatric disorders, focusing on the effectiveness of the deprescribing process and any associated withdrawal symptoms or adverse effects.
Methods: The authors decided to review their caseload and identify patients who are prescribed off label use of antipsychotic medication for example for sleep issues, Axis 2 mental illness as per DSM-4 classification and on doses where there was no indication of antipsychotic medication. It was planned to have detailed discussion with patients about the impact of having off label antipsychotic

prescription and agreed to slowly tapper off and discontinue this medication. There were 18 patients identified with off label use of antipsychotic medication. In this quasi-experimental study design, we selected eighteen patients by convenience sampling method from the caseload who were identified to be on off label prescription of antipsychotic medications. These patients were explained to the purpose of the study and the course of intervention, and all agreed to participate in the intervention.
Results: Out of 40 patients prescribed off-label antipsychotic medications, 18 were identified for review, all had been receiving mental health services for over six months and had been on antipsychotics for more than eight weeks. The most prescribed medication was quetiapine (n=11), followed by olanzapine (n=4), risperidone (n=2), and haloperidol (n=1). These medications were prescribed for issues like sleep disturbance, anxiety, and agitation, not for mood stabilization in bipolar disorder or augmentation in depression or OCD. Patients were gradually tapered off antipsychotic medications, with quetiapine doses typically reduced by 50% over two months and halved again over the next two months. Olanzapine and risperidone were discontinued over 3-6 months. Those successfully deprescribed reported improved energy, reduced fatigue, and no long-term adverse effects like tremors or extrapyramidal symptoms.
Conclusions: Antispcyhtic deprescribing is an important part of clinical care that reduce the risk to patients and gradual tapering of low-dose off-label antipsychotic medications, including quetiapine, olanzapine, and risperidone, was largely successful in this study, with most patients experiencing improved energy and reduced sedation.

Disclosure of Interest: None Declared

EPV0958

Kickboxing therapy in a Day hospital for non-psychotic disorders

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Introduction: The limited research conducted so far suggests that kickboxing and other martial arts can positively impact psychological well-being in a psychotherapeutic setting. The study by de Vries et al. (de Vries, et al.), which focuses on the application of kickboxing with psychotic patients, suggests improvements in self-esteem, social behavior, and aggression regulation through structured, body-oriented therapy. Physical activity that is intense and structured, such as kickboxing, helps reduce stress and anxiety by increasing endorphin production, which improves mood and reduces tension.
Objectives: The aim of our study is to analyze the impact of kickboxing on non-psychotic disorders in relation to anxiety, depression, and stress levels, as well as its effect on self-esteem and the overall quality and satisfaction. To our knowledge, this research is the first of its kind in Croatia.
Methods: This study involved 11 participants who were receiving treatment at the Day Hospital for Non-Psychotic Disorders, which treats patients suffering from a wide range of anxiety disorders, mood disorders, reactions to severe stress, and adjustment disorders. The participants were a mixed group of 6 men and 5 women, aged 28 to 58, with varying levels of education and living standards. Kickboxing training has been conducted once a week for 60 minutes during consecutive 6 months. The training is conducted in a group with an individualized approach depending on the patient's condition. The assessment was conducted at two time points: the first data collection occurred before the start of therapy, and the second took place 6 months after regular kickboxing training. The comparison was made using the Wilcoxon signed-rank test.
Results: The results of this preliminary study indicate statistically significant positive changes. Compared to the results of the first assessment, participants were significantly more satisfied with their lives in the second assessment and perceived their quality of life as significantly improved in terms of physical and mental health as well as social relationships. Depression, anxiety, and stress levels were rated as significantly less pronounced, while self-liking and self-competence did not change significantly.
Conclusions: Kickboxing offers a new, innovative approach to improving mental health in the therapeutic environment of a day hospital, especially for patients suffering from anxiety and depression.

Disclosure of Interest: None Declared

EPV0959

Burden among family caregivers of children and adolescents followed for diabetes

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Introduction: Children and adolescents are a fairly vulnerable population for diabetes.
Caregivers of children and adolescents with diabetes were most involved in their care.
Measuring the burden endured by caregivers is a good indicator of the negative repercussions on caregivers when caring for their loved ones.
Objectives:
- Determine the level of burden among family caregivers of children and adolescents with diabetes.
- Identify factors associated with a high level of burden.

Methods: The study was conducted at the University Hospital of Gabès, in the pediatrics and internal medicine departments, as well as in outpatient clinics with caregivers of children and adolescents during the period from March 2024 to May 2024.
We collected sociodemographic and clinical data for each caregiver and child or adolescent followed for diabetes.
We used :
Burden scale (Zarit): explores the psychological, physical and social impact of patient care on the caregiver. The higher the score, the greater the burden. A score above 61 means a severe burden.
Results: The study included 32 caregivers. The mean age was 35.55 years with extremes of 22 and 55 years and the sex ratio (M/F) was 0.6. Workload was shared equally by 66% of caregivers (65.7%; n=21). The majority of the sample (62.5%) did not seem to have experienced family conflicts related to the caregiver's role.

Among the participants, the majority, 78.1% (n=25), presented symptoms of psychological distress. A high level of stress was perceived by 43.7% of caregivers and satisfaction was noted by 34.4%.
A mean burden score was 35.59 (SD =15.37) with extremes from 8 to 59. We reported that 40.6% of caregivers presented a moderate to severe burden and 34.4% presented a light to moderate burden.
According to our results, heavy burden was statistically more common among caregivers with unequal workload sharing (p=0.006) and family conflict (p=0.01).
We found a statistically significant correlation between burden and symptoms of psychological distress (p=0.001), daily stress level (p=0.001) and overall satisfaction (p=0.001).
Conclusions: Our study shows that the burden endured by caregivers of diabetic children and adolescents represents a real issue in the care of these patients.
Several factors seem to be inherent to the disease, the caregiver and the social context.
For this reason, it is imperative to develop specific support programs for family caregivers of diabetic children and adolescents. These programs should include interventions to reduce burden.

Disclosure of Interest: None Declared

EPV0960

Resilience among family caregivers of children and adolescents followed for diabetes

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Introduction: Diabetes is a real public health problem. Some people seem to be more vulnerable to this pathology, especially children and teenagers. To ensure their loved one's well-being, caregivers can also develop coping strategies.
Objectives:
- Assessing caregivers' resilience of children and adolescents with diabetes.
- Identify factors associated with a high level of resilience.

Methods: The study was conducted at the University Hospital of Gabès, in the pediatrics and internal medicine departments, as well as in outpatient clinics with caregivers of children and adolescents during the period from March 2024 to May 2024.
The sociodemographic and clinical characteristics of caregivers of children and adolescents have been collected using a pre-established-form.
We used :
The resilience scale (CD-RISC) is designed to measure resilience, defined as the ability to cope with traumatic events. The higher the score, the greater the resilience.
Results: Our sample included 32 caregivers. The mean age was 35.55 years with extremes of 22 and 55 years and the sex ratio (M/F) was 0.6.
Among the participants, the majority, 78.1% (n=25), presented symptoms of psychological distress. A high level of stress was perceived by 43.7% of caregivers and satisfaction was noted by 34.4%.
The mean resilience score was 59.06 (SD =10.45) with extremes of 39 and 81.
We found a significant correlation between a high level of resilience and symptoms of psychological distress (p=0.003), the level of daily stress (p=0.03) and the level of overall satisfaction (p=0.043).
Conclusions: Our study showed that a high level of resilience is linked to several factors.
Interventions targeting stress related to social events should be integrated to increase the caregivers'resilience.

Disclosure of Interest: None Declared

EPV0961

Patient satisfaction and shared decision-making in a psychiatric ward

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Introduction: In the dynamic setting of psychiatric care, patient satisfaction and shared decision-making are crucial for optimal, personalized treatment. This approach is particularly vital in the context of a psychiatric ward, where engaging patients in treatment decisions could enhance their satisfaction and the overall therapeutic outcomes.
Objectives: This study evaluated the impact of shared decision-making on patient satisfaction from services among patients treated in a psychiatric ward. Additionally, it examined whether there are differences in satisfaction between psychotic and non-psychotic patients.
Methods: 53 patients (30 women and 23 men) who were hospitalized in the 4th Inpatient Department of the Psychiatric Hospital of Attica were assessed using the Client Satisfaction Questionnaire (CSQ-8) and the 9-Item Shared Decision-Making Questionnaire (SDM-Q-9). Diagnoses were based on the Mini International Neuropsychiatric Interview (M.I.N.I.). A multiple linear regression analysis was conducted to evaluate the effect of the SDM-Q-9 total score and of the presence of psychotic symptoms on the CSQ-8 total score. The relationship of separate SDM-Q-9 and CSQ-8 items, controlling for the presence of psychosis was further analyzed through partial correlation analyses. The Bonferroni method was employed in order to adjust for multiple comparisons.
Results: The mean age of the participants was 47.49 years (SD=13,65), and the mean duration of the disease was 15 years (SD=12,36). Thirty-two patients were diagnosed with psychotic disorders (psychotic disorder=28, bipolar disorder=1, mood disorder with psychotic features=3), while twenty-one were diagnosed with non-psychotic disorders (including Major Depressive Disorder, Obsessive Compulsive Disorder, Bipolar Disorder and Substance Use disorders). Increasing SDM-Q-9 total score significantly correlated with increasing CSQ-8 total score (B=0,276, 95% CI=,177, 0.374, t=5,627, p<0.001). Partial correlation analyses showed that separate SDM-Q-9 items significantly correlated with separate CSQ-8 items, while many correlations survived the stringent bonferonni correction. The presence of psychotic symptoms was not associated with client satisfaction.
Conclusions: Our findings suggest that shared decision-making correlates positively with patient's satisfaction from services during their hospitalization in a psychiatric ward and this was independent

of the presence of psychosis. In the ongoing effort to find real-world solutions in mental health, integrating shared decision-making practices into psychiatric care can be a fundamental strategy to empower and satisfy patients suffering from mental disorders.

Disclosure of Interest: None Declared

EPV0962

Self-Compassion and Forgiveness Among Individuals in Opioid Substitution Treatment in Greece

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Introduction: The work of original research on opioid and heroin depedence is of great interest as it has a serious medical and social impact on society.
Self Compassion and forgiveness are important factors in helping psychosocial support and improving mental health that contributes to the development of person's character.
Objectives: The purpose of this study is to explore the relationship between self compassion and forgiveness in people who are receiving treatment for opiod depedence.
Methods: An incidental sample of 153 opioid users has been selected for the study.
Data were collected using:
- The Self Compassion Scale.
- the Heartland Forgiveness Scale.

Demographic and social background information was also gathered to complement the primary data.
Results: It has been established that there is a positive relationship between self compassion and the ability to forgive oneshelf or others among people with opiate addiction.
Participants reported appropriate levels of self compassion and forgiveness. Some of the important finding include:

- There is a notable relationship age of first use illicit drugs and the level of forgiveness afforded to others.
- In substance dependency, an inverse relatioship is noted between the level of triazolobenzodiazepine abuse and self forgiveness and self compassion.

Conclusions: There is a chance of improving self kindness and forgiveness even among opioid addicts if these factors may be effective in combating the addictions.
Suggestions for future investigation includes:
- Further evaluation of the age in which a person engages in illicit substances and the level of forgiveness extended to these individuals.

Assessing if the use of benzodiazepine that are not prescribed affects self forgiveness and self compassion.

Disclosure of Interest: None Declared

EPV0963

Balancing motherhood and career: The psychological effects of post-maternity leave return among Tunisian women

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Introduction: Tunisia is considered one of the countries where women occupy an important place in the working society. Given the fundamental role played by women in the family, they would have to balance their family responsibilities with professional duties, especially after returning from maternity leave. In many cases, the return to work can be particularly difficult which could affect their physical and mental health and even the relationship with their child.
Objectives: Assessing the effects of returning to work on the perceotion of stress after maternity leave among Tunisian women.
Methods: A cross-sectional study was conducted over a two-month period, from February to April 2024, in the department B of gynaecology and obstetrics in Charles Nicoles hospital (Tunis). Women who were in labor before delivery, who had fully responded to the questionnaire before and after returning to work and willing to take part in the study were included. A questionnaire including socio-demographic, pregnancy and delivery and labor characteristics was filled in by the participants. The effects of returning to work on the perception of stress after maternity leave were assessed using the Perceived Stress Scale (PSS-10). Women were assessed one month and three months after the delivery corresponding to one month after the return to work (maternity leave in Tunisia lasts two months).
Results: A total of 62 women were included. The mean age was 32.45 ± 6.41. Pregnancy was planned in 56.4 % of cases, well supervised in 83.8 % of cases, and complicated by gestational diabetes in 24.1 % of participants. Most deliveries were at full term (92 %) and vaginal (66.1 %). Complications were post-partum hemorrhage (11.2 %), eclampsia (3.2 %) and puerperal infections (3.2 %). Most women worked in the public sector (69.3 %) with a salary between 500 and 1000 Tunisian dinars (42%). The mean PSS-10 before returning to work was 12.36 ± 4.79 and 19.41 ± 4.31 after. After returning to work, the PSS-10 was significantly higher among women with more than two children, whose deliveries were with complications and working in the private sector.
Conclusions: Several factors have been found to involved in the increase of stress after post-maternity leave return. Focus on the psychological aspect and on supporting young mothers throughout the perinatal period seem highly needed.

Disclosure of Interest: None Declared

EPV0964

Mental health status, burden and satisfaction with social support in the portuguese family caregivers of people with mental disorders: a cross-sectional study

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Introduction: Current political recommendations on mental health aim to keep people with mental illness in the community, emphasizing the need to develop a natural social support network, which includes families, giving rise to the role of the family caregiver.
Objectives: The aims of the study were: a) to identify sociodemographic variables that influence the anxiety, depression and stress of the caregiver of people with mental disorders; b) to analyze the relationship between social support and caregiver burden with anxiety, depression and caregiver stress.
Methods: We carried out a cross-sectional, descriptive-correlational study, with 274 portuguese caregivers who were recruited using a convenience sampling technique. The instruments used were the Satisfaction with Social Support Scale (ESSS); Zarit Burden Interview Scale and Depression Anxiety Stress Scales (DASS-21). Descriptive statistics and nonparametric tests were used as required. Data were analyzed using SPSS-22.0. The protocol was approved by local ethical committee.
Results: Most of participants were female (67.0%) and aged between 26 and 85 years old, with an average of 66.13 (SD=5.61) years old. Female caregivers have higher rates ($p<0.05$) of anxiety, depression and stress. Caregivers who lived in rural areas have higher levels of depression ($p=0.036$) and stress ($p=0.029$). On the other hand, the greater the perceived overload, the higher the levels of anxiety ($p<0.001$), depression and stress ($p<0.001$).
Conclusions: The results suggest the need to invest in local and community intervention strategies to promote mental health and prevent mental illnesses. In this vein, health institutions must support educational and monitoring measures that screen mental illness situations early.

Disclosure of Interest: None Declared

EPV0965

Psychiatric discharge management practice in Europe – a systematic search and review

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Introduction: Effective discharge management is essential for psychiatric inpatient care, significantly impacting patient outcomes during and after the transition from inpatient to outpatient settings. A well-coordinated discharge process ensures continuity of care, reduces readmission risks, and supports long-term recovery. However, there is a notable lack of comprehensive data on discharge practices across European countries, impeding the evaluation of their effectiveness and the development of informed improvements.
Objectives: The present study has two primary objectives: first, to systematically review current practices, challenges, and outcomes related to psychiatric discharge management across European countries. Second, to evaluate and compare existing discharge guidelines, protocols, and toolkits. By synthesizing these findings, we aim to identify best practices, highlight gaps, and offer recommendations for optimizing discharge procedures. Additionally, we will briefly present a current mixed-method research project from Germany, titled "*Evaluation of Discharge Management in Psychiatric Care*," which aims to assess discharge management practices for psychiatric inpatients. These insights will supplement the broader European review by offering a focused perspective on the practical considerations and challenges of discharge management practices within a specific national context.
Methods: We will conduct a systematic search and review by exploring multiple electronic databases (MEDLINE, Embase, Cochrane Library and PsycINFO) and grey literature sources (Google and Google Scholar) for both quantitative (observational studies, reports) and qualitative (clinical guidelines, protocols, interviews, focus groups) data related to psychiatric discharge management. Additionally, we will hand-search the references of key papers, including existing systematic reviews and included articles. The search will include documents published from 2000 to December 31, 2024.
Results: The presentation will provide an overview of the current research and literature on psychiatric discharge management practices in Europe. The review is expected to provide critical insights into advancing psychiatric care standards. Additionally, the presentation aims to engage researchers and clinical practitioners attending EPA25 by providing a platform for knowledge exchange on psychiatric discharge management, facilitating networking opportunities and fostering potential collaborations for future research in this vital field.
Conclusions: Discharge management is a critical aspect of psychiatric care that requires meticulous planning and coordination. The insights gained from this review will contribute to the development of evidence-based discharge protocols that are adaptable to diverse patient populations and healthcare settings, ultimately leading to more effective and cohesive care strategies across Europe.

Disclosure of Interest: None Declared

EPV0966

The Effects of Group Integrative Arts Therapy based on Social Skill Training on the Social Adaptive Function, Empowerment and Subjective Well-Being in Inpatients with Chronic Schizophrenia

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Introduction: The social skills of the chronic schizophrenia is an important factor in assessing the prognosis of patients with schizophrenia.

Objectives: The object of this study was to investigate the effects of group integrative arts therapy based on social skill training on communication, social adaptive function, and subjective well-being in inpatients with chronic schizophrenia.
Methods: Among the 125 patients who had been hospitalized in the mental hospital after being diagnosed with schizophrenia by psychiatrists according to DSM-5, 72 patients were selected by inclusion criteria and 48 patients were randomly assigned into an experimental group(n=16), comparative group(n=16), and control group(n=16). During this study, 4 patients from each groups dropped out. The final subjects of each groups were 12 patients. The experimental group followed a 60 minutes long social skill training based on group integrative arts therapy program for twice a week and 20 times in total. The Comparative group followed a social skill training program only for 60 minutes twice a week for 20 times in total. The control group received no treatment. To assess the social adaptive function, empowerment, subjective well-being of the subjects, Communication Competence Scale(CCS), Empowerment Scale(ES) and Korean Modification of Subjective Well-Being Scale(KmSWN) were used as subjective measuring. Assertiveness Observation Evaluation Scale(AOES), Social Adaptive Functioning Scale(SAFS), and Nurses' Observation Scale of Inpatient Evaluation-30(NOSIE-30) were also used as objective measuring that were rated by nurses or social workers at the mental hospital.
Results: There was no statistically significant difference except non-verbal communication of CCS among three groups in homogeneity test of sociodemographic and clinical variables. The group integrative arts therapy based on social skill training was found to significantly increase the communication, assertiveness, social adaptive functioning and empowerment of experimental group more than comparative group, and that of comparative group more than the control group. The group integrative arts therapy based on social skill training was found to significantly increase the NOSIE-30 of the experimental group and the comparative group more than control group. NOSIE-positive and irritability of NOSIE-30 in the comparative group was increased more than those of the experimental and the control groups.
Conclusions: The group integrative arts therapy based on social skill training is found to significantly enhance the social adaptive function and empowerment of inpatients with chronic schizophrenia than social skill training. These results suggest that group integrative arts therapy could be utilized as effective mental rehabilitation intervention program for inpatients with chronic schizophrenia.

Disclosure of Interest: None Declared

EPV0967

Preliminary data from a survey about nutrition in mental health

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Introduction: Diet-related support is urgently needed for people with serious mental illness underlying the role of nutrition in a biopsychosocial approach. Integrating healthy lifestyle practices such as a balanced diet and physical exercise could supplement and amplify the effects of existing pharmacotherapies and psychotherapies. Despite its considerable role, nutritional literacy of mental health professionals appears scarce. Specific nutrition training courses for mental health professionals are needed in order to increase awareness on nutrition as a well-being contributing factor in the biopsychosocial model.
Objectives: The aim of this study is to investigate insight and attitudes on nutrition in mental health among a sample of psychiatrists and psychologists resident in Italy.
Methods: The survey was conducted from May to June 2024 and the questionnaire was anonymous and self-rated, accessible via Google forms. The sample comprised 110 Italian mental health professionals (adult and child psychiatrists, psychologists) who voluntarily completed the on-line questionnaire.
Results: 110 participants (61 psychologists, 46 adult psychiatrists and 3 child psychiatrists) agreed to participate to our survey. 89.2 % (n= 91) of them worked in southern Italy.The majority of participants were female (77.98%) and reported working in a Mental Health Centre (n= 41, 37,27%), followed by psychiatric residential facilities (n=22, 20%), private practice (n= 19, 17.27%), hospital (n= 14, 12.73%), university research centre (n=4. 3.64%), other non specified institute (n=10; 9.09%). The numer of years of working as mental health professional was 19.27 ± 11.27 years. Adopting "sometimes" nutritional approach for the treatment of the patients was the answer mostly reported (n= 56, 51.4%) followed by "most of the time" (n= 28, 25.69%), "always" (n=11; 10.09%), "never" (n= 7, 6.42%), "almost never "(n= 7, 6.42%).
Conclusions: Despite the scientific evidence and some treatment guidelines in support of this relationship, the implementation of nutritional psychiatry into routine clinical practice remains limited. Integrating nutrition into the clinical practice of psychologists and psychiatrists and providing evidence-based nutritional advice represent an interesting mental health challenge to address in the coming years.

Disclosure of Interest: None Declared

EPV0969

Correlation between the use of social media and the self-esteem of adults with autism in their workplace

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Introduction: There is a greater inequality in employment and underemployment among adults with Autism Spectrum Disorder (ASD) compared to their peers. Aspects such as sustained eye contact, interpreting non-verbal cues, understanding non-literal language, exhibiting cognitive inflexibility, and limitations in interpreting others' perspectives impact their communication. Due to these difficulties, they are often subject to social embarrassment, isolation, and insecurity when initiating conversations. Considering that contemporary interactions have intensified through social media, these networks can be a facilitator of social inclusion, especially as they are digital environments—structured, free from unexpected stimuli, offering additional processing time, and without the need to interpret prosody and intonation. In this context, to understand its impact in

the workplace for this population, one of the factors to consider is the self-esteem of these individuals within the workplace, given that self-esteem is a fundamental indicator of self-worth and self-acceptance, impacting mental health.

Objectives: To verify the correlation between social media use and self-esteem in adults with ASD in their workplace.

Methods: This is a prospective, qualitative-quantitative study based on the Ethics Committee for Research number 65890317.9.0000. 0065. Data were collected via an electronic form. Questionnaires: personal/social questions prepared by the authors; adapted protocols: Rosenberg Self-Esteem Scale and Facebook Intensity Scale.

Results: A total of 132 adults with self-reported ASD, 68% of whom had ASD with comorbidities. Regarding gender and sexual orientation, 66% were cisgender and heterosexual women, and 62% were cisgender and heterosexual men. Concerning remuneration and education, 44.7% had completed higher education, earning between two to three thousand reais per month. Additionally, 61.4% reported not having inclusive strategies in their workplace. The overall correlation between self-esteem and social media use at work showed that 65.9% use social media moderately, of which 12.9%, 18.9%, and 34.1% have low, high, and medium self-esteem, respectively. Correlating personal/social questions with self-esteem, 34.8% never feel comfortable with group conversations, of which 11.4% have low self-esteem (p-value 0.008), 48.5% feel distressed at work (p-value 0.06), 62.9% are excessively concerned about work (p-value 0.02), and 49.2% find it difficult to assert themselves at work (p-value 0.02). (Image 1)

Image 1:

Personal/Social Questions (%)	Self-esteem (%)				
1. Are you able to have long conversations with your work team about a variety of topics?	High	Medium	Low	Total	p-value*
Always	2,3	4,5	0	6,8	
Sometimes	15,2	22,7	5,3	43,2	
Never	13,6	22,7	13,6	50	
Total	31,1	50	18,9	100	0,13
2. Do you talk to your coworkers?	High	Medium	Low	Total	p-value*
Always	21,2	24,2	6,8	52,3	
Sometimes	9,8	25	11,4	46,2	
Never	0	0,8	0,8	1,5	
Total	31,1	50	18,9	100	0,08
3. Do you ask questions to your work team when you are having difficulties?	High	Medium	Low	Total	p-value*
Always	15,9	20,5	6,1	42,4	
Sometimes	10,6	25,8	10,6	47	
Never	4,5	3,8	2,3	10,6	
Total	31,1	50	18,9	100	0,3
4. Do you deal well with unexpected events at work?	High	Medium	Low	Total	p-value*
Always	1,5	4,5	0,8	6,8	
Sometimes	16,7	15,9	8,3	40,9	
Never	12,9	29,5	9,8	52,3	
Total	31,1	50	18,9	100	0,23
5. At work, do you feel comfortable talking in groups?	High	Medium	Low	Total	p-value*
Always	3	0,8	0	3,8	
Sometimes	19,7	34,1	7,6	61,4	
Never	8,3	15,2	11,4	34,8	
Total	31,1	50	18,9	100	0,008
6. Do you feel distressed about your work environment?	High	Medium	Low	Total	p-value*
Always	10,6	25	12,9	48,5	
Sometimes	15,9	18,9	6,1	40,9	
Never	4,5	6,1	0	10,6	
Total	31,1	50	18,9	100	0,06
7. Are you afraid of new challenges at work?	High	Medium	Low	Total	p-value*
Always	14,4	29,5	15,2	59,1	
Sometimes	13,6	16,7	3,8	34,1	
Never	3	3,8	0	6,8	
Total	31,1	50	18,9	100	0,09
8. Do you feel excessively worried about work?	High	Medium	Low	Total	p-value*
Always	15,2	31,1	16,7	62,9	
Sometimes	10,6	12,1	2,3	25	
Never	5,3	6,8	0	12,1	
Total	31,1	50	18,9	100	0,02
9. Do you have difficulty positioning yourself in conflict situations at work?	High	Medium	Low	Total	p-value*
Always	9,8	25,8	13,6	49,2	
Sometimes	15,2	18,9	4,5	38,6	
Never	6,1	25,8	13,6	49,2	
Total	31,1	50	18,9	100	0,02
Legend: * = Pearson's Chi-squared test					

Conclusions: This study did not statistically demonstrate a correlation between social media use and self-esteem in the workplace. However, the challenges encountered in the workplace, such as the lack of inclusive strategies, social difficulties that generate fear, distress, and worry, corroborate the literature regarding the vulnerability this population is exposed to.

Disclosure of Interest: None Declared

EPV0970

Reliability of an Assessment Method for Resilience

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Introduction: Understanding resilience becomes important given that adversity is an unavoidable fact of human life. Over 70% of respondents in a sample of 68,894 people reported at least one traumatic event in their lifetime. The neurotoxic effects of these experiences range from compromised neurocompetence, psychopathology including PTSD and depression, to adverse physical effects.

Objectives: To determine if we could reliably agree on ratings of resilience on a five point scale to aid future studies of the role of resilience in recovery and relapse.

Methods: To assess resilience we developed a five point scale with 1 being the least and 5 behind the most resilient pattern. We found a water metaphor useful to conceptualize these five levels of resilience. Resilience in an ever-changing world can be likened to navigating in a body of water. Adversity tosses us into the water. Here are our levels:

Level 1: At this level, the person sinks to the bottom and remains there. They are making no effort to change their circumstances and remain stagnant.

Level 2: At this level, the person is not sitting at the bottom, but has not yet reached the surface. They are in a place of struggle and resistance, where change is elusive.

Level 3: The person is treading water at this stage. They are working hard to stay afloat, but not making significant progress in altering their overall situation.

Level 4: They're swimming toward shore, toward a more favorable environment in which they can thrive. They're actively seeking change and adjustment to a post-adversity reality.

Level 5: At this point, they've managed to climb out of the water and change their circumstances. Their resilience allows them to overcome challenges and seek better surroundings.

We used kappa statistics to assess our level of agreement among ourselves (three raters) after studying and discussing prototypical stories for each rating level.

Results: Practicing with training videos, we found we could achieve 84% agreement on the five ratings with 3 raters.

Percent overall agreement = 84.00% Free-marginal kappa = 0.80 95% CI for free-marginal kappa [0.66, 0.94]; Fixed-marginal kappa = 0.78; 95% CI for fixed-marginal kappa [0.62, 0.93]

When we added AI, we got Percent overall agreement = 71.33% Free-marginal kappa = 0.64; 95% CI for free-marginal kappa [0.50, 0.79] Fixed-marginal kappa = 0.61; 95% CI for fixed-marginal kappa [0.51, 0.71]

Conclusions: The individuals who fit into the pattern of low resilience tended to have a high amount of childhood adverse experiences as shown through the ACE survey. The accumulation of these events in combination with external variables shape resilience. Factors including intelligence/education level, drug/alcohol use, positive role models, exposures to nature/art/spirituality, and community/family norms steer a person down a set of patterned thinking and actions which ultimately depict their overall life story.

Disclosure of Interest: None Declared

EPV0971

Comparative outcomes of two different styles of mental health practice

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Introduction: An opportunity arose to compare the outcomes of patients of one psychiatrist in two different clinical settings – a community mental health center CMHC) in which the psychiatrist saw people on average for 15 minutes every 6 weeks (range 4 to 12 weeks) and a community clinic setting (CCS) in which the psychiatrist controlled the time allotted per patients and the frequency of visits. We assumed that the psychiatrist's beliefs, attitudes, and style of practice did not change between the two settings except as influenced by time constraints. Psychotherapy was provided by social workers in both settings, with an average of 45 minutes every 3 weeks in the CMHC and 40 minutes every week in the CCS. Three optional groups existed in the CCS compared to one in the CMHC. New patients received a 30 minute evaluation in the CMHC and a 60 minute evaluation in the CCS.
Objectives: To compare the dominant style of practice in the United States with an older style of practice in which psychiatrists spent more time with clients.
Methods: The psychiatrist administered the MYMOP2 (My Medical Outcome Profile, version 2) and the Brief Psychiatric Rating Scale (BPRS) to all patients at baseline in both settings. The MYMOP2 was repeated monthly (or at the next visit in the CMHC) and the BPRS at intervals of every three months. The study lasted two years and the average length of follow-up was 31 weeks in the CMHC and 49 weeks in the CCS, which was statistically significant.
Results: No statistically significant differences appeared in demographic variables. Percent funded by Medicaid, Medicare, other insurance, gender, and age distribution were the same in both settings. Clinical improvement was not observed among patients on average on both measures in the CMHC. Clinical improvement was observed on both measures in the CCS (MYMOP-2; $p < 0.01$ on worst symptom; BPRS, $p < 0.01$). The CMHC showed higher profits than the CCS. Time spent per patient was statistically significantly greater in the CCS ($p < 0.01$).
Conclusions: Increased opportunity for contact and relationship with the psychiatrist may play a greater role than assumed by the biomedical model. A public health question arises in relation to models for provision of care that are more profitable but less health effective.

Disclosure of Interest: None Declared

EPV0972

The Bottleneck Effect: Wait Times for Adult ADHD Assessment at a Private Clinic in Australia

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Introduction: Public sector mental health services in Australia typically do not provide Adult ADHD assessment or treatment, creating a significant reliance on private sector care. Consequently, the demand for private ADHD services has surged, resulting in extended wait times for assessment and treatment.
Objectives: This study aimed primarily to evaluate the wait times for Adult ADHD assessments for patients referred by GPs to a private clinic. A secondary aim was to analyze the relationship between sociodemographic and clinical variables, including illness characteristics and timing of diagnosis.
Methods: Data were collected through retrospective file reviews of consecutive patients referred to the authors' private clinics for Adult ADHD assessment between January 2023 and October 2024. Patients included in the study met the criteria of an eventual clinical diagnosis of Adult ADHD. Data collected included sociodemographic details, ADHD subtype, psychiatric comorbidities, and wait times for initial psychiatric consultations. Total sample was 68.
Results: Wait times ranged from 10 days to 305 days, with a mean wait time of approximately 4 months (112 days). Almost 30 % of the patients referred had wait time of more than 4 months. The sample comprised nearly equal numbers of male and female patients (33 vs. 35), with ages ranging from 17 to 56 years (mean age: 28.35 years). The majority (68%) were diagnosed with Adult ADHD - Combined Presentation, while 32% had the Predominantly Inattentive Presentation. Nearly all patients received their ADHD diagnosis in adulthood, with less than 5% having a childhood ADHD diagnosis.
Conclusions: There are significant delays in acessing appropriate care for people with Adult ADHD in Australia. Improvement in mental health policy and service delivery with regard to ADHD services is essential if this barrier to access appropriate care has to be overcome.

Disclosure of Interest: None Declared

EPV0973

Public perceptions of mental health and the role of nursing professionals in providing psychological support: a nation-wide, cross-sectional study from Croatia

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Introduction: Mental health is indispensable to quality of life and social well-being, influencing economic stability, human rights and sustainable development. Despite growing awareness, the public often conflates mental health with mental illness, which means that stigma remains prevalent. Nursing professionals, who interact closely

with patients, are uniquely positioned to provide psychological support. Therefore, understanding public perceptions of mental health and the role of nurses is crucial for developing effective care strategies and improving health outcomes.
Objectives: With our research we aimed to examine public attitudes towards mental health and assess how the general population perceives nurses' roles in psychological support. The study also sought to identify demographic influences on these attitudes and highlight potential improvements in nursing education.
Methods: The study utilized a cross-sectional survey design to collect quantitative data on public perceptions of mental health and the roles of nursing professionals. An anonymous online questionnaire was distributed, reaching a diverse sample of 270 participants from various demographic backgrounds. The survey included items assessing demographic information (gender, age, educational level, and residential location), as well as specific questions on mental health perceptions, experiences with psychological challenges, and also attitudes toward nursing empathy and support. Descriptive and inferential statistics - including Mann-Whitney U tests and chi-square tests - were used to analyze responses. Significance was set at $p<0.05$.
Results: Of the respondents, 73% were female, 63.3% resided in urban areas, and 54% had completed secondary education. The majority (65%) were over 35 years old. Regarding self-assessed mental health, 48.9% rated it as "good," and 48.5% reported occasional mental health challenges. Significant gender differences were observed in perceptions of empathy among nursing professionals, with female respondents reporting more positive views compared to male respondents ($U=83.37$, $p=0.01$). The study also revealed that 53% of participants believed nurses "sometimes" showed empathy toward patients' mental health needs. A significant association was found between educational level and the perception that nurses need additional training to support mental health challenges ($U=147.00$, $p=0.01$).
Conclusions: This study highlights the vital role of nurses in mental health support and suggests that additional training on psychological support could enhance care quality, especially in the eyes of well-educated patients. While many respondents see nursing professionals as empathetic, there is room to further improve nurses' mental health literacy and communication skills to reduce stigma and improve patient outcomes.

Disclosure of Interest: None Declared

EPV0974

Cultural values as determinants of psychological resilience in Tunisian women

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Introduction: Resilience, the ability to adapt and thrive amid adversity, is particularly prominent in Tunisian women, who are recognized for their strength and adaptability despite societal pressures. Their resilience appears closely linked to cultural heritage, indicating a significant connection between resilience and cultural values. This study explores how cultural values shape the psychological resilience of Tunisian women.
Objectives: To examine the influence of cultural values on resilience among Tunisian women.
Methods: A cross-sectional survey was conducted Tunisian women aged 18 and above, from June to August 2024. Sociodemographic data were gathered, while cultural values were assessed using the Individual Cultural Values Scale (CVScale) and the Centrality of Religion Scale (CRS-5). Resilience was measured with the 25-item Connor-Davidson Resilience Scale (CD-RISC 25).
Results: We collected 695 responses in our survey. Participants had a mean age of 36.72 ± 12.23 years, with 90.9% holding university degrees, 56.5% employed, 49.2% married, and 50.6% with children. The mean resilience score was 68.26 ± 14.09, with 26.3% showing low resilience. Average scores for cultural values were "power distance" (9.13 ± 3.46), "uncertainty avoidance" (20.84 ± 2.95), "masculinity" (9.55 ± 3.99), "collectivism" (21.64 ± 5.07), "long-term orientation" (25.89 ± 2.94), and "centrality of religion" (3.95 ± 0.77).
Resilience correlated positively with "uncertainty avoidance" ($p < 10^{-3}$, $r = 0.145$), "collectivism" ($p < 10^{-3}$, $r = 0.208$), "long-term orientation" ($p < 10^{-3}$, $r = 0.267$), and "centrality of religion" ($p < 10^{-3}$, $r = 0.186$). Conversely, resilience was negatively correlated with "power distance" ($p < 10^{-3}$, $r = -0.104$), and no significant correlation was observed with masculinity.
Conclusions: The findings reveal that cultural values significantly shape resilience in Tunisian women. Higher resilience was associated with uncertainty avoidance, collectivism, long-term orientation, and religious centrality, while power distance negatively impacted resilience. This emphasizes the need to incorporate cultural dimensions when designing initiatives to support resilience among women in Tunisia.

Disclosure of Interest: None Declared

EPV0975

Resilience and self-esteem in Tunisian women: A study on psychological strength

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Introduction: Self-esteem, defined as an individual's overall sense of self-worth and confidence, plays a crucial role in shaping how people interact with their environment. It has been strongly linked in the literature to both mental health and resilience. Tunisian women, known for their achievements despite numerous challenges, provide a compelling population for exploring the dynamics between self-esteem and resilience.
Objectives: To assess the impact of self-esteem on resilience among Tunisian women.
Methods: This cross-sectional study surveyed Tunisian women aged 18 and above, between June and August 2024, using an online questionnaire. General health information was gathered through a structured survey. Self-esteem levels were evaluated using the Rosenberg Self-Esteem Scale, while resilience was measured with the 25-item Connor-Davidson Resilience Scale (CD-RISC 25).
Results: Data were collected from 695 Tunisian women, with participants having a mean age of 36.72 ± 12.23 years. Of the respondents,

22.3% reported using psychoactive substances: 20.4% smoked, 9.4% consumed alcohol, and 2.5% used cannabis. Additionally, 22.2% had somatic conditions, 24.5% reported a personal psychiatric illness, 28.2% had a family psychiatric history, 39.3% had seen a psychiatrist at least once, and 15% were using psychotropic medications. The average resilience score was 68.26 ± 14.09, with 26.3% of participants displaying low resilience. The mean self-esteem score was 29.38 ± 5.64, with 55.8% of participants exhibiting low self-esteem. No significant correlation was found between resilience and substance use. However, resilience was significantly associated with personal psychiatric illness ($p < 10^{-3}$), family psychiatric history ($p < 10^{-3}$), psychotropic medication use ($p < 10^{-3}$), and psychiatrist visits ($p < 10^{-3}$). In contrast, there was no correlation between resilience and somatic conditions. A strong association was found between resilience and self-esteem: only 6.8% of participants with normal to high self-esteem exhibited low resilience, compared to 41.8% of those with low self-esteem showing low resilience.
Conclusions: This study demonstrates a significant relationship between self-esteem and resilience among Tunisian women, indicating that higher self-esteem is linked to greater resilience. These findings suggest that interventions aimed at enhancing self-esteem could improve resilience, particularly for women facing psychological difficulties. Future research could explore targeted strategies to boost self-esteem as a pathway to strengthen resilience and overall mental well-being in this population.

Disclosure of Interest: None Declared

EPV0976

Psychological traits as determinants of resilience: Insights from Tunisian women

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Introduction: Personality encompasses stable traits, behaviors, thoughts, and emotions that shape how individuals interact with their environment. It stands to reason that personality can influence how a person responds to life's challenges, essentially defining their level of resilience. Tunisian women, who frequently face a range of daily struggles, represent a significant group for exploring the dynamics of resilience. Understanding how their personality traits impact their ability to adapt and thrive amidst adversity provides valuable insights, making this an important area of study.
Objectives: To examine the relationship between personality traits and resilience among Tunisian women.
Methods: This cross-sectional study surveyed Tunisian women aged 18 and above using an online questionnaire between June and August 2024. Personality traits were assessed using the 10-item Big Five Inventory (BFI-10), while psychological resilience was measured using the 25-item Connor-Davidson Resilience Scale (CD-RISC 25).
Results: Data were collected from 695 Tunisian women, with a mean age of 36.72 ± 12.23 years. Among participants, 24.7% were students, 56.5% were employed, 49.2% were married, and 50.6% had children. Regarding sexual orientation, 93.4% identified as heterosexual, 0.4% as homosexual, 3.3% as bisexual, and 2.9% as undefined. The average resilience score was 68.26 ± 14.09, with 26.3% of participants exhibiting low resilience. Mean scores for personality traits were as follows: agreeableness: 6.8 ± 1.86, extraversion: 6.1 ± 1.79, neuroticism: 6.33 ± 2.01, conscientiousness: 7.16 ± 1.94, and openness to experience: 8.03 ± 1.71. Resilience was positively associated with age ($p < 10^{-3}$, $r = 0.143$), marital status ($p = 0.022$), sexual orientation ($p = 0.001$), and education level ($p < 10^{-3}$), with 80% of those with only primary education showing low resilience compared to 24.2% of those with a university education. Personality traits showed significant correlations with resilience: agreeableness ($p < 10^{-3}$, $r = 0.165$), extraversion ($p < 10^{-3}$, $r = 0.207$), conscientiousness ($p < 10^{-3}$, $r = 0.367$), and openness to experience ($p < 10^{-3}$, $r = 0.278$) were positively correlated, while neuroticism was negatively correlated ($p < 10^{-3}$, $r = -0.482$).
Conclusions: Personality traits are significant determinants of resilience in Tunisian women. Positive traits like agreeableness, openness, extraversion, and conscientiousness enhance resilience, while neuroticism has the opposite effect. Considering that personality is influenced by factors such as early childhood experiences and parenting styles, future interventions could focus on fostering these positive traits to strengthen resilience.

Disclosure of Interest: None Declared

EPV0977

Resilience in Tunisian women: The critical role of social support

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Introduction: Resilience is the capacity to bounce back from adversity, and this concept has been extensively studied across various populations, especially those facing significant stress. In this context, Tunisian women have recently encountered multiple challenges related to balancing professional and family responsibilities, which require them to demonstrate strong resilience. Recent literature has highlighted a strong link between social support and resilience.
Objectives: This study aims to explore the impact of social support on the psychological resilience of Tunisian women.
Methods: This cross-sectional study surveyed Tunisian women aged 18 and above using an online questionnaire between June and August 2024. Familial and professional characteristics were collected through a structured survey. Social support was measured using the Multidimensional Scale of Perceived Social Support (MSPSS), and psychological resilience was assessed with the 25-item Connor-Davidson Resilience Scale (CD-RISC 25).
Results: Data from 695 Tunisian women (mean age = 36.72 ± 12.23 years) revealed diverse backgrounds: 24.7% were students, 35.3% worked in the public sector, 21.2% were self-employed, and 14.7% were unemployed. In terms of marital status, 42.9% were single, 49.2% married, and 5.6% divorced, with 8.5% living alone, 75.7% in nuclear families, 10.4% in extended families, and 5.5% in shared housing; additionally, 50.6% had children. The average resilience score was 68.26 ± 14.09, with 26.3% exhibiting low resilience. Social support scores were as follows: familial support

(20.06 ± 6.38), friend support (18.17 ± 6.47), significant other support (21.2 ± 6.22), and overall social support (59.42 ± 15.26). Significant associations were found between resilience and marital status (p = 0.019), with married women showing lower rates of low resilience (21.3%) than single women (31.9%). Women with children also demonstrated higher resilience (p = 0.002), while employment status had a notable impact (p = 0.005), with low resilience rates highest among unemployed women (36.3%) and lowest among public sector workers (19.6%). Resilience positively correlated with social support across all sources: familial (p < 0.001, r = 0.269), friend (p < 0.001, r = 0.260), significant other (p < 0.001, r = 0.289), and overall social support (p < 0.001, r = 0.338).
Conclusions: Our findings underscore the crucial role of social support and family connections in enhancing the psychological resilience of Tunisian women. Therefore, targeted social interventions are needed to support women experiencing loneliness or lacking social networks, aiming to strengthen their resilience and overall well-being.

Disclosure of Interest: None Declared

EPV0978

Resilience among Tunisian women: Exploring the impact of coping Strategies and sociodemographic influences

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Introduction: Tunisian women, seen as symbols of freedom, have achieved social equality despite various challenges. This study examines the role of sociodemographic factors and coping strategies in shaping psychological resilience among Tunisian women.
Objectives: To investigate how sociodemographic factors and coping styles influence resilience in Tunisian women.
Methods: This cross-sectional study targeted Tunisian women aged 18 and above through an online survey between June and August 2024. Sociodemographic data were collected, coping styles were measured using the Brief COPE inventory, and resilience was assessed via the 25-item Connor-Davidson Resilience Scale (CD-RISC 25).
Results: Data from 695 women (mean age = 36.72 ± 12.23) showed that 90.9% had university education and 34.1% were unemployed. Personal income was the main income source for 61.7%. The mean resilience score was 68.26 ± 14.09, with 26.3% exhibiting low resilience. Higher resilience was significantly associated with university education (p < 0.001) and higher economic status; 34.3% of those in lower brackets showed low resilience (p = 0.007). Personal income also predicted resilience (p < 0.001). Regarding coping, resilience positively correlated with problem-focused (r = 0.496, p < 0.001) and emotion-focused coping (r = 0.271, p < 0.001), but was negatively associated with avoidance coping (r = -0.093, p < 0.05).
Conclusions: This study reveals that resilience among Tunisian women is linked to education, economic status, and income, with effective coping strategies (problem- and emotion-focused) enhancing resilience. Findings underscore the importance of economic empowerment and effective coping skills in strengthening resilience among women.

Disclosure of Interest: None Declared

EPV0980

Factor Models as an Important Tool in Creating the Effective Quality Management System in Psychiatric Institutions

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Introduction: Medical staff is one of the main participants in psychiatric care quality management system. At the same time, it is not enough to ensure high level of staff qualifications only. It is also necessary to determine staff satisfaction with their professional activities, levels of staff well-being and of professional burden. That's why, using factor analysis in the process of identification of factors affecting these parameters of psychiatric staff is an important task.
Objectives: To work out factor models determining the main components affecting psychiatric staff professional burden and satisfaction of staff with provided psychiatric care; to justify proposals for improving medical staff professional activities and quality of care.
Methods: Adapted questionnaire «Assessment of the burden of psychiatric staff working in psychiatric institution» (WHO, 1994); Questionnaire «Assessing the satisfaction with quality of care by medical staff of psychiatric institution» (Solokhina et al., 2014). Factor analysis (principal component analysis with quatrimax rotation and factor selection according to the Cattell criterion) was used in the IBM SPSS Statistics 27 software environment. The study involved 73 nurses (age 44,55±11,56) of Moscow psychiatric hospitals № 1 and № 4. The nurses were included in the analyses as the most representative staff category closely contacting with patients.
Results: Using factor analysis, a model identifying the most significant components affecting of the professional burden of the nurses and reflecting 50.9% of the sample variance was worked out. The parameters include: "physical and emotional problems", "interpersonal problems", "intrapersonal problems", "stigmatization", "experiencing difficult situations related to patients" (16.86%, 11.67%, 9.52%, 6.61%, 6.34 of the sample variances correspondingly).
The factor model of nurse's satisfaction with psychiatric institutions activities includes "organizational" (33.66%), "procedural" (7.44%), "logistical" (6.92%), "support" (5.14%), "alternative forms of assistance" (5.05%) factors, which in total make up 58.8% of the sample variance.
Conclusions: Factor models are a powerful tool which permits to analyze complex information and to identify factors affecting important indicators in a quality management system. Therefore, factor analysis should be carried out regularly in order to prevent different risks of care quality violation. It is also important to introduce psychological support to medical staff and to improve team methods of work.

Disclosure of Interest: None Declared

EPV0981

World mental health day as an effective element of the public health system. 30 years of experience and perspectives

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Introduction: During Open Day at Mental Health Research Institute in Tomsk, assistance was provided to many citizens of Siberia.
Objectives: to develop its algorithm.
Methods: An analysis of experience in holding Mental Health Day.
Results: Stage 1 – Preparatory: assessment of the prevalence of mental disorders; identification of the social challenges in the population that influence the growth of various forms of mental disorders; features of the functioning of general somatic health care services and psychiatric institutions, and their interaction.
Stage 2 – Information and methodological: conducting psychoeducational activities. The main topics are understanding mental health, the main risks, the first symptoms, ways to seek help. The anonymity, the free provision of services, the date, the form and method of the project are emphasized.
Stage 3 – Formation of the volume of services. A registration is made via telephone and electronic communications for those wishing to receive this help, indicating a specific and convenient time. This form of preliminary registration turned out to be logistically successful, aesthetically humane even under the conditions of sanitary and epidemiological restrictions of the COVID-19 pandemic.
Stage 4 – Implementation of Mental Health Day: on Saturday, in the week 1 of October. Filling in the express questionnaires. Formation of the main flows by specialists: 1) with affective disorders, 2) schizophrenia, 3) psychosomatic disorders, 4) post-traumatic stress disorders, 5) with addictions to alcohol, psychoactive substances, 6) persons of gerontological age. Methods of assistance: advisory, therapeutic (inpatient, outpatient), psychological support, provision of social services.
Stage 5 – Assessing the effectiveness of logistics and the results of Open Day based on the results of a consultation, analysis of questionnaires, verification of mental disorders, assessment of the main risk factors, identification of vulnerable groups of the population for the development of mental disorders.
Stage 6 – Achieving the goal of the World Mental Health Day project.
Conclusions: An analysis of experience in holding Mental Health Day allowed us to develop its algorithm.

Disclosure of Interest: None Declared

EPV0982

Audit of depot antipsychotic side-effect monitoring within a Community Treatment Team (CTT) in the North East of England in 2022

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Introduction: This audit was undertaken to look at side-effect monitoring of patients on depot antipsychotics within the North Tyneside CTT. This was the fourth reaudit of this patient group, with the most recent one having been in 2019, highlighting a gap in re-audits during the height of the COVID-19 pandemic.
Objectives: The objective of this audit was to ensure adherence to the following standards, as per National Institute for Health and Care Excellence (NICE) guidelines and local trust guidelines pertaining to antipsychotic monitoring: 1. 100% of patients on depot anti-psychotics should have side effect monitoring, in the form of a Glasgow Antipsychotic Side-Effect Scale (GASS) form, completed every year. 2. 100% of patients on depot anti-psychotics should have a GASS form completed ever, since starting their antipsychotic medication. 3. Completed GASS forms should be accessible on RiO (online noting system).
Methods: Data collection occurred and concluded in March 2022. This involved identifying patients on depot antipsychotics within the CTT, pseudo anonymising them by patient number and basic demographics, then utilising RiO to identify whether they have had antipsychotic monitoring using a GASS questionnaire as per the guidelines outlined above. This data was then represented in excel form, allowing us to appraise adherence to guidelines and changes from previous audits performed on this topic. We then utilised a traffic light system where green represented a score of 90-100% (compliant), yellow 80-89% (partially compliant), and red 0-79% (non-compliant).
Results: 53% of patients had a GASS completed in the past year (red). 95% have had a GASS completed ever (green). 98% of GASS were recorded on RiO (green). Demographic and diagnostic data was also gathered and are available in the full body of the report and poster.

Image 1:

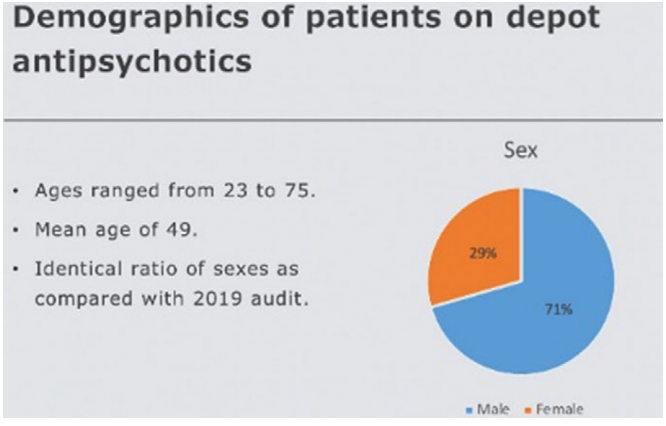


Image 2:

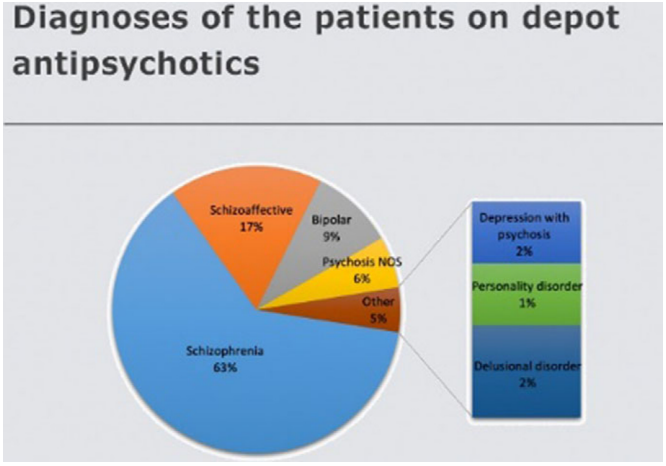
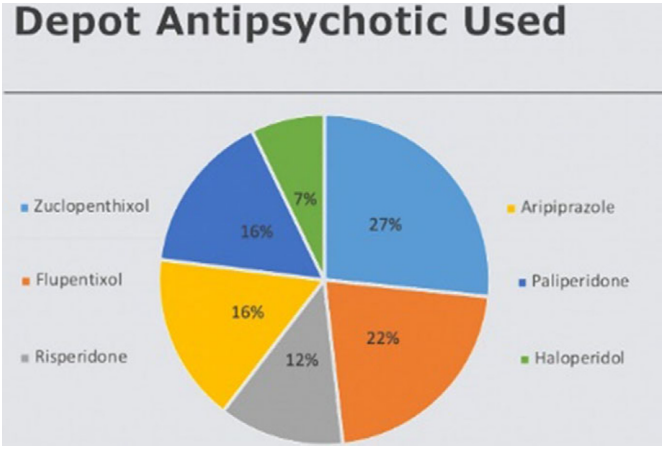


Image 3:



Conclusions: There has been a reduction in the percentage of patients having had a GASS in past year from 88% in 2019 to 53% now. This is likely to represent a disruption to services during the COVID-19 pandemic, forming obstacles to face-to-face reviews of patients. There was an increase in patients on depot antipsychotics from 90 in 2019 to 139 in 2022. There was a marginal improvement in documentation, with 98% of GASS questionnaires recorded on RiO in 2022, compared with 97% in 2019. Following recommendations being made, this will be re-audited in 2024/25.

Disclosure of Interest: None Declared

EPV0983

Ayahuasca and debut of psychosis, description of a clinical case

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Introduction: The relationship between psychosis and ayahuasca use is a topic of considerable interest and debate in the scientific and medical community. Ayahuasca is traditionally used in shamanic ceremonies in the Amazon, composed mainly of the Banisteriopsis caapi vine and the leaves of Psychotria viridis, which contain DMT (dimethyltryptamine), a powerful hallucinogen.
Ayahuasca induces altered states of consciousness, with experiences that can include visions, deep introspection, and changes in the perception of reality. The experience can be intense and emotionally overwhelming. In individuals with a history of psychosis or psychiatric disorders, ayahuasca may more easily trigger a psychotic episode. The interaction with neurotransmitters and the serotonergic system can influence their appearance.
We report a case of a patient who, after consuming ayahuasca, presented a psychotic episode that required hospitalization. After the initiation of treatment with antipsychotics, the condition had a favorable evolution towards the complete resolution of the symptoms.
Given the increasingly frequent use of ayahuasca in developed societies, the current case highlights the needs to understand, regulate and research the use of ayahuasca. Additionally, raising awareness of the potential risks of ayahuasca use through psychoeducation should be implemented.
Objectives: Describe the case of a psychotic episode induced by ayahuasca: Clinical debut, symptoms and evolution after initiation of treatment.
Methods: Description of a clinical case as well as bibliographic review.
Results: The relationship between hallucinogens and psychosis is a critical area of study due to the intense and potentially destabilizing effects that hallucinogens can have on people with this condition. Hallucinogens can trigger or aggravate psychotic symptoms, which may include hallucinations and delusions. We must keep in mind that hallucinogens can interact negatively with antipsychotics or other medications used to treat psychosis. These interactions may reduce the effectiveness of treatment or cause adverse side effects, as well as affect adherence to treatment, as it may lead to an alteration in the perception of the need for medication or the ability to follow the treatment regimen.
Conclusions: Ayahuasca use can have profound and potentially destabilizing effects, especially in people with a history of psychotic disorders. Although there is therapeutic potential, it is crucial to proceed with caution and under the supervision of trained professionals. Proper preparation and risk assessment are essential to minimize potential adverse effects.

Disclosure of Interest: None Declared

EPV0984

"Peer support is the missing piece of the puzzle": An evidence-based approach to developing peer support in Jigsaw-The National Centre for Youth Mental Health

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Introduction: In Ireland, 1 in 5 young adults (aged 18-25) experience moderate to severe levels of depression and anxiety. To meet the growing need for mental health supports, Jigsaw – The National Centre for Youth Mental Health – provides accessible, early intervention services throughout Ireland. Building on its reputation for championing youth voices and inspired by examples set by other international integrated youth mental health services, one such strategy Jigsaw is exploring is youth peer support.Peer support offers social, emotional, and practical assistance from young people with personal experience of mental health challenges. Evidence suggests that peer support can positively impact young people by promoting a recovery-based approach to mental health. However, despite the recognized benefits, peer support is underutilized in Irish youth mental health services, and there is limited guidance available for its development.
Objectives: This research adopts a collaborative approach to intervention development, aiming to create an evidence-informed framework to guide the introduction of peer support in Jigsaw services.
Methods: This PhD project adheres to the Medical Research Council's Guidance for Developing and Evaluating Complex Interventions. The first stage of this project comprised a published scoping review of peer support in integrated youth mental health services and educational settings. The second stage of the project aimed to understand the benefits and challenges of peer support using semi-structured interviews with mental health professionals. The final stage of the project will take a participatory approach to intervention design, utilizing co-design workshops with stakeholders to identify potential intervention functions.
Results: The scoping review identified common types of peer support programs (peer-delivered one-to-one support, self-help groups, and internet support groups) and target problems addressed (depression, anxiety, and psychological distress). Interviews with fifteen professionals revealed insights into the benefits of peer support for young people, such as increased connection and empowerment, and for services, such as reduced power imbalances and increased accessibility. Challenges for implementation were also identified, including boundary management, funding, and resource allocation. The ongoing final stage focuses on developing a program theory underpinning a potential peer support intervention in Jigsaw. Key stakeholders, including Jigsaw's senior management and youth advisory panel (YAP), will be consulted to identify intervention components.
Conclusions: Recommendations regarding key components of peer support, as well as barriers and facilitators to its implementation, will be shared to support other organizations in enhancing their understanding and application of peer support for youth mental health.

Disclosure of Interest: None Declared

EPV0985

Burnout Among Psychiatry Doctors in Pakistan: A Multicenter Study

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Introduction: Burnout among medical professionals, particularly psychiatry doctors, is a pressing concern. High-stress environments, heavy workloads, and emotional demands can lead to physical, emotional, and mental exhaustion. Pakistani psychiatry trainees face unique challenges, including intensive training, high patient volumes, and limited support. Despite its implications for patient care and doctor well-being, limited research exists on burnout among Pakistani psychiatry doctors.
Objectives: To investigate burnout prevalence, contributing factors, effects, and coping strategies among Pakistani psychiatry trainees, informing evidence-based interventions to promote well-being and improve patient care.
Methods: A cross-sectional online survey was conducted among psychiatry doctors from 10 hospitals in Pakistan (July 26, 2024 – September 25, 2024). The questionnaire assessed demographic characteristics, burnout factors, effects, and coping strategies.
Results: The survey revealed significant burnout factors, including insufficient support from colleagues/administration (42.3%), high workload (23.1%), personal life stressors (19.2%), long working hours (11.5%), and lack of control (3.5%). Burnout effects included physical health issues (30.8%), mental health issues (30.8%), relationship strain (25.4%), and reduced job satisfaction (23.1%). Participants employed various coping strategies, such as having fun/leisure activities (38.5%), time management techniques (29.2%), engaging in self-care activities (26.9%), setting boundaries at work (11.5%), and seeking professional help (3.9%). Notably, the majority of participants (80.8%) were trainees, highlighting the vulnerability of this group to burnout.
Conclusions: This study highlights the alarming prevalence of burnout among Pakistani psychiatry doctors, underscoring the need for targeted interventions to promote support, workload management, and work-life balance.

Disclosure of Interest: None Declared

EPV0988

A new psycho-education module for adolescents with a first episode of psychosis and their relatives

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Introduction: Psychotic disorders typically have their onset in adolescence, a formative age that comes with many developmental challenges. The onset of mental illness in this phase of life can be very disruptive. Literacy on the nature and potential impact of psychosis can promote recovery, while family interventions have the potential to prevent relapse. Moreover, many patients and family members report a need for tools that provide guidelines to improve their communication and stimulate mutual understanding.

However, an integrated psyche-education module for both adolescents with lived experience and their relatives was lacking until now.
Objectives: The development of a new integrated psycho-education module and the content of this module will be presented,
Methods: Stakeholders (people with lived experience and family members) were interviewed on their preferences for the content, form and timing of psycho-education individually (n=15) and in focus groups (n=7). This information was used by a task force of experts composed of people with lived experience with psychosis, family members and mental health professionals. Subsequently, the intervention was piloted in two mental health care organizations.
Results: Adolescents with lived experience preferred psycho-education on communications skills and wanted to learn how to communicate with their relatives during and after the psychotic episode, adjusted to their specific situation. They prefer psycho-education together with their relatives, not separately. They also noted that the content of psycho-education may differ depending on the relationship they have with their relatives. Relatives and people with lived experience both reported they needed basic knowledge about psychosis, training in communication and problem solving skills, content with respect to self-care and content about online information. With regards to the timing of psycho-education, relatives preferred basic information as soon as possible and communication skills later on.
Both groups felt an integrated psycho-education could be beneficial. The final integrated module is composed of themes related to different dimensions of recovery, e.g. societal and social impact and spirituality. Results of the pilot were used to refine the module.
Conclusions: This new integrated psycho-education module was based on stakeholders preferences and needs and was found to be helpful to increase mental health literacy and communication between adolescents with lived experience with psychosis and their relatives.

Disclosure of Interest: None Declared

EPV0989

Descriptive study of patients admitted to acute psychiatry care

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Introduction: As a first-year resident doctor in specialized psychiatry training in Portugal, I have begun my inpatient internship, which is the longest component of the psychiatry residency program. At the Department of Psychiatry and Mental Health at the Viseu Dão-Lafões Local Health Unit, residents are assigned to follow patients under the supervision of specialists and rotate through cases managed by different psychiatrists. This internship focuses on acute patients, with a predominant presence of affective and psychotic disorders.
Objectives: This study aims to characterize patients hospitalized in an acute care unit, based on a sample monitored by the author.
Methods: The data for this study was obtained from electronic health records systems used in Portugal, specifically Sclinico and Alert, covering information on patients I followed during the first nine months of 2024. Additionally, we conducted a literature review on this topic using PubMed.
Results: The study sample comprised 20 female and 17 male patients. On average, the age of female patients is approximately 10 years higher than that of male patients, with women averaging 56 years and men averaging 46 years. The majority of male patients are hospitalized involuntarily under Portugal's Mental Health Law, whereas this is less common among female patients.
The primary reason for hospitalization in men is psychotic decompensation within the context of schizophrenia, while affective disorders are predominant among female patients. The average length of stay is 45 days for male patients and 30 days for female patients.
Conclusions: The longer average hospital stay for men may be linked to psychotic decompensation, often due to non-compliance with therapy. This lack of insight frequently results in involuntary hospitalization due to the risks posed to themselves and others. In contrast, affective disorders generally involve better-preserved insight, which could explain the shorter average hospital stays for women.

Disclosure of Interest: None Declared

EPV0990

Gone missing or gone crazy? Key statistics about the relation between poor mental health and reports of missing people

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Introduction: The definition of a missing individual includes the description of a person whose location is not known alongside alarming signs concerning his state of security and health. Despite thousands of people reportedly missing every year, limited information is available about their identity, the reason of their disappearance and their final evolving.
Objectives: To explore the relation between poor mental health and reports of missing people.
Methods: A review of 29 articles -from 2010 to 2024- on PubMed and Google Scholar regarding people suffering from mental illness who were reported missing.
Results: 1 in 5 missing children suffer from mental illness.
1 in 10 missing children is at risk of suicide.
8 in every 10 missing adults suffer from mental health problems.
4 in every 10 people with dementia will go missing eventually, in many cases involuntarily.
3 in 10 missing adults face relationship issues with their partner or relatives.
1 in 50 missing adults struggle with domestic violence.
20% of missing individuals commit suicide, with the majority of them being men who use violent methods such as drowning or hanging.
Those usually reported missing are: females aged 13-17 and men aged 24-30.
Juveniles and adults under 60s usually go missing deliberately, compared to people of different ages.
Reasons for psychiatric patients to go missing, include: disappointment by healthcare professionals; different opinions than their loved ones' concerning their health; feelings of helplessness; belief that going missing is the only solution.

Conclusions: Mental illness can be both the cause and the consequence of an individual going missing. Missing incidents in many cases represent a veritable moment of crisis and should be approached as such in someone's life. Unfortunately, when a person is found by authorities, support is rarely offered, potentially strengthening the feelings of hopelessness and despair of the previously missing person.
Mental health care professionals must be in alert after a missing's person return, ready to offer him their services.

Disclosure of Interest: None Declared

EPV0991

Integrated Care Models for Severe Mental and Physical Health Disorders: A Scoping Literature Review for the EU-MIND European Initiative

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Introduction: The co-occurrence of severe mental disorders (SMD) and physical health issues requires integrated care models that address both effectively. While interest in this area is growing, recent syntheses remain limited, particularly regarding technological advancements and the sustainability of health systems. This scoping literature review (SLR) supports the EUropean Mental and Physical Health Initiative (EU-MIND, THCS Horizon Europe) by examining integrated care for comorbid SMD and physical health conditions.
Objectives: The review aimed to identify integrated care models for SMD and physical health conditions, with a focus on technology and sustainability. Findings will inform subsequent EU-MIND phases, including a Delphi survey, financial impact assessment, and feasibility pilot studies.
Methods: Following PRISMA-ScR guidelines, we conducted a comprehensive search strategy in PubMed, Embase, Cochrane Library, and gray literature from inception to November 2024. Data were analyzed using the SELFIE framework, categorizing findings by WHO health system components (service delivery, governance, workforce, financing, technologies, and information).
Results: We reviewed over 75 studies on integrated care models, highlighting the value of coordinated mental and physical healthcare, particularly in community settings. Digital tools such as telemedicine and electronic patient-reported measures (ePREMs, ePROMs) enable sustainable care and efficient data-sharing. Challenges identified include workforce training gaps, inconsistent financing, and limited support for addressing social determinants of health (SDOH). The integration of roles like nurse practitioners and lay workers remains underutilized due to system barriers. Collaborative care models and self-management interventions, especially those involving primary care and mental health professionals, have proven effective in reducing depressive symptoms, improving quality of life, and lowering healthcare costs. Despite progress, challenges in fully integrating care systems persist across healthcare settings. Understanding these barriers requires exploring the perspectives of all stakeholders (patients, healthcare professionals, policymakers).
Conclusions: This SLR identifies key components and gaps in integrated care for individuals with comorbid SMD and physical health conditions. It highlights the importance of flexible governance, strategic integration of digital tools, and context-specific policies. Addressing these gaps can lead to more adaptive, sustainable, and patient-centered service delivery models. These findings provide a foundation for evidence-based decisions aimed at advancing multidisciplinary, integrated care approaches across European healthcare systems to better meet the complex needs of individuals with SMD.

Disclosure of Interest: None Declared

EPV0992

GIS integrated Mental Health Service Delivery Mapping of Korail Slum

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Introduction: About one million people in Bangladesh are living in different slums in Dhaka and Korail is the largest slum of the city with more than 250000 residents. These slums are deprived from most of the basic services and cares such as sanitation, water supply and healthcare. Moreover, the situation related to mental health care might be more disappointing. However, there is no well organized service delivery map to inform us about the existing the mental health care facilities and service provider to plan a feasible real life solution for this community.
Objectives: In this research, we aimed to fill this gap by developing Geographical Information Systems (GIS) integrated service delivery mapping of the slum and get a clear idea about the existing service institutional and individual level related to mental health care and related services to design and develop effective and acceptable real life solutions in the TRANSFORM Project for the person with serious mental disorders in the slum.
Methods: We followed stepwise apaprach starting from reviewing the literature and other docuements to gain detailed information about the geographical coverage, culture, institutions and services those were working in the Korail slum. After this, we visited the slum to get an idea of the key landmarks and conducted stakeholders and experts meeting about data collection framework design and drafting questionnaire. Based on the discussion, the questionnaire was pretested and finalized. Then this drafted questionnaire was transferred into KoBo Collect for data collection. We tested the feasibility of KOBO tools before final data collection. We recruited the data collector from the local community and trained them to collected service institutions and service providers information with GPS locations captured with 5m accuracy level in 2022. Data was organized and analyzed using Microsoft excel and a KML file was created.
Results: We found 66 Pharmacies, 50 Schools, 24 Traditional Healers, 20 Religious Institutions (mosjid mondir), 19 Madrasas, 66 medicine store, 13 health care provider chambers, 5 NGOs' office and

2 private clinics inside the slum. Among 24 traditional healers, 20 were male and all the four female traditional healers had no formal education. The 19 faith based healers (9 madrasa teachers and 10 Imam & muajjin) provide healing practice (Jhar-fook/ panipara/ tabiz/ Tadbir etc.). The community health workers of different NGOs work in the slum however, many organizations did not had their official set up in the slum. Moreover, during the service delivery mapping, we found no established mental health service in korail.
Conclusions: GIS based service delivery mapping helps us in a deeper understanding of the community and to design and implement real-life mental health solutions.

Disclosure of Interest: None Declared

EPV0993

Suicidality and ADHD: which factors may influence the suicidal behavior?

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Introduction: Patients with Attention-Deficit/Hyperactivity Disorder (ADHD) are at a higher risk of suicidal behavior. Impulsivity, emotional dysregulation, and co-existing mental health conditions contribute to this risk. Early identification and comprehensive support are vital in mitigating these issues.
Objectives: The aims of our study are to characterize which factors promote suicide attempt in patient with ADHD.
Methods: Our study is conducted on patients (>18 years) referred to the adult ADHD outpatient service of the Psychiatric Clinic of Ancona (Università Politecnica delle Marche, Italy). The Diagnostic Interview for ADHD in adults (DIVA 5.0) was used for diagnosing ADHD. The following rating scale were administered: Temperament Evaluation in Memphis, Pisa and San Diego (TEMPS-M), Coping Orientation to the Problems Experiences-new Italian version (COPE-NVI), Temperament and Character Inventory-Revised (TCI-R).
Results: 76% (n=170) of all screened patients were diagnosed with ADHD in adulthood. 7.3% (n=12) of patients with ADHD attempted suicide. A significant higher frequency of suicide attempts was observed in those with borderline personality disorder as a comorbidity (p=0.004), in those with other psychiatric comorbidities (p=0.031), in those who are receiving treatment from the pathological addiction outpatient service (p=0.011), and in those who use stimulants (p=0.018) or opioids (p=0.019). A multivariate linear regression was observed between number of suicidal attempt (R^2=0.357; F(5,52)=5.779; p<0.001) and TCI-R transpersonal identification subscale (B=0.022; p=0.021), TCI-R harm avoidance subscale (B=-0.008; p=0.001), TCI-R impulsiveness subscale (B=0.023; p=0.012), TCI-R disorderliness subscale (B=-0.024; p=0.045) and COPE-NVI turn to religion subscale (B=-0.033; p=0.005). A logistic regression analysis was performed to ascertain the effects of all types of TCI-R subscale, on the likelihood of enacting suicide attempts. The logistic regression model was statistically significant, ▫▫ 2(1)=4.210, p=0.04. The model explained 14% (Nagelkerke R2) of the variance in patients with ADHD who committed suicide and correctly classified 90.3% of cases. Enacting a suicide attempt was significantly predicted TCI-R pure-hearted conscience subscale (exp(B)=0.843, p=0.062).
Conclusions: Comorbidities, addiction treatment, substance use, and personality traits significantly influence the likelihood of suicidal behavior. In addition, it is highlighted that impulsivity, lack of responsibility and caution, those who feel a strong connection with nature and the universe, being rigid, not having transcendental-oriented coping strategies, and being opportunistic are factors promoting suicide in patients with ADHD.

Disclosure of Interest: None Declared

EPV0994

Association between wrist pain and occupational stress among sewing machine operators

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Introduction: Given the specific characteristics of their work positions, sewing machine operators (SMOs) represent a vulnerable population to musculoskeletal symptoms such as wrist pain in the leather and footwear sector.
Objectives: This study aims to assess the association between wrist pain and occupational stress among SMOs.
Methods: A cross-sectional study was conducted among SMOs working in a shoe and leather factory. Data collection was carried out using Computer-Assisted Personal Interviews through a pre-established questionnaire. This questionnaire consisted of socio-demographic and professional data. We also assessed occupational stress using the validated French version of Job Content Questionnaire of Karasek.
Results: The average age of SMOs (n = 145) was 35.2 ± 9.9 years, with extremes ranging from 18 to 59 years. A female predominance was noted (sex ratio of 0.25). The average seniority in the current position was 14.4 ± 9.9 years. More than half of the population had high psychological demand, low decision latitude and low social in respectively 53.2%, 97.1% and 67.6%. Among SMOs, 76.3% had wrist pain. In bivariate analysis, wrist pain was positively associated to low decision latitude (p=0.033, OR=2.49, 95%IC [1.11-5.59]. Moreover, it was positively associated to professional seniority (p=0.014).
Conclusions: This study highlights a significant prevalence of wrist pain among SMOs in the leather and footwear sector. It can be exacerbated by various factors, including occupational stress. Addressing these factors is essential for enhancing both the health and productivity of this vulnerable workforce.

Disclosure of Interest: None Declared

EPV0995

Associations between leadership styles and psychological distress among nurses

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Introduction: Leadership styles can either mitigate or exacerbate psychological distress, influencing job satisfaction, burnout, and overall well-being among nursing staff.
Objectives: This study aims to explore how different leadership styles impact psychological distress in nursing professionals.
Methods: We conducted a cross-sectional survey among nurses working in public hospitals and polyclinics in Sfax region. The questionnaire included socio-professional characteristics, assessment of leadership styles the Multifactor Leadership Questionnaire (MLQ) 6S and evaluation of nurses' mental health using the Kessler Psychological Distress Scale 6 (K6).
Results: A total of 200 physicians responded to the survey. The mean age was 33.24 ± 9.34 years with 70.3% being female. Mean scores of transformational, transactional and laissez faire styles were 25.6 ± 6.5, 12.8 ± 4.02 and 13.1 3.2 respectively. Psychological distress was likely to occur in 16.8% of the cases. Negative correlations were found between K6 score and transformational (p=0.00, r= - 0.81), transactional (p= 00, r=0.64) styles. However, laissez faire style was positively correlated with k6 score (p=0.024, r=0.16).
Conclusions: By emphasizing transformational and transactional leadership styles, healthcare leaders can reduce psychological distress among nurses, enhancing their well-being and improving the overall effectiveness of healthcare system.

Disclosure of Interest: None Declared

EPV0996

Influence of occupational stress on job satisfaction among university workers

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Introduction: Occupational stress has been identified as a significant predictor of job satisfaction among university staff.
Objectives: This paper aims to find out the relationship between occupational stress and job satisfaction among university workers in Sfax, Tunisia.
Methods: We conducted a cross-sectional study, during the period from September 2022 to October 2023. We used a self-administered questionnaire distributed to university staff. The questionnaire included socio-professional characteristics and assessment of occupational stress using the Work Stress Screener (WoSS-13). Job satisfaction was rated on a 5-point Likert scale from 1 (extremely dissatisfied) to 5 (extremely satisfied).
Results: The average age of the workers was 49.31±8. years. There is a slight female predominance (78 (53.1%)). Among the respondents, 57 (38.3%) were very to extremely satisfied. The medians of WoSS-13 subscales were 11 for WOSS-A1, 6 for WOSS-A2 and 3 for WOSS-B. Job satisfaction was positively associated with WOSS-A1 and WOSS-A2 (positive stress) but negatively associated with WOSS-B (negative stress). In bivariate analysis, being extremely satisfied was positively associated to WOSS-A1 and WOSS-A2 (p=0.000 for each respectively). However, it was negatively associated to WOSS-B (p=0.000).
Conclusions: Occupational stress has a significant impact on job satisfaction among university workers. Addressing job stress through targeted interventions can improve job satisfaction, productivity, and overall well-being among university staff.

Disclosure of Interest: None Declared

EPV0997

Assessing the quality of life among victims of spinal occupational injuries

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Introduction: Spinal occupational injuries constitute an important health problem affecting workers in their most productive years. The outcomes of these injuries may influence the quality of life of those victims.
Objectives: Assessing the quality of life among victims of spinal occupational injuries and identifiying the associated factors to physical and mental health.
Methods: A cross-sectional analysis was conducted during 9 months (from October 2020) among workers victims of occupational injuries consulting for an Impairment Rating Evaluation. Only those with spinal injuries were included. Socio-professional data and the accident' outcomes were collected. The assessment of perceived mental health (Mental Component Summary: MCS) and physical health (Physical Component Summary: PCM) by each employee was obtained by the 12-item Short Form Health Survey. Social support was evaluated by the Social Support Scale. The pain was evaluated by a Visual Analogue Scale. Unsuccessful return to work comprises all situations other than a satisfactory return to the same position held before the accident.
Results: A total of 73 injured workers were included, 75.3% were male. The mean age was 42.78± 8.46 years. The mean job seniority was 14.44±7.86 years and the average number of working hours per week was 46.93±5.61 hours. Among the participants, 43.8% had an unsuccessful return to work, 28.1% of them had a low social support. The mean scores for MCS and PCS were 41.17± 11.89 and 29.57± 5.31 respectively.
Factors assocoiated with MCS were : the duration of absence (p=0.008), the rate of Permanent Partial Disability (p=0.025), lhe low social support (p=0.000), working in confection sector (p=0.016) and unsuccessful return to work (p=0.023).
Factors associated with PCS were : The pain score (p=0.002), the duration of immobilisation (p=0.007) and being a laborer (p=0.002). No association was found with age, job seniority, the presence of disc diseases and hospitalisation duration.
Conclusions: Victims of spinal occupational injuries are vulnerable to unfavorable outcomes from work accidents, and hence the need for special efforts to reintegrate them into professional life.

Disclosure of Interest: None Declared

EPV0998

Occupational therapy intervention in a mental health hospitalization unit

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Introduction: Patients with severe mental disorders (SMD) often have a high number of admissions and readmissions, which leads to a loss of quality of life and functionality. The approach to patients must be multidisciplinary with the intervention of psychiatry, psychology and occupational therapy. Occupational Therapy is an important tool in acute mental health units; in the literature it has demonstrated its effectiveness in preventing suicide, offering a person-centered approach, contributing to improving their well-being and quality of life. Also noteworthy are the occupational therapy therapeutic groups for health education; sleep-wake balance; cognitive rehabilitation, social skills and relaxation that can be carried out in hospitalization units and demonstrate significant improvement in hospitalized SMD patients.
Objectives: To describe the importance of the joint approach with occupational therapy in the acute mental health unit by describing 2 clinical cases.
Methods: A 54-year-old male was admitted to the mental health hospitalization unit involuntarily due to manic decompensation. During the examination, he was in a euphoric mood and reported a decrease in the need for sleep. He spent all of his pension on compulsive shopping. The family said that in the weeks prior to admission, the patient had made abrupt decisions and had a violent attitude. He has now abandoned treatment. A 56-year-old woman, diagnosed with schizoaffective disorder, was admitted due to psychotic decompensation after being isolated at home for 1 month, with neglect of hygiene and inadequate nutrition due to thoughts of poisoning and neglect of pharmacological treatment. Upon examination, she said he was delusional about harm and poisoning, isolation, neglect of self-care.
Results: After the intervention by the therapeutic team, psychopharmacological treatment was reintroduced and daily attendance at occupational therapy groups was indicated, after which the patient showed a notable improvement. We conclude that occupational therapy has allowed a faster recovery, together with the proper intake of medication, constituting an effective therapeutic approach in the treatment. Recovering the deficient Basic Activities of Daily Living related to hygiene and personal image, adherence to treatment and social relationships. Upon discharge, both patients participate in the rehabilitation unit and continue specific programs.
Conclusions: The intervention with psychoeducational programs by Occupational Therapy and the multidisciplinary team in the acute unit improves disease awareness, health knowledge and reduces the rate of readmission in patients with SMD.

Disclosure of Interest: None Declared

EPV0999

Transcranial Pulse Stimulation (TPS) suitable add-on treatment of patients with psychiatric disorders?

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Introduction: Neurostimulation procedures have also been in use for some time to treat neurological and neuropsychiatric disorders. In the field of non-invasive brain stimulation, a number of methods have been the subject of investigation, including transcranial magnetic stimulation (TMS), transcranial electrical stimulation (tES), and transcranial pulse stimulation (TPS). Although TMS and tES have been the subject of more extensive investigation, particularly in the context of Alzheimer's disease (AD) and depression, there remains a pressing need for research into TPS. Some studies have demonstrated favorable outcomes when these methods were used. Nevertheless, these methodes have yet to be incorporated into clinical practice, largely due to the inability to conclusively assess and confirm their effectiveness, which is influenced by a number of factors.
Objectives: TPS as a method of neurostimulation will be presented. Results of a recent study using TPS in patients with mild to moderate Alzheimer's disease will also be presented. The aim of the study is to investigate whether cognitive performance is significantly increased and depressive symptom severity is significantly reduced. Furthermore, a research proposal for the use of TPS in patients diagnosed with a depressive disorder will be presented.
Methods: The cognitive performance (MoCA) and depressive symptoms (GDS) of patients with early- or late-onset, mild or moderate AD will be assessed at baseline (t1), three months (t2) and six months (t3) following treatment with TPS. In the context of this longitudinal study, which is designed with a single center, the participants will be recruited in an outpatient setting within a specialized psychiatric-psychotherapeutic clinic in Lower Saxony, Germany.
Results: Repeated measures ANOVA; Mean scores MoCA t1 = 13,9 vs. t2 = 14,1 vs. t3 = 14,5 ($F(2, 66) = .749$, *n.s.*). Mean scores GDS t1 = 9,5 vs. t2 = 7,6 vs. t3 = 6,8 ($F(2, 32 = 4.410$, $p < .05$). n = 34. Preliminary data for the study of TPS in AD, study is being continued. Research proposal for the use of TPS in patients diagnosed with a depressive disorder will also be presented.
Conclusions: As in other studies, remarkable effects were shown with the use of TPS in patients with a mild to moderate AD. The results may indicate that the cognitive performance can be stabilized and the depressive symptom severity can be reduced. It is important to note that the results are based on a relatively small sample size and lack control conditions, which may limit the generalizability of the findings. Further research is required to evaluate the effectiveness of treatment of TPS in AD and to assess the potential suitability of neurostimulation as an add-on therapy, complementing previous drug and non-drug approaches. Further research is also required in the use of TPS in depression given the dearth of scientifically reliable findings on this topic.

Disclosure of Interest: None Declared

EPV1000

Behavioral Variant Frontotemporal Dementia as a Catalyst for Caregiver Stress Syndrome: A Neuropsychiatric and Sociopolitical Examination

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Introduction: Behavioral variant frontotemporal dementia (bvFTD), characterized by profound personality changes, impulsivity, and disinhibition, is a neurodegenerative disorder that imposes a significant burden on caregivers. This condition is increasingly recognized as a standalone factor contributing to the onset of caregiver stress syndrome (CSS). This case explores the intricate interplay between bvFTD's neurobehavioral manifestations, its effect on caregivers, and the systemic insufficiencies in offering support.
Objectives: To highlight the correlation between behavioral variant frontotemporal dementia (bvFTD) and caregiver stress syndrome, emphasizing the systemic limitations in social and financial aid for caregivers.
Methods: A 68-year-old female presented with significant behavioral alterations, including disinhibition and impulsivity. These manifestations, coupled with frontal and temporal lobe atrophy confirmed via CT scan, pointed to a diagnosis of bvFTD. Her daughter, the primary caregiver, developed significant psychological distress in response to the escalating caregiving demands. The daughter's request for caregiver status, and subsequent efforts to obtain financial and psychosocial support, were met with significant systemic barriers.
Results: In line with broader data, caregivers of individuals with dementia—especially bvFTD—exhibit disproportionately high levels of psychological distress. The daughter's subsequent psychological symptoms mirrored national trends of caregiver overload, exacerbated by insufficient systemic response and support. Studies show that caregiver burden tends to increase over time, with upward stress trajectories due to increased caregiving demands and reduced social support. This burden can precipitate mental health problems, such as mood disorders, and increase caregiver mortality risk significantly.
Conclusions: The behavioral disturbances characteristic of bvFTD intensify the psychological burden on caregivers, who must contend with the rapid cognitive and functional decline of their loved ones. The absence of sustained financial and psychosocial support exacerbates this strain, pointing to a critical need for reforms in caregiving policies. Understanding the clinical trajectory of bvFTD and its unique caregiver challenges is paramount for developing targeted interventions to prevent caregiver burnout, improve patient outcomes, and mitigate the psychosocial and health risks for caregivers.

Disclosure of Interest: None Declared

EPV1001

Emotional intelligence among Tunisian medical residents

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Introduction: Emotional intelligence (EI) has gained increased attention in medical education and research. EI is often defined as the ability to perceive, express, understand, and manage émotions making it a crucial skill to cultivate during medical school.
Objectives: This study aimed to explore levels of global EI among Tunisian medical residents based on their demographic characteristics.
Methods: This cross-sectional study was carried out with medical residents in training at hospitals across Tunisia. We gathered data anonymously through a Google Forms survey conducted from October 2023 to January 2024. Participants first completed a sociodemographic questionnaire, followed by the Trait Emotional Intelligence Questionnaire-Short Form (TEIQue-SF). This 30-item assessment measures overall trait emotional intelligence and evaluates four specific dimensions : Well-Being, Self-Control, Emotionality, and Sociability.
Results: Our study included 127 participants, with men comprising one-fourth (25.2%). The mean age was 27.24±1.34 years with majority aged under 30 (93.7%). The majority of participants were single (81.8%). Most participants (71.7%) were pursuing a medical specialty. First-year medical residents represented 39.4%, while fifth-year residents made up only 1.2%. The total EI score was 4.6 ±0.68. The mean scores for the four EI traits factors were as follows : well-being 4.81±1.07, self-control 4.34±0.9, emotionality 4.86 ±0.73, and sociability 4.45±0.85.
Univariate analysis showed that higher levels of global EI, self-control, and sociability were associated with the male gender, with p= 0.027, p=0.00 and p=0.02 respectively. Also, final-year residents demonstrated significantly lower emotionality scores compared to first-year medical residents. Moreover, participants in medical specialties were significantly associated with higher well-being scores (p = 0.017).
Conclusions: It is crucial to further investigate the factors contributing to these variations in EI and to develop tailored strategies that can effectively enhance EI among medical professionals and to support its development in the next generation of physicians.

Disclosure of Interest: None Declared

EPV1003

Attitudes of Psychiatric Hospital Staff Toward the Risk of Criminal Behavior in Individuals with Mental Disorders

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Introduction: Recently, there has been an increase in media reports regarding crimes committed by individuals with mental disorders, leading to a deterioration in public opinion on this issue. Misconceptions about the dangerousness of individuals with mental disorders can negatively impact the prevention, treatment, and social reintegration of these patients.
Objectives: Public attitudes toward crimes committed by individuals with mental disorders are influenced by media and public opinion, and psychiatric hospital staff are not exempt from these influences. Since the prejudices of these staff members can directly affect psychiatric patients, it is crucial to assess their attitudes.
Methods: This study surveyed the attitudes of psychiatric hospital staff regarding the risk of criminal behavior in individuals with mental disorders and compared these attitudes with those of the general population.
Results: The findings revealed that psychiatric hospital staff exhibited less prejudice than the general population across six dimensions related to crimes by individuals with mental disorders: recent increase in crime, cruelty, impulsivity, violence, criminal tendency, and crime rate. Additionally, psychiatric hospital staff displayed less prejudice regarding specific disorders (schizophrenia, depression, bipolar disorder, panic disorder, post-traumatic stress disorder, dementia, attention-deficit/hyperactivity disorder, intellectual disability, and developmental disorders) compared to the general population.
Conclusions: Psychiatric hospital staff demonstrated less prejudice toward the criminal behavior of individuals with mental disorders than the general public. This difference may be attributed to their direct contact with psychiatric patients. The findings suggest potential directions for policy development aimed at reducing public prejudice toward mental disorders and associated criminal behavior.

Disclosure of Interest: None Declared

EPV1009

Enhancing Patient Engagement and Positive Step-Down Discharges Through Co-Production: A Quality Improvement Initiative in an In-Patient Rehabilitation Psychiatric Unit

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Introduction: This Quality Improvement (QI) programme aimed to integrate co-production principles into rehabilitation psychiatry to enhance patient-centred care and facilitate positive step-down discharges. The initiative was developed in response to suboptimal audit results, revealing low patient attendance and limited positive discharges within an in-patient psychiatric unit. Recognising the critical role of rehabilitation psychiatry in supporting recovery and reintegration, the programme sought to transform patient engagement through equitable partnerships between patients and healthcare professionals.
Objectives: The programme's primary objectives were to:

1. Implement and evaluate co-production within the Care Programme Approach (CPA).
2. Increase patient attendance at CPA meetings and improve positive step-down discharges.
3. Enhance engagement, communication, and shared decision-making to achieve better patient outcomes, including reduced anxiety.

Methods: A phased approach was employed, encompassing diagnostic, problem-solving, and evaluation stages. Root cause analyses were conducted using fishbone cause-and-effect diagrams and the 5-Why Technique. The Model of Improvement guided the programme, with change ideas developed and refined through Plan-Do-Study-Act (PDSA) cycles. Interventions included distributing patient information leaflets, staff training sessions, and introducing a structured CPA agenda template. Quantitative analysis using paired t-tests evaluated changes in attendance, discharge rates, and Hamilton Anxiety Rating Scale (HAM-A) scores. Qualitative data were gathered from a co-produced CPA questionnaire, with emerging themes integrated into the project's evolution through narrative synthesis.
Results: The implementation of co-production yielded significant improvements in patient engagement and discharge outcomes, resulting in a 50% increase in CPA meeting attendance and a 70% positive step-down discharge rate. Interventions were associated with reduced anxiety levels, evidenced by improvements in HAM-A scores. Qualitative analysis highlighted key themes, including challenges during community transitions, empowerment through shared decision-making, and enhanced communication with healthcare professionals. The structured CPA agenda template further improved patient-centred communication and care experiences.
Conclusions: The integration of co-production within rehabilitation psychiatry fosters transformative partnerships that enhance patient engagement and clinical outcomes. This QI programme demonstrates the efficacy of patient-centred interventions, supported by structured communication tools, in empowering individuals, reducing anxiety, and improving transitions to community care. Co-production provides a robust framework for advancing rehabilitation psychiatry and optimising patient care pathways.

Disclosure of Interest: None Declared

EPV1010

Community-based care provided by home-visiting nurses for families of individuals with mental illness, aimed at promoting family recovery in Japan

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Introduction: Families of patients with mental illness in Japan face the stigma and the significant burden of caregiving. The average hospital stay for psychiatric patients in Japan was 276.3 days in 2022. Strengthening community support for patients with mental illness and their families requires targeted support that promotes recovery for both patients and their families.
Objectives: To clarify the attitudes and perceptions of psychiatric home-visiting nurses toward family support in the community,

aiming to empower families of patients with mental illness and identify key support issues for family recovery.

Methods:

1) A 30-item, web-based, anonymous questionnaire survey was conducted involving psychiatric home-visiting nurses who care for patients with mental illness The survey measured respondents' background information and perceptions regarding the frequency and importance of family care practices.
2) Simple tabulations of the questionnaire items were performed, and the frequency of implementation was examined and related. 3) Items perceived as important but infrequently implemented were identified.

Results: Sixty-six home-visiting nurses participated in the survey. The findings showed that 97% of respondents expressed interest in family support, 74% had family support experience, and 52% had attended family support training programs.

A significant correlation was observed between the perceived importance of family support and its perceived frequency of implementation across all items. The four items identified as important but less frequently implemented were:

Q08. Referring to other professional organizations for unresolved issues (22.7%).

Q11. Encouraging active participation from each patient and family member (20.6%).

Q12. Informing family members about the patient's situation, so that they can work together to ensure the patient's well-being (40.6%).

Q13. Encouraging patients to express appreciation to the family when needed (36.7%).

Conclusions: The survey results indicate that family care items requiring patient engagement or collaborative decision-making, such as referrals to other agencies, were implemented less frequently. Home-visiting nurses face challenges in enhancing their skills and knowledge in areas such as family engagement, interagency collaboration, and discerning the appropriate scope and timing of interventions.

Strengthening these competencies will support more effective connections between patients with mental illness, their families, and community resources.

Disclosure of Interest: None Declared

EPV1012

Mental Health Challenges in Primary Health Care: Assessing Anxiety, Stress, and Psychological Distress Among Medical and Nursing Staff

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Introduction: Work-related mental health issues are becoming increasingly prevalent, particularly in professions involving direct communication and care, such as healthcare. Primary Health Care (PHC) plays a critical role in prevention, health promotion, and the management of emergency situations. The mental and emotional well-being of healthcare professionals in PHC is essential for maintaining high levels of performance and work effectiveness. However, there is limited research on the psychosocial conditions of healthcare staff in PHC settings, particularly regarding anxiety, stress, depression, and psychological distress.

Objectives: The objective of this study is to evaluate the prevalence of anxiety, stress, depression, and psychological distress among medical and nursing staff working in primary healthcare units in Peloponnese. Additionally, the study aims to examine the associations between these mental health indicators and various individual and professional characteristics, such as age, gender, and professional role.

Methods: An online survey was conducted to gather data from a final sample of 103 healthcare professionals. A questionnaire was constructed ad hoc and comprised two well-established measurement tools. The Depression, Anxiety, and Stress Scale (DASS-21) was employed to assess anxiety, stress, and depression, while the K6+ was used as a self-report measure to evaluate psychological distress.

Results: The results demonstrated that the participants exhibited generally low levels of anxiety, stress, and depression. As indicated by the DASS-21 scale, approximately 75% of respondents reported minimal to no anxiety, with only 7.8% reporting severe anxiety. Similarly, 75% of respondents indicated minimal to no stress, with only 4% reporting severe stress. Regarding depressive symptoms, 76% of participants exhibited minimal to no depressive symptoms, while only 4% demonstrated severe depressive symptoms. However, approximately 20% of the sample exhibited signs of psychological distress, which may indicate a significant mental health concern. Significant correlations were found through statistical analysis: older employees exhibited lower levels of anxiety, while nursing staff demonstrated higher levels of anxiety compared to medical staff. Additionally, women reported higher anxiety levels than their male colleagues.

Conclusions: In conclusion, while anxiety, stress, and depression levels are generally low among healthcare professionals, a notable portion of the workforce is at risk of serious psychological distress. These findings indicate the need for targeted mental health interventions, particularly for younger staff, nurses, and female employees, to ensure the well-being of healthcare professionals and maintain the efficacy of primary healthcare services.

Disclosure of Interest: None Declared

EPV1013

The Link Between Problematic Internet Use, Physical Activity, and Mental Health: Implications for Depression and Anxiety

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Introduction: The Internet has become an indispensable component of contemporary life, enabling communication, work, and leisure activities. However, with its increasing use, concerns are emerging

regarding problematic internet use (PIU) and its effects on physical and mental health. PIU has been associated with a range of adverse outcomes, including reduced physical activity, depression, and anxiety. It is of paramount importance to gain insight into the complex relationship between internet use, physical activity, and mental health in order to develop effective interventions that can mitigate the adverse effects associated with these factors.
Objectives: The objective was to quantify the extent of internet usage among participants and to analyze its potential association with physical activity, depression, and anxiety.
Methods: The study sample consisted of 119 individuals from Patras. The data were collected using a set of validated questionnaires, including:
The Problematic Internet Use Questionnaire was employed to ascertain the extent of problematic internet use (PIU).
The International Physical Activity Questionnaire (IPAQ) was employed to assess the frequency and intensity of the participants' physical activity.
The Patient Health Questionnaire (PHQ-9) was employed to evaluate the presence and severity of depressive symptoms.
The Generalized Anxiety Disorder (GAD-7) scale was employed to assess the levels of anxiety experienced by the participants.
Results: The results indicate that a moderate level of problematic internet use is prevalent among the participants, with the majority spending more than four hours online daily. The analysis demonstrated that while increased internet use did not significantly impact the frequency or intensity of physical activity, there was a significant positive correlation between problematic internet use (PIU) and both depression and anxiety levels. As problematic internet use (PIU) increased, so did the symptoms of depression and anxiety.
Conclusions: The study highlights the potential mental health risks associated with problematic internet use. Despite no observed impact on physical activity levels, the strong association between PIU and elevated depression and anxiety symptoms suggests a need for targeted interventions. Addressing PIU could play a crucial role in improving mental health outcomes, emphasizing the importance of developing strategies to manage internet usage effectively.

Disclosure of Interest: None Declared

EPV1014

Enhancing Therapeutic Collaboration in the Care of Substance-Dependent Mothers and Their Children

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Introduction: Treating substance-dependent mothers and their children presents unique challenges in psychiatric and psychotherapeutic practice. These cases require intensive, coordinated interventions that span mental health, social support, and medical care. Substance dependence in mothers can disrupt early attachment, increase psychiatric risk in children, and challenge the therapeutic alliance. Effective intervention demands seamless interdisciplinary collaboration to provide holistic care that supports recovery and strengthens maternal-infant bonds.
Objectives: This study examines the role of interdisciplinary collaboration in psychiatric and psychotherapeutic care for substance-dependent mothers and their children. Specifically, it aims to assess how collaborative frameworks between psychiatrists, psychotherapists, and allied mental health professionals impact therapeutic outcomes, focusing on reducing burnout and enhancing resilience among care providers.
Methods: A cross-sectional survey was conducted with 91 mental health professionals across 12 agencies involved in the care of substance-dependent mothers and their children. Participants completed an electronic questionnaire assessing demographic data, collaboration experiences, and perceptions of treatment effectiveness. The Maslach Burnout Inventory (MBI-22) and Resilience Evaluation Scale (RES) were utilized to measure burnout and resilience, exploring their influence on therapeutic collaboration and patient outcomes.
Results: Findings show that interdisciplinary collaboration positively correlates with enhanced resilience and lower burnout among professionals, factors crucial in maintaining therapeutic efficacy. Significant associations were found between demographic factors —such as age, gender, and years of service—and both resilience and burnout. Increased resilience appeared to support deeper therapeutic engagement, while low burnout levels were associated with sustained therapeutic consistency.
Conclusions: Interdisciplinary and interagency collaboration is essential in the psychiatric and psychotherapeutic treatment of substance-dependent mothers and their children. Resilience fosters more effective therapeutic engagement, while low burnout levels support sustainable practice. These findings underscore the value of collaborative, resilient mental health teams in achieving positive psychotherapeutic outcomes for this vulnerable population.

Disclosure of Interest: None Declared

EPV1015

The Impact of the Telephone Crisis Support Role on the Mental Health of Workers in the Psychosocial Support Line "10306"

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Introduction: Workers on helplines such as the "10306 Support Line" play a critical role in offering confidential, empathetic support to individuals in crisis, providing a secure environment for those grappling with anxiety, depression, or suicidal ideation. However, the high level of responsibility, extended hours, and often distressing nature of the calls can place substantial strain on the mental and physical health of these support line professionals.
Objectives: The primary aim of this study is to examine the psychosocial risk factors and resulting physical and psychological impacts on employees of the "10306 Psychosocial Support Line", with the intention of contributing to strategies for managing employee challenges, preventing stress-related symptoms, and promoting best practices for the mental and physical wellbeing of staff.

Methods: This cross-sectional quantitative study will involve all health professionals working on the 10306 Support Line, using survey methods to evaluate psychosocial and physical impacts. The following validated psychometric tools were used:
- Copenhagen Burnout Inventory (CBI): measuring burnout levels and the emotional toll associated with support line work.
- Sense of Coherence Scale (SOC): assessing individuals' capacity to manage stress and maintain well-being.

Results: The study results indicate burnout levels among "10306 Support Line" workers. CBI scores reveal that 55.3% of participants experience personal burnout, 47.4% report work-related burnout, and 39.5% face burnout related to caller interactions. A strong negative correlation was found between burnout and the Sense of Coherence (SOC) scores, suggesting that a higher SOC is associated with reduced burnout. Additionally, younger participants reported higher personal and work-related burnout levels than their older counterparts, highlighting age as a potential risk factor for increased burnout symptoms among support line professionals.
Conclusions: The high prevalence of burnout among 10306 Support Line employees highlights a critical need for ongoing mental health support and targeted stress management. Strengthening the Sense of Coherence (SOC) and addressing age-related risk factors may enhance resilience and well-being among support line professionals, supporting both their health and the quality of psychosocial care provided to those in need.

Disclosure of Interest: None Declared

EPV1016

Late Autism Spectrum Disorder (ASD) Diagnosis: A New Perspective on Life

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Introduction: Autism Spectrum Disorder is usually diagnosed in early childhood, but an increasing number of adults are identified as autistic later in life (Huang et al., 2020). Many experience frustration due to missed early intervention opportunities. The lack of recognition of their condition during childhood or adolescence may have contributed to secondary mental health issues, such as anxiety, depression or low self-esteem, complicating the adjustment process after diagnosis (Bargiela et al., 2019). However, providing appropriate support can enhance their quality of life and promote better mental health outcomes.
Objectives: To assess the patient's clinical case to identify autism spectrum disorder in older adulthood.
Methods: A 23-year-old male patient complained of an inability to concentrate, stress and fear when around people, and difficulties in social situations. Objectively observed: stereotyped movements, noticeable anxiety, avoidance of eye contact, non-compliance with social rules, specific language use and slow thinking. The patient had no history of diagnosed psychiatric illness. Since childhood, he has disliked the feeling of clothes touching his body, physical contact with others, making eye contact. The patient also exhibited impaired social development, being unable to initiate and maintain relationships with peers. Stereotypical, repetitive movements, sensory processing deviations have been observed since childhood. The patient has various phobias from a young age. Psychological examination revealed insufficient attention with observed fluctuations, impaired attention-shifting ability. The pace is very slow, the thinking is characterized by an average level of generalization, concreteness, and stereotypy. Personality traits included rigidity, depression, compulsiveness, internal tension. Based on the clinical picture and psychological tests, the patient was diagnosed with F84.0 Autistic Disorder, according to the International Classification of Diseases, 10 th Revision. In this case, the following methods were used in the assessment: Kraepelin's and Schulte's methods, pictograms, the 4-1 method, the Childhood Autism Rating Scale.
Results: The literature highlights that ASD involves difficulties in social interaction, repetitive behaviors, sensory sensitivities, and distinct thinking patterns. Up to 90% of individuals with ASD experience sensory irregularities, which is consistent with this case, as the patient shows social challenges, repetitive movements, slow thinking, and sensory issues. Diagnosing autism in adulthood can improve quality of life by fostering understanding and access to support. In this case, the patient's past social and workplace difficulties may be attributed to autism, guiding the development of effective support strategies.
Conclusions: In conclusion, while a late autism diagnosis can be life-changing, it also comes with unique challenges that must be addressed through appropriate support.

Disclosure of Interest: None Declared

EPV1017

Empathy toward others' distress and its determinants among psychiatry trainees in Tunisia

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Introduction: Empathy, a key component of an effective physician-patient relationship, is understood as a multifaceted socio-cognitive ability influenced by various cognitive, emotional, social factors. While it has been extensively studied in medical students and healthcare professionals overall, there is limited research on empathy skills among psychiatrists, whose profession especially demands a strong capacity for empathy in their practice.
Objectives: This study aimed to explore the different facets of empathy among Tunisian psychiatry trainees and assess their connections with demographic, occupational, emotional, and social variables.
Methods: Across-sectional study was conducted. An online survey was proposed to 120 Tunisian psychiatry trainees. In addition to sociodemographic and work-related variables, it comprised the Davis's Interpersonal Reactivity Index, a 28-item tool used for a multidimensional assessment of empathy with four distinct subscales: Perspective taking(PT), Empathic concern(EC), Personal distress(PD) and Fantasy scale(FS). The survey also included the Difficulties in Emotion Regulation Scale(DERS), the Perceived Stress Scale(PSS), the Social Support Questionnaire(SSQ) and the General Self-Efficacy Scale(SE). Factors associated with empathy were evaluated using t test/ANOVA for categorical variables and correlation for continuous predictors.

Results: The total participation rate was 71% and the mean empathy subscores were as follows: 19.04 ± 3.95 for PT, 20.41 ± 3.71 for EC, 12.67 ± 4.41 for PD and 16.40 ± 4.91 for FS. Empathy dimensions' scores were significantly associated with the rank in the siblings, mother's level of education, satisfactory relationship with the mother, extra-professional activities and personal psychiatric history. They also were associated with work-related factors such as the year of residency, the desired choice of specialty, the training in a general hospital with a consultation-liaison psychiatry and the perceived verbal aggression from colleagues.
Empathy dimensions' scores, mainly those of PT and PD, were correlated with emotion regulation difficulties. In fact, PT scores were negatively correlated with five of the six emotion regulation difficulties and PD scores were positively correlated with all the six emotion regulation difficulties of the DERS. EC scores were positively correlated with PSS total score and the number of social supports. PT scores were positively correlated with SE total score and PD scores were negatively correlated with SE total score.
Conclusions: Our findings underscore empathy's complexity, revealing that in psychiatry trainees, it is shaped by contextual, emotional, and social factors. Without assessing these dimensions and mediators, empathy remains a theoretical concept rather than a teachable and improvable skill.

Disclosure of Interest: None Declared

EPV1018

Do difficulties with emotion regulation influence the empathic skills of Tunisian psychiatry trainees?

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Introduction: Empathy is essential in psychiatry, and emotion regulation significantly influences it. This study investigates the link between emotion regulation difficulties and empathic abilities in Tunisian psychiatry trainees.
Objectives: This study aimed to explore the connection between empathic abilities and challenges in emotion regulation among Tunisian psychiatry trainees.
Methods: A cross-sectional study was carried out involving an online survey proposed to 120 Tunisian psychiatry trainees. The survey included the Interpersonal Reactivity Index, which features four subscales: Perspective Taking (PT), Empathic Concern (EC), Personal Distress (PD), and Fantasy Scale (FS). A cut-off score of 14 was set to differentiate between low and high empathy levels for each subscale. Additionally, the survey included the Difficulties in Emotion Regulation Scale (DERS), which evaluates six types of emotion regulation challenges.
Results: The proportion of responses was 71% and the mean empathy subscores were: (19.04 ± 3.95) for PT, (20.41 ± 3.71) for EC, (12.67 ± 4.41) for PD and (16.40 ± 4.91) for FS. Eleven participants showed low levels of PT and 30 showed high scores of PD. Empathy dimensions' scores, mainly those of PT and PD, were correlated with ER difficulties. PT scores were negatively correlated with five ER difficulties and PD scores were positively correlated with six ER difficulties of the DERS.
Lower levels of PT were associated to difficulties engaging in goal-directed behaviors (p=0.038) and impulse control difficulties (p=0.004) furthermore higher scores of PD were associated to difficulties engaging in goal-directed behaviors ($p=10^{-3}$), impulse control difficulties ($p=10^{-3}$), strategy (p=0.003), non-acceptance (p=0.001) and clarity (p=0.001).
Conclusions: Difficulties with emotion regulation were positively associated with personal distress and negatively associated with perspective-taking abilities. Our findings highlight the significance of emotion regulation processes in improving empathic skills.

Disclosure of Interest: None Declared

EPV1021

Quality of life: the perspective of neurodivergent university students

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Introduction: Neurodevelopmental disorders are prevalent worldwide, with an increase in diagnoses in recent years (Faraone et al. Neurosci Biobehav Rev. 2021; 789-818; Russel et al. J Child Psychol Psychiatry 2022; 674-682). Individuals diagnosed with conditions such as Autism Spectrum Disorder (ASD), Attention Deficit Hyperactivity Disorder (ADHD), Specific Learning Disorder (SLD) and Language Development Disorder (DLD) are considered neurodivergent and constitute the so-called neurominorities (Doyle, N. British medical bulletin 2020; 108-125). Studies have shown that adults with ADHD and ASD have lower scores when assessed for quality of life, compared to neurotypicals (Pinho et al, J Atten Disord 2019; 1736-1745; Sáez-Suanes & Álvarez-Couto, Rev J Autism Dev Disord 2022; 307-319).
Objectives: The present study aims to describe the quality of life of neurodivergent students.
Methods: The research was cross-sectional, prospective and quantitative. The project was approved by the Research Ethics Committee. A total of 79 neurodivergent university students from public and private universities in the State of São Paulo participated in the research. The study was carried out remotely through the Google Forms platform with application of the TCLE and WHOQOL-DIS instruments.
Results: It was observed that 30% of the participants had a diagnosis of ASD, while 48% had ADHD, 8% had ADD, 14% had ASD with ADHD and none had a diagnosis of DLD or SLD. It is worth mentioning that in the questions about quality of life and health, 18% were dissatisfied. Regarding the ability to perform tasks, 13% reported that physical pain prevented them and 70% reported needing medical treatment. Regarding levels of personal satisfaction, 37% said they were dissatisfied with their sleep, 20% were not satisfied as a person and 28% scored completely dissatisfied with access to health services. Regarding well-being and neurodivergence, 30% of the participants were completely unhappy and 15% stated that their limitation had a negative effect on their life. Regarding autonomy, belonging, and self-perception, 23% reported total dissatisfaction with their communication skills and 41% stated that they were

completely dissatisfied with their involvement in social activities. Finally, regarding strengths and weaknesses, 32% of the subjects reported not being at all satisfied with their work opportunities, 29% were in the same situation regarding the adaptations of the environment to their limitations, and 14% reported dissatisfaction with study opportunities.

Conclusions: This study was able to analyze the perspective on the quality of life of neurodivergent university students. However, due to the various biases that involve this population, it is necessary to seek broader answers, looking at the national scope to provide a better understanding of quality of life, including in the academic environment.

Disclosure of Interest: None Declared

EPV1023

Burnout and intent to stay among nurses in a private tertiary hospital

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Introduction: Burnout is an occupational phenomenon that may be a risk factor for several mental health disorders. It is defined by three dimensions namely emotional exhaustion (EE), depersonalization (DP), and personal accomplishment (PA). The nursing workforce experiences high levels of burnout taking a toll not only on their mental state but also their intent to stay leading to issues on shortage.

Objectives: This study aims to assess association of burnout and its dimensions to intent to stay of medical nurses working in a private tertiary hospital in the Philippines.

Methods: Analytical cross-sectional study using secondary data conducted by the Nursing Services Group of the private tertiary hospital last March 2023. A survey was done on nurses' perceptions of their working condition using Maslach Burnout Inventory and McCain's Intent to Stay tools. Variables were assessed through simple and multiple linear regression analyses.

Results: On simple linear regression, burnout, civil status, years of experience, and years of tenure revealed significance in their respective categories. EE and DP dimensions showed negative association to intent to stay. On multiple linear regression, only burnout ($p < 0.000$ and -0.028) and those married with children ($p < 0.000$ and -0.028) had significant association. EE consistently showed negative association however, DP and PA had positive association to intent to stay. In most literatures, DP is associated to lower intent to stay as it is equated to cynicism or detachment in interpersonal relations which can manifest as negative or inappropriate attitudes towards clients, irritability, loss of idealism, and withdrawal (Maslach et al. World Psychiatry 2016; 15 103-11). However, in this study, nurses who were more detached had surprisingly higher intent to stay which may show how cynicism can be protective. It is a cognitive method of creating a protective distance to prevent them from letting their job performance suffer especially when dealing with the physical and emotional exhaustion, and feelings of ineffectiveness caused by excessive and prolonged stress (Akyurt et al. Medical Science and Discover 2023; 10 918-928).

Image 1:

Table 1. Linear Regression Analysis of Each Variable in Association with McCain Scores (Intent to Stay).

	Coeff	P > |t|
GENDER	0.274	0.675
AGE (GENERATION)		
Gen Z (21 to 26) [a]	-	-
Millennials (27 to 42)	-1.229	0.06
Gen X (43 to 58)	0.957	0.373
Bachelor of Science in Nursing (BSN) [a]	-	-
Ongoing Masters	-1.56	0.354
Masters	1.94	0.219
Single [a]	-	-
Married with children	-2.726	**0.013**
Married with no children	1.509	**0.037**
Separated / Widow	-0.491	0.872
< 1 year [a]	-	-
1-2 years	-3.141	**0.001**
2-5 years	-2.25	**0.016**
5-7 years	-2.701	**0.006**
7-10 years	-2.66	**0.021**
> 10 years	-1.777	0.055
YEARS OF TENURE IN TMC		
<= 3 months [a]	-	-
4 months to 1 year	-3.032	**0.001**
1 to 2 years	-1.24	**0.023**
2 to 5 years	-1.702	**0.018**
5 years to 10 years	-1.77	0.051
> 10 years	-1.768	0.075
BURNOUT (MASLACH)	-0.275	**0.000**
Emotional Exhaustion	-0.130	**0.000**
Personal Accomplishment	0.061	0.054
Depersonalization	-0.117	**0.003**

a- Reference group for each category

Image 2:

Table 2. Multivariate Regression Analysis of All Variables in Association with McCain Scores (Intent to Stay).

	Coeff	P > |t|
Burnout (Maslach)	-0.028	**0.000**
Emotional Exhaustion	-0.174	**0.000**
Personal Accomplishment	0.074	**0.010**
Depersonalization	0.136	**0.005**
Gender	0.114	0.833
Age (Generation)		
Millennials (27 to 42)	-0.778	0.318
Gen X (43 to 58)	1.782	0.18
Educational Status		
Ongoing Masters	-1.038	0.457
Masters	0.837	0.524
Civil Status		
Married with children	-2.619	**0.006**
Married with no children	0.646	0.358
Separated / Widow	-0.677	0.794
Years of Experience prior to TMC	-0.118	0.523
Years of Tenure in TMC	-0.17	0.296

Conclusions: Consistent with global studies, burnout is associated to lower intent to stay among nurses. However, it is beneficial to have more research looking further into the comprehensive role of cynicism in burnout. In this study, nurses have built some level of cynicism that is able to preserve themselves in negative situations. However, with no proper management, depersonalization can aggravate ultimately leading to feelings of inadequacy and lower intent to stay. A deeper and more contextualized understanding about this phenomenon may help administrators improve existing operations and policies that can help foster a healthier working environment for the nurses.

Disclosure of Interest: None Declared

EPV1026

Impact of Pandemics on Primary Care: Changes in GP Antidepressant Prescriptions and Mental Health Referrals During Lockdowns in England, UK

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Introduction: The COVID-19 pandemic disrupted primary healthcare services, affecting mental health support and antidepressant prescriptions in England. This study examines shifts in GP referrals and antidepressant prescribing patterns during different phases of lockdown.
Objectives: This research aims to (1) analyze changes in the rates of antidepressant prescriptions across lockdown periods, and (2) investigate how GP referrals to mental health services, including social prescribing, evolved, with a focus on disparities among ethnic groups.
Methods: Using a retrospective design, we analyzed electronic health record data from GP practices in North England, covering March 2018 to June 2023. We employed a two-level negative binomial-logit hurdle model for antidepressant prescriptions and a multinomial logit regression model for referral types.
Results: Antidepressant initiation decreased during lockdowns, while ongoing prescriptions showed minor increases. GP referrals to social prescribing rose significantly, especially among ethnic minorities who also had fewer medical treatments. Lockdown phases influenced referral patterns, with reductions in secondary care referrals and growth in community-based support.
Conclusions: The study highlights a shift towards social prescribing amid the mental health strains of the pandemic, suggesting its role in a social model of health. Ethnic disparities in mental health care access emphasize the need for culturally inclusive, non-clinical mental health support.

Disclosure of Interest: None Declared

Mental Health Policies

EPV1028

Innovative Strategies in Precision Psychiatry: Merging Artificial Intelligence with Psychoneuroimmunology for Enhanced Mental Health Outcomes

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Introduction: The paradigms of diagnosis and evaluation in mental health are changing due to the incorporation of artificial intelligence (AI) into other fields. Understanding mental health conditions is greatly aided by insights from neuroscience, immunology, social and clinical psychology, and cultural theories. According to Martyn Evans' commentary, interdisciplinary work generates new issues and solutions while multidisciplinary work preserves unique viewpoints. In this sense, the interdisciplinary field of psychoneuroimmunology has contributed significantly to our understanding of mental health. It has also contributed significantly to the interplay between the immune system, the endocrine system, and the nervous system. This field could rapidly emerge as a key component of integrative diagnosis and assessment.
Objectives: This review emphasizes the need for comprehensive biopsychosocial assessment frameworks and the importance of harmonizing disciplines through multidisciplinary and interdisciplinary methodologies to enhance diagnostic possibilities via AI.
Methods: A critical review of clinical psychology was conducted, as well as a discussion of the necessity of using integrative methodologies in order to address the interconnected nature of both medical diseases and mental disorders, in light of recent advancements in artificial intelligence.
Results: It has been explored how PNI can serve as an interdisciplinary ground for cross-disciplinary dialogue and how stakeholder perspectives may resolve complexities in clinical assessment and psychiatric diagnosis through extending PNI with AI and applications. Integrating AI into PNI is crucial for revolutionizing mental health care, utilizing machine learning to consolidate diverse data streams and predict outcomes.
Conclusions: Lastly, it was outlined some pragmatic frameworks for clinical assessment, taking into account time, budget constraints, and stakeholder interests. Ethical, governance, and practical challenges of AI integration are discussed. The paper proposes innovative AI-driven enhancements in psychiatric assessment, diagnosis, and treatment, fostering transformative developments in clinical psychology and promoting a humanistic approach to mental health care.

Disclosure of Interest: None Declared

EPV1030

The "Polo Cassia" project: a mental health service for integrated treatments of co-occurring disorders in adolescents and young adults

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Introduction: The term "co-occurring disorders" (COD) refers to the coexistence of two or more psychiatric disorders especially substance use disorder (SUD) and other psychiatric disorders. In particular, the prevalence of COD increases globally and is linked to a higher risk of worse outcome. Furthermore, especially in adolescence, the goal is to provide an early and proper answer both in terms of care and prevention. On the opposite, there is a lack of integrated management strategies requiring an effective collaboration of different mental health disciplines in order to receive appropriate care. Although European countries have established mental health policies, a lack of comprehensive and structured

mental health intervention programs remains.To answer these needs we developed an Integrated Mental Health Service for patients with co-occurring disorders aged up to 30 years, lining varied challenges, including both the interception of patient's needs and the practical organization of interventions.
Objectives: This study aims to identify the impact of an Integrated Mental Health Service, "Polo Cassia", coordinated by a team of professionals based in the same physical location, on the outcome of co-occurring disorders in patients aged up to 30 years at their first contact with mental health services. Furthermore, we aim to identify which transversal clinical dimensions and risk factors might benefit from an early integrated and tailored treatment.
Methods: The project is carried out at the Community Mental Health Center (CMHC) of District 15th, ASL Rome 1. The final study sample will include all the patients referred in one year to "Polo Cassia". Clinical and socio-demographic parameters are collected in details, Global Assessment Functioning (GAF), and Quality of Life Enjoyment and Satisfaction Questionnaire (Q-LES-Q) are administered at baseline (To), after 6 months (T1) and 1 year (T2).
Results: Among the study sample referred to Polo Cassia (53% male, mean age 20,33 ±4,47), 50% of the patients comes directly from a first triage evaluation, 35% from other mental health services and 15% from other health services (e.g. diabetes centre). The 60% of the patients have SUD coexisting with other psychiatric disorders. From updated results, we expect to be able to verify the impact of an early integrated treatment on global function and quality of life in our sample of patients. Furthermore, we expect to characterize the transversal clinical dimensions which will actually respond to an early integrated treatment with positive clinical outcomes and subjective satisfaction.
Conclusions: The experience of structured integrated models of care for co-occurring psychiatric disorders is necessary to inform the future development of Mental Health Services.

Disclosure of Interest: None Declared

EPV1031

Brazilian Psychiatric Reform: Evolution and Challenges (2001-2024)

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Introduction: The Brazilian psychiatric reform, initiated by Law 10.216 in 2001, brought a significant shift in the treatment of individuals with mental disorders. Focusing on deinstitutionalization and psychosocial care, the reform aimed to replace the hospital-centered model with a community-based services network. Over the past 23 years, this transformation has faced challenges, including the implementation of public policies, the guarantee of human rights, and the effective integration of mental health services.
Objectives: To analyze the advances, challenges, and impacts of the Brazilian psychiatric reform from 2001 to 2024, with a focus on deinstitutionalization and psychosocial care.
Methods: A documentary and bibliographic review was conducted, including legislation, government reports, scientific articles, and data from the Unified Health System (SUS). The research covered publications from 2001 to 2024 in the PubMed, Scielo, and Lilacs databases. The search terms used were "Brazilian psychiatric reform," "deinstitutionalization," and "psychosocial care." The qualitative analysis highlighted legislative changes, service implementation, and challenges.
Results: The psychiatric reform led to significant advances in the structuring of the Psychosocial Care Network (RAPS), including Psychosocial Care Centers (CAPS) and therapeutic residential services. There was a substantial reduction in psychiatric hospital beds and an expansion of community-based services. However, challenges persist, such as regional disparities in service provision and a shortage of qualified professionals.
The implementation of RAPS varied between regions, with the Southeast and South being more developed compared to the North and Northeast. Deinstitutionalization brought benefits, such as social reintegration of patients, but also revealed gaps, including the lack of support for families and strategies for managing crisis situations.
There is an ongoing need for public policies to support the reform, including adequate funding and a focus on human rights. Recent debates on the reintroduction of psychiatric hospitals indicate tensions in mental health policy, underscoring the need to reinforce the principles of the reform.
Conclusions: From 2001 to 2024, the Brazilian psychiatric reform made progress in mental health care, emphasizing deinstitutionalization and the creation of a community-based network. However, challenges such as unequal service provision, a shortage of professionals, and political tensions indicate the need to strengthen the reform's principles. Public policies should ensure humanized, integrated care based on the rights of individuals with mental disorders, ensuring the expansion of RAPS across the country.

Disclosure of Interest: None Declared

EPV1032

Equitable Access to Mental Health Services in Brazil

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Introduction: Equitable access to mental health services is a challenge in Brazil, marked by socioeconomic and regional inequalities. Despite advances in policies such as psychiatric reform and the Psychosocial Care Network (RAPS), barriers persist, especially for vulnerable populations. Issues such as the unequal distribution of resources, stigma, and a lack of professionals impact both access and the quality of care.
Objectives: To analyze the inequalities in access to mental health services in Brazil and identify strategies to promote equity.
Methods: A systematic review was conducted using the PubMed, Scielo, and Lilacs databases, covering studies published between 2015 and 2023. The keywords used were "mental health access," "health equity," "Brazil," and "mental health inequalities." Inclusion criteria focused on studies addressing access to mental health services in Brazil, highlighting barriers, facilitators, and strategies to promote equity. Data were qualitatively synthesized to identify trends and challenges.
Results: The review revealed significant disparities in access to mental health services, influenced by socioeconomic, geographic, and cultural factors. Remote regions, such as the North and Northeast, suffer from a lack of infrastructure and specialized professionals. While urban centers offer more services, rural areas face

considerable limitations. The unequal distribution of professionals, such as psychiatrists and psychologists, exacerbates these inequalities. Stigma surrounding mental illness and a lack of awareness further hinder help-seeking behavior. Vulnerable populations, including Indigenous peoples and residents of favelas, face additional barriers such as discrimination and a lack of culturally adapted services.
The Unified Health System (SUS) provides a model of universal access but faces challenges related to funding, infrastructure, and capacity to meet the growing demand. Despite the efforts of RAPS, many services are overwhelmed, resulting in long waiting times and insufficient care. Strategies like integrating mental health into primary care have shown effectiveness but require more support and expansion.
Conclusions: Equitable access to mental health care in Brazil is impacted by various barriers, including regional disparities and stigma. To promote equity, it is crucial to invest in expanding the mental health care network, focusing on underserved areas and vulnerable populations. Effective policies should include professional training, stigma reduction, and culturally sensitive services. Integrating mental health services with primary care, strengthened by the SUS, is essential to ensure more accessible and comprehensive care.

Disclosure of Interest: None Declared

EPV1033

Equitable Access to Mental Health Services in Europe

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Introduction: Equitable access to mental health services is essential for the well-being of European citizens. Despite advancements in health policies, significant disparities in access to care persist. Socioeconomic, geographical, cultural, and institutional factors contribute to these inequalities, disproportionately affecting vulnerable groups.
Objectives: To analyze the inequalities in access to mental health services in Europe and identify effective strategies to promote equity in these services.
Methods: This study conducted a systematic literature review using PubMed, Scopus, and PsycINFO databases to identify studies published between 2015 and 2023. The keywords used were "mental health access," "health equity," "Europe," and "mental health inequalities." Inclusion criteria focused on studies addressing access to mental health services in Europe and strategies to promote equity. Extracted data were qualitatively synthesized, highlighting trends, barriers, and facilitators to equitable access to mental health services.
Results: The review revealed significant inequalities in access to mental health services in Europe, primarily due to socioeconomic and geographical factors. Low-income individuals face major barriers, such as high costs and lack of coverage by health systems. Rural areas suffer from a shortage of specialized professionals and inadequate infrastructure, making continuous quality care challenging.
Cultural and linguistic factors add further complexity, particularly for migrants and ethnic minorities. The lack of culturally adapted services and sensitivity in therapeutic approaches often leads to inadequate care. Stigma surrounding mental health remains a significant barrier, preventing many from seeking help.
Variations in mental health policies and investments across European countries further exacerbate these inequalities, creating a fragmented landscape of care access. While some countries have robust strategies, others lack consistent policies and adequate funding. Addressing these disparities requires integrated policies, culturally sensitive professional training, and effective stigma-reduction programs.
Conclusions: There is an urgent need to address inequalities in access to mental health services in Europe. Integrated strategies are essential, including policies that promote equity, improvements in rural infrastructure, and culturally sensitive professional training. Reducing stigma through awareness programs is crucial to encourage help-seeking behavior. Harmonizing policies and investments among European countries can contribute to more equitable and effective access, ensuring equal opportunities for mental health treatment and support.

Disclosure of Interest: None Declared

EPV1034

Legal Issues and ADHD: Risk Factors and Temperamental Characteristics

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Introduction: Adult Attention Deficit Hyperactivity Disorder (ADHD) has been recognized as a condition with profound psychosocial implications, including a higher likelihood of encountering legal problems.
Objectives: To characterize temperamental characteristics and risk factor for legal problems in a group of ADHD patients.
Methods: The study involved patients (>18 years) from the adult ADHD outpatient service of the Psychiatric Clinic of Ancona. ADHD was diagnosed using the Diagnostic Interview for ADHD in adults (DIVA5.0). The following rating scale were administered: Temperament Evaluation in Memphis, Pisa and San Diego (TEMPS-M), Coping Orientation to the Problems Experiences-new Italian version (COPE-NVI), Temperament and Character Inventory-Revised (TCI-R).
Results: 76% (n=170) of screened patients were diagnosed with ADHD in adulthood. Among them, 10.2% (n=17) reported legal problems. Men with ADHD were more likely to have legal issues (χ^2=7.851; p=0.005). These patients often reported school failures (χ^2=3.033; p=0.082) and being tutored by a support teacher (χ^2=15.165; p<0.001). Legal issues were more common in those with a childhood diagnosis of ADHD (χ^2=4.880; p=0.027) and in those who were admitted to a psychiatric ward (χ^2=7.205; p=0.007). Additionally, those who smoked (χ^2=6.695; p=0.035) or used substances (χ^2=16.399; p<0.001) had more legal issues. Higher use of cannabinoids (χ^2=14.311; p<0.001) and stimulants (χ^2=12.445; p<0.001) in those who had legal problems are also reported. Generally, those with legal problems have lower schooling (p=0.005), more high school failures (p=0.047), smoke more cigarettes per day (p=0.008) and have higher scores in the problem-solving subscale of the COPE-NVI (p=0.024), the ambitious subscale of the TCI-R (p=0.058), and the self-transcendence subscale of the TCI-R (p=0.078) and lower mean score in the self-acceptance subscale

of the TCI-R (p=0.054). Logistic regression analysis showed to ascertain the effects of all TCI-R subscales, on the likelihood of developing legal problems. The logistic regression model was statistically significant, ▫▫ 2(1)=4.020, p=0.045. The model explained 14.6% (Nagelkerke R2) of the variance in patients with ADHD who have legal problems and correctly classified 91.9% of cases.Having legal problems was significantly predicted by TCI-R spiritual acceptance subscale (exp(B)=1.150, p=0.045).
Conclusions: The study highlight the significant psychosocial burden of ADHD in adulthood, particularly the increased likelihood of legal problems.Key risk factors include lower educational attainment, substance use, and specific temperamental traits, such as elevated problem-solving and self-transcendence tendencies, alongside lower self-acceptance.

Disclosure of Interest: None Declared

EPV1035

Integration of mental healthcare into primary healthcare: a European perspective

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Introduction: The 2009 WHO and WONCA report (Integrating Mental Health in Primary Care: A Global Perspective) outlined best policies and practices for the integration of mental health into primary care. The arguments in favor are reduced stigma, improved access to care, holistic management of comorbidities, improved prevention and early detection of mental disorders, reduced losses to follow-up, lower costs, easier communication, improved social integration, protection of human rights, and improved uptake of the healthcare system (Greenhalgh T, 2009; Petersen et al, 2016). Nevertheless, mental health care in many countries remains separate from primary care, limiting access and equitable distribution. However, since the COVID-19 pandemic, the global need for mental health services have surged, causing a 25 to 27 per cent increase in the prevalence of depression and anxiety around the world, accelerating the demand for integrated care (Bower et al, 2023). So, the process of integration outlined in the 2009 WHO and WONCA report warrants an updated discussion.
Objectives: International experts from Hungary, Greece, and Cyprus and of WHO, WONCA and WPA present different models of integration of mental health into primary care with special respect to public health crises.
Methods: Challenges, opportunities and best practices of each country will be presented, including policy recommendations, capacity building and advocacy strategies for mental health integration and public health crises, and monitoring, evaluation, and research for integrated services.
Results: In all three countries, stigma, insufficient training of primary care providers, and inadequate policy frameworks present problems. In Greece, the dominance of a medically oriented health policy has hindered interdisciplinary integration (Lionis et al., 2019). Cyprus grapples with stigma surrounding mental health issues, which affects service utilization (Nikolaou & Petkari, 2021). Opportunities are leveraging community resources and enhancing collaboration among stakeholders to foster inclusive health services (Pinaka et al., 2022). Best practices involve training programs for primary care providers, promoting awareness, and developing evidence-based policies that prioritize mental health (Ashcroft et al., 2021). Advocacy strategies should focus on engaging policymakers and the community to address mental health needs, particularly in light of public health crises like COVID-19, which have exacerbated mental health issues (Galanis et al., 2020; Maulik et al., 2020). Monitoring and evaluation are crucial for assessing the effectiveness, ensuring accountability, and adapting strategies based on research findings (Glover-Wright et al., 2023; Saxena & Kline, 2021).
Conclusions: The need of updating the 2009 WHO and WONCA report is considered to include the latest evidence, experiences, and recommendations on mental health integration into primary care.

Disclosure of Interest: None Declared

EPV1036

Barriers to Effective Implementation of Mental Health Policies in India: A Comprehensive Analysis of Challenges and Solutions

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Introduction: India is facing a growing mental health burden, with significant disparities in access to services despite the introduction of the National Mental Health Program (NMHP) and the Mental Healthcare Act (MHA). While these policies aim to improve mental health care, their implementation remains inconsistent due to a range of challenges. Understanding these barriers is crucial to enhancing mental health services across the country.
Objectives: This study aims to identify the key challenges impeding the effective implementation of existing mental health policies in India, with a focus on rural-urban disparities, resource constraints, and sociocultural factors.
Methods: A comprehensive literature review was conducted, examining peer-reviewed articles from databases such as PubMed, Scopus, and WHO policy documents, and reports from government and non-governmental organizations. Data was analysed to assess the primary obstacles related to funding, workforce shortages, stigma, policy integration, and infrastructure issues. Qualitative insights from key stakeholders in mental health services were also included.
Results: The review revealed five primary challenges. Firstly, the insufficient financial allocation for mental health programs, leading to limited-service availability; secondly, a shortage of trained mental health professionals, particularly in rural areas; thirdly, a pervasive stigma surrounding mental health, hindering service uptake; fourthly, the poor integration of mental health care into primary health systems; and lastly, the bureaucratic inefficiencies and lack of infrastructure. These challenges disproportionately affect rural

populations, exacerbating the urban-rural divide in mental health care delivery.
Conclusions: The effective implementation of mental health policies in India is undermined by systemic challenges such as inadequate resources, workforce gaps, and sociocultural barriers. Addressing these issues requires targeted interventions, including increased investment in mental health services, enhanced training programs, stigma reduction campaigns, and better integration of mental health care into general healthcare frameworks. A coordinated, multi-level approach is essential to overcoming these barriers and achieving meaningful improvements in mental health outcomes across India.

Disclosure of Interest: None Declared

EPV1037

Enhancing the cost-effectiveness of mental health services in Georgia-research proposal

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Introduction: In Georgia, the psychiatry system is predominantly institutionalized, with limited community-based services and inadequate funding for psycho-social rehabilitation. Government finds it challenging to refocus psychiatry care towards deinstitutionalization, often failing to understand the high importance of such a step and the reasoning behind turning it. This research proposal aims to explore strategies to enhance the cost-effectiveness of mental health services in this context.
Objectives: Assess the current landscape of psychiatry services in a middle-income country, focusing on institutional care versus community-based services. Identify barriers and challenges faced by key actors in transitioning towards community-oriented psychiatry care. Investigate the cost-effectiveness of community mental health interventions compared to institutional care, considering long-term outcomes and societal impacts. Develop evidence-based recommendations to advocate for policy changes and resource allocation towards community-oriented services.
Methods: Literature Review: Conduct a comprehensive review of existing literature on cost-effective analyses and community interventions in middle-income countries.Policy Analysis: Examine existing mental health policies and budget allocations to identify gaps and opportunities for reallocating resources toward community-based care. Stakeholder interviews: interview policymakers, mental health professionals, and patients to collect information from different perspectives. Quantitative Analysis: Use health economics methods to analyze the cost-effectiveness of community-based mental health services compared to institutional care.
Results: Insights into the economic impact of transitioning towards community-oriented mental health services in middle-income countries. Policy recommendations aimed at increasing investment in community-based interventions and resocialization programs. Increased awareness among key actors about the long-term benefits and cost savings associated with community-oriented mental health care. Improved understanding of societal attitudes and barriers towards mental health reform.
Conclusions: Key discussion points include: How can advocacy efforts be reinforced to persuade governments that community mental health care is more affordable and beneficial? What obstacles might stand in the way of expanding community-based services, and how might they be overcome? How can stakeholders work together to guarantee resocialization programs receive ongoing financing and support? What role can international partnerships and collaborations play in supporting mental health reform in Georgia? By addressing these critical questions, this research proposal seeks to provide a roadmap for enhancing the cost-effectiveness and accessibility of mental health services in Georgia and similar middle-income contexts.

Disclosure of Interest: None Declared

Migration and Mental Health of Immigrants

EPV1038

Hypnosis and Virtual Reality in the treatment of a MSNA (unaccompanied foreign minor)

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Introduction: 11 years old, Syrian, he arrives alone in Italy after disembarking in Lampedusa, coming from Libya where he reports having stayed for a year. He is assigned to a community by the Juvenile Court of Catania.
A few days later, he exhibits multiple episodes of chest pain, difficulty breathing, drooling, muscle rigidity and tremors, and in the most severe case, he is taken to the emergency room and then hospitalized in pediatric neuropsychiatry.
Diagnosis ICD 10: Dissociative disorders (Code F44); Post-traumatic stress disorder (Code F53.1). Trazodone hydrochloride (60 ml) is prescribed, 5 drops three times a day.
Objectives: Care of the person and resolution of symptoms through psychotherapeutic management by the "Medicina delle Migrazione e delle Emergenze Sanitarie" of ASP 3 Catania (Italy).
Methods: Hypnosis combined with virtual reality, a technique already experimented with by the writer, the procedure consists of: trance induction; awakening; application of the visor; re-induction of the trance through conditioning, simultaneously with the departure of the virtual stimulus; continuous feedback with peripheral device. The stimulus situations transmitted by the viewer have as object setting such as: Abstract: lights, colors, geometric shapes; Concrete: naturalistic and aquatic landscapes, animals, guided tours, etc.
Results: He is a good hypnotic subject, responds well and after initial disorientation, benefits from psychotherapy, showing a slow but continuous improvement in behavior: anxiety progressively decreases, oppositional and rebellious behavior in the community wanes, conduct at school becomes appropriate where there were previously conflicts, sleep changes from disturbed to regular, and he interacts positively with adults and peers.
Marked interference is noted via phone from the family of origin, urging him to go to Germany where a half-sister resides (the procedure is feasible but very complex), leading to a resurgence

of symptoms and feelings of guilt in the minor, who perceives himself as unable to meet the demands of his relatives.
During Ramadan (he is Muslim), there are difficulties with concentration and lack of energy due to the lack of food and water, leading to a temporary delay in the work.
In an advanced phase of treatment, the minor categorically refuses to come to the clinic, probably due to being mocked by peers in the community, and it is decided to discontinue the sessions, especially since the work had progressed effectively and there was already an intention to gradually discontinue it.

Image 1:



Conclusions: It is believed that the use of hypnosis combined with virtual reality represents an appropriate treatment for post-traumatic stress disorder (PTSD), as it reduces anxiety, strengthens the ego, accelerates the process of change, and directs life in a positive direction. The Juvenile Court has granted family reunification in Germany, and at present, the minor is awaiting departure.

Disclosure of Interest: None Declared

EPV1039

Migration risk factors and their impact on psychological distress among Unaccompanied Migrant Minors in Spain

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Introduction: Unaccompanied Migrant Minors (UMMs) who travel alone and live apart from their families are particularly vulnerable to mental health issues and social exclusion in Spain. Risk factors related to the migratory cycle, including travelling alone, living away from family, and experiencing discrimination, can negatively impact their mental health and increase the risk of social exclusion.
Objectives: This study aims to describe the profile of newly arrived UMM and identify the relevant health risk factors among them, considering factors before, during, and after migration and their impact on psychological distress.
Methods: The study involved face-to-face interviews with 230 minors in foster care placements. The interviews covered sociodemographic information, education and employment situations, factors related to the migratory process (before, during, and after migration), health status, and psychological distress. They were conducted in Arabic or French and translated into Spanish.
Results: The findings revealed that UMMs generally perceived themselves as having good health before migration. However, they often held unrealistic expectations about their new life. Upon arrival, they had to cope with post-migration stressors such as stress ($\beta = 0.468$, SE = 0.142, $p = 0.001$) and discrimination ($\beta = 0.357$, SE = 0.121, $p = 0.003$), which adversely affected their mental health.
Conclusions: The study highlights the impact of post-migration factors on psychological distress among newly arrived UMM. It underscores the need for comprehensive mental health care that considers the different stages of the migratory cycle. Additionally, it advocates for promoting cross-cultural mental health care models and developing policies and services to address and mitigate the effects of post-migration factors, including discrimination against UMMs in Spain.

Disclosure of Interest: None Declared

EPV1041

Closing the Cultural Gap: An Intercultural Day Clinic Experience

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Introduction: Globally, the number of international migrants has been rising, with Europe seeing a significantly higher increase compared to other regions. Migration has been frequently identified in the literature as a risk factor for various mental health issues (Schouler-Ocak et al. Indian J Psychiatry 2020; 62 242-6). Despite this, migrant populations often encounter significant challenges in accessing mental health care services, primarily due to language and communication barriers and cultural differences (Forray et al. BMC Public Health 2024; 24 1593). To improve mental health treatment for migrant populations, it is essential to not only provide cultural competence training for healthcare professionals and ensure access to professional interpreters but also to establish and maintain multicultural treatment teams (Machleidt W. Der Nervenarzt 2022; 73 1208-12). Addressing these needs, we have been operating a multicultural treatment team at our day clinic in Hamburg for the

past year, providing care to Turkish-speaking migrants and native-born patients together.
Objectives: To describe our efforts in developing a cross-cultural center and facilitating effective communication between migrant patients and native-born patients.
Methods: A descriptive overview of our efforts to establish a day clinic model adapted to the cultural and linguistic needs of the migrant (Turkish) population in Germany with a brief review of the relevant literature.
Results: At our day hospital, we provide care for patients with psychiatric disorders who do not require inpatient treatment but for whom outpatient care is insufficient. Our multicultural treatment team is composed of healthcare professionals whose native languages are German and/or Turkish.In our day hospital, patients with a migration background receive psychotherapy and medical consultations in their native language, ensuring they can access the treatment they need without language barriers. Additionally, we aim to improve cultural understanding through collaborative activities. This approach facilitates the development of cross-cultural communication among patients and healthcare professionals from different backgrounds, while also contributing to equal opportunities in psychiatric treatment. The program addresses linguistic, cultural, and religious communication difficulties, aiming to build and sustain meaningful relationships.
Conclusions: The migrant population in Europe continues to grow each day, and mental health care services must adapt to this heterogeneous population and their diverse treatment needs. We advocate for the establishment of treatment centers where migrant populations and native-born patients are considered together, as such centers can play a role in bridging the intercultural communication gap.

Disclosure of Interest: None Declared

Neuroimaging

EPV1042

Common brain activation patterns in schizophrenia patients with auditory verbal hallucinations: A conjunction analysis

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Introduction: Auditory verbal hallucinations (AVH) are one of the primary symptoms of schizophrenia, but the biological mechanisms underlying them remain uncertain (1,2). Theoretical approaches have proposed that AVH are caused by abnormal activity in the auditory cortex; or that they represent misinterpreted cognitive activity such as inner speech. Recently, our group found, using a symptom capture task, that AVH did not trigger activity in the auditory cortex, but instead in language-related areas, thus shifting the focus towards cognitive theories of AVH (3). To date, cognitive approaches have only been preliminarily investigated, and mostly in psychological studies (1,2).
Objectives: Our aim was to test the theory that a disturbance in inner speech processes underlie AVH. We used conjunction analysis to examine common activation patterns between the experience of AVH and phonological encoding.
Methods: Eleven patients meeting DSM-5 criteria for schizophrenia or schizoaffective disorder with near-continuous AVH underwent fMRI during symptom capture and during a phonological encoding task. In the symptom capture task, the patients were instructed to press their left index finger when they begin to hear an AVH, wait three minutes, mentally repeat what they heard, and then press their right index finger. The phonological encoding task required them to indicate, via button press, whether the names of two objects shown in line drawings rhymed.
Pre-processing and analyses were carried out with FSL software using linear models. Activation maps were thresholded at $p<0.05$, cluster-corrected for multiple comparisons. To find regions of common activation between the two tasks, the activation maps from the contrasts of interest were binarized and entered into a conjunction analysis. Regions showing significant activation in both tasks simultaneously were considered activated in the conjunction analysis.
Results: The conjunction analysis showed common activation in several regions involved in phonological encoding, such as Broca's area and its right homologue, supplementary motor area bilaterally, Wernicke's area and cerebellum, in patients with AVH.
Conclusions: These results support a non-perceptual origin of AVH and link them to brain areas related to the phonological loop and working memory in schizophrenia.

Disclosure of Interest: None Declared

EPV1043

Behavior and psychological symptoms in dementia: could be predictors of biology?

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doi: 10.1192/j.eurpsy.2025.1663

Introduction: Neuropsychiatric symptoms (NPS), prevalent in individuals with mild cognitive impairment (MCI), are linked to functional decline, accelerated dementia progression, and reduced quality of life. In clinical practice, molecular imaging plays a key role in diagnosing cognitive and behavioral issues with high accuracy.
Objectives: This study aims to analyze the correlation between NPS and molecular imaging findings in MCI-diagnosed patients.
Methods: A retrospective, descriptive study was conducted with MCI patients who had undergone Amyloid PET scans (APscan) between January 2019 and October 2024 at Infanta Leonor Hospital in Madrid. Data included demographics, neurological diagnoses, Global Deterioration Scale (GDS) scores, NPS (e.g., depression, psychosis, behavioral and sleep disturbances, anxiety, suicidal thoughts), and PET-FDG/APscan results. Statistical analysis was performed using Dataset and SPSS 22.0.

Results: A total of 72 patients were included. The main characteristics of the sample are shown in table 1. Among these patients, 65.28% exhibited NPS; notably, 49.3% had depression, 23.61% behavioral disturbances, 19.44% sleep disorders, 16.67% anxiety, 4.17% psychosis, and 2.82% suicidal ideation. In patients with a positive APscan, 29.79% had NPS, including 34.29% with depression and 66.67% with psychosis. Patients with abnormal FDG-PET scans showed higher NPS prevalence (65.96%), particularly behavioral disturbances (64.71%), sleep disorders (57.14%), and depression (62.86%).

Image:

Mean of age	61,75 years	
Gender	Male	45,83%
	Female	54,17%
Global deterioration scale	3	75,71%
	4	12,86%
Cognitive tests	MOCA	25,41%
	MMSE	26,07%
Neurological Diagnosis post PET	Alzheimer Disease (AD)	25,00%
	Lewy Body Dementia	5,00%
	Frontotemporal Dementia	10.00%
FDG- PET Scan Pattern	Alzheimer-like	16,67%
	Altered no AD Pattern	51,39%
	Non Conclusive	15,28%
Amyloid PET Scan Pattern	Positive	36,11%
	Negative	63,89%

Table 1. Main characteristics of the sample

Conclusions: This study underscores the high incidence of NPS in MCI patients, noting that NPS may exacerbate patient distress, contribute to autonomy loss, and increase institutionalization risk. Furthermore, molecular imaging patterns can help predict MCI progression to dementia and highlight NPS as potential predictors and outcomes of these biological changes.

Disclosure of Interest: None Declared

EPV1045

Apathy, Beta-amyloid Burden and Cognitive Decline in Parkinson's Disease Patients

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Introduction: Apathy is a common non-motor symptom in Parkinson's disease (PD), and its presence constitutes a risk factor for the development of cognitive impairment in this population (Burchill et al. Lancet Reg Health Eur 2024; 39:100870). β-amyloidopathy has been associated to shorter interval to dementia in PD and may also be a determinant of apathy.

Objectives: We aimed to investigate β-amyloid burden in non-demented PD patients based on the presence or absence of apathy, and how both factors influence the rate of progression to mild cognitive impairment or dementia over a 3-year period.

Methods: Forty-eight PD patients underwent clinical and comprehensive neuropsychological evaluation, as well as [18F]-flutemetamol positron emission tomography. They were classified as apathetic (n=22) or non-apathetic (n=26) based on their score on the Starkstein Apathy Scale. Brain imaging analysis was conducted using the SPM software package.

Results: We found statistically significant differences in disease duration when comparing clinical and demographic variables. Upon neuropsychological evaluation, apathetic patients performed significantly worse in attention domain (Digit Span and Trail Making Test A), executive function (Stroop Word-Colour Test and Trail Making Test B) and verbal memory (CERAD Total Word Recall). At follow up, 47.4% of apathetic patients progressed to dementia or MCI, compared to 12% of non-apathetic patients (χ^2 = 6.81, p <0.05). Brain imaging analysis revealed higher β-amyloid deposition in several cortical areas in apathetic PD patients (adjusted for disease duration and global composite cognitive z-scores).

Conclusions: The presence of apathy in PD patients is associated with greater cortical β-amyloidopathy and indicates a higher conversion rate to a worse cognitive diagnosis within a 3-year period.

Disclosure of Interest: None Declared

EPV1046

Gray matter macrostructure and brain aging in unhealthy alcohol users

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Introduction: In view of recent global trends in alcohol use, it becomes increasingly relevant to characterize health outcomes related to unhealthy alcohol use. Previous studies found that self-reported alcohol use was related to poor brain health. However, these studies remain inconclusive since they limited their analyses to very narrow demographic strata, considered only a subset of cortical regions, or didn't validate self-reported alcohol use with biomarkers such as gamma-glutamyltransferase (gamma-GT).
Objectives: This study aimed to comprehensively examine several aspects of brain health (cortical thickness, gray matter volume, and brain age gaps) in participants regularly exceeding the recommended limits of moderate alcohol use versus those who don't, and to validate self-reported alcohol intake by comparing gamma-GT levels across groups.
Methods: This analysis was based on cross-sectional data from the population-based cohort of the BiDirect Study conducted in Münster (Germany). Individuals aged between 35 and 65 years were randomly selected from the local population register and invited to participate in the assessment that included a 3 Tesla magnetic resonance imaging (MRI) of the brain and a blood collection. Unhealthy alcohol use was defined as the regular consumption of at least three units of alcohol (one unit = 0.2L beer or 0.1L wine or 2cl spirits) per occasion at least twice a week. Regional cortical thickness and subcortical gray matter volumes were extracted from T1-weighted images in participants who underwent MRI. In addition, brain age gaps were estimated using an elastic net algorithm based on the imaging-derived phenotypes. Associations between unhealthy alcohol use, cortical thickness, subcortical gray matter volumes, and brain age gaps were analyzed using multiple regression models adjusted for age, sex, lifetime smoking status, education, and childhood trauma.
Results: Participants engaging in unhealthy alcohol use had significantly higher gamma-GT levels. In addition, unhealthy alcohol use was associated lower regional cortical thickness across all four lobes of the brain. No differences in subcortical gray matter volumes were detected. In addition, we observed a significantly higher brain age gap (+ 1.11 years) in unhealthy alcohol users.
Conclusions: The results of this study indicate that the regular exceedance of the recommended levels of alcohol use is associated with poorer brain health as reflected by lower regional cortical thickness and advanced brain aging. The findings underscore the potentially adverse effects of alcohol on brain health, which are increasingly relevant in view of recent global trends in alcohol use.

Disclosure of Interest: None Declared

EPV1047

How Follow-Up Neuroimaging Techniques Enhance Care for a Veteran with Combat-Related TBI and PTSD

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Introduction: As traumatic brain injury (TBI) is a significant concern among military veterans, ongoing neuroimaging is a beneficial tool for monitoring functional brain changes and evaluating the progression of symptoms.
Objectives: Highlighting the importance of follow-up neuroimaging assessments in guiding treatment adjustments and understanding the evolving relationship between TBI, post-traumatic stress disorder (PTSD), and neurocognitive dysfunction.
Methods: A 27-year-old male veteran injured by an IED experienced trauma to the right side of his body, resulting in 80% vision loss in the right eye and 20% in the left. He reported memory gaps and sleep disturbances. After inpatient and outpatient rehabilitation, he was prescribed Olanzapine (5 mg/day), Quetiapine (150 mg/day), and Venlafaxine (75 mg/day). On his second admission for increased sleep disturbances and anxiety, Quetiapine was increased to 200 mg/day. One year later, the patient developed new cognitive impairments and reported memory deficits and anterograde amnesia, concurrently PET scans revealed hypometabolism in the frontal lobe.
Results: Neuropsychological Evaluation: The Raven Standard Progressive Matrices Test indicated potential issues in reasoning and problem-solving, while the Verbal Fluency Test suggested difficulties with cognitive flexibility and memory, and the Trail Making Test revealed problems with attention and sequencing. Imaging Findings: The initial CT scan demonstrated displaced linear fractures in the right temporal bone and two brain contusions shortly after the incident. On his visit nine months later, SPECT imaging showed relative hypoperfusion in the right posterior parietal cortex and bilateral temporal lobes. An EEG revealed slow wave anomalies in the right temporooccipital area and sharp spasms in the left temporal region. One year later, a follow-up PET scan revealed diffuse hypometabolism in the left frontal lobe, parietal lobes, and cerebellum.

Image:

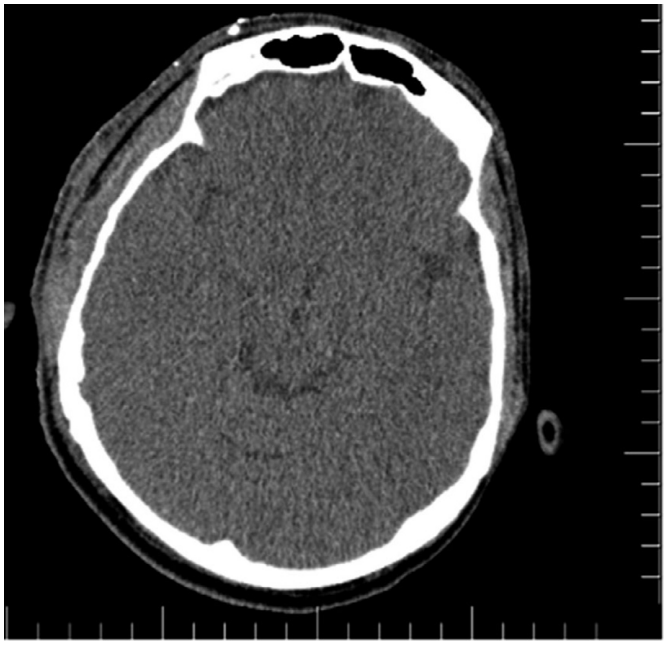


Image 2:

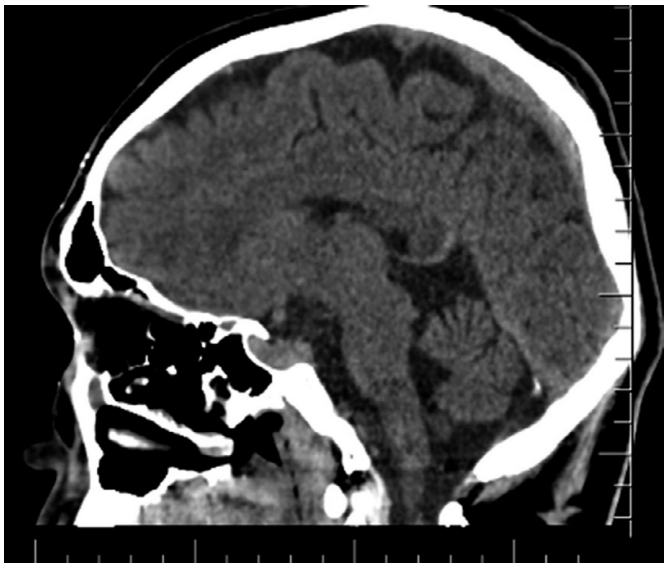
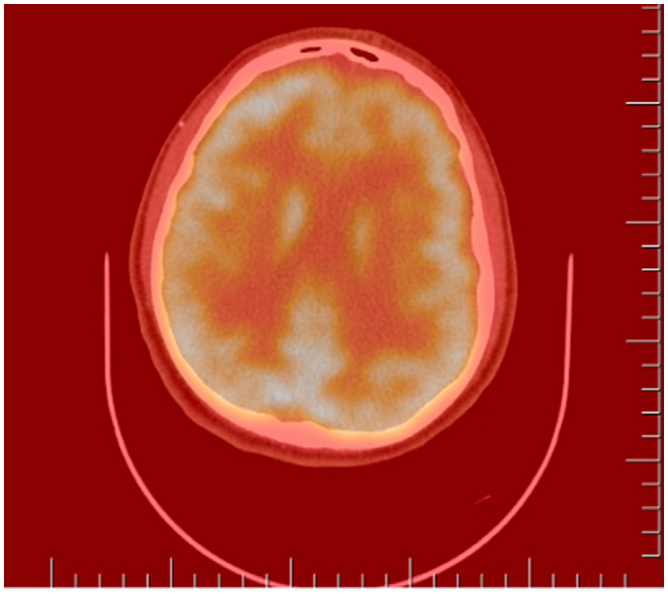


Image 3:



Conclusions: This case emphasizes the role of follow-up neuroimaging in managing complex cases of combat-related TBI and PTSD. The progression from structural damage to later functional changes like hypometabolism in the frontal and parietal lobes illustrates how neuroimaging helps track the long-term impact of brain injuries and provides a comprehensive understanding of the evolving neurocognitive challenges. Continued neuroimaging is crucial for monitoring neurodegenerative processes and guiding adjustments in treatment (Koerte et al., 2015b). This approach supports a more targeted treatment plan, improving the veteran's long-term prognosis (Wilde et al., 2015). Future studies should prioritize large, multi-site longitudinal research to track long-term neurotrauma effects through imaging, providing insights into neurodegeneration, recovery, and neuroplasticity.

Disclosure of Interest: None Declared

EPV1048

MRI structural alterations in schizophrenia patients with prominent first rank symptoms

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Introduction: There is an evidence that the presence of first rank symptoms (FRS) in psychotic patients is associated with structural brain alterations and that the FRS severity is correlated with abnormal brain functioning. However, whether the severity of first rank delusions (FRD) or first rank hallucinations (FRH) correlates with structural alterations remains unclear.

Objectives: We aimed at exploring correlations of FRS severity with structural brain alterations in schizophrenia patients with prominent first rank symptoms.

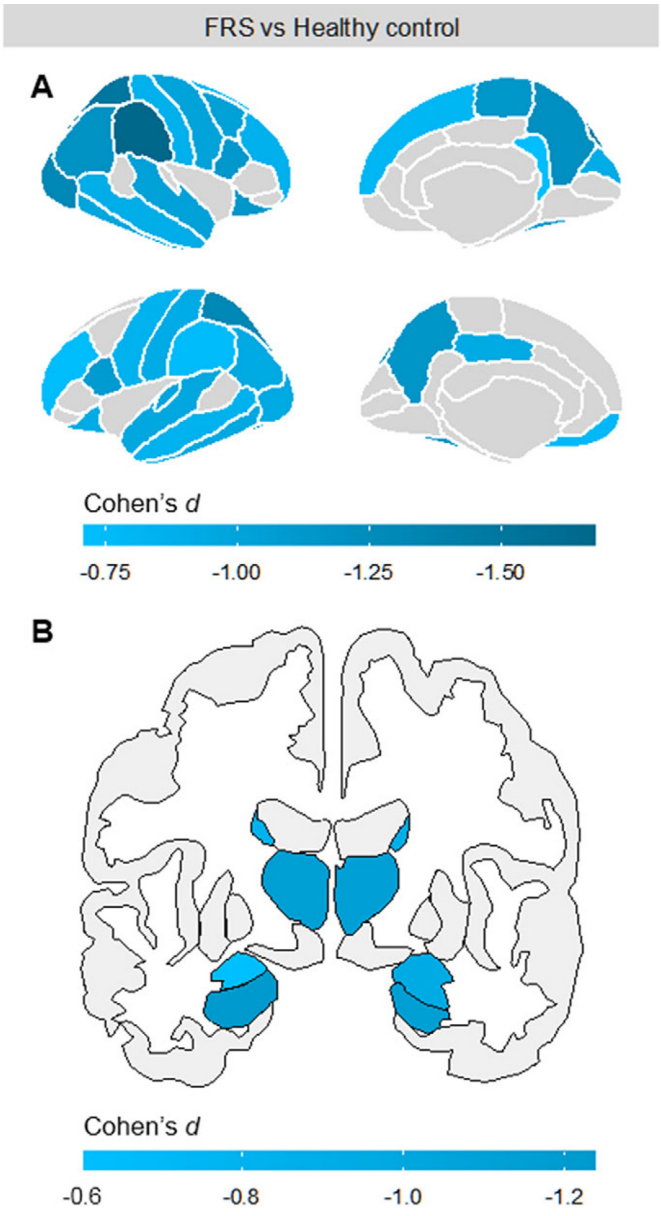
Methods: Twenty one right-handed patients (21.2-47.6 years, mean age 35.2±8.8, 2 females) with schizophrenia, presenting with prominent FRS and 21 one-to-one matched healthy controls (21.4-47.7 years, mean age 34.6±9.0, 2 females) underwent structural MRI at 3T scanner. MRI images were processed via FreeSurfer 6.0 to quantify cortical thickness and volumes for subcortical and brainstem (midbrain, pons, superior cerebellar peduncle and medulla) structures. The presence of FRS were diagnosed by professional psychiatrist (M.M.) using clinical interview and clinical-psychopathological method, severity of FRD and FRH were assessed with PANSS (P1 and P3 items accordingly). PANSS total for all patients: 88.1±20.6; PASNSS positive: 23.7±5.2 (P1: 4.9±1.3; P3: 4.6±1.3); PASNSS negative: 21.9±8.7.

Results: Compared to healthy controls, patients with FRS showed widespread cortical gray matter thickness reductions (Image 1, A), and decreased volumes of hippocampus, amygdala, thalamus, caudate and nucleus accumbens bilaterally (Image 1, B). Patients with FRS also showed decreased volumes of whole brainstem and all of its substructures (midbrain, pons, superior cerebellar peduncle and medulla: Cohen's d from -0.74 to -1.2).

No correlations between structural alterations and severity of FRD or FRH (PANSS P1, P3, P1+P3) were found.

Image 1. A: Clusters of decreased cortical thickness according to atlas of Desikan et al. (2006) in patients with FRS compared to healthy controls. B: Decreased volumes of subcortical structures in patients with FRS compared to healthy controls (nucleus accumbens are not shown).

Image 1:



Conclusions: The results suggest that schizophrenia patients with prominent FRS have a pronounced widespread cortical and subcortical structural alterations consistent with findings in general schizophrenia research. However, the lack of correlations with clinical scores do not allow to conclude definitely whether the revealed structural abnormalities underlies FRD or FRH, which should be elucidated via further research.

Disclosure of Interest: None Declared

EPV1049

Cortical alterations in patients with mild cognitive impairment who converted to Alzheimer disease compared to non-converters and correlations of these alterations with mild behavioral impairment

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Introduction: There is a growing evidence that a presence of mild behavioral impairment (MBI) in geriatric patients with mild cognitive impairment (MCI) increases the risk of Alzheimer disease. However, neurobiological patterns underling such additional risk remains unclear.

Objectives: We aimed to investigate structural cortical patterns in MCI patients that differentiate converters from non-converters to Alzheimer disease (AD) and to explore correlations of such patterns with mild behavioral impairment.

Methods: Thirty five right-handed geriatric patients with amnestic type of MCI (aMCI) were followed up during the period of 11.3 ±6.9 months and divided into converters to AD (n=11, mean age 74.6±7.5, 10 females) and non-converters (n=24, mean age 72.6 ±8.1, 18 females). Patients and matched healthy controls (n=17, mean age 72.3±7.2 years, 14 females) underwent structural 3T MRI at baseline. MRI images were processed via FreeSurfer 6.0 to quantify gray matter thickness for 68 cortical areas according to Desikan atlas. Cognitive status was assessed using the Montreal Cognitive Assessment (MoCA) scale, and the severity of mild behavioral impairment was assessed using the MBI-C (Mild Behavioral Impairment Checklist) at baseline.

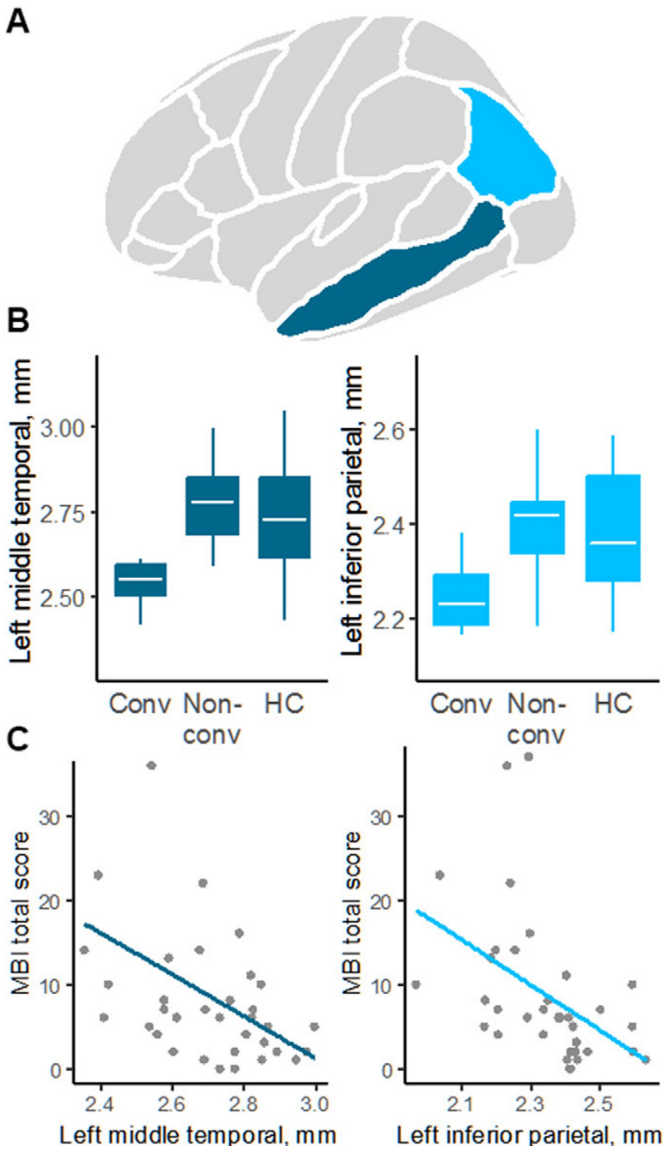
Results: Cortical thickness in the left inferior parietal lobe (IPL) and left middle temporal gyrus (MTG) were decreased in converters compared to both non-converters (IPL: $F(1,30)=12.8$, $p=0.0012$, Cohen's $d=-1.30$; MTG: $F(1,30)=12.8$, $p=0.0012$; Cohen's $d=-1.30$) and healthy controls (IPL: $F(1,24)=11.4$, $p=0.0025$, Cohen's $d=-1.33$; MTG: $F(1,24)=8.3$, $p=0.008$; Cohen's $d=-1.15$) (Image 1A,B).

Converters also showed larger baseline MBI-C scores compared to non-converters (13.8±12.0 vs 7.8±6.6; GML $t=2.1$, $p=0.045$) and no difference in baseline MoCA (21.8±4.0 vs 23.2±2.8; GML $t=-1.4$, $p=0.19$).

Baseline MBI-C scores in the whole aMCI group correlated negatively with cortical thickness both in the left IPL ($R=-0.53$, $p=0.0011$) and left MTG ($R=-0.48$, $p=0.004$) (Image 1C). No correlations between MoCA scores and cortical thickness were observed.

Image 1. A: Clusters of decreased cortical thickness according to atlas of Desikan et al. (2006) in converters compared to non-converters and healthy controls. B: Box-plots of cortical thickness in the left inferior parietal lobe and left middle temporal gyrus. C: Scatter plots of MBI-C scores and gray matter thickness in the left inferior parietal lobe and left middle temporal gyrus in the whole aMCI group (n = 35).

Image 1:



Conclusions: The findings suggest that the decreased baseline cortical thickness in the left inferior parietal lobe and middle temporal gyrus with associated greater severity of mild behavioral impairment could be potential marker of increased risk of conversion to AD in aMCI patients.

The study was supported by RSF grant 24-15-00220

Disclosure of Interest: None Declared

EPV1052

Framework proposal for training set of low-shot medical image data in cerebrovascular disease and comorbid depression

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Introduction: Cerebrovascular diseases, including white matter hyperintensities (WMLs), are the leading cause of functional disability and comorbid depression. Accurate and timely detection of WMLs is crucial for understanding their pathophysiology, progression, and treatment outcomes of both vascular and depressive symptomatology. Recent advancements in artificial intelligence (AI) and machine learning have facilitated the development of automatic WML detection methods, enhancing efficacy and accuracy in quantifying, localising, and evaluating lesion characteristics.
Objectives: The aim of this pilot study was to propose the framework for training set of low-shot medical image data in cerebrovascular disease and comorbid depression as novel artificial intelligence (AI) neuroimaging techniques, combined with quantitative measurements can be used to investigate and understand the implications of WMLs on brain structure and function.
Methods: We included 25 subjects, 15 with WMLs and 10 controls. Depressive symptoms were assessed by psychiatrist using Hamilton Depression Rating Scale (HDRS) and clinical interview. The neuroimaging data were collected from Magnetic Resonance Department University Clinical Center, Medical faculty, University of Belgrade, Serbia. All images were aligned with MNI space to normalize their intensity. Manual delineation and brain segmentation was performed with 3D slicer software using structural T1v and T2FLAIR images. Statistical analysis was performed to determine the correlation of lesion volume with the total brain volume (TBV) and to compare the TBV in patients with lesions and controls, in an effort to find possible morphometric correlates that may aid in automatic lesion detection and predicting the spacial pattern of WMLs.
Adding to the proposed framework, we have investigated statistical correlates in subjects with WMLs and controls. A statistical analysis was conducted to compare TBV in subjects with WMLs and controls and correlation between WML volume and TBV. The significance of the observed differences is determined, providing insights into the impact of WMLs on TBV.
Results: The average WML volume was 197±154.18 mm^3, with the smallest volume measured at 28.92 mm^3 and the largest at 552.8 mm^3. A significant difference in TBV was observed between patients with WMLs and controls (p-value=0.00216, $p<0.05$), and a weak negative correlation was found between WML volume and TBV ($\rho=-0.167$).
Conclusions: Our findings demonstrate reduced TBV in patients with WMLs and depression and emphasize the importance of considering parameters such as TBV in evaluating WMLs. Assessing the impact of WMLs on TBV can provide valuable insights into the progression and severity of cognitive decline and functional impairment but also impact on training dataset preprocessing preparation for AI framework on low shot medical images in cerebrovascular disease.

Disclosure of Interest: None Declared

EPV1053

Distinct Tau Pathologies in the Nucleus Basalis of Meynert between Early-Onset and Late-Onset Alzheimer's Disease Patients Revealed by Positron Emission Tomography

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Introduction: Alzheimer's disease (AD) is characterized by the abnormal accumulation of amyloid-β and tau proteins. Previous studies have demonstrated that early-onset AD (EOAD) has more rapid and significant tau accumulation compared to late-onset AD (LOAD). Particularly, postmortem analyses have shown greater tau accumulation in the nucleus basalis of Meynert (nbM) in EOAD. However, there is a lack of clinical studies that directly compare tau pathologies in EOAD and LOAD or explore their associations with clinical symptoms.
Objectives: To evaluate the tau accumulation patterns in the nbM and other brain regions defined by Braak stages (I/II, III/IV, V/VI) in EOAD and LOAD using 18F-florzolotau PET imaging. Additionally, to analyze the relationship between tau accumulation in the nbM and cognitive function.
Methods: The study included 38 amyloid-positive AD patients (15 EOAD, 23 LOAD) and 46 healthy controls (HCs). PET scans with 18F-florzolotau were performed, and the standardized uptake value ratios (SUVRs) of tau accumulation in the nbM and Braak stage regions were calculated using the cerebellum as the reference. Cognitive assessments were conducted using the Mini-Mental State Examination (MMSE) and other neuropsychological tests. Postmortem brain tissue from six AD patients and two HCs was histologically analyzed to validate PET findings.
Results: EOAD patients showed significantly higher tau accumulation in the nbM than LOAD patients ($p = 0.004$). The SUVRs in Braak stage regions also tended to be higher in EOAD (I/II: $p = 0.244$, III/IV: $p = 0.120$, V/VI: $p = 0.079$). Correlation analysis revealed no significant relationship between nbM SUVR and Braak stage SUVRs in EOAD, whereas LOAD patients exhibited positive correlations in Braak stages I/II ($r = 0.50$, $p = 0.014$) and III/IV ($r = 0.43$, $p = 0.043$). In LOAD, nbM tau accumulation correlated negatively with MMSE scores ($r = -0.55$, $p = 0.006$). In EOAD, higher Braak stage tau was associated with a stronger negative trend in MMSE (III/IV: $r = -0.37$, $p = 0.178$; V/VI: $r = -0.41$, $p = 0.126$). Histopathological examination confirmed the presence of ghost tangles in advanced AD and intracellular tau in early-stage AD, supporting the PET imaging results.
Conclusions: The study highlights distinct tau pathology differences in the nbM and their impact on cognitive function between EOAD and LOAD. The findings suggest that while nbM tau pathology in LOAD is linked to disease severity, EOAD is influenced more by cortical tau pathology. PET imaging of tau provides a promising approach for enhancing diagnostic and therapeutic strategies for Alzheimer's disease.

Disclosure of Interest: None Declared

EPV1055

Widespread Functional and Structural Dysconnectivity Patterns in Treatment-Resistant Schizophrenia

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Introduction: Treatment-resistant schizophrenia patients have the worst clinical outcomes and poor quality of life, despite the administration of clozapine. Currently, the definition of resistance is based on treatment response, but evidence differentiating resistance remains unclear. The dysconnectivity theory suggests that disrupted brain interactions contribute to schizophrenia pathology. Advances in functional and structural neuroimaging allow exploration of connectivity patterns that may characterize treatment-resistant schizophrenia.
Objectives: This study aimed to describe functional and structural connectivity patterns in schizophrenia patients on clozapine.
Methods: Patients taking clozapine (CLZ) or other antipsychotic (nCLZ) were recruited from the Hospital of the Medical School of Ribeirão Preto. Healthy controls (HC) were recruited from the Hospital database. Seventy-seven participants were selected: CLZ = 35, nCLZ = 27, and HC = 27. Functional connectivity (FC) was assessed via resting-state functional magnetic resonance imaging (rs-fMRI) and ROI-to-ROI analysis using the CONN toolbox. Structural connectivity was analyzed with diffusion tensor imaging and tractography using TRACULA toolbox. ANOVA and Tukey test were used for three-group comparisons, and the t-tests for two-group comparisons. Functional analysis was performed with a significance threshold of $p < 0.05$ and false discovery rate (FDR) set to $p < 0.01$.
Results: Reduced frontotemporal FC and increased FC in the frontal-occipital were common in CLZ and nCLZ compared to HC. An increased FC between sensorimotor and the cerebellum was notable in CLZ compared to HC. Structural findings included increased axial diffusivity (AD) and mean diffusivity (MD) in 8 of 10 tracts in CLZ compared to HC. The corticospinal tract and inferior longitudinal fasciculus exhibited increased AD and MD in CLZ compared to nCLZ. The cingulum angular bundle showed significantly altered diffusion measures in nCLZ: increased AD, MD, and radial diffusivity (RD), and reduced fractional anisotropy (FA).
Conclusions: This study described a widespread functional and structural dysconnectivity in CLZ, characterized by reduced frontotemporal FC and increased frontal-occipital and sensorimotor–cerebellum FC. Altered AD and MD measures in the corticospinal tract and inferior longitudinal fasciculus were observed in the CLZ. Alterations in AD, MD, RD, and FA measures in the cingulum angular bundle, particularly noted in nCLZ, may be associated with antipsychotic administration. Further studies are necessary to establish whether these dysconnectivity patterns consistently characterize these patient groups.

Disclosure of Interest: None Declared

EPV1056

Sex-Based Classification of Grey Matter Volume Using SVM: Implications for Early-Phase Psychotic and Mood Disorders

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Introduction: Understanding sex differences in brain structure is crucial for advancing personalized medicine. However, the alterations of sex-based neuroanatomical differences during the early phases of mood and psychotic disorders remain largely underexplored.
Objectives: This study aimed to evaluate neuroanatomical sex-based differences in a healthy cohort and assess potential alterations in clinical populations from the early psychiatric spectrum using a machine learning approach.
Methods: For this, we developed a Support Vector Machine (SVM) model trained to classify sex based on grey matter volume from a cohort of healthy controls (HC, n = 521), aged 15 to 40 years. After optimization and cross-validation, the model was applied to three distinct clinical populations from the same age range: individuals at clinical high risk for psychosis (CHR, n =334), those with recent onset psychosis (ROP, n = 351), and those with recent onset depression (ROD, n = 309).
Results: The model achieved a robust balanced accuracy (BAC) of 85.1% ($p < .01$) in the HC cohort. When applied to the CHR group, the model maintained a BAC of 85.5%, whereas its performance decreased in the ROP (75.8% BAC) and ROD (79.3% BAC) groups. In contrast to previous literature, female participants in the ROP group exhibited a masculinization of brain patterns, while male participants showed no such reversal. In the ROD group, both sexes revealed a slight tendency toward patterns typical of the opposite sex.
Conclusions: These preliminary findings suggest that sex-based neuroanatomical structures remain preserved at high-risk stages but undergo alterations with disorder progression. Future research will investigate the observed performance decline in relation to other phenotypic factors. These findings offer novel insights into sex-specific neurobiological mechanisms underlying psychotic and mood disorders and their early markers.

Disclosure of Interest: None Declared

EPV1057

Uncovering Fahr's Disease Through Psychotic Symptoms: A case report

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Introduction: Bilateral pallidodentate calcinosis (BPC), also known as Fahr's disease, is an uncommon neurodegenerative disorder that may be either genetic or sporadic. It is distinguished by bilateral and symmetrical deposits of calcium in the basal ganglia and occasionally in the cerebral cortex, impacting the regulation of motor and cognitive functions.
Objectives: To underline the diagnostic pitfalls faced in Fahr's disease when psychotic manifestations are predominant, thereby emphasizing the need to integrate neuroimaging and diagnostic assessments in differenciating this disease from a primary psychotic disorder.
Methods: We present a rare case of Fahr's disease with an atypical initial presentation, where the condition was initially misdiagnosed due to predominant psychiatric symptoms.
Results: The patient, a 34-year-old man, displayed significant behavioral disturbances and cognitive decline since the age of 30. Initial psychiatric assessments identified a delusional syndrome, hallucinatory episodes, and psychomotor agitation, leading to a provisional diagnosis of a primary psychotic disorder. However, neuroimaging subsequently revealed bipallidal calcifications characteristic of Fahr's disease, and further diagnostic evaluations (neurological examinations, a determination of parathyroid hormone (PTH) levels along with a comprehensive calcium-phosphate evaluation) confirmed the condition.The patient was treated symptomatically with second-generation antipsychotics, alongside supportive therapy, resulting in partial symptom alleviation.
Conclusions: This case underscores the challenges of diagnosing Fahr's disease when psychiatric manifestations predominate, which can delay appropriate diagnosis and treatment. Continuous, multidisciplinary follow-up is essential for optimal management of psychiatric symptoms.

Disclosure of Interest: None Declared

Neuroscience in Psychiatry

EPV1058

Neuropsychiatric Manifestations in Systemic Lupus Erythematosus: Psicosis as a Clinical Challenge in a Case Report and Updated Literature Review

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Introduction: Systemic lupus erythematosus (SLE) is a multisystem autoimmune disease that affects the central nervous system (NP-SLE) in approximately 30-40% of patients, with psychosis being one of the less common yet very serious manifestations, occurring in about 2-3.5% of cases. Diagnosing psychosis in SLE can be challenging, requiring careful integration of medical history with appropriate complementary tests (immunological, CSF, neuroimaging…) while considering other possible differential diagnoses.

Objectives: To highlight the importance of considering this condition (as well as other rare causes of neuropsychiatric involvement) in patients presenting with atypical psychotic symptoms accompanied by cognitive and behavioral disturbances.
Methods: Presentation of a clinical case and literature review.
Results: A 69-year-old female presents with a complex medical history, including melanoma, meningioma, and cerebral microangiopathy. Since 2019, prolonged activated partial thromboplastin time (aPTT) and lupus anticoagulant have been observed. In 2020, she developed neurological symptoms such as blurred vision, diplopia, dizziness, and instability. In December 2022, she consults for depressive symptoms and memory problems. June 2023, she was admitted to Psychiatry ward for a psychotic episode characterized by poorly structured and apparently fluctuating delusional symptoms. There was also evident disorganization, confusion, incoherent behavior, memory deficits, and functional decline. During the hospitalization, her condition initially worsened, with bizarre behaviors fluctuating, requiring mechanical and pharmacological restraint on several occasions. Blood tests showed bicitopenia (leukopenia and thrombocytopenia), along with renal insufficiency. Antiphospholipid syndrome was confirmed. Subsequently, her delusional symptoms remitted, and she was discharged. A second scheduled admission in internal medicine followed for diagnostic clarification during which SLE (ANA+, SSA, SSB, anti U1RNP, anti Sm D, and anti-DNA+) and antiphospholipid syndrome were confirmed. Hydroxychloroquine and anticoagulation (Sintrom) were initiated.
She currently remains under follow-up in both Internal Medicine and Psychiatry with functional, cognitive, and emotional improvement, allowing for the reduction of antipsychotic and antidepressant medication without relapse. A cognitive decline has been ruled out by the dementia unit.
Conclusions: In the case of SLE and its neuropsychiatric manifestations (NP-SLE), there are no specific markers, making detailed medical history, thorough screening, and differential diagnosis essential. Appropriate use of complementary tests and close coordination with other medical specialties are crucial, requiring a multidisciplinary and holistic approach.

Disclosure of Interest: None Declared

EPV1059

A New Hope: Can we estimate a clinical diagnosis by using eye-tracking technology?

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Introduction: Eye-tracking technology is a sensitive and direct method of measuring social-cognitive abilities regardless of language, causing minimal cognitive strain and with the advantage of its passive presentation of stimuli to participants, which allows observation without requiring verbal interaction nor explicit responses.
Objectives: Our aim was to study variations in social attention among adults diagnosed with ASD, ADHD, comorbid ASD and ADHD, and non-clinical individuals using eye-tracking technology.
Methods: We recruited a total of 80 participants over the age of 18 from the Psychiatric External Ward of Vall Hebron University Hospital, resulting in approximately 20 participants in each group. Social attention was assessed using vignettes from the Autism Diagnostic Observation Schedule-2 (ADOS-2).
Results: Preliminary results revealed significant statistical differences among the groups in the variables analyzed, indicating that individuals with ASD display distinct patterns of visual attention toward Areas of Interest (AOIs) containing social information compared to the other groups. No differences were found in the duration of fixation on the characters' eyes among the groups. However, participants diagnosed with ASD and ASD+ADHD tended to spend more time looking at regions with lower social information density, such as the characters' hands in the third vignette.
Conclusions: These findings shed light on social attention profiles across clinical and non-clinical populations, indicating specific patterns associated particularly with ASD, and highlight the importance of considering multiple aspects of social cognition. By employing eye-tracking technology, this study provides valuable insights into the underlying mechanisms of social attention across different neurodevelopmental conditions. Furthermore, the lack of significant differences in eye fixation duration on the eyes among clinical groups challenges conventional beliefs regarding social attention deficits in ADHD compared to ASD.
Using objective measures like eye-tracking can enhance our understanding of these complex neurodevelopmental conditions, potentially aiding in diagnosis and guiding the development of targeted interventions to address social cognition challenges in populations with neurodevelopmental disorders.
Our findings may contribute to a better understanding of social attention differences between ASD, ADHD, comorbid ASD +ADHD, and non-clinical individuals, paving the way for the design of more tailored and effective interventions.

Disclosure of Interest: None Declared

EPV1060

Anger, Aggression and Violence: Towards an integrative, 'transdiagnostic' treatment paradigm

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Introduction: Using a 'transdiagnostic' paradigm for psychopathology, we review the evidence-base for the different treatment interventions for anger, aggression and violence (AAV). We aim to more accurately link the range of psychopathology associated with AAV to underlying brain structures and functional neurocircuitry. Building upon these findings, we propose a working model that may have greater clinical utility than reliance upon a purely 'disorder-based' paradigm for addressing AAV. This will permit greater understanding of when anger (which has also conferred

evolutionary survival advantages) can become maladaptive and destructive. This comprehensive, 'interventionist' model will hopefully lead to better clinical conceptualization of AAV, especially since most AAV presents more commonly in the context of interpersonal/situational stressors and to non-forensically trained clinicians.

Objectives:

1. To identify biological, cognitive, disorder-based, developmental and personality predispositions to AAV
2. To link neuroanatomical and functional brain circuitry with onset and maintainence of AAV
3. To identify *how* pharmacological and non pharmacological interventions work, and 'where' in the brain,
4. To review the evidence-base supporting various treatment interventions

Methods: Database review of PUBMED, PsychINFO, Google Scholar and treatment guidelines dating back 15 years (review articles, treatment guidelines, meta-analyses and randomized controlled trials).

Results: This will be visually depicted in an electronic slide (or >1 slide, if permitted) to identify:

1) The inter-relationship between contextal factors, the psychopathology of AAV and undelying brain 'circutry'
2) The specific nature of the impulsive anger, 'reactive' aggression and violence response 'cycle' and where in this cycle various interventions can be effectively utlized
3) Which patient populations respond best to which types of interventions

Conclusions:

1. AAV are hyperarousal states, with outcomes that can be successfully managed
2. The evidence-base for the role of medications is more limited
3. The evidence-base for the role of various psychotherapies is greater, with specific therapies being particularly useful across psychiatric disorders and populations
4. Psychodynamic approches remain curently underutilized and underappreciated
5. Both medications and therapy influence brain neuroplasticity separately and synergistically

Disclosure of Interest: None Declared

EPV1061

Title: Identifying Neuropsychiatric Symptoms in Lewy Body Dementia: A Revealing Case Report

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Introduction: Lewy body dementia (LBD) is characterized by a range of complex neuropsychiatric symptoms that can initially mimic other psychiatric disorders, particularly melancholic depression. Failure to recognize these symptoms can lead to delayed diagnosis and inappropriate management.

Objectives: This case report highlights the importance of a thorough evaluation of neuropsychiatric symptoms in the diagnosis of Lewy body dementia (LBD).

Methods: This case report was compiled through clinical observations, patient history from family members, and medical testing. Literature on LBD was reviewed to assess treatment strategies in light of this patient's condition.

Results: Mr. T.C., 75 years old, followed for hyperthyroidism and benign prostatic hyperplasia, was admitted for a severe depressive episode with melancholic features. Despite treatment with fluoxetine, mirtazapine, and olanzapine, his clinical condition did not improve. The patient exhibited food refusal, active suicidal ideation, and thoughts of incurability, along with a delusional syndrome. The Mini Mental State Examination (MMSE) revealed cognitive impairment with a score of 21/30. An initial brain MRI showed no abnormalities. The treatment was adjusted with the introduction of paroxetine alongside olanzapine and mirtazapine, but there was no significant improvement. A follow-up brain MRI revealed periventricular vascular leukoencephalopathy and moderate cortical atrophy, directing the diagnosis towards Lewy body dementia. The appearance of additional neuropsychiatric symptoms, including visual hallucinations, cognitive fluctuations, and mild parkinsonian signs, further supported the diagnosis of LBD. Treatment was then adjusted with the introduction of quetiapine, which is better tolerated in the context of LBD due to its favorable therapeutic profile.

Conclusions: This case emphasizes the importance of accurately diagnosing neuropsychiatric disorders in Lewy body dementia. Appropriate management, based on a thorough clinical evaluation, can prevent treatment errors and improve the patient's quality of life.

Disclosure of Interest: None Declared

EPV1062

Sex differences in the levels of key mitochondrial markers in subjects with mild cognitive impairments and Alzheimer's disease

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Introduction: The lack of accessible plasma biomarkers to identify target populations limits the promise of precision medicine for Alzheimer's Disease (AD). Amnestic mild cognitive impairment (aMCI) is an important risk for AD and often occurs years before the onset of AD.

Objectives: Based on an emerging mechanistic model of mitochondrial mechanisms of brain plasticity, we studied the role of

acetylcarnitine and free-carnitine levels assayed in plasma as potential markers of cognitive dysfunction in subjects with aMCI or early-AD.
Methods: We used available samples from two independent cohorts well characterized for clinical and neuropsychological characteristics together with ultraperformance liquid chromatography-tandem mass spectrometry and computational approaches. Cerebrospinal fluid (CSF) measures of b-amyloid accumulation and t-Tau levels were also available and used in computational modeling.
Results: Within the primary cohort, our data showed decreased levels of carnitine in relation to cognitive function as assessed by using the Mini Mental Status Exam (MMSE) in women but not men with CI as compared to age- and sex-matched HC. Furthermore, the magnitude of carnitine deficiency reflected the severity of cognitive dysfunction in a sex-specific manner (women: p = 0.015; men: p = 0.441). Our data also replicated the prior finding of decreased LAC levels in both women and men with AD, supporting the robustness of the study samples assayed in our new study. Using computational approaches, we found that the integration of these mitochondrial measures with canonical CSF biomarkers improves diagnostic accuracy. A second cohort provides a validation of the sex-specific relationship between free-carnitine deficiency and the severity of cognitive dysfunction.
Conclusions: Taken together with prior mechanistic studies in rodents, the current findings support future research on the development of individualized treatment models targeting sex-specific changes in mitochondrial metabolism.

Disclosure of Interest: None Declared

EPV1064

fNIRS and behavioral measures of inhibition are correlated with different aspects of impulsivity

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Introduction: Impulsivity implies difficulties in control, leading to non-premeditated actions, and troubles resisting distraction and remaining focused on a goal. It is a transdiagnostic construct that is associated with several disorders, including Attentional Deficit and Hyperactivity Disorder (ADHD), Borderline Personality Disorder and Obsessive-Compulsive Disorder (OCD). It is possible to divide impulsivity between impulsive actions, associated with the ability to inhibit actions, and choice impulsivity, that involves decision-making. It is also common to differentiate between trait impulsivity, that involves more stable characteristics, and state impulsivity, in which the impulsive behavior is more transient.
Objectives: To investigate the association between action impulsivity as a trait (using self-report measures) and as state (using different level of analysis in a computerized task, i.e., behavioral and neuroimaging measures).
Methods: 52 university students (mean age = 21.4; standard deviation = 3.33) filled the BIS-11 self-report questionnaires and completed a Stroop-matching/stop-signal task while they had their behavioral and hemodynamic brain activity collected using Functional Near- Infrared Spectroscopy (fNIRS). The Stroop-matching/stop-signal task had three conditions varying the inhibitory demands: Congruent/Unrelated; Incongruent/Unrelated and Incongruent/Related. Spearman correlations were performed between scores of the BIS-11 subscales (Attentional, Motor and Non-planning impulsivity) and the reaction time (RT) and hemodynamic responses (β) of the Stroop-matching/stop-signal task. Alpha level = 0.05.
Results: RTs in all conditions of the task were positively correlated with Motor Impulsivity scores (Congruent/Unrelated, rho = .31, p = .025; Incongruent/Unrelated, rho = .27, p = .049; Incongruent/Related, rho = .38, p = .005). Brain activity in the left temporoparietal region was positively correlated with Attention Impulsivity scores (rho = .29, p = .033).
Conclusions: Motor and attentional aspects of trait impulsivity can be differently correlated with behavioral and neurophysiological measures of state impulsivity. In this study, motor impulsivity was correlated with more peripherical measures of inhibition (reaction times) while attentional impulsivity was correlated with activity in temporoparietal regions commonly associated with inhibition of distractive stimuli. Greater levels of motor and attentional impulsivity were associated with slower responses and greater brain activity, respectively.

Disclosure of Interest: None Declared

EPV1066

The effectiveness of an add-on postbiotic to antipsychotic drugs for prevention of metabolic disturbances in patients with first-episode psychosis and schizophrenia spectrum disorder. A double blind clinical trial

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Introduction: Atypical antipsychotics (APs) are the drugs of choice for the treatment of the acute episodes and for relapse prevention in schizophrenia (SZ) and psychosis. Nevertheless, these drugs have side effects and particularly increase the risk to develop metabolic syndrome. Moreover, it has been reported that first-episode psychosis (FEP) patients have significant trends to insulin resistance, a higher body mass index and a higher rate of obesity, compared to the healthy subjects. Changes in gut microbiome have been linked to increased systemic inflammation, which could be associated with metabolic disturbances and the development of SZ. In this context, some previous studies have explored the efficacy of probiotic supplementation in SZ, showing benefits in gut regulation and in improving the metabolic effects of APs.

Objectives: The purpose of this study is to evaluate the effectiveness of an add-on postbiotic to Aps on metabolic disturbances and psychopathological variables in patients diagnosed with FEP or schizophrenia spectrum disorder (SSD). , as well as to determine whether the addition of postbiotics can improve biomarkers related to compensatory immunity and the endocannabinoid system.
Methods: A randomized, double-blind, placebo-controlled clinical trial, in which postbiotic or placebo will be administered for 12 weeks as add-on APs. The study comprises two branches: FEP branch, patients recently diagnosed with first psychotic episode; and SSD branch, patients with long-standing psychotic disorder. Five follow-up appointments will be conducted along the 12 weeks to carry on clinical assessments. Patients will be monitoring with a glucose sensor, and blood and microbiota will be analysed.
Results: This is a study protocol that is currently underway. No results are available at this time.
Conclusions: Over the past few decades, it has been abundantly evident how important the human microbiota is to both short-term and long-term human health. In this regard, postbiotics seem to have higher benefitial effects and lower risk than probiotics and they offer a promising approach to improve metabolic disturbances and amelioration of psychopathological symptoms in FEP and SSD patients.

Disclosure of Interest: None Declared

EPV1067

Emotion recognition and self-versus-other referential learning in mood disorders and schizophrenia

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Introduction: Patients of depression and psychotic disorders are often troubled by unsatisfactory interpersonal relationships. While an inability to maintain a stable sense of self restricts one's understanding another's emotional state, whether disrupted self-versus-other referential processing is a transdiagnostic predictor of increased emotion misreading across diagnostic groups has not been explicated.
Objectives: We tested whether weakened differential learning between self and other may account for impoversihed emotion recognition accross mood and psychotic disorders.
Methods: Inpatients admitted for major depressive disorder (MDD), bipolar disorder (BD), and schizophrenia (SCZ; ns = 59, 32, and 43) and 40 healthy controls were recruited. Aside from ratings of depressive and schizophrenic symptoms by psychiatrists, participants were assessed on self- versus other- referential learning, emotion recognition, emotion sharing.
Results: Regression analysis indicates lower effectiveness of self-other tagging to be a predictor independent from symptom severity for increased emotion misrecognition across MDD, BD and SCZ ($F(8, 160) = 8.52$, $p < 0.001$). Clinical groups showed lower accuracy for other-referential recall and emotion recognition, but comparable emotion sharing and self-prioritization to healthy controls.

Image:

	Emotion recognition		
	β	*t*	*p*
Age	0.114	1.470	0.144
Sex	0.250	3.530	0.001
Years of education	0.086	1.080	0.282
Intellectual quotient	0.231	2.480	0.014
Depression (T2)	0.053	0.690	0.490
Positive symptoms (T2)	-0.025	-0.190	0.847
Negative symptoms (T2)	-0.122	-0.970	0.335
Efficiency of SOT	-0.066	-0.970	0.334
Effectiveness of SOT	0.309	3.290	0.001

Conclusions: Heightened emotion misrecognition in MDD, CD, and SCZ patients can be traced back to the weakened ability in coordinating self- and other-representations according to task-demands. Future examinations on whether interventions on brain regions pertaining to self-versus-other learning might enhance emotion recognition in different patient groups would be clinically relevant.

Disclosure of Interest: None Declared

EPV1068

Molecular Mechanisms of Hypericin and Hyperforin in Modulating Mammalian Neurotransmitter Systems: A Review

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Introduction: Hypericin and hyperforin, key secondary metabolites of *Hypericum spp.*, commonly known as St. John's Wort, are known for their ability to modulate neurotransmitter systems in the mammalian brain. These compounds, which evolved as plant defense chemicals, have significant implications for their interaction with mammalian neurobiology, particularly concerning serotonin, dopamine, and norepinephrine pathways.
Objectives: This review aims to elucidate the precise molecular mechanisms by which hypericin and hyperforin influence mammalian brain function. The focus is on understanding how these compounds interact with neurotransmitter transporters and receptors, and how these interactions may lead to both therapeutic and adverse neurobiological outcomes.

Methods: A comprehensive review of neurobiological and pharmacological literature was conducted, focusing on studies that detail the molecular interactions of hypericin and hyperforin with key components of neurotransmitter systems in mammals. in vitro binding assays, in vivo neuropharmacological studies, and molecular dynamics simulations were reviewed to understand these compounds' binding affinities, receptor modulation, and downstream signaling effects.
Results: Hypericin, with its planar polycyclic structure, exhibits a strong affinity for serotonin transporters (SERT), where it acts as a non-competitive inhibitor, leading to increased synaptic levels of serotonin. This mechanism mirrors that of selective serotonin reuptake inhibitors (SSRIs) but also introduces the potential for serotonin syndrome when combined with other serotonergic agents. Additionally, hypericin's ability to generate reactive oxygen species (ROS) under light exposure contributes to neurotoxicity, particularly in regions of the brain exposed to higher oxidative stress.
Hyperforin, characterized by its phloroglucinol core and multiple prenyl groups, exerts its effects primarily through modulation of synaptic vesicle function and ion channel activity. It non-selectively inhibits the reuptake of several neurotransmitters, including serotonin, dopamine, and norepinephrine, through a mechanism involving transient receptor potential (TRP) channels. This broad-spectrum inhibition can lead to significant changes in synaptic plasticity and neurotransmission, impacting mood regulation, anxiety, and cognition.
Conclusions: The interaction of hypericin and hyperforin with mammalian neurotransmitter systems underscores their potential as both therapeutic agents and neurotoxins. The molecular mechanisms by which these compounds modulate neurotransmitter transporters and receptors reveal a delicate balance between beneficial and adverse effects. Understanding these mechanisms is critical for evaluating the safety and efficacy of *Hypericum* extracts in clinical contexts, particularly regarding their impact on brain function and the potential for neurotoxicity.

Disclosure of Interest: None Declared

EPV1069

Mental Chronic Disease: from psychiatry to neurology

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Introduction: Chronic mental illness is a significant risk factor for developing neurocognitive disorders. Advanced molecular imaging techniques, such as amyloid PET and FDG-PET, provide critical insights into the neurobiological mechanisms that link psychiatry and neurology, enhancing our understanding of the continuum between these fields.
Objectives: This study aims to describe the clinical history of chronic mental illness in a sample of patients with diagnosis of dementia, using molecular imaging to investigate the relationship between psychiatric history and neurodegenerative pathology.
Methods: We conducted a retrospective, descriptive analysis of patients who underwent amyloid PET imaging at the Neurology Department of Infanta Leonor University Hospital from January 2019 to October 2024. Inclusion criteria mandated a documented history of chronic mental illness, irrespective of psychiatric hospitalization. Collected data included demographic variables (age, sex), cardiovascular risk factors, psychiatric diagnoses according to DSM-5, years of mental illness, neurological diagnoses, and results from FDG and amyloid PET imaging. Ethical approval was obtained, and statistical analyses were performed using SPSS 22.0.
Results: A total of 25 patients were included. The main characteristics of the sample are shown in Table 1.
Among those with a chronic mental illness history exceeding ten years (N=8), the diagnostic distribution was as follows: 20% Alzheimer's disease, 20% Lewy body dementia, 20% major depressive disorder, 10% post-traumatic stress disorder, and 10% indeterminate. Notably, 75% of Alzheimer's patients and 66.6% of those with Lewy body dementia had a history of major depressive disorder. Patients with frontotemporal dementia often presented with neurocognitive behavioral disorders or obsessive-compulsive disorder. Among four patients with psychiatric hospitalization, only one received a definitive neurological diagnosis (frontotemporal dementia).

Image:

Total of patients	**25 patients**	
Mean of age	**62.6 years**	
Gender	Male	34 %
	Female	64 %
Vascular Risk Factors	High Blood Pressure	52 %
	Diabetes Mellitus	20 %
	Dyslipidemia	64 %
Mean years of mental chronic disease	11.64 years old	
Psychiatric Diagnosis (DSM V)	Major Depressive Disorder	60 %
	Neurocognitive Disorder	8 %
	Adjustment Disorder	16 %
	Anxiety	4 %
	TOC / Agoraphobia	4 %
	Delusional Disorder	4 %
Psychiatric Hospitalization	20 %	
Neurological Diagnosis	Alzheimer's disease	16 %
	Frontotemporal dementia	16 %
	Lewy Body Dementia	24 %
	Non conclusive diagnosis	16 %
FDG- PET Scan Pattern	Alzheimer-like	12 %
	Non-conclusive	24 %
AP Scan	Positive results	16 %

Table 1

Conclusions: These findings highlight the importance of considering chronic mental illness histories in the cognitive assessment of patients. The neurobiological links between depressive disorders and Alzheimer's disease emphasize the need for interdisciplinary approaches in clinical practice. Molecular imaging serves as a

pivotal tool in refining diagnostic accuracy, complementing both psychiatric and neurological perspectives, and enabling therapeutic strategies to improve patients' quality of life.

Disclosure of Interest: None Declared

EPV1070

Depression as the main manifestation of central pontine myelinolysis : A case report

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Introduction: Centropontine myelinolysis (CPM) is an acute demyelinating neurological disorder that primarily affects the central bridge and is frequently associated with rapid correction of hyponatremia. Common clinical manifestations of CPM include spastic quadriparesis, dysarthria, pseudobulbar palsy and encephalopathy of varying degrees. In addition, CPM could be accompanied by neuropsychiatric manifestations, such as personality changes, thymic symptoms, acute psychosis, paranoia, hallucinations or catatonia, usually associated with additional brain damage, described as extrapontine myelinolysis (EPM).
Objectives: Study the nature of comorbidity between CPM and mood disorders, particularly depression.
Methods: We present the case of a patient hospitalized in the psychiatry department B of the Hedi Chaker hospital in Sfax in July 2024. He was been admitted at the request of a third party for behavioral disorders such as agitation and refusal of treatment.
Results: This is Mr. S.BH aged 68, with a psychiatric family history of follow-up for unspecified psychiatric disorders in a niece. He has no psychiatric history, but has a somatic history, unmonitored high blood pressure as well as chronic constipation causing hyponatremia, which was quickly corrected 1 month ago. The latter was responsible for CPM objectified on the brain MRI requested by a free practice neurologist who consulted him for agitation. Our patient is married. He has been retired for a few months and previously worked as a farmer for 35 years. According to the family, the history of his illness dates back to March 2024, following professional stressors when he began to present multiple somatic complaints, with anorexia and weight loss as well as a tendency towards isolation. Since June 2024, following the CPM, he believed that the police wanted to harm him. As a result, he became anxious and agitated. At the interview: Slowed down on the psychomotor level, the contact was superficial, the mood was sad, his speech was provoked, poor and conveyed in a low voice verbalizing anhedonia, he presents congestive disorders and he refuses treatment and diet at the beginning. The patient obtained a score of 12 on < < the Geriatric Depression Scale GDS >> and a score of 12 on < <the mini-mental state examination MMSE >>.
Conclusions: This case demonstrates that depression might represent the main manifestation of CPM, especially in the early stages of the disease, which should be taken into consideration when evaluating patients with acute abnormalities of sodium metabolism.

Disclosure of Interest: None Declared

EPV1071

The Mediating Role of Cortical Atrophy on the Relationship between the Resilience Index and Cognitive Function: Findings from the Healthy Brain Initiative

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Introduction: Background: Lifestyle factors are linked to differences in brain aging and risk for Alzheimer's disease, underscored by concepts like 'cognitive reserve' and 'brain maintenance'. The Resilience Index (RI), a composite of 6 factors (cognitive reserve, physical and cognitive activities, social engagement, diet, and mindfulness) provides such a holistic measure.
Objectives: This study aims to examine the association of RI scores with cognitive function and assess the mediating role of cortical atrophy.
Methods: Baseline data from 113 participants (aged 45+, 68% female) from the Healthy Brain Initiative were included. Life course resilience was estimated with the RI, cognitive performance with Cognivue®, and brain health using a machine learning derived Cortical Atrophy Score (CAS). Mediation analysis probed the relationship between RI, cognitive outcomes, and cortical atrophy.
Results: In age and sex adjusted models, the RI was significantly associated with CAS (β= -0.25, p = 0.006) and Cognivue® scores (β= 0.32, p < 0.001). The RI-Cognivue® association was partially mediated by CAS (β= 0.07; 95% CI [0.02, 0.14]).
Conclusions: Findings revealed that the collective effect of early and late-life lifestyle resilience factors on cognition are partially explained by their association with less brain atrophy. These findings underscore the value of comprehensive lifestyle assessments in understanding the risk and progression of cognitive decline and Alzheimer's disease in an aging population.

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EPV1072

Specific learning difficulties and intelligence in children with RASopathies. The Grey Matter project

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Introduction: Children with Noonan syndrome, the most prevalent RASopathy, exhibit a characteristic neurocognitive phenotype. Specific difficulties in learning, memory, and executive function are among the most frequently observed manifestations documented in the scientific literature.
Objectives: The present study aimed to measure specific learning difficulties and intelligence in children with RASopathies.
Methods: A total sample of 47 patients (55.3% male) aged 3–16 years (M = 8.6, $S.D.$ = 3.1) was recruited from various Spanish regions (Murcia, Alicante, Gandía, Valencia, Castellón de la Plana, Tarragona, Cantabria, Asturias, Zaragoza, Madrid, Badajoz, Huelva, Sevilla and Cádiz), within the framework of The Grey Matter project. Most patients were diagnosed with Noonan syndrome, and some had Cardiofaciocutaneous syndrome. The most frequent mutations were PTPN11 (72.3%), RIT1 (6.4%), and unknown mutations in 12.8% of patients. Patients were assessed using the Spanish version of the Wechsler Preschool and Primary Scale of Intelligence, Fourth Edition (WPPSI-IV) or the Wechsler Intelligence Scale for Children, Fifth Edition (WISC-V) according to age; the Spanish Reading Processes Evaluation Battery (PROLEC) according to the appropriate age range (from 6 years); and the Spanish Writing Processes Evaluation Battery (PROESC), from 8 years.
Results: On the one hand, 32.3% presented with severe difficulty in reading words. In turn, 30% of the children showed severe difficulty in reading comprehension of texts when they were read by an examiner, and 29% after reading by themselves. On the other hand, 56% of the children presented severe orthographic difficulty in writing words and 50% presented severe difficulty in written expressions. Finally, regarding intelligence, the mean total IQ of the children was 84.7 points ($S.D.$ = 15.1), with better scores on the Verbal Comprehension Index (M = 89.4; $S.D.$ = 16), Visual Spatial Index (M = 87.7; $S.D.$ = 13.8), and Fluid Reasoning Index (M = 88.6; $S.D.$ = 11.9), in contrast with the Working Memory Index (M = 84.3; $S.D.$ = 13.2), and the Processing Speed Index (M = 83.2; $S.D.$ = 14.4). In turn, 42.6% of children had low global intelligence scores (IQ ≤ 79).
Conclusions: In conclusion, children with RASopathies, particularly those diagnosed with Noonan syndrome, need educational support to compensate for all these significant academic difficulties.

Disclosure of Interest: None Declared

EPV1073

Everyday Executive Functioning in Paediatric Patients Awaiting Solid Organ or Haematopoietic Stem Cell Transplantation

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Introduction: Paediatric patients with severe diseases awaiting solid organ or haematopoietic stem cell transplantation are known to experience cognitive impairments, particularly in executive functioning. Neuropsychological pre-transplant evaluation serves as a baseline for identifying executive functioning deficits that may affect the medical and psychosocial aspects of care. This is clinically relevant because patients with poorer executive functioning may show decreased adherence to medical treatments, face greater challenges in coping with their illness, and be more likely to require educational adaptations, including curricular or methodological adjustments based on pedagogical criteria.
Objectives: This study aimed to assess everyday executive functioning in paediatric patients awaiting transplantation using an ecologically valid measure.
Methods: A total of 49 patients (59.2% male) aged between 6 and 18 years (M = 11.4, $S.D.$ = 3.5) were recruited from La Paz University Hospital (Madrid, Spain). Patients were awaiting for various types of organ transplants (kidney: 26, heart: 4, lung: 4, hepato-renal: 3, or liver: 2 patients) or haematopoietic stem cells (10 patients). Patients were assessed using the Spanish parent-reported version of the *Behavior Rating Inventory of Executive Function, Second Edition* (BRIEF-2) with age- and sex-adjusted norms from the Spanish general population. The three BRIEF-2 composite scores were analysed (the Cognitive, Emotional and Behavioral Regulation Indexes), and clinically relevant scores were set at $T \geq 65$ points.
Results: Clinically significant levels of executive deficits were observed in 33.3% of patients regarding cognitive regulation problems, in 32.7% regarding emotional regulation difficulties and in 26.5% regarding behavioural regulation problems.
Conclusions: Between 1 in 4 and 1 in 3 patients have shown some type of executive regulation difficulties. The early identification of executive functioning deficits in paediatric transplant candidates is crucial. Incorporating standardised ecologically valid measures, such as the BRIEF-2, into routine assessments can help detect neuropsychological impairments at an early stage, allowing timely therapeutic or preventive interventions (e.g., psychological prehabilitation). This approach can improve medical outcomes and quality of life and guide educational adaptations to support academic performance.

Disclosure of Interest: None Declared

EPV1074

Cognitive function and cannabis use in first episodes of psychosis

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Introduction: The association between cannabis use and cognitive functioning in individuals experiencing a first episode of psychosis (FEP) is inconsistent, with some studies reporting deterioration (Bogaty et al. J Psychiatr Res 2018; 99:22-32), others indicating improved performance (Rodríguez-Sánchez et al. Schizophr Res 2010; 124:142-151), and some finding no difference.
Objectives: This study aims to evaluate the effect of cannabis use on cognitive functioning among individuals diagnosed with FEP.
Methods: A cross-sectional study was conducted on FEP patients enrolled in the ITPCan Program (Santander, Spain) between January 2020 and July 2024. A total of 207 participants (57 cannabis users and 145 non-users) with a FEP diagnosis were included. A descriptive-univariate analysis was performed on clinical, analytical, and cognitive variables. A Student's t-test compared baseline cognitive performance between cannabis users and non-users, while a multivariate general linear model (GLM) assessed differences related to cannabis consumption, adjusting for sex, age, and educational level. Statistical analyses were performed using SPSS.
Results: Out of the 207 FEP participants, 53.6% were women, with an average age of 36.8 years. Cannabis users comprised 28.1% of the group, and present at baseline a lower mean age at intake (27 years; $p < 0.001$). Cannabis users exhibited significantly higher scores in mania and positive psychotic symptoms. Cognitive assessments, completed by 148 patients (39 users and 108 non-users), revealed that cannabis users performed better than non-users on "processing speed" task; however, after adjusting for sex, age, and educational level, these differences were attributed to educational level and sex.
Conclusions: In consonance with some previous studies (Sánchez-Gutiérrez et al. Eur Psychiatry 2020; 63(1)), cannabis use does not appear to be a determining factor in cognitive performance in early psychosis.

Disclosure of Interest: None Declared

EPV1077

Neuropsychiatric Effects of HIV and Toxoplasma Gondii Encephalitis: A Case Study

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Introduction: HIV infection can lead to neurological and psychiatric disorders by affecting the central nervous system. Toxoplasma gondii can cause encephalitis in immunocompromised individuals, particularly damaging brain regions such as the frontal cortex and basal ganglia. These neuroanatomical disruptions can influence dopaminergic and serotonergic neurotransmitter pathways, resulting in severe neuropsychiatric symptoms like behavioral disinhibition, personality changes, and psychotic manifestations (Vidal JE. J Int Assoc Provid AIDS Care 2019; 18:2325958219867315).
Objectives: This case seeks to demonstrate the neuropsychiatric effects of HIV and Toxoplasma gondii infections on neuronal function and behavior, emphasizing the importance of continuous assessment and integrated treatment approaches.
Methods: A 49-year-old male patient, with no known medical history, developed Toxoplasma gondii encephalitis after being diagnosed with HIV. Following discharge from the infectious disease ward, the patient exhibited increased irritability, impulsivity, hypersexuality, visual hallucinations, disorganized speech, and risky behaviors, along with cognitive dysfunction and social norm violations. The patient's symptoms partially improved with a treatment regimen of 15 mg olanzapine and 1000 mg valproic acid. However, the patient's ongoing course, parkinsonism symptoms emerged, prompting the discontinuation of valproic acid and the consideration of quetiapine. The patient's follow-up treatment is ongoing.
Results: HIV and Toxoplasma gondii disrupt neuronal function through inflammatory responses and microglial activation in the central nervous system. HIV does not directly damage neurons, but inflammation from cytokines released by microglia can lead to neurodegenerative conditions. Dopaminergic dysfunction is linked to psychotic symptoms, while serotonergic disruptions contribute to depression and anxiety. Frontal lobe and basal ganglia damage impair executive functions (planning, decision-making, impulse control), causing increased impulsivity, risky behaviors, emotional dysregulation, irritability, lack of empathy, behavioral disinhibition, hypersexuality, and cognitive dysfunction. These changes are tied to structural damage in the frontal cortex, necessitating long-term follow-up and comprehensive treatment. Diagnostic imaging often shows white matter lesions, basal ganglia damage, and frontal cortex atrophy. Treatment involves antiretroviral therapy, low-dose antipsychotics, mood stabilizers for managing symptoms (Bartolomé Del Pino LE *et al.* Actas Esp Psiquiatr 2024; 52(2):149-60).
Conclusions: HIV and Toxoplasma gondii infections induce significant central nervous system impairment, leading to neuropsychiatric disorders. This case illustrates their impact on neurotransmitter systems, manifesting as psychosis, cognitive dysfunction, and behavioral disturbances. Continued monitoring and comprehensive treatment are essential.

Disclosure of Interest: None Declared

EPV1078

Relationships between parameters of EEG and glutamate-ergic system activity in patients with depressive-delusional disorders

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Introduction: Activity of the glutamate neurotransmitter system contribute to the development of many mental disorders, in particular of depression and schizophrenia. While the glutamate is the principal excitatory neurotransmitter in the brain there are poor data on its relationships with EEG.
Objectives: The aim of the study was to search for possible relationships between parameters of EEG and glutamate dehydrogenase (GDH) activity in patients with depressive-delusional disorders.
Methods: The study involved 28 female in-patients aged 16-35 years (mean age 22.0 ± 8.1 years) with depressive-delusional disorders in the frames of schizophrenia (F20.01, by ICD-10). Pretreatment multichannel resting EEG recordings with spectral power analysis in narrow frequency sub-bands were performed in all patients. Patients were divided into two groups with relatively "normal" (n=18) and "slow" (n=10) EEGs. "Slow EEG" group statistically differed (p<0.05) from "normal EEG" group by greater spectral power values in theta2 (6-8 Hz) EEG sub-band in frontal-central-temporal regions of the left hemisphere. GDH enzymatic activity was measured in platelets' extracts from blood samples by spectrophotometric kinetic method and was assessed by the rate of NAD•H absorption decrease at 340 nm. The descriptive statistics and the rank correlation analysis (Spearman) were used for statistical processing of EEG and neurochemical data.
Results: "Slow EEG" and "normal EEG" groups did not statistically differ (p>0.05) in age, HDRS and PANSS scores, while the clinical severity was somewhat greater in "slow EEG" group. Nevertheless, "slow EEG" and "normal EEG" groups apparently differed in correlation structure between EEG and GDH activity parameters. Thus, in "slow EEG" group values of GDH activity correlated positively (p<0.05÷0.01) with values of spectral power in delta (2-4 Hz), theta1 (4-6 Hz) and theta2 (6-8 Hz) EEG sub-bands. In "normal EEG" group values of GDH activity did not correlate with any studied EEG parameters.
Conclusions: Greater GDH activity in "slow EEG" group of patients with depressive-delusional disorders have to provoke the glutamate mediated excitation deficit reflected in EEG slowing. The predominance of this phenomenon in the left hemisphere may underlie some features of the clinical conditions in these patients and need further studying.

Disclosure of Interest: None Declared

EPV1079

Temporal-lobe functional connectivity in future converters to Alzheimer's disease

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Introduction: Preclinical stages of Alzheimer's disease (AD) are characterized by structural and neurochemical abnormalities in temporal lobe and temporoparietal junction (T-TPJ; Popuri *et al.* Hum Brain Mapp 2020; 41 4127-4147; Jagust. Nat Rev Neurosci 2018; 19 687-700). However, the role of functional characteristics of T-TPJ in conversion to AD is understudied.
Objectives: Our aim was to clarify whether any patterns of functional connectivity (FC) within T-TPJ differentiate patients with amnestic mild cognitive impairment (aMCI) and future conversion to AD from stable aMCI and healthy controls.
Methods: Patients with aMCI and future conversion to dementia due to AD (converters, $n = 15$; mean age 74.31 ± 7.86), patients with stable aMCI (non-converters, $n = 12$; mean age 66.77 ± 9.54), and healthy individuals without cognitive deficits ($n = 29$; mean age 64.17 ± 11.30) underwent resting-state fMRI (3T Philips Ingenia scanner). Eighteen T-TPJ cortical ROIs in each hemisphere were defined according to Harvard-Oxford atlas (Desikan *et al.* Neuroimage 2006; 31 968-980). FC between these ROIs was compared between groups separately for each hemisphere (one-way ANCOVA with connection threshold $p[FDR] < 0.05$ and *post hoc* between-group comparisons). Age, sex, and number of outlier scans due to motion were included into the models as covariates of no interest. The analyses were implemented via CONN (RRID: SCR_009550; www.nitrc.org/projects/conn).
Results: FC between the posterior parts of left middle and inferior temporal gyri was different between converters, non-converters, and healthy individuals ($p[FDR] = .0256$). Converters demonstrated an increased FC between these regions compared to other groups ($p = .0003$ for both tests). We also observed a trend for inverse correlation between this FC and delayed recall of words (MoCA) in the entire sample ($p = .055$).
Conclusions: An increased FC between the temporal brain regions may reflect either pathological processes that have already started, or compensatory mechanisms, or both in future converters to AD. The posterior part of left middle temporal gyrus is critical for auditory verbal memory, whereas the posterior inferior temporal cortex in the left hemisphere stores visual images associated with a word. The observed trend-like correlation might indicate that patients with worse auditory verbal memory rely on visual images associated with a word, however, this assumption should be supported in further studies.
The study was supported by RSF grant 24-15-00220.

Disclosure of Interest: None Declared

EPV1082

Central effects of soluble factors derived from human macrophages, polarized to M2 phenotype, in depression

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Introduction: In depressive disorders caused by chronic psychological stress, cognitive decline is produced by neuroinflammatory and neurodegenerative changes in the brain. M2-type macrophages possess high pronounced regenerative potential due to high production of neurotrophic, neuroprotective and angiogenic factors. We have previously shown that M2 macrophage-derived soluble factors (M2-SFs) edit stress-induced depressive-like behavior.

Objectives: The aim of the study was to investigate the central effects of soluble factors derived from human macrophages, polarized to M2 phenotype (M2-SFs) involved in the mechanisms underlying the editing of depressive-like behavior.
Methods: Human macrophages were polarized polarised to M2 phenotype under serum deprivation conditions. Stress-induced depression-like male mice were undergoing intranasal administration of M2-SFs during 7 days. After which an immunohistochemical analysis was performed assessing the expression of the microglial marker Iba1. The levels of brain-derived neurotrophic factor (BDNF) and cytokines in separate structures of the brain were assessed by ELISA. For histological examination Nissl staining was applied.
Results: Depressive-like behavior editing after the M2-SFs administration was registered against the background of some structural and functional changes in the brain. It was found an increase in the density of pyramidal neurons in the frontal cortex and augmented level of BDNF in this brain structure and also in the hippocampus. After the introduction of the M2-SFs in depressive-like mice the decreased expression of the microglial marker Iba1, accompanied with decreased levels of pro-inflammatory cytokines IL-1β, IL-6, TNF-α, INF-γ in pathogenetically significant structures of the brain was also observed.
Conclusions: The data obtained indicate that the depressive-like behavior-editing effect of M2 macrophage-derived soluble factors is mediated by stimulating neurogenesis, neuroplasticity and reducing neuroinflammation.

Disclosure of Interest: None Declared

EPV1085

Efficacy of Left Prefrontal Transcranial Direct Current Stimulation in Improving Negative Symptoms and Acutely Enhancing Attention Functions

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Introduction: Negative symptoms and cognitive deficits in schizophrenia (SZ) significantly affect patients' quality of life and functionality, but show limited response to antipsychotic treatment.
Objectives: The present study aims to investigate the acute (n=32) and one-month (n=25; active-tDCS:13 vs. sham-tDCS:12) effects of repeated transcranial Direct Current Stimulation (tDCS) on negative symptoms and executive attention in recent-onset SZ.
Methods: In this study, 32 clinically stable SZ patients (age:24.7 ±4.5, 65% male) with a disease duration under 5 years were included in a single-blind, randomized sham-controlled trial. Patients received 10 sessions of either active-tDCS (n=17) or sham-tDCS (n=15) (anode: left dorsolateral prefrontal cortex, DLPFC; cathode: right orbitofrontal region) at 2 mA for 20 minutes, twice daily, across 5 consecutive days and were followed up after the 10th tDCS on day 5 (acute effect), and at weeks 2 and 4. Pre- and post-tDCS assessments included the Brief Negative Symptom Scale (BNSS), Brief Psychiatric Rating Scale (BPRS), Calgary Depression Scale for SZ (CDSS), Global Assessment of Functioning (GAF), Clinical Global Impression Scale, Verbal Fluency Test (VFT), and the Penn Computerized Neurocognitive Battery's Letter N-Back and Continuous Performance Test (CPT). One-way ANCOVA was used to assess between-group changes over time, controlling for pre-tDCS measurements, while mixed-design ANOVA explored time × tDCS-group interactions, followed by repeated measures ANOVA to assess within-group effects. Pairwise comparisons over time within each group were examined using a post-hoc Bonferroni test.
Results: The active-tDCS group showed significant acute improvements in Avolition-Apathy (AA) ($F_{(1,29)}$=13.55, p<0.001, pη^2=0.319) and Expressive Deficit (EXP) ($F_{(1,29)}$=4.66, p=0.039, pη^2=0.138) domains, BNSS-total ($F_{(1,29)}$=25.12, p<0.001, pη^2=0.464), BPRS-General Psychopathology ($F_{(1,29)}$=19.68, p<0.001, pη^2=0.404), CDSS ($F_{(1,29)=}$8.16, p=0.008, pη^2=0.22) scores, VFT-phonemic fluency ($F_{(1,29)}$=11.98, p=0.002, pη^2=0.292) and CPT ($F_{(1,29)}$=5.29, p=0.029, pη^2=0.154) performances compared to sham-tDCS. Time-group interactions were significant in BNSS-AA domain ($F_{(1,21)}$=16.44, p<0.001, pη^2=0.701), BNSS-total ($F_{(1,21)}$=15.77, p<0.001, pη^2=0.693), and BPRS-General Psychopathology ($F_{(1,21)}$=6.42, p=0.003, pη^2=0.479). Following the mixed-design ANOVA, repeated measures analyses showed significant score decreases over time in the active-tDCS, while the sham group showed no significant changes or a slight increase (only for BNSS-total scores) (Fig. 1).

Image 1:

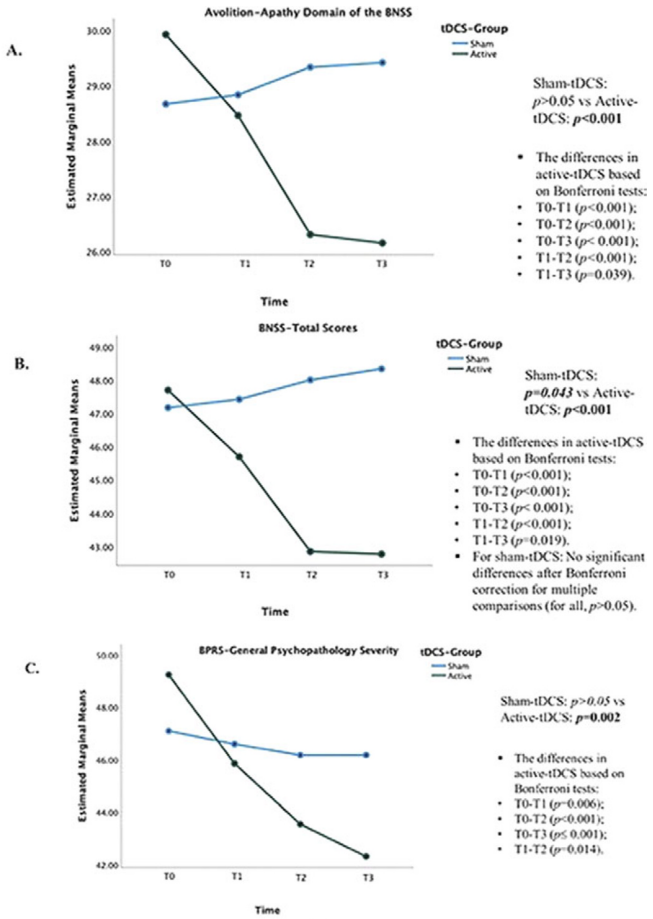


Fig. 1. Changes in Clinical Subscale Scores of tDCS Groups Over Time: Results of repeated measures ANOVA and post-hoc Bonferroni test. **A.** Changes in Avolition-Apathy domain; **B.** Changes in BNSS-Total scores; **C.** Changes in BPRS-General Psychopathology severity. **Notes:** T0 = Baseline/Pre-tDCS assessments; T1 = Post-tDCS assessments on day 5; T2 = Post-tDCS assessments at the 2nd week; T3 = Post-tDCS assessments at the 4th week. Abbreviations: BNSS, Brief Negative Symptom Scale; BPRS, Brief Psychiatric Rating Scale.

Conclusions: The present results suggest that anodal tDCS over the left DLPFC may be effective in alleviating negative symptoms, reducing general psychopathology severity, and acutely enhancing complex attention functions and working memory in recent-onset SZ.

Disclosure of Interest: None Declared

EPV1086

Neuropsychiatric manifestations of Brain Sagging Syndrome. Case report and Literature review

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Introduction: The presentation of psychotic symptoms in adults requires a global medical assessment, especially in cases of atypical presentations or if warning signs are present. The presence of cognitive symptoms and behavioral changes requires screening for various neurological diseases.
Objectives: Underline the importance of neurological evaluation in atypical psychotic conditions with cognitive and behavioral symptoms. Describe Brain Sagging Dementia as a possible etiology of these conditions.
Methods: Presentation of clinical case and bibliographic review.
Results: The clinical case of a 59-year-old female patient brought to the emergency department for psychiatric evaluation due to behavioral alterations is described. During the evaluation, paranoid symptoms were detected, with marked suspicion towards her family, which led to her admission for psychiatric hospitalization. During observation, the clinical history was completed, revealing marked changes in behavior, apathy, perseveration, and decreased functionality for more than five years. Neuropsychological tests were performed, where cognitive and visuospatial alterations were evident. A consultation with the neurology service was requested, who initially considered the diagnosis of behavioral-variant frontotemporal dementia.
Given the history of orthostatic headaches secondary to cerebrospinal fluid hypotension due to a dorsal fistula, a new brain MRI was performed, which found evidence of cerebrospinal fluid hypotension without frontotemporal atrophy. Given all the clinical and radiological findings, a possible diagnosis of Brain Sagging Dementia was considered.
Brain Sagging Dementia is a rare syndrome caused by spontaneous intracranial hypotension (SIH), which mimics the behavioral clinical findings of frontotemporal dementia (bvFTD), excluding it due to the absence of frontotemporal atrophy. It is insidious in nature, with gradual cognitive and behavioral alterations.
The first-line treatment is an epidural blood patch, with partial resolution of symptoms in up to 81% of cases and complete resolution in up to 67%.
In this case presented, the patient is awaiting evaluation by neurosurgery.
Conclusions: In case of suspected neurological origin of psychiatric symptoms, a complete evaluation is essential with special attention to potentially reversible causes.
It is important to keep in mind the neuropsychiatric manifestations that can occur in dementia and other neurology conditions, to avoid delaying a correct diagnosis. These include behavioral alterations, psychotic symptoms, eating disorders, as well as affective disorders ranging from apathy and depression to expansiveness with signs of disinhibition.
Brain sagging dementia is a reversible condition with symptoms of bvFTD, whose early diagnosis and treatment significantly improve the medical prognosis.

Disclosure of Interest: None Declared

EPV1087

Impact of Cannabis Use on Overall Brain Volume in first episode psychosis Patients

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Introduction: Neuroimaging studies show that schizophrenia is linked to reduced grey and white matter volumes and increased cerebrospinal fluid. Cannabis use, a widely known risk factor for psychosis, is associated with poorer clinical outcomes, although the mechanisms underlying this association remain unknown.
Objectives: This study aims to explore the effect of cannabis use on brain volumes in individuals with a first episode of psychosis, comparing users and non-users.
Methods: A cross-sectional study with 207 participants was conducted at the Cantabria Early Psychosis Intervention Program (ITPCan) in Santander, Spain, from January 2020 to July 2024. Clinical, sociodemographic, and cannabis use data were collected. Structural magnetic resonance imaging (sMRI) scans were obtained using a Philips 3.0T MRI machine with T1-weighted sequences. Voxel-based morphometry (VBM) analysis was conducted using the CAT12 toolbox to assess relative volume measures of white matter (WM), gray matter (GM), and cerebrospinal fluid (CSF), accounting for individual differences.Statistical analyses were performed by SPSS 23.0, with a significance of 0.05, including mean comparisons and multivariate analysis of covariance controlling for age, sex, and educational level.
Results: Out of the total sample, 106 patients underwent sMRI, including 44 men and 62 women, with an average age of 36.9 years. In terms of education, 47.2% had achieved basic level, while 52.8% had higher education. Regarding cannabis-related variables, 28 participants (26.5%) were identified as users; the average age of initiation was 17.1 years, with consumption occurring around 6.5 days per week and 6. 7 joints per day.
Non-user group showed slightly higher mean CSF and WM volumes compared to users (CSF=18.65 vs. 17.56; WM=36.49 vs.35.99), but these differences did not reach statistical significance ($p= 0.154$; $p = 0.265$). In contrast, cannabis users showed a significantly greater relative mean GM volume (46.37 vs. 45.12, $p = 0.037$).

However, these differences did not reach statistical significance after adjusting for age, sex, and education.
Conclusions: Cannabis use is associated with greater GM volumes among individual with a first episode of psychosis. However, these differences did not remain significant after adjusting for age sex and education. GM differences could largely be attributed to the age disparity between both groups, with cannabis users being significantly younger than non-users (27 vs. 40.8 years).
Further research into the underlying mechanisms and long-term studies are needed to provide a clearer understanding of how cannabis use affects brain structure over time.

Disclosure of Interest: None Declared

EPV1088

Urinary nighttime and first morning cortisol levels in patients with Prolonged Grief Disorder (PGD) and healthy controls: early outcomes

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Introduction: Prolonged Grief Disorder (PGD) has been recently included in the "Trauma and Stressor-Related Disorders" chapter of the latest edition of the DSM (DSM-5-TR), being fully acknowledged among mental disorders. PGD extend the period of acute grief and increase the risk for a wide range of health impairments. The availability of biomarkers for mental disorders is thought to be crucial in the development of precision psychiatry. The hypothalamus-pituitary-adrenal (HPA) axis activity and cortisol reactivity have frequently been investigated in mental disorders. Data on neurobiology of PGD is lacking. Some studies found that PGD might be associated with increased HPA axis activity and impaired autonomic nervous system regulation.
Objectives: Aim of the present study was to examine the levels of cortisol excreted in urine during the night and first morning and to assess any differences and specificity of HPA axis functioning in a group of individuals with PGD and in one of healthy controls.
Methods: Thirthy-three subjects, comprising 16 subjects diagnosed with PGD (PGD group) and 17 controls (CTL group), were recruited at the Psychiatric Clinic of the University of Pisa (Pisa, Italy). Psychometric assessments included: the Structured Clinical Interview for Mental Disorders-Clinician Version (SCID-5-CV), the Inventory of Complicated Grief (ICG) and the Impact of Events Scale-Revised (IES-R). Enrolled subjects, previously informed on collection procedures, delivered urine samples to the health care providers the same day of the clinical evaluation. Urine cortisol levels were measured by indirect enzyme-linked immunosorbent assays (ELISAs). Analyses were carried out at the Department of Pharmacy of the University of Pisa. Between-groups differences were performed by the non-parametric Mann-Whitney (MW). A p-value <.05 was considered statistically significant.
Results: Descriptive results showed a higher variability (SDs and interquartile ranges) of urinary cortisol levels (total
μg) in the PGD group in respect to the CTL one; by inferential statistics, MW comparisons showed significantly higher urinary cortisol levels in PGD group vs CTL one (p< .05).
Conclusions: Results report that PGD patients had impaired cortisol outputs with respect to control subjects, suggesting a different pattern of production of the hormone during the night and the sleep-wake shift. If this prelimary data will be confirmed in wider samples, there will be a need to understand whether the increased cortisol profile reported in PGD may be due to increased production of the hormone at night (sleep alterations), to an increased peak on awakening (hyperarousal) or both conditions. Such findings might help to define more accurate patient-tailored therapeutic interventions.

Disclosure of Interest: None Declared

EPV1089

Investigating the Role of the Locus Coeruleus Noradrenergic System in Cognitive Function in Amnestic Mild Cognitive Impairment: An fMRI Study

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Introduction: The Locus Coeruleus (LC), the first brain region affected by TAU aggregates in Alzheimer's disease (AD), is the primary source of noradrenaline (NA). Given the importance of NA in cognitive functions, noradrenergic interventions may benefit patients with AD pathology.
Objectives: This study aims (i) to examine memory delay and related fMRI activations in brainstem and midbrain regions in healthy aging and amnestic mild cognitive impairment (aMCI); and (ii) to explore the impact of atomoxetine on memory delay and inhibitory control in aMCI.
Methods: For aim (i), event-related fMRI was used. Fifty-three subjects (28 healthy older adults and 25 with aMCI) completed an incidental recognition memory task with emotional and neutral images. Memory tests were administered four hours later, brain BOLD fMRI activations for remembered versus not remembered images were assessed. For aim (ii), seven participants attended the lab over four days. On visit 1, they received either a placebo or atomoxetine, followed by a stop signal task and an incidental memory task. On visit 2, they completed a recognition memory

task. Visits 3 and 4 repeated this protocol. T-tests were used to compare results between groups and visits.
Results: For aim (i), a greater activation in the left caudate nucleus was observed in older adults compared to aMCI when contrasting remembered items with not remembered ones (SVC, cluster-level pFWE-corr = 0.08). A significant increase in activation was also found in the locus coeruleus (SVC, cluster-level pFWE-corr = 0.018). However, after adjusting for LC integrity and global grey matter volume (GMV), these differences were no longer significant, suggesting structural changes contribute to LC activation differences between healthy controls and MCI participants. For aim (ii), inhibitory control improved slightly but was not statistically significant, while delayed memory decreased during the atomoxetine visit compared to the placebo visit ($p<.05$).
Conclusions: Our findings highlight the caudate nucleus's role in memory encoding in healthy older adults versus those with aMCI, linking LC dysfunction in aMCI to reduced LC integrity. The lack of improvement in executive functions and decreased memory during the atomoxetine visit may stem from individual differences in aMCI. Studies suggest atomoxetine is more effective in patients with high apathy and reduced LC integrity. In future analyses we will stratify participants by apathy and LC integrity to explore atomoxetine's potential benefits. This study contributes to understanding neural mechanisms in aging and aMCI and informs personalized interventions for cognitive decline in AD.

Disclosure of Interest: None Declared

EPV1090

Initial Psychiatric Manifestations in Lewy Body Dementia: A Case Report

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Introduction: Lewy Body Dementia (LBD) is the second most common neurodegenerative disease, after Alzheimer's disease. Initial neuropsychiatric manifestations such as depression, delusions and hallucinations are frequently observed and sometimes make it difficult to diagnose the neurocognitive disorder underlying the symptoms, so it is important to perform a proper clinical examination, as the use of certain neuroleptics may worsen neurological symptoms.
Objectives: This case aims to investigate the psychiatric clinical features of Lewy body dementia from a clinical and therapeutic perspective.
Methods: A comprehensive search on psychiatric manifestations that may cover up dementia.
Results: 71-year-old female with depressive symptoms for the last 8 years. She is admitted to a psychiatric inpatient unit due to worsening of depressive symptoms despite correct adherence to treatment. Her psychiatric history includes a diagnosis of specific phobia, obsessive-compulsive disorder and depressive episodes with inhibitory symptomatology.
During her stay at the hospital, the patient is inhibited, perplexed and experiences feelings of embarrassment and guilt, along with persistent insomnia and poor response to different lines of treatment. Initially, there is notable intolerance to antipsychotics, resulting in worsening of motor and cognitive functions, as well as hypotension, using risperidone and olanzapine. After the withdrawal of treatment, the patient begins to exhibit delusional ideas and visual hallucinations, leading us to consider that she may be suffering from depression associated with an undiagnosed organic brain pathology. Clinical tests (MoCA,MMSE) reveals cognitive symptoms which, along with the motor symptoms, suggests a Parkinson's-dementia complex.
A PET-CT scan with fluorodeoxyglucose-F18 reveals severe hypometabolism in the left parietotemporal and prefrontal regions. These findings are consistent with LBD.
Treatment is initiated with rivastigmine and quetiapine. However, due to the presence of hypotension, quetiapine is replaced with clozapine 25 mg, resulting in a slight improvement in rest and affective responses to the psychotic symptoms.
Conclusions: This case illustrates how depression and psychotic symptoms can serve as early indicators of dementia, stemming from the loss of dopaminergic and acetylcholinergic pathways as part of the neurodegenerative process.
These patients may present with a range of cognitive, neuropsychiatric, sleep, motor, and autonomic symptoms. Depression is prevalent in approximately 28% of these patients. Currently, clinicians diagnose LBD based on the presence of core clinical features and indicative biomarkers. Treatment can be complicated by patients' sensitivity to certain medications, needing careful evaluation of potential side effects. Current guidelines recommend the use of antipsychotics such as quetiapine or clozapine at low doses, as these have a reduced risk of extrapyramidal effects.

Disclosure of Interest: None Declared

EPV1091

Home-based non-invasive brain stimulation for treatment-resistant depression

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Introduction: Depression is a prevalent disease and 30% of affected patients are resistant to pharmacological treatment. Home-Based

transcranial Direct Current Stimulation (HB-tDCS) has been proposed as a treatment option due to its low cost, minimal invasiveness, and scalability.
Objectives: We present preliminary results on safety, feasibility and efficacy of a remotely supervised HB-tDCS intervention in patients with treatment-resistant depression.
Methods: 7 patients (5 women, age =55.67 ± 6.93) underwent a psychiatric evaluation, pre and post stimulation, that included the Montgomery-Asberg Depression Rating Scale (MADRS), the Beck Depression Inventory (BDI), and the Quick Inventory of Depressive Symptomatology (QIDS). HB-tDCS intervention consisted of 42 daily sessions administered through the Sooma tDCS™ device by a patients' companion, trained by the research team. The anode was placed on the left prefrontal cortex, the cathode on the right prefrontal cortex, and 2mA current was delivered for 30 minutes. After each session participants fulfilled an on-line survey for monitoring safety and feasibility.
Results: 86.73% of the sessions were completed. Due to impedance 7.84% of the sessions could not start on the first attempt, while 7.45% of the session were temporarily interrupted. Adverse effects included headaches (9.67%), sensations under electrodes (24.89%), and scalp dryness (7.88%).
We observed a significant reduction in depressive symptomatology as measured by the MADRS (-33.56%; t=-7.99, p<0.001). All patients showed partial response (>25%), and two a relevant response (>50%).
Self-reported scales indicated a reduction in symptomatology (QIDS:-21.66; t=-3.139, p=0.010; BDI:-13.92%; t=-1.780, p=0.063).
Conclusions: In line with previous studies, these results indicate that HB-tDCS is a feasible, safe, and potentially effective intervention for treatment of resistant depression.

Disclosure of Interest: None Declared

EPV1092

Simultaneous G9a inhibition and histamine H3 receptor antagonism modulate autism-like behaviours and neuroinflammation in BTBR T+tf/J Mice

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Introduction: Autism Spectrum Disorder (ASD) is a complex neuropsychiatric disorder characterized by deficits in social interaction, anxiety and the presence of repetitive-ritualistic behaviours. Recent studies suggest that epigenetic mechanisms, such as histone methylation, play a crucial role in the etiology of ASD by regulating gene expression linked to neuronal differentiation and proliferation. The enzyme, G9a is responsible for histone H3K9 methylation, and its inhibition has shown promise in altering epigenetic pathways associated with ASD onset and progression. Similarly, histamine H3 receptor (H3R) has long been recognized as a potential therapeutic target for ASD treatment
Objectives: This study aimed to investigate the dual action of A-366, a potent G9a inhibitor with high and selective H3R antagonistic affinity, on the ASD-like behaviours and neuroinflammation of male BTBR T+tf/J mice model.
Methods: Male BTBR T+tf/J mice were housed under standard conditions and treated chronically with A-366 (0.5-2 mg/kg, i.p.) for 21 days. ASD-like behaviors were assessed using the Marble Burying Test, Nestlet Shredding Test, Self-Grooming Test, Spontaneous Alteration Test, Elevated Plus Maze, Light Dark Box, and Three-Chamber Test. Following behavioral testing, cerebellar and hippocampal brain tissues were analyzed using ELISA to quantify pro-inflammatory markers (TNF-α, TNF-β, IL-6, IL-1β, TGF-β) and immunohistochemistry for Iba-1 expression to evaluate neuroinflammation.
Results: A dose dependent decrease of repetitive and anxiety-like behaviours as well as amelioration in social deficits was observed in response to the chronic systemic treatment of A-366 (0.5-2 mg/kg, i.p.). Moreover, A-366 decreased neuroinflammation in cerebellar and hippocampal brain tissues of treated BTBR mice, as evidenced by the reduction in proinflammatory markers TNF-α, TNF-β, IL-6, IL-1β and TGF-β, as well as the decrease in Iba-1 expression.
Conclusions: This in vivo study demonstrates the potential therapeutic value of A-366 as a dual-targeting agent for G9a and H3Rs, with modulatory role on epigenetic, neuroinflammation, and brain histaminergic neurotransmission. Therefore, A-366 is expected to provide a lead template for future design and synthesis of a novel, potent and selective class of drugs to target ASD features.

Disclosure of Interest: None Declared

EPV1093

Quality of life in patients with pituitary tumors: features of diagnostics

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Introduction: The term "quality of life" is widely used in the world community, has an interdisciplinary concept that characterizes the effectiveness of all aspects of human life. But it should be understood that its main component is the psychological and psychiatric part, which is based on self-perception. And in this regard, it is obvious that the degree of quality of life of patients with pituitary tumors, manifested by a complex clinical picture, sometimes a multi-component treatment strategy, is important for understanding, diagnostics and correction.
Objectives: to assess and compare the degree of quality of life in patients with pituitary tumors.
Methods: 120 patients (18-79 years old) after surgery for diencephalic tumor, 2019-2022. The following scales were proposed: 1) assessment of the severity of cognitive impairment and social maladjustment - the Global Deterioration Rating (GDR) scale (stages 1 to 7, where 1 is no impairment/deficit); 2) assessment of the general condition of cancer patients - the Karnofsky index (from 0% to 100%, where 100% is normal condition, no

complaints); 3) a short version of the quality of life assessment (SF-12, 2000). All patients were examined dynamically by a psychiatrist.
Results: The quality of life was assessed during treatment, when the degree: improves, remains unchanged, worsens. Different dynamics were noted with different tumor morphology, volumes of surgical intervention, and course of recovery after surgery. Thus, after surgery, the number of patients with severe disorders in large and giant tumors, especially with spread to the third ventricle (according to the Karnofsky and GDR scales), increased, respectively, they were found to have a low degree of "quality of life". The use of questionnaires (SF-12) showed the inappropriateness of their use, since 33-78% of patients (with different tumor morphology) showed personality changes, they were not fully aware of their condition. Assessment by scales revealed the following features: 1) A large sample, no universal; 2) Mostly self-questionnaires, which is questionable due to the high percentage of patients with lack of criticality, inadequate assessment of the situation and themselves; 3) Conducted by different specialists; 4) To interpret the results, an assessment by a psychiatrist is necessary. Patients with pituitary tumors were divided into: 1) with pronounced health problems - sufficient quality of life; 2) with minimal symptoms - deeply "unhealthy".
Conclusions: In assessing the "quality of life", the primary factors are not the symptoms of the disease and their manifestations, but the perception of oneself and the ability to feel "happiness". In the case of pituitary tumors, non-specific scales and self-questionnaires should be used with reservations; for the adequacy of the interpretation of the results, it is worth comparing the data with the psychiatric report.

Disclosure of Interest: None Declared

EPV1094

Contribution of EEG in analyzing the intraregional « disconnectivity » in schizophrenia

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Introduction: « Disconnectivity » in schizophrenia seems to be subsequent to abnormalities of the white matter and distorted functional connectivity. That would explain the cognitive impairment, including the slowing of information processing, observed in these patients that could be one of the risk factors for conversion into clinical psychosis and a significant predictor of functional outcome.
Objectives: This study aimed to search for signs of « disconnectivity » in quantitative electroencephalograms (EEG) in schizophrenic patients compared to healthy controls.
Methods: It was a case-controlled study involving 15 schizophrenic patients and 15 healthy controls. The study was carried out at units of Psychiatry Department "C" and Functional Explorations Department Sfax' hospital in Tunisia. Participants underwent a standard wakefulness EEG recording with a resting state period and a mental calculation test.The spectral density analysis for each frequency band was studied. The absolute spectral densities (ASD) of the following frequency bands were analyzed at resting state and after calculation moment: delta [0,5 – 3,5 Hz], thêta [4 – 7,5 Hz] alpha 1 [8 – 10 Hz] alpha 2 [10,5 – 12,5 Hz] and bêta 1 [13 – 20 Hz] in bilateral frontal and occipital regions. The Pearson's correlation was applied between the two moments in the same region (for the same electrode). Good connectivity was found if p <0,05, the inverse meant « disconnectivity ».
Results: Good connectivity was found for schizophrenics in the frontal region (for alpha1 band in the right one (r=0,721 ; p=0,002) and in the left one (r=0,597 ; p=0,019), for beta1 band in the left one (r=0,616 ; p=0,014), and for thêta band in the right one (r= 0,569 ; p=0,027) and the left one (r=0,661 ; p=0,007)) and in the occipital region (for alpha2 band in the right one (r=0,726 ; p=0,002), for bêta1 in the right one (r=0,565 ; p=0,028), and for thêta band in the right one (r=0,836 ; p<0,001) and in the left one (r=0,829 ; p<0,001)). Disconnectivity was admitted for other bands in the same regions. However,for healthy controls, highly significant correlations (p<0.001) were observed in the right and left frontal and occipital regions for all frequency bands.
Conclusions: These results support the « disconnectivity » theory in which it seems that relay neurons connecting the nerve cells between the thalamus and the cortex could not control the thalamic neurons. A dysfunction of these relay neurons, mainly GABAergic, is known as one of the main etiopathogenesis of schizophrenia.

Disclosure of Interest: None Declared

EPV1095

Involvement of inflammation in pathogenesis of autism spectrum disorders: experimental model of postnatal valproic acid administration

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Introduction: Autism spectrum disorders (ASD) are developmental deviations that cause social, communication and behavioral problems. Valproic acid (VPA) works as an inhibitor of histone deacetylases. One of the presumed causes of ASD development is neuroinflammation. A low-grade inflammatory process in nervous tissue can cause serious disorders, leading to the death of neurons, impaired myelination and anatomical and biochemical changes in brain structures. Currently, there are known inflammatory markers that are detected in the blood and used to assess the level of inflammation in the brain, for example, leukocyte elastase.
Objectives: To investigate the effect of postnatal administration of VPA on the behavioral manifestations of ASD and the activity of leukocyte elastase in blood serum in male white rats.
Methods: The study was performed on male rat pups. The conditions for keeping animals and the experimental procedures used were approved by the Bioethics Commission of Moscow State University (registration No. 12.3 of 17.11.2022). The animals were administrated intraperitoneally with water (H2O) or VPA at a dose of 150 mg/kg from the 6th to the 12th day of life. The study used standard behavioral tests: weight monitoring from 6-12 days of life, "Social behavior" in the sibling/stranger modification on 55 day. The animals were decapitated on the 57th day. Blood was collected

into tubes with serum separating gel (BD Vacutainer® SST™II Advance), centrifuged at 2000 g, serum was frozen -78°C. The activity of leukocyte elastase in blood serum was measured spectrophotometrically by the rate of hydrolysis of the substrate BOC-Ala- ONp (Biomedical, Inc.).
Results: An important physiological indicator for ASD in the model used is a slowdown in weight gain. As a result of the study, it was revealed that the weight of males after 6 days of VPA administration was lower compared to control individuals ($p = 0.003$). In the "Social Behavior" test, in males who received VPA, the latent period for leaving the starting compartment was significantly longer than in the control ($p = 0.019$); also, experienced males later approached a stranger as if they were a stranger ($p = 0.037$), compared to controls. In this study, the activity of leukocyte elastase in the rat's blood serum receiving VPA was significantly higher than in control individuals ($p = 0.04$). Similar deviations are observed in patients with ASD.
Conclusions: These results allow us to conclude that the administration of valproic acid to rats in the early postnatal period causes changes in physiological and behavioral characteristic typical for ASD. This confirms the validity of the created experimental model. The increase of leukocyte elastase activity in the rat receiving VPA indicate the role of inflammation in pathogenesis of ASD.

Disclosure of Interest: None Declared

EPV1098

Reflection of Burnout Severity in a EEG Frequency Pattern

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Introduction: The burnout develops gradually, unnoticed by the person, and its symptoms may appear after several years and leads to serious mental and behavioral changes. The processes underlying burnout are largely unknown due to the lack of specialized studies aimed at identifying specific biomarkers. Based on this, it is necessary to detect the first, critical moment - the first symptoms of burnout.
Objectives: We aimed to examine the EEG frequencies changes relating to severity of Anxiety Tension stage of Emotional Burnout.
Methods: In this study 752 participants, students and staff of Taras Shevchenko National University of Kyiv (Kyiv, Ukraine) were involved (209 males, mean age = 19.2, 543 females, mean age = 18.28). We used the 84-item Boyko's Syndrome of Emotional Burnout Inventory to measure the emotional burnout formation. We analyzed separate artefact-free EEG segments in all frequency bands from 0.2 to 45 Hz during resting state (3 min, closed eyes condition). In order to identify the EEG signs of emotional burnout the normalized power spectral densities (PSD) were calculated on the segment from 61 to 70 seconds of recordings.
Results: The revealed burnout-related (Anxiety Tension stage) variables in the spectral characteristics of the EEG characterized by the significant changes in the theta 2 (frontal area and left temporal-parietal cortex), alpha 2 (right parietotemporal cortex) and beta 1 subbands (left frontal-central-right parietal axis).
Conclusions: These data pointed to the influence of Anxiety Tension development mostly on the processes associated with short-term memory and focused attention.

Disclosure of Interest: None Declared

EPV1100

Neuroprotective effect of HLDF-6-H peptide in Parkinson's disease

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Introduction: The pathogenesis of Parkinson's disease (PD) is associated with simultaneous damage to the nervous, endocrine and immune systems. Therefore, drugs that have a regulatory effect on all of these systems should be used to treat PD. Similar properties are possessed by the synthetic analogue of fragment 41–46 Human Leukemia Differentiation Factor (Thr-Gly-Glu-Hse-His-Arg-NH2, HLDF-6-H)
Objectives: To study the effects of HLDF-6-H in an experimental model of PD and its impact on the severity of motor and non-motor symptoms in patients with PD
Methods: The study used a preclinical PD model based on the administration of moderate doses of MPTP toxin (18 mg/kg) and chronic intranasal administration of HLDF-6-H peptide (300 μg/kg) to C57Bl/6 mice. Mice behaviour was assessed in the Grid test and the Forced Swim (FS) test. After 3 weeks of peptide administration, mRNA of neurotropic factors (BDNF and NGF) and key cytokines (IL-1β, IL-6, IL-10, gamma interferon, tumour necrosis factor α and transforming growth factor β1) was analyzed in five brain regions (striatum, hippocampus, hypothalamus, pituitary gland, cortex). Serum levels of 10 steroids, including testosterone, estradiol, progesterone, and corticosterone, were determined using MS analysis. The activity of inflammatory markers leukocyte elastase (LE) and α1-proteinase inhibitor (α1-PI) was determined using kinetic methods. Patients (24 people) with a disease duration from 1 to 16 years received HLDF-6-H intranasally as part of the balm "Rinohealing" (9-31 μg/kg per day, up to 6 months) in addition to standard pharmacotherapy for PD. The effectiveness of therapy was assessed based on the patients' subjective assessment of their condition according to the MDS-Unified Parkinson's Disease Rating Scale (MDS-UPDRS)
Results: HLDF-6-H blocked motor disorders (Grid test) and depressive-like syndrome (FS test) caused by MPTP in mice, restored the level of neurotropic factors and cytokines in the brain of animals ($p<0.05$). In the model used, a decrease in the level of estradiol and cortisol in the blood was reversible by the peptide ($p<0.05$). The development of the inflammatory process under MPTP action is indicated by an increase in the activity of α1-PI,

the anti-inflammatory effect of HLDF-6-H is expressed in a decrease in the serum activity of LE and α1-PI ($p < 0.05$). A decrease in the severity of a number of motor (rigidity, tremor, movement and balance disorders) and non-motor (anxiety-depressive state, impairment of memory, cognitive functions, sleep, etc.) pathological symptoms of PD was noted with chronic use of "Rinohealing" as an additional therapy.
Conclusions: HLDF-6-H peptide has antidepressant, neuroprotective and anti-inflammatory activity. This has been demonstrated both in the experimental model of PD and when used as an additional therapy for PD. The obtained results indicate the prospects for further studies of HLDF-6-H for the treatment of PD.

Disclosure of Interest: None Declared

Obsessive-Compulsive Disorder

EPV1101

Schizophrenia and OCD association, psychopharmacological intervention and cognitive-behavioral therapy

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Introduction: Global epidemiological research suggests that approximately 1% of the global population is affected by schizophrenia, with 2 to 3% experiencing obsessive-compulsive disorder (OCD). Additionally, a noteworthy proportion of individuals with schizophrenia also exhibit comorbid OCD. This overlap often complicates differential diagnosis, especially as many schizophrenia patients display obsessive and/or compulsive symptoms akin to those seen in OCD.
Objectives: This literature review is designed to examine how frequently schizophrenia and OCD co-occur and to summarize the treatments reported in various studies.
Methods: A comprehensive literature review was carried out focusing on the co-occurrence and treatment of schizophrenia and OCD. This review involved an extensive search of scientific publications, selecting articles pertinent to the subject from databases such as Scopus and PubMed using keywords like "schizophrenia and OCD" and "schizophrenia and OCD treatment," yielding over 1500 articles from 1988 to 2024. Additional sources included Google Scholar and various grey literature sources. After applying specific exclusion criteria, 44 recent articles were selected that addressed the frequency of co-occurrence and the treatment modalities used for schizophrenia and OCD. These articles were categorized by country, frequency of co-occurrence, and treatment methods.
Results: The review revealed that roughly 14.5% of individuals with schizophrenia also suffer from OCD. Among treatments, Clozapine was commonly associated with the worsening of OCD symptoms, while Haloperidol showed better tolerability. Other antipsychotic medications like Olanzapine, Risperidone, and Quetiapine were noted to either aggravate existing OCD symptoms or initiate the onset in some cases. In contrast, some antipsychotics, such as Amisulpride and Aripiprazole, helped reduce symptom severity. Non-pharmacological treatments, particularly Cognitive Behavioral Therapy (CBT), have proven effective in reducing symptom severity with favorable outcomes noted in numerous cases. The integration of pharmacological and psychotherapeutic strategies is generally recommended to maximize therapeutic outcomes, underscoring the potential of combined modalities in treating OCD.
Conclusions: Our literature review investigated the prevalence of comorbidity between schizophrenia and obsessive-compulsive disorder (OCD), as well as the pharmacological and non-pharmacological treatments utilized. The significant overlap between these disorders highlights the complexity of managing patients with these co-occurring conditions, underscoring the need for systematic screenings and integrated treatment approaches.

Disclosure of Interest: None Declared

EPV1102

Obsessive-Compulsive Disorder and Myoclonic Movements Following Streptococcal Pharyngitis: A Rare Pediatric Neuropsychiatric Case

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Introduction: Pediatric Autoimmune Neuropsychiatric Disorders Associated with Streptococcal infections (PANDAS) typically describe the sudden onset of neuropsychiatric symptoms, such as Obsessive-Compulsive Disorder (OCD), following streptococcal infections. However, cases that present with comorbid motor abnormalities, such as myoclonic jerks, are rare and pose diagnostic challenges. We report the case of a child who developed severe OCD accompanied by myoclonic movements after a streptococcal pharyngitis infection, representing a rare neuropsychiatric syndrome with an atypical clinical course.
Objectives: To present a rare case of post-streptococcal OCD in a child with comorbid motor myoclonus, highlighting the unusual presentation and the multidisciplinary therapeutic approach.
Methods: An 11-year-old male presented to the emergency department with sudden-onset severe compulsive behaviors, including repetitive prayers and ritualistic actions. These symptoms were accompanied by involuntary, rapid, jerky movements in both upper and lower limbs, consistent with myoclonus. Two weeks prior, the patient had been treated for streptococcal pharyngitis. A comprehensive evaluation was performed, including throat culture, elevated antistreptolysin O (ASO) titers, and electroencephalogram (EEG) to rule out seizures. The Yale-Brown Obsessive-Compulsive Scale (Y-BOCS) was used for assessing OCD severity.
The patient was managed with a multidisciplinary approach involving pediatricians, neurologists, and psychiatrists. A combination of antibiotics, selective serotonin reuptake inhibitors (SSRIs), and clonazepam for myoclonus was prescribed, alongside Cognitive-Behavioral Therapy (CBT).
Results: ASO titers were elevated, indicating recent streptococcal infection, and the EEG showed no epileptiform activity. The initial Y-BOCS score was 32, reflecting severe OCD. After four weeks of antibiotic therapy, CBT, and pharmacological treatment, the Y-BOCS score decreased to 18. Myoclonic movements also reduced

by 70% with clonazepam. Symptomatic improvement continued over the next three months, with residual mild OCD symptoms and no recurrence of myoclonus.

Parameter	Initial Evaluation	After 4 Weeks	After 3 Months
Y-BOCS Score	32	18	10
Myoclonic Movement Frequency	15/hour	5/hour	0/hour
Compulsive Behaviors (0-10)	10	6	2

Conclusions: This case illustrates a rare and complex presentation of PANDAS, where post-streptococcal OCD is accompanied by myoclonic movements. The integration of antibiotics, SSRIs, clonazepam, and CBT significantly improved both OCD and motor symptoms. This highlights the importance of recognizing and treating atypical neuropsychiatric manifestations following streptococcal infections in pediatric populations.

Disclosure of Interest: None Declared

EPV1104

Repetitive Transcranial Magnetic Stimulation in Severe OCD: A Case Report

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Introduction: Obsessive-compulsive disorder (OCD) is characterized by recurrent intrusive distressing thoughts, images, or urges (obsessions), and/or by behavioral acts (compulsions) that the individual feels driven to perform. In patients with severe functional impairment, a combination of selective serotonin reuptake inhibitors (SSRIs) or chlomipramine and cognitive behavioural therapy is recommended. Evidence for use of repetitive transcranial magnetic stimulation (rTMS) as an adjunct in severe, medication-resistant cases of OCD is accumulating.
Objectives: We present a case of severe OCD in a patient who responded poorly to SSRIs, and who was trialed on rTMS, with marked improvement.
Methods: Details of the case were described. Information was gathered based on medical records.
Results: Patient T was a 34-year-old Chinese male, with a drug allergy to clomipramine, who was diagnosed with severe OCD in 2017, when he presented to the Institute of Mental Health for excessive anxiety with checking behaviour. He was maintained on fluoxetine 60mg OM and aripiprazole 10mg OM, from 2017 to 2020. He completed a course of rehabilitation during admission, as well as empowerment and job training programs in the outpatient setting. He still had residual symptoms of excessive checking and would take a long time to complete activities of daily living such as eating or showering. He then defaulted medications and follow up from 2020 onwards. In 2024, he was brought in by his father to the emergency services for an infected foot wound due to poor self-care, as well as loss of weight from only eating one meal a day, due to his excessive checking behaviour. He would take 5 hours to finish a meal and 4 hours a day showering. He had also stopped speaking to anyone for 3 years. In the ward, he was switched to paroxetine 40mg OM as he had urinary incontinence on fluoxetine and weight gain on aripiprazole. However, improvement with paroxetine was minimal and the patient was still taking 2 hours each for showering and meals. The decision was made to give him a trial of rTMS. Drug treatment remained unchanged during the rTMS trial. Prior to rTMS, his Yale-Brown Obsessive-Compulsive Scale (YBCOS) was 30 (severe OCD).
After 30 sessions of rTMS, his obsessions and compulsions were significantly reduced, with a YBCOS of 17. He was able to finish his meals and shower for less than 30 minutes each. He was also more participative in ward activities with other patients, such as playing ping pong. He also showed interest in self-care by asking questions about his infected foot wound and prevention strategies.
Conclusions: In this case, there was a need for early treatment to address the risk of self-neglect posed by the patient's obsessive checking behaviour. rTMS is a safe and efficient treatment for patients suffering from refractory OCD. Further research is needed to optimize rTMS protocols and evaluate the long-term efficacy of rTMS for OCD.

Disclosure of Interest: None Declared

EPV1106

Comorbidity between autism spectrum disorder and obsessive compulsive disorder. A case series

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Introduction: Autism spectrum disorder is a complex pathology that can occur very frequently with other disorders. It is known to co-occur with ADHD (attention deficit hyperactivity disorder), anxiety disorders or depression. Comorbidity with obsessive-compulsive disorder (OCD) can be difficult to detect since rigid and obsessive thinking, which in many cases is similar to the obsessions and compulsions of the OCD patient, is part of the core symptomatology of autism spectrum disorder.
Objectives: To present two cases of patients atteded in the Adolescent Hospitalization Unit with Autism Spectrum Disorder comorbid with OCD
Methods: Two clinical cases are presented, with review of literature.
Results: First case
This is a 16-year-old male, diagnosed with autism spectrum disorder at age 4. He begins with intense preoccupation for hygiene, developing cleaning rituals. He begins to develop the idea that his cells are released from his body and that they are sensitive to external stimuli in the same way that he is. He claims that in order for them to be eliminated and "not to suffer" he has to wash them and make flapping movements and avoid their accumulation.
He begins to treat with sertraline up to 200 mg with partial response, adding fluvoxamine 100 mg with important improvement of the symptomatology.
Second case
17-year-old male admitted to the inpatient unit for isolation and cleaning rituals and fear of contamination. The patient had no past

psychiatric history. He had been out of school for 4 months. The patient began to develop a fear of pathogen contamination. He maintained cleaning and checking rituals. He ate only packaged food and spent hours, and slept, in the same corner of the bed.
Medication with sertraline up to 150 mg was started with progressive improvement. During the admission a history of evolutionary development was taken, observing a difficulty in the mentalization of other people's emotions. Very adult and literal speech with difficulty in abstract thinking. He revealed presence of restricted interests throughout his history such as rare languages. Finally, the diagnosis of Autism Spectrum Disorder and comorbid obsessive compulsive disorder was made.
Conclusions: The comorbidity between autism spectrum disorder and OCD occurs between 37%. This comorbidity can make it difficult to perform psychotherapeutic interventions. This work shows on the one hand an already diagnosed autistic patient who develops an OCD, and on the other hand, how the initial diagnosis is an OCD on which an autism spectrum disorder is detected. This highlights the importance of knowing the comorbidity in order to detect both diagnoses.

Disclosure of Interest: None Declared

EPV1107

Instruments and scales for assessing schizo-obsessive disorder: a systematic review

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Introduction: Recent evidence suggest the nosological entity called Schizo-Obsessive Disorder (SchizoOCD), similar to Schizoaffective Disorder. Some authors argued that obsessions and delusions would be on a continuum, which justify the difficulty in distinguishing obsessive from delusional thoughts, and compulsions from stereotypical behaviors. In order to assist in the screening, monitoring or treatment of such disorders, instruments as scales and questionnaires may be important tools in psychiatric practice.
Objectives: This systematic review investigated the most frequent instrumentsused to assess SchizoOCD.
Methods: We systematically reviewed articles up to 2015 in English, Portuguese and Spanish at PubMed, Scielo and Embase databases. We included studies with humans, no age limitation, with OCS or diagnosis of OCD and schizophrenia or psychotic symptoms. Systematic review articles, meta-analysis, letters to the editor and case reports were excluded, as well as articles that did not use assessment instruments for the diagnosis of schizophrenia comorbid with OCD. The methodological and clinical data extracted from the articles are described at the results.
Results: A total of 9,833 articles were selected, but 53 were read. Cross-sectional studies were the most frequent (n=39; 73.6%), followed by cohort studies (n=9; 17.0%).The total sample size of Schizo-OCD patients was 2,605 patients (in 44 studies), of which 44.7% (n=1,164) were female. The mean age and the age of onset of the disorders are described in Table 1. Only 23 (44.4%) of the studies described the psychiatric comorbidities (2 (3.8%) studies reported that the patients had no comorbidities). The most frequent comorbidities were Major Depression (n=18; 34%) and Substance Use Disorder (n=9; 17.0%). The used diagnostic instruments or interviews are listed in Table 2. Table 3 describes the scales used to assess the severity of Schizophrenia and/or OCD symptoms. From a psychopathological point of view, only 9 (17.0%) of the articles described psychotic symptoms in more detail. For OCD, 15 (28.3%) of the articles detailed the obsessive-compulsive symptoms.

Image:

Table 3 – Scales used to assess the severity of psychotic and/or obsessive-compulsive symptoms in the 53 selected articles.

Schizophrenia		OCD	
Scales	**n (%)**	**Scales**	**n (%)**
PANSS	41 (77,4)	YBOCS	40 (75,5)
CGI-SCH	4 (7,5)	OCI	10 (18,9)
BPRS	3 (5,7)	DOCS	1 (1,9)
CAPE	2 (3,8)		
OPCRIT	1 (1,9)		
EASE	1 (1,9)		
BSABS	1 (1,9)		
EAFI	1 (1,9)		
WEMWBS	1 (1,9)		
SIS-R	1 (1,9)		
SPQ	1 (1,9)		
SADS-L	1 (1,9)		

subtitle: PANSS, Positive and Negative Symptom Scale; BPRS, Brief Psychiatric Rating Scale; CGI-SCH, Clinical Global Impression Schizophrenia Scale; CAPE, Community Assessment Psychic Experiences; OPCRIT, Operational Criteria Checklist for Psychotic Illness and Affective Illness; EASE, Examination of Anomalous Self-Experience; BSABS, Bonn Scale for the Assessment of Basic Symptoms; WEMWBS, Warwick-Edinburgh Mental Wellbeing Scales; SIS-R, Structured Interview for Schizotypy-Revised; SPQ, Schizotypal Personality Questionnaire; SADS-L, Schedule for Affective Disorders and Schizophrenia; OCI, Obsessive-Compulsive Inventory; YBOCS, Yale-Brown Obsessive-Compulsive Scale; DOCS, Dimensional Obsessive-Compulsive Scale; OCD, Obsessive Compulsive Disorder.

Image 2:

Table 2 – Instruments and interviews used to make or confirm diagnoses of Schizophrenia and/or Obsessive-Compulsive Disorder in the 53 selected articles.

Schizophrenia			OCD		
Diagnosis	**Interviews**	**Instruments**	**Diagnosis**	**Interviews**	**Instruments**
DSM-IV (n=37; 69,8%)	SCID (n=5; 9,4%)	PANSS (n=1; 1,9%)	DSM-III (n=1; 1,9%)	SCID (n=3; 5,7%)	OCI (n=4; 7,5%)
DSM 5 (n=8; 15,1%)	MINI (n=7; 13,2%)	CASH (n=9; 17,0%)	DSM-IV (n=16; 30,2%)	MINI (n=1; 1,9%)	YBOCS (n=11; 20,8%)
ICD-10 (n=5; 9,4%)	SCAN (n=10; 18,9%)	OPCRIT (n=1; 1,9%)	DSM 5 (n=2; 3,8%)		
			ICD-10 (n=2;3,8%)		

Legend: DSM, Diagnostic and Statistical Manual of Mental Disorders; ICD, International Statistical Classification of Diseases and Related Health Problems; SCID, Structured Clinical Interview for DSM Disorders; MINI, International Neuropsychiatric Interview; PANSS, Schedules for Clinical Assessment in Neuropsychiatry Positive and Negative Symptom Scale; CASH, Comprehensive Assessment of Symptoms and History; OPCRIT, Operational Criteria Checklist for Psychotic Illness and Affective Illness; OCI, Obsessive-Compulsive Inventory; YBOCS, Yale-Brown Obsessive-Compulsive Scale.

Image 3:

Table 1 - Mean age and age at onset of the groups studied in the 53 selected articles

	Schizophrenia	SchizoOCD	OCD	Statistics
	Mean (SD)	Mean (SD)	Mean (SD)	Test (p)
Current age[a]	32,13 (8,25)	31,14 (8,82)	22,17 (5,70)	F= 0,69 (0,51)
Age at onset[b]	23,94 (4,19)	22,66 (5,18)	21,63 (4,54)	F= 0,95 (0,39)
	Minimum: 8	Minimum: 7	Minimum:15	
	Maximum: 32	Maximum: 33	Maximum:27	

Legend: a- number of studies: Schizophrenia = 25; SchizoOCD = 26; OCD = 1. b- number of studies: Schizophrenia = 36; SchizoOCD = 20; OCD = 6. SD, Standard Deviation; OCD, Obsessive Compulsive

Conclusions: Few studies in the literature used scales to discriminate psychotic and obsessive-compulsive aspects in patients with the alleged diagnosis of Schizo-OCD. Scales for measuring symptom severity such as PANSS and YBOCS were widely used in the studies, indicating that their application in clinical practice can serve as an aid during treatment management. Specific scales and instruments for Schizo-OCD were not found and we suggest as a future perspective the development of a new tool to assess symptoms and to elucidate possible symptomatic confusions.

Disclosure of Interest: None Declared

EPV1108

Brexpiprazole augmentation in patients with a resistant obsessive compulsive disorder with psychotic features: an observational study in a psychiatric rehabilitation center

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Introduction: The relationship between obsessive-compulsive disorder and psychotic disorders has been frequently observed. Subject to diagnostic and therapeutic controversies, this association is a challenge for clinicians. Several scientific studies have observed a frequency of approximately 12% of this association in patients affected by schizophrenia. The efficacy of augmentation of SGAs with antidepressants in treatment-resistant OCD is demonstrated. Several studies have shown the efficacy of some dopamine receptor partial agonists (DRPAs) (aripiprazole and cariprazine) in augmentation with SSRIs in zOCD-psychotic features treatment-resistant. Brexpiprazole is a DRPAs with serotoninergic 5-HT1A agonism and 5-HT2A receptor antagonist.
Objectives: To evaluate the efficacy of brexpiprazole in augmentation with SSRIs in OCD patients with psychotic features resistant to pharmacological treatment.
Methods: Eleven patients (6 females, 5 males; mean total age (42.818 yrs ±12.679)) were recruited into our observational study. Affected by Obsessive Compulsive Disorder with psychotic features (based on the DSM-5-TR criteria). All patients were assessed using the SCID-5-CV. Levels of insight were assigned using DSM-5-TR specifiers. A detailed interview was conducted containing information on the demographic profile of the patients. All patients were administered the following rating scales: BPRS, Y-BOCS, GAF, CGI-S, at baseline (T0), after one month (T1), two months (T2), six months (T3), and one year (T4). All patients were administered bexpiprazole, replacing other SGAs associated with SSRIs (see Table 1).
Results: Table 2 and the graphic show the results obtained with our study. A statistically significant reduction of the mean total score was observed in the BPRS, Y-BOCS scales, an increase in the mean total score with the GAF. An improvement in the mean total score was also observed with the CIG-S. In all the scales used, the ANOVA results indicate that at least two of the repeated measures differed significantly. The preliminary data also indicate adequate safety and effectiveness.

Image 1:

Table 1 - Patient's demograpich and pharmacological profiles at baseline

			Pharmacological Therapy at T0		
Age (yrs)	sex	Illness years	SGA < T0	SSRIs	dose (mg/day)
28	f	8	Naive	paroxetine	40
56	f	21	Olanzapine	fluvoxamine	200
33	f	12	Aripiprazole	fluvoxamine	200
44	f	21	Olanzapine	escitalopram	20
50	f	29	Risperidone	escitalopram	20
48	f	25	Olanzapine	paroxetine	40
63	m	40	Risperidone	paroxetine	40
56	m	34	Olanzapine	escitalopram	20
26	m	6	Naive	paroxetine	30
34	m	12	Naive	escitalopram	20
33	m	11	Risperidone	fluvoxamine	200

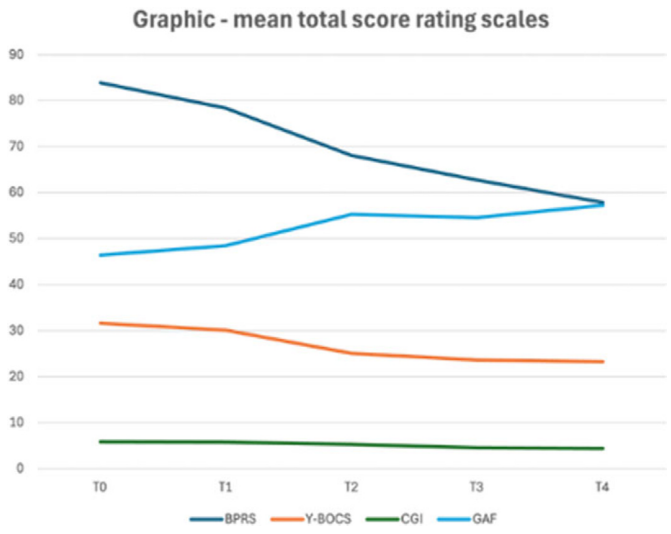
Mean: 42.818 yrs
Std. Dev: 12.679 yrs

Image 2:

Table 2 - EZAnalyze Results Report - Repeated Measures ANOVA

		T0	T1	T2	T3	T4	*p*	*Eta Squared*
BPRS	Mean:	83.909	78.364	68.091	62.727	57.818	0.000	0.871
	Std. Dev:	*14.046*	*15.048*	*15.852*	*13.585*	*15.542*		
	The ANOVA results indicate that at least two of the repeated measures differed significantly							
GAF	Mean:	46.364	48.455	55.273	54.545	57.273	0.000	0.439
	Std. Dev:	*7.775*	*7.828*	*8.026*	*7.568*	*7.862*		
	The ANOVA results indicate that at least two of the repeated measures differed significantly							
CGI-S	Mean:	5.818	5.727	5.273	4.545	4.364	0.000	0.556
	Std. Dev:	*0.751*	*0.647*	*0.647*	*0.522*	*0.505*		
	The ANOVA results indicate that at least two of the repeated measures differed significantly							
Y-BOCS	Mean:	31.636	30.091	25.091	23.636	23.273	0.000	0.797
	Std. Dev:	*3.906*	*3.448*	*4.277*	*3.906*	*2.573*		
	The ANOVA results indicate that at least two of the repeated measures differed significantly							

Image 3:



Conclusions: Our small observational study aimed to evaluate the efficacy of brexpiprazole in a group of patients affected by OCD with psychotic features. Despite the small sample analyzed, the results of our study point towards a possible use of brexpiprazole in this group of patients affected by OCD with psychotic features during normal routine clinical practice.

Disclosure of Interest: None Declared

EPV1109

New pharmacological therapies in pure OCD: about a case

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Introduction: Obsessive disorders occur in 2 to 3% of the world's population. They are very often underdiagnosed, causing great discomfort to the person.
Objectives: With this clinical case I would like us to be able to use new therapeutic strategies that, even though they are outside the technical specifications, work and improve the quality of life of patients with obsessive disorder.
Methods: I present the clinical case of a 14-year-old male who consulted for obsessive symptoms a year and a half ago.
The patient reports that he cannot stop thinking throughout the day, any type of absurd thought comes to him and he is not able to stop it, it limits his functionality to the point that a significant academic decline had occurred when previously the minor scored very good grades. He has had angry outbursts at school due to the discomfort his thoughts cause him. I treated with Clomipramine 75 mg and Clonazepam solution as a rescue anxiolytic and appointment in 3 weeks.
Results: The patient progressively improves in the organization of thought and decreases obsessive content, increasing the medication with Clomipramine up to 150 mg at night. After two months, it is the mother who consults because she sees her son very tired, he had gained a lot of weight and was complaining of dry mouth (side effects) and it continues to persist and worsen functionality. Given the patient's lack of complete improvement and the obvious side effects, I decided to first progressively change Clomipramine to Vortioxetine up to 40 mg. Upon evaluation, the patient feels better about the obsessive content and no side effects appear, but cognitive rigidity, inflexibility, and functional and academic decline persist. That is why two months later, I started Cariprazine 1.5 mg and in a few days the patient felt more animated, eager to do things and concentrated better, even so I decided to go up to 3 mg and that is when the patient reported a notable improvement, also reported by his mother and his psychologist. He is currently continuing with this treatment.
Conclusions: Neither Vortioxetine nor Cariprazine has an indication in the technical specifications for obsessive disorders, but there are publications that show that it works without having the side effects of drugs with a dirtier pharmacological profile.

Disclosure of Interest: None Declared

EPV1111

Case report: a rare case of obsessive-compulsive disorder

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Introduction: Obsessive-compulsive disorder (OCD) is a chronic mental health condition characterized by intrusive thoughts (obsessions) and repetitive behaviors (compulsions), which significantly impair daily functioning and quality of life. While common obsessions often revolve around contamination, symmetry, or safety, rarer forms of OCD can involve highly specific and unusual fears.
Objectives: The aim of this case analysis is to comprehensively examine the possible causes and treatment approaches of obsessive-compulsive disorder, focusing on the investigation of various obsessive conditions that are rarely observed in the literature.
Methods: The patient's history was thoroughly examined, and interviews conducted with the patient's family were also included in the evaluation. Possible causes of the disorder (from a biopsychosocial perspective) and treatment approaches such as psychotherapy and pharmacotherapy were analyzed through a literature review. Additionally, the patient was assessed using the Yale-Brown Obsessive Compulsive Scale (YBOCS), Brown Beliefs Scale, Beck Anxiety Inventory, and Beck Depression Inventory.
Results: The patient, N.C., is a 64-year-old woman whose general appearance is somewhat older than her age, with partially diminished self-care, having insight, divorced, and living with three of her six children. The patient experiences intense anger when any product containing sweets enters her home, including fruits. She feels discomfort even when using or hearing the word "sweet." The patient insists that no family member brings any sweet-containing products into their home, leading to frequent arguments on the subject. She reports high levels of anxiety, difficulties in social relationships, and significant limitations in daily life activities.

Her relatives have also observed and reported these challenges. The patient mentions feeling a sticky sensation on her hands when she sees sweets and experiences a compulsion to wash her hands when this sensation occurs. Her symptoms are consistent with the classical symptoms of obsessive-compulsive disorder, including obsessions (persistent thoughts about sweets and associated anger) and compulsions (the need to wash her hands). The diagnosis was made by Dr. Ece Ilgın.She has been started on fluvoxamine 50 mg/day, which will be titrated. She will return for a follow-up appointment at the clinic in one month.
Conclusions: The symptoms of obsessive-compulsive disorder in patient N.C. include obsessions related to sweets, fruits, a sense of 'stickiness' that cannot be clearly identified, and avoidance obsessions linked to these. These symptoms significantly impact the patient's quality of life and family relationships. It is believed that a combination of psychotherapy and pharmacotherapy will be effective in alleviating the patient's symptoms and improving their quality of life.

Disclosure of Interest: None Declared

EPV1112

Relationship obsessive compulsive disorder: The hidden struggle in romantic relationships

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Introduction: Obsessive-compulsive disorder (OCD) is a psychiatric disorder that presents a wide variety of clinical features and obsessional themes. A particular form of OCD has received growing attention from researchers and clinicians. Called relationship OCD (ROCD), this form concerns obsessive-compulsive symptoms arising around the romantic relationship and the partner.
Objectives: The aim of this work was to explore ROCD through a case report and a systematic review.
Methods: We report the case of a patient who visited the outpatient department of the Razi hospital (Tunisia) for obsessive thoughts evolving over 11 months. Moreover, a systematic review was conducted. PubMed via Medline, Google Scholar and Semantic Scholar were used as search engines. The keywords used were « Relationship obsessive compulsive disorder » or « ROCD » or « Relationship centered obsessive compulsive symptoms » or « Partner focused obsessive compulsive symptoms ». The publication period of the articles searched was from inception to December 2023. The language of the articles searched was either English or French.
Results: Mr M.A, 25 years old, was in a relationship with a girl since two years. He was repeatedly wondering if he was in the right relationship and if he would be happier with another girl. He often sought reassurance from his friends and visualized photos of his girlfriend to ensure his feelings for her and to reduce these thoughts. The diagnosis of ROCD had been made. Cognitive behavior therapy sessions were carried out with the patient, with a clear decrease in obsessive thoughts and compulsive behaviors of checking and seeking reassurance.
The systematic review performed identified a total of 14 studies that were included in the final analysis. The mean age of patients was 30 years, with extremes of 19 and 84 years. In all the reviewed studies, ROCD symptoms were assessed using the "ROCD Inventory" and the "Partner-Focused Obsessive-Compulsive Inventory". Study results suggest that obsessive symptoms linked to romantic relationships negatively affect the functioning of patients. Several cognitive distortions have been identified such as perfectionism and intolerance of uncertainty. Cognitive-behavioral therapy was the most used therapy in ROCD with a better understanding of one's feelings and an improved decision-making ability.
Conclusions: ROCD is a particular form of OCD that impacts on interpersonal relationships, particularly romantic or marital ones. A better understanding of this pathology by therapists would enable partners to overcome challenges and maintain healthy and fulfilling relationships.

Disclosure of Interest: None Declared

EPV1113

Trait and State Differences in OCD Patients with Comorbid Mood Disorders: A Comparative Analysis of Demographic and Clinical Scales

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Introduction: Obsessive-compulsive disorder (OCD) is a chronic condition that frequently co-occurs with mood disorders such as major depressive disorder (MDD) and bipolar disorder (BD), complicating both prognosis and treatment. The presence of MDD or BD in OCD patients is associated with more complex clinical presentations and worse outcomes.
Objectives: Despite the high prevalence of these comorbidities, few studies have thoroughly compared the traits and states of OCD patients with comorbid mood disorders. This study aims to explore the differences in traits and states among OCD patients with comorbid mood disorders, including MDD, bipolar disorder I (BD1), and bipolar disorder II (BD2).
Methods: The study included 114 OCD patients: 21 without mood disorders, 32 with MDD, 47 with BD2, and 14 with BD1. Demographic variables such as family history of psychiatric disorders and history of pharmacological treatment for OCD were analyzed. Participants were evaluated using standardized tools such as the Patient Health Questionnaire-9 (PHQ-9), Generalized Anxiety Disorder-7 (GAD-7), Temperament Evaluation of Memphis, Pisa, Paris, and San Diego Autoquestionnaire (TEMPS-A), Obsessive-Compulsive Inventory (OCI), Depressive Symptom Inventory Suicidality Subscale (DSI-SS). Statistical analyses including one-way analysis of variance (ANOVA) and chi-squared tests were conducted to identify significant differences between groups.
Results: Patients with comorbid bipolar disorder (BD), particularly those with BD1, had a significantly higher prevalence of psychiatric family history (85.7%, $p = .031$). Pharmacological treatment for OCD was less frequent in patients with BD, with the lowest rate in the BD2 group (61.7%, $p = .008$). Compared to patients without mood disorders or those with MDD, OCD patients with BD showed higher scores in several temperament dimensions, including cyclothymic temperament ($p < .001$), depressive temperament ($p = .007$),

hyperthymic temperament (p = .006), anxious temperament (p < .001), and irritable temperament (p < .001). These patients also exhibited more severe depressive symptoms (p < .001), higher anxiety levels (p < .001), and greater suicidality (p = .002). Obsessive-compulsive symptoms, particularly neutralizing behaviors (p = .010), ordering behaviors (p < .001), and hoarding behaviors (p < .001), were more pronounced in the BD groups.
Conclusions: OCD patients with comorbid BD show distinct clinical profiles compared to those with MDD. They have a stronger genetic predisposition to psychiatric disorders and are less likely to receive pharmacological treatment for OCD. These patients also experience more severe depressive symptoms, anxiety, and obsessive-compulsive traits, complicating treatment. The findings highlight the need for comprehensive evaluations and personalized treatment plans for OCD patients with mood disorder comorbidities.

Disclosure of Interest: None Declared

EPV1116

Impact of romantic love on obsessive-compulsive disorder phenotypes

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Introduction: In recent years, multiple observational studies have been conducted to investigate the hypothesis of a correlation between romantic love (RL) and the phenotypic expression of obsessive-compulsive disorder (OCD).
Objectives: Our study aimed to evaluate the impact of RL on the clinical expression of OCD. Attention was specifically focused on investigating the onset of two OCD phenotypes with distinct characteristics, based on whether the subjects were at the onset of a romantic relationship or had experienced a romantic break-up, also considering the possible correlations with different clinical aspects and socio-demographic variables.
Methods: Our sample includes a total of 212 subjects with OCD recruited among outpatients at the University Psychiatric Clinic of Pisa, Italy, and the Federal University of Rio de Janeiro, Brazil. The following instruments were employed for psychometric assessments: the Structured Clinical Interview for DSM-5 (SCID-5), the Yale OCD Natural History Questionnaire, and the Yale-Brown Obsessive-Compulsive Scale (Y-BOCS). The study participants were then divided into two groups (love-precipitated [LP-OCD] and break-up OCD [BU-OCD]) according to the romantic factor that was deemed responsible for the onset of OCD. An appropriate statistical analysis was applied.
Results: The average age of onset of OCD was significantly different between the two groups, which may reflect a vulnerability of the brain's maturational stages in young individuals who are at risk for OCD. A trend towards three types of obsessions and compulsions (aggression, sexual/religious and symmetry, ordering, and rearrangement) in the BU-OCD group emerged, which may reflect some normal features of a romantic relationship. However, total Y-BOCS obsessions and compulsions subscale scores were similar, indicating an overall severe clinical picture.
Conclusions: Despite some limitations, our results suggest that different stages of RL might influence some characteristics of OCD, namely age at onset and some specific dimensions, but would not appear to interfere with the overall severity of the disorder. These results should encourage further research on the topic to learn more about the characteristics of these individuals and to better understand how the most natural experience of humankind, that is love, may represent a vulnerability factor towards the onset and some features of OCD, similarly to other mental disorders, where the evidence is currently strongest.

Disclosure of Interest: None Declared

EPV1117

Blurred Boundaries Between Obsessive and Psychotic Symptoms: A Case Report

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Introduction: Obsessive-Compulsive Disorder (OCD) and psychotic disorders are traditionally considered distinct entities; however, there is increasing evidence of a spectrum where these conditions overlap. In some cases, OCD presents with poor insight, leading to obsessive thoughts and behaviors that resemble psychotic features. These "schizo-obsessive" phenomena challenge standard diagnostic categories and suggest a continuum between OCD and psychosis, necessitating a more integrated approach to diagnosis and treatment.
We report the case of a 69-year-old male evaluated in the emergency department for severe obsessive symptoms, including intrusive images and compulsive behaviors, accompanied by low insight and depressive symptoms, such as suicidal ideation. Initial management with selective serotonin reuptake inhibitors (SSRIs) led to only partial improvement, highlighting the complexity of distinguishing obsessive from psychotic symptomatology and supporting the concept of a continuum between OCD and psychosis.
Objectives:
1) To describe the clinical presentation and management of a patient with OCD and psychotic features.
2) To review the evidence regarding the clinical characteristics and management of the schizo-obsessive spectrum.

Methods: A review of the patient's clinical history, psychiatric assessments, and treatment responses was conducted. A literature review was also performed to provide an overview of OCD with low insight and schizo-obsessive phenomena.
Results: The schizo-obsessive spectrum concept suggests an overlap between obsessive-compulsive symptoms and psychotic features, particularly when insight is impaired. In OCD with poor insight, obsessions can lose their typical egodystonic quality and appear more like delusions. This challenges traditional diagnostic boundaries and indicates a continuum between OCD and psychosis, where insight fluctuates and symptoms may shift from obsessive to delusional states. Clinical management is complex;

combining SSRIs with antipsychotics can be effective, particularly in cases with minimal insight. In our case, the introduction of low-dose aripiprazole led to significant improvement, supporting a combined pharmacological strategy addressing both obsessional and psychotic dimensions and aligning with the schizo-obsessive spectrum framework.

Conclusions:

1. This case highlights the difficulty in distinguishing psychotic from obsessive symptoms when insight is poor, emphasizing the need for careful differential diagnosis.
2. The overlap of obsessive and psychotic features in this patient indicates the need for further study of "schizo-obsessive" phenomena.
3. The patient's positive response to combined SSRIs and antipsychotics suggests this approach may be effective for similar cases with overlapping symptoms.

Disclosure of Interest: None Declared

EPV1118

From OCD Traps to Transformative Dialogue: Managing a Case of OCD and Body Dysmorphic Disorder with Dramatised Socratic Dialogue

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Introduction: Obsessive-compulsive disorder (OCD) and body dysmorphic disorder (BDD) often co-occur, creating complex symptom profiles and requiring multifaceted treatment approaches. OCD can lead to intense self-monitoring and distressing obsessive-compulsive behaviours, while BDD contributes to a distorted self-image, exacerbating feelings of inadequacy and shame. This case study explores the use of a metacognitive approach using Dramatised Socratic Dialogue (DSD) in the treatment of a patient with severe OCD and BDD, focusing on relational challenges, pervasive shame and self-criticism.

Objectives: To evaluate the effectiveness of dramatised Socratic dialogue and exposure with response prevention (E/RP) in the treatment of a complex case of OCD and BDD. Specifically, to address intrusive self-criticism, enhance the therapeutic alliance, and reduce shame-related behaviours.

Methods: A 33-year-old man with a long history of OCD and BDD symptoms, including excessive mirror checking and social avoidance, was assessed using the MMPI-2, PID-5, MADRS, STAY-1 and 2, and Y-BOCS, confirming OCD, BDD, and major depressive disorder. Treatment included establishing a strong therapeutic alliance, psicoeducation, E/RP and DSD targeting persistent self-criticism. After an initial phase, interventions focused on reducing compulsive behaviours and promoting self-acceptance.

Results: Initial E/RP led to symptom improvement but maintained a sense of control that limited full therapeutic progress. DSD successfully reduced self-critical dialogue and addressed shame and self-perceived social unacceptability, although it temporarily disrupted the therapeutic alliance. Subsequent reintegration of E/RP alongside DSD facilitated substantial reductions in OCD and BDD symptoms, with the patient reporting increased mood stability and reduced social avoidance.

Conclusions: This case highlights the benefits of integrating dramatised Socratic dialogue with traditional CBT methods such as E/RP to address OCD and BDD symptoms where shame and self-criticism are significant. DSD proved effective in reframing negative self-talk, breaking cycles of self-criticism and supporting long-term symptom reduction. This approach shows promise for treating complex cases involving intense feelings of inadequacy and shame.

Disclosure of Interest: None Declared

EPV1119

Investigating the efficacy of an online mindfulness-based intervention in a sample of medical students with obsessive-compulsive disorder

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Introduction: Obsessive-compulsive disorder (OCD) affects 1-3% of the population and is the fourth most debilitating psychiatric disorder. OCD characterised by persistent obsessions and compulsions in the ICD-11 is more common in students, with rates often exceeding 3-4% in medical students. Effective mental health services and interventions are critical in supporting these students.

Objectives: Creating an online mindfulness-based intervention for Cardiff University medical students to engage with remotely. Evaluating the effectiveness of the intervention in reducing OCD symptoms.

Methods: Medical students at Cardiff University's School of Medicine, including those in intercalation years, were invited to fill out an online survey using Microsoft Forms. This included self-report measures such as the Beck Depression Inventory-II (BDI-II), the State-Trait Anxiety Inventory (STAI), and the Obsessive-Compulsive Inventory-Revised (OCI-R). Recruited participants completed a two-part intervention based on Acceptance and Commitment Therapy (ACT). The course was designed on the Xerte platform and used reflective tasks, interactive elements, and embedded videos. The intervention was developed with MyMedic, the Medical School's mental health service. Participants completed the same online survey and a feedback form post intervention. Responses were analysed for changes in OCI-R scores.

Results: Thirty-two students completed the pre-intervention survey. Six students met the study's inclusion criteria. A significant positive relationship was found between OCI-R scores (minus hoarding) and BDI-II scores (χ^2 (3, N=32) = 10.745, p=0.01) (Figure 1). Three participants revealed reduced OCI-R (minus hoarding), STAI, and BDI-II scores after the intervention (Figure 2). The intervention was rated highly for usefulness and relevance, but neutral for interactivity. The embedded videos were deemed useful, and the module was thought-provoking.

Image 1:

Chi-Square Tests

	Value	df	Asymptotic Significance (2-sided)
Pearson Chi-Square	10.745[a]	3	.013
Likelihood Ratio	10.435	3	.015
Linear-by-Linear Association	.680	1	.410
N of Valid Cases	32		

Figure 1: Chi-square analysis for the relationship between OCI-R (minus hoarding) scores and BDI-II score using SPSS software

Image 2:

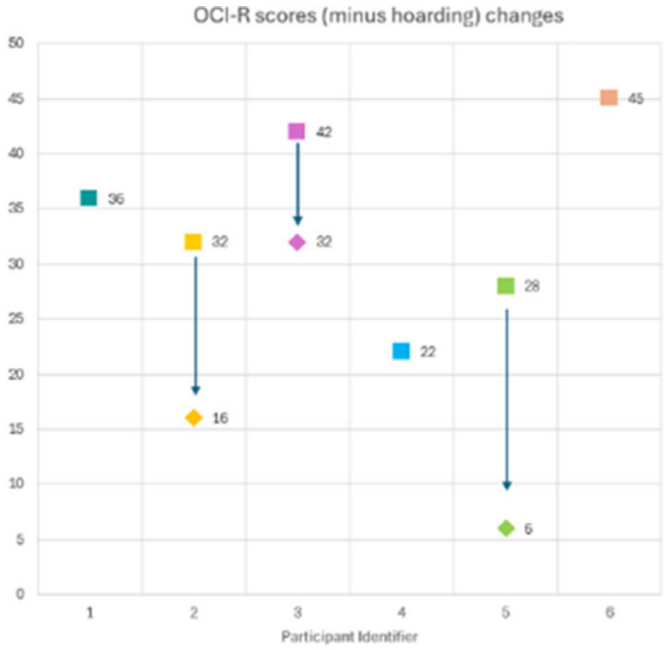


Figure 2: Analysis of participants OCI-R (minus hoarding) score changes

Conclusions: This study found an 18% prevalence of OCD among medical students. The ACT-based skills course which emphasises psychological flexibility and mindfulness resulted in a significant reduction in the OCI-R. ACT could be a useful tool for university support services, potentially complementing or replacing CBT. Integrating such interventions into medical curricula may provide more comprehensive support and reduce wait times for mental health services.

Disclosure of Interest: None Declared

EPV1120

Obsessive-Compulsive Disorder and the Postpartum Period: A Clinical Analysis

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Introduction: The postpartum period is a crucial stage in women's lives, characterized by significant physical, emotional, and psychological changes. Among the mental complications that can arise during this stage, postpartum Obsessive-Compulsive Disorder (OCD) has gained increasing attention due to its significant impact on the quality of life of mothers and their ability to care for their newborns.
Objectives: This study aims to analyze the prevalence, etiology, clinical manifestations, and therapeutic approaches of OCD in the postpartum period.
Methods: The study reviews existing literature on the prevalence of postpartum OCD, which varies between 2% and 16.9%. It examines symptoms such as intrusive thoughts of harm towards the baby, repetitive checking behaviors, and cleaning compulsions. The study also identifies risk factors including personal or family history of OCD, traumatic experiences, and high-stress levels, as well as the influence of hormonal fluctuations and neurobiological changes on the vulnerability to postpartum OCD. The therapeutic approaches reviewed include pharmacological interventions, primarily with selective serotonin reuptake inhibitors (SSRIs), and psychological therapies, including cognitive-behavioral therapy (CBT) specialized in OCD.
Results: The combination of pharmacological and psychological strategies shows promise in reducing symptoms and improving the overall functioning of patients. Early detection and adequate treatment of postpartum OCD are essential to prevent long-term complications, promoting the well-being of mothers and their families. The study underscores the need for further research and awareness about postpartum OCD to develop more effective mental health policies and specific support programs.
Conclusions: This study underscores the need for further research and increased awareness about postpartum OCD. Developing more effective mental health policies and specific support programs is crucial to address this condition. Enhanced understanding and intervention can significantly improve outcomes for affected mothers and their families.

Disclosure of Interest: A. Rodríguez-Quiroga Grant / Research support from: The conference registration will be funded by Adamed.

EPV1121

A broken heart due to obsessive-compulsive disorder (OCD): a case report of Takotsubo Syndrome in a woman with untreated OCD

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Introduction: Takotsubo cardiomyopathy, or broken heart syndrome, is a rare condition characterized by a temporary decrease in the left ventricle ejection fraction. Takotsubo was first described in Japan in 1990. 90% of cases occur in women over 67 years of age. Although the clinical presentation is similar to acute myocardial infarction, normal coronary arteries are usually detected upon cardiac catheterization. The etiology is not defined yet, but all the studies conclude that physical or emotional stress generates a release of catecholamines that produces a transient left ventricular apical dysfunction.
Obsessive-compulsive disorder (OCD) is characterized by recurrent intrusive thoughts, images or impulses. These obsessions provoke distress (typically anxiety) and compulsions which can be described as repetitive behavioral or mental acts that the person feels compelled to perform. If they don't perform the compulsions, the anxiety rises.
Objectives: To highlight the importance of treating mental illness to promote health in a multidimensional way.
Methods: We review the currently available literature on Takotsubo cardiomyopathy and its emotional triggers. We also study OCD as a stress factor and the characteristics of this pathology. Finally, we present a case report of a 37-year-old woman, with no previous contact with Mental Health Services. She had developed since the Covid 19 pandemic a severe obsessive-compulsive disorder, which was neither diagnosed nor treated. In the 36th week of pregnancy, after several days without leaving her home due to the limitations of her OCD, she went out into the street, which caused her considerable stress. The next day she suffered from Takotsubo cardiomyopathy or broken heart syndrome, with added analytical signs of preeclampsia, for which a cesarean section was also performed.
Results: In this case, the patient had been suffering from severe obsessive-compulsive symptomatology for approximately 4 years, which had worsened during pregnancy. This caused her a significant level of stress and anxiety, which in the absence of psychiatric treatment, could have endangered her life and that of the baby.
Conclusions: Mental illness tends to have serious medical consequences for patients, that could be prevented with proper treatment of their psychiatric pathology.

Disclosure of Interest: None Declared

Old Age Psychiatry

EPV1125

Depression or Dementia? The Development of Frontotemporal Dementia in the Shadow of Pseudodementia

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Introduction: Pseudodementia presents with symptoms resembling dementia but with cognitive dysfunction improving after depression treatment. Dementia is a progressive, irreversible disorder causing impairment in multiple cognitive domains and daily activities. In the elderly, depressive disorders can manifest as pseudo-forgetfulness due to deterioration of attention functions, while cognitive decline and behavioral changes in dementia may mimic depression. Distinguishing between elderly depression and dementia is challenging because depression often co-occurs with cognitive impairments, and dementia frequently presents with depressive symptoms.
Objectives: This case report aims to highlight the importance of differential diagnosis in cognitive impairments among the elderly by presenting a case where frontotemporal dementia insidiously developed on a background of pseudodementia.
Methods: A 62-year-old woman with a recent history of treatment for depressive symptoms exhibited a gradual decline in planning abilities and behavioral changes over time. Following a non-suicidal jump attempt, she was admitted to the psychiatric ward for diagnostic clarification and treatment. A thorough evaluation of her socio-demographic data, family history, and medical and psychiatric history was conducted.
Results: The patient's initial complaints began after a psychosocial stressor, including headaches, depressed mood, loss of interest, sleep disturbances, attention difficulties, and increasing forgetfulness. Struggling with daily tasks led her to consult neurology, where age-appropriate atrophy was observed. She was prescribed migraine medication and metformin. Referred to psychiatry, she received sertraline with a preliminary diagnosis of depressive disorder but missed follow-up due to limited social support. Over the next five months, she developed reduced planning abilities, behavioral changes, aimless wandering, inappropriate mood shifts, weakness, and significant functional decline. After a non-suicidal jump attempt, she was admitted to psychiatry. Observations revealed persecutory thoughts and agitation. MRI showed pronounced frontal lobe atrophy inconsistent with her age. Diagnosed with frontotemporal dementia, she was discharged on olanzapine 5 mg and donepezil 10 mg.
Conclusions: This case demonstrates how confounding factors in dementia can adversely affect clinical progression, emphasizing the importance of social support and regular follow-up for accurate diagnosis and treatment. In patients with irregular follow-ups and low social support, conditions like dementia can have dramatic and irreversible courses. Therefore, performing differential diagnosis for dementia in elderly patients with depressive symptoms and reassessing dementia etiologies during follow-ups are vital.

Disclosure of Interest: None Declared

EPV1126

Socio-demographic Characteristics and Psychiatric Disorders of Patients Aged 60 and Over Admitted to the Psychiatry Department at Razi Hospital, Tunisia

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Introduction: Psychiatric issues are prevalent among the elderly, and as people age, they often face both medical and psychiatric comorbidities, creating significant challenges. However, there is a notable lack of literature on inpatient studies focused on this demographic.

Objectives: This study aims to assess the socio-demographic profile of patients over the age of 60 admitted to a psychiatric unit at Razi Hospital, Tunisia, while identifying the prevalence of various psychiatric disorders.
Methods: This was a retrospective and descriptive study. It included patients aged 60 and above who were first-time psychiatric admissions at the El Jazzar department of CHU Razi between 2020 and 2024. Data were collected from medical records, covering variables such as gender, age, year of admission, marital status, education level, occupation, socioeconomic status, medical history, prior treatments, diagnoses, admission type, and discharge treatments.
Results: In this study, we reviewed 40 case files. The analysis revealed that the majority of patients were male (80%), with most falling within the 60-70 age range. The majority were married (65%), and educational attainment was typically low, with 60% having a primary education level or below. Retirees accounted for 65% of the sample. Regarding comorbidities, 70% of the patients had both medical and psychiatric histories. The primary reasons for admission included behavioral disorders, delusional syndromes, and depressive disorders. Prior to admission, treatments mainly consisted of mood stabilizers and first- or second-generation antipsychotics. The most frequent mode of admission was hospitalization at the request of a third party (HDT), followed by involuntary hospitalization (HO). During hospitalization, prescribed treatments included antipsychotics (both atypical and typical), benzodiazepines, and antidepressants. No significant adverse drug reactions were reported. Dementia, recurrent depression, and psychotic relapse in the context of schizophrenia were the most common diagnoses.
Conclusions: This study provides valuable insights into the socio-demographic and clinical profile of patients over 60 admitted to psychiatry at Razi Hospital, highlighting key trends in mental health and treatment approaches. The frequent presence of somatic comorbidities emphasizes the need for a multidisciplinary therapeutic approach. These findings underscore the importance of specialized treatment for the complex needs of this elderly population.

Disclosure of Interest: None Declared

EPV1128

Virtual darkness for agitation in dementia: The DARK.DEM randomized controlled trial

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Introduction: This poster will outline the rationale, objective, methods and preliminary results of the DARK.DEM trial.
Introduction: Behavioral and psychological symptoms of dementia (BPSD) such as agitation, psychosis and depression are prevalent, often treatment resistant and associated with reduced cognition, level of functioning, quality of life and mortality. In dementia, circadian rhythms become less robust, which potentiates BPSD. As such, *chronotheraphy*, i.e., interventions targeting the circadian rhythm, is promising. Bright light therapy can improve sleep and depressive symptoms in residents with dementia in nursing homes (Hjetland GJ, BMC Geriatrics, 2021). Intrinsically photosensitive retinal ganglion cells (*ipRGC)* monitor the perception of day and night and are maximally sensitive to light with short wavelength. This discovery paved the way for virtual darkness therapy, that is, solely exposure to light deprived of blue wavelengths in the evening and night. Virtual darkness is effective in reducing manic symptoms in persons with bipolar disorders (Henriksen TEG, Bipolar Disorders, 2016), however the symptom relieving effect in people with dementia has not been explored.
Objectives: Develop and evaluate virtual darkness therapy to enhance treatment of agitation and other BPSDs in specialized dementia care.
Methods: The DARK.DEM RCT will include patients from September 2024 to December 2027 at NKS Olaviken Gerontopsychatric Hospital, Norway.
Inclusion criteria: dementia related agitation (CMAI ≥45), all etiologies and stages of dementia, age ≥50. Exclusion criteria: use of beta-blockers or melatonin, clinically significant pain (MOBID-2≥3), total blindness. A total of 72 patients will be randomized to treatment as usual or 14 days with add on treatment with blue light depleted environment from 19-08, provided with circadian lightning in secluded units. Primary outcome is 14 day change in CMAI, secondary outcomes include change in NPI-12, CSDD, QoL, ADL, use of psychotropic drugs and restraints, length of hospital stay.
Results: We will present preliminary results on number of participants included, baseline characteristics related to age, sex, type dementia, level of symptoms, intervention effects and feasibility.
Conclusions: The DARK.DEM trial will provide real word evidence for clinicians and stakeholders to determine if virtual darkness theraphy should be implemented for treatment of agitation in people with dementia.

Disclosure of Interest: None Declared

EPV1129

Persecutory Delusion in Parkinson's Disease: At the Crossroad Between Psychosis and Dementia

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Introduction: Patients with Parkinson disease (PD) may present psychiatric manifestations like delusions and hallucinations which can significantly impact their quality of life. These psychotic symptoms may also occur during neuro-cognitive decline which poses a diagnostic challenge.
Objectives: This case study aims to investigate the clinical overlap between psychosis and cognitive decline in Parkinson's disease, focusing on the diagnostic difficulties in differentiating these psychiatric symptoms.
Methods: We report a single case of a patient admitted to the psychiatric department "B" of Razi Hospital, who exhibited symptoms of both psychosis and cognitive decline. We also conducted a literature review on Pubmed using the following keywords: Parkinson disease, Dementia, Delirium, psychosis.

Results: Mr. T.J, a 64-year-old man with a 10-year history of PD, was treated with levodopa, amantadine, and pramipexole. He developed depression a year ago, managed with fluoxetine. Recently, he was admitted to the psychiatric ward due to severe behavioral disturbances, including hetero-aggressiveness towards his wife.
Psychiatric assessment revealed a delusional syndrome with themes of jealousy and persecution towards his wife, accompanied by a hallucinatory syndrome primarily characterized by auditory hallucinations that appeared 2 years ago.
A neurological examination identified an amnesic syndrome that preceded the onset of delusions, raising concerns about the differential diagnosis between psychosis and dementia in the context of PD with the added consideration of the iatrogenic effects of his Parkinson's treatment.
In collaboration with neurologists, we adjusted the treatment regimen by tapering off amantadine and pramipexole while maintaining levodopa. We introduced 5 mg of olanzapine, which led to a favorable clinical response. After two weeks, Mr. T.J was considered stable enough for discharge. Improvements included a reduction in delusional ideation and a decrease in the frequency and severity of auditory hallucinations.
Conclusions: This case highlights the complexity of managing psychiatric symptoms in Parkinson's disease, particularly the challenge of differentiating between psychosis and dementia. The positive outcome following medication adjustments underscores the importance of a multidisciplinary approach in addressing both motor and psychiatric symptoms in PD patients.

Disclosure of Interest: None Declared

EPV1130

The Journey of Gender Identity in the Elderly: Needs and Challenges

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Introduction: Gender identity issues in the elderly are often overlooked in psychiatric practice. Older transgender and gender-diverse adults face significant barriers, including social isolation, stigma, and limited access to gender-affirming care. These challenges, coupled with healthcare discrimination and gatekeeping, negatively impact mental health outcomes, often leaving this population underserved in healthcare systems.
Objectives: The aim is to identify the challenges transgender and gender-diverse elderly individuals face in accessing appropriate medical care and to explore how these barriers impact their overall health and well-being. Additionally, the objective is to propose strategies to improve both the mental health and general healthcare outcomes for this vulnerable group, ensuring that their specific needs are addressed within healthcare systems.
Methods: A narrative review of the literature was conducted using PubMed, ResearchGate, and Medline databases. Search included combinations of the terms "gender identity," "geriatic psychiaty " and "gender dysphoria. Studies were selected based on their relevance to understanding the mental health and healthcare needs of elderly transgender and gender-diverse individuals.
Results: The review revealed that elderly individuals with gender identity concerns experience higher levels of depression, anxiety, and social isolation. Historical discrimination and healthcare disparities significantly impact their well-being. Studies indicate that increased risks for dementia, linked to factors such as cardiovascular disease and sexually transmitted infections, further heighten their vulnerability.Moreover, there are significant gaps in gender-affirming care within geriatic services. Healthcare providers often lack the training necessary to address the specific needs of older transgender adults, leading to delays or denials in appropriate care.
Conclusions: This review highlights that transgender and gender-diverse older adults remain a population often overlooked in psychiatric and geriatric care. Recognizing the importance of tailored care for this population is essential, as well as training healthcare providers and implementing gender-affirming treatments to ensure inclusive, equitable care that meets their specific needs.

Disclosure of Interest: None Declared

EPV1131

Delirium in a geriatric patient with Parkinson's disease, management and outcomes: a case report

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Introduction: Up to 40% of patients diagnosed with Parkinson's disease (PD) may experience a psychotic episode during the course of the disease, with antiparkinsonian medications being the main cause. Frequently, aging is associated with a higher risk of comorbid delirium in this population.
Objectives: To analyze the treatment strategy for delirium in a geriatric patient with Parkinson's disease.
Methods: An 88-year-old male patient, diagnosed with Parkinson's disease for 12 years, was admitted to the Acute Psychiatry Hospitalization Unit due to a treatment-resistant confusional state. He presented fluctuating symptoms characterized by verbal and physical hetero-aggressiveness, visual illusions and hallucinations, as well as delusional ideas of harm, control, and mystical-religious content. The patient exhibited significant psychological distress, refused to eat, and had erratic medication adherence.
Results: Following a comprehensive organic assessment and treatment of intercurrent conditions, a readjustment of dopaminergic medication was performed, and quetiapine was introduced (up to 900 mg/day), with a partial response. Subsequently, the doses of quetiapine were reduced, and ziprasidone was introduced, achieving total remission of symptoms with good tolerance (quetiapine 450 mg/day, ziprasidone 80 mg/day, levodopa/carbidopa 150 mg/day).
Conclusions: Following pharmacological recommendations for managing delirium, initial treatment with quetiapine (first-line) was established. Subsequently, clozapine (second-line) was introduced, achieving a better response and cessation of symptoms. This case highlights the complexity of managing delirium in geriatric

patients with PD, considering the patient's age and lack of response to standard therapeutic guidelines. Clozapine, with a more favorable profile regarding motor effects, presents as the preferred option compared to other antipsychotics that may exacerbate parkinsonism.

Disclosure of Interest: None Declared

EPV1132

The role of humor in the psychosomatic health of older adults

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Introduction: Humor is widely recognized for its potential to improve psychosomatic health, enhancing both physical and mental well-being.

Objectives: To investigate the correlation between humor styles and psychosomatic health in older adults.

Methods: A cross-sectional study was conducted with 83 older adults (41 females, 42 males), aged 65 to 94 years (mean age: 74.1, SD = 8.1). Participants completed a sociodemographic questionnaire, the 32-item Humor Styles Questionnaire, and the 36-Item Short Form Survey (SF-36). Linear regression analysis was used to examine the relationship between humor styles and psychosomatic health outcomes.

Results: Self-Enhancing Humor. For Aggressive Humor, the mean was 22.7 (SD = 7.95), and for Self-Defeating Humor, 26.3 (SD = 8.70). The mean scores for Physical Health and Mental Health were 277 (SD = 84.5) and 272 (SD = 70.6), respectively. Self-Enhancing Humor had a significant positive effect on Mental Health (B = 3.458, SE = 0.893, $p < 0.001$), RF (B = 0.7659, SE = 0.375, $p = 0.044$), GH (B = 0.7113, SE = 0.234, $p = 0.003$), MH (B = 0.9711, SE = 0.228, $p < 0.001$), and SF (B = 0.7165, SE = 0.329, $p = 0.033$). Additionally, Self-Defeating Humor showed a significant negative effect on RE (B = -1.093, SE = 0.474, $p = 0.024$).

Conclusions: The findings suggest that positive humor styles, particularly Self-Enhancing Humor, are strongly associated with better psychosomatic health in older adults. Incorporating humor-based interventions could be a valuable approach to enhancing psychosomatic health in this population.

Disclosure of Interest: None Declared

EPV1133

Let's Talk About Potentially Modifiable Risk Factors for Dementia

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Introduction: Dementia is a syndrome usually chronic and progressive, in which cognitive deterioration occurs at a rate greater than what is expected due to natural aging. (WHO). Because it has a major impact on functional levels, dementia is a major cause of dependence and loss of autonomy in the elderly population.

As the population ages, the prevalence of dementia disorders is expected to increase over the years. This will lead to serious problems in the healthcare sector and social welfare. As populations age, the prevalence of dementia will increase, with the number of people with dementia worldwide expected to rise to 150 million by 2050. This group of neurocognitive disorders has multiple possible aetiologies, constituting a highly heterogeneous group. However, several studies within this area have been searching for and studying modifiable risk factors, to predict and reduce its incidence.

Objectives: The authors propose a review of the various modifiable risk factors involved in developing dementia syndromes.

Methods: Review of the existing literature about modifiable risk factors for dementia, using the keywords: dementia, modifiable risk factors, prevention. The results were selected taking into account the degree of relevance.

Results: Several studies argue that several modifiable risk factors may be involved in the development of dementia, from early to late life, such as less education, mental illnesses such as depression, hearing, and vision loss, high LDL cholesterol, and social isolation, among others.

Conclusions: Dementia has a significant mortality rate and is responsible for great disability and dependence in older populations. The implementation of global health measures, focusing on prevention and reducing risk factors, could be an important link in reducing the prevalence of dementia in the future.

Disclosure of Interest: None Declared

EPV1134

Emotions and perceptions of elderly patients during the care pathway in healthcare settings

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Introduction: The number of elderly people requiring social and health care support in the last years of life is constantly increasing. The consequence is a significant increase in the number of guests in assisted nursing homes. The elderly patient, collaborating with healthcare professionals, becomes the protagonist of the entire care process. The places and times of care, together with the lived experience and the emotions felt, are just some dimensions of humanization, dignity of care and dignified care. This recognition of the patient experience within the definition of quality of care is associated with better clinical outcomes and patient safety. Patient Reported Experience Measures (PREM) are psychometrically validated questionnaires returned directly by patients and aim to provide a standardized assessment of individual care experiences.

Objectives: Assess the emotionality, dignity, depressive symptoms of the elderly patient without significant psychiatric disorders at the time of admission to a place of care.
Methods: Sixty-seven elderly subjects (28 F, 38 M) were recruited in some elderly residential facilities (total mean age (yrs)(±*SD*): 75.64 ±*5.96*)
Inclusion criteria: age ≥ 65 years; MMSE ≥20; absence of overt diagnosis of psychiatric or neurodegenerative disorders (evaluation with SCID-5-CV). All patients were given a PREM questionnaire at the beginning and during the care pathway. All patients were administered at baseline (T0), after 6 months (T1) and after 1 year (T2) the following evaluation rating scales:

- Mini-Mental State Examination (MMSE) (only T0); Patient Dignity Inventory (PDI); Geriatric Depression Scale (GDS); Global Assessment of Functioning (GAF); Quality Life Index (QLi)

The data were statistically analyzed with the EZAnalyze 3.0 software for the Excel platform.
Results: Tables 1 and 2 show the results obtained with each scale analyzed. On the PDI scale, the ANOVA results indicate that at least two of the repeated measures differed significantly [Mean scores ± *Std. Dev*: (T0) 63.388 ± *22.042*; (T1): 57.313 ±*21.159*; (T2): 49.985 ±*17.418*]. The data obtained with the GDS scale showed no variation during the observational period. Although the differences were not statistically significant, the data indicate that no increases in depressive symptoms were observed. I results obtained with the QLi showed that the ANOVA results indicate that at least two of the repeated measures differed significantly [Mean scores ± *SD:* (T0) 3.358 ± *1.164*; (T1): 6.075 ±*1.222*; (T2): 6.657 ±*1.213].* Similar results were observed with the GAF scale.

Image 1:

Table 1 - EZAnalyze Results Report - Repeated Measures ANOVA (PDI and QLI)

PDI P: 0.000; Eta Squared 0.378

Post Hoc tests	Comparison	T-Value	P - Unadjusted	P - Bonferroni	Eta Squared
PDI T0	PDI T0 and PDI T1	4.435	**0.000**	**0.000**	0.227
	PDI T0 and PDI T2	8.044	**0.000**	**0.000**	0.491
PDI T1	PDI T1 and PDI T2	5.088	**0.000**	**0.000**	0.279

The ANOVA results indicate that at least two of the repeated measures differed significantly

QLi P: 0.000; Eta Squared: 0.735

QLi T0	QLi T0 and T1	13.870	**0.000**	**0.000**	0.742
	QLiT0 and T2	19.538	**0.000**	**0.000**	0.851
QLi T1	QLi T1 and T2	3.116	**0.003**	**0.008**	0.127

The ANOVA results indicate that at least two of the repeated measures differed significantly

Image 2:

Table 2 - EZAnalyze Results Report - Repeated Measures ANOVA (GDS and GAF)

GDS P 0.071 Eta Squared 0.039

The ANOVA results indicate that none of the repeated measures differed significantly

GAF P 0.006 Eta Squared 0.074

Post Hoc tests	Comparison	T-Value	P - Unadjusted	P - Bonferroni	Eta Squared
GAF T0	T0 and T1	2.721	**0.008**	**0.025**	0.100
	T0 and T2	2.593	**0.012**	**0.035**	0.091
GAF T1	T1 and T2	1.460	0.149	0.447	0.031

The ANOVA results indicate that at least two of the repeated measures differed significantly

Conclusions: Intervention programs that allow older residents to express their emotions and observations are not only beneficial for corporate welfare, but also promote a sense of empowerment and involvement. Our small observational study has shown that these programs can significantly improve residents' quality of life and protect against the onset of depressive symptoms.

Disclosure of Interest: None Declared

EPV1135

Lithium-induced neurotoxicity (SILENT Syndrome) in a Schizoaffective patient: A case of prolonged treatment leading to severe neurological complications

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Introduction: A 71-year-old female patient with schizoaffective disorder, under psychiatric follow-up and treated with lithium for over 20 years (with successive stable therapeutic blood levels), presented to the emergency department with symptoms of temporospatial disorientation, aphasia, gait disturbances, tremor, and fluctuating encephalopathy. Symptoms have progressively worsened since she was found on the floor of her home one month ago. Subsequent complementary examinations (clinical evaluation, cranial CT scan, and laboratory tests) returned normal results.
Given the clinical picture presented, a differential diagnosis was made including neurocognitive, toxic-metabolic, psychiatric, and pharmacological causes (lithium neurotoxicity). Initially, the treatment was adjusted by reducing the lithium dose (from 600mg to 400 mg/day) and the associated medication was modified (mirtazapine and lormetazepam). Additional investigations or hospital admission were recommended to rule out an underlying pathology.
Objectives: The aim of this study is to explore and discuss the differential diagnosis and symptoms associated with lithium neurotoxicity.
Methods: We conducted a literature review through the PubMed database.
Results: The patient's symptoms worsened, and she was admitted to a long-term care facility. Active psychiatric pathology and cognitive decline were ruled out; renal function, thyroid function, and cranial MRI were normal. However, neurological symptoms and disorientation persisted.
The lithium dose was reduced to 200 mg/day, which led to the onset of manic symptoms. Upon increasing the dose back to 400 mg/day, the patient exhibited decreased consciousness, and serum lithium levels increased to 1.24 mEq/L, despite previously stable levels at this dose. Lithium was discontinued and replaced with valproic acid.
After the medication change, the manic state resolved, and consciousness and disorientation improved. A few months later, the patient remained stable with no other symptoms except gait instability.
Conclusions: Lithium neurotoxicity is a rare but severe complication of chronic lithium treatment, which can occur even at therapeutic levels (Konieczny K et al. Alpha Psychiatry 2024; 25:190-205). It should be suspected in cases of cerebellar ataxia, parkinsonism, disorientation, or cognitive impairment and requires early intervention to prevent irreversible neurological dysfunction (Schneider MA et al. J Neurosci Nurs. 2019; 51:283-286). In this case, symptoms improved following lithium discontinuation, although sequelae persisted months later, suggesting a potential diagnosis of SILENT syndrome.

We encourage clinicians to consider these symptoms and approach lithium dosing more cautiously in patients undergoing long-term treatment who have maintained psychopathological stability over time (Marmol S et al. Cerebellum 2024; 23:1733-1735).

Disclosure of Interest: None Declared

EPV1136

Distribution of tasks between physicians and nurses in delirium management

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Introduction: Delirium is a severe neurocognitive condition marked by acute, fluctuating disruptions in attention, awareness, and cognition, leading to significant morbidity and mortality. Despite its impact, there is currently no definitive pharmacological or non-pharmacological treatment for delirium (cf. American Psychiatric Association, 2013). Recognizing and managing delirium early is crucial to prevent long-term consequences. However, there is an international lack of consensus regarding the division of responsibilities in delirium care among physicians and advanced practice nurses (APNs).
Objectives: Distribution of tasks between physicians and nurses in delirium management: „where everyone is responsible, no one is responsible
Methods: An international systematic literature review investigated the task distribution between advanced practice nurses (APNs) and physicians. The review focused on publications retrieved from PubMed and CINAHL databases.
Results: From the initial systematic literature search, 395 articles were identified. Following the PRISMA statement (cf. Page et al., 2021) criteria, 30 articles were selected for analysis. Utilizing MAXQDA® (Release 2022.6) and qualitative content analysis, the literature was examined across categories such as physical examination, delirium screening, ordering pharmacological tests, treatment, psychoeducation on delirium. or procedures, diagnosis, non pharmacological treatment, and
Conclusions: Our systematic review revealed the absence of international guidelines for defining task distribution between physicians and nurses, particularly advanced practice nurses (APNs), in delirium care. We propose that research defining the roles among these experts will create synergies in delirium management which result in better recognition and management of delirium. Future research will test this hypothesis

Disclosure of Interest: None Declared

EPV1137

Letter to a Judge The implementation of the Law 8 / 2021 three years on

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Introduction: Last scene of all That ends this strange eventful history, Is second childishness and mere oblivion, Sans teeth, sans eyes, sans taste, sans everything. Shakespeare, As you like it, II, vii, 163-166
Objectives: The paper will make reference to the debate generated by the implementation of the Law 8/ 2021 approved three years ago in Spain. The objective was to provide support measures to persons with dementia according to their wishes, beliefs, values and preferences without resorting to legal incapacity. Respect to the person´s wishes is pivotal to the Law and is creating many problems due to the fact that some patients with severe cognitive impairment cannot make a judgement and is not clear what the judge can decide.
From the start, forensic psychiatrists received an increasing number of requests to produce medico-legal reports due to the omission to refer to the protective, medical and personal aspects that such measures involve. Some decisions totally ignore these aspects referring only to the patrimonial ones with no mention of the person`s life trajectory nor to the personal and medical care provided and the medication prescribed.
Methods: In the second section, a case where the medical aspects where not contemplated in the sentence will illustrate the consequences for a patient who was misdiagnosed and mistreated.
Results: An extensive observation following the Tavistock Method will describe the process, including the organizational dynamics.
Conclusions: As Kitwood suggested, working with people suffering from dementia includes confronting organic impairment and the great difficulties there may be in consciously articulating any psychological conflicts, there may also be a breaking down of the individual's lifelong defences that leaves the person exposed and vulnerable to episodes of catastrophic anxiety and rage. Fear of abandonment and inability to bear separateness are characteristic of dementia sufferers, and these persecutory states of mind increase with organic impairment. Caregivers, whether family or staff in residential or nursing homes, have a crucial function in containing those deteriorated aspects of the person they are with.
"Dementia will always have a deeply tragic aspect, both for those who are affected and for those who are close to them. There is, however, a vast difference between a tragedy in which persons are actively involved and morally committed, and blind and hopeless submission to fate" (Kitwood, 1997).

Disclosure of Interest: None Declared

EPV1139

Effects of antioxidants and phosphorylated tau protein on mitochondrial respiration and hydrogen peroxide production

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Introduction: Alzheimer's disease (AD) is a progressive neurodegenerative disease and the most common form of dementia; currently there is no effective causal treatment for AD. The main targets of new drugs for AD are processes related to amyloid beta and tau neurotoxicity, neurotransmission, inflammation, metabolism and bioenergetics, synaptic plasticity, and oxidative stress.

Objectives: The effects of methylene blue, curcumin, ginkgolide B, and melatonin are being tested as antioxidants, tau-aggregation inhibitors, and mitochondrial-targeted therapies. These antioxidants will also be tested as protective agents against tau-induced mitochondrial dysfunction caused by oligomers of phosphorylated tau (P-tau). The aim of our study is to systematically investigate tau-induced mitochondrial dysfunction in isolated brain mitochondria and the protective effects of AD drugs, adjuvants, against mitochondrial dysfunction.
Methods: Isolated pig brain mitochondria were used as an *in vitro* biological model to evaluate the effects of antioxidants. Hydrogen peroxide formation was determined by fluorescence measurements (starting with Amplex Red, horseradish peroxidase). Mitochondrial respiration was measured using high-resolution respirometry. The effects of tested drugs were measured at concentrations in the range 0.1 to 500 µmol/l; the effect of P-tau was measured in the range 3-120 nmol/l.
Results: Methylene blue and curcumin significantly reduced hydrogen peroxide production at high concentrations. The antioxidants were further tested in combination with effect of P-tau oligomers in various states of mitochondrial respiration.
Conclusions: The results of this study will contribute to the connection of today's most accepted hypotheses of AD (amyloid, tau and mitochondrial), to the understanding of intracellular processes associated with the formation and progression of AD. The applied impact of the study will be the introduction of an *in vitro* mitochondrial assay to evaluate the anti-tau effects of new AD drugs, which will allow the selection of agents with high potential for causal treatment of AD.

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EPV1140

Acute outpatient ECT for depression: case series of the first clinical pilot in Ireland

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Introduction: ECT is a well-evidenced, cost-effective intervention for treatment-resistant depression. In Ireland acute (twice-weekly) outpatient ECT for depression has not been reported, though common elsewhere. Ireland has among the lowest number of inpatient psychiatry beds per person in Europe. We observed a clinical need for acute outpatient ECT for people who could not access elective inpatient care.
Objectives: We describe the process, interventions, outcomes and stakeholder feedback for four cases of acute outpatient ECT.
Methods: All cases provided written informed consent. A multidisciplinary (psychiatry, anaesthesiology, nursing) protocol for assessment and delivery of acute outpatient ECT was developed and implemented, cases described and feedback from stakeholders sought in an acceptability forum.
Results: Four medically stable patients (ASA Grades 2-3) completed acute outpatient ECT (Table 1), receiving between n=6 and n=12 ECT treatments, attending from home. N=140 inpatient psychiatry bed days were saved, and n=45 community psychiatry reviews were required. No adverse events or medical interventions occurres. Three people had CGI outcome of "very much improved" and one person halted their treatment course when "minimally improved", citing lack of response. Stakeholder feedback in an acceptability forum highlighted the increased resource intensity of twice-weekly community review for outpatient ECT, and the positive outcomes for treatment-resistant depression.
Conclusions: Acute outpatient ECT was safe and effective in this case series and resulted in n=140 psychiatry inpatient bed days being saved. There was an increased need for reviews from the community team during the treatment protocol. Medically stable patients with substantial social support were eligible for this pilot phase, thus a priority for future development must be equity of access to this effective intervention.

Disclosure of Interest: None Declared

EPV1141

Late onset psychosis as an indicator of c9orf72 frontotemporal dementia: a case report

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Introduction: Frontotemporal dementia (FTD) is a heterogeneous group of brain disorders associated with progressive frontal and temporal lobe atrophy. The main syndrome, behavioral variant FTD, is characterized by personality and behavior changes such as apathy, disinhibition, loss of empathy, new compulsive behaviors and executive dysfunction (Pressman, 2021). Psychotic symptoms may occur years prior to diagnosis of FTD, which can lead to misdiagnosis of a psychiatric disorder.
Objectives: To highlight late psychosis as an initial indicator of frontotemporal dementia and emphasize the relationship of somatic delusions with the c9orf72 mutation.
Methods: We reported the clinical case of a 64-year-old patient who was admitted in our acute psychiatric unit for late-onset psychosis with predominance of somatic delusions as the first indicator of c9orf72 frontotemporal dementia. Access to the medical history of the patient and non-systematic review of the literature on MEDLINE (Pubmed) was conducted.
Results: A 64-year-old male initially consulted the mental health services for oral stereotyped movements and behavioral changes after dental surgery. After a few months, the patient was concerned because he reported that he had holes in his mouth from which liquid was leaking. He consults numerous dentists and undergoes several surgeries, without success. The belief becomes more intense and delirious, and he develops self-harming ideation that leads him to be urgently admitted to the acute psychiatric unit. During the admission, aggressive behavior of the patient towards the staff was observed. Treatment with antipsychotics, antidepressants and ECT was carried with little improvement. He was admitted to a Medium-Term Unit where the patient deteriorated rapidly becoming

apathetic, uninhibited and mutistic. Finally, after several months, he was diagnosed with C9orf72 frontotemporal dementia. Psychotic symptoms may be the initial manifestation of frontotemporal dementia. There is a hypothesis that somatic delusions are caused by an altered body schema, correlated with a pattern of posterior, subcortical and cerebellar atrophy (Ducharme, 2011).
Conclusions: Late-life psychosis should be investigated as a possible prodrome of a frontotemporal dementia. Physicians should be aware given the psychiatric-like presentation, unaltered imaging exam and delayed appearance of typical symptoms of FTD. An increased prevalence of somatic delusions in FTD patient with C9orf72 expansion has been reported (Downey, 2014).

Disclosure of Interest: None Declared

EPV1142

Brexpiprazole in the treatment of behavioral symptoms of dementia: a case report

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Introduction: A case report on the use of Brexpiprazole for the treatment of behavioral disturbance in dementia is presented.
Objectives: A brief review of the benefit of Brexpiprazole treatment in the treatment of dementia is presented in a case report.
Methods: This is an 84-year-old female patient with newly diagnosed multifactorial cognitive impairment. The patient was brought to Mental Health because of the behavioral alteration presented. She reported delusions of harm, theft and a suspicious attitude in relation to moderate cognitive impairment, as well as the recent transfer to a nursing home. In addition, the nursing home had observed that he presented erratic wandering that affected the functioning of the residential environment. In response to this symptomatology, the patient was aggressive and physically heteroagressive towards the caregivers.
The patient, due to the clinical presentation, had been treated with benzodiazepines, which had worsened the episodes of agitation and confusion, interspersed with episodes of somnolence. Therefore, her treatment was modified by adding quetiapine and haloperidol, worsening her psychomotor restlessness and alertness.
Results: When the patient was seen in the psychiatry department, she presented a high level of restlessness that corresponded to akathisia due to the haloperidol, as well as a fluctuating level of alertness that oscillated between wakefulness and somnolence. Despite the overmedication, according to the residency report, the patient maintained episodes of agitation and heteragresivity during wakefulness.
For this reason, it was decided to replace the antipsychotic treatment of quetiapine and haloperidol, progressively with brexpiprazole at 4mg DMD divided in two.
After two weeks of monotherapy with brexpiprazole, the side effects of the previous treatment disappeared, and the patient's daily functioning improved. She remained alert, the suspicious attitude and the delusions of harm disappeared. The episodes of behavioral disturbances had also ceased.
Conclusions: For the treatment of behavioral symptoms in dementia, it is important to have an effective approach to the clinical management without causing adverse effects that can be severe in elderly people. Brexpiprazole is an atypical antipsychotic, being a 5HT1A and D2 partial agonist and a 5HT2A antagonist, and is an appropriate treatment in this age group.

Disclosure of Interest: None Declared

EPV1143

Descriptive Study of Language and Communication Disorders Using a Psychopathological Protocol in a Matched Control Group to a Sample of People with Mild Cognitive Impairment

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Introduction: Aging leads to a progressive deterioration at the communicative level. The identification of language impairment in older adults could help to prevent or slow down the development of a possible neurocognitive disorder.
Objectives: To evaluate psychopathological manifestations in language and communication by means of a psychopathological evaluation protocol in a control group of subjects matched by age and sex to a group of people with mild cognitive impairment.
Methods: The sample consists of twenty healthy older adults (75% female, 25% male) with mean age of 84.15 years (SD = 6.81). A descriptive and observational study was carried out. Subjects of both sexes between 70 and 95 years of age, with absence of possible cognitive impairment, were included. The *Mini-Cognitive Examination* was used to assess cognitive performance, the *PRESEEA* interview was used to obtain the speech sample and a psychopathological assessment protocol.
Results: Increasing age is associated with greater intensity of language impairment (R^2 = .02, p = .047). In the MEC-35 total score, the control group shows a significantly higher performance than the patient group (F = 49.11, p < .001). A negative correlation appears between the total score of psychopathological manifestations and the variables 'educational level' (R^2 = .23, p = .029) and 'socioeconomic level' (R^2 = .33, p = .007).
Conclusions: Anomia, perseverations, disintegrated language, concretism and paragrammatism are possible early indicators of cognitive impairment. The elaboration and application of both assessment protocols and speech therapy intervention programs in older adults may improve communication skills.

Disclosure of Interest: None Declared

EPV1147

Health literacy and psychological well-being in community-dwelling older people: data from FelizIDADE project

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Introduction: Health literacy (HL) is characterised as the ability to understand health and involves people's knowledge, motivation and skills to access, recognise, evaluate and apply health-related information. It is an important topic in the context of healthcare, with studies suggesting that low levels of HL are predictors of adverse health outcomes. Socioeconomic status, age, race, cognition and level of education are factors that contribute to HL levels, with older age being strongly associated with poor HL. However, the relationship between HL and the psychological well-being of older people has not been explored as much in the literature.
Objectives: To describe HL and psychological well-being levels in community-dwelling older people and to analyse the association between these two constructs.
Methods: The data analysed in this study derives from a longitudinal research project called FelizIDADE, whose main objective was to empower older people to promote health and HL. A sample with older people aged 65 years and over, living in the municipality of Vila Nova de Famalicão, in Portugal was included. All participants were assessed with a comprehensive research protocol, which comprised, amongst others, the European Health Literacy Questionnaire (HLS-EU-Q16) and the Psychological Well-Being Scale (PWBS). For statistical analysis, non-parametric tests were used, since data did not follow a normal distribution.
Results: A sample with 59 community-dwelling older people was considered, with a mean age of 72 years (SD=4.5). The majority was female (59%), married (83%) and 91.5% had the completed primary school. Around 83% lived with their spouse and 88% were retired due to age. Statistically positive correlations were identified between the HLS-EU-Q16, age (rs=0.0274; $p<0.05$) and PWBS (rs=0.336; $p<0.01$). The total of HLS-EU-Q16 also correlated positively with the total of four domains of the PWBS: Autonomy (rs=0.412; $p<0.01$); Personal Growth (rs=0.280; $p<0.05$); Positive relations with others (rs=0.275; $p<0.05$) and Purpose in life (rs= 0.379; $p<0.01$).
Conclusions: It is well known that HL plays a fundamental role in older people and lower levels are related to negative impacts on health. This reinforces the importance of understanding the factors that are associated with poor HL. The present findings provide empirical insights into the association between HL and psychological well-being among older people living in the community. Furthermore, these results emphasise HL as an individual resource in promoting well-being.

Disclosure of Interest: None Declared

EPV1148

Psychiatric symptoms in vascular dementia. A new perspective

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Introduction: Psychiatric symptoms in vascular dementia occur in up to 95 % of patients. These symptoms can be of a depressive or manic type, among others. For this reason, it is essential to carry out a proper differential diagnosis between vascular dementia and other types of pathology that include psychiatric symptoms.
Objectives:
1) To describe the main psychiatric symptoms that could guide the diagnosis of vascular dementia.
2) To make an appropriate differential diagnosis in order to carry out the most suitable therapeutic approach in each specific case.

Methods: A review of the most recent literature related to psychiatric symptomatology in patients with vascular dementia.
Results: Vascular dementia can present with very diverse psychiatric pathology. Depending on the subcortical area affected, a particular symptomatology will predominate. For this reason, it is of vital importance to carry out a proper differential diagnosis. When the brain area affected is the ventromedial prefrontal cortex, the predominant symptomatology is depressive, with a higher percentage of patients with abulia. If the area most affected is the orbitofrontal cortex, disinhibition will predominate. However, if it is the dorsolateral prefrontal area, it will lead to executive dysfunctions.
On the other hand, it should be noted that psychiatric symptomatology due to vascular damage often has an atypical presentation in patients. For example, if what predominates is depressive symptomatology, what might appear relatively frequently would be late onset anxiety, irritability, or excessive somatic preoccupation. However, sadness or crying would not be as representative. If what predominates is the manifest symptomatology, in this case, with a high probability it would manifest itself in the form of behavioural disinhibition.
Because of these peculiarities, it is essential to make a proper screening between vascular dementia, late onset depression or Alzheimer's disease, as the therapeutic approach to each pathology will be very different, as will be the prognosis.
Conclusions:
- Atypical psychiatric symptomatology may be the key to a diagnosis of vascular dementia.
- A proper differential diagnosis between vascular dementia, late onset depression and Alzheimer's disease is essential.
- There is no clear benefit in the use of ACE inhibitors and NMDA receptor antagonists in cognitive impairment. However, there is evidence of improvement in cognitive function with SSRI antidepressants in patients with and without depression.

Disclosure of Interest: None Declared

EPV1149

Is dependence on activities of daily living an indicator of social isolation among old people living alone in public housing?

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Introduction: Social isolation (SI) is defined as the lack of social contact or support. Older adults have a higher risk of social isolation because of the changes in health and social relationships that can occur during ageing. Several studies have shown that SI is independently associated with poorer physical and mental health and worsened quality of life. However, limited evidence is available on SI predictors in old public housing populations.
Objectives: To assess the risk of SI and dependency in Basic and Instrumental Activities of Daily Living (BADL; IADL) in a sample of older people living alone in public housing. To identify predictors of SI, namely whether ADL dependency is one of them.
Methods: As part of the ongoing "Porto Importa-se" project, this study included a sub-sample of older persons aged 70 years and over living alone in public housing communities in Porto City, Portugal. All participants were assessed with a comprehensive multidimensional assessment protocol, which encompassed the Barthel and Lawton Indexes (BADLs and IADLs dependency) and the Lubben Social Network Scale-6 (SI risk). Loneliness was measured with a categorical question. A multiple logistic regression model was performed to identify predictive factors for SI. Odds Ratio (OR) and its 95% Confidence Interval (95%CI) were calculated. A $p<0.05$ was considered statistically significant.
Results: The final sample (n=716) was namely female (84%), with an average age of 80.4 years (SD=6.2). Around 36% presented a risk of SI, and 24% reported feeling lonely almost always to always. About 53% had moderate dependency on IADLs, and 11% dependency on BADLs. The proportion of participants dependent on BADLs and at risk of SI is more than double the proportion of cases considered not to be at risk (17%v.s.8%; $p<0.001$). Similarly, the proportion of cases considered to be severely dependent on IADLs and at risk of SI is about four times higher than the proportion of cases considered not to be at risk (13%v.s.3%; $p<0.001$). Based on the logistic regression model, severe dependence on IADLs (OR=5.16, 95%CI[2.37;11.24], $p<0.001$) and loneliness (OR=2.87, 95%CI[2.02;4.09], $p<0.001$) were significant predictors of the risk of SI. The model has a modest explanatory power (Nagelkerke $R^2=0.126$).
Conclusions: The rate of SI found in this study aligns with the results reported in other studies with similar objectives. The identification of loneliness and dependence in ADL as predictors of SI also complies with previous studies. These results reinforce the importance of monitoring elderly people who find themselves alone and dependent on the fulfilment of their ADLs more closely.
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Disclosure of Interest: None Declared

EPV1150

Impact of medical comorbidities on mental disorder pathoplasticity in elderly patients: a case report

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Introduction: Careful qualitative analysis of medical comorbidities in psychogeriatric patients is frequently overlooked in clinical practice, although these individuals often present with complex clinical pictures where multiple age-related somatic conditions can influence or alter the psycopathological presentation of mental disorders. This interplay can significantly affect both diagnosis and management, complicating the therapeutic approach and influencing prognosis.
We present the case of an 81-year-old male with a history of schizoaffective disorder admitted to our Psychiatry Unit due to an episode of marked motor inhibition and delusions. This case is notable for its complex clinical presentation, requiring a broad differential diagnosis, and serves as a representative example of the challenges in managing psychogeriatric patients with overlapping psychiatric and neurological comorbidities.
Objectives:
1) To describe the clinical particularities of this case, focusing on relevant psychogeriatric comorbidities and related changes in pathoplasticity.
2) To review the available evidence regarding the characteristics and management of comorbid neurological disorders in psychogeriatric patients.

Methods: The patient's clinical history was reviewed, including complementary tests such as brain MRI and PET-CT scans. Additionaly, a literature search was carried out, focusing on psychiatric and neurological comorbidities in elderly patients with a history of psychotic and affective disorders.
Results: The patient's clinical course reveals a significant change in the presentation of symptoms starting at the age of 70. Prior to this age, episodes were characterized mainly by inhibition, mutism, and delusional guilt. However, from the age of 70, there is a notable shift to more complex presentations with both manic and psychotic symptoms, including persecutory delusions, hyperactivity, and religious ideation, alongside periods of mixed affective states with significant affective lability. The development of probable drug-induced parkinsonism, confirmed by a negative DaTSCAN, and neuroimaging findings suggestive of a neurodegenerative process akin to Alzheimer's disease further complicated the clinical picture. Therapeutic interventions included psychopharmacological adjustments and electroconvulsive therapy, resulting in partial stabilization.
Conclusions:
1. Managing psychogeriatric patients requires addressing comorbidities with a flexible, symptom-based approach.
2. Neurodegenerative processes can alter prognosis by increasing relapse risk and changing symptom patterns.
3. A multidisciplinary approach is crucial for optimizing care in complex psychogeriatric cases.

Disclosure of Interest: None Declared

EPV1151

Assessing hair cortisol levels and cognitive function in older palliative care patients: a potential for broader clinical application of a stress biomarker

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Introduction: Older patients in palliative care often experience considerable stress due to physical, emotional and existential factors. Previous research has identified cortisol, a glucocorticoid hormone, as a key biomarker for stress assessment. This pilot study aimed to investigate the potential of hair cortisol as a potentially objective stress biomarker in a specific population (aiming for a broader aplicability), as well as to explore cognitive changes in older palliative patients using the Mini-Mental State Examination (MMSE-2).
Objectives: This study objectives were to (1) assess changes in hair cortisol levels and cognitive function in older palliative care patients over three weeks of hospitalization and (2) evaluate the suitability of hair cortisol as a short-term stress biomarker in this patient group.
Methods: This monocentric pilot study included 19 patients from different palliative care hospital services in Croatia, gathered via a convenience sampling approach with strict inclusion/exclusion criteria. Hair cortisol levels were measured at baseline and after three weeks using an enzyme-linked immunosorbent assay (ELISA). Cognitive function was assessed using the 16-point MMSE-2. Statistical analyses included paired t-tests and linear regression, and significance was set at $p<0.05$.
Results: A statistically significant increase in mean hair cortisol levels was observed after three weeks of hospitalization ($p=0.007$), suggesting heightened stress over time. In contrast, MMSE-2 scores showed no statistically significant change ($p=0.064$), indicating no detectable cognitive decline within the study period. No significant correlations were found between cortisol levels and MMSE-2 scores at either time point, and differences between male and female patients were not statistically significant.
Conclusions: The findings support the potential use of hair cortisol as a biomarker for stress in palliative care settings, especially for tracking the transition from acute to chronic stress. However, MMSE-2 may not be sensitive enough to detect cognitive changes over short time spans in this patient group. Consequently, further research with larger samples is needed to validate hair cortisol as a practical tool for monitoring stress and to explore its clinical implications for improving palliative care outcomes.

Disclosure of Interest: None Declared

EPV1152

Profile of Elderly Patients Hospitalized for the First Time in Psychiatry

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Introduction: Hospitalization in psychiatry often marks a critical point in the management of mental health disorders. For elderly patients, this can be a first-time experience and is often associated with complex psychological, social, or medical factors. Due to the age, psychiatric symptoms may become more pronounced because of comorbidities, cognitive decline and social challenges. Understanding the profile, medical history, presenting complaints, and associated conditions of elderly patients admitted for the first time to psychiatric care is essential to improve the comprehensive care.
Objectives: The objective of this study is to analyze the profile of elderly patients hospitalized for the first time in the psychiatric department, focusing on their medical history, presenting complaints, diagnoses, and comorbidities.
Methods: It's a retrospective study. We reviewed the files of all patients aged over 65 years old who were hospitalized in the Avicenne Psychiatric Department at Razi Hospital between September 2022 and September 2024.
Results: We identified 22 patients with 16 men and 6 women. The average age of our patients was 68 years (ranging from 64 to 80 years). The majority had a secondary school education (47%), came from an urban background (81%) , were retired (54%), with a high socioeconomic status (42%), married (61%), parent of an average of 2 children and with a family history of mental disease (52%). A history of somatic illness was found in 61% of the patients. The reason for hospitalization was behavioral disorder in 73%, suicidal thoughts in 18.2% and refusal to eat in 8.8%. A history of psychiatric consultation without the need for hospitalization was found in 59% of the cases around the age of 51 years. In 18% of the cases, the onset of the disorder was acute, while it was progressive in the rest. Concerning the diagnosis, we observed mental confusion caused by an organic pathology in 9%, a purely neurological cause of the disorder in 14% (dementia in 10% and Parkinson's disease in 4%), a depressive episode in 31%, a manic episode within the context of bipolar disorder in 37%, and schizophrenia in 9%. Comorbidity with paranoid personality disorder was observed in 4 patients, all of them were females. For patients with a psychiatric diagnosis, a neurological comorbidity was found in 31.25% (25% dementia, 6.25% Parkinson's disease).
Conclusions: This study shows that elderly patients in their first psychiatric hospitalization have complex profiles affected by age-related factors and comorbidities. Diagnosis varied from mood to psychotic disorders, often with neurological issues. The frequent history of psychiatric consultations without hospitalization suggests that early intervention could help prevent more severe admissions. Understanding these profiles is crucial for improving care and treatment for elderly patients.

Disclosure of Interest: None Declared

EPV1153

Navigating Polypharmacy in Elderly Psychiatric Patients: A Review of the Literature

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Introduction: According to the World Health Organization, the global population aged 60 and older is projected to nearly double between 2015 and 2050, increasing from 12% to 22%. This demographic shift presents unique challenges in the management of psychopharmacological treatment in the elderly. Factors such as multimorbidity, atypical presentations of psychiatric disorders, age-related alterations in pharmacokinetics and pharmacodynamics, and the high prevalence of polypharmacy— often defined as the concomitant use of five or more medications—complicate therapeutic approaches in this population.
Objectives: This review synthesizes the current evidence on the prevalence, contributing factors, and consequences of polypharmacy in elderly psychiatric patients.

Methods: A narrative review was conducted using key terms and their combinations, including "polypharmacy", "elderly", "geriatric" and "psychiatry". Relevant studies, case reports, and reviews published from 2000 to 2024 were included.
Results: The prevalence of polypharmacy in the population varies across the literature; however, several well-established risk factors have been identified. These include age 65 years and older, living in a nursing home, comorbidities like diabetes mellitus, cardiovascular disease, metabolic syndrome, and COPD, as well as cognitive impairment. Additionally, prescription-related factors contribute to polypharmacy, such as poor quality of clinical records, automatic prescription renewals, and the involvement of multiple prescribers. The high rate of polypharmacy in older adults is associated with several challenges, including inappropriate medication use, difficulties in adhering to treatment regimens, increased risk of hospitalization, a higher likelihood of adverse effects, functional and cognitive decline, higher healthcare costs, and an increased risk of mortality. Additionally, a recent meta-analysis revealed for the first time that polypharmacy was significantly associated with the incidence of dementia and worsened its prognosis.
Conclusions: Advanced age is a significant risk factor for polypharmacy, often resulting in adverse outcomes such as reduced quality of life, increased morbidity, and higher mortality rates. Identifying and regularly assessing polypharmacy cases, alongside evaluating potentially inappropriate medications, are critical steps. Implementing safe prescribing practices and deprescribing strategies specifically adapted to the needs of elderly patients can effectively reduce risks and improve overall well-being in this vulnerable population.

Disclosure of Interest: None Declared

EPV1154

Echoes of solitude: systematic review and meta-analysis revealing mortality risks in older adults due to loneliness, social isolation, and living alone

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Introduction: Loneliness, social isolation, and living alone are emerging as significant risk factors for mortality, especially in older adults.
Objectives: Loneliness, social isolation, and living alone are recognized as significant risk factors for mortality in older adults. This study aimed to quantify their associations with all-cause and cause-specific mortality, extending the scope of previous research by considering a broader range of social factors.
Methods: A systematic search was conducted in PubMed, APA PsycINFO, and CINAHL databases up to December 31,2023, adhering to PRISMA 2020 and MOOSE guidelines. Inclusion criteria comprised prospective cohort or longitudinal studies examining the relationship between loneliness, social isolation, living alone, and mortality. Quality assessment was performed using the Newcastle-Ottawa Scale. Meta-analyses utilized random-effects models with the Restricted Maximum Likelihood method, while subgroup and meta-regression analyses explored further relationships.
Results: Out of 11,964 studies screened, 86 met the inclusion criteria. Loneliness was associated with a 14% increase in all-cause mortality risk, social isolation with a 35% increase, and living alone with a 21% increase. However, substantial heterogeneity was observed across studies, influenced by various factors including gender, age, geographical region, chronic diseases, and study quality. Meta-regression analysis identified predictors such as longer follow-up periods, female sex, validated social network indices, cognitive function adjustments, and study quality.
Conclusions: Loneliness, social isolation, and living alone significantly increase mortality risk in older adults, emphasizing the urgency of public health interventions targeting these factors to enhance health outcomes among the aging population. However, due to study variations, further research is needed to understand their cumulative effect on mortality risks and inform tailored interventions.

Disclosure of Interest: None Declared

EPV1158

Cognitive impairment in patients with very late onset schizophrenia-like psychosis

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Introduction: Very late-onset schizophrenia-like psychosis (VLOSLP) is one of the largest group of mental illnesses in late life after dementia and depression. The question of role of cognitive impairment and the risk of dementia development in this group is still open.
Objectives: To determine the relationship between cognitive impairment and clinical features.
Methods: 65 patients (62 woman, 3 man), medium age 72,5 [63,5; 78,5], medium age of onset 69 [62; 76] with schizophrenia (F20), n=23; chronic delusion disorder (F22.81), n=7, organic schizophrenia-like disorder (F06.2), n=7, schizoaffective disorder (F25), n=11, manifesting after 60 years, underwent clinical examination. The assessment was carried out using clinical-psychopathological, psychometric and statistical methods.
Results: Based on clinical and psychopathological features, 3 clinical groups were formed. The group of patients with acute polymorphic symptoms with mental disorganization included 25 patients. The cognitive impairment was the most acute in this group and correlated with psychotic and affective symptoms. It reduced by the 28th day of investigation, but didn't reach the normative ones, which may indicate the presence of persistent cognitive dysfunction associated with the present neurobiological changes and creates particular concern regarding the development of a neurodegenerative process in this group of patients.
The 2nd group included 30 patients with a predominance of paranoid symptoms with an "age" coloring, which, however, wasn't the leading plot. Cognitive impairment was less pronounced compared

to the first group and was stable in nature, was not associated with the degree of reduction of psychotic and affective symptoms. This allows us to consider it as a predictor of the development of psychosis.
The 3rd group included 10 patients and was characterized by the prevalence of affective and delusional symptoms with acute sensory delirium, pseudodementia at the height of the condition. The degree of cognitive decline at the beginning of the study was comparable with patients in the 2nd group. High correlations were established between the degree of reduction of productive and affective symptoms and the improvement of cognitive functions. A complete reduction of existing disorders was noted by the end of treatment, which may indicate a more congenial prognosis.
Conclusions: This study confirms the results of previous studies on presence cognitive impairment in patients with VLOSLP, and in addition demonstrates specific differences in cognitive profiles depending on the clinical variant of VLOSLP.

Disclosure of Interest: None Declared

EPV1159

Exercogs®: Technology Solution Applied in Dementia Prevention

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Introduction: Recent research highlights the importance of technological solutions in delaying cognitive decline and improving life quality for at-risk individuals, emphasizing the need for innovative, tech-based approaches in dementia prevention (Johnson et al.,2023; Smith et al.,2023). Exercogs® is an innovative tool designed to tackle the global challenge of dementia by addressing modifiable risk factors (Livingston et al.,2020). Developed through a clinic-academia partnership, it integrates physical exercise, cognitive skills, and social interaction into a single activity for dementia prevention programs.
Objectives: This scientific study aims to: 1) Creating and validating 4 Exercogs® (using gamification) for an augmented reality platform; 2) Validating a dementia prevention program that generates health benefits using Exercogs®.
Methods:

1. **Research and Planning:** assessment of seniors' needs; survey of market solutions;
2. **Ideation and Concept Development:** definition of therapeutic objectives; selection of stimulus types; idealization of game scenarios, cognitive, and motor areas;
3. **Design and Prototyping:** programming video games; implementation of gamification techniques;
4. **Testing and Evaluation:** testing the prototypes and interaction mechanics with a group of users; usability testing.;
5. **Scientific Validation:** experimental study with pre and post-test assessment, with a sample of 204 subjects aged ≥ 65 years old.
6. **Maintenance and Improvement:** the solution is being used in pilot studies in different institutions in Portugal for evaluation and continuous improvement.

Results: Exercogs® consists of 4 games that target key areas of healthy and pathological ageing, focusing on cognitive (attention, memory, executive functions), physical (mobility, coordination, balance) and social (general social skills) domains. Each game adapts to users' abilities with different difficulty levels and is designed for group play to enhance social interaction, crucial for mental health. Utilizing gamification and augmented reality for engagement, scientific validation showed significant improvements in cognitive, affective, social, functional domains, and quality of life, with marked statistical significance in all areas assessed.

Image 1:

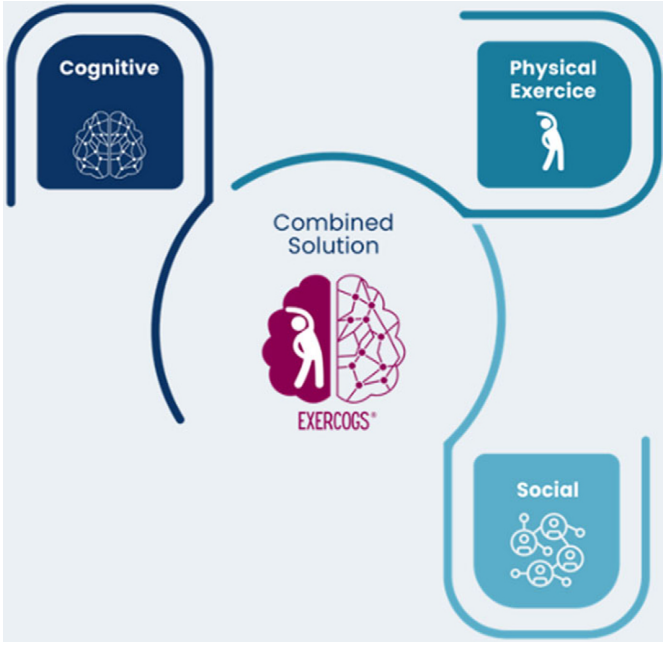
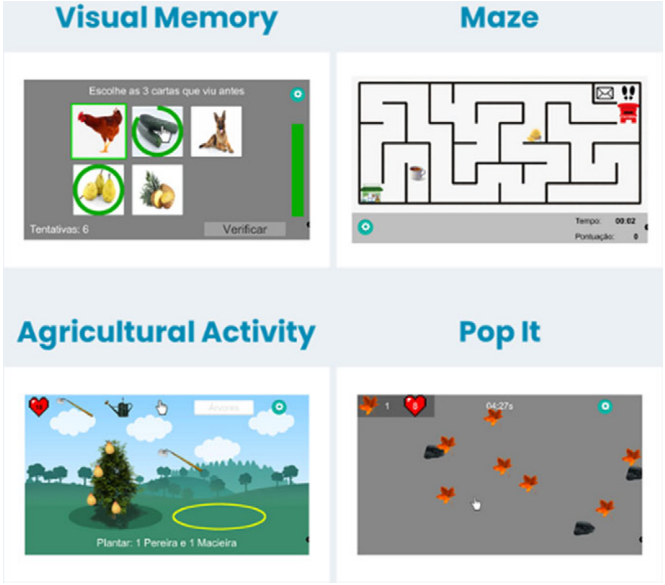


Image 2:



Conclusions: Notable health benefits were observed among users, particularly in cognitive function and quality of life. These findings indicate the potential effectiveness of Exercogs® in dementia prevention programs. The alliance between the clinic and academia is crucial for solving the challenges of longevity and creating technological solutions that respond to new health needs. The use of technologies in health intervention generates high levels of adherence and motivation among older adults, as well as among health professionals. Exercogs® are a promising technological solution that uses gamification with clinical support to prevent dementia!

Disclosure of Interest: None Declared

EPV1161

Meta-analysis of Ginkgo biloba extract EGb 761 in the treatment of mild dementia

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Introduction: Even mild forms of dementia have a detrimental effect on memory and activities of daily living, and cause distress to patients and their families. As the disease progresses, the impairment of patients and the burden on their carers increases over time. Thus, there is a need for effective, safe and well-tolerated treatments that can be initiated at the earliest stages.

Objectives: A meta-analysis of pooled patient subgroup data from randomised clinical trials was conducted to assess the treatment effects of Ginkgo biloba extract EGb 761 in patients with mild dementia.

Methods: The studies included in this meta-analysis were selected from a previous systematic review (von Gunten *et al.* World J Biol Psychiatry 2016, 17(8),622-633). They enrolled patients with mild dementia (total score 9-15 on the SKT Short Cognitive Performance Test, SKT) (Lehfeld and Erzigkeit, Int Psychogeriatr 1997, 9(Suppl 1), 115-21) with probable Alzheimer's disease, probable vascular dementia, or possible Alzheimer's disease with cerebrovascular disease, respectively. Outcome measures were cognition, activities of daily living, global clinical assessment and quality of life.

Results: From four eligible trials data of 782 patients with mild dementia were included in the meta-analysis. The analysis demonstrated that treatment with 240 mg EGb 761 daily was significantly superior to placebo in cognition (p=0.04), global assessment (p=0.01), activities of daily living (p=0.01) and quality of life (p=0.02) with medium to large standardised effects. Adverse events were similarly frequent in patients treated with EGb 761 and placebo (p=0.66).

Image:

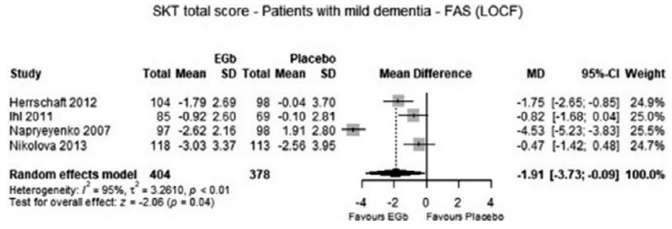


Image 2:

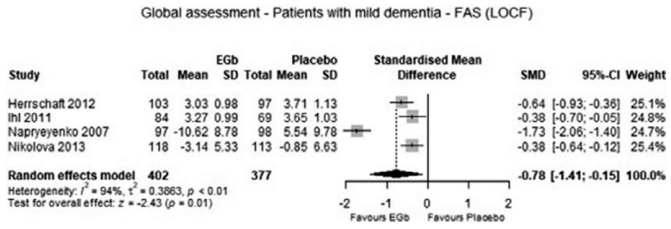
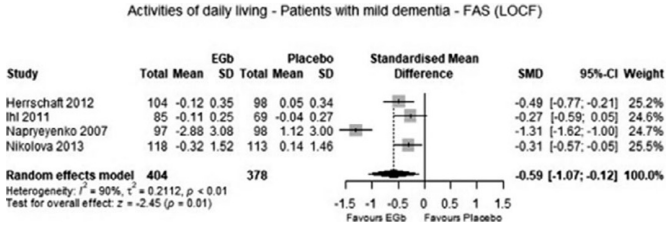


Image 3:



Conclusions: The meta-analysis shows that EGb 761 has beneficial effects on cognition, activities of daily living, global assessment and quality of life in patients with mild dementia.

Disclosure of Interest: M. Riepe Speakers bureau of: Dr. Willmar Schwabe GmbH & Co. KG, M. Burkart Employee of: Dr. Schwabe Holding SE & Co. KG

EPV1162

Efficacy of music therapy in patients with mild cognitive impairment. Systematic review

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Introduction: The concept "mild cognitive impairment" (MCI) means a decline in executive functions (such as memory, attention, language or thought) that does not correspond to what is expected for a person's age group. It is estimated that this diagnosis may affect a fifth of the population over 65 years and 50-80% of them will develop dementia. This pathology is related to a loss of autonomy and an increase in dependence. In addition, there are therapeutic limitations, so it is a flagrant health and social problem. In this context of difficulties, various non-pharmacological therapies are emerging with the aim of improving various aspects of this disease, among which we can found music therapy (MT).

Objectives: The aim of this study is to review the most recent findings of the scientific community regarding the validity of MT as an intervention in patients with MCI. Specifically, its efficacy on cognition and its power to stop the progression of dementia are evaluated, as well as its effects on other areas of the patient.

Methods: A systematic review was carried out in the "WOS-Web of Science", "Scopus" and "Psycoinfo" databases following PRISMA guidelines. The keywords were "MT" and "MCI". We included clinical trials, systematic reviews and meta-analyses in english or spanish whose study population had MCI, excluding those published before 2017.
Results: 15 studies were selected, all with high quality evidence designs measured by Scotish Intercollegiate Guidelines Network scale. Among all the types of MT evaluated, various studies agree that Active MT (which includes activities that involve active participation of the patient such as singing or dancing) stands out as one of the best options, showing post-intervention improvements in MMEE scores and, secondarily, in emotional well-being (specially depression and anxiety). Instrumental practice has an important protective effect on cognitive function. On the other hand, MT with movement, in addition to being effective on cognition (it increases activity in prefrontal cortex), also causes an improvement in physical conditions. However, musical reminiscence (which consists of listening to music with an emotional component for patients with simultaneus display of images to favor memories), although it shows postive effects in several articles, these are not statistically significant. Finally, multimodal therapy (which is a combination of training and cognitive stimulations based on reminiscence and MT) did not show statistically significant changes in either mood or executive functions.
Conclusions: MT is a valid intervention to improve cognitive function, some neuropsychiatric symptoms and the quality of life of patients with MCI. If we also take into account its economic accessibility, the organizational simplicity and null adverse effects, it is easily concluded to be one of the most attractive therapeutic options for treating MCI today.

Disclosure of Interest: None Declared

EPV1163

Cognitive impairment or delusional disorder? A case report

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Introduction: Delusions and hallucinations can appear in various psychiatric and neurological pathologies. When these psychotic symptoms are of late onset, in geriatric age, it may be necessary to make a differential diagnosis between dementia or other psychiatric disorders.
Objectives: To describe the differential diagnosis between dementia and delusional disorder.
Methods: Review of the scientific literature based on a relevant clinical case.
Results: 70-year-old woman who lives with her husband. She has two independent daughters. History of a depressive episode in her youth related to her husband's gambling addiction. She attended the emergency department due to behavioural alteration at home with verbal heteroaggressiveness towards her sister and several neighbours. At the hospital she was approachable, with some psychomotor restlessness, reporting that a neighbour wanted to harm her and spoke of her, making delirious interpretations of harm and referring to visual hallucinations in the form of animals in the courtyard of her house. A brain CAT scan was performed, with normal results.
Her family reports that for about a year she has been saying incoherent things on occasions and behaving strangely. It was decided to admit her to the acute care unit.
Conclusions: During hospitalisation she didn't present behavioural alterations. Treatment with risperidone was introduced with adequate tolerance and response, with distancing of the delusional ideation of harm. MOCA test was performed: 23/30 (suggestive of cognitive impairment), so PET-CT was requested with results not suggestive of neurodegenerative disease and neurodiagnostic tests (SCIP-S and BCSE); the results indicate heterogeneous cognitive performance, and no global cognitive impairment could be observed at the present time and a repeat assessment was recommended in one year's time. Due to the results of the tests and the decrease in positive symptomatology with antipsychotic treatment, a diagnosis of delusional disorder was made upon discharge.

Disclosure of Interest: None Declared

EPV1164

Complex Visual Hallucinations in Charles Bonnet Syndrome: Diagnostic and Treatment Challenges in a Case with Psychotic Features

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doi: 10.1192/j.eurpsy.2025.1752

Introduction: A 64-year-old male with diabetes-related blindness was admitted with anxiety, low mood, and passive suicidal ideation. Despite no psychiatric history, he experienced visual hallucinations, which he recognized as "optical illusions." A CT scan ruled out organic causes, and retinal detachment with irreversible vision loss was confirmed. Diagnosed with Charles Bonnet Syndrome (CBS), he developed delusional interpretations and auditory hallucinations. Initially treated with Venlafaxine 150 mg/day, his psychotic symptoms persisted until Risperidone was increased to 6 mg/day, which resolved the hallucinations. Lithium was then added, allowing a reduction in Risperidone without relapse.
Objectives: This review, based on a case study, focuses on the challenges of treating Charles Bonnet Syndrome (CBS), early diagnosis, and the lack of clear diagnostic criteria. It explores the connection between CBS and visual loss, the emergence of psychotic symptoms, and the role of antipsychotics in managing them.
Methods: Literature was reviewed using the following keywords: (Charles Bonnet syndrome) AND (visual hallucinations OR hallucinations) AND (treatment OR management OR therapy OR pharmacotherapy). Databases such as PubMed were used to gather relevant studies.
Results: There are several challenges in diagnosing and treating CBS. Underdiagnosis is common, leading to misdiagnoses such psychosis (Voit et al., 2021; Stojanov, 2016). Non-pharmacological

approaches, including improving vision aids, have shown effectiveness in reducing hallucinations (Yacoub & Ferrucci, 2011; Pang, 2016).However, pharmacological treatments, including antipsychotics and SSRIs, have shown inconsistent results (Voit et al., 2021; Rojas & Gurnani, 2023). Differentiating CBS from psychiatric disorders is crucial, as patients typically retain awareness of the unreal nature of their hallucinations (Stojanov, 2016). Emerging research on CBS neurobiology suggests potential for future targeted therapies (Weil & Lees, 2021; Collerton et al., 2023).
Conclusions: Charles Bonnet Syndrome (CBS) is frequently underdiagnosed due to limited awareness and patient underreporting. Non-pharmacological approaches, such as improving vision and social support, help alleviate symptoms, though no standardized pharmacological treatments exist. This case underscores the importance of distinguishing CBS from psychiatric disorders, especially when psychotic features are present. A multidisciplinary approach, involving ophthalmologists, psychiatrists, and neurologists, is essential for effective management, as seen in this case. Early diagnosis and ongoing research are crucial for developing more targeted treatments for CBS.

Disclosure of Interest: None Declared

EPV1165

Neuropsychiatric Disorders and Psychosis Induced by Chronic Toluene Exposure: Case Review and Antipsychotic Treatment Approaches

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Introduction: This case of a 79-year-old patient with inferred past exposure to toluene and persistent paranoid delusions illustrates the potential neuropsychiatric consequences of solvent exposure. The patient's work as a car painter (1990-1992) aligns with literature highlighting the neurotoxic effects of organic solvents. Despite no direct evidence of exposure, treatment with Zuclopentixol 200 mg Depot every two weeks led to symptom improvement, reflecting findings on toluene-related neuropsychiatric disorders such as psychosis.
Objectives:
- Present a potential case of toluene-induced psychosis.
- Review the etiopathogenesis and treatment.
- Assess evidence linking chronic solvent exposure with neuropsychiatric disorders.

Methods: A literature search using PubMed databases was conducted with keywords: (toluene OR xylene OR volatile organic compounds OR organic solvents) AND (psychosis OR schizophrenia OR mental disorders). Case series and observational studies were reviewed. No randomized clinical trials on antipsychotic treatment for toluene-induced psychosis were found.
Limitations: The patient's exposure to toluene was inferred based on work history, without direct evidence such as biomarkers or occupational assessments. As most studies are case series, results must be interpreted with caution. There is a lack of randomized controlled trials exploring antipsychotic treatments in solvent-induced psychosis.
Results: Chronic exposure to toluene is associated with cognitive impairment, memory deficits, personality changes, and psychosis. Neuroimaging often reveals white matter alterations and cerebral atrophy in chronic users. Rare cases of irreversible schizophreniform psychosis have been documented. Treatment with atypical antipsychotics like risperidone shows variable efficacy, but outcomes differ between patients. In this case, Zuclopentixol 200 mg Depot every two weeks led to significant symptom reduction.
Conclusions: Chronic toluene exposure can result in severe neuropsychiatric disorders, including psychosis, as demonstrated by this 79-year-old patient. Neuroimaging showed cerebral atrophy and white matter changes in long-term exposure cases. Treatment with Zuclopentixol effectively reduced symptoms, despite the limited literature, which is mostly based on case series. Randomized clinical trials are needed to develop standardized treatment protocols. Additionally, occupational safety measures are critical to preventing adverse effects from solvent exposure.

Disclosure of Interest: None Declared

EPV1166

Auditory Charles Bonnet Syndrome in a Geriatric Patient with Hearing Loss and Depressive History: A Case Report and Multidisciplinary Approach

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Introduction: We present the case of an 88-year-old woman with severe hearing loss and a history of hypertension, non-valvular atrial fibrillation (AF), hypothyroidism, and depressive episodes, admitted following a medication overdose in a context of depressive ideation. The patient reported auditory hallucinations, hearing the voice of her deceased mother; however, she did not exhibit delusional interpretations regarding these experiences, suggesting auditory Charles Bonnet syndrome. This rare phenomenon is primarily described in older patients without psychotic disorder and requires an interdisciplinary approach for appropriate management.
Objectives: To describe the clinical progression of a probable case of auditory Charles Bonnet syndrome and analyze the importance of a multidisciplinary approach, particularly in coordination with neurology, to achieve optimal diagnosis and treatment in a geriatric context.
Methods: The case was addressed through a detailed psychiatric evaluation focused on psychopathological assessment and structured interviews to evaluate affective, cognitive, and behavioral symptoms. Neuropsychological assessment included the Phototest and Clock Drawing Test to rule out advanced cognitive impairment, as well as a cranial CT scan, which showed no significant abnormalities. The neurology consultation evaluated cognitive status, hearing loss, and its impact on the patient's psychological state, while also ruling out other neurological disorders.
Results: The patient showed favorable progress during admission, with mood stabilization and reduced anxiety. She exhibited

long-standing depressive symptoms, including feelings of guilt and burden on her family. She acknowledged hearing her mother's voice calling her and was able to critically assess the unreal nature of these hallucinations. The neurology consultation confirmed significant hearing loss, which contributed to her isolation and, possibly, to the development of auditory hallucinations (due to the lack of sensory input). No signs of advanced cognitive impairment were found.
Conclusions: This case highlights the importance of a multidisciplinary approach in managing elderly patients with unusual hallucinatory phenomena. Once psychotic symptoms were ruled out by psychiatry, the neurology consultation was essential to exclude cognitive impairment and contextualize the auditory hallucinations in relation to the patient's hearing loss and emotional burden. The integrated intervention with her family facilitated a more comprehensive approach, including family support and psychoeducation, adjustments in psychopharmacological treatment, and recommendations to improve quality of life (including emphasizing the use of hearing aids) and social support; demonstrating the effectiveness of collaboration between psychiatry and neurology.

Disclosure of Interest: None Declared

EPV1167

Outcome and cognitive assessment of subjects over 65 years old admitted to the psychiatric ward

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Introduction: The psychogeriatric wards are managed by a specialized multidisciplinary team and are designed to provide a safe, comfortable, and therapeutically appropriate environment for patients with psychiatric issues, where, due to advanced age, pre-existing medical conditions, polypharmacy, cognitive impairments, and fragile physical conditions often coexist.
The elderly population, which is admitted in psychiatric ward in the absence of psychogeriatric wards, appears to be rather heterogeneous and in continuous grow. There are few studies in the literature that investigate the outcomes of hospitalization for these often fragile and vulnerable individuals in environments specific for the intensive management of acute psychopathological conditions.
Objectives: This retrospective observational study aims to evaluate the effectiveness of clinical interventions in patients aged over 65 who are hospitalized in acute phases in the psychiatric ward at the Bufalini Hospital in Cesena.
Methods: At the beginning and end of hospitalization, psychopathological symptoms were measured using the Brief Psychiatric Rating Scale (BPRS). Social and relational functioning was evaluated with the Health of the Nation Outcome Scales (HoNOS), while global cognitive performance was assessed through the Mini-Mental State Examination (MMSE) and the Clock Drawing Test (CDT).
Results: The sample included 166 patients (91 F), with an average age of 71.2 years (SD 5.7). Among these, 128 (77.1%) completed tests. Patients were hospitalized for Bipolar Disorder (46), Psychotic symptoms (16), Major Depression (58), and Dementia (8).
From the general linear model for repeated measures, it emerged that the treatment administered during hospitalization led to a significant improvement in outcomes regardless of the admission diagnosis, for psychopathological symptoms, for socio-relational functioning, and for general cognitive functionality (MMSE and marginally p<0,05 CDT). There were no statistically significant differences related to diagnostic category, age, or gender.
Conclusions: The present study provided important insights regarding the effectiveness of clinical interventions applied to patients over 65. The relevance of these results is particularly pronounced considering the increasing heterogeneity of the elderly population with psychiatric issues and the complexity of the treatments needed to address coexisting conditions and polypharmacy. Further studies are needed to monitor clinical outcomes in the field of psychogeriatrics to further improve the quality of care, while also exploring the challenges related to the early differential diagnosis between psychiatric and dementia-related disorders, in order to ensure increasingly effective and personalized care.

Disclosure of Interest: None Declared

EPV1168

Late Depression and Senescence-Associated Secretory Phenotype (SASP)

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doi: 10.1192/j.eurpsy.2025.1756

Introduction: Neurobiological mechanisms of late depression include abnormal regulation and interaction of multiple biological processes, as well as abnormalities of brain structures and organs.
Objectives: literature analysis
Methods: general scientific method
Results: The results of the study show that the SASP index as an integral indicator of changes in proteins associated with the cellular aging secretory phenotype is significantly higher in patients with late depression. A high SASP index correlates with older age and age-related diseases. A high SASP index correlates with low cognitive function (low executive function, information processing speed), and high gray matter atrophy. According to the authors, this indicates a connection between late depression and the molecular picture caused by structural and phenotypes of brain aging. Postmortem studies of patients with late depression revealed a coincidence of abnormal gene expression with genes whose expression is regulated by age. Proteomic studies show that late-onset depression associated with cognitive impairment is associated with abnormal regulation of biological pathways related to immune inflammation control, proteostasis, cellular communication and signaling, and oxidative stress. These biological pathways were downregulated during aging, suggesting that depression is associated with lifelong biological abnormalities, limitations with aging. Studies have shown that some of the biomarkers associated with inflammation, growth factors, and cell surface proteins are abnormally regulated in late-onset depression (e.g., elevated sTNFR2 levels) or are associated with certain clinical characteristics such as cognitive impairment (e.g., angiogenin, IGFBP-6). The biological effects of SASP proteins are mediated by p53, p38MAPK, and NFκB

signaling pathways. The SASP index correlates with poor executive function and information processing speed. Patients with late-onset depression associated with cognitive decline have been shown to have profound neurobiological abnormalities and significantly reduced BDNF levels, which is consistent with an enhanced molecular profile of aging. SASP proteins can be produced and secreted by senescent glial cells and activate neuronal intracellular cascades associated with nutrition, metabolic control, cell growth, and apoptosis.
Conclusions: Key to understanding the neurobiology of late-onset depression is how it interacts with brain and systemic biological changes associated with aging.

Disclosure of Interest: None Declared

EPV1169

Prevalence of sarcopenia in elderly psychiatric inpatients of central Slovenia - study protocol

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Introduction: Sarcopenia is a syndrome described as generalized and progressive loss of muscle mass, strength and function, leading to an increased risk of falls, fractures, disability and mortality. Recent studies have shown that sarcopenia is more common in patients with long-standing psychiatric illnesses compared to the general population, particularly in those with depression and dementia. There have also been reports of higher prevalence in patients with schizophrenia and bipolar disorder.
Objectives: Our study aims to determine the prevalence of sarcopenia and the factors associated with the syndrome among the geriatric psychiatric population diagnosed with Alzheimer's disease, depression, bipolar disorder, or schizophrenia in the central Slovenian region.
Methods: A single-centre cross-sectional study will be conducted over 3 months at the Department of Geriatric Psychiatry of the University Psychiatric Clinic Ljubljana. Admitted patients aged 65 years or older with a diagnosis of Alzheimer's, depression, bipolar disorder, or schizophrenia will be eligible (50 patients per each diagnosis). The SARC-F (Strength, Assistance with walking, Rising from a chair, Climbing stairs, and Falls) and the MSRA (Mini Sarcopenia Risk Assessment) questionnaires will be used as screening tools to identify sarcopenic patients. Additionally, calf circumference and handgrip strength will be measured. The patients' cognitive functioning will be assessed using the Mini-Mental State Evaluation (MMSE).
Results: We expect to detect higher rates of sarcopenia among inpatients with mental illness. Subgroups will be analyzed according to different demographic and disease parameters.
Conclusions: This study is the first to evaluate sarcopenia among elderly Slovenian inpatients with a mental health illness. We believe that sarcopenia is an important yet underdiagnosed parameter of functional health in the elderly struggling with a chronic mental health illness and should be regularly screened for. Further research is required to identify sarcopenia in this vulnerable population, especially at an early stage, to counteract the progression of the disease.

Disclosure of Interest: None Declared

EPV1170

Using a reflective practice group to facilitate the professional development of care staff in a dementia care setting

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Introduction: Research has shown that staff working in clinical environments caring for frail, elderly or dying patients often must deal with high levels of emotional distress and psychological pain. Psychological defences are necessary and are part of our normal coping mechanism to deal with grief and losses but if they are not understood and recognized, may impact on staff and organizations in unhelpful and destructive ways. In resilient caregiving organizations, emotions are respected and attending to these emotions allow staff to create relationships which will help them cope with their work better.
Objectives: Through interprofessional education with a reflective group, it was hoped that the improved understanding of emotions and experiences of staff and patients could directly influence clinical practice.
Methods: Participants were invited to monthly meetings of 60 minutes for 12 months. A psychodynamic perspective addressed the unconscious processes in clinical encounters. Participants were encouraged to describe how they felt and the meanings of their behaviour rather than just focusing on what happened. Group size was capped at 12 with 2 psychodynamically-oriented facilitators. Semi-structured interviews were conducted and a qualitative approach with content analysis of the transcribed interviews was adopted.
Results: Interdisciplinary staff included nurses, psychologists, social workers, junior and senior clinicians. Our findings showed that staff in dementia care encountered significant levels of emotional distress. The major themes emerged included:
1. Universality of emotions
2. Psychologically safe space
3. Enhancement of reflective capacity
4. Sense-making in the clinical environment

Conclusions: The experiential group discussions allowed staff to better understand and recognize their vulnerability by providing a safe space for directed catharsis. The enhancement of reflective capacity through mirroring and universality in groups allowed members to create relationships which helped them cope with their work better. Through critical inquiry and dialogue, there was better awareness of the social, cultural, economic and political forces at work as staff were encouraged to think and respond honestly to day to day clinical and organizational pressures.

Disclosure of Interest: None Declared

EPV1171

Socioeconomic Status and Psychosomatic Health in Older Adults: Evidence from the Greek Population

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Introduction: Previous research suggests that individuals with lower socioeconomic status are frequently exposed to more health risks and emotionally stressful conditions compared to those with higher status. There is a clear link between income and poor quality of life, with disadvantaged older adults lacking key resources. This study explores the relationship between the economic profile of older individuals and their psychosomatic health within the Greek population. It continues a previous investigation on the impact of socioeconomic status on health, offering a deeper understanding of long-term effects.

Objectives: This study investigates how socioeconomic status affects the physical and mental health of older adults in Greece, focusing on income levels' influence on health quality and disparities in health outcomes.

Methods: This cross-sectional study was conducted among 516 Greek participants (214 men, 302 women, average age 73.47 ± 7.72). The participants' average monthly income was €796.72 ± 621.82 (p=0.002). Psychosomatic health was evaluated using the Other As Shamer Scale (OAS), Experience of Shame Scale (ESS), and Cardiac Anxiety Questionnaire (CAQ). A one-way MANOVA analyzed the impact of income on health quality, focusing on both physical and mental health using the 36-Item Short Form Health Survey (SF-36).

Results: Our findings revealed that individuals with a monthly income above €1,500 reported significantly higher quality of life scores. In contrast, those with lower economic profiles exhibited increased levels of shame (measured by OAS and ESS), anxiety about their heart health (measured by CAQ), and a tendency to somatize stress. The analysis indicated that for every additional €100 of monthly income, physical health quality increased by 4.4 points on the SF-36 Physical Health Scale, and mental health quality improved by 2.9 points on the SF-36 Mental Health Scale. These results underscore the statistically significant impact of monthly income on overall physical and mental health scores.

Conclusions: The study highlights a strong link between lower economic status and poorer physical and mental health among older Greek adults. Addressing these effects requires political and societal efforts, with mental health policies that focus on economically vulnerable populations to mitigate the health impacts of low income and improve overall well-being.

Disclosure of Interest: None Declared

EPV1172

AI in Personalized Learning for Older Adults and Intergenerational Engagement: A Systematic Review

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Introduction: Artificial Intelligence (AI) is increasingly recognized as a powerful tool for customizing learning experiences, fundamentally transforming traditional teaching methods.

Objectives: This systematic review aims to evaluate and synthesize current research on AI learning tools and their role in enhancing educational experiences for older adults, as well as in promoting intergenerational learning and engagement.

Methods: Following PRISMA guidelines, a comprehensive review of both quantitative and qualitative data was conducted. Electronic databases such as PubMed, Scopus, and ERIC were searched up to October 20, 2024. The reference lists of included studies and relevant review articles were also thoroughly examined. The quality of the eligible studies was assessed using the Mixed Methods Appraisal Tool (MMAT).

Results: Nine studies met the inclusion criteria. Findings indicate that personalized education for older adults can be delivered through various approaches, including interactive, user-friendly learning environments, training via virtual conversation agents and digital assistants, and automatic adjustments of pace and content to meet user needs (Figure 1). These approaches also facilitate and promote intergenerational learning (Figure 2).

Image:

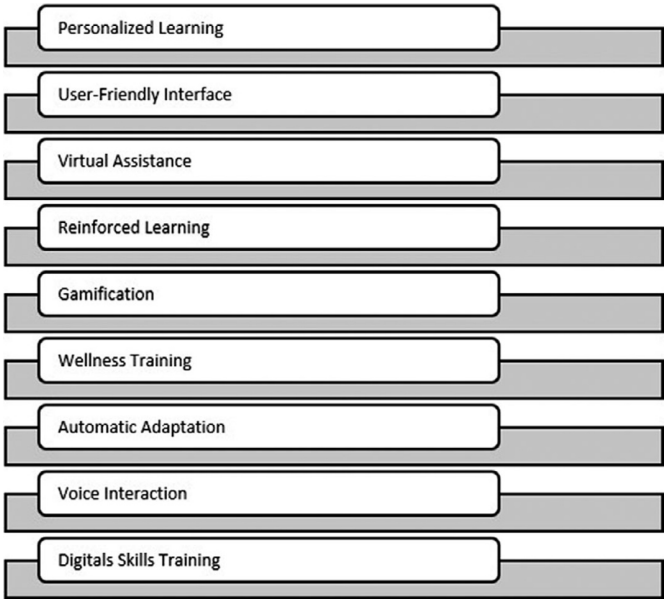


Image 2:



Conclusions: Personalized education through artificial intelligence can significantly enhance older adults' quality of life by promoting autonomy, expanding knowledge, supporting psychosocial well-being, and fostering intergenerational connections.

Disclosure of Interest: None Declared

EPV1173

The Mediating Role of Loneliness in the Association Between Oral Health and Mental Health in Older Adults

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Introduction: Loneliness is widely recognized as a significant risk factor for psychosomatic issues in older adults, potentially impacting various aspects of health, including oral health.
Objectives: This study aims to investigate the relationship between loneliness and oral health in older adults.
Methods: This cross-sectional study was conducted with a sample of 84 older adults (41 females and 42 males), aged between 65 and 94 years (mean age: 74.1 years, SD = 8.1). Participants completed a sociodemographic questionnaire, the 12-item Geriatric Oral Health Assessment Index (GOHAI), and the Emotional and Social Loneliness Scale. Multivariate analysis was used to assess the impact of loneliness on oral health outcomes.
Results: The analysis revealed that emotional and social loneliness had a significant negative impact on oral health. Furthermore, the overall loneliness score was strongly associated with poorer oral health quality, independent of marital status or the presence of children. In other words, the relationship between loneliness and oral health was not moderated by these demographic factors.
Conclusions: As loneliness increases in older adults, their susceptibility to poor oral health rises, which can have significant implications for their psychological well-being. This study underscores the need to consider oral health as an integral component of overall well-being, particularly in the context of mental health in older populations.

Disclosure of Interest: None Declared

EPV1174

Differential diagnosis of restlessness in a middle-aged woman from akathisia to frontotemporal dementia: A Case Presentation

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Introduction: Frontotemporal dementia (FTD) is the second most common cause of early-onset dementia and is clinically characterised by progressive behavioural changes, executive dysfunction and language difficulties. FTD is often confused with Alzheimer's disease and other psychiatric disorders. Clinical features of FTD include personality changes, agitation, loss of inhibition, apathy, social withdrawal and impulsivity. In some cases, the disease is accompanied by mood or psychotic symptoms, resulting in the diagnosis of an additional psychiatric disorder. (Gliebus G. (2014). *SAGE open medical case reports*,*2*, 2050313X13519977.). This article presents the case of a middle-aged woman who was diagnosed with an anxiety spectrum disorder before developing and being diagnosed with FTD.
Objectives: A 57-years-old right handed female with previous history of anxiety disorder admitted to psychiatry clinic with restlessness, decreased sleep, and complain of constant non-purpose walking. Physical examination revealed bradymimia and grabellar reflex. Additionally in her psychiatric evaluation she had short-term memory impairment, disinhibition and verbal perseverations. She had been given multiple combinations of medications by outpatient providers and her restlessness only increased. At the time of admission she was taking mirtazapine,olanzapine and clonazepam. The initial impression was that she had akathisia, and her medications were tapered. She was then started on propanolol and lorazepam. After several days her symptoms had not changed.
Methods: In routine biochemical and hematological tests, electroencephalogram (EEG) were within normal limits. 18F-FDG PET/MRI revealed hypometabolism in the bilateral temporal-frontoparietal region, more pronounced in the frontal region which is consistent with FTD.
Results: Trazodone was started to control behavioural symptoms and the dose was gradually increased to 150 mg/day. The dose of

propranolol was increased to 80 mg/day, and lorazepam was tapered and discontinued. During the follow up with this treatment, there was an improvement in her restlessness and anxiety symptoms, but her memory problems were persistent.
Conclusions: Frontotemporal dementia may overlap and be confused with other psychiatric disorders. Therefore, a comprehensive history, physical and neurological examination are required to differentiate each clinical entity (Khan I, De Jesus O. (2023).Frontotemporal Lobe Dementia. In: StatPearls). Additionally, the use of functional neuroimaging, such as 18F-FDG PET/MRI, enables the different distribution of pathology in dementing disorders to be highlighted, as can be seen in our case. This case report highlights the importance of re-evaluating patients with psychiatric diseases, especially when symptoms are resistant to treatment.

Disclosure of Interest: None Declared

EPV1175

Lyme neuroborreliosis presenting as rapidly progressive dementia - a case report

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Introduction: Lyme borreliosis is one of the most common vector diseases transmitted by tick bites; it is caused by Borrelia burgdorferi. Mostly it manifests on the skin, in the nervous system or joints. It involves the nervous system in 10-15% of cases, of which 2-4 % affect the central nervous system. The most common manifestation is encephalitis, which has a diverse clinical picture.
Objectives: We aim to describe a rare case and discuss the diagnostic challenges of a rapidly progressive disease.
Methods: A detailed description of the patient based on our interview and clinical findings, including blood work, imaging, microbiological testing, lumbar puncture, and treatment.
Results: A 67-year old female patient came to the psychiatric emergency room in March 2024, because of persistent anxiety and unexplained somatic disorders, including weight loss, tremor and unstable gait, which began a few months ago. She had some somatic diagnostic procedures done, with no abnormal findings. 2 weeks before being admitted she was sent to the emergency neurological unit because of fatigue and tremor. They excluded focal neurological signs and concluded that she had an adjustment disorder and suggested psychiatric treatment. In March 2024 she was admitted to the geriatric psychiatry ward, where at first our main differential diagnosis was pseudodementia. In the next few days her condition worsened. She appeared psychotic, with ideas of persecution and reference. On the psychological exam she had moderate cognitive decline with a focus on impaired attention, memory and executive systems, misinterpretations of past and current events, misidentifications of people and possible complex visual hallucinations. At that time we suspected she might have prolonged delirium. Because of an uncommon clinical picture, we pursued further diagnostics. The lumbar puncture showed cerebral spinal fluid (CSF) pleocytosis, which confirmed the diagnosis of encephalitis. Blood tested for multiple infectious causes was positive for Lyme borreliosis. The brain CT scan showed an inflammatory or infiltrative process in both cerebral hemispheres. We then transferred her to the infectious disease clinic where she had a brain MRI with contrast and her CSF was tested for Borrelia and other possible causes. On the MRI they suspected she had rhombencephalitis with leptomeningitis. After the diagnosis of neuroborreliosis was confirmed, she received a 4-week parenteral treatment with ceftriaxone. Two months after completing the treatment she has fully recovered.
Conclusions: When faced with a patient with rapidly progressive dementia a wider range of possible diagnoses has to be considered. We have to be aware of the importance of recognising the cause of the disease sooner, as the patient may have a treatable condition.

Disclosure of Interest: None Declared

EPV1176

Older LGBTQIA+ adults: Analyzing shame and double stigmatization

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Introduction: Discriminatory and abusive behaviors may strongly affect older LGBTQIA+ (lesbian, gay, bisexual, transgender, queer or questioning, intersex, asexual, and more) adults, and poorer health is linked to discriminating practices. Shame is associated with ageism and sexual orientation-based discrimination and may be a significant impediment to aging well by undermining older adults' sense of agency, health, and well-being. However, little is still known about older LGBTQIA+ adults who encounter double stigmatization.
Objectives: This study aims to explore the dimensions of shame and double stigmatization of older LGBTQIA+ adults.
Methods: The significant psychological challenges and relevant themes experienced by older LGBTQIA+ adults, as related to shame and double stigmatization, were illustrated by semi-structured interviews with 329 older adults in a qualitative study through content analysis.
Results: The results highlight four themes of shame and double stigmatization among older LGBTQIA+ adults, encompassing (1) ageism (86.5%), (2) sexual orientation-based discrimination (81.1%), (3) stereotyping (76.8%), and (4) social exclusion (72.3%).
Conclusions: The study reveals the profound negative effects of shame and double stigmatization on older LGBTQIA+ adults, emphasizing the need for inclusive policies and interventions to address multiple forms of discrimination and promote equitable treatment in aging populations.
Keywords: Shame; Ageism; double stigmatization; LGBTQIA+; multiple discrimination; older adults.

Disclosure of Interest: None Declared

EPV1177

Pets, intimacy, and mental health: A study with older couples

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Introduction: Pet companionship plays a pivotal role in the lives of older couples, significantly influencing their intimate relationships, by fostering deeper connections and enhancing mental well-being.
Objectives: This study has two aims: (1) to explore the impact of pet companionship on the intimacy of older couples; and (2) to examine its influence on their mental health.
Methods: This study included 223 older couples aged between 65 and 94 years. To explore the multifaceted role of pets in their relationship, content analysis was conducted on all interviews.
Results: Their experiences shed light on the significance of this bond for promoting healthy and fulfilling intimate relationships, with the following themes: (1) contributing to emotional well-being (87.3%), (2) improving mental health in later life (83.1%), (3) fostering a deep relationship between couples (78.7%), (4) facilitating the formation of new emotional connections with others (72.1%), and (5) boosting physical and sensory functions (67.2%).
Conclusions: The findings emphasize the diverse advantages of pet companionship among older adults. These include enhancing emotional well-being, bolstering mental health, fostering interpersonal bonds, and improving physical capacities. These insights underscore the potential for integrating pet interventions into comprehensive strategies aimed at promoting the overall quality of life for older individuals.
Keywords: Pet companionship; intimate relationships; mental health; older couples; well-being.

Disclosure of Interest: None Declared

EPV1178

When care turns to harm: Unveiling abusive behaviors of older towards their caregivers

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Introduction: Violent, abusive, and harmful behavior enacted by older adults upon their caregivers represents a distressing and frequently disregarded facet within the domain of caregiving.
Objectives: This qualitative study aims to 1) explore family caregivers' experiences of violent, abusive, and harmful behavior by the older person and 2) explore how violent, abusive, and harmful behavior by the older person affects family caregivers' mental health.
Methods: This qualitative study encompassed 307 participants, with a diverse age range spanning from 65 to 87 years. All the interviews went through the process of content analysis.
Results: For the first objective, findings indicated six emerging themes: Persistent and intense verbal abuse (79.1%); Subjugation and manipulation by older adults (72.5%); Unexpected illicit activities initiated by older adults (62.1%); Financial exploitation by older adults (39.8%); Physical abuse (31.5.%); and Sexual abuse (30.7%). The second objective highlighted four themes: High levels of anxiety and depression (87.9%), Intense rage (79.4%), Feelings of moral isolation (77.4%), and Intense explosions (63.6%). Brazilian participants mainly experienced persistent and intense verbal abuse (64.1%). Moreover, higher levels of depression and anxiety were mainly verbalized by English participants (81.8%).
Conclusions: These findings underscore the significant toll that older individuals' violent, abusive, and harmful behavior can have on the mental well-being of family caregivers. This study sheds light on the complex experiences faced by family caregivers and emphasizes the urgent need for targeted interventions to foster healthier caregiving environments.
Keywords: Carers; family caregivers; mental health; older adults; violent, abusive and harmful behavior.

Disclosure of Interest: None Declared

EPV1179

Discrimination and Elder Abuse Toward Elderly LGBT Individuals:A Systematic Review

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Introduction: Despite increasing social acceptance over the past two decades, lesbian, gay, bisexual, and transgender (LGBT) individuals continue to face unequal treatment in society (Institute of Medicine, 2011; Caceres et al., 2020). Elderly LGBT adults include the population of sexual and gender minorities over the age of 50 (Choi et al., 2016).They continue their lives under the shadow of negative societal stereotypes and assumptions about their physical and mental health, sexuality, sexual lives, and ability to contribute to society, as well as their family and societal values. When individuals find themselves at the intersection of being elderly and LGBT, they encounter a combined situation that leads to an increased risk of discrimination, social exclusion, and violence. Over time, this can lead to high levels of depression, anxiety, loneliness, and other mental health issues. When they are not accepted by social circles, it often results in social isolation and loneliness. (Geneva, 2023)
Objectives: The aim of this study is to examine the challenges faced by elderly LGBT individuals by addressing issues of discrimination and elder abuse. By evaluating the extent to which current services meet the needs of these individuals, it aims to propose solutions from the perspective of social equality and human rights.
Methods: The study was conducted between December 2024 and February 2025 using the keywords "elderly," "elderly LGBT individuals," and "LGBT discrimination" "elder abuse" in databases (PubMed, Scopus, Springer, etc.). These databases have been preferred because they contain a significant amount of evidence-based literature in the field of psychology. Studies conducted between 2000 and 2024, with full texts accessible and written in Turkish and English, have been included in the study
Results: As of November 2024, 28 national and international research articles related to the subject have been reached. The literature review is ongoing. When the literature review is completed, all the study results will be presented together.
Conclusions: The human rights violations, discrimination, social exclusion, and risk of violence faced by elderly LGBT individuals are not only individual but also societal issues.Developing policies that are sensitive to the needs of elderly LGBT individuals in social services, healthcare services, and the legal system is an important step toward improving their physical, mental, and social health.

Awareness-raising activities need to be expanded to reduce stigma and discrimination against elderly LGBT individuals in society. Additionally, establishing LGBT-friendly elderly care centers and strengthening social support networks are crucial to preventing social isolation.In conclusion, achieving a more inclusive, equal, and fair society is only possible by respecting the rights of every individual.

Disclosure of Interest: None Declared

EPV1181

Psychological burden, feelings of loneliness and life satisfaction in old age

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Introduction: As the world population continues to age, understanding the psychological well-being of older people is becoming increasingly vital. Among the various aspects affecting their quality of life, psychological distress, feelings of loneliness and life satisfaction stand out as key dimensions to explore. With age, individuals face a multitude of physical, social and emotional changes that can significantly affect their overall well-being. Consequently, examining the complex relationship between these factors provides valuable insights for promoting healthy ageing and improving the overall quality of life of older people. Psychological distress, often resulting from a range of factors such as chronic health conditions, cognitive decline and social isolation, can manifest itself in various forms, such as anxiety, depression and stress.
Objectives: To investigate the correlation between psychological burden (depression, anxiety, and stress), feeling of loneliness and satisfaction with life among elderly.
Methods: The sample consisted of 148 elderly people over 65 years old. The research instruments used were a) the Depression Anxiety Stress Scale-21, b) the Life Satisfaction Index, c) The UCLA Loneliness Scale, and d) the Athens Insomnia Scale (AIS).
Results: There is a statistically significant association between engagement in domestic activities and a reduction in depressive symptoms. The frequency of children's visits and the presence of social support networks significantly influence psychological burden. Those who received infrequent or no visits from their children exhibited higher levels of depression. Loneliness was affected by family interactions, and life satisfaction was influenced by gender and education. Participants who had people in their immediate environment helping them with daily needs reported reduced depressive symptoms. Finally, the study revealed statistically significant differences in reported life satisfaction based on participants' gender and educational level.
Conclusions: These findings emphasize the need for personalized interventions that acknowledge the complex interplay of these factors in shaping the mental health of older adults.

Disclosure of Interest: None Declared

EPV1182

Capgras syndrome in an elderly patient with severe organic comorbidities and aggression: a case report

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Introduction: Caprags syndrome is a rare syndrome characterized by a false belief that an identical duplicate has replaced someone significant to the patient. It is widely regarded as the most prevalent of the delusional misidentification syndromes and appears in psychiatric and non-psychiatric cases, including organic disorders.
Objectives: To present a case report of 84 years old male patient with severe organic comorbidities who developed Capgras syndrome.
Methods: Psychiatric interview
Results: An 84-year-old male patient came to the first psychiatric examination accompanied by his son, due to the suspicion and hostility he has been showing towards his wife for the past month. A few days before the examination, patient became extremely aggressive in the evening hours, he accused his wife that she was not his wife, that another person had been framed instead of her, he demanded that she show him her identity card and threatened to report her to the police. The wife locked herself in the bathroom in fear, but the patient broke down the door. Neighbors called the police, who then restrained him. The patient calmed down after that, but wife went to live with her son. During the examination, patient was completely calm and cooperative, with a neat appearance, oriented, his thought process was normal, conversation was conducted adequately in the desired direction. When asked about thought content he dissimulated it by stating that he was angry because his wife often hangs out with other women and doesn't pay enough attention to him. He denied the presence of hallucinations. Affect was stable, cognitive capacities seemed appropriate for his age. Patient has been treated for several organic comorbidities, including prostate cancer, which was removed a few years ago, but due to problems with urination after surgery he wears a permanent catheter. He was diagnosed with atrial fibrillation and diabetes. He had a heart attcak a year ago, when a stent was implanted, while a bypass was implanted 12 years ago. Laboratory findings indicate elevated glucose and HbA1c values while other parameters are within reference values. He takes all prescribed medicine alone and on time. I diagnose Capgras syndrome and did psychoeducation. Patient showed an interest in taking medication and a desire for his wife to come back to live with him. Low doses of typical antipsychotic was prescribed, which led to cessation of psychomotor restlessness and harmonization of sleep rhythms. Further neuroradiological diagnostics and regular internist follow-up were recommended.
Conclusions: Previous studies showed the link between Capgras syndrome and aggression, which this case report confirms. Probable basis for emergence of this form of delusional disorder is this patient in not dementia, but rather the consequence of serious organic comorbidities. Further diagnostic processing is in progress.

Disclosure of Interest: None Declared

Oncology and Psychiatry

EPV1183

Insomnia and psychological distress in lung cancer

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Introduction: The high symptom burden of lung cancer, coupled with the emotional strain of diagnosis and treatment, often leads to disrupted sleep patterns and heightened levels of anxiety and depression.
Objectives: The aim of this study was to assess the prevalence and severity of insomnia in patients with primary bronchopulmonary cancers, and to explore its relationship with anxiety and depression.
Methods: This was a cross-sectional, descriptive and analytical study conducted among patients followed up for bronchopulmonary cancer at the palliative care unit in the pneumology and allergology department of the Hedi Chaker University Hospital in Sfax. The questionnaire used included patients' sociodemographic characteristics, clinical and treatment data. Sleep disturbance was assessed using the insomnia severity index (ISI) and psychological distress using the Hospital Anxiety and Depression Scale (HADS).
Results: A total of 49 patients participated, with a mean age of 61,8 years, the majority being male (85,7%). The disease duration was less than one year in 61,2% of cases, and 59,2% of patients had stage IV lung cancer, with tumor progression observed in 32,7%.
Mild to moderate insomnia affected 49% of the patients.
The mean anxiety score was 7,08 (SD = 3,6), with a prevalence of anxiety observed in 4,1% of patients. The mean depression score was 6,92 (SD = 3,4), and 34,7% of patients exhibited signs of depression.
A significant association was found between insomnia and depression (p=0,005), but no significant relationship was observed between insomnia and anxiety (p=0,14).
Conclusions: The relationship between sleep disturbance and psychological distress highlights the need for comprehensive management that addresses both physical symptoms and mental health in this population. Early identification and intervention for insomnia and depression in lung cancer patients may enhance their overall well-being and quality of life.

Disclosure of Interest: None Declared

EPV1184

Assessment of quality of life in lung cancer patients undergoing chemotherapy

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Introduction: Lung cancer remains one of the leading causes of cancer-related morbidity and mortality worldwide. Despite being a crucial treatment, chemotherapy often brings a range of side effects that can significantly impact the overall quality of life of the patients.
Objectives: To evaluate the quality of life (QoL) in lung cancer patients undergoing chemotherapy.
Methods: The sample consisted of 49 lung cancer patients undergoing chemotherapy at the Pneumology and Allergology Department of the Hedi Chaker University Hospital in Sfax. The questionnaire used included patients' sociodemographic characteristics, cancer and treatment data, and the European Organization for Research and Treatment of Cancer Core Quality of Life Questionnaire 30-item version (EORTC QLQ-C30).
Results: The mean age of the patients surveyed was 61,8 years, with a male predominance (85,7%). The most frequently reported functional signs of lung cancer were dyspnea (36,7%), cough (34,7%) and chest pain (20,4%). Disease duration was less than 1 year in 61,2% of the cases, and 59,2% were classified as stage IV. Tumor progression occurred in 32,7% of cases. Of the patients, 20,4% were on a single chemotherapy agent, while 79.6% were on a combination regimen.
According to QLQ-C30, the mean global QoL score was 61,24 ± 24,5 for the entire sample. Physical functioning and role functioning were the most affected on the functional scale, while fatigue and appetite loss were the most frequent symptoms.
Conclusions: The findings indicate that lung cancer patients undergoing chemotherapy experience significant challenges to their quality of life, particularly in physical functioning and symptom management. These results highlight the critical need for integrating routine QoL assessments into clinical practice to better address patients' needs and improve supportive care.

Disclosure of Interest: None Declared

EPV1185

Delusional parasitosis secondary to vascular pathology in an oncological patient: case study

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Introduction: Delusional parasitosis is a psychotic disorder where individuals firmly believe they are infested with parasites despite no medical evidence. It can be primary or secondary, the latter being a symptom of other medical conditions like neurological diseases. Effective management requires collaboration between psychiatry and other specialties.
Objectives: The evaluation of each patient with an interdisciplinary team increases adherence to treatment in patients with cancer and psychiatric illness.
Methods: Clinical history, complementary studies, and review of the literature on the case of a 66-year-old woman subjected to multiple dermatological treatments due to a sensation of body infestation. History of type 2 diabetes and diabetic neuropathy since 2021. In 2022, she was diagnosed with stage IIIA luminal B

breast cancer and treated with surgery, chemotherapy, and radiotherapy. She is currently on adjuvant treatment with Anastrozole. The oncologist referred her due to the presence of psychotic symptoms. The General Health Questionnaire (GHQ-28), Functional Assessment of Cancer Therapy—General (FACT-G), and Positive and Negative Syndrome Scale (PANSS) were applied.
Results: The patient presents with a psychotic disorder secondary to vascular pathology, manifested by delusions of infestation and sudden-onset hypodermic tactile hallucinations. Test results show a GHQ-28 score of 10/84, FACT score of 24/108, and PANSS score of 49 points. Although denying affective symptoms, anxiety, or cognitive impairment, neurological findings indicate decreased brain parenchyma, suggesting small vessel disease. Treatment includes Risperidone 1 mg once daily, along with therapeutic interventions such as psychoeducation and continued multidisciplinary monitoring by neurology for comprehensive disease management.
Conclusions: Evaluating psychotic symptoms requires assessing organic and non-organic factors. Neuroimaging aids diagnosing delusional parasitosis, improving treatment through interdisciplinary collaboration.

Disclosure of Interest: None Declared

EPV1187

Somatic Genetic Predictive Testing for Therapeutic Decision-making in Women at Early Stage of Breast Cancer: What is The Role of Geneticists in Psychological Support?

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Introduction: Somatic genomic variation testing has become an integral part of breast cancer management. Genetic tests based on gene expression profiles in cancer cells (biopsy or surgical specimen) are used for diagnostic, prognostic and theranostic purposes, helping to make therapeutic decisions: selection of adjuvant therapy, prediction of therapeutic responses and of breast cancer recurrence, in patients with early-stage breast cancer. The currently used gene expression assays including MammaPrint, Oncotype DX, Prosigna, etc..
Objectives: The aim of this study was to collect, through a recent review of the literature, the guidelines concerning psychological support before and after predictive genomic exploration in order to situate the role of the geneticist in this mental care.
Methods: We conducted a comprehensive review of the scientific literature with the following keywords: genomic predictive diagnosis, breast cancer and mental health. Through the papers emerging from this research, we assessed guidelines concerning mental health care and genetic counselling.
Results: There is not any guidelines or frameworks concerning the psycho-management of the new predictive genomic tests of breast cancer. Our review show that psychological support is systematically offered in oncology (psycho-oncology) and that the American Society of Clinical Oncology (ASCO) has established guidelines for the management of anxiety and depression in adult survivors of cancer. Moreover, the most recent ASCO guidelines recommend the use of each genomic assay according to the level of evidence available for specific clinical conditions, in breast cancer. There are few papers dealing with genetic counselling and psychological support during the oncotype Dx and MammaPrint tests that are the incorporated into in everyday practice and recommended in clinical guidelines for women with node-negative, hormone-receptor-positive breast cancer. While, in pre-test genetic counselling is well established in breast cancer genetic predisposition, the frameworks in predictive tests and their emotional and psychological impact during prescription, testing and discussion of results as well as the therapeutic choices, are not clear until now.
Conclusions: Genetic counseling includes both informative and educational aspects, as well as advice on personal decisions that may affect the rest of the patient's life. During next-generation predictive testing, the objectives would also be to provide the patient with the ability to gain a sense of control by reducing uncertainty, to determine her own level of risk of recurrence and her therapeutic chances and to receive psychological support during the shared therapeutic decision. Thus, the role of the genetic counsellors must be an essential key in the recent era of mainstreaming of genomic sequencing.

Disclosure of Interest: None Declared

EPV1188

Resilience among male laryngeal cancer patients treated with total laryngectomy

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Introduction: Laryngeal cancer patients who undergo total laryngectomy (TL) face significant physical, emotional, and psychological challenges. This group of patients often struggle with feelings of social isolation, depression, and anxiety, as the surgery alters both their appearance and daily interactions. Despite these difficulties, patients can experience remarkable resilience in adapting to life post-surgery, with important individual differences though. Understanding factors associated with resilience among laryngeal cancer patients who had TL is crucial for improving mental health interventions and enhancing rehabilitation efforts.
Objectives: The objective of this study was to examine the resilience of patients who had TL for laryngeal cancer and identify the associated factors.
Methods: We carried-out a descriptive cross-sectional study including 30 patients treated for laryngeal cancer with TL in the Head and Neck Carcinologic Surgery Department at Salah Azaiez Institute.The operations took place during the period 2019-2022. All patients completed the Arabic versions of the Brief Resilience Scale (BRS) and the Arabic Multidimensional Scale of Perceived Social Support (MSPSS).
Results: The study involved 30 male participants with a mean age of 62 years (±10 years).The mean BRS score was 17.6 ± 3.6. Patients from urban areas had lower BRS scores (P=0.005). Additionally, a

higher level of education, particularly secondary or higher, was associated with lower BRS scores (P=0.001). Similarly, a higher socio-economic status correlated with lower BRS scores (P=0.02). Furthermore, greater resilience was significantly associated with higher perceived social support (P=0.001).
Conclusions: This study reveals that patients who have undergone total laryngectomy may experience varying levels of resilience based on socio-demographic factors and perceived social support. Higher social support is linked to greater resilience, emphasizing the need for robust support systems to aid in recovery. Further research is needed to refine support strategies for these patients.

Disclosure of Interest: None Declared

EPV1189

Exploring psychological distress in Tunisian patients with laryngeal cancer after total laryngectomy

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Introduction: Approximately 450,000 new cases of head and neck cancers are diagnosed annually worldwide, with laryngeal cancer representing a significant proportion. In Tunisia, these cancers account for approximately 7.3% of all cancers diagnosed. Among those receiving surgical treatment, total laryngectomy is performed in nearly 50% of cases. Total laryngectomy (TL) is regarded as one of the most emotionally challenging surgical procedures due to its profound psychological and functional impacts.
Objectives: This study aimed to investigate psychological distress (i.e. depression, anxiety, and stress) in Tunisian patients who had TL for laryngeal cancer.
Methods: A descriptive cross-sectional study was conducted among 30 patients treated with TL in the Head and Neck Carcinologic Surgery Department at Salah Azaiez Institute.The operations took place during the period 2019-2022.Socio-demographic and clinical data were gathered. All patients completed the Arabic version of Depression, Anxiety and Stress scale (DASS-21).
Results: The study involved 30 male participants with a mean age of 62 years (±10 years). All patients were married and tobacco users, and 53% lived in urban areas. Regarding the Tumor, Node and Metastasis (TNM) staging: 63% were classified as T3, 83% as N0, and 100% as M0. The therapeutic modalities include primary total laryngectomy (TL) followed by radiotherapy, an organ preservation protocol (OPP) followed by TL, partial laryngectomy (PL) followed by TL, and primary TL followed by both radiotherapy and chemotherapy.A total of 67%, 100% and 3% patients had moderate to severe levels of depression, anxiety, and stress respectively.In addition, our study found that a higher level of education was significantly associated with lower levels of depression and anxiety (P=0.001 and P= 0.012, respectively). Urban living was linked to reduced anxiety (P=0.05). Stage N1 was associated with higher depression levels (P=0.013). Finally, previous conservative treatments, such as partial laryngectomy or organ preservation protocol were associated with higher depression scores (P=0.001).
Conclusions: Our findings showed high levels of psychological distress in patients with laryngeal cancer after total laryngectomy. Some factors correlated to distress in this group have been identified, enabling the identification of at-risk groups and effective prevention approaches.

Disclosure of Interest: None Declared

EPV1190

How do patients with laryngeal cancer perceive their quality of life following total laryngectomy? Insights from a Tunisian cross-sectional study

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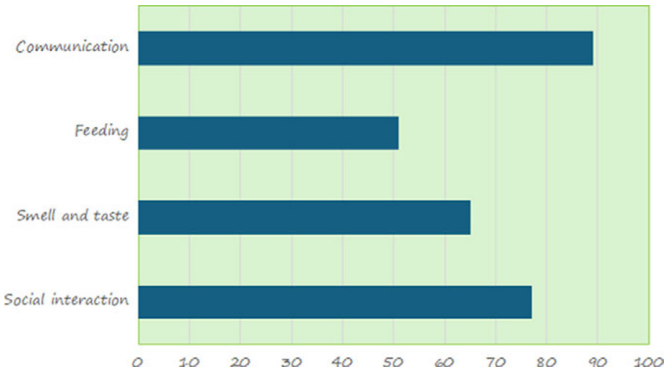
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Introduction: Quality of life is a subjective evaluation that individuals make of the various aspects of their lives in relation to their health. Head and neck cancers and their surgical treatments, such as total laryngectomy (TL), change some of the most basic and important vital functions and can affect patients' lives in many ways. The patient's altered appearance, loss of their normally used voice, difficulty swallowing, and certain complications from this kind of surgery, all contribute to impaired quality of life by imposing daily limitations. Despite these considerable impacts, there is no or only very limited research addressing the quality of life of patients post- TL, highlighting the need for further exploration into this critical aspect of patient care.
Objectives: The purpose of this study was to assess self-perceived quality of life in Tunisian male patients who underwent TL for laryngeal cancer.
Methods: A descriptive cross-sectional study was conducted in the Head and Neck Carcinologic Surgery Department at Salah Azaiez Institute. Socio-demographic and clinical data were gathered. All patients completed the European Organization for Research and Treatment of Cancer Quality of Life Questionnaire Head and Neck Module (EORTC QLQ-H&N35), Depression, Anxiety and Stress scale, and Voice Handicap Index.
Results: The study involved 30 male participants with a mean age of 62 years (±10 years). The mean EORTC QLQ-H&N35 total score was 60 ± 9.8. The areas of EORTC QLQ- H&N35 score most affected are shown in Figure 1.
Our results indicated that younger patients (P=0.002) and those from rural areas (P=0.04) tended to report better quality of life scores. Additionally, higher socioeconomic status was linked to a reduced quality of life (P=0.006). Patients who were classified as (N +) according to the Tumor, node and metastasis (TNM) staging, showed significantly better quality of life (P=0.004).A higher quality of life was significantly correlated with primary TL (P=0.004), while a lower quality of life was significantly associated with TL

followed by radio-chemotherapy (P=0.005).Depression, anxiety, and stress were significantly correlated with poorer quality of life (P=0.002, P=0.001, P=0.001, respectively). Finally, lower quality of life scores were strongly associated with the Voice Handicap Index score (P=0.0001).

Figure 1. Distribution of patients according to their EORTC QLQ-H&N35 scores.

Image 1:



Conclusions: In conclusion, patients who underwent TL for laryngeal cancer seem to exhibit an impaired quality of life, with factors like age, socioeconomic status, treatment type, voice handicap and psychological distress likely playing an important role. These findings underscore the need for comprehensive post-surgical care aiming at improving quality of life for people affected by this condition.

Disclosure of Interest: None Declared

EPV1191

The Role of Stigma, Illness Acceptance, and Social Support in Mental Health Care Service Utilization Among Cancer Patients in Hungary

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Introduction: An understanding of cancer from a psychological perspective is being increasingly prioritized in research and clinical care. Psychiatric disorders have been demonstrated to affect at least 35% and up to 55% of cancer patients throughout their trajectory. Further, cancer treatment adherence and health behaviors have been shown to have a marked decrease due to a series of mental health contributors. Therefore, comprehensive collaborative care interventions incorporating psychological care into oncological care has shown increased promise in reducing the burden of such comorbid diseases and promoting positive health outcomes. Social contexts, support, internal beliefs, and social perceptions significantly influence patients' tendencies to utilize mental health services. An understanding of the psychosocial factors that influence mental health care utilization among cancer patients may promote greater utilization, evidence-based interventions, and consequently better health outcomes.

Objectives: We aim to assess perceived stigma towards disease, perceived social support, and acceptance of the illness as related to rates of utilization among cancer patients undergoing treatment.

Methods: We will measure the perceived stigma of the disease via the Hungarian version of the Stigma Scale for Chronic Illnesses (SSCI-8). The perceived social support will be measured by the Hungarian version of the Multidimensional Scale of Perceived Social Support (MSPSS) and the acceptance of illness will be measured via the Acceptance of Illness Scale (AIS) and Mini-Mental Adjustment to Cancer (Mini-MAC) to assess coping reactions to cancer. These surveys will be administered to 150 cancer patients at Semmelweis University in Budapest, Hungary and data collection will take place from November 2024 until February 2025.

Results: This research is currently ongoing, and we will be able to present study results based on a sample of 150 individuals, demonstrating how perceived social support, perceived stigma of the disease, and illness acceptance relate to rates of the utilization of mental healthcare services such as psychotherapy and psychotropic medications, specifically among cancer patients in Hungary.

Conclusions: An in-depth understanding of the social and psychological factors that influence positive health behaviors in the form of mental healthcare service utilization may inform the development of more tailored evidence-based collaborative care interventions.

Disclosure of Interest: None Declared

EPV1193

Impact of Chronic Pain on Anxiety, Depression, and Daily Life Activities Among Breast Cancer Survivors in Tunisia

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Introduction: Chronic pain is a prevalent issue among breast cancer survivors, often causing significant distress, disability, and interference with daily activities. Affecting around 18% of the global population, chronic pain is the leading cause of years lived with disability. Among breast cancer survivors, it has become a key focus due to its high prevalence and impact on quality of life.

Objectives: To assess the prevalence and characteristics of chronic pain in breast cancer survivors and examine its correlation with anxiety, depression, and interference with daily life activities.

Methods: This is a cross-sectional descriptive and analytic study conducted on 100 women treated for breast cancer at the medical oncology department of Fattouma Bourguiba University Hospital. The study spanned eight months (June 2021–February 2022). Pain characteristics were assessed, and anxiety and depression levels were measured using the Hospital Anxiety and Depression Scale (HADS). Pain-related catastrophic thinking was evaluated with the Pain Catastrophizing Scale (PCS), and family functionality was measured using the Family APGAR score.

Results: The study involved 100 breast cancer survivors, with a mean age of 53.6 ± 10.1 years.

Our entire population confirmed having chronic pain for more than 3 months, most of them (53%) had it from 2 to 5 years
The median duration of chronic pain was 3 years [IQR: 2-5], with the most common pain locations being the breast area (72%) and upper limb (27%). Pain intensity was predominantly mild (62%), followed by moderate (34%), and severe (4%).
Chronic pain significantly interfered with daily activities, especially in patients with moderate to high pain intensity ($p < 0.001$), affecting both affective and activity clusters. The mean Pain Catastrophizing Scale score was 7.79 ± 5.25, indicating mild catastrophic thinking, which was most likely due to the low pain intensity experienced by the majority.
Anxiety levels were significantly correlated with higher pain intensity ($p = 0.013$), whereas depression, though elevated in patients with more severe pain, did not demonstrate a statistically significant association ($p = 0.135$).
The majority of participants were from highly functional families, with 88% reporting strong family support
Despite the prevalence of chronic pain, fatigue was not significantly related to pain intensity.
Conclusions: Chronic pain in breast cancer survivors significantly interferes with daily activities, particularly among those with moderate to high pain intensity. Anxiety is notably more prevalent in patients experiencing more severe pain. These findings underline the importance of comprehensive pain management strategies and psychological support for breast cancer survivors.

Disclosure of Interest: None Declared

EPV1194

Long-term impacts of prostate cancer treatments on sexual function and psychological well-being: A comprehensive narrative review

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Introduction: Sexual dysfunction, which is frequently observed in cancer patients, especially those undergoing prostate cancer treatments, has significant implications for both psychological well-being and intimate relationships. This review consolidates the current understanding of treatment impacts on this patient group.
Objectives: This study examines the prevalence and psychological impact of sexual dysfunction among prostate cancer survivors following treatment.
Methods: A narrative review was conducted, analyzing data from six observational studies involving 7,146 participants and one meta-analysis published between 2015 and 2024. These studies focused on elucidating the relationship between sexual dysfunction and psychological well-being post-treatment using databases such as Scopus, PubMed, and Web of Science.
Results: All main prostate cancer treatments (surgery, radiotherapy, and hormonal therapy) are associated with substantial risks of sexual and erectile dysfunction, as well as depressive symptoms. Notably, radical prostatectomy significantly reduces sexual function, with about one-third of patients experiencing depressive symptoms post-surgery. Additionally, within a year of undergoing radical prostatectomy, approximately 90% of patients experience moderate to severe erectile dysfunction. The associated depressive symptoms largely stem from diminished sexual activity and dissatisfaction stemming from disrupted sexual normalcy. Antiandrogen therapies also progressively worsen sexual function, impacting perceived masculinity and contributing to psychological distress. Notably, older men generally adapt to these changes more adeptly than younger men.
Conclusions: Persistent erectile dysfunction is a major, detrimental side effect for prostate cancer survivors, profoundly impacting their quality of life. Enhanced education for patients and their partners about potential sexual side effects, along with improved awareness and preparedness strategies, are essential to alleviate the psychological burdens stemming from post-treatment sexual dysfunctions.

Disclosure of Interest: None Declared

EPV1195

Psychodynamic-oriented Psychoeducation for Early-Stage Breast Cancer Patients: Effects on Clinical and Psychological Outcomes

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Introduction: Breast cancer is one of the most common cancers in women. Depression and anxiety affect not only health behaviors and treatment adherence but also cancer recurrence. Several studies have demonstrated that psychosocial interventions improve both mood symptoms and survival in breast cancer patients.
Objectives: Psychodynamics plays a significant role in psychological distress and maladaptive behaviors. Therefore, psychoeducation focusing on patient dynamics can offer more individualized and tailored intervention. This study investigated the impact of psychodynamic-oriented psychoeducation for early-stage breast cancer patients on both psychological distress and disease trajectory, compared to those receiving standard cancer treatment only.
Methods: Psychodynamic-oriented psychoeducation aims to provide guidance on managing psychological distress during cancer treatment, based on clinical and psychodynamic assessments of patients. A trained psychiatrist delivered this 60-minute intervention at least once within one-week post-mastectomy. The study included early-stage breast cancer patients (AJCC stages 0-IIIA) who underwent mastectomy at Kyungpook National University Hospital (KNUH) and Kyungpook National University Chilgok Hospital (KNUCH) between 2008 and 2015, excluding those with prior cancer history. Participants were divided into two groups: control (standard treatment) and treatment (standard treatment plus psychodynamic-oriented psychoeducation). Outcomes measured included breast cancer recurrence, disease-free survival, and psychological assessments using the Hospital Anxiety and Depression Scale (HADS) and Experiences in Close Relationships-Modified 36 (ECR-M36) at baseline and

12 months post-intervention in the treatment group. Propensity score matching was used to control for recurrence-related factors.

Results: The median follow-up was 72.6 months. Recurrence rates were comparable between control and treatment groups (control vs. treatment: 9.0% vs. 8.3%, p=0.763). In a subanalysis of recurrent cases, the treatment group showed longer disease-free survival (51.3 vs. 32.5 months, p=0.038). (Table 1 and Figure 1) HADS scores showed no significant difference at 12 months, while ECR-M36 showed significant decreases in total and anxiety subscale scores at 12 months (p<0.05). (Table 2)

Image:

	total participants (N=554)		P=0.721	recurrent participants (N=48)		P=0.038
	Mean (month)	SE		Mean (month)	SE	
Treatment	139.4	2.5		51.3	7.7	
Control	117.9	1.8		32.5	4.7	

SE=standard error.

Image 2:

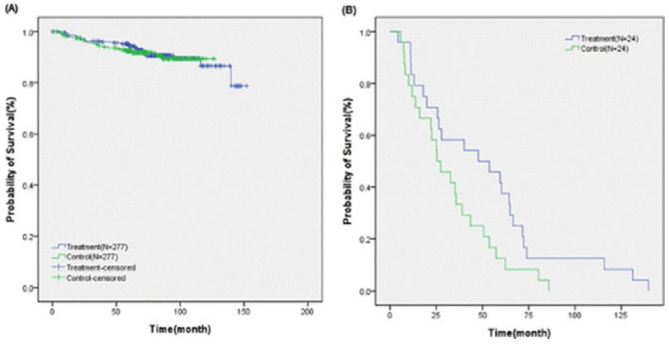


Image 3:

	Pre		Post		Mean difference	t	P value
	mean	SD	mean	SD			
ECR-total	127.4	18.1	109.6	25.1	17.8	2.48*	0.031
ECR-Anxiety	60.5	14.1	50.5	14.7	10.0	3.13*	0.010
ECR-Avoidance	66.9	10.4	59.1	12.7	7.8	1.67	0.123

ECR=the Modified Experiences in Close Relationships; SD=standard deviation. *p<0.05.

Conclusions: This study, unique in integrating psychodynamic principles into psychoeducation, showed improvements in attachment-related anxiety and longer disease-free survival, specifically among recurrent cases, suggesting the potential benefits of this approach for certain breast cancer patients. Further research is needed to identify which patients might benefit most from this intervention.

Disclosure of Interest: None Declared

EPV1196

Attitudes toward death as a predictor of affective spectrum disorders in oncopsychology: a cross-cultural comparison

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Introduction: Affective spectrum disorders remain an underestimated problem in the field of oncopsychology, affecting not only the immune response and progression of some cancers in cancer patients (Smulevich, 2001; Reiche, Nunes, Morimoto, 2004; Schulz-Kindermann, 2021), but also performance and the provision of quality medical support by oncology staff (Mern, 2017; Klimenko, 2023). One of the possible factors contributing to depressive states and emotional burnout, we believe the peculiarities of attitudes toward death, which may have cross-cultural differences.

Objectives: The main hypothesis of the study was the assumption that the nature of the attitude to death may be associated with both the level of depression in cancer patients and the severity of emotional burnout in medical workers of oncological institutions. We also assumed that this relationship may have cross-cultural differences due to differences in worldview attitudes (primarily related to the dominant type of religiosity), as well as due to organizational peculiarities of medical care in different countries.

Methods: The study included 240 participants: 50 cancer patients from Russia and Germany (M_{age} = 55.3; SD = 8.6; 32 women and 18 men), and 190 medical specialists employed in oncologic institutions in Uzbekistan and Germany (M_{age}= 37.1; SD = 9.6; 73 women and 117 men).

The study was based on a survey design using three questionnaires adapted in two languages (Russian and German): Beck's Depression Inventory (Tarabrina, 1992; Hautzinger, Keller, Kühner, 2009), The Maslach Burnout Inventory (Vodopyanova, Starchenkova, 2001; Burisch, 2010), and Death Attitude Profile-Revised (Chistopolskaya, Mitina, Enikolopov, 2017; Jansen, Schulz-Quach, Eisenbeck, 2019). In addition, the study used questionnaires to collect data on the following characteristics of respondents.

Results: It was revealed that the attitude towards death was found to be correlated both with the level of depression in cancer patients and with the syndrome of emotional burnout in workers of oncological institutions, namely: fear of death accompanies an increased level of affective disorders, while neutral acceptance - a lower level or none. Along with this, other variables were also identified that found a relationship with the development of affective spectrum disorders. Cross-cultural differences were also found regarding medical personnel: specialists employed in Uzbekistan showed a lower level of mental well-being, in contrast to personnel in Germany. When it comes to cancer patients, no culture-specific differences were found.

Conclusions: According to the results of the study, it can be stated that the attitude to death can be not only a predictor of affective spectrum disorders (depression in cancer patients and emotional burnout in medical professionals), but also a resource in preventing these disorders. Neutral acceptance of death may be one of them.

Disclosure of Interest: None Declared

EPV1197

Day to day work as a psychiatrist in the psycho-oncology department

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Introduction: Liaison psychiatry mostly deals with consultations that are required in different department of somatic hospitals. The patients range from surgery to dermatology and the consultations vary depending on the department. As far as we know, in Europe, there is no psycho-oncology department with a psychiatrist on board full-time. In Ljubljana, Slovenia, this has been the case since 1984, with a short break for a few years, but an addition again in the last three years. Working as a psychiatrist in a very specific and demanding environment at oncology has its; challenges, as well as integrating the work with a team of clinical psychologists.
Objectives: We wanted to analyse how many and what kind of patients are referred to the psycho-oncology department, either to a psychiatrist or a clinical psychologist.
Methods: We gathered the data from referrals; How many patients were checked in an office or in a hospital setting, how many of these were first referrals. We also compared the checkups by a psychiatrist or by a clinical psychologist. Out of these, we looked at the oncological diagnosis and if they were referred by an oncologist. Out of our first referrals checked which diagnosis was most prevalent.
Results: In the year 2023 the statistical data of the psycho-oncology department was gathered by the psychiatrist and clinical psychologist. Number of referrals for a psychiatrist was 895 and for a clinical psychologist was 1511. The psychiatrist performed 215 first referrals, so 24% out of all checkups. The psychologist did 325 first referrals, which is 21% out of all check-ups. For the psychologist and the psychiatrist the most common adjoining cancer diagnosis with a referral was breast cancer, making up 47% in the psychiatrist case and 44% in the psychologist case of all of the first checkups. Most common indication for a referral to a psychologist was mental distress, while for a psychiatrist was depression. Interestingly both the psychologist and psychiatrist would afterwards diagnose their patients most often with the diagnosis of adjustment disorder.
Conclusions: The data showed interesting differences and similarities between referrals to a psychologist and a psychiatrist. It is important to note, that the distinction of referrals to psychiatrist or clinical psychologist at the psychooncology department is rather new. It should be mentioned, that the distinction is also that there is only one psychiatrist compared to three psychologists. The data will continue to be gathered as to ascertain the adaptation of the entire oncology clinic to a better accessibility of a consultation psychiatrist.

Disclosure of Interest: None Declared

EPV1198

A case report of the two big C's; Cancer or catatonia?

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Introduction: Catatonia is a severe neuropsychiatric condition with distinct motor, behavioural, and affective abnormalities that can manifest suddenly and dramatically. While it is commonly associated with psychiatric disorders, catatonia can also emerge in the context of various medical conditions, including malignancies.
Objectives: This report details the case of a 68-year-old female with lymphoma who developed sudden-onset catatonia, highlighting the complexities of diagnosing and managing this rare complication.
Methods: The patient presented with symptoms of unresponsiveness and aphasia, acutely in the department just a few hours after the nurses reported, she had been confused during the night shift and had visual hallucinations. First the neurologist was consulted. Neurological examination revealed unresponsiveness to verbal or pain stimuli, flaccid muscle tonus, no plantar response, normal reflexes, staring gaze, blinking and resistance to open eyelids. Corneal and oculocephalic reflex including cardiorespiratory functions were normal. Due to the acute nature of the symptoms and history of iatrogenic subdural hygroma a trial with anticonvulsant was performed, with no improvement. CT scan, MRI scan and EEG were unremarkable. Results of the lumbar puncture ruled out any inflammation, infection or lymphoma infiltration.
Results: Since the clinical findings did not correlate with test results, the neurologist consulted the psychiatrist. The patient was promptly treated with lorazepam 2 mg intramuscularly, which is the first-line treatment for catatonia. Within 2 hours of initiating treatment, there was a noticeable improvement in her responsiveness. Over the next 24 hours, she regained the ability to speak and follow commands. The decision was made to continue lorazepam 2 x 1 mg per day plus 2 x 1 mg if needed. After three days the consultation psychiatrist came to do a checkup and found the patient talking slowly and quietly, with some anxiety symptoms, but no apparent mood disorder or delusions or hallucinations. The patient was prescribed antidepressants and continued lorazepam treatment. The psychiatrist tried to decrease the lorazepam dose before the patient discharge, which resulted in worsening of her mental state. Lorazepam dose was again raised to the previous effective dose. She was discharged with sertraline 50 mg and lorazepam 2 x 1 mg. The patient had a checkup a month after being discharged. At the checkup she presented not only without any signs of catatonia, but in complete remission of any mood or anxiety or psychosis symptoms. At that point, the lorazepam dose was reduced, with the intention of keeping only the antidepressant therapy.
Conclusions: Catatonia is a rare and serious complication for patients with lymphoma, and recognizing it constitute a challenge as demonstated by this case. However the lorazepam challenge test still remains a great diagnostic treatment.

Disclosure of Interest: None Declared

EPV1201

Predicting marital adjustment in cancer patients: The impact of attachment styles, disease type, and stage on marital duration

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Introduction: This study examined the interplay between marital relationships and individual adjustment to cancer, considering the influence of attachment styles and marital duration under high-stress conditions.
Objectives: This research aims to elucidate how these factors modulate the marital quality and the psychological well-being of individuals and their partners.
Methods: A total of 312 participants, comprising 223 cancer patients and 89 partners, completed the Golombok-Rust Inventory of Marital State and the Adult Attachment Inventory. Linear mixed-effects models were used to analyze the relationships between marital adjustment, attachment styles, and marital duration.
Results: The findings indicated that females diagnosed with cancer reported significantly poorer marital adjustment compared to their male counterparts (both $p < .05$). Notably, secure attachment was significantly positively associated with better marital adjustment ($\beta = .18$, $p = .016$), while ambivalent attachment was significantly negatively associated with worse marital adjustment ($\beta = -.11$, $p = .029$). These patterns persisted across both patients and their partners, with no significant differences based on sex. Additionally, the impact of attachment styles on marital adjustment did not vary significantly with marital duration (all $p > .05$).
Conclusions: These results underscore the complexity of the marital dynamics among couples confronting cancer. The data reveal that secure attachment enhances marital stability, whereas ambivalent attachment detracts from it, irrespective of the sex of the respondent or marital duration. This study adds to the body of literature by highlighting the nuanced ways in which attachment styles influence marital dynamics under the strain of cancer. The implications for clinical interventions emphasize the importance of fostering secure attachment behaviors in couples therapy, particularly in contexts involving significant health challenges.

Disclosure of Interest: None Declared

EPV1202

Effectiveness of Spirituality-centered Cognitive Therapy and Contextual Transdiagnostic Approach on marital mutuality, dissociative experiences, and cancer-related fatigue in women after mastectomy

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Introduction: Breast cancer remains the most frequently diagnosed cancer and a leading cause of cancer-related deaths in women worldwide. Post-mastectomy, women often experience heightened emotional distress, diminished quality of life, and interpersonal challenges.
Objectives: This study seeks to evaluate the comparative effectiveness of Spirituality-Centered Cognitive Therapy (SCT) and the Contextual Transdiagnostic Approach (CTA) on marital mutuality, dissociative experiences, and cancer-related fatigue in women after mastectomy.
Methods: In this randomized controlled trial, 132 women, selected based on inclusion criteria from an initial pool of 167, were randomly assigned to two intervention groups: SCT (n=66) and CTA (n=66). Each group underwent eight 60-minute therapeutic sessions over four weeks, held twice weekly from August to September 2022. Standardized questionnaires assessing marital mutuality, dissociative experiences, and cancer-related fatigue were administered pre- and post-intervention. Multivariate analysis of variance (MANOVA) with repeated measures was employed for data analysis using SPSS-24.
Results: CTA demonstrated superior effectiveness in reducing dissociative experiences compared to SCT. Conversely, reductions in cancer-related fatigue were more pronounced in the SCT group. Improvements in marital mutuality were comparable between the two therapeutic approaches.
Conclusions: Both SCT and CTA proved effective in enhancing psychological and relational well-being in women post-mastectomy. However, SCT more effectively alleviated cancer-related fatigue, while CTA showed greater efficacy in addressing dissociative experiences. These findings highlight the potential of integrating tailored therapeutic approaches to improve quality of life for breast cancer survivors.

Disclosure of Interest: None Declared

EPV1203

Predicting emotional disturbance in breast cancer patients: The role of self-empowerment skills, interpersonal relationships, and demographic factors

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Introduction: Breast cancer represents a significant health concern among Iranian women, notably impacting their mental health. This has spurred considerable interest within health psychology, given breast cancer's profound effects on both physical and psychological well-being.
Objectives: This study aimed to explore the predictability of emotional disturbances through psychological, socio-cognitive variables, and to quantify their relative impacts among breast cancer patients.
Methods: Employing a descriptive and exploratory approach, this research involved 736 breast cancer patients aged 19 to 80 from Shahada Tajrish Hospital, Tehran during the first eight months of 2017. Participants were selected and screened based on specific inclusion and exclusion criteria. Measures included the Self-Empowerment Skills Scale, the Quality of Interpersonal Interactions Scale, and the Emotional Disturbance Scale. An emotion management therapy program was offered to motivate patient participation.
Results: Analysis revealed significant associations between emotional disturbance and factors such as self-empowerment skills, quality of interpersonal interactions, and various demographic variables including age, education level, employment status, household headship, and gender. Notably, interpersonal quality and self-empowerment skills emerged as the most influential predictors.

Conclusions: The findings underscore the critical roles of interpersonal relationships, self-empowerment skills, and demographic characteristics in influencing the emotional well-being of breast cancer patients. It is recommended that psychologists emphasize these factors when assessing and promoting the mental health of this population.

Disclosure of Interest: None Declared

EPV1204

Mortality Communication and Expected Grief for Caregivers of Cancer Patients

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Introduction: Cancer is a disease with a high mortality rate and requires care. The identification of cancer with death may cause patients and caregivers not to talk about illness and death. However, communication is one of the most important elements of this disease process. In addition to the inability to talk, the increased responsibilities of caregivers cause physical, economic, social and psychological burdens on caregivers. This can lead to high levels of stress, mental fatigue and depression in caregivers. Poor communication between patients and caregivers is an important factor related to depressive symptoms in caregivers during the caregiving process. Open communication between caregivers and the patient is a factor that can positively affect the disease process. With this study, it can be found that being open communication can reduce depression, anxiety and stress levels in caregivers and support studies to reduce the burden of care of caregivers. Thus, it can be ensured that patients and their caregivers experience the disease process more positively and spend it more positively.
Objectives: Existing measures of mortality communication may not capture much of the nuance in that cancer caregiver report to be particularly upsetting, so we thought it would be important to examine reliability and validity of the Caregiver's Communication with the Patient about Illness and Death (CCID) Scale for measuring the extent to which caregivers of cancer patients discuss illness and death with the patientin Turkey.
Methods: The methodological study will be conducted to establish the validity and reliability of the Caregiver's Communication with the Patient about Illness and Death (CCID) Scaleto Turkish Culture and to determine the level of mortality communication, expected grief, care burden and mental health problems among cancer caregiver in Eastern Turkey. The sample of the study will consist of cancer caregivers and who agree to participate in the study. The data will be subjected to appropriate methods for statistical analysis and will be used to understand the relationships between mortality communication and grief, depression, anxiety, stress and caregiver burden at caregivers of cancer patients.
Results: Data extraction is still on going in detailed style by principal authors. Description of studies and the key findings will be presented.
Conclusions: It is predicted that not discussing illness and death causes an increase in depression, anxiety and stress levels in caregivers. In this study, it is aimed to evaluate depression, anxiety and stress in caregivers of cancer patients who will be evaluated with the scale and to evaluate their relationship with care burden.

Disclosure of Interest: None Declared

EPV1205

Adverse psychiatric effects of lorlatinib: a case report and review of the literature

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Introduction: Lung cancer is one of the most frequent forms of cancer worldwide. Its prevalence has increased substantially the last decades. About 85% of all cases are non-small-cell lung cancer, which can be further divided in other subtypes. The use of targeted therapies and immune check-point inhibitors in the last years has improved survival, such is the case of tyrosin-kinasa inhibitors as lorlatinib. This molecule can reduce neoplastic growth when ALK rearrangement is present.
Objectives: To review the literature about psychiatric adverse effects of lorlatinib.
Methods: A narrative review of the evidence was performed. The search was focused on described psychiatric adverse effects in patients with lung cancer who have received lorlatinib as antineoplastic agent.
Results: We report the case of a 54-year-old man with lung adenocarcinoma stage IV ALK+ diagnosed in 2024. Suprarenal metastases were found. He started antineoplastic treatment with lorlatinib as first line agent during hospitalization, with a dose of 100mg per day. Three months later, the patient experienced anxiety and impulse phobias of aggressive content which led to an intense psychological distress and behavioural repercussion (avoidance, overcompensation). He consulted because of these symptoms and the dose of lorlatinib was reduced to 75mg per day by his oncologist. By the time he was evaluated in Psychiatry Service, the symptoms had improved but remained present. Low doses of aripiprazole were prescribed as symptomatic treatment (2,5mg per day) with great results manifested one week later.
Conclusions: Most common adverse effects of tyrosin-kinasa inhibitors are fatigue, gastrointestinal symptoms, skin reactions or edema, among others. Although neuropsychiatric adverse effects are infrequent, they can occur and induce significative impairment and emotional distress. It's important to recognize these other symptoms, especially on new drugs, and know how to approach them properly.

Disclosure of Interest: None Declared

EPV1206

Substance use in cancer patients – an undervalued and harmful association

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Introduction: Substance use and substance use disorders are widespread among cancer patients, throughout the complex course of the disease. Besides the fact that the use of some substances predisposes individuals to cancer, substance use can also develop after a cancer diagnosis. The latter becomes more concerning by the significant use of opioids in the context of cancer pain management. In addition, individuals with cancer may use substances in an attempt to cope with psychological distress or poorly controlled physical symptoms – "chemical coping".
Objectives: In this work, we intend to do a review on the prevalence and impact of substance abuse in oncological population.
Methods: Our research will focus on papers of the last 10 year, indexed in Pubmed. We will summarize the most relevant data for clinical practice.
Results: The use of substances in cancer patients is extremely heterogeneous. Not all of the situations constitute a Substance Use Disorder categorized in the diagnostic manuals used in psychiatry. Nevertheless, substance abuse always represents a causal agent in the deterioration of clinical and functional state of cancer patients.
According to studies, cancer patient care services do not assess patients substance abuse patterns or risk in an assertive and systematic manner. Moreover, there are no specific guidelines for the approach and treatment of cancer patients with addictive disorders. Some authors also emphasize that the stigma associated with patients with substance dependences can difficult their access to health care and delay the diagnosis of neoplastic diseases or prevent them from undergoing treatment, which is often prolonged.
Conclusions: As a conclusion, we highlight that further studies are needed in this population, with more attention to the interaction between substance use and worse clinical progression. Furthermore, we remind the increasingly need for multidisciplinary teams to approach these patients - from oncology to psychiatry. There should be a greater investment in training these teams, as it can significantly improve the treatment and prognosis of these patients.

Disclosure of Interest: None Declared

EPV1207

Psychological Support in Palliative Care: Findings from a Retrospective Single Centre Cross-Sectional Study in Slovenia

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Introduction: Common psychiatric disorders in oncological patients include depression, anxiety, delirium, sexual dysfunctions, adjustment and sleep disorders, affecting 30%–40% of those diagnosed. The incidence is even higher in advanced cancer stages. Despite the profound impact on quality of life, these issues are often underdiagnosed and undertreated. While effective management includes both pharmacological and nonpharmacological interventions, psychologists are rarely involved in palliative care, as doctors tend to focus primarily on physical symptoms overlooking the emotional and existential suffering these patients endure.
Objectives: The aim of this study was to determine the frequency of clinical psychologist involvement in the care of palliative cancer patients.
Methods: We performed a single centre cross-sectional study of patients with metastatic or locally advanced, inoperable cancer who were hospitalized at the University Clinical Centre Maribor every first Wednesday of October between 2017 and 2023. Patient records were retrieved from the hospital's electronic medical database. Data extraction included demographic information, clinical details, and whether a clinical psychologist was consulted by the treating physician. We also aimed to identify the reasons for consultation when applicable.
Results: Out of the 600 patients, 342 (57.0%) were male, and 258 (43.0%) were female. Their ages ranged from 30 to 95 years, with a mean age of 67.9 ± 11.1 years and a median age of 68 years. Only 1.3% (8 patients) had a clinical psychologist involved in their care through a doctor-initiated consultation while most (592 patients or 98.7%) did not. Anxiety-related concerns were the most common reasons for consulting a psychologist, with 4 patients addressing these issues: 1 patient expressed a fear of dying, another feared the pain, a third had concerns about potential side effects of therapy, especially infertility, and the fourth presented general anxiety. Additionally, 1 patient expressed suicidal ideations. Unfortunately, the reason for consulting was not available for 3 patients.
Conclusions: Our study shows the underutilization of clinical psychologists in the care of palliative cancer patients, with only a small part receiving psychological support despite the known prevalence of psychiatric disorders in this population. Given the comorbidity of depression, anxiety and other psychiatric disorders among these patients, integrating mental health professionals into palliative care teams is crucial for enhancing their overall quality of life and emotional well-being.

Disclosure of Interest: None Declared

EPV1208

Module Development: Psychological-Based Prehabilitation for Breast Cancer Patients and their Family Caregivers

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Introduction: Cancer prehabilitation has emerged as a pivotal strategy for the augmentation of patients' comprehensive well-being, encompassing physical, psychological, and functional aspects while improving their quality of life. The profound impact of breast cancer on patients and their family caregivers emphasizes the critical need for interventions addressing their holistic well-being.
Objectives: In this portion of the study, researchers intend to develop two psychological-based prehabilitation modules within a larger investigation targeting to address the quality of life as well as relationship quality among breast cancer patients and their family caregivers. The deliberate involvement of the family caregiver proposed here is based on the belief that the well-being of an individual is interconnected with his/her community.

Methods: Guided by the Allostatic Model and Systems Theory, these modules are tailored to mitigate the negative effects associated with breast cancer with a systemic perspective in mind. Leveraging on Sidek's Module Development Model, the first module (PreCARE) targets breast cancer patients, while the second (PreCARE Plus) extends its focus to patients and their family caregivers. The content validity of these modules is rigorously assessed through consultation with six experts across mental health, oncology, rehabilitation, and radiology disciplines. The study aims to look at the aspects of content validity of the developed modules through the content validity index (CVI).
Results: The CVI for both PreCARE and PreCARE Plus modules were high (above 0.83) with values of 0.92 and 0.93 respectively. The findings also yielded high S-CVI for both modules with values of 0.98 (PreCARE) and 0.96 (PreCARE Plus).
Conclusions: These crafted psychological-based prehabilitation modules proposed to revolutionize oncological care in Malaysia by empowering healthcare professionals in the oncology setting to enhance the psychological and physical well-being of breast cancer patients and their family caregivers. Their potential impact underscores the importance of integrating systemic-inspired interventions into comprehensive cancer care paradigms.

Disclosure of Interest: None Declared

EPV1210

Quality of life after total laryngectomy: a retrospective study

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Introduction: Total laryngectomy, as a major surgical intervention, leads to significant changes both physically and psychologically. The observed alterations include communication difficulties, adjustments to new breathing methods, and often a lengthy and complex rehabilitation process. These changes can deeply impact social interactions, autonomy, and the emotional well-being of the individuals affected.
Objectives: To assess quality of life in patients who have undergone total laryngectomy, and to investigate the factors associated with its impairment.
Methods: This was a cross-sectional descriptive study with an analytical aim conducted over a period of 6 months, from December 2021 to June 2022, involving patients followed for laryngeal cancer who had undergone total laryngectomy at the Oto-rhinolaryngology department of Tahar Sfar Mahdia Hospital. Quality of life was assessed using the SF-36 in its validated Arabic version. Referring to Lean's threshold value, it is accepted that a mean score < 66.7 indicates an impairment in quality of life.
Results: A total of 40 patients participated in the study. The mean age was 62±9 years, and the population was 100% male. Quality of life assessment revealed that 87% of patients had scores below 66.7, attesting to impaired quality of life. A study of the mean scores per dimension on the SF36 revealed the following rates of impairment, in descending order: 100% for physical pain (D3), 97% for psychological health (D8), 95% for life and relationships with others (D6), 87% for vitality (D5) and limitations due to psychological state (D7), 72% for perceived health (D4), 55% for physical activity (D1) and 22% for limitations due to physical state (D2). In univariate analysis, rural origin (p=0.015), low socio-economic level (p=0.023), the existence of discomfort with eating (p=0.002), the existence of pain (p=0.008) and long hospital stay (p=0.056) were associated with impaired quality of life in our study population.
Conclusions: It is crucial to recognize and address these challenges holistically. Multidisciplinary approaches, including voice rehabilitation, psychological support, and social assistance, play an essential role in improving the quality of life for total laryngectomy patients.

Disclosure of Interest: None Declared

EPV1211

Anxiety and depression in patients undergoing total laryngectomy

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Introduction: Total laryngectomy is a major surgical procedure involving the complete removal of the larynx, often necessary to treat severe conditions such as laryngeal cancer. Although this operation is often life-saving, it leads to significant and often disabling consequences that impact mental health, including increased levels of anxiety and depression.
Objectives: Determine the prevalence of anxiety and depression among a group of patients who have undergone total laryngectomy and to investigate the factors associated with their occurrence.
Methods: This is a descriptive cross-sectional study with an analytical aim conducted over a period of 6 months from December 2021 to June 2022, involving patients followed for laryngeal cancer who had undergone total laryngectomy at the Otolaryngology department of Hospital Tahar Sfar Mahdia. Anxiety and depression were assessed using the Hamilton Anxiety Rating Scale and the Beck Depression Inventory , respectively.
Results: A total of 40 patients participated in the study. The average age was 62±9 years, with a population consisting of 100% males. A score greater than 20 indicating the presence of anxiety symptoms was noted in 50% of patients. Depression was noted in 78% of patients, with moderate intensity in 42% and severe in 25% of cases. We found that shorter postoperative follow-up was associated with greater anxiety symptoms (p=0.005). However, other factors such as diabetes and impact on social life could be related to anxiety, though no statistically significant associations were found. Regarding depressive symptoms, only the presence of postoperative complications was statistically related to moderate or severe depressive symptoms (p=0.004) in our study. Other factors such as radiotherapy and impact on work might be related to depressive symptoms, although no statistically significant associations were found.

Conclusions: Total laryngectomy has undeniable repercussions on the mental health of patients. Medical and social support is essential to help them better cope with this disability.

Disclosure of Interest: None Declared

EPV1212

Psycho-oncology: Mental Illness and Psychopharmacology in Breast Cancer

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Introduction: Patients with breast cancer have a higher incidence of psychiatric symptoms and mental illness compared to those without a cancer history. Breast cancer survivors often experience increased depression, anxiety, neurocognitive and sexual dysfunction, sleep disorders, stress-related conditions, and other psychiatric issues. Psychopharmacological intervention plays a key role in managing both comorbid mental illness and cancer-related symptoms caused by the disease or its treatment. However, there is limited scientific evidence regarding the specificities of psychotropic drug prescriptions in patients undergoing antineoplastic therapy.
Objectives: Considering the specificities of this population (greater physical fragility, polypharmacy) and the limited scientific evidence on the subject, the aim of this work is to review the literature on the use of psychotropic drugs—antidepressants, anxiolytics, antipsychotics, mood stabilizers, and psychostimulants—in the treatment of psychiatric symptoms and cancer-related symptoms in this patient population, with a particular emphasis on psychopharmacological-antineoplastic drug interactions.
Methods: A non-systematic literature review using PubMed as the database.
Results: In patients undergoing tamoxifen treatment, the use of psychotropic drugs that have inhibitory properties on cytochrome P450 (CYP2D6), the enzyme responsible for its metabolism into its active form (endoxifen) should be avoided. This specificity limits the use of strong inhibitors of this enzyme, such as some selective serotonin reuptake inhibitors—fluoxetine, paroxetine, and fluvoxamine. In the use of antipsychotics, the preference for drugs less associated with hyperprolactinemia should be considered when managing these patients. Commonly used mood stabilizers, such as lithium and valproic acid, do not interact with the most commonly used antineoplastic drugs in breast cancer, and are frequently used in this population safely, requiring the same monitoring as in the general population.
Conclusions: The need for pharmacological management of psychiatric symptoms or illnesses in the breast cancer population is a reality for which there is still little information in the available scientific literature. It is crucial that the use of psychotropic drugs is carefully monitored due to the potential pharmacological interactions with antineoplastic treatments, which may alter the efficacy or increase the toxicity of the drugs. For this reason, the present review is important and can enrich clinical practice. Collaboration between psychiatrists and oncologists is essential to optimize treatment and improve the quality of life for these patients.

Disclosure of Interest: None Declared

Others

EPV1214

The Big Five Personality Factors Among Cybercrime Victims in Jordan in Light of Some Variables

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Introduction: This study aimed to identify the big five personality factors among cybercrime victims in Jordan and to investigate the differences in the level of the big five personality factors due to the type of crime, gender, age, and educational level. The descriptive analytical approach was used. The study sample consisted of (515) cybercrime victims in Jordan. To achieve the aims of the study, the five major factor scale was used, and its reliability and validity were checked.
Objectives: Study Objectives:

1. ersonality traits of cybercrime victims in Jordan.
2. The differences in the Big Five personality traits of cybercrime victims based on the type of cybercrime.
3. whether Big Five personality traits among cybercrime victims varied significantly with regard to gender, age, and educational status of respondents.

Methods: Study Tool: The Big Five Personality Traits Scale
This study used The Big Five Personality Traits Scale (Costa & McCrae, 1992) . In its original configuration, the scale consisted of 60 items or questions.
Item Characteristics of the Assessments Scale: 1.Internal Construct Validity. Internal consistency was checked using Cronbach's alpha. The Cronbach's alpha reliability coefficient was 0.701to 0.818, which was above 0.70; therefore, it is acceptable. Scoring of the scale: A 5-point Likert scale was employed .The second question was approached with One-way ANOVA. The third question was addressed via MANOVA.
Results: The results show that the level of extraversion and openness factors came at a high level, while the conscientiousness, agreeableness, and neuroticism factors came at a moderate level. Also, the results found that there were no differences due to the type of crime in the neuroticism factor and there were differences in the factors (extraversion in favor of device hacking crime, openness in favor of unwanted sexual crime, conscientiousness, and agreeableness in favor of identity theft crime). Also, the results show that there are differences in the factors (neuroticism, extraversion, and openness) due to gender in favor of females, and due to age in the factors (neuroticism, acceptability, and conscientiousness) in favor of less than 30 years, and the level of education in the openness factor in favor of a secondary class or less, while in the acceptability

factor in favor of a bachelor, while in the scientific factor in favor of postgraduate students.
Conclusions: Actions should be taken against cybercrimes, which include:
- More education about cybercrimes and how to use internet in a safe way.
- Supervision of people who are still not efficient in using technology and close supervision of the way that teenagers are using high technology devices.
- Trainings should be done to start protecting people from such crimes.

Disclosure of Interest: None Declared

EPV1216

Work-Related Burnout Among Physicians at Sultan Qaboos University Hospital: Prevalence and Risk Factors

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Introduction: Burnout is a work-related syndrome characterized by emotional exhaustion, depersonalization, and a reduced sense of personal accomplishment. It is particularly prevalent among physicians and it is associated with various personal and occupational risk factors. This study aims to assess the prevalence of burnout and its predictors among physicians across different specialties at Sultan Qaboos University Hospital (SQUH).
Objectives: to assess the prevalence of burnout and its predictors among physicians across different specialties at Sultan Qaboos University Hospital (SQUH).
Methods: A cross-sectional study was conducted from October 2023 to January 2024 involving Omani and non-Omani physicians from all specialties at SQUH, Muscat, Oman. Data were collected via an electronic and paper-based survey that included the Oldenburg Burnout Inventory and a sociodemographic questionnaire. Stepwise regression analysis was used to identify independent predictors of burnout.
Results: A total of 353 physicians participated, yielding a response rate of 79%. The prevalence of burnout was 56.7% (n = 200). The majority of respondents were male 56.4%, with 88.4% being married and 66.3% having one to four children. Of the participants, 45% were consultants or senior consultants, and 70% had been practicing for over ten years. Independent predictors of burnout included male gender [OR 1.62 (1.01-2.59), p = 0.007], older age [OR 1.12 (0.66-1.89), p = 0.02], less than 6 hours of sleep per night [OR 2.57 (1.62-4.10), p < 0.001], administrative responsibilities [OR 2.75 (1.41-5.34), p = 0.015], and involvement in research activities [OR 3.75 (1.77-7.95), p = 0.036].
Conclusions: The high prevalence of burnout among physicians at SQUH highlights the need for targeted interventions to mitigate burnout and its associated negative impacts. Addressing the identified risk factors is essential for promoting physician well-being and optimizing healthcare delivery.

Disclosure of Interest: None Declared

EPV1217

Acute confusional state vs psychological and behavioral symptoms of dementia. About a case

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Introduction: Acute confusional state is usually the main diagnosis we encounter in hospitalized older adults. Its incidence increases in parallel with age. Often underdiagnosed. The main characteristics are alteration in the level of consciousness and/or attention, cognitive impairment (disorientation or reduction in memory), relatively rapid onset and fluctuations. As clinical manifestations there is usually disorganization of thought, perceptual disorders, hyper or hypoactivity, alteration of sleep rhythm and alteration of mood.
Behavioral and psychological symptoms of dementia (BPSD) describes a heterogeneous group of behavioral or mood disturbances, such as agitation, anxiety, depression, psychosis, or sleep disorders. They are universal and are present in dementia of any etiology and can be observed in any phase of the disease. They are considered multifactorial and are characterized by a recurrent or sporadic course.
68-year-old female patient who went to the hospital due to the presentation of symptoms that had been going on for 3 months (memory lapses, insomnia and irritability) that had intensified in recent days, leading to the appearance of visual hallucinations, episodes of disconnection from the environment, their language becomes impoverished and a disintegrated and incoherent speech appears with difficulty in naming.
Objectives: Propose differential diagnosis between confusional syndrome and psychological and behavioral symptoms of dementia.
Methods: Analytical: elevation of acute phase reactants.
Cranial CT: no findings that justify the diagnostic suspicion.
Neurology: despite the sudden onset of the symptoms, they rule out performing LP, given the unremarkable nature of the rest of the complementary tests.
It was decided to admit him to mental health to study the condition. The evolution is characterized by a fluctuating picture while the acute phase reactants begin to gradually increase, D-Dimer: 5500 and an ECG with an S1Q3T3 pattern. CT angiography is requested (ruling out PET)
Finally, after evaluation by neurology in which new analysis is requested along with urine and culture (+ for C.Glabrata) due to fever peak, lumbar puncture and cranial MRI (small acute ischemic lesions). Finally, it was decided to admit him to neurology with targeted treatment, resulting in resolution of the condition.
Results: Confusional syndrome with a subacute course of etiology under study.
Conclusions: BPSD of dementia are multifactorial and include different neurobiological factors, as well as environmental, social and psychological factors. They generally have a recurrent or sporadic character and can appear in all phases of any type of dementia, although they do not usually occur acutely. Therefore, it is important not to lose sight of carrying out complementary tests and a multidisciplinary approach, given that psychopathology of acute-subacute onset should not make us forget to rule out an acute confusional state.

Disclosure of Interest: None Declared

EPV1218

Profile of patients in the psychiatric Convalescence Unit at Husa

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Introduction: The Convalescence Unit provides semi-open inpatient care during the subacute phases of psychiatric illness, with the goal of restructuring and reorganizing the personality after a crisis or relapse.
Objectives: The main objective is to observe the profile of patients admitted to the Convalescence Unit who could benefit from this type of resource.
Methods: A retrospective, observational study was conducted by collecting and analyzing data in 2019, which 61 patients were admitted in this resource. The profile of patients during the year 2019 was analyzed.
Results: Of a total of 61 patients, 47 were referred from the Brief Hospitalization Unit (UHB), 11 from the Mental Health Team (ESM), and 3 from other facilities. By gender, there were 38 women and 23 men. The average age was 44.16 years. Regarding the type of admission, 29 were voluntary and 32 involuntary. Seventeen patients had been readmitted from previous years. The diagnoses were: 10 patients with bipolar disorder, 14 with schizophrenia, 6 with substance-induced psychosis, 2 with schizoaffective disorder, 10 with anxiety-depressive syndrome, 5 with dysthymia, 2 with obsessive-compulsive disorder, 7 with delusional disorder, and 6 with personality disorders. Of these patients, 58 received therapeutic discharge, 1 voluntary discharge, and 2 were transferred to other facilities. Regarding marital status, 43 were single, 7 married, 4 widowed, and 7 divorced. The average length of stay was 48.56 days.
Conclusions: As for the profile of patients admitted to the Convalescence Unit, it is not possible to determine a statistically significant pattern. However, we observed that most are women with severe mental health disorders. Notably, the majority are single, suggesting less family support, and a high percentage are admitted involuntarily, often from the UHB, to extend their stay for the management of subacute conditions in a more controlled environment. This helps ensure adherence to treatment, which is both difficult and crucial for a favorable outcome in these patients.

Disclosure of Interest: None Declared

EPV1219

Much More Beyond Motor Symptoms – The Social Symptoms of Parkinson's Disease

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Introduction: Parkinson's disease (PD) is the second most common neuropsychiatric disorder, affecting approximately 6.1 million people worldwide. Its incidence has increased over the last two decades, with a higher rate observed in industrialized countries, suggesting that pollution and social isolation may contribute. Some studies even identify loneliness as an independent risk factor. PD is characterized by a slow progression of disability, often lasting decades, with significant impact on both individuals and caregivers. In addition to its hallmark motor symptoms (rigidity, bradykinesia, and tremor), neuropsychiatric symptoms are now better understood, and some researchers have also identified social symptoms.
Objectives: Our aim is to describe the social symptoms of PD and assess the impact of these symptoms on patients' quality of life.
Methods: A narrative literature review was conducted through bibliographic research in the PubMed and Google Scholar databases, using the terms "Parkinson's disease," "social symptoms," and "social impact."
Results: The so-called social symptoms arise from various changes that occur in PD, affecting both the verbal and non-verbal components of communication. "Facial masking" results from facial muscle bradykinesia, leading to a diminished ability to produce facial expressions. Research has shown that individuals with PD have a reduced capacity to modulate emotional expressions, which are crucial for eliciting empathy and facilitating social interactions. Additionally, patients demonstrate difficulties in recognizing emotions, possibly due to a dysfunctional theory of mind (Embodied Simulation Theory). Reduced prosody leads to monotonous, emotionless speech, which contributes to negative self-perception and a feeling of impaired communication abilities. Furthermore, in more advanced stages of PD, there appears to be a deficit in interpreting prosody.
These factors contribute to stigma, dehumanization, and social isolation among PD patients, with significant consequences for their quality of life, which has been demonstrated in several studies.
Conclusions: Social symptoms, though often overlooked, are prevalent in PD and substantially reduce patients' quality of life. It is crucial to further investigate these symptoms and develop interventions to mitigate their impact.

Disclosure of Interest: None Declared

EPV1220

Antidepressant Discontinuation Syndrome in Patients on SSRIs During Viral Infections: A Study of Prevalence and Mechanisms

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Introduction: This study examines the frequency and underlying mechanisms of antidepressant discontinuation syndrome (ADS) in patients receiving SSRI therapy who subsequently experience viral infections such as influenza or COVID-19. Clinical observations suggest that viral infections may diminish the efficacy of SSRIs, potentially triggering ADS even without changes in dosage.

Objectives: To assess the prevalence of ADS symptoms among patients undergoing SSRI treatment during viral infections and to explore potential biological mechanisms behind this interaction.
Methods: A sample of 84 individuals was recruited from a large Russian-language forum for users of antidepressants. Data on ADS symptoms onset and exacerbation during viral infections were collected using a survey based on the DESS scale. Inclusion criteria for ADS were the new appearance or worsening of withdrawal symptoms specifically during the viral illness.
Results: A significant portion of the cohort reported ADS symptoms. Key findings included dizziness (62%), increased anxiety (40%), mood instability (57%), sleep disturbances (65%), and memory impairment (40%). Notably, brain zaps were observed in 63% of patients, identifying this symptom as distinct to ADS rather than typical viral symptomatology.
Conclusions: The study indicates a high prevalence of ADS symptoms in patients continuing SSRI therapy during viral infections, likely influenced by neuroinflammatory responses and cytokine release, along with tryptophan depletion driven by interferon activity. These insights underscore the importance of vigilance and potentially adapting SSRI management strategies during periods of viral illness to mitigate ADS effects.

Disclosure of Interest: None Declared

EPV1221

Prevalence of migraine among medical students at the University of Science and Technology, Omdurman, Sudan- A cross-sectional study

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Introduction: Migraine is one of the leading neurological causes of disability worldwide with a significant impact on all aspects of life, despite the high prevalence and debilitating effects migraine remains underestimated in Sudan. This study aims to measure the prevalence of migraine among medical students at a Sudanese University.
Objectives: This study aims to measure the prevalence of migraine among medical students from the University of Science and Technology Faculty of Medicine, Omdurman, Sudan.
Methods: This descriptive cross-sectional study was carried out between June and August 2024 involving 283 medical students enrolled in the University of Science and Technology, data was collected online and ID-Migraine was used to screen for migraine and R programming language for statistical computation and graphics was used to analyze the data.
Results: The prevalence of migraine was 41% and females were more affected than males. The most reported trigger factor was irregular sleep 84%, with rest being the most used method for relief 43% and the majority of migraine-positive students 46% mentioned their academic performance was moderately affected.
Conclusions: This study found a high prevalence of migraine among medical students enrolled in the University of Science and Technology, with female students being more affected and significant impact on academic performance.

Disclosure of Interest: None Declared

EPV1222

Preliminary data on medication response to Suicide Crisis Syndrome

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Introduction: Suicide Crisis Syndrome (SCS) is an acute suicidal state characterized by feelings of entrapment, affective disturbances, loss of cognitive control, hyperarousal, and social withdrawal. It has been demonstrated that SCS predicted suicidal behavior post discharge and that could help identifying high risk patients (Galynker I. Oxford University Press 2023; Yaseen ZS *et al.* Suicide Life Threat Behav Aug 2019;49(4):1124-1135). Until today, there is no valid consensus on which medication class is more effective in reducing the acute symptoms of SCS, which often accompany suicidal patients.
Objectives: The present study aims to evaluate medication response to SCS along hospitalization into a psychiatric unit and to determine if certain drug classes can alleviate SCS symptoms.
Methods: The sample consisted of 133 participants, aged 18 to 85, recruited across four Mount Sinai Health System hospitals in New York City, USA and admitted to the psychiatric units for suicidal behavior in the past week. Patients were assessed at intake and discharge with the Suicide Crisis Syndrome -Checklist (SCS-C) to evaluate the presence of SCS symptoms. Administered medication were divided into 5 classes: antipsychotics, antidepressants, mood stabilizers, benzodiazepines and opioids.
Results: Looking at administered medications, descriptive analysis showed an overall decrease in mean SCS-C scores from intake to discharge with antipsychotics and opioids being associated with greater SCS symptoms reduction throughout hospitalization. On the other hand, participants taking antidepressants, mood stabilizers or benzodiazepines did not show different SCS-C results than participants who were not administered these medications.
Conclusions: Our results are preliminary and to gain a clearer perspective a larger sample size would be needed. Nonetheless, antipsychotics drugs given their broad psychopharmacological properties might be able to address the difficult and heterogeneous symptomatology of suicidal patients, especially loss of cognitive control aspect of the SCS. Given that opioids are used to treat emotional pain, they may be an effective treatment for symptoms of SCS as well. These results highlight the need for further studies and randomized clinical trials to adequately assess the effectiveness and safety of these medications in treating SCS.

Disclosure of Interest: None Declared

EPV1224

Association between Sick Days and Psychological Problems Among Teachers in Canada

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Introduction: Increased sick leave among educators can detrimentally impact students' productivity, and academic achievement. It remains unknown whether the number of sick days taken by educators in the preceding school year correlates with the prevalence or severity of psychological problems among educators in the subsequent school year.
Objectives: This study aimed to examine the number of self-reported sick days taken by educators in three Canadian provinces during the 2021/2022 academic year and its association with measures of stress, burnout, low resilience, depression, and anxiety during the 2022/2023 school year.
Methods: Data was collected from educators in three Canadian provinces, Alberta, Nova Scotia, and Newfoundland and Labrador, from September 1, 2022, to August 30, 2023. The Maslach Burnout Inventory-Educator Survey (MBI-ES), the Brief Resilience Scale (BRS), and the Perceived Stress Scale were used to assess burnout, resilience, and stress, respectively. Likely Generalized Anxiety Disorder (GAD) and likely Major Depressive Disorder (MDD) were assessed using the Generalized Anxiety Disorder-7 and Patient Health Questionnaire-9 scales, respectively. Statistical analysis was conducted using SPSS version 28.
Results: 763 subscribers completed all the demographic, professional questions, and clinical scales, giving a response rate of 39.91%. Of these, there were 94 (12.3%) males and 669 (87.7%) females. Educators who reported taking 11 or more sick days in the previous academic year were at least three times more likely to exhibit high stress, emotional exhaustion, likely GAD, low resilience, and likely MDD than educators with no sick days during the preceding year. Similarly, educators with 11 or more sick days had significantly higher mean scores on the GAD-7 scale, the PHQ-9 scale, the PSS-10, the MBI Emotional Exhaustion subscale, and the MBI Depersonalization subscale than those with zero sick days.
Conclusions: This study demonstrates a significant association between sick days and the prevalence and severity of high stress, low resilience, burnout, anxiety, and depression among educators. Short-term sick leave can escalate into long-term absences without adequate support for teachers. Governments and policymakers in the education sector must foster a supportive environment that enables teachers to thrive and effectively perform their professional role without taking prolonged sick days, which can undermine student learning and achievement.

Disclosure of Interest: None Declared

EPV1225

Workplace Psychiatric Disorders: Analysis of Socio-Professional Risk Factors and Fitness Outcomes among Tunisian workers

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Introduction: Psychiatric disorders in the workplace represent a major challenge for occupational medicine, affecting workers' health and their professional capacity.
Objectives: The study aims to analyze the socio-professional characteristics, risk factors, clinical evolution, and work fitness of patients with psychiatric disorders in the workplace.
Methods: A retrospective analytical study was conducted on 62 medical files from the Institute of Health and Safety at Work (ISST) in Tunisia, covering the period 2023-2024. Sociodemographic, professional, medical data, and fitness decisions were extracted. Descriptive statistical analyses were performed to identify significant correlations.
Results: The study included 62 cases. The average age was 44 years. The sex ratio was 0.8.
The most represented sectors were industry (29%), healthcare (24%), and education (11%). Depressive syndrome was the most frequent diagnosis (55%), followed by anxiety disorders (29%) and bipolar disorder (10%). Psychosis was found in 6% of cases.
A significant correlation between the industrial sector and the prevalence of depressive syndrome was found ($p<0.01$).
The predominant occupational risk factors included stress (51.6%), shift work (22.6%), and exposure to chemicals (16.1%). A positive correlation was observed between exposure to chemicals and the onset of anxiety disorders ($p=0.03$).
Analysis of fitness decisions showed that 41.9% of cases were deemed fit with accommodations, 29% temporarily unfit, 19.4% fit without restriction, and 9.7% permanently unfit.
Conclusions: This study highlights the high prevalence of psychiatric disorders in the workplace and their significant impact on work fitness. The results underscore the importance of implementing targeted prevention strategies to preserve workers' mental health and maintain their professional fitness.

Disclosure of Interest: None Declared

EPV1226

Epidemiological Characteristics and Occupational Impact of Organic Solvent-Induced Psychosyndromes

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Introduction: Organic solvent-induced psychosyndromes (OSP) constitute a major occupational health concern, particularly in industrial sectors involving frequent use of chemical products. This

neurotoxic disorder can have significant consequences on workers' health and their ability to maintain professional activity.
Objectives: This study aims to analyze the epidemiological, clinical, and occupational characteristics of organic solvent-induced psychosyndromes diagnosed in the workplace, as well as to evaluate their impact on work fitness.
Methods: A retrospective study was conducted based on medical records collected at the Institute of Occupational Health and Safety (ISST) in Tunisia during a period of 5 years from 2019 until 2024. Socio-professional data, risk factors, diagnoses, progression, and fitness decisions were analyzed with a focus on OSP cases. The severity of the psychosyndrome was assessed using the Raleigh classification and the WHO criteria.
Results: The study identified 11 cases of organic solvent-induced psychosyndromes. The average age of patients was 41 years. The gender distribution showed 6 women and 5 men.
The professional sectors were distributed as follows: chemical industry (n=4), textile industry (n=3), electronics (n=2), and other sectors (n=2).
The main solvents involved were xylene (n=7), toluene (n=6), hexane (n=5), and cyclohexane (n=4), with multiple exposures in 8 cases. The average duration of occupational exposure before diagnosis was 14 years ranging from 5 to 30 years. An ineffectiveness of protective measures was found in 6 patients.
The most frequently reported symptoms included memory disorders (n=9), attention disorders (n=8), and mood disorders (n=7).
The most common type of psychosyndrome was type 2B (n=8).
Regarding work fitness, nine cases required removal from solvent exposure, including six through job transfer and three through workplace accommodation. Two cases were declared unfit for their current position.
Conclusions: This study highlights the impact of organic solvent-induced psychosyndromes on workers' health and emphasizes the need for better protective measures, early screening, and regular medical monitoring.

Disclosure of Interest: None Declared

EPV1229

Accommodations for Autistic Young Adults in Employment Processes: Experiences in Chile

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Introduction: Access to employment is a significant challenge in adulthood, particularly for autistic individuals. Accommodations, both in the workplace and during selection processes, are essential to support the inclusion of this population in the labor market. Given the dynamic nature of support needs, understanding the specific characteristics and needs of autistic individuals is necessary to provide reasonable adjustments. However, this process becomes more complex when individuals do not disclose their autism diagnosis, hindering organizations' ability to identify and address their needs.
Objectives: To identify accommodations that support the employment of autistic young adults in Chile.
Methods: Semi-structured interviews were conducted with 12 autistic young adults with job interview experience in Chile. Participants, residing across five regions, were selected through theoretical sampling. Data were analyzed using content analysis in alignment with the principles of Grounded Theory by Glaser and Strauss. Ethical approval was obtained from the Universidad de O'Higgins Ethics Committee, and all participants provided informed consent.
Results: While accommodations are deemed necessary by autistic individuals, they are seldom requested due to concerns that such requests may imply reduced competence, potentially lowering employment prospects. Participants in this study highlighted key dimensions essential for support, including procedural adjustments (advance preparation, privacy, and flexibility), interpersonal approaches (empathy and respect for diversity), and sensory accommodations (specific sensory considerations and clear, literal communication). Additionally, virtual interview formats were viewed positively, as they facilitate the fulfillment of certain sensory needs.
Conclusions: This study reveals a tendency among autistic individuals not to request accommodations during job-seeking processes, despite recognizing their necessity. Promoting professional practices based on updated, inclusive knowledge is essential for developing employment processes that effectively support autistic individuals.

Disclosure of Interest: None Declared

EPV1230

Pro-Environmental Behaviour: Psychometric assessment and relationship with psychological variables in a Portuguese community sample

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Introduction: Climate change is one of the main global challenges of the 21st century due to its consequences for the environment, the economy and health. Given that human behaviour exists at the forefront of many of the environmental issues we face, it is crucial to effectively measure pro-environmental behaviours (PEB). Stanley et al. (2021) proposed the PEB Scale (PEBS), a bifactorial measure including eight items asking about personal behaviours and eight collective actions that revealed good psychometric properties. To the best of our knowledge, there is no instrument that validly assesses these parameters in the general Portuguese population.
Objectives: To analyze the psychometric properties of the Portuguese version of PEBS and to explore its relationship with individual factors.
Methods: A community sample of 599 Portuguese adults (64.6% women; mean age=34.40±16.18) answered to the Portuguese preliminary version of PEBS and to the validated instruments: Climate Change Distress and Impairment Scale/CC-DIS, Big3 Perfectionism Scale–Short version/BTPS-SF, HEXACO-60 and Toronto and Coimbra Prosocial Behaviour Questionnaire/ProBeQ. SPSS 29 and AMOS-29 were used for Exploratory Factor Analysis (EFA; with a

subsample of n=291) and Confirmatory Factor Analysis (CFA; n=308), respectively.
Results: EFA revealed a 3-factor solution with an explained variance of 60.52% confirmed by parallel analysis. With CFA, fit indices were found to be acceptable for first and second-order models (X^2/df=4,0741; CFI =.8638; TLI=.8382; GFI=.8515; RMSEA= .0887, p<.001). Cronbach's alphas were of .871 for the total scale (16 items), .857 for F1 (Collective actions/CA; 5 items), .832 for F2 (Personal behaviours/PB; 8 items) and .736 for F3 (Political actions/PA; 3 items). PEBS correlated with CC-DIS (r=.48 with total PEBS, r=.42 with CA and PB and r=.21 with PA, p<.01), ProBeQ (r=.24 with total PEBS, r=.12 with CA, r=.37 with PB and r=-.14 with PA, p<.01), Narcissistic Perfectionism (r=.08, p<.05 with CA and r=.20, p<.01 with PA), Honesty-Humility (r=-.15, p<.01 with PA), Emotionality (r=-.12, p<.01 with PB and r=.09, p<.05 with PA), Extraversion (r=.09, p<.05 with CA and r=.12, p<.01 with PA), Agreeableness (r=.11 with total PEBS, r=.12 with CA and r=.14 with PA, p<.01) and Conscientiousness (r=.09, p<.05 with total PEBS). When the correlated variables were inserted as predictors in linear multiple regression models where CA, PB and PA were dependent variables, they explained 19.8% (R^2=.198), 24.6% (R^2=.246) and 14.9% (R^2=.149) of their variance, respectively (all p<.001).
Conclusions: PEBS shows adequate psychometric properties, therefore, it can be used to measure PEB in the Portuguese population, namely, to analyze the efficacy of pro-climate interventions and campaigns. These initiatives should take into consideration the role of individual factors (such as personality traits) in PEB.

Disclosure of Interest: None Declared

EPV1231

Climate Change Beliefs and Attitudes Measure: a preliminary psychometric study in a Portuguese community sample

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Introduction: Climate change beliefs influence people's behaviours such as the adoption of pro-environmental actions, therefore it is crucial to effectively measure them. We developed a short measure (Climate Change Beliefs and Attitudes Measure/CC-BAM), comprising 4 items whose content was adapted from previous studies, namely Loram et al. (2019)'s 8 item climate change denial measure. To the best of our knowledge, there is no instrument that validly assesses these beliefs in the general Portuguese population.
Objectives: To analyse the psychometric properties of the preliminary Portuguese version of the CC-BAM.
Methods: Item content validity was guaranteed by 7 experts. 599 Portuguese adults (mean age=34.40±16.18) answered to the Portuguese preliminary version of CC-BAM (4 items) and to the validated instruments: Climate Change Distress and Impairment Scale/CC-DIS and Pro-environmental behaviour scale/PEBS. Item 1 ("Do you believe in climate change?") had three possible options of answer: a) "No", b) "Yes, I believe they are a natural phenomenon" or c) "Yes, I believe they are caused by human activity". Items 2 ("How convinced are you of your previous answer?") and 3 ("Do you think climate change is a serious problem?") were answered on a Likert scale from 0 ("Not much") to 4 ("Very much"). Item 4 ("How often do you think about climate change?") was answered on a Likert scale from 0 ("Never") to 4 ("All the time"). SPSS 29 was used to perform Exploratory Factor Analysis/EFA, descriptive statistics and inferential analysis.
Results: EFA revealed a 1-factor solution with an explained variance of 55.90% confirmed by parallel analysis. Cronbach's alpha was of .704 (lower if any item excluded) and all items had a corrected item-total correlation >.20. All items correlated with each other (from r=.27 to r=.59) and with the total score (from r=.63 to r=.85, all p<.01). CC-BAM correlated with CC-DIS (r=.51) and PEBS (r=.49, both p<.01). Women had significantly higher mean scores in all items and total CC-BAM. Age correlated with CC-BAM total score (r=.12) and with item 4 (r=.35, all p<.01). 86.5% of participants (n=518) answered to item 1 with option c) (group 1); 12.5% (n=75) answered b) (group 2) and 1% (n=6) responded a) (group 3). Kruskal-Wallis test revealed that those 3 groups significantly differed in mean/median scores of items 2, 3 and 4 and of CC-DIS and PEBS.
Conclusions: The preliminary version of CC-BAM shows adequate psychometric properties, however more studies are needed. Although caution must be taken in the interpretation of this preliminary results, this study provides a novel, internally consistent and short (easily implementable) measure of climate change beliefs.

Disclosure of Interest: None Declared

EPV1233

Manic Episode or Dissociative Episode? The Importance of Differential Diagnosis in Maniform Symptomatology: A Case Report

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Introduction: Dissociative episodes are characterized by disruptions in consciousness, identity, or perception of reality and can be confused with other psychiatric disorders, such as manic episodes. This case describes a patient with both manic-like and dissociative symptoms, highlighting the need for a precise differential diagnosis. The case emphasizes how prolonged stress and psychosocial factors triggered a dissociative crisis, which improved significantly with anxiolytic and antidepressant treatment, a key factor in clarifying the diagnosis.
Objectives: To describe a case of dissociative episode with manic-like symptoms, emphasizing the importance of differential diagnosis and appropriate treatment.
Methods: We present the case of a 43-year-old woman who was admitted to the emergency department following an acute dissociative episode. The patient arrived with a behavioral disturbance that had begun abruptly a few days earlier. She reported experiencing feelings of clairvoyance, mystical thoughts, and the sensation of receiving "alphanumeric codes," interpreting gestures and everyday objects as messages with special meaning. During this episode,

she exhibited behavioral disorganization, prolonged insomnia, euphoria, and a sense of hyperactivity, with impulses to compulsively reorganize her surroundings. These symptoms escalated until the patient, recognizing she could not control the situation, alerted her husband, who decided to take her to the emergency department due to the severity of her condition.
Results: Disorganized behavior, with accelerated and delusional speech and megalomaniacal thoughts were present. Complementary tests were performed, ruling out organic causes. After administering midazolam for imaging procedures and initiating a fixed regimen of Lorazepam, the symptoms improved markedly, allowing for a more accurate assessment. The episode was interpreted as dissociative, with identified triggers including work-related stress, her relationship with her daughter, and the recent death of a friend. Pharmacological treatment with anxiolytics and antidepressants proved effective, leading to significant improvement in the following weeks, with resolution of delusions and insomnia.
Conclusions: This case highlights the importance of differential diagnosis between a dissociative episode and a manic episode, given the shared symptoms such as megalomaniacal delusions, insomnia, and euphoria. The rapid response to anxiolytic and antidepressant treatment suggests that the episode was more related to a stress-induced dissociative disorder rather than a bipolar affective disorder that would have required mood stabilizer treatment. This therapeutic approach resulted in a complete remission of symptoms, demonstrating the importance of a treatment plan tailored to the patient's specific needs.

Disclosure of Interest: None Declared

EPV1234

Delayed diagnosis of Visual Snow Syndrome due to misdiagnosis as conversion disorder : a rare case report

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Introduction: Visual snow syndrome (VSS) is a rare condition that presents as a form continuous visual disturbance that occupies the entire visual field, described as tiny flickering dots. Although VSS might be expressed in patients with migraine as visual aura, persistent VSS has been accepted as a distinct clinical entity. Symptoms of VSS commonly emerge in late adolescence and early adulthood, but it can affect people of any age. In the literature,a few cases of childhood VSS have been reported.The peculiarity of this condition is that it remains rare and challenging to diagnose.
Objectives: Here, we report an uncommon case of VSS in a Tunisian female adolescent aged 17 years, that has been misdiagnosed for years as Conversion Disorder/Functional Neurological Disorder.
Methods: A clinical history, neurological assessment and visual tests were performed, leading to the diagnosis VSS in a misdiagnosed 17-year-old Tunisian female.
Results: A nine-year-old girl with no prior medical history started experiencing symptoms of vision of white lines in a net and abnormal image persistence throughout her entire visual field. The patient initially consulted an ophthalmologist, then a neurologist. The patient's visual field testing, retinal imaging, and eye examination were all within the normal range. Electroencephalography, cerebrospinal fluid analysis, and brain MRI revealed nothing unusual. The psychogenic origin was initially considered, and the patient was referred to a psychiatrist. The diagnosis of functional neurological disorder was established. The patient underwent cognitive behavioral therapy with no improvement.Over the next years, the patient consulted several psychiatrists, but her visual symptoms did not improve. Gradually, her symptoms worsened, with a significant impact on her academic performance. New symptoms such as entopic phenomena appeared, with floaters, sparkling dots, and luminous flashes associated with palinopsia and photophobia. A tinnitus was also associated. At the age of 17, and given the therapeutic impasse, her treating psychiatrist concluded that she needed to be referred back to neurology and ophthalmology. She had to undergo all the complementary tests again, which once more came back without abnormalities. The neurologist retained the diagnosis of VSS. The patient was put on anti-epileptic and migraine medications, which were ineffective. Food supplements were also prescribed to reduce stress. The patient underwent psychotherapy with partial recovery. Being correctly diagnosed helped her better cope with her symptoms. Her academic results substantially improved.
Conclusions: Despite its rarity, VSS should be taken into consideration in any patient whose vision has been continuously pixelated. More research is required to pinpoint the actual cause of this condition. Beyond its difficult diagnosis, the pathogenesis is uncertain, which the treatment plan problematic as well.

Disclosure of Interest: None Declared

EPV1235

Workplace Violence and Psychological Impact: A Study Over Two Decades

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Introduction: Workplace violence, particularly in the healthcare sector, is on the rise and severely affects the quality of life and performance of healthcare workers. The psychological repercussions of such violence are particularly concerning, making it imperative to develop appropriate prevention strategies.
Objectives: To evaluate the prevalence of assaults against healthcare staff at the Farhat Hached University Hospital in Sousse over a 20-year period, describing the characteristics of the victims, the circumstances of the assaults, and the psychological impacts observed.
Methods: This retrospective descriptive study, covering the years 2004 to 2023, analyzes workplace injury reports related to violence at the Farhat Hached University Hospital. The sample includes healthcare workers who were victims of reported assaults, with data

collected on a synoptic sheet detailing sociodemographic aspects, the circumstances of the assaults, and their consequences.
Results: Out of a total of 5695 workplace accidents, 110 were recorded as assaults, representing a prevalence of 1.9%. The victims had an average age of 46.8 ± 6.72 years, with a strong female predominance (69.1%). The most affected professions were nurses (50%) and workers (25.5%), with the most impacted departments being maternity (15.5%), emergency (13.6%), and psychiatry (11.8%). The majority of assaults (68.2%) occurred in the morning, and the perpetrators were primarily patients themselves (38.2%) or their relatives (33.6%).
Regarding the psychological aspects of the assaults, 42.7% of incidents involved psychological violence, such as verbal abuse, intimidation, or threats. The psychological consequences were significant: 26.4% of the victims developed disorders such as post-traumatic stress disorder (PTSD) and sleep disturbances.
Conclusions: The high prevalence of assaults and their psychological repercussions highlight the urgent need to strengthen preventive measures. Specific training on conflict management and psychological support strategies should be implemented to improve the safety and well-being of healthcare staff.

Disclosure of Interest: None Declared

EPV1236

Occupational Fitness Assessments in Healthcare Workers with Psychiatric Disorder

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Introduction: Healthcare professionals are exposed to numerous stressors in their work environment, which can lead to psychiatric disorders.
Objectives: To describe the profile of healthcare professionals who requested a fitness-for-duty evaluation due to a psychiatric disorder and to identify the recommended workplace adaptations.
Methods: A retrospective study was conducted in the University Hospital Sahloul of Sousse (Tunisia) over a three-year period (2022-2024). Data from healthcare staff who consulted for fitness-for-duty evaluations related to psychiatric conditions were collected, including age, work experience, job position, psychiatric diagnosis, and fitness-for-duty decisions.
Results: The study included 13 healthcare professionals comprising 6 senior technicians, 6 nurses, and 1 worker. The average age was 45 ± 3.2 years, with an average seniority of 11 ± 2.8 years. The most common psychiatric conditions were anxiety-depressive syndrome (10 cases), post-traumatic stress disorder (2 cases), and obsessive-compulsive disorder (1 case). All patients were on antidepressants and/or anxiolytics at the time of consultation. The fitness-for-duty decisions included recommendations for avoiding night shifts and exposure to stressful situations.
Conclusions: Psychiatric disorders among healthcare workers present significant challenges for occupational health services. Workplace adaptations, such as avoiding night shifts and stressful environments, may be necessary to facilitate a return to or continuation of work.

Disclosure of Interest: None Declared

EPV1237

Development and validation of the Psychological Response Scale (PRS)

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Introduction: People experience psychological changes during adaptation process to stress; a person is angry to others or the environment but later he falls in depression. Although there are so many scales for measuring stress, they only measure the severity of stress or evaluate single emotions. None of them can track the psychological changes during the adaptation to stress.
Objectives: The purpose of this study is to develop a comprehensive scale that can measure various psychological symptoms occurring in stressful situations. Specifically, the goal is to create a tool that can track an individual's adaptation to stress over time through repeated measurements. Furthermore, the objective is to accurately understand the individual's current state and stress adaptation patterns, enabling appropriate interventions at each stage.
Methods: We established constructs and subscales based on the Kubler-Ross stages which defines general psychological change to five phase: denial, anger, bargaining, depression, acceptance. To assess the clarity and validity of the preliminary items developed, content validity was evaluated by 12 clinical psychologists and face validity was assessed with 32 adults.
Results: A total of 107 initial items were developed based on literature analysis and discussions. After the content validation and face validation, items with a CVI below .83 were either revised or removed. This process resulted in a final set of 88 items: denial (18 items), anger(17 items), bargaining(19 items), depression (17 items), and acceptance(17 items). The item content validity index (I-CVI) ranged from 0.833 to 1 and the scale content validity index (S-CVI/Ave) for denial, anger, bargaining, depression and acceptance was 0.91, 0.97, 0.96, 0.98 and 0.99 respectively. In addition, exploratory and confirmatory factor analyses indicated a good level of model fit, and the internal reliability of each subscale was also found to be satisfactory.
Conclusions: This results indicate that the PRS is highly valid, and that it can be utilized as an effective measure of the person's current state. PRS can help the clinicians to understand how the patients percept the stressful situation and their stress adaptation pattern.

Disclosure of Interest: None Declared

EPV1238

Psychological aspects of nurses' attitudes towards death

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Introduction: Attitude towards death is an individual's psychological reaction to death, which includes basic components, such as thinking about death, fear of death, and defence mechanisms. Due

to the nature of their work, nurses often accompany patients at the end of life and choose different ways to cope with this difficult situation.
Objectives: The aim of this study was to analyze the psychological aspects of nurses' attitudes towards the death of a patient, and to determine the variables that influence their choice of strategies to deal with this difficult situation.
Methods: This survey-based study was performed using the author questionnare, and standardized research tools, namely *the Polish adaptation of* the Death Attitude Profile Revised (DAP-R-PL), and the Mini-COPE inventory.
Results: The study involved 315 subjects with a license to practice nursing, 85.7% of whom were women. The age of the respondents ranged from 21 to 70 years, and was on average 40.5 years (SD = 10.7). The nurses' dominant attitudes towards death were neutral acceptance (5.40 ± 0.97 points) and escape acceptance (5.09±1.01 points). Age, sex, work experience, and having a specialty credential influenced the attitudes towards death according to the DAP-R-Pl. The predominant stress coping strategies among the nurses according to the Mini-COPE were: self-distraction (1.98 ± 0.75 points), active coping (1.88 ± 0.69 points), planning (1.87 ± 0.77 points), and acceptance (1.84 ± 0.62 points). Factors that had an impact on the choice of stress coping strategies according to the Mini-COPE were: sex, place of residence, marital status, education, having a specialty credential, work experience, and place of work. Based on the collected data, statistically significant correlations were also found between the nurses' attitudes towards death according to the DAP-R-PL and stress coping strategies according to the Mini-COPE.
Conclusions: The nurses showed different attitudes towards the death of a patient, the most common of which were neutral acceptance and escape acceptance. Age, sex, marital status, and place of residence had a significant impact on the nurses's attitudes towards the patient's death. Contact with dying patients evokes many negative emotions in nurses, such as sadness, compassion, helplessness, regret, and a sense of injustice. Therefore, it is important to provide them with psychological support when not coping with the death of a patient. Due to the strong emotional reaction associated with the death of a patient, nurses choose coping strategies, such as: self-distraction, active coping, planning, and acceptance. Both sociodemographic and work-related variables influence the choice of coping strategies for the patient's death.

Disclosure of Interest: None Declared

EPV1242

Long-term diagnostic stability, predictors of diagnostic change, and time until diagnostic change of first-episode psychosis: a 21-year follow-up study

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Introduction: Although diagnostic instability in first-episode psychosis (FEP) is of major concern, little is known about its determinants.
Objectives: To examine the long-term diagnostic stability of FEP diagnoses, the baseline predictors of diagnostic change to schizophrenia and the timing of diagnostic change.
Methods: This was a longitudinal and naturalistic study of 243 subjects with FEP who were assessed at baseline and reassessed after a mean follow-up of 21 years. The diagnostic stability of DSM-5 psychotic disorders was examined using prospective and retrospective consistencies, logistic regression was used to establish the predictors of diagnostic change to schizophrenia, and survival analysis was used to compare time to diagnostic change across diagnostic categories.
Results: The overall diagnostic stability was 47.7%. Schizophrenia and bipolar disorder were the most stable diagnoses, with other categories having low stability. Predictors of diagnostic change to schizophrenia included a family history of schizophrenia, obstetric complications, developmental delay, childhood adversity, poor premorbid functioning in several domains, long duration of untreated continuous psychosis, spontaneous dyskinesia, lack of psychosocial stressors, and poor early treatment response (Table 1). There were no significant differences between specific diagnoses regarding time to diagnostic change. At 10-year follow-up, around 80% of the diagnoses had changed.
Table 1. Main baseline predictors of diagnostic change to schizophrenia over the follow-up (univariate logistic regression)

	No diagnostic change (n=124) †	Diagnostic change (n=47) †	OR (95% CI)	p
Family history of schizophrenia spectrum disorders	16 (12.9)	16 (34.0)	3.48 (1.56 – 7.75)	**0.002**
Obstetric complications, any definite	9 (7.3)	12 (25.5)	4.38 (1.70 – 11.2)	**0.002**
Developmental delay at year 3, any	30 (24.2)	30 (63.8)	5.52 (2.68 – 11.3)	**<0.001**
Childhood adversity score, high (< 77)	39 (31.5)	24 (55.1)	2.27 (1.14 – 4.51)	**0.019**
Premorbid adjustment score, poor (≥ 4)	30 (24.2)	23 (48.9)	3.00 (1.48 – 7.07)	**0.002**
Acute psychosocial stressors, any	62 (50.0)	11 (23.4)	0.30 (0.14 – 0.65)	**0.002**
Duration of untreated continous psychosis, long (≥ 1 month)	34 (27.4)	26 (55.3)	3.27 (1.63 – 6.58)	**0.001**
Spontaneous dyskinesia, Schooler & Kane criteria	2 (1.9)	9 (24.3)	17.0 (3.48 – 83.3)	**<0.001**
CGI-EI at index discharge, marked improvement	100 (80.6)	28 (59.6)	0.35 (0.17 – 0.73)	**0.005**

† Data are number (and percentages) of the stated features
CGI-EI = Clinical global impression-Efficacy Index

Conclusions: FEP diagnoses other than schizophrenia or bipolar disorder should be considered as provisional. Considering baseline and background predictors of diagnostic change to schizophrenia may help to enhance diagnostic accuracy and guide therapeutic interventions.

Disclosure of Interest: None Declared

EPV1243

Affective peculiarities in patients with drug-resistant epilepsy

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Introduction: According to WHO data, currently more than 50 million people suffer from epilepsy, about 30% of these people are diagnosed with drug-resistant epilepsy. Drug-resistant epilepsy involves multiple psychological problems such as cognitive impairment, emotional and behavioural disorders, which contribute to a reduced quality of life.
Objectives: The aim of our study was a comparative analysis of the affective peculiarities of patients with drug-resistant epilepsy and patients with well-controlled epilepsy.
Methods: The research took place during 2020-2023 within the National Centre of Epileptology, Chisinau, Republic of Moldova. The study was conducted on a group of 102 subjects with epilepsy (aged 18-62 years), including 62 subjects with drug-resistant epilepsy and 40 subjects with well-controlled epilepsy. We applied the Beck Depression Inventory (BDI) and Hamilton Anxiety Rating Scale (HAM-A). Statistical methods used are analysis of frequencies and percentage values, comparison of means by descriptive statistics, determination of Pearson correlation coefficients, difference of means by independent T-test.
Results: According to the research results, depression is present in 43% of subjects, of which 23% in subjects with well-controlled epilepsy and 56% in those with drug-resistant epilepsy. Anxiety is present in 44 % subjects with epilepsy, of which 53% are subjects with drug-resistant epilepsy and only 33% with drug-controlled epilepsy. Statistical results reveal significant differences in the manifestation of depression (t=3.50 and p=0.001) and anxiety (t=3.09 and p=0.003) in subjects with drug-resistant epilepsy compared to those with well-controlled epilepsy. At the same time, no significant gender differences were found, but we find that women with drug-resistant epilepsy are 3.3 times more depressed and 2.6 times more anxious compared to women with well-controlled epilepsy. Divorced, non-employed, secondary technical education subjects with epilepsy of unknown aetiology are most affected by depression and anxiety, while subjects with higher education and those employed are more protected from suffering from anxiety and depression. As the disease progresses over time and the number of epileptic seizures increases, so does the level of depression and anxiety.
Conclusions: Patients with drug-resistant epilepsy have significantly higher values for the depression and anxiety, compared to subjects with well-controlled epilepsy. Depression and anxiety were found in more than half of the drug-resistant subjects and twice less in subjects with well-controlled epilepsy.

Disclosure of Interest: None Declared

EPV1244

Exploring the relationship of cognitive style with psychosocial factors in Kosovo youth

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Introduction: Recently it was highlighted that individuals not only vary in their beliefs but also in the manner of their thinking, and this diversity can significantly predict various crucial psychological outcomes.
Objectives: This research addresses the underexplored relationship between cognitive styles and psychosocial factors like hope, subjective well-being, coping and social support, specifically in Kosovo. These variables have not been investigated in Kosovo before, making this study the first of its kind.
Methods: Its cross-sectional study. The sample consisted of 490 students aged 15 to 23 (Mage=19.06; SD=4.17). Participants completed the instruments below: Adult Hope Scale ; Brief COPE Scale ; Oslo 3-item Social Support Scale; WHO-5 Well-Being Index ; Rosenberg Self-Esteem Scale and Cognitive Reflection Test . Data processing was done with SPSS 27.0 and Microsoft Excel 2019.
Results: Significant negative correlations were observed between Cognitive Reflection Test scores and gender ($r = -.197$, $p < 0.00$), Adult Hope Scale score ($r = -.173$, $p < 0.00$), WHO-5 Well-being Index ($r = -.098$, $p < 0.04$) and Emotion–Focused Coping ($r = -.125$, $p < 0.01$). However, no significant correlations were found with Social Support, Problem-Focused-Coping, or Dysfunctional Coping (all $p > 0.05$). The correlational analysis, suggested that individuals with higher analytical thinking tendencies are more likely to be male, have lower levels of hope, employ less emotion-focused coping strategies and reported lower subjective well-being.
Conclusions: The study emphasized that psychosocial factors are intricate, influenced by diverse elements. While cognitive abilities, as measured by the Cognitive Reflection Test, played a role in some aspects of these factors, they didn't fully explain their complexity. Therefore, the research suggests that further investigation is needed to grasp the underlying mechanisms and implications of these correlations in a Kosovo context.

Disclosure of Interest: None Declared

EPV1245

Diabetes Distress in patients of Type 2 Diabetes Mellitus at a Teaching Hospital in Pakistan

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Introduction: Diabetes management in lower-middle-income countries is becoming more challenging with an ever-increasing prevalence. It encompasses emotional distress, regimen, physician-

related & interpersonal distress. Diabetes Distress is associated with poor psychosocial well-being & self-management, depression, medication non-adherence, poor glycemic control, & diabetic complications. There is a shortage of literature on diabetes distress, in terms of original studies from Pakistan.
Objectives: To assess the prevalence of Diabetes Distress and its associated factors in Type 2 Diabetes Mellitus (T2DM) patients attending a teaching hospital.
Methods: This cross-sectional study was conducted at the Endocrinology clinic, Mayo Hospital Lahore Pakistan from November 2023 to May 2024. 254.
Type 2 Diabetes Mellitus patients, 30-80 years old, diagnosed according to American Diabetes Association diagnostic criteria at least 6 months before data collection were included. Those who had any terminal illness, substance dependence, active psychosis, or couldn't understand & speak Urdu were excluded. Diabetes Distress Scale-17 (DDS-17) was used for data collection. It has four dimensions & 17 items, each rated on a 6-point Likert scale. SPSS 26 IBM Corp was used for data analysis. Quantitative variables were presented as Mean (SD) & qualitative as f(%). The association of diabetes distress with various factors was elicited using the Chi-square test of independence at $\alpha \leq 0.05$.
Results: The mean age of the respondents was 53.62 ± 8.55 & duration of illness 8.86 ± 6.7. Mean DDS-17 scores were 2.732 ± 1.036 SD, equivalent to moderate level distress. Emotional Burden & Regimen-related distress had comparatively higher scores than Physician-related & interpersonal distress. 40.9% had high & 33.5% had moderate level distress. Only 25.6% of participants had little to no diabetes distress. There was no statistically significant relationship between diabetes distress severity & age, employment, marital status, & urban or rural living. There was a statistically significant relationship of diabetes distress severity with gender (p=0.001), education (p=0.05), socioeconomic status (p=0.01), & illness duration (p=0.05). Female gender, lack of education, and low & middle socioeconomic status had considerable association with greater severity of diabetes distress. Participants with < 1-year duration of diabetes distress had a higher proportion reporting little to no diabetes distress.
Conclusions: This study concludes that a considerable proportion had moderate to high level distress: emotional burden and regimen-related distress being of the utmost significance. The concerted efforts from all stakeholders will ensure early and timely screening of Diabetes Distress to avoid adverse psychosocial and patient outcomes. Integrating mental health with diabetes care in Pakistan could be the first step towards improving patient outcomes.

Disclosure of Interest: None Declared

EPV1246

Serotonin reuptake inhibitors improve muscle stem cell function and muscle regeneration in male mice: antidepressant effects beyond the brain

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Introduction: Fluoxetine, the first selective serotonin reuptake inhibitor, is the world's most prescribed antidepressant. Several mechanisms of action underpin the effect of this antidepressant, such as enhancing serotonin (5-HT) neurotransmission, increasing hippocampal neurogenesis, neuronal survival and cerebral angiogenesis. The effects of fluoxetine on stem cell behaviour and tissue regeneration beyond the central nervous system have been little studied to date.
Objectives: We investigated whether fluoxetine (FLX) might have broader peripheral regenerative properties using a recognized regenerative medicine paradigm such as the animal model of ad integrum muscle regeneration.
Methods: To investigate the impact of fluoxetine (FLX) on muscle at steady state, FLX was delivered *per os* at 18 mg/kg daily for six weeks to uninjured wild-type and specific transgenic mice. To investigate FLX´s regenerative capacity on skeletal muscles, we delivered FLX for six weeks and then performed notexin-induced injuries (phospholipase that induces a severe muscle necrosis) of the *tibialis anterior* muscle in wild-type and specific transgenic mice. Muscle force, muscle stem cells number, dividing muscle stem cells, differentiating muscle stem cells number, vessels number and muscle fiber parameters were specifically assessed.
Results: After prolonged administration (6 weeks) of fluoxetine to male mice, we showed that prolonged FLX treatment increased the number of muscle stem cells and muscle angiogenesis in mice. FLX also improved skeletal muscle regeneration after single and multiple injuries induced by intramuscular notexin injection. The acceleration of muscle regeneration induced by FLX resulted from a triple action marked by an increase in the muscle stem cell pool, an increase in vessel density and a reduction in fibrotic lesions and inflammation. *In vitro*, we showed that the proliferative effects of FLX on immortalized myoblasts were dependent on 5-HT and 5-HT1B receptor activation. *In vivo*, mice lacking peripheral 5-HT treated with FLX did not show positive effects during muscle regeneration. Moreover, pharmacological, and genetic inactivation of the 5-HT1B receptor in muscle stem cells also abolished the FLX-induced improvement in muscle regeneration.
Conclusions: We show that FLX promotes a harmonious muscle regeneration underpinned by a combined action on myogenesis, angiogenesis and inflammation. These results highlight the serotonergic identity of skeletal muscle and point to a promising therapeutic strategy for endogenous muscle diseases. Beyond muscle and brain, this work opens new perspectives of investigation both on the role of serotonin and the 5-HT1B receptor in other types of stem cells and on the therapeutic potential of antidepressants in regenerative medicine.

Disclosure of Interest: None Declared

EPV1248

Characterization of University Hazing in 74 Brazilian Medical Schools and the Development and Validation of the University Hazing Self-Report Scale (UNI-Hazing)

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Introduction: University hazing is a common practice that impacts students' mental health and well-being, especially in medical schools. Despite its common occurrence, there is a lack of reliable tools to assess hazing experiences and perceptions among students.
Objectives: This study aimed to evaluate hazing experiences, attitudes, and impacts and to develop and validate the University Hazing Self-Report Scale (UNI-Hazing) among Brazilian medical students.
Methods: This was a cross-sectional study conducted among Brazilian medical students. The UNI-Hazing scale was developed as a four-part questionnaire designed to assess personal experiences with hazing, students' opinions, and its perceived impact on their well-being. Participants also completed a sociodemographic questionnaire and established scales including the Johns Hopkins Learning Environment Scale (JHLES), the Medical Student Stress Factor Scale (MSSF), the Generalized Anxiety Disorder 7-item (GAD-7), and the Patient Health Questionnaire-9 (PHQ-9). We conducted exploratory factor analysis to uncover latent factors and assessed internal consistency, test-retest reliability, and convergent validity.
Results: 1,017 medical students from 74 universities across Brazil participated in the study. While the majority of students did not report being victims or witnesses of hazing, certain hazing behaviors, such as body painting and forced solicitation for money, were relatively common. Hazing incidents most frequently occurred at parties, followed by sports associations and fraternities, with fewer on-campus incidents. Students largely held negative views on hazing. Factor analysis revealed three subscales within UNI-Hazing: "Social Pressure and Institutional Responsibility", "Emotional Harm and Ethical Concerns" and "Physical Hazing and Power Dynamics". The scale demonstrated strong internal consistency (Cronbach's alpha: 0.93, 95% CI: 0.92–0.93) and test-retest reliability (Pearson correlation coefficients: 0.44–0.84). Correlations with the external scales supported the scale's validity, showing positive correlations with MSSF, GAD-7, and PHQ-9, reflecting the psychological impacts of hazing, and negative correlations with JHLES, indicating that as hazing experiences increase, positive life experiences may decrease.
Conclusions: The UNI-Hazing scale is a reliable and valid measure for assessing hazing experiences and perceptions among medical students in Brazil. The findings highlight the need for universities to implement anti-hazing policies and support systems for students impacted by hazing practices.

Disclosure of Interest: None Declared

EPV1248

Sport and Exercise Therapy in the Treatment of Mental Illness -Let's get moving !

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Introduction: As a complementary or stand-alone treatment, sport and exercise therapy (SET) can have a therapeutic effect on the symptoms of mental illness as well as having a therapeutic or preventive effect on physical comorbidities. Therefore, treatment guidelines recommend the integration of exercise therapy as a complementary approach in a multimodal treatment. In a clinical inpatient setting SET are supervised by specialised professionals and conducted in an individual or group setting. Low level of participation in SET during treatment points to the need for research into influencing factors. One study suggests, that SET during mental health treatment increases the likelihood of meeting the physical activity recommendations.
Objectives: The purpose of the study is to investigate the extent to which SET can increase patients' levels of physical activity during inpatient treatment and, in particular, promote a physically active lifestyle after inpatient treatment, thereby supporting long-term stabilisation. In order to gain further insight into the factors that influence participation in SET during treatment, this study analyses both intrapersonal and interindividual factors.
Methods: Patients (age ≥ 18 years, all genders) in partial- or full-time inpatient treatment at a psychotherapeutic and psychosomatic specialist clinic in Lower Saxony, Germany are examined by online self-report questionnaire. It's a longitudinal study design with 3 time points (start of treatment, end of treatment, 12 weeks after the end of treatment). Patients participate in SET as part of their treatment. Physical activity in minutes per week and the therapeutic alliance between exercise therapists and patients are measured. In addition, self-efficacy expectations, sport- and exercise-related self-concordance and the subjectively perceived effectiveness of SET are assessed as further factors influencing physical activity.
Results: The results of the inferential-static data analysis will be reported.
Conclusions: Based on the results, possible implications for the focus of SET and the role of exercise therapists are discussed. Conclusions based on motivational aspects of maintaining a physically active lifestyle after the end of treatment are considered.

Disclosure of Interest: None Declared

EPV1249

The challenge of therapeutic adherence in patients with first-episode psychosis: The rise of pharmacogenetics

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Introduction: During the last decades, clinical practice for patients with first-episode psychosis has shifted to early intervention programmes that aim to accelerate access to treatment and also ensure adherence to antipsychotic (AP) medication. However, recent pragmatic, randomised controlled trials still report very high discontinuation rates of the initially prescribed AP treatment due to lack of efficacy, side effects, or other reasons. The CLinical Utility of early intervention including the 5-Step Precision Medicine (5SPM) Method in first-episode Psychosis (CLUMP) Project is a translational research initiative focused on improving adherence to antipsychotic medications and therapeutic outcomes in first-episode psychosis patients using pharmacogenetics. We present a preliminary descriptive analysis of this project based on a retrospective cohort.

Objectives:

- To establish discontinuation rates of the first antipsychotic treatment administered to patients with a first-episode psychosis before the implementation of the CLUMP project.
- To describe reasons for such discontinuations.

Methods: We conducted an observational study on a consecutive, retrospective cohort of 49 patients who experienced a first-episode psychosis in Salamanca, Spain, before the implementation of CLUMP, in order to subsequently determine the impact this project might have on AP treatment discontinuations. We reviewed their clinical records to collect variables such as sex, age, first prescribed antipsychotic medication, and any discontinuation within the first year post-treatment initiation, recording reasons for discontinuation or treatment changes, such as lack of efficacy, non-adherence, side effects, or others.

Results: Of the 49 patients included in the analysis, 7 were excluded due to inaccessible information, leaving a final sample of 42 (26 males). Age ranged between 16 and 48 years, with a mean age of 25.9 (9.2). 38 patients (90.47%) discontinued treatment within one year, with similar rates in men (92.3%) and women (87.5%) (See Figure 1). 16 reported side effects as the main reason for discontinuation, 1 lack of efficacy, 9 lack of adherence, and 12 other reasons (Figure 2). Among the 16 who discontinued due to side effects (Figure 3), 3 experienced extrapyramidal symptoms, 3 drowsiness, 3 sexual dysfunction, 2 hyperprolactinemia/galactorrhea, 1 metabolic syndrome, 1 excessive salivation, and 3 did not specify the symptom.

Image:

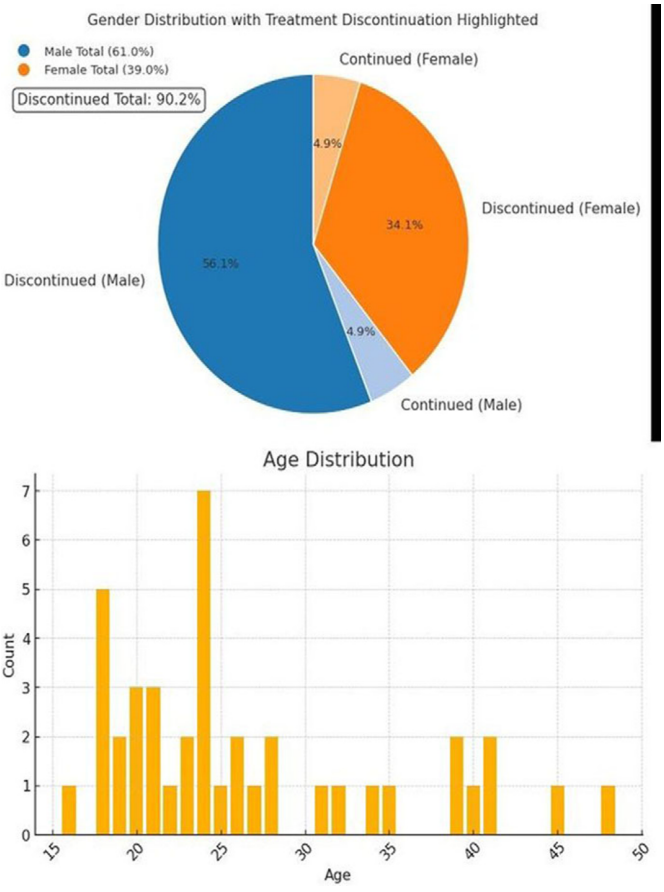


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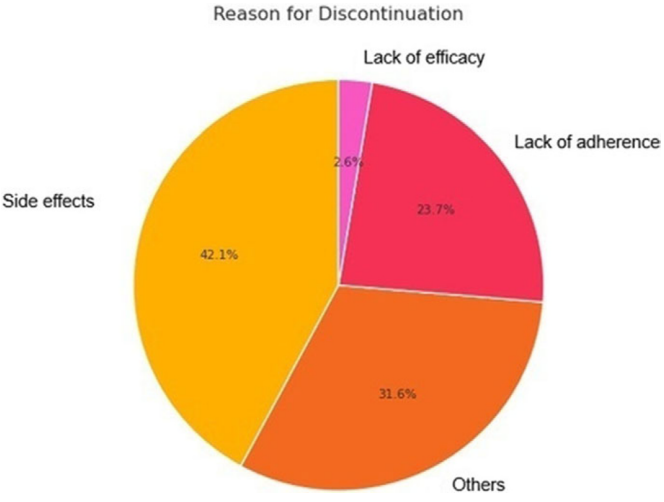
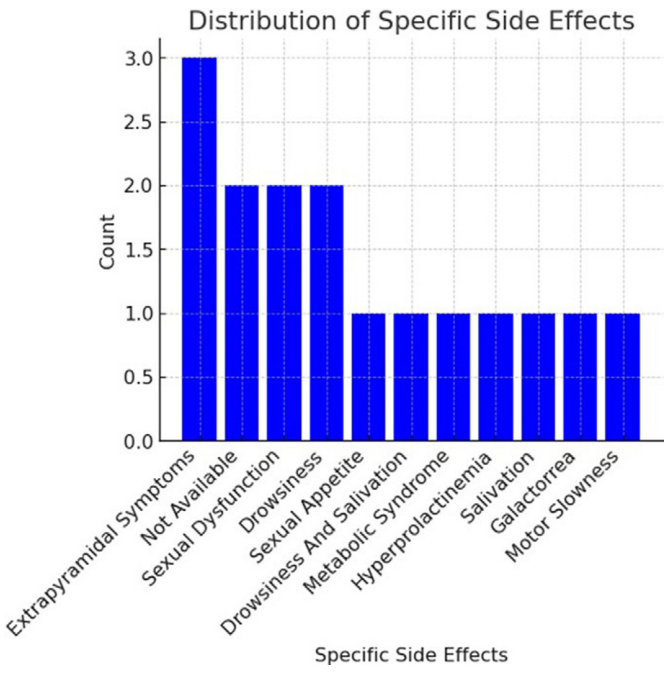


Image 3:



Conclusions: Most patients in our sample discontinued antipsychotic treatment within the first year post-treatment initiation, mainly due to side effects. These data indicate the need to restructure clinical care for patients with first-episode psychosis to ensure adherence to AP and reduce trial-error approaches to treatment choice from start. The CLUMP project proposes an individualised strategy, based on pharmacogenetics, to improve therapeutic adherence and outcomes in patients with FEP.

Disclosure of Interest: None Declared

EPV1250

ADAPTATEA Program: Humanizing Healthcare for ASD Patients in Their Referral Hospital

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Introduction: Autism Spectrum Disorder (ASD) is a neurodevelopmental disorder with increasing prevalence (1 in 36 children, CDC 2023), associated with difficulties in social interaction and repetitive behaviors. These characteristics make it challenging for individuals with ASD to access quality healthcare. Additionally, people with ASD experience a higher number of underlying and intercurrent comorbidities compared to neurotypical individuals. In Spain, we have a public healthcare system intended to provide universal health coverage for all citizens. In 2009, the AMITEA program was created in central Madrid to address healthcare needs for 6,000,000 people (Parellada et al., Eur Psychiatry 2013; 28(2):102-109). However, despite this, patients in our hospital, located in Majadahonda on the outskirts of Madrid, continued to face difficulties accessing healthcare. Main challenges include leaving familiar surroundings and healthcare professionals, long waiting times, difficulties understanding the public healthcare system, and lack of coordination between services. We realized that, even with the program, our patients were still not receiving adequate care.

Objectives:

- To create an integrated program in our hospital that addresses the most common health issues for individuals with ASD.
- To provide ASD patients with healthcare attention as similar as possible to that of neurotypical patients within their referral hospital.

Methods: Given the difficulties our patients faced, professionals from Child Psychiatry, Neuropediatrics, Neurophysiology, and the Pediatric ER formed a network in 2018 to improve healthcare for ASD patients in our hospital. Child Psychiatry acted as a link between services. We held group meetings with department leaders to develop the program in each service. Neurophysiology was the first to fully implement it (Mayoral-Fernandez et al., Metas Enferm 2022; 25(5):70-8).

Results: Thanks to our efforts and support from hospital management, a part-time nurse joined the program in October 2023. With her help, we adapted medical procedures using Alternative Communication systems, trained and advised staff, adjusted hospital spaces, and maintained continuous coordination with professionals and families, humanizing care at our hospital.

By January 2024, our network included 17 services and over 50 professionals. With group support, each service developed its own level of adaptation. Professional satisfaction increased, and specialist coordination improved.

Conclusions: Adaptations like those implemented through ADAPTATEA improve the healthcare experience for ASD individuals at their referral hospitals, highlighting the need for more programs of this kind.

Disclosure of Interest: None Declared

EPV1251

Factors Affecting Psychological Resilience in First Responders and Rescue Team Members

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Introduction: Disasters, including natural catastrophes, accidents, and man-made events, impose significant challenges on communities and individuals. First responders, such as rescue teams, firefighters, and prehospital emergency medical services personnel, play a crucial role in mitigating these impacts. Beyond their physical capabilities, these individuals must possess high levels of psychological resilience to perform effectively under extreme and stressful conditions. Understanding the factors that influence this resilience is essential for improving their performance and well-being. This systematic review aims to identify and examine the factors that affect psychological resilience among first responders and rescue team members during disasters and emergencies. The goal is to provide

a comprehensive understanding of how resilience can be supported and enhanced in these critical professionals.
Objectives: To identify the key factors that influence psychological resilience in first responders and rescue team members during disaster response. To evaluate current research on resilience building interventions and their effectiveness in enhancing psychological resilience in these professionals. To highlight gaps in the existing literature and suggest directions for future research on supporting psychological resilience in first responders.
Methods: A thorough literature search was conducted across several databases, including Web of Science, Scopus, Cochrane, PubMed, Medline, and Embase, focusing on articles published between 2019 and 2023. The search terms used were (emergency OR disaster) AND (psychological resilience) AND (rescue workers OR first responders OR firefighters OR ambulance personnel AND prehospital emergency medical services). Articles were selected based on inclusion and exclusion criteria, and only full-text articles published in English or Turkish were considered. Qualitative synthesis was used to analyze the data and draw insights.
Results: The review reveals several critical factors affecting psychological resilience, including stress management techniques, emotional regulation strategies, social support systems, and training programs. It also identifies areas where existing research is lacking, particularly regarding specific interventions designed to bolster resilience in high-stress environments.
Conclusions: Enhancing psychological resilience in first responders is crucial for both their individual well-being and the effectiveness of disaster response efforts. This review provides valuable insights into the factors that contribute to resilience and highlights the need for targeted interventions and support systems. By addressing these factors and promoting resilience, it is possible to improve both the performance of first responders and their capacity to cope with the demands of disaster situations.
Keywords: Psychological resilience, first responders, rescue workers, mental health.

Disclosure of Interest: None Declared

EPV1252

Innovation in Suicidology: Artificial Intelligence-Based Risk Assessment

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Introduction: The use of artificial intelligence (AI) in suicide risk assessment is gaining prominence as AI algorithms are capable of processing and analyzing large volumes of data quickly. Suicide risk assessments are traditionally carried out by psychiatrists and clinical psychologists following established protocols, but AI systems can provide valuable support in this area, particularly in prevention and faster detection. Based on the collected data, AI algorithms can create predictive models that identify individuals at the highest risk. These models can take into account previous mental health disorders, suicide attempts, and other social or economic factors.
Objectives: The aim of our study was to test a suicide prediction model using an XGBoost machine learning tool.
Methods: We included 357 individuals, out of which 146 were psychiatric patients with a history of suicide attempts in their anamnesis, 154 were psychiatric patients without a history of suicide attempts, and 57 individuals formed the sine morbo control group. Initially, 71 individuals (test dataset) were randomly selected from the total 357, and the remaining sample (training dataset) was used to train the XGBoost machine learning tool. This training process involved optimizing and selecting the best parameters. Afterward, the final model was tested on the reserved test dataset consisting of 71 individuals.
Results: During the machine learning process, we were able to very accurately predict who had a history of suicide attempts and who did not, with a high performance indicated by a ROC AUC score of 0.96. This demonstrates the model's excellent ability to distinguish between individuals with and without suicide attempts based on the data used.
Conclusions: AI systems can complement traditional methods in suicide prevention, but they cannot replace human expertise. It is also important to pay attention to ethical issues, such as data protection and the reliability of these systems. AI can be a powerful tool in predicting suicide risk if properly integrated into mental health services.

Disclosure of Interest: None Declared

EPV1253

Perinatal Psychopathology and Bonding: Implications for Maternal-Infant Attachment and Infant Development

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Introduction: Perinatal psychopathology, encompassing a spectrum of psychiatric disorders such as perinatal depression, generalized anxiety disorder, post-stress traumatic disorder (PTSD), bipolar disorder, and postpartum psychosis, has been increasingly recognized for its potential to disrupt early mother-infant interactions. These disruptions may have profound consequences on the formation of secure attachment, which is crucial for healthy infant neurodevelopment. Attachment theory posits that early relational experiences shape the foundation of emotional regulation and social functioning, making it essential to understand how maternal psychopathology influences this critical developmental period.
Objectives: This study aims to explore the impact of perinatal psychopathology on the development of attachment between mothers and their infants. Specifically, it seeks to identify how various mental health disorders affect maternal sensitivity and responsiveness, and how these alterations contribute to insecure or disorganized attachment styles in children.
Methods: A comprehensive review of the literature was conducted by searching major medical databases (e.g. PubMed and Google Scholar), giving preference to studies published between 2000 and 2024. Articles were selected based on relevance to perinatal

psychopathology and attachment theory. This narrative review includes both quantitative and qualitative studies, clinical trials, and observational research that examine how maternal mental health conditions during pregnancy and the postpartum period affect attachment processes. Key themes and findings were extracted to provide a holistic view of the current state of knowledge on this subject.

Results: The findings align with existing research on the impact of maternal mental health on early attachment, reinforcing the role of maternal sensitivity as a mediator between psychopathology and attachment security. Psychiatric conditions impair the mother's ability to engage in synchronous interactions with her infant, disrupting the child's ability to develop a secure base. Moreover, the presence of comorbid psychiatric conditions and chronicity of symptoms were identified as risk factors for more severe attachment disruptions. Pharmacological treatment and psychotherapy were shown to mitigate these effects, highlighting the need for integrated perinatal mental health services.

Conclusions: Perinatal depression, PTSD, and psychosis significantly compromise maternal-infant attachment, increasing the risk of insecure or disorganized attachment styles. Timely psychiatric interventions can enhance maternal mental health and promote healthier attachment outcomes. This review underscores the importance of integrating maternal mental health treatment into perinatal care to prevent long-term developmental issues in children and foster secure attachment relationships.

Disclosure of Interest: None Declared

EPV1254

Applied Improvisation to Improve Mental Health Training

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Introduction: Medical improvisation, or HPTI (Health Professional Training Improv), enhances critical skills in healthcare professionals. These skills include communication, empathy, time pressure management, and creative problem-solving. Our presentation aims to showcase a practical application of HPTI, demonstrating its relevance and effectiveness in mental health training.

Objectives: In this presentation, we will demonstrate our training method, including a short session with exercises adapted to healthcare professions. The session is divided into four parts. Each part is designed to maximize engagement and learning, with debriefing sessions to clarify teaching objectives and foster reflective practice.

Methods: Warm-Up Exercises: Physical and vocal exercises to optimize communication and awareness. Improvisation Techniques: Exercises focused on mastering emotions and various forms of communication, allowing participants to explore their strengths and limitations. Medical Scenario Applications: Short clinical scenarios to emphasize the cognitive and affective dimensions of empathy. Review of Existing Workshops and Research: Presentation of current workshops and research to encourage further exploration and application in training. Each part includes a debriefing session to clarify teaching objectives, develop a reflective approach, and identify areas for improvement.

For our ongoing comparative study we have implemented the following questionnaires for our training participants: IUS (uncertainty intolerance scale) and Acceptance and Action Questionnaire-II (AAQII). A total of 50 students participated in our research in both countries.

Results: Hungarian training participants included medical school students in Hungary and fourth-year speech therapy students in France and included professional scenarios based on stress and emotion management, interdisciplinary collaboration and collaboration with the patient, and communication, with debriefing on their performance. The data is currently being collected.

Conclusions: Applied improvisation through HPTI offers a valuable approach to improving mental health training. By enhancing communication, empathy, and problem-solving skills, healthcare professionals can provide better patient care and navigate their roles more effectively. Our presentation demonstrates these techniques and encourages their integration into regular training programs.

Disclosure of Interest: None Declared

EPV1258

Observational study of referrals to mental health from primary care

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Introduction: Following the COVID pandemic, there has been an increase in mental health consultations in recent years, often referred to as a 'fourth wave'. However, what has been observed in mental health centres is that these consultations are not so much about serious mental disorders, but rather occasional disorders due to social and work-related factors.

Objectives: The aim of this study is to analyse the data collected from referrals to psychology in a mental health centre.

Methods: Referrals to psychology from primary care at the Majadahonda Mental Health Centre were analysed for the period from October 2022 to April 2024 in a specific weekly consultation for the psychology waiting list.

The data collected are the diagnoses of these patients, whether or not they attend the assessment consultation and whether or not they are discharged after the first consultation.

Results: A total of 115 patients were seen between October 2022 and April 2024. These patients were all notified of the appointment one week in advance.

Of the total number of patients who attended, 29 consulted for depressive-anxiety-adaptive disorder, 22 were referred for work-related reasons (burn out), 12 for marital problems, 7 for parenting problems, 12 had no clinical reason for referral to Mental Health and 25 did not attend the consultation.

Those who were discharged at the first consultation were 33.

Conclusions: Given the scarce resources and long waiting lists, it is important at all levels of patient care not only to adjust expectations with regard to specialised care, but also to promote an appropriate setting. In this way it will be possible to run an efficient mental health care system.

Disclosure of Interest: None Declared

EPV1259

Efficacy of lisafentamine treatment in adult patients with comorbid ASD and ADHD: case series

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Introduction: A case series of patients diagnosed with comorbid ASD and ADHD in adulthood is presented.
Objectives: To make a comparison between the situation and social difficulties before and after specific ADHD treatment, in order to reinforce that it is not only a treatment for academic functioning, but also helps social interaction and therefore general functioning.
Methods: Four clinical cases are presented, three females and one male, with a mean age of 45 years. All of them were diagnosed with ASD and comorbid ADHD, with a predominance of impulsive component, in 2023.
All of them, prior to the diagnosis of ASD, were diagnosed with GAD, social phobia or even avoidant personality disorder. For these diagnoses, from a very early age, they received different SSRIs and benzodiazepines with little response.
Results: In the consultation, after taking a complete clinical history, and fundamentally a biographical history, the examination was complemented with ADOS and CPT.
Due to the results obtained in CPT, it was decided to start treatment with lisafentamine between 50 and 70mg DMD.
CPT was performed again, obtaining better results in all cases, with a decrease in impulsivity and attention, mainly. At a subjective level, patients reported a substantial improvement, especially at a social level, which favoured their functioning in basic activities of daily living.
Conclusions: In adults, a correct diagnosis is important given that many of them present symptoms compatible with one or more neurodevelopmental disorders not diagnosed in childhood. Likewise, treatment in accordance with these disorders improves functionality and avoids polypharmacy and side effects of unnecessary treatments.

Disclosure of Interest: None Declared

EPV1260

The Role of Stress and Trauma in the Onset of Mood Disorders

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Introduction: Stressful experiences and traumatic events are major contributors to the development of mood disorders, which affect about 8% of the global population. The interaction between stress, trauma, and mood disorders is multifaceted, involving neurobiological, psychological, and social factors. This study aims to analyze the prevalence, gender differences, and neurophysiological changes linked to these conditions, highlighting the importance of timely interventions for prevention and treatment.
Objectives: To investigate how chronic stress and trauma contribute to the development of mood disorders, examine the impact of resilience factors, and explore the associated neurochemical and structural brain changes.
Methods: A review of literature was performed using psychiatric textbooks, clinical guidelines, and databases such as PubMed/MEDLINE, NCBI, PsycINFO, and Google Scholar. The analysis focused on studies published between 2016 and 2023, with search terms including “chronic stress”, “traum”, “mood disorders” and “resilience”.
Results: An analysis of 30 studies revealed that 65% of individuals exposed to prolonged stress experience mood disorders. Trauma survivors have increased risk of developing depression, women 35% more likely to suffer from depression than men. In contrast, men show a 25% higher incidence of developing bipolar disorder following trauma. Resilience factors such as family support and psychological counseling can reduce the risk of mood disorders by 20%. Additionally, 35% of patients with mood disorders exhibit comorbidities such as PTSD or substance use disorders. Neurochemical changes include a 50% reduction in dopamine levels, while 40% of individuals show hippocampal atrophy linked to chronic stress.
Conclusions: Chronic stress and trauma are key factors in the onset of mood disorders, with distinct gender differences and significant neurobiological changes. Early intervention, focusing on resilience enhancement and psychosocial support, can reduce the long-term effects of stress and trauma, improving mental health outcomes.

Disclosure of Interest: None Declared

EPV1262

An Analysis of Employment for Persons with Intellectual and Mental Disabilities in Japanese Labor Transition Support Offices

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Introduction: In Japan, the Comprehensive Support for Persons with Disabilities Act, which unifies the three disabilities of physical, intellectual, and mental health, came into effect in 2006, and labor

transition support offices were institutionalized. The labor transition support business office is a business in the welfare sector that places persons with disabilities in general companies for a period of two years.

- In addition, Japan has the Law for Employment Promotion of Persons with Disabilities in the labor field, which imposes an employment rate for persons with disabilities on companies.
- As of April 2024, the employment rate of persons with disabilities in companies is 2.5%.

Objectives: In order to achieve employment for as many people with disabilities as possible, we analyzed two groups of people with and without workplace retention made by disability at labor transition support offices. This is a secondary data analysis of a national survey conducted in 2022.

Methods: The survey instrument included basic attributes of respondents and establishments, as well as the number of people who found employment in general companies in FY 2019 and their workplace retention status, whether or not employment assistance was provided to people with employment difficulties, and the state of practice of approaches to employment assistance. All statistical analyses were conducted using SPSS. Ethical review was conducted with the approval of the Ethical Review Committee of Nagano University (2021-006).

Results: The types of disabilities of the establishments (n=1321) indicated 19 establishments with physical disabilities, 286 establishments with intellectual disabilities, 250 establishments with mental disabilities, 52 establishments with developmental disabilities, 495 establishments with no specific disability, and others.

In this analysis, from the above-mentioned establishments with intellectual disabilities (n286) and establishments with mental disabilities (n250), we divided them into two groups: those with intellectual disabilities (n181) and those with mental disabilities (n181) that discharged employed persons in FY2019.

It was found that the labor transition support offices that were placing people in employment with mental disabilities as their primary disability were accepting those with fewer weeks of use of the offices and with more difficulties in employment.

Conclusions: It became clear that even though the legal system unifies the three disabilities, the approach differs depending on the characteristics of the disability. Furthermore, it was also found that there are some offices that are able to place users in employment even if they have difficulties in finding employment. This suggests that there is a possibility that labor transition support offices, which are unable to produce job seekers, will be able to produce job seekers in the future.

Disclosure of Interest: None Declared

EPV1263

Predictors of assertive behaviors in Tunisian medical students

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Introduction: Some individuals might be more prone to acquire assertive behaviors earlier in their lifespan than others. Nevertheless, assertiveness can be learnt, and studies suggest that developing them would be beneficial in various fields, including healthcare and medical studies.

Objectives: This study was conducted to assess medical students' level of assertiveness, and to characterize the factors that might influence it.

Methods: A cross-sectional study was conducted, targeting a representative sample of undergraduate medical students. In total, 91 medical students agreed to participate in an online questionnaire survey. They completed a sociodemographic questionnaire as well as the French validated versions of Rathus Assertiveness Scale (RAS), Depression, Anxiety and Stress Scale, Rosenberg Self-Esteem Scale, General Self-Efficacy.

Results: The response rate was 31.1%. Results showed that 53.8% of participants were considered nonassertive. Assertiveness training was requested by fifty-six students (61.5%). Moderate to extremely severe levels of depression, anxiety and stress were reported by 61.5%, 69.2% and 43.9% of participants respectively. Medical students who practiced individual sport or played music showed significantly lower RAS scores, indicating a higher level of assertiveness (p= .022 and p = .003 respectively). Rosenberg self-esteem scores and general self-efficacy scores were strongly correlated with assertiveness. Depression, anxiety and stress scores were strongly and positively correlated with assertiveness scores. Hierarchical regression analysis revealed that playing music, Self-esteem and self-efficacy were independent predictive variables of assertiveness with beta values of -.219, -.247, and -.209, respectively, explaining 44% of the model.

Conclusions: Assertive communication can provide medical students with an opportunity to become more effective in dealing with those around them, fostering better relationships, and promoting mental well-being. Reinforcing music and individual sports activities may serve as valuable preventive and interventional strategies to improve assertiveness in medical students.

Disclosure of Interest: None Declared

EPV1264

Management of psychiatric disorders in the armed forces: exemptions and changing specialty

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Introduction: Military personnel, faced with stressful and often extreme situations, can develop psychiatric disorders which require specific management to maintain both their well-being and the operational effectiveness of units. These disorders pose significant challenges for the assessment of their fitness for military service.

Objectives: To study the impact of psychiatric pathologies on fitness for military service.

Methods: This was a retrospective study of a descriptive nature, from January 1, 2023 to August 30, 2024, which was conducted among military personnel referred to the occupational pathology consultation at the Military Center for Occupational Medicine and Professional Safety in Tunis to assess their fitness for duty due to psychiatric disorders.

Results: During the study period, 42 patients were included, with a mean age of 38 ± 10 years, all male. The study population was divided into non-commissioned officers (45.2%), unlisted men (40.5%) and officers (14.3%), 44.5% of whom belonged to the army, 19.4% to the navy, 11.1% to the air force and 25% to the joint services. The ranks most affected by psychiatric pathologies were the first-class soldier at 21.4%, the master corporal and the warrant officer at 16.7% each. The most common specialties were infantry and transport at 28.6% and 11.9% respectively. The most common work positions were administrative officer (19.1%) and infantryman (9.5%). The predominant pathologies were anxiety-depressive syndrome in 31% of cases, depression in 26.2%, anxiety disorder in 14.3% and post-traumatic stress disorder in 11.9%. Eighty-one percent were exempted from carrying weapons, 57.1% from guard duty and 2.4% from field trips, with an average exemption duration of 5 months. All requests for exemption were accepted, of which 22% led to a reform file, 14% to psychiatric care, and 5% to a notice of fitness for military service. A change of specialty was indicated in six cases, all of them to an administrative position.
Conclusions: Psychiatric disorders strongly affect fitness for military service, leading to exemptions and changes of specialty. Enhanced psychological care and rigorous follow-up are essential to preserve the operational effectiveness and well-being of military personnel.

Disclosure of Interest: None Declared

EPV1265

Psychiatric disorders and military convalescence: Prevalence, duration of inactivity and operational impact

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Introduction: Military personnel are exposed to intense stress and potentially traumatic environments, making them particularly vulnerable to psychiatric disorders. These pathologies can lead to prolonged periods of convalescence, affecting not only the health of individuals, but also the operational readiness of the armed forces.
Objectives: To identify the most common psychiatric causes of convalescence in military personnel and assess their impact on the operational readiness of the armed forces.
Methods: This was a retrospective study of a descriptive nature, from January 1, 2023 to August 30, 2024, which focused on military personnel who presented a request for convalescence to the occupational pathology consultation at the Military Center for Occupational Medicine and Professional Safety in Tunis.
Results: During the study period, 275 patients were included in the sample, with a mean age of 40.83 ± 9.93 years and a sex ratio of 2.77. Their average length of service was 15.62 ± 11.87 years. Depression was the most frequent psychiatric pathology, accounting for 70.9% of convalescence causes, followed by anxiety disorder at 8.7%. The most affected category was non-commissioned officers, accounting for 54.7% of cases. The ranks most affected were warrant officer in 12% of cases, chief sergeant in 11.6% of cases and head warrant officer in 10.9% of cases. Military healthcare and administration were the most represented specialties, in 17.5% and 14.2% of cases respectively. The most common workstations were nurses (15.6% of cases), administrative officers (12.4%) and infantrymen (6.2%). The average length of convalescence was 74.78 ± 88.77 days. Convalescence lasting more than 180 days accounted for 10.3% of cases.
Conclusions: Our study shows that psychiatric pathologies have a significant impact on operational readiness. The often prolonged periods of convalescence highlight the importance of implementing effective prevention and management strategies to mitigate the impact of psychiatric disorders within the armed forces.

Disclosure of Interest: None Declared

EPV1266

A case report of lithium-induced bradycardia and syncope

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Introduction: Lithium is a mood stabilizer, causing various dose related adverse effects. Cardiac adverse effects are seen more frequently in patients with previous cardiac diseases, overdoses, and chronic use.
Objectives: We report the case of a woman treated with lithium who developed bradycardia and syncope, which are rare adverse effects of lithium.
Methods: A 39-year-old woman was hospitalized due to suicidal ideation during a psychotic depressive episode. She had a previous supraventricular tachycardia episode requiring ablation but was asymptomatic for a long time. On admission, she was using sertraline 100 mg/day and olanzapine 10 mg/day. Lithium was initiated at 600 mg/day due to previous suicide attempts and being in the fourth depressive episode. On the second day of lithium therapy, the patient had a syncope lasting a minute. Electrocardiogram (ECG) showed sinus bradycardia at 46 bpm and 417 msec of QTc. She was normotensive. Her serum electrolytes, myocardial enzymes, thyroid hormones, and thyroid-stimulating hormone levels were within normal limits. Lithium was stopped. The following ECG showed sinus rhythm at 65 bpm. Cardiology consultation resulted in no contraindication to lithium therapy. Lithium was reinitiated with 300 mg, no syncope or bradycardia was observed, and the patient was discharged after 9 days. Lithium concentration was 0.66 mEq/L. The Naranjo Advers Drug Reaction Scale was scored as 5, indicating a probable relationship between syncope, bradycardia, and lithum. She is still using lithium 300 mg/day for four months with no adverse-effects.
Results: At both therapeutic and toxic lithium levels, ECG changes such as T-wave inversions, sinus bradycardia, sinoatrial blocks, PR prolongation, QTc prolongation, and ventricular tachyarrhythmias can be observed. Lithium cardiac adverse effects have been shown to increase with age and duration of treatment and can be seen in both therapeutic and toxic concentrations. Our case is unique, occurring in a relatively young patient in the early phase of lithium treatment.
Conclusions: Other causes of bradycardia should be eliminated by performing a workup that includes calcium level, thyroid function, and cardiac workup, and checking medication interactions. Lithium-induced bradycardia is reversible upon discontinuation

of lithium, but irreversible sinus node may occur when long-term lithium therapy is required. As lithium is an indispensible option for such patients with severe recurrent depression, lithium may be rechallenged with a lower dose and close followup of the ECG despite previous episodes of bradycardia and syncope.

Disclosure of Interest: None Declared

EPV1267

Risk Factors for Psychosis in the Migrant Population in Morocco

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Introduction: Immigration has been pivotal in shaping societies, especially post-war, but is associated with a 2 to 3 times higher risk of psychotic disorders for migrants compared to natives [5]. Psychotic disorders, affecting about 0.7% of the population, often involve chronic symptoms with high morbidity and mortality [1][3]. This increased risk in migrants highlights public health issues, particularly due to limited access to care [6][7]. Studies suggest that reducing specific ethnic risk factors could lower psychosis rates by 22% [8].
Objectives: To identify risk factors and explanatory hypotheses for the development and symptomatic reactivation of psychoses in immigrant patients who were hospitalized at the Arrazi Psychiatric Hospital in Salé.
Methods: This is a retrospective, descriptive, and analytical study. Data will be collected from the medical records of immigrant patients hospitalized for psychotic disorders at the Arrazi Psychiatric Hospital in Salé using a data extraction form. This form will include socio-demographic data, primary reason for migration, migration-related stress, social and professional situation, and access to mental health care.
Results: Approximately 60% of immigrant patients hospitalized for psychotic disorders reported migration-related stress as a significant contributing factor. Around 45% experienced social isolation upon arrival, and 50% faced difficulties accessing mental health services. Additionally, 30% of these patients reported unemployment or precarious job situations, and nearly 40% cited family separation as a source of emotional strain, potentially exacerbating their symptoms.
Conclusions: Psychosis in immigrants is often influenced by specific stress factors related to the migration experience, such as social isolation, economic insecurity, and limited access to mental health care. These elements increase the psychological vulnerability of migrants and can trigger or exacerbate psychotic disorders. Tailored support and policy measures are essential to mitigate these risks. These observations highlight the need for in-depth research to better understand and manage the risk factors for psychosis in this population.

Disclosure of Interest: None Declared

EPV1268

Assessing Teacher Burnout in Elementary Education: A Study in Southwestern Greece

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Introduction: Occupational burnout in education is a major problem, especially among elementary school teachers (ESTs) who have the dual task of imparting knowledge and nurturing children's emotional intelligence. Research in recent years focuses on understanding, preventing and addressing teachers' burnout.
Objectives: We aimed to evaluate professional burnout levels among ESTs and identify associated factors.
Methods: We conducted a cross-sectional study among ESTs in southwestern Greece from September to December 2022. Participants answered to a self-administered questionnaire that included the Maslach's Burnout Inventory Educator Survey (MBI-ES), socio-demographic, and other characteristics.
Results: A total of 126 ESTs (63.5% kindergarten, 36.5% elementary school) participated in the study, 81% were female, 39.7% were 31-40 years old, and 51 (40.5%) had 11-20 years of work experience. The majority (63.5%) had a permanent job, mainly as a preschool teacher. Teachers experienced moderate to high levels of job burnout, as indicated by measures of emotional exhaustion (mean 30.03), depersonalization (mean 9.45), and feelings of low personal achievement (mean 46.42). Male teachers had higher levels of emotional exhaustion (50% vs. 46.1%) and female teachers had significantly higher rates of low personal accomplishment (80.4% vs. 66.7%). More experienced teachers showed higher emotional exhaustion (11-12 years: 58.8% vs. 6-10 years: 44.4%). Finally, kindergarten teachers were more likely to report low levels of personal accomplishment compared to other teachers (84% vs. 68.6%).
Conclusions: Elementary school teachers experience moderate to high levels of job burnout, which is influenced by factors such as gender, years of service, employment status, and phase of teaching. These findings can serve as a basis for prevention strategies and interventions to reduce the effects of burnout in elementary school teachers.

Disclosure of Interest: None Declared

EPV1271

Evaluating Cold, Hot, and Social Cognition in Hospitalized Patients

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Introduction: Cognitive difficulties in people with psychosis are present at the time of the first episode, even from periods of high risk to early stages of psychosis, their nature and severity seem

similar to those observed in patients with a more chronic evolution, since it seems to be an impairment that in most people remains stable, although there is a group of people that worsens. Therefore, these deficits cannot be fully explained by treatments, hospitalizations, or chronicity, and appear more as an intrinsic characteristic of the disease. The course of their trajectory through the progression of the disease remains uncertain.

Objectives: This study aimed to evaluate changes in cold, hot, and social cognition during acute psychotic episodes in hospitalized patients, to better understand their relationship with psychotic symptomatology.

Methods: A prospective longitudinal study was conducted with 10 patients (age range: 18-65) admitted to the psychiatric acute unit at Jerez de la Frontera Hospital, diagnosed with schizophrenia, schizoaffective disorder, or other psychotic disorders. Cognitive assessments included SCIP (cold cognition), Hinting Task (social cognition), and OSCARS (hot cognition), alongside psychiatric evaluations using PANSS, BPRS, and GAF scales. Statistical analysis was performed to identify correlations between cognitive domains and psychotic symptoms.

Results: Analysis of the 10 selected patients reveals that the levels of impairment in cold, warm, and social cognitive functions vary significantly. The mean obtained for the SCIP-S scale total (64.60) suggests a moderate impairment in cold cognition, which aligns with previous research indicating that this type of impairment is an intrinsic feature of psychotic disorders, regardless of the time course of the illness.The mean on the Hinting task (14.00) and OSCAR total score (52.60) reflect impairment in social and warm cognition, respectively. Regarding the PANSS scale, scores indicate a predominance of positive psychotic symptoms, with a mean of 31.50 on PANSS-P, suggesting a high degree of active symptomatology.

These results are congruent with the hypothesis that alterations in warm cognition could precede and perhaps influence the exacerbation of these psychotic symptoms, as has been suggested in previous studies.

Conclusions: This study provides preliminary evidence of the complex relationship between cold, warm, and social cognitive functions in patients with acute-phase psychotic disorder. The findings suggest that although these functions are impaired in psychosis, their interrelationship is not as strong as might be expected, underscoring the need for differentiated interventions that address each cognitive domain specifically.

Disclosure of Interest: None Declared

EPV1273

Work Climate and nurses' mental health: an observational study in an acute hospital ward

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Introduction: Since the COVID-19 pandemic, the attention to mental health at work has increased. According to recent WHO reports, 12 billion working days are lost every year to depression and anxiety. The working conditions, particularly the organizational climate, can impact nurses' well-being and mental health. Specifically, in Portuguese nurses, little is known about the relationship between work climate and mental health.

Objectives: To characterize the nurses' lifestyle and mental health and correlate the organizational climate to nurses' mental health.

Methods: A cross-sectional correlational study was conducted in a Medical-surgical ward in a Portuguese acute hospital. A convenience sample was recruited, excluding the nurses with long-term sick leave. An e-survey was sent to the nurses by the head nurse via institutional emails after the approval of the Ethics Committee. The nurses were asked to fill in sociodemographic, professional, anthropometric and lifestyle inquiry, Mental Health Inventory (MHI– 5) and Work Climate Questionnaire (WCQ). Data was analyzed using SPSS 29.0.

Results: 46 Portuguese nurses participated in the study. Most women (87%), aged between 26 and 64 years, have worked for 18 years (±8.4). Most nurses consider BMI median=25.6 (±5.4), 75% exercise regularly, 93% are non-smokers, and 67% consume alcohol occasionally. Most nurses rated their sleep as poor quality. Nurses considered they have good health (43.5%) in general and evidenced reasonable mental health (MHI Mean=19.8± 3.9). Male nurses experienced higher mental well-being than females. As for the level of organizational climate, it was found that, on average, scores are close to 4 (neither agree nor disagree). There was a positive correlation between organizational climate and nurses' mental health.

Conclusions: This study evidenced a neutral perception of confidence and experience of autonomy of nurses working in an acute hospital in Portugal. There is a need to deepen the knowledge of the level of autonomy experienced by nurses in their work in larger samples and different contexts. The results indicate the need to study this correlation in different settings to explore its effect and impact on nurses' mental health and patient quality of care.

Disclosure of Interest: None Declared

EPV1275

Interest to better investigate self-recognition and self/other distinction impairments in neurodevelopmental and psychiatric disorders using the double Mirror ALTER EGO paradigm

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Introduction: In recent years, the concept of Self/Other distinction (SOD),the ability to differentiate one's own body, actions and

mental states from those of others,has recieved increasing interest. Studies that have explored SOD in psychiatric or neurodevelopmental disorders generally used static images or movies that progressively morph from one's own face to another's. However, these paradigms may be insufficient for SOD assessment given the centrality of embodiment in the pathophysiology of these disorders. The new Alter Ego double mirror paradigm was developped to specifically explore SOD under greater ecological conditions.This innovative device allows the progressive morphing of one's own face to that of another between two subjects physically facing each other on either side of the device.

Objectives: Two pilot studies were conducted to investigate self-recognition and self/other distinction respectively in adolescents with Anorexia nervosa (AN) and Autism Spectrum Disorder (ASD) compared with matched healthy controls through a self/other face identification task using the "Alter Ego" TM double mirror system.

Methods: Participants had to watch a double mirror in which their own face was gradually morphed into the face of an unfamiliar other (self-to-other) or vice versa (other-to-self), requiring them to indicate at which point they judged the morph to look more like their own face than the other's face.Two judgment criteria were used: 1) M1: Threshold at which the subject starts recognizing his own face during the other-to-self morphing sequence 2) M2: Threshold at which the subject starts recognizing the other's face during the self-to-other morphing sequence. For participants with AN, in a second part, SOD was reassessed during five different sensorimotor tasks aimed at increasing body self-consciousness.

Results: Compared to controls, participants with ASD and AN showed an earlier self recognition in the other-to-self direction and a delayed other recognition in the self-to-other direction. Moreover, contrasting with controls, in ASD and AN participants, the critical threshold for switching between self and other varied with the direction of morphing. Finally, when participants with AN were seated with a backrest and footrest reinforcing the median axis of their body, the self-recognition threshold (M1) increased significantly approaching that of controls.

Conclusions: The preliminary results of these studies uncovered novel findings showing first behavioral evidence of impaired self/other distinction in individuals with ASD and AN through an embodied face-recognition paradigm. These results confirm the interest of the Alter Ego double mirror paradigm for the study of alterations in self-consciousness and Self/Other Distinction as a transosographic dimension common to various neurodevelopmental or psychiatric disorders.

Disclosure of Interest: None Declared

EPV1276

General practitioner hospitalists in psychiatry – may we help you?

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Introduction: Patients admitted to psychiatric services present with several acute and long-term somatic health problems. Psychiatrists have limited time and expertise to manage those conditions. Nevertheless, general practitioner (GP) hospitalists rarely exist in psychiatric facilities.

Objectives: To examine the effects of a novel hospitalist service we describe performance of GP hospitalists.

Methods: HUS Helsinki University Hospital Psychiatry has 12 hospital campuses (550 beds in total) and over 30 outpatient clinics in Southern Finland. During February-May 2024 the organization had three part-time GP hospitalists covering 11 acute adult psychiatric wards (307 beds), six forensic psychiatric wards (120 beds), and two out-patient clinics. Hospitalist assessments at hospital wards and outpatient clinics included structured health checks and consultations from psychiatrists and registered nurses. The hospitalists collected characteristics from consecutive assessments by filling in an online survey. Somatic health conditions assessed in consultations, and those needing attention in health checks were coded according to ICD-10 classification.

Results: The hospitalists provided 245 assessments: 223 consultations and 22 health checks. The majority (n=146,60%) of the assessments lasted for 30-90 minutes, one third (n=82,33%) lasted less than 30 minutes, while some (n=17,7%) took over 90 minutes. Of the assessments 49% (n=120) were hospitalist's appointments, 12% (n=29) were provided by a phone call, 1% (n=3) were video appointments and 38% (n=93) were solved based on patient records. The most common conditions in the consultations were endocrine and cardiovascular related (Image 1). The hospitalists estimated that eight referrals to emergency departments and 22 to somatic specialists were avoided with the help of the consultations. In turn, hospitalists themselves referred 18 patients to somatic specialists. In the health checks the hospitalists identified 56 somatic conditions needing attention: cardiovascular, endocrine, gastrointestinal, dermatological and vision related problems were the most prevalent (Image 2).

Image 1:

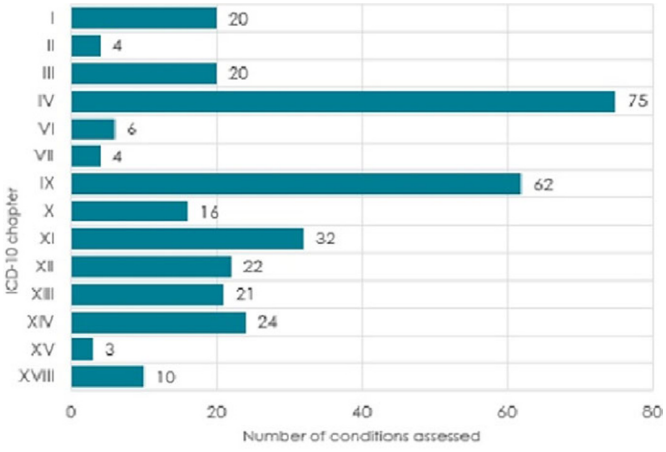


Image 1. Conditions assessed in consultations according to ICD-10 classification.

Image 2:

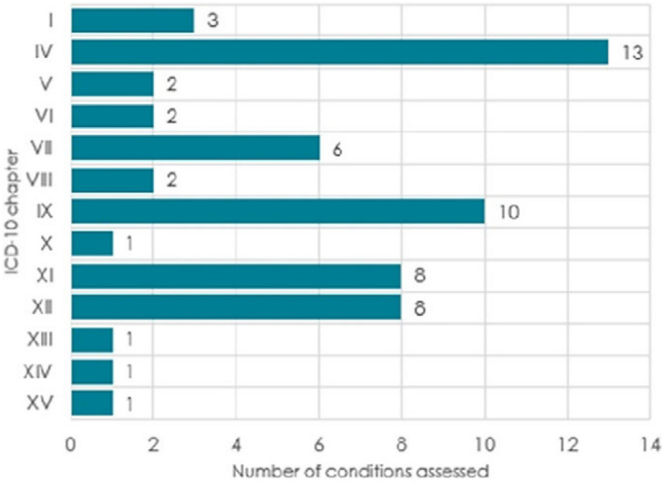


Image 2. Conditions assessed in health checks according to ICD-10 classification.

Conclusions: The variety and amount of untreated chronic common diseases and specific somatic conditions related to psychiatric diseases/medications was substantial, and even for the GP hospitalists, time-consuming to handle. Cardiometabolic problems were the most prevalent of health concerns. GP hospitalists are one of the real-world solutions in improving the overall health of patients with severe mental illnesses, and in alleviating the heavy workload of treating psychiatrists.

Disclosure of Interest: None Declared

EPV1277

Validity Evidence Based on the Content of the MAPS-B Cognitive Assessment Instrument

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Introduction: The MAPS-B is part of a project focused on the construction of instruments for cognitive assessment in the Brazilian population. Comprising eight subtests, MAPS-B aims to enhance understanding of cognitive functioning in individuals over 50 years old. The subtests assess autopsychic and allopsychic orientation, perception, naming, memory, praxis, visual and auditory focused attention, working memory, automatic language, inhibition, and semantic memory. Validity evidence is essential to ensure the safe use of new instruments in psychological assessments. Content-based validity evidence reflects the degree to which the instrument aligns with and adequately measures the construct of interest. Such evidence can be derived from expert judgment.

Objectives: To investigate the content-based validity evidence of the MAPS-B.

Methods: The analysis involved four judges with expertise in neuropsychological assessment, who completed a questionnaire on MAPS-B's subtests. The judges assessed the adequacy and clarity of the instructions and the relevance of each subtest for measuring the proposed construct, using a Likert scale (0 to 4). Space was also provided for comments and suggestions. Responses were analyzed using the Content Validity Index (CVI), calculated individually (CVI-I) and globally (CVI-T) for the instrument. A CVI score above 1 was considered acceptable (Yusoff, Education in Medicine Journal Int 2019; 51). Additionally, items with suggestions from the judges were qualitatively reviewed.

Results: Expert analysis indicated total agreement across all subtests, with individual and total CVI scores of 1, demonstrating adequacy in terms of relevance, clarity, and overall suitability. However, qualitative adjustments were suggested for two subtests assessing orientation and perception. Following analysis and consensus among the authors, modifications were made as shown in **Table 1**.

Table 1

Original Item	Post-Judge Analysis Adjustment
"What part of the day is it?"	A note was added to the manual, allowing assessors to clarify the question by adding, 'What part of the day are we in? Morning, afternoon, or evening?'"
"What is your address?"	A note was added to the manual specifying that correct answers may include just the street name and house number.
"Mentally assemble it and name it."	Rephrased to "Can you mentally assemble the figure and name it?"

Conclusions: This study provides content validity evidence for the MAPS-B, showing that its subtests adequately represent the constructs being assessed. All items achieved satisfactory CVI scores in line with literature recommendations (CVI > 1), indicating agreement on item relevance and suitability. The qualitative suggestions from experts contributed to refining the MAPS-B. Although the current results are satisfactory for the instrument's proposed use, future studies are needed to gather further validity evidence and investigate the instrument's reliability.

Disclosure of Interest: None Declared

EPV1278

Study of Correlations between Cognitive Performance, Age, and Education in the MAPS-T Screening Test

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Introduction: The MAPS-T is a screening instrument currently under development in Brazil, designed for patients over 50 years of

age and administered in a computerized format, either online or with assistance. Its purpose is to assess memory binding abilities, which involve integrating complex elements into unified representations, crucial for both short- and long-term memory. Conjunctive binding in short-term memory is responsible for the temporary retention of associations or combinations of features, such as color and shape. Screening instruments like the MAPS-T aim to be low-cost, quick, and non-invasive tools that provide indicators of potential clinical conditions.

Objectives: To investigate the relationship between performance on memory tasks involving binding and the variables age and educational level.

Methods: A total of 33 individuals aged between 50 and 78 years (M=62.09; SD=6.67) with 6 to 35 years of education (M=19.88; SD=5.63) were evaluated. Participants with reported neurological/psychiatric conditions or uncorrected sensory impairments were excluded. Data collection was conducted on a computer by a trained administrator in sessions lasting 15 minutes. The memory binding task required the recognition of a nameable figure and the color and geometric shape surrounding it. Data were analyzed using Spearman's correlation.

Results: Spearman's correlation coefficients indicated that age did not show a significant correlation with total recognition, binding score, or dichotomous score ($p > 0.05$), suggesting that this variable does not have a relevant association with performance in these scores. In contrast, education demonstrated a moderate and significant correlation with total recognition, binding score, and dichotomous score ($p < 0.05$), suggesting that more years of education are associated with better performance in these areas.

Descriptive Statistics

	N	Minimum	Maximum	Mean	Std. Deviation
age	33	50,00	78,00	62,0909	6,67254
education_level_years	33	6	35	19,88	5,628
Valid N (listwise)	32				

		Age	education_level_years
MAPS-T - total_recognition_phase_2	Correlation Coefficient	,194	,431*
	Sig. (2-tailed)	,280	,012
	N	33	33
MAPS-T - binding_score	Correlation Coefficient	,198	,383*
	Sig. (2-tailed)	,268	,028
	N	33	33
MAPS-T - dichotomous_score	Correlation Coefficient	,181	,406*
	Sig. (2-tailed)	,313	,019
	N	33	33

Conclusions: Education showed a positive and consistent association with performance across all test measures (total recognition, binding score, and dichotomous score). Age, in turn, did not show a significant correlation with these variables, indicating that, in this sample, education is a more important factor than age in explaining performance on the MAPS-T scores, particularly in the binding stage.

Disclosure of Interest: None Declared

EPV1279

Self-protective behaviours to protect against coronavirus-19 infection and their association with Perceived Infectability, Germ Aversion and Fear of COVID-19 among South African learners

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Introduction: COVID-19 wreaked havoc across the world killing millions along its path. All attempts were made to lower and eventually control the death toll from the pandemic. The "trace, test and treat" approach had its limits since the latter were not developed fast enough. Vaccines were seen as the best hope to protect individuals from the coronavirus and COVID-19. Thus, vaccination was encouraged and promoted widely. Aside from vaccines, interventions emphasised non-pharmaceutical self-protective behaviours to protect against coronavirus infection. Subsequently, there were various levels of compliance and observance of self-protection within nations. Yet studies have not attempted to explore the research implications of compliance patterns.

Objectives: The present study's aim was to (i) identify latent classes of individuals' varying levels of compliance with COVID-19 self-protective behaviours; and (ii) explore the capacity of the latent classes to separate individuals according to their levels of Perceived Infectability, Germ Aversion and Fear of COVID-19.

Methods: Data for the current study was extracted from a cross-district COVID-19 study conducted among *high school level learners (N = 1609; girls = 59%; rural areas = 43%) in South Africa*. Latent classes were derived based on the scores obtained by learners on a self-developed index of non-pharmaceutical self-protective behaviours. Three classes were identified, and they were compared against their obtained Perceived Infectability, Germ Aversion and Fear of COVID-19 scores.

Results: Scores of all three knowledge groups did not differ on Perceived Infectability ($p > .05$), but the highest scorers, the "knowledgeable group", scored higher than the "moderately knowledgeable group" and the "relatively low knowledge group" on Germ Aversion and Fear of COVID-19. The scores of the "moderately knowledgeable group" and the "relatively low knowledge group" did not differ on the Fear of COVID-19.

Conclusions: The study supports an approach where learners are classified according to their knowledge of COVID-19 self-protective behaviours, and their motivation for self-protection established according to the classification.

Disclosure of Interest: None Declared

EPV1281

Psychotic symptoms during puerperium. Regarding a clinical case

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Introduction: The puerperium, or postpartum period, begins immediately after childbirth and is typically considered to last for six to eight weeks. During this time, there is an increased risk of psychiatric pathology, particularly psychotic and affective disorders, due to various factors such as the heightened stress of caring for a newborn and hormonal changes.
Objectives: To analyze the different diagnostic options for a patient presenting with acute psychotic symptoms during the postpartum period, including those not recognized by the DSM-V.
Methods: Presentation of a patient's case and a review of the existing literature concerning the possible diagnoses that were considered.
Results: We present the case of a 31-year-old female with a history of allergy to beta-lactam antibiotics as her only significant medical history, and a personal psychiatric history of anorexia nervosa (currently resolved) and bipolar disorder. The bipolar disorder had been treated with valproic acid and olanzapine since 2015, medications she discontinued upon learning of her pregnancy. She gave birth to a baby boy four days before seeking care in the emergency department. On the same morning of the consultation, her baby was diagnosed with a renoureteral malformation and prescribed amoxicillin treatment. The patient presented to the emergency department with very acute psychotic symptoms that had started that same day, notably a very disorganized speech and delusional ideas of harm, expressing the belief that her family was poisoning her with the prescribed amoxicillin. During her admission to the acute psychiatry ward, her condition evolved rapidly and very favorably, in around 48 hours and she was treated with olanzapine. Several diagnostic possibilities were considered, including postpartum psychosis, brief psychotic episode, manic episode, or even an organic cause. The rapid onset and therapeutic response ruled out the diagnosis of a manic episode. No organic cause was found to explain the symptoms. It also did not meet the temporal criteria required for a postpartum psychosis. Finally, the diagnosis was brief psychotic episode, triggered by an acute stressor.
Conclusions: When managing a patient in the postpartum period, it is crucial to have a comprehensive understanding of the various diagnostic possibilities, including those not covered by the DSM-V or those that may have a somatic cause, in order to provide appropriate and holistic care.

Disclosure of Interest: None Declared

EPV1282

The role of self-esteem in mental health: a comparative study on its association with anxiety, depression and stress in support-seeking and general populations from Croatia

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Introduction: Mental health is essential for overall well-being and resilience in facing life's challenges. Self-esteem, a crucial mental health determinant, affects how individuals perceive and manage stress, and may be linked to worse health outcomes when conditions like anxiety and depression are concerned. Consequently, understanding the role of self-esteem in mental health is essential for developing effective preventive strategies and interventions.
Objectives: In this study we aimed to investigate the relationship between self-esteem levels and anxiety, depression and stress, with a hypothesis that the presence of the aforementioned mental health challenges is significantly correlated with lower levels of self-esteem. We sought to explore the potential impact of self-esteem as both a risk factor and a target for interventions in mental health care.
Methods: A cross-sectional study design was employed, involving 100 participants based in the Republic of Croatia and divided equally into two groups: support-seeking individuals or patients from the daily clinical setting and a control group with no psychiatric treatment history. Participants completed the Rosenberg Self-Esteem Scale (RSE) and the Depression Anxiety Stress Scale (DASS-21). The self-esteem scores classified individuals into low, average or high self-esteem categories. Statistical analyses, including chi-square tests and Mann-Whitney U tests, assessed differences in DASS-21 scores between groups, with adjustments for sociodemographic factors.
Results: Psychiatric patients showed significantly lower self-esteem (mean = 20.84, SD = 7.161) than the control group (mean = 29.84, SD = 7.709). Additionally, psychiatric patients experienced higher levels of anxiety (mean = 12.60, SD = 5.237), depression (mean = 12.04, SD = 5.595) and stress (mean = 14.06, SD = 4.433) when compared to the control group, which exhibited mild anxiety (mean = 5.14, SD = 5.018), low depression (mean = 4.90, SD = 5.296) and minimal stress levels (mean = 6.96, SD = 4.973). Statistical analysis revealed a statistically significant association between low self-esteem and support-seeking or patient status ($p = 0.001$). Additionally, low self-esteem was associated with more severe mental health symptoms across all categories ($p < 0.05$).
Conclusions: This study emphasizes the interconnectedness between self-esteem and mental health, demonstrating that lower self-esteem is associated with higher anxiety, depression and stress levels. Therefore, integrating self-esteem enhancement into therapeutic settings may be an effective strategy for mitigating mental health risks, providing a proactive approach to psychological care and prevention.

Disclosure of Interest: None Declared

EPV1283

Schizophrenia versus Traumatic Brain Injury: A Diagnostic Challenge

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Introduction: Traumatic brain injury (TBI) is a rare, yet possible cause of psychosis (Fujii D *et al.* Psychiatr Clin North Am. 2014; 37(1):113-24), with one of the main challenges being distinguishing between Psychosis secondary to traumatic brain injury (PSTBI) and schizophrenia (SZ).
Objectives: To discuss the diagnostic challenges in patients with psychosis and history of TBI.
Methods: In addition to describing a case report of a male with psychotic symptoms presenting after a severe traumatic brain injury, research was undertaken in PubMed and other databases using the keywords "traumatic brain injury", "psychosis" and "schizophrenia".
Results: Our patient is a 36 year-old male who suffered a severe TBI at age 22, with consequent frontal and temporal encephalomalacia. Initially he presented with persecutory delusions, delusional perceptions associated with colors, social isolation and decline in academic performance, which were attributed to Post-Concussion Syndrome. However, these symptoms would remain for years to come, leading to the new diagnosis of SZ, at age 25. This way, he started intramuscular antipsychotic medication, which reduced psychotic symptoms and improved his academic performance. This amelioration, at age 30, led to the belief in another diagnosis: Brief Psychotic Episode (after brain trauma). Consequently a reduction in antipsychotic dosage was tried but a resurgence of psychotic symptoms was observed at age 33, which led to the reintroduction of antipsychotic medication, and the reconsideration of the diagnosis of SZ. When we examined him, at age 36, he presented similar symptoms to those observed after the brain injury, intensified by years without antipsychotics. We also found that he had regular use of cannabinoids since age 16 and that his brother was diagnosed with Schizoaffective disorder.

Image:



Image 2:



Conclusions: PSTBI usually occurs after a TBI with frontal and temporal lesions, and psychotic symptoms like persecutory delusions, with the frontal lesions being a possible explanation for the decline in cognitive function by causing deficits in attention, executive functions and memory (Fujii D *et al.* Journal of Neuropsychiatry Clinics in Neuroscience 2002;14:130-140). SZ can similarly explain many of the findings presented, like psychotic symptoms, social isolation and decline in cognitive function due to negative symptoms, specially considering the use of cannabinoids and genetic vulnerability present in this patient and the fact that TBI is also a risk factor for the development of SZ. This case highlights the difficulty in the differential diagnosis between PSTBI and SZ, given that it presents aspects that can point in both directions.

Disclosure of Interest: None Declared

EPV1284

First Episode Psychosis: A Neurodevelopmental Crossroads

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Introduction: Autism spectrum disorder (ASD) and schizophrenia (SZ) are neurodevelopmental disorders that, although unfolding in

different ways, can present with overlapping symptoms, both negative symptoms like deficits in social–emotional reciprocity and engagement (Trevisan *et al.* Front.Psych; 2020;11:548), and positive symptoms like delusions and hallucinations (Ribolsi *et al.* Front Psychiatry; 2022;13:768586).
Objectives: To discuss the diagnostic challenges between ASD and SZ in patients presenting with both positive and negative symptoms.
Methods: In addition to describing a case report of a man with negative symptoms and presumptive psychotic symptoms, research was undertaken in PubMed and other databases using the keywords "autism spectrum disorder", "schizophrenia" and "multiple sclerosis".
Results: A 26 year-old man was involuntarily admitted to the in-patient unit due to persecutory delusions, irritability, social isolation and cognitive symptoms. He had also been recently diagnosed with Multiple Sclerosis (MS). These symptoms had begun 5 years prior, intensifying over time, leading to the hypothesis of First Episode Psychosis, with a probable recent escalation secondary to the flairing up of MS. Through a detailed clinical history, we discovered that, in fact, the patient exhibited conduct changes since early adolescence: restricted and repetitive behavior, social isolation, reduced tolerance to opposition, cognitive rigidity, circumscribed interests and puerile contact. This lead to the development of great hostility towards his family members, whenever his wants weren't met (most of them mismatched with reality), resulting in isolation from the family and the sending of aggressive messages and emails, even though his parents always tried to provide the patient with everything he wanted, explaining the assumption of persecutory delusions. Intramuscular risperidone and clozapine were initiated for irritability and cognitive symptoms, respectively, with minimal improvement in both, mainting however every other symptom described.
Conclusions: Despite the current distinction between ASD and SZ, they still share many similarities, increasing the difficulty of determining an exact diagnosis. We present a case with negative and cognitive symptoms, that can fit in both conditions, and positive symptoms that fit in SZ. It's possible to understand that the delusions may not be primary, but secondary to social interpretation bias, common in ASD patients, and that part of the cognitive symptoms can be due to MS. The suboptimal response to antipsychotics also makes us lean more to the presence of ASD with temporary psychotic symptoms instead of a primary psychotic disorder.

Disclosure of Interest: None Declared

EPV1285

Diagnostic delays in schizophrenia with catatonic symptoms mimicking conversive disorder

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Introduction: Notwithstanding the drastic reduction in the prevalence of catatonic symptoms in schizophrenia with the development of anti-psychotic treatment regimens since the 1950's, a subgroup of patients still presents mostly such symptoms, associated with worse long-term prognosis.
Objectives: Discuss the challenges surrounding the diagnosis and clinical management of patients with schizophrenia with catatonic symptoms.
Methods: In addition to describing a case report of a male with catatonic symptoms mimicking conversive disorder, research was undertaken in PubMed and other databases using the keywords "conversive disorder, "catatonia" and "schizophrenia".
Results: A 29-year-old male patient, a former Geology BA student followed by Psychiatry in our hospital for conversive symptoms – namely mutism and sudden episodes of motor paralysis with no changes in the neurological examination or imaging exams - and admitted twice for that reason in the prior 6 months, was brought to the ED by police after an attempted self-injury with a knife. The family reported for the past week sleep-wake inversion, social isolation, compulsive smoking, refusal to eat any homemade food, soliloquies, staring at the walls for no reason and, in the last 3 days, post its with messages such as "I sinned" or "I disappointed God". In the ER, the patient engaged in mutism, with negativism in his posture. Considering the high suicide risk and the presence of psychotic symptoms, including persecutory, poisoning and mystical delusions as well as likely auditive-verbal hallucinatory activity, he was admitted again, this time in involuntary regime. To exclude secondary causes, both blood samples and imaging techniques (first head CT and later MRI) were ordered. The bloodwork revealed increased levels of CK without any other significant findings, and imaging techniques also had negative results. In the psychiatric ward, the patient engaged in selective mutism towards the medical team, likely in a context of persecutory delusions. Due to the prominence of negative symptoms and lack of adhesion to treatment, we choose to treat with intramuscular paliperidone and sertraline, 50 mg. With this treatment, the patient started feeding himself again, resumed a daily routine and ceased his mutism. Yet, he remained highly defensive psychopathologically, with very poor speech content and severe affective blunting. He was discharged with the diagnosis of schizophrenia and has been followed in outpatient visitations, remaining clinically stable.
Conclusions: Catatonic schizophrenia in its first presentation can be confused with conversive disorder, given the fact both may share movement disorders, in psychotic patients who collaborate very little with psychiatrists, requiring a careful combination of anamnesis, mental state examination and gathering of information with family members or others close to the patient.

Disclosure of Interest: None Declared

EPV1286

On the issue of psychopathological analysis of a work of fiction using the example of Dostoevsky's "The Double"

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Introduction: Vladimir Chizh, who replaced Emil Kraepelin in the Department of Psychiatry at the University of Dorpat in 1891, counted no fewer than 30 characters with psychoneurological

disorders in Dostoevsky's works, beginning with the main character of "The Double," written in 1846.
Objectives: Try to answer the following questions: (1) Should a psychopathological analysis of a literary work include elements of the author's psychobiography, psychopathological components of the author's language, and can such work be carried out by one psychiatrist without the participation of a literary scholar? (2) What goals should such an analysis pursue? (3) Should the accuracy of the author's description of the mental disorders present in the characters of his work be considered as a criterion for assessing the author's artistic skill and the significance of the work as a literary and cultural phenomenon?
Methods: Taking Dostoevsky's "The Double" as a starting point, the authors analyzed professional literature on the topic and conducted their own psychopathological and literary analysis of this literary work.
Results: (1) psychopathological analysis without the participation of a literary scholar is always incomplete, since everything we learn about the hero of the work we learn through the language of the work. (2) the assessment of the quality of a work of art by a psychiatrist from the point of view of the accuracy of the description of psychopathological symptoms in a particular character leads to the fact that the ideal work of art becomes a well-written case history.
Conclusions: It is hardly correct to give a precise psychiatric categorization to persons whose behavior in a work of art is depicted as pathological. The author's depiction of his hero's pathological experiences has goals other than psychiatric ones and is conditioned by the general concept of the work.

Disclosure of Interest: None Declared

EPV1287

The Insane in Chains: Literary Image of Russian Fiction and Historical Truth of the First Half of the 19th Century

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Introduction: A compatriot who is declared insane and ends up chained in a mental institution is a new and unexpected character that appeared in Russian fiction during its heyday in the first half of the 19th century. The theme of "madness" followed by "chaining" is repeated in the influential works of Alexander Pushkin, Alexander Griboyedov, Alexander Voeikov and other outstanding writers of this period.
Objectives: Find out: (1) How historically accurate was this persistent artistic image — was it merely a literary convention or a true reflection of the status quo? (2) Was the shackling of patients "the standard of care" in psychiatric institutions in Russia and Europe in the late 18th and first half of the 19th centuries?
Methods: A historiographical and comparative analysis was conducted, which allowed us to compare historical evidence and manuals on mental illness published in Europe in the period 1782-1845, as well as Russian professional literature on the history of psychiatry in Russia.
Results: The artistic image of the "madman on a chain" largely corresponded to reality; moreover, in a number of cases, the horror of reality exceeded the artistic image.
Conclusions: By bringing the image of the patient in chains to the forefront, Russian fiction attracted public attention to the topic, which was one of the factors that contributed to the opening of a significant number of new psychiatric hospitals in Russia in the second half of the 19th century, with a more humane attitude towards psychiatric patients.

Disclosure of Interest: None Declared

EPV1288

WRITTEN INFO KEEPS YOU ON TRACK! - Importance of written communication/information in therapeutic adherence

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Introduction: Therapeutic adherence is defined by the World Health Organization as the degree to which the patient's behavior corresponds to the recommendations agreed with the healthcare professional. Adequate adherence to pharmacological treatment is essential to achieve therapeutic objectives, but non-adherence rates are high, ranging between 10% and 92%.
Objectives: To highlight the role of written communication/information provided to the patient in the adherence to treatment.
Methods: Non-systematic literature review.
Results: Non-adherence limits therapeutic benefits, compromises the effectiveness of medications and increases the demand for healthcare, representing a major obstacle to the provision of care. One of the factors that contribute to non-adherence is the failure in communication between healthcare professionals and patients, especially with regard to providing clear information about medications.
Since patient educational interventions seem important and effective in improving medication adherence, it is pertinent to adopt more effective ways of communicating and adequately informing patients about the main aspects of the prescribed drugs. Such process can be assisted by written information leaflets.
In this context, studies have revealed that patients appreciate written information to help make decisions about whether or not to take a medication, manage medication intake and interpret symptoms. The benefits and side effects of drugs are generally important information for patients, especially if presented in a legible way, with understandable text, without large volume and without small font size used.
Written instructions can be a useful complement to information transmitted verbally by serving to increase the likelihood that important information can be presented, understood, accepted and remembered by the patient - studies show that patients who received written information better understood their medication, precautions, use instructions, associated side effects, and were more satisfied with the information received, which could contribute to greater therapeutic adherence.

Conclusions: There seems to be a consensus in the bibliography that written information should not replace verbal information. The latter remains a priority, but must be closely associated to written information so that, in combination, its beneficial effects can be enhanced.

Disclosure of Interest: None Declared

EPV1289

Bibliographic Review of Smith-Magenis Syndrome and its Psychopharmacological Management with Lithium: About a case

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Introduction: Smith-Magenis Syndrome (SMS) is a neurogenetic disorder caused by deletions on chromosome 17p11.2 or mutations in the **RAI1** gene. It is characterized by **intellectual disability**, **behavioral disturbances** like **aggression**, **impulsivity**, **self-injury**, and **sleep disruptions**. A hallmark feature of SMS is **inverted melatonin production**, leading to **daytime sleepiness** and **nighttime insomnia**, which exacerbate behaviors. Traditional treatments, such as **antipsychotics** and **SSRIs**, often show limited effectiveness and can cause side effects, including **metabolic syndrome**, **sedation**, and **extrapyramidal symptoms**.
Lithium has emerged as a promising alternative to manage **treatment-resistant behaviors** in SMS. Known for its **mood-stabilizing** properties in **bipolar disorder**, lithium modulates **dopamine** and **serotonin**, reduces **aggression**, and promotes **neuronal plasticity**. However, lithium requires **close monitoring** due to the risks of **nephrotoxicity**, **thyroid dysfunction**, and its **narrow therapeutic index**.
Objectives: This study explores **lithium's role** in managing **severe behavioral disturbances** in SMS, especially in patients unresponsive to conventional treatments. The objectives are: (1) to review the **literature** on lithium's efficacy and safety in SMS and similar neurodevelopmental disorders, and (2) to present a **clinical case** of a 25-year-old SMS patient treated successfully with lithium after antipsychotics and SSRIs failed.
Methods: A **literature review** was conducted using **PubMed** and **Web of Science**, focusing on articles published between 2013 and 2023 on lithium in SMS and related disorders. Additionally, the **clinical case** of a 25-year-old male with SMS, exhibiting **aggression** and **self-injury**, was documented. After other treatments failed, lithium was introduced with regular monitoring of **serum levels**, **renal**, and **thyroid function** throughout six months.
Results: Literature supports lithium's **efficacy** in reducing **aggression** and **impulsivity** in SMS. Lithium modulates **dopaminergic** and **serotonergic systems**, stabilizing mood and reducing disruptive behaviors. In the clinical case, the patient improved within two weeks of lithium therapy. Over six months, **aggression** and **self-injury** diminished significantly, with no adverse effects and stable **renal** and **thyroid function**.
Conclusions: Lithium is an effective option for SMS patients with **treatment-resistant behavioral disturbances**, particularly **aggression** and **self-injury**. It offers a valuable alternative to antipsychotics and SSRIs, enhancing **emotional stability** and **quality of life**. However, careful **monitoring** is required to prevent toxicity. Further research is needed to confirm lithium's long-term safety and efficacy in SMS.

Disclosure of Interest: None Declared

EPV1290

The Hidden Burden of Undiagnosed ADHD among Medical Students in Pakistan: A Cross-Sectional Survey of Self-Reported Symptoms

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Introduction: Attention-deficit/ hyperactivity disorder (ADHA) is recognized as a major public health issue, characterized as a persistent neurodevelopmental disorder that presents challenges in various aspects of life, often continuing into adulthood and frequently going undiagnosed.
Objectives: This study aimed to explore the prevalence, types, participants knowledge and perceptions and demographic determinants of undiagnosed adult ADHD among undergraduate medical students in Pakistan.
Methods: This study conducted from July 2023 to December 2023. A nationwide cross-sectional study enrolled 342 undergraduate medical students who met the selection criteria. Data was collected through an online self-administered survey of three main parts, utilizing the WHO 18 questions Adult ADHD Self-Report Scale, Version 1.1 (ASRS-v1.1), to assess adult ADHD symptoms. Data analysis was carried out using SPSS (version 26.0).
Results: Out of 342 participants, 119 medical students, or 34.8%, were found to have adult ADHD. The most prevalent presentation was inattentive dominance, observed in 86 students (72.3%), followed by mixed dominance in 20 students (16.8%), and hyperactive dominance in 13 students (10.9%). There was a statistically significant ($p < 0.05$) association between individuals screening positive for adult ADHD and the presence of co-occurring psychological disorders (e.g., anxiety, depression) and a family history of psychiatric disorders (e.g., ADHD, generalized anxiety disorder, bipolar disorder). Additionally, these individuals believed that adults with adult ADHD could lead a normal life despite their condition. The type of ADHD was significantly associated with the use of medications for psychological disorders, with a notably higher usage among hyperactive dominants (5, 71.4%), and a significantly higher family history of GAD among mixed dominants (2, 10.0%).
Conclusions: This study uncovers a significant prevalence of undiagnosed adult ADHD and an inattentive dominance among medical students in Pakistan, highlighting the need for enhanced awareness and screening. These findings underscore the critical necessity for the implementation of ADHD screening programs.

Disclosure of Interest: None Declared

EPV1294

From Mood Swings to Psychosis: Exploring the Psychiatric Side Effects of Corticosteroids

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Introduction: Corticosteroids are integral in treating various medical conditions across multiple specialties. However, they are known to induce psychiatric adverse effects, ranging from subtle mood changes and memory deficits to psychosis.
Objectives: This review aims to explore the current literature on these effects, identifying risk factors and strategies for early intervention.
Methods: A non-systematized literature review was carried out on PubMed and Google Scholar. The following words were searched: ("corticosteroids" OR "steroids" OR "glucocorticoids") AND ("psychiatry symptoms" OR "psychosis" OR "mood" OR "memory").
Results: Despite being recognized for their strong anti-inflammatory and immune-suppressing effects across various medical conditions, corticosteroid therapies frequently come with neuropsychiatric complications, the understanding of which is still limited. Although symptoms usually emerge within 3 to 4 days after starting corticosteroid treatment, they can manifest at any point, even after the therapy has been completed or stopped. Dosage is a significant risk factor, with high doses increasing the likelihood of psychosis. Depression is more prevalent among women. Additional risk factors include past psychiatric history, compromised blood-brain barrier, and hypoalbuminemia. However, some instances show beneficial outcomes, such as alleviation of depressive symptoms without triggering mania and improvements in cognitive function.
Conclusions: Early diagnosis and awareness are crucial in managing corticosteroid-induced psychiatric symptoms. Initial steps should involve tapering or discontinuing corticosteroids, supplemented by psychotropic medications if necessary.

Disclosure of Interest: None Declared

EPV1295

Prevalence of body dysmorphic disorder in the aesthetic medicine practice: a systematic review

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Introduction: Body dysmorphic disorder (BDD) consists of preoccupation with one or more perceived defects or flaws in physical appearance that are not observable or appear slight to others, and which cause a great social deterioration. Its prevalence in aesthetic medicine is around 10 percent, and it is higher in women.
Objectives: The overall objective of this systematic review is to gather integrated evidence to ascertain the prevalence of body dysmorphic disorder in an aesthetic medicine practice and its association with satisfaction with the results of the derived interventions.
Methods: An initial search of ScienceDirect, PubMed, PsycInfo, Cochrane, and CINAHL was conducted. In addition, scientific journal publications, book articles and clinical guidelines were used. The search terms were: "body image", "eating disorder", and "aesthetic medicine". The search included results from January 2000 to January 2023, in Spanish and English.
Results: The total number of participants in all studies was 3004. 42.86% of the studies were conducted between 2000 and 2009, while the rest were conducted from 2010 onwards. It has been observed that most patients with BDD seek non-psychiatric treatment for their perceived appearance defects. The result after an aesthetic intervention is that in most patients with BDD there is no improvement in the concern for the perceived body image defect, and they present greater dissatisfaction. A high number of patients with BDD are being overlooked in aesthetic medicine practice who should receive a combined medical and psychological intervention.
Conclusions: It is necessary to create protocols for an early diagnosis of body dysmorphic disorder in the aesthetic medicine practice which include a comprehensive approach.

Disclosure of Interest: None Declared

EPV1296

Advances in Catatonia: Diagnostic Breakthroughs, Neuroimaging Insights, and Emerging Treatments

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Introduction: Catatonia is a neuropsychiatric syndrome characterized by motor, behavioral, and autonomic disturbances, frequently associated with psychiatric disorders such as schizophrenia and mood disorders, but also manifesting in medical conditions like autoimmune encephalitis and epilepsy. Despite its prevalence, catatonia remains underdiagnosed and undertreated. Recent advances in neuroimaging, diagnostic frameworks, and therapeutic interventions have enhanced our understanding of the syndrome, contributing to improved clinical outcomes.
Objectives: This abstract synthesizes recent developments in the diagnosis and treatment of catatonia based on research conducted from 2020 to 2024.
Methods: A systematic review of the literature published between 2020 and 2024 was performed using databases such as PubMed and Google Scholar. The search strategy included the terms "catatonia," "diagnosis," "treatment," and "neuroimaging." Relevant studies, case reports, and reviews focusing on diagnostic innovations, neuroimaging techniques, and therapeutic advances were included.
Results: Advances in neuroimaging, particularly functional MRI, have revealed abnormalities in the frontoparietal cortex, basal ganglia, and cerebellum, offering insights into the neurobiological mechanisms underlying catatonia. Resting-state fMRI studies have demonstrated altered functional connectivity in these regions, facilitating differentiation between catatonia and other movement disorders. Diagnostic tools such as the Bush-Francis Catatonia Rating Scale (BFCRS) remain integral to clinical assessment.

Benzodiazepines, particularly lorazepam, continue to be the first-line treatment, while electroconvulsive therapy (ECT) is employed in treatment-resistant cases, especially in malignant catatonia marked by autonomic dysregulation. Emerging treatments, including NMDA receptor antagonists like memantine, have shown potential in refractory cases. Special considerations are required for populations with autism spectrum disorder (ASD) and neurodevelopmental conditions, where catatonia presents uniquely.
Conclusions: Recent findings underscore the importance of early diagnosis and timely intervention in catatonia. Advances in neuroimaging and novel therapeutic options have enhanced the management of this complex condition, opening new directions for research and clinical practice.

Disclosure of Interest: None Declared

EPV1297

The experience of Stigma on Recovery Among Parents with Serious Mental Illness: A Systematic Review

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Introduction: The parental role is often central to the recovery process. For the 70% of people with Serious Mental Illnesses (SMI) who are or will become parents, the parental role is often central to their recovery process. Although a growing number of studies focuses on recovery in parents with SMI, little is known about the experienced influence of stigma on recovery within this specific group.
Objectives: This systematic review aims to provide a deeper understanding of the interaction between various types of stigma, the parental role, and the recovery process in parents with SMI.
Methods: A systematic search was conducted in four online databases and the reference lists of included articles. Primary research studies of any design that included stigma- and recovery-related experiences among parents with SMI were included. Stigma-related experiences were categorized into six distinct types. The findings of included studies were inductively coded. Reflexive Thematic Analysis (RTA) was applied for the data-analysis.
Results: A total of 25 studies were included, all of which identified various types of stigma related to the parental role. The data analysis of the interaction between the parental role, stigma, and recovery resulted in the conceptualization of six themes: (1) Loneliness and isolation; (2) Struggling with parental identity; (3) Protecting the children; (4) Not having the same rights and chances; (5) Lost in the system and (6) Overcoming stigma.
Conclusions: Parents with SMI experience stigmatization of their condition as well as stigmatization of their parental role. Stigmatization of the parental role can have a profound impact on their recovery process, since it limits or even restricts parents from fulfilling their parental role. In order to protect their parental role and family life, parents are hesitant to disclose their SMI and ask for help. As a result, parents and their families are hindered in receiving the needed (psychiatric) support. Since the parental role is central to the recovery process for parents with SMI, it is crucial for Mental Health professionals to pay specific attention to the stigma- and recovery-related factors associated with this role.

Disclosure of Interest: None Declared

EPV1298

Communicating Bad News in Emergency Health Care: clinicians needs and perceptions - a comparative study between Portuguese and Brazilian samples

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Introduction: Communicating bad news is a common occurrence in the healthcare sector, especially in emergency services. However, it is also recognized as one of the most stressful, uncomfortable and difficult moments. Clinicians may appear cold, exhibiting depersonalized communication, or feel detached and overwhelmed due to a lack of training in communicating bad news. Therefore, it is crucial to develop their skills in communicating bad news to improve their proficiency in these challenging situations.
Objectives: The purpose of this study is to comprehend the specific needs of clinicians when delivering bad news to emergency patients, and to identify effective strategies for tailoring educational programs to the demands of emergency healthcare. Additionally, the study aims to identify differences and similarities across two geographic and cultural settings.
Methods: A group of emergency health professionals working in Portugal and Brazil were invited to participate in the study. We will collected sociodemographic data and performed a professional characterization. Participants will describe their experience and training in delivering bad news in emergency settings and preferences regarding methods and design of communication skills training. The evaluation included clinicians self-evaluate their knowledge, skills, and application of seven relevant skills (adapted from Breaking Bad News, Servotte et al 2019).
Results: We expect clinicians from emergency health units in Portugal and Brazil to identify specific strategies applied when delivering bad news, and how theoretical knowledge and previous training imbed their sense of capability. Sociodemographic and professional characteristics are probable factors influencing clinicians' self-perception of communicating bad news to emergency patients and families.
Conclusions: Breaking bad news can be challenging for clinicians due to the complexity of communication and the emotional intensity involved. This highlights the need for tailored training programs that are culturally adapted and focused on clinicians' needs and preferences. Albeit speaking the same language differences in the healthcare setting (Portugal vs. Brazil) must be considered when designing educational interventions.

Disclosure of Interest: None Declared

EPV1299

Communicating Bad News in Emergency Health Care: Challenges and Best Practices – A Literature Review

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Introduction: Communicating bad news (CBN) in emergency medicine is a crucial and challenging aspect of clinical care. Emergency Health Care (EHC) operates in high-pressure, time-sensitive environments, where life-altering information must be communicated rapidly, leaving little time for careful preparation or consideration. The emotional, ethical, and psychological complexities of CBN in such settings necessitate effective communication strategies to mitigate the distress of patients, families, and healthcare providers. This literature review aimed to examine the key challenges and best practices associated with delivering bad news in emergency medicine.
Objectives: This review aims to synthesize the literature with the main objectives of 1. identifying the challenges faced by emergency medical professionals in delivering bad news and 2. collect the best practices, general guidelines, specific protocols and communication models used in emergency settings.
Methods: A systematic review of the literature was conducted, focusing on peer-reviewed articles published between 2000 and 2023, using the keywords "comunicating bad news," "emergency health care," "communication in emergencies," and "best practices for CBN.". Articles were screened for relevance and rigor, and key findings were synthesized thematically.
Results: The literature highlights several challenges: time constraints in EHC, lack of formal communication training, and emotional toll on both providers and recipients of the news. Emergency physicians often struggle to deliver bad news in a compassionate yet efficient manner, especially in the context of sudden or unexpected death. The best practices identified include the use of structured communication frameworks, such as the SPIKES protocol, which helps guide healthcare providers through the process. Multidisciplinary support, including involving social workers and counselors, was also emphasized as essential to alleviating the burden on both the physician and the patient. Furthermore, studies have revealed that when formal DBN training is implemented during residency, physician confidence and patient satisfaction improve significantly.
Conclusions: The review underscores the complexity of delivering bad news in emergency medicine. Incorporating structured communication protocols and formal training into medical education and emergency department practices is essential for improving patient outcomes and physician well-being. Future research should focus on evaluating the effectiveness of tailored CBN protocols and programs as well as interdisciplinary collaboration.

Disclosure of Interest: None Declared

EPV1300

Clinicians' Training Needs and Perceptions in Communicating Bad News in Emergency Health Care: A comparative study across rural and urban Health Care Units

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Introduction: Communicating bad news is common in the health care sector, especially in emergency services. The importance of formal training in giving bad news in health care and the differences in the services provided by health care units in urban and rural contexts are well-documented in the literature. However, opportunities for clinicians to develop bad news communication skills provided by the distinct contexts of the health care unit in which they are included have rarely been studied. We assume that the communication of bad news is part of the service provided in emergency departments. Therefore, it can vary across rural and urban health care units.
Objectives: This comparative cross-sectional study aims to test whether the location of the health care unit (rural vs. urban) has a significant impact on the communication of bad news by clinicians in emergency services.
Methods: Data will be collected through an online questionnaire based on the literature in two purposive samples of emergency health care professionals in rural and urban contexts. Qualitative and quantitative methods will be applied to analyze data regarding work features, situational context, experience, perceived knowledge and skills in providing bad news, and training needs and preferences.
Results: Rural health care units serve populations with more health disparities and poorer outcomes than non-rural, and classically have shortage of emergency medicine trained physicians. In urban areas health units have larger and more differentiated teams. The results will be discussed in the light of the literature on discrepancies between rural and urban health care units, describing professional characteristics and experience in delivering bad news of the study participants. We expect to identify specific contextual factors associated with geographic location, institutional settings, and health professionals' training in delivering bad news in emergency medicine.
Conclusions: The results of this study can aid to differentiate bad news communication trainers and health care unit managers in rural and urban areas (a) justifying the implementation of training programs, (b) adapting training programs to the audience, and (c) improving institutional facilities, practices, and policies to support adequate communication of bad news in emergency settings.

Disclosure of Interest: None Declared

EPV1301

Association of Imposter Syndrome and psychological well-being in the doctoral process - how they are influenced by experiences of discrimination, social support and belonging

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Introduction: Individuals who develop an Imposter Syndrome do not attribute objective successes to their own abilities and competences, but rather believe that they are not intelligent enough, and are sometimes convinced that they have deceived others. It is known that the Imposter Syndromehas various effects on health. In particular, it affects the mental health of the individuals affected. Although it is known that the manifestation of the Imposter Syndrome is higher in marginalized groups in academic fields. Whether the intersectionality of the relevant diversity domains and personal resources such as social support and belonging have an influence on the extent of the imposter phenomenon has not yet been investigated.
Objectives: The aim of the study was to determine the association between imposter syndrome to the psychological well-being of supervisors and doctoral students in the doctoral process considering the mediating influence of experiences of discrimination, social support and belonging.
Methods: A six-month program was developed to accompany the promotion process. A total of seven groups were conducted from April 2024 to May 2025. At the beginning of the programme, baseline data was collected using The WHO-5 Well Being Questionnaire, the Sense of Belonging Questionnaire, the F-Sozu-6 Questionnaire, the Diversity minimal item set and the Clance Imposter Phenomenon Scale.
Results: Preliminary data show that the Imposter syndrome is widespread among supervisors and doctoral students. Individuals who perceive themselves as belonging to multiple diversity domains tend to exhibit diminished psychological well-being, particularly when considering the intersectionality of these domains.
Conclusions: The findings of this study indicate that the Imposter syndrome should be addressed in an accompanying doctoral program with a focus on gender- and diversity aspects. Diversity domains, social support and sense of belonging should be considered more frequently in the development of academic career interventions.

Disclosure of Interest: None Declared

EPV1302

Mental Illness in the Bible (Old and New Testament)

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Introduction: The Bible offers various insights into human struggles, including what can be interpreted today as mental illness. Although ancient texts do not explicitly refer to mental health using modern terminology, there are many accounts of emotional distress, depression, anxiety, and other psychological challenges. Throughout Scripture, several figures are portrayed grappling with deep sorrow, fear, and mental turmoil. These narratives provide spiritual reflections on suffering, healing, and divine intervention, shedding light on how biblical teachings have historically addressed human fragility.
Objectives: To raises questions about how we can relate ancient wisdom to contemporary mental health issues, offering opportunities for spiritual growth, empathy, and care in our own lives.
Methods: A non-systematic review of the published literature was conducted using the Google Scholar database with the search terms “Bible” and “mental illness.” Articles were selected based on their relevance, and further information was obtained through direct consultation of biblical texts.
Results: The prophet Elijah exhibits signs of reactive depression, triggered by stress after confronting the prophets of Baal and receiving a death threat from Jezebel (1 Kings 18:20-40). His symptoms—loss of appetite, isolation, low self-esteem, and hopelessness—are well-documented (1 Kings 19:3). God’s response (1 Kings 19:11-14) provides an example of care for depression, with affection, understanding, and patience.
James 5:15-18 references Elijah to highlight that depression can affect Christians, suggesting that illness, whether physical or spiritual, requires dialogue and support. James emphasizes God’s forgiveness, even if illness stems from sin, viewing depression as an organic condition in line with the holistic Jewish understanding. He advocates for confession and prayer as therapeutic (James 5:16), stressing that mercy triumphs over judgment.
Psalm 6:6-7 captures the deep despair of depression, showing the importance of seeking God amid mental anguish, which is often invisible to others.
Conclusions: The accounts of figures like Elijah and the reflections in Psalms demonstrate that conditions resembling modern definitions of depression and anxiety have long been acknowledged, albeit through the lens of ancient cultural and religious contexts. The compassionate care that God extends to Elijah, coupled with the guidance found in the New Testament, particularly in the book of James, underscores the importance of community and support in addressing mental health challenges.
By examining these stories, we gain a broader understanding of how faith communities have interpreted and coped with the complexities of mental illness - in light of their relationship with God.
These accounts present a holistic biblical view of depression, underscoring the need for empathy, spiritual care, and community support in mental health.

Disclosure of Interest: None Declared

EPV1303

Palinacusia: Regarding a peculiar clinical case

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Introduction: A 44-year-old woman with a history of migraine, ulcerative colitis, obesity, and hypertension. She experienced a depressive episode that resolved completely in 2013. Hospitalized

in 2020 and 2021 for psychotic symptoms (auditory pseudohallucinations) resistant to treatment, requiring bilateral ECT (LOW05, dose titration up to 45% - 227 mC-) and initiation of clozapine. In October 2021, she was enrolled in a monthly ECT maintenance program, maintaining a period of euthymia without psychotic symptoms until September 2022. At that point, she began to present anxiety secondary to auditory perseveration: after an auditory stimulus, the patient verbalizes an echo of that sound outside her head, which lasts for hours or even days.
Objectives: Perform a differential diagnosis between schizoaffective disorder (given the persistence of psychotic symptoms despite euthymia) and palinacusia. Additionally, monitor the patient's progress and address the described psychopathology according to current scientific evidence.
Methods: Systematic review of the existing literature on the etiology, pathophysiology, and therapeutic approach to palinacusia. Clinical follow-up of the patient's progression.
Results: Various complementary tests are performed: normal blood tests (complete blood count, biochemistry, serologies, autoimmune markers, thyroid function). Clozapine levels: 315 ng/ml; norclozapine 189 ng/ml; ratio 1.6 (all within normal range). EEG: overload of slow activity over bilateral temporal regions. No postictal activity. MRI: slight cortico-subtemporal atrophic changes with a temporal predominance. No mesial sclerosis foci observed. Since October 2023, different antiepileptic drugs have been trialed (topiramate, eslicarbazepine, and valproic acid). Additionally, the patient continues in a monthly maintenance ECT program (bilateral, LOW05, reaching a dose of 90%). As a result, the patient shows slow progress, with no remission of the described symptoms, although there is a temporary reduction in intensity (February 2024).
Conclusions: The term "palinacusia" was described by Jacobs in 1971 as auditory perseveration (following a trigger and with neutral content). It is associated with various etiologies, primarily convulsive phenomena, and it remains debated whether it is ictal or postictal. The temporal lobe's GTS is typically affected. To date, it has been described in 43 patients, and only in two patients with psychosis. The case described began after treatment with ECT, which raises the possibility of its pathophysiological involvement (difficulty in postictal suppression capacity). Currently, after discontinuing ECT treatment in March 2024 due to the possibility that it was exacerbating the palinacusia, and after trialing the aforementioned antiepileptic drugs, no remission of symptoms has been achieved.

Disclosure of Interest: R. Ramallo Castillo Employee of: Internal medicine resident in the Andalusian Health System, M. Pérez Sosa Employee of: Specialist doctor in the Andalusian Health System, M. Vázquez Delgado Employee of: Specialist doctor in the Andalusian Health System, C. Sánchez Martínez Employee of: Internal medicine resident in the Andalusian Health System, J. M. Duro Garrido Employee of: Internal medicine resident in the Andalusian Health System

EPV1305

Study of Formal Thought disorder symptoms in adults with Level 1 Autism Spectrum Disorder: Correlations between TALD, ADOS-2, and other neuropsychological dimensions

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Introduction: While several studies have investigated language disorders in individuals with Autism Spectrum Disorder (ASD), few have specifically examined formal thought disorder (FTD) symptoms, particularly in adults.
Objectives: This study aims to assess FTD symptoms in adults with Level 1 ASD using the Thought and Language Disorder (TALD) scale and to analyze correlations between TALD scores and other neuropsychological dimensions.
Methods: The study included 23 adults with Level 1 ASD (16 males, 7 females). Inclusion criteria were: a diagnosis of Level 1 ASD and age between 18 and 50 years. Exclusion criteria included: presence of major psychiatric comorbidities, intellectual disability, and neurological disorders that could impair language abilities. A comprehensive evaulation was conducted using TIB, HAMD, PANSS, STAI-Y1 and Y2, TASIT (Parts 1, 2, and 3), Ekman Facial Expression Test, TAS-20, ADOS-2, RAADS, AQ, and EQ. Language and thought disorders were evaluated using the TALD scale. Statistical analyses were performed using SPSS software to examine correlations between TALD scores and other neuropsychological dimensions.
Results: The study population had a mean age of 27.6 ± 8.22 years, comprising 16 men and 7 women. Total TALD scores showed no significant correlation with educational level ($r = -0.028$, $p = 0.914$). Results revealed a significant correlation between the total TALD score and the total TASIT-2 score ($r = -0.679$, $p = 0.011$). Additionally, the "manneristic speech" item correlated with paradoxical sarcasm on TASIT-2 ($r = -0.620$, $p = 0.024$) and with lie recognition on TASIT-3 ($r = -0.633$, $p = 0.02$). The total ADOS-2 score showed a strong correlation with the total TALD score ($r = 0.607$, $p = 0.028$) and with specific linguistic features, including verbigeration ($r = 0.725$, $p = 0.005$), pressured speech ($r = 0.648$, $p = 0.017$), clanging ($r = 0.725$, $p = 0.005$), echolalia ($r = 0.725$, $p = 0.005$), and concretism ($r = 0.738$, $p = 0.004$). Furthermore, TALD was predictive of higher ADOS-2 scores ($\beta = 0.607$, $t = 2.53$, $r = 0.607$, $p = 0.028$, $R^2 = 0.368$).
Conclusions: Our findings highlight specific FTD symptoms in adults with Level 1 ASD. The TALD scale proved to be a valuable tool, showing significant correlations with other neuropsychological domains. TALD scale also demonstrated a reliable predictive ability for higher ADOS-2 scores and distinct linguistic characteristics associated with ASD. TALD scale is proposed as a useful tool in clinical evaluations, providing additional insights beyond traditional diagnostic tools and showing independence from educational level.

Disclosure of Interest: None Declared

EPV1306

Depicting Self-Report Instruments Assessing Self-Injurious Thoughts and Behaviors (STBs) in Adults: An Umbrella Review with Network Analysis

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Introduction: Self-report instruments assessing self-injurious thoughts and behaviors (STBs) are widely used, but their effectiveness and predictive validity vary.
Objectives: This study aimed to synthesize findings from previous reviews and identify self-report instruments assessing suicidal thoughts and behaviors (STBs) in adults, followed by a network analysis to explore psychometric properties and inter-item relationships.
Methods: Systematic searches were conducted in MEDLINE/PubMed, EMBASE, and the Cochrane Database of Systematic Reviews, covering inception to July 2023, using terms like "suicide risk," "self-report instruments," and "psychometrics." From 318 publications, 22 manuscripts were selected, including reviews, guidelines, and book chapters on STB instruments. Data were extracted under PRISMA guidelines, focusing on scale characteristics, predictive validity, item composition, and psychometric performance. Seven frequently cited scales (SPS, SSI, RFL, ASQ, SBQ-R, ACSS, and C-SSRS) were analyzed using Harmony, which uses NLP via Sentence-BERT to evaluate semantic similarity among items. A correlation matrix based on cosine similarity measured inter-item relationships, forming an undirected weighted graph analyzed with the Louvain community detection algorithm. Centrality measures (strength, betweenness, closeness) and questionnaire-based aggregation enabled scale comparisons. Additionally, Exploratory Graph Analysis (EGA) with the GLASSO model and Walktrap algorithm, assessed by the Total Entropy Fit Index (TEFI), explored network dimensionality and community structures.
Results: Thirty-four scales were identified, with 35% having 1-10 items and 29% having 11-20 items. ASIQ and ASQ displayed high predictive validity (sensitivity: 96% and 96.9%, respectively). The Beck Scale for Suicide Ideation (SSI) had the highest strength centrality (68.1) and eigenvector centrality (0.871), while the CSSRS had the highest betweenness centrality (488.0). Four clusters were identified (Image 1) with a modularity score of 0.0838, indicating moderate cluster separation. The EGA (Image 2) confirmed a multidimensional structure, with an edge density of 0.667 and the Walktrap algorithm identified two main communities focused on cognitive and behavioral/protective aspects. The TEFI score of -3.778 indicated a multidimensional network structure.

Image:

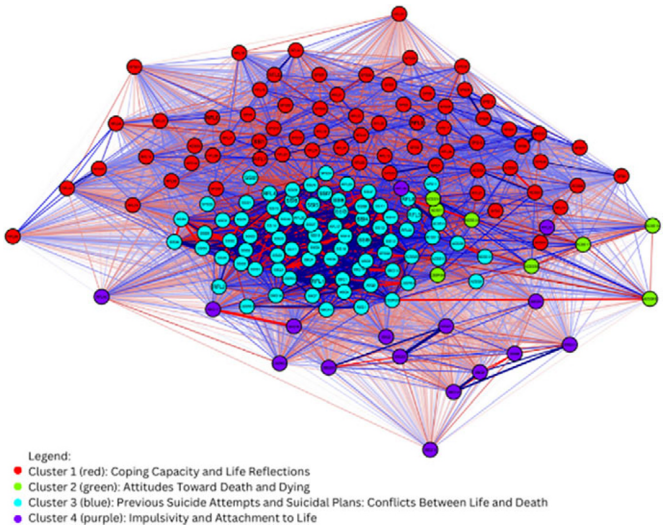
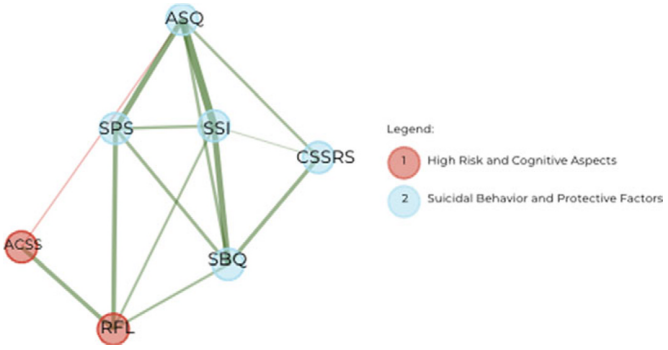


Image 2:



Conclusions: The findings underscore the need for multidimensional approaches to STB assessment. Key tools like the SSI and CSSRS are central, with future research recommended to enhance predictive validity and enable cross-cultural adaptation. To advance psychometric evaluation, future work will include a systematic review and meta-analysis following the COSMIN (COnsensus-based Standards for the selection of health Measurement INstruments) protocol to assess these scales' psychometric properties in depth.

Disclosure of Interest: None Declared

EPV1307

Quality of Life, Depression, Anxiety, and Stress in Humanities Students and People living with HIV in Russia during the COVID-19 Second Wave

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Introduction: During the pandemic of a new coronavirus infection in Russia, the number of patients with diagnosed depressive and anxiety disorders increased. Studies have shown a sharp increase in the number of respondents who recorded stress as a non-specific reaction to a sudden change in environmental conditions. Quality of life, encompassing physical, psychological, and social well-being, often correlates with individuals' emotional and mental states.
Objectives: The study aimed to examine the associations between quality of life and emotional states — specifically, depression, anxiety, and stress — in humanities students and people living with HIV.
Methods: Data were collected from January to July 2021 through a Google form. The sample comprised 35 humanities students from Russian universities and 59 HIV-positive patients. The WHOQOL-BREF assessed quality of life, while the DASS-21 measured levels of depression, anxiety, and stress. Both questionnaires have been adapted for Russian respondents.
Results: We found that in the student group, depression was related to physical and psychological well-being (r_s = -0.491, $p < 0.01$), self-image (r_s = -0.552, $p < 0.05$) and microsocial support (r_s = -0.550, $p < 0.05$), and anxiety with physical and psychological well-being (r_s = -0.356, $p < 0.05$) and microsocial support (r_s = -0.353, $p < 0.05$). In the patient group, physical and psychological well-being was associated with depression (r_s = -0.309, $p < 0.05$) and anxiety (r_s = -0.269, $p < 0.05$); self-perception was associated with depression (r_s = -0.490, $p < 0.01$), anxiety (r_s = -0.311, $p < 0.05$) and stress (r_s = -0.361, $p < 0.05$); microsocial support — with depression (r_s = -0.381, $p < 0.01$), anxiety (r_s = -0.260, $p < 0.05$) and stress (r_s = -0.322, $p < 0.05$); social well-being — with depression (r_s = -0.360, $p < 0.01$), anxiety (r_s = -0.426, $p < 0.01$) and stress (r_s = -0.334, $p < 0.05$).
Conclusions: The study revealed distinct patterns in the relationship between life quality and emotional states across groups during the COVID-19 second wave in the Russian Federation. Among students, life quality, especially physical and psychological well-being, was associated with depression and anxiety but was notably independent of stress. Social well-being (including material security, health environment, leisure, and access to medical care) remained stable and unlinked to their emotional state. Among people living with HIV, almost all life quality domains correlated with depression, anxiety, and stress. This group displayed heightened vulnerability to emotional distress, affecting their self-perception, social interactions, and sense of security, thus underscoring the pandemic's amplified impact on this group's mental health.

Disclosure of Interest: None Declared

EPV1308

Level of Asthenia and Life Quality among Students during the COVID-19 Second Wave in the Russian Federation

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Introduction: The COVID-19 pandemic significantly impacted the population in Russia, particularly students, who were forced to radically restructure their daily lives rhythm due to the introduction of distance learning, more homework, increasing the share of self-education. These factors could provoke the emergence of a particular psychopathological syndrome — asthenia, which is characterised by general and mental weakness, increased exhaustion, irritability, decreased productivity of cognitive processes, decreased motivation, sleep disorders and other psychosomatic disorders. These symptoms, in turn, could be associated with changes in the student's quality of life.
Objectives: The study aimed to assess the level of asthenia among students in humanities programs and to examine the relationship between asthenia indicators and quality of life.
Methods: Data collection was conducted from January to April 2021 through a specially developed Google form. Thirty-five students at the universities of the Russian Federation took part in the study. We used MFI-20 to assess the level of asthenia, and WHOQOL-BREF to study the life quality. Both questionnaires were adapted for Russian-speaking respondents.
Results: We found that 31% of respondents had symptoms of general asthenia, 29% had symptoms of decreased activity, 26% had symptoms of decreased motivation, 71% had symptoms of physical asthenia, and 26% had symptoms of mental asthenia. No statistically significant correlations were found between asthenia manifestations and life quality indicators. However, significant direct correlations were obtained between all quality-of-life domains, except for "microsocial support" and "social well-being".
Conclusions: In the conditions of the COVID-19 second wave, most students in Russia demonstrated physical asthenia symptoms. Asthenia manifestations were not related to the student's life quality. Students in the pandemic conditions should observe the sleep, rest regime and optimal physical activity. Among students in Russia, the microsocial aspect of life quality (relations with partners, sexual life, relations with friends) are fairly detached from the broader social context (e.g. everyday life safety, healthy physical environment, and so on).

Disclosure of Interest: None Declared

EPV1310

Time to discontinuation in routine clinical practice of the initially prescribed antipsychotic treatment in patients with first-episode psychosis

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doi: 10.1192/j.eurpsy.2025.1869

Introduction: The CLUMP (CLinical Utility of early intervention including the 5-Step Precision Medicine (5SPM) Method) project is a translational research initiative that aims to improve adherence to antipsychotic (AP) medications and therapeutic outcomes in patients with first-episode psychosis (FEP). CLUMP seeks to apply an early intervention model of Personalised Precision Psychiatry, based on pharmacogenetics, to this clinical group. In this specific analysis, we examine time to discontinuation of the first prescribed oral AP treatments before the implementation of the CLUMP project in Salamanca, Spain, in order to determine the impact the new Personalised Precision Psychiatry model might have on it. Indeed, given the high AP treatment discontinuation rates already identified in pragmatic, randomised controlled trials including FEP patients, these data would offer additional information about such rates in real-world clinical scenarios.

Objectives:

1. To assess time to discontinuation for the first prescribed oral AP treatments in FEP.
2. To identify specific AP with higher retention rates, which might reflect better tolerability and/or effectiveness.

Methods: This study includes a consecutive, retrospective cohort of 42 patients with FEP treated immediately before the CLUMP project implementation, who were followed for at least one year. Kaplan-Meier survival analysis was used to assess AP time to discontinuation during the first year post-treatment initiation.

Results: Table 1 (Image 1) summarises median times to discontinuation and confidence intervals (CIs) for each AP. Survival curves (Image 2 and 3) depict treatment retention trends. The overall median time to discontinuation was 36 days (95% CI: 25-153 days), suggesting an overall high early AP treatment discontinuation. Results also showed very high variability across AP, with Paliperidone (264 days) and Risperidone (72 days) having longer retention times. However, most of the sample was initiated on Risperidone (71.2%), which affects the generalisability of these results.

Image:

Antipsychotic	n	Events (Discontinuations)	Median Time to Discontinuation (days)	95% CI Lower (days)	95% CI Upper (days)
Overall (All)	42	38	36	25	153
Aripiprazole	2	1	32	32	NA
Aripiprazole + Risperidone	1	1	69	NA	NA
Haloperidol	2	2	20,5	16	NA
Olanzapine	4	4	6	3	NA
Paliperidone	2	2	264	226	NA
Quetiapine	1	1	28	NA	NA
Risperidone	30	27	72	27	277

Image 2:

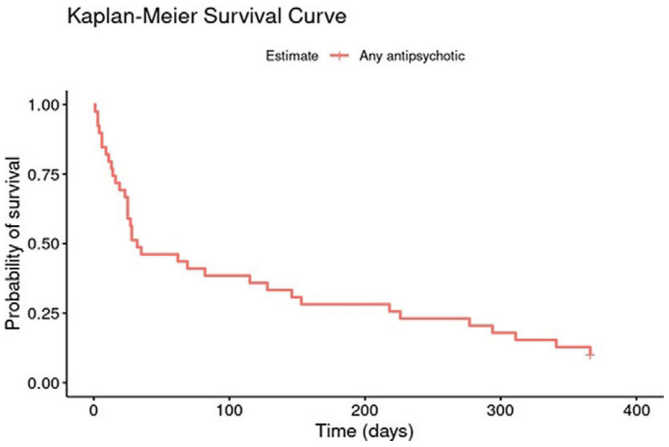
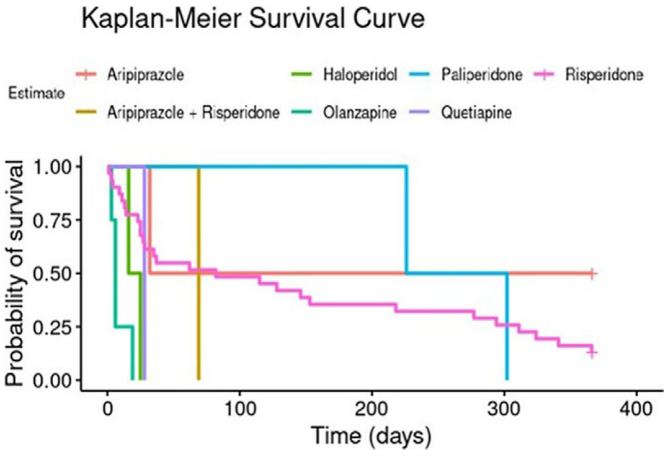


Image 3:



Conclusions: Concurring with previous randomised controlled trials, we identified a high rate of early AP treatment discontinuation in FEP treated in routine clinical practice. For most patients, the first prescribed AP was discontinued within the first month post-treatment initiation. These results emphasise the need for a more personalised AP treatment choice for patients with FEP.

Disclosure of Interest: None Declared

EPV1311

Art and Madness: The role of psychopathology in creativity

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Introduction: It has long been believed that a correlation exists between mental illness and artistic ability. This idea dates to antiquity, with Aristotle famously stating, "No great mind has existed without a touch of madness". Recent studies suggest that writers and artists show a higher incidence of depressive disorders (DD) and bipolar disorder (BD) compared to the general population. However, we know that not all artists suffer from mental illness, and most individuals with mental illness are neither artists nor creative geniuses. Thus, numerous questions emerge regarding the true relationship between psychopathology and creativity.
Objectives: In this study, we sought to explore the correlation between psychopathology and creativity.
Methods: In this literature review, research articles on the relationship between creativity and psychopathology are presented.
Results: There is evidence that the genetic predisposition to BD, as well as milder forms of the disorder, is associated with increased creativity. A meta-analysis of 28 studies found a significant positive correlation between the risk of bipolar disorder and creativity (r = 0.224). Mild to moderate manifestations of the disorder can often serve as a source of inspiration, driving creative work. However, this creativity only flourishes when individuals are able to channel their emotional instability and cognitive disorganization into coherent and productive forms. In contrast, severe forms of the disorder tend to inhibit creativity, largely due to impaired concentration and disorganized thinking. Regarding DD, the research presents mixed findings. Some studies suggest a link between depression and lower creativity. A meta-analysis of 39 studies found a weak negative correlation between depressive mood and creativity (r = -0.064). However, other researchers argue that both positive and negative emotions can fuel artistic creativity. The Dual Pathway to Creativity Model supports this view, proposing that creativity—defined as the generation of original and valuable ideas—arises from cognitive flexibility and cognitive persistence. According to this model, dispositional or situational factors can influence creativity by enhancing either flexibility, persistence, or both. Negative mood states, for example, may enhance creativity by fostering persistence.
Conclusions: The relationship between psychopathology and creativity is complex. A genetic predisposition to BD, especially in milder forms, may enhance creativity, but severe cases often impair it due to cognitive difficulties. For DD, the link to creativity is more conflicted. While depression is generally associated with reduced creativity, some models suggest both positive and negative emotions, including those from depressive states, can foster creativity by affecting cognitive flexibility and persistence. In summary, the connection between psychopathology and creativity is multifaceted, with various contributing factors.

Disclosure of Interest: None Declared

EPV1312

Behavioral variant frontotemporal neurocognitive disorder or psychiatric disorder: a diagnostic challenge

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Introduction: The behavioral variant of frontotemporal neurocognitive disorder is the most common clinical syndrome within frontotemporal neurocognitive disorders and is primarily characterized by progressive changes in personality and behavior. Due to the heterogeneity of this condition and the lack of sensitive and specific complementary tests, patients are often misdiagnosed with a psychiatric disorder.
Objectives: To describe the clinical case of a patient with a long-standing history of psychiatric pathology who was admitted to the short-stay psychiatric unit due to newly emerged behavioral disturbances, and to conduct a brief review of the literature.
Methods: Case description and literature review.
Results: A 57-year-old male under psychiatric follow-up for Obsessive-Compulsive Disorder, impulse control disorder (kleptomania), and anxiety-depressive symptoms was voluntarily admitted to the short-stay psychiatric unit due to behavioral disturbances. During admission, the patient reported emotional dysregulation, experiencing irritability and difficulties with emotional containment and inhibition, noting feelings of impulsive discontrol and behavioral disinhibition. The family observed changes in the patient's personality over the past months, describing him as aggressive and inappropriate.
Basic complementary tests (blood analysis, urine analysis, and toxicology screening) showed no significant alterations. Brain MRI revealed subtle signs of cortico-subcortical atrophy, predominantly in the frontotemporal regions. Cognitive assessments, including the Mini Mental State Examination, Frontal Assessment Battery and Montreal Cognitive Assessment, indicated deficits suggestive of frontal impairment. The patient had been admitted one month prior due to possible hypomanic symptoms that resolved following pharmacological adjustment, leading to a proposed diagnosis of late-onset Bipolar Disorder Type II. However, after detailed history-taking with family members and additional testing, the diagnosis leaned more towards a frontal syndrome (possible behavioral variant of frontotemporal neurocognitive disorder).
Conclusions: The diagnosis of frontotemporal neurocognitive disorder remains a significant challenge, partly due to the limitations of complementary tests in the early stages of the disease, with diagnosis primarily based on clinical evaluation. Consequently, many patients with frontotemporal neurocognitive disorder initially receive a diagnosis of a psychiatric condition (more frequently if the patient has a personal history of psychiatric issues). Therefore, it is crucial to understand these differences, especially in the early phases of the disease, and to continue investigating new diagnostic modalities.

Disclosure of Interest: None Declared

EPV1313

ADHD in adults and relationship with executive functioning and quality of life

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Introduction: Attention-deficit/hyperactivity disorder (ADHD) is a neurodevelopmental disorder characterized by inattention, disorganization, and/or hyperactivity-impulsivity. It is associated with cognitive deficits and functional impairments. A frequent cognitive impairment, likely related to hypofunctioning of the prefrontal cortex and its connections, involves executive functions, a set of skills related to self-control and goal-directed activities. The disorder also significantly affects quality of life, being associated, for example, with higher unemployment, relationship problems, and lower average income compared to individuals without the disorder.
Objectives: To investigate the performance in executive functions and quality of life in individuals with ADHD compared to a control group, and to relate these with the severity of symptoms.
Methods: Forty individuals aged 18-50 participated, including 10 with an ADHD diagnosis and 30 controls matched for sex, age, and education in a case-control design (3 controls per case). Measures included: a) the Adult Self-Report Scale (ASRS) with 18 items, based on the DSM criteria for ADHD (total score used); b) the computerized Stroop Test (Victoria version) to assess executive functions, with three phases: reading words in black (control 1), naming colors in circles (control 2), and naming colors in words while inhibiting reading (incongruent phase). Reaction times for each part and interference times (part 3 minus part 2) were calculated; c) the WHOQOL questionnaire, assessing quality of life across four domains (physical, psychological, social relationships, and environment), with domain scores used. Given data normality, Student's t-tests compared group means.
Results: ADHD participants had significantly poorer executive functions, with longer reaction times in the Stroop Test part 3 (M = 1.05; SD = .63) compared to controls (M = .69; SD = .32), and higher interference reaction times (M = .28; SD = .34 for ADHD) compared to controls (M = .10; SD = .16). ADHD individuals also reported lower quality of life in social relationships (WHOQOL Domain 3) (M = 3.3, SD = .76) compared to controls (M = 3.8; SD = .65). Significant correlations indicated that more ASRS symptoms were associated with longer reaction times in Stroop Test parts 2 and 3, higher interference reaction times, and lower quality of life in social relationships.
Conclusions: The study highlights deficits in executive functions, particularly inhibition in incongruent situations, and reduced quality of life, especially in social relationships, in individuals with ADHD. These impairments correlate with the severity of symptoms, emphasizing the need to address executive function disturbances and quality of life in ADHD treatment.

Disclosure of Interest: None Declared

EPV1314

Perceived workload and job satisfaction among nurses

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doi: 10.1192/j.eurpsy.2025.1873

Introduction: Nurses play a crucial role in patient care. Indeed, this profession requires a high level of emotional, mental and physical workload. Improving the well-being of these workers means taking into account the impact of workload on their job satisfaction.
Objectives: Our study aims to assess the relationship between perceived workload and job satisfaction among nurses.
Methods: We conducted a descriptive, analytical and cross-sectional survey among nurses using a self-administrated questionnaire. We collected socio-professional data. We assessed perceived workload using the National Aeronautics and Space Administration Task Load Index (NASA-TLX). Job satisfaction was evaluated using the single-item measure of job satisfaction.
Results: Our population comprised 202 nurses, 67% of whom were female. The mean age of participants was 35.1 ± 8.1 years. The nurses' length of service in the department was 6.9 ±7.5 years. The mean score of mental demand, physical demand, performance, effort, frustration level and temporal demand were respectively 77.8±22.6, 76.9±23.5, 67.9±31.9, 81.4±20, 66.6±25.2 and 59.8 ±30.2. The mean score of Raw TLX was 71.44 ±14.8. Among our participants, 74 (37%) were satisfied with their jobs. We found that the job satisfaction was positively correlated with the overall RAW TLX score (p=0.02) and with the physical (p=0.04) and temporal (p=0.00) demands.
Conclusions: Our findings highlight a correlation between high perceived workload and job dissatisfaction. Therefore, it is crucial to assess and improve working conditions to ensure a safe, comfortable and well-equipped environment, thus promoting nurses' satisfaction and quality of care.

Disclosure of Interest: None Declared

EPV1315

Mental health and lifestyle habits among healthcare workers

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doi: 10.1192/j.eurpsy.2025.1874

Introduction: In the health field, healthcare workers (HCWs) need to be fulfilled to improve the quality of care. The mental health of these workers can affect the practice of their lifestyle habits.
Objectives: Our study aims to assess the relationship between mental health and lifestyle habits among HCWs.
Methods: We conducted a descriptive, analytical and cross-sectional survey among HCWs using a self-administrated questionnaire. We

collected socio-professional data. We assessed mental health using the depression anxiety and stress scale (DASS 21).
Results: Our study included 200 healthcare workers, 71% of whom were female. The average age of participants was 42.9 years, with an average job tenure of 14.2 ± 10.1 years. We found that 12.5% of participants were smokers, 5% were former smokers, and 20.5% were passive smokers. Three participants were alcoholics, and none used drugs or chewed Neffa. Additionally, 32% of the population engaged in sports, with an average duration of 4.5 ± 2.9 hours per week.
According to the DASS21, 63% of participants exhibited symptoms suggestive of anxiety, 65.5% showed signs of stress, and 39.5% had depressive symptoms. We found that participation in sporting activities was associated with reduced anxiety ($p = 0.04$).
Conclusions: Our findings highlight a correlation between reduced anxiety and practicing sporting activities. It is crucial to encourage HCWs to maintain regular physical activity to promote an active lifestyle, reduce stress and improve mood in order to enhance the quality of care.

Disclosure of Interest: None Declared

EPV1316

Assessing Mental Distress in Victims of Work-Related Hand Injuries

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doi: 10.1192/j.eurpsy.2025.1875

Introduction: Work-related hand injuries can lead to significant physical impairments. However, their psychological impact is often underestimated. Mental distress, including anxiety, depression, and post-traumatic stress, may arise following such injuries, potentially hindering recovery and affecting both professional and personal life. Given the critical importance of hand function in daily tasks and occupational roles and the prevalence of hand injuries, addressing their psychological dimension is crucial.
Objectives: This study aims to evaluate mental distress among individuals with work-related hand injuries (WRHI) and to identify the associated factors.
Methods: We conducted a cross-sectional study, between January 2021 to December 2022, involving private sector workers, victims of WRHI. Data were collected using a pre-established questionnaire that covered sociodemographic and professional characteristics, details of the occupational accident, and medical information. Psychological distress was assessed using the Kessler Psychological Distress Scale (K6), and functional disability of the hand was evaluated using the Quick Disabilities of the Arm, Shoulder, and Hand (Quick DASH) score.
Results: Our study included 136 workers, with a male-to-female ratio of 7.5. The average age was 41.2 ± 10.9 years, and the average body mass index (BMI) was 26.48 ± 4.4. Blue-collar workers made up 77.9% of the sample (n = 106). In 61.8% of cases, the injury involved the dominant hand. The median of time to return to work was 101.5 days (interquartile range (IQR) [67; 182.5]). Twenty-five participants (18.4%) reported discrimination at the workplace. The median of the Quick DASH score was 34.1 (IQR [13.6; 52.3]). The median K6 score was 8 (IQR [4; 15]), with 42 participants (30.9%) experiencing moderate psychological distress and 45 (33.1%) reporting severe psychological distress. The K6 score showed a significant correlation with the Quick DASH score ($p < 0.001$, $r = 0.297$), BMI ($p = 0.031$, $r = 0.185$), and time to return to work ($p = 0.005$, $r = 0.241$). Those with injuries to the dominant hand had higher K6 scores compared to those with non-dominant hand injuries ($p = 0.043$). Furthermore, the K6 score was associated with reports of workplace discrimination following the accident.
Conclusions: Work-related hand injuries not only lead to physical impairments but also have a considerable psychological impact. These findings highlight the importance of comprehensive rehabilitation programs that address both the physical and psychological aspects of recovery to improve outcomes and support reintegration into the workforce.

Disclosure of Interest: None Declared

EPV1317

Evaluating sleepiness in operating room settings among anesthesia technicians

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Introduction: Anesthesia technicians play a crucial role in operating room ensuring the conduct of anesthesia procedures and monitoring patients. However, the demanding nature of their work involving irregular hours, alertness, extended hours in addition to the exposure to anesthetic agents may influence their performance and vigilance.
Objectives: The aim of this study was to assess signs of sleepiness among anesthesia technicians (AT) and evaluate its associated factors.
Methods: We conducted a cross-sectional study among AT in two University Hospitals in Sfax, Tunisia, between January and July 2024 during periodic health assessment visits. Sociodemographic and professional data were collected. The Epworth Sleepiness Scale (ESS) was used to assess signs of sleepiness.
Results: Our population consisted of 60 AT with a mean age of 47.9 ±7.1 years. Two participants (3.3%) were males. The mean seniority was 24±7.5 years in healthcare and 10.4±8.1 years in the current ward. Forty-five AT (75%) reported using Halogenated Anesthetics. Ninety-five percent of the population had shift work. Fatigue and daytime somnolence were reported by 73.3% and 45% of the population respectively. The median ESS score was 6 Interquartile range IQR [2.25;6]. Excessive sleepiness was found in 21.7% of the population. The ESS score was higher among AT who used halogenated anesthetic, but no significant association was found (p=0.2) in the bivariate analysis.
Conclusions: Assessing vigilance among AT is necessary to maintain patient safety. Organizational factors such as long hours and environmental factors such as effective evacuation system for halogenated agents could cause fatigue and sleepiness in operating room.

Disclosure of Interest: None Declared

EPV1318

Assessing Quality of Life After Return to Work Among Victims of Work-Related Hand Injuries

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Introduction: Work-related hand injuries (WRHI) can have profound impacts on an individual's physical capabilities, and these injuries often carry long-term consequences that extend beyond physical impairment. Upon returning to work, victims may face challenges in performing occupational tasks and daily activities.

Objectives: This study aims to assess the quality of life in workers who have suffered WRHI after returning to their professional activities.

Methods: We conducted a cross-sectional study among victims of WRHI in the private sector after returning to work, from January 2021 to December 2022. Sociodemographic and professional data were collected along with characteristics of the WRHI. Quality of life was assessed using the Short Form-12 (SF-12) score, which evaluates both physical and mental health components (PCS-12 and MCS-12). The Quick Disabilities of the Arm, Shoulder, and Hand (Quick DASH) score was used to measure the functional disability of the hand. Job satisfaction and pain level were auto-evaluated with a scale of 0 to 10.

Results: We included 126 workers, 88.1% of whom were male, with a mean age of 41.3 ± 10.6 years. Tobacco and alcohol use were reported by 42.9% and 9.5% of participants, respectively, while caffeine consumption was noted in 57.9%. The most represented sectors were metallurgy (22.2%) and the chemical industry (16.7%). The median job satisfaction after the accident was 6 (IQR [5; 8]). In 61.9% of cases, the dominant hand was affected. Both rehabilitation sessions and surgical treatment were required for 69% of participants. The median pain level was 5 (IQR [4; 7]), and 47.6% of participants reported sleep disorders following the accident.

The median Quick DASH score was 34.1 (IQR [13.1; 50.6]), and the median Quick DASH work module score was 43.8 (IQR [25; 68.8]). The mean PCS-12 score was 39.5 ± 7.6, while the mean MCS-12 score was 46.8 ± 11.4. The PCS-12 score was significantly associated with caffeine consumption ($p = 0.03$), alcohol consumption ($p = 0.03$), rehabilitation sessions ($p = 0.029$), and sleep disorders ($p < 0.001$). It was also significantly correlated with pain level ($p = 0.005$; $r = -0.247$), Quick DASH score ($p < 0.001$; $r = -0.4$), and the Quick DASH work module ($p < 0.001$; $r = -0.44$).

The MCS-12 score was significantly associated with job satisfaction ($p = 0.008$; $r = 0.237$), Quick DASH score ($p = 0.003$; $r = -0.265$), the Quick DASH work module ($p = 0.012$; $r = -0.23$), and sleep disorders ($p = 0.012$).

Conclusions: Work-related injuries, particularly hand injuries, pose significant challenges to both the professional and personal lives of those affected. Addressing these challenges is crucial to ensuring a successful return to work and social reintegration.

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EPV1319

Cognition in Treatment Resistant versus Non-Treatment Resistant Schizophrenia

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Introduction: Despite antipsychotic treatment, around one-third of individuals of schizophrenia remain unresponsive.

Objectives: Comparing cognitive impairments in TRS versus non-TRS patients.

Methods: 50 adult patients with schizophrenia(DSM-5) were recruited in this cross-sectional cohort study, categorised into TRS (14) (treatment-resistant schizophrenia) and NTRS (36) (non-treatment-resistant schizophrenia) by modified Kane criteria. Positive and Negative Syndrome Scale (PANSS) and Montreal Cognitive Assessment Scale (MoCA) were used.

Results:

Table 1	TRS	NTRS	Overall
Male(%)	42.8	63.8	58
Female(%)	57.1	36.1	42
AGE (years)	41.7 ± 13.1	41.4±12.3	41.5±12.4
DURATION OF ILLNESS(years)	17.2±10.8	6.3±6.8	9.4±9.4

Table 2	TRS	NTRS	Independent sample students' T test pvalue
MoCA	19.2±6	27.8±5.4	<0.01
TOTAL PANSS	106.3±22.4	57.4±21.	<0.01
POSITIVE PANSS	22.1±7.3	13.8±6.4	<0.01
NEGATIVE PANSS	26.8±5.7	14.1±5.1	<0.01
Generalised PANSS	57.3±13.2	29.4±11.4	<0.01
COMPOSITE SCORE	-4.71±7.6	-0.2±5.6	0.02

MoCA Scores (Table 2) are significantly lower in the TRS group, implying NTRS has a moderate cognitive decline, and TRS has severe cognitive decline. Total PANSS, Positive, Negative,and Generalised PANSS are significantly lower in the TRS group indicating severe symptoms than NTRS.Classifying based onTotal PANSS Score, the TRS has severely ill, while the NTRS has borderline

mentally ill patients. The composite score indicates that the TRS group tends to have more negative symptoms. Computing the data's variances and independent sample Welch's t-test (Image 3) for data with unequal variances and independent sample student's test (Images 1, 2) for data with equal variances were performed. Age does not significantly affect TRS(Table 1). Duration of illness is significantly higher in the TRS group. MoCA domains (i.e., executive function, visuospatial, orientation, and attention) except memory and language have significantly lower scores in the TRS group. Positive symptoms (conceptual disorganisation, excitement, grandiosity, suspicion, and hostility) except delusion and hallucinatory behaviour were significantly higher in the TRS group. Negative symptoms (emotional withdrawal, poor rapport, passive/apathetic social withdrawal, difficulty in abstract thinking, lack of spontaneity and flow of conversation, stereotype thinking) except blunted effect were significantly higher in the TRS group. Generalised symptoms (somatic concern, anxiety, guilt feelings, mannerism and posture, depression, motor retardation, uncooperativeness, unusual thought content, social disorientation, poor attention, lack of judgement, disturbance of volition, poor impulse control, preoccupation, and active social avoidance) except tension were significantly higher in the TRS group.

Image:

Independent Samples T-Test

Independent Samples T-Test

		Statistic	df	p
Age	Student's t	-0.0751	48.0	0.940
Duration of illness	Student's t	-4.2746	48.0	<.001
executive function domain	Student's t	4.4947	48.0	<.001
Visuospatial domain	Student's t	3.1370	48.0	0.003
Orientation domain	Student's t	2.8948	48.0	0.006
Language domain	Student's t	1.5489	48.0	0.128
P2: Conceptual disorganization	Student's t	-3.2697	48.0	0.002
P3: Hallucinatory behavior	Student's t	-1.4251	48.0	0.161
P6: Suspiciousness/persecution	Student's t	-2.2800	48.0	0.027
P7: Hostility	Student's t	-3.0416	48.0	0.004
N1: Blunted affect	Student's t	-1.2411	48.0	0.221
N2: Emotional withdrawal	Student's t	-3.3814	48.0	0.001
N3: Poor rapport	Student's t	-6.8527	48.0	<.001
N4: Passive/apathetic social withdrawal	Student's t	-6.1280	48.0	<.001
N5: difficulty in abstract thinking	Student's t	-3.0803	48.0	0.003
N7: Stereotype thinking	Student's t	-4.3449	48.0	<.001
G1: Somatic concern	Student's t	-2.3602	48.0	0.022
G2: Anxiety	Student's t	-3.1125	48.0	0.003
G3: Guilt feelings	Student's t	-2.7835	48.0	0.008
G4: Tension	Student's t	-0.9162	48.0	0.364
G5: Mannerisms and posturing	Student's t	-3.7032	48.0	<.001
G6: Depression	Student's t	-3.6616	48.0	<.001
G7: Motor retardation	Student's t	-2.9291	48.0	0.005
G8: Uncooperativeness	Student's t	-3.5697	48.0	<.001
G9: Unusual thought content	Student's t	-4.7306	48.0	<.001
G12: Lack of judgment or insight	Student's t	-5.6360	48.0	<.001
G13: Disturbance of volition	Student's t	-4.2718	48.0	<.001
G14: Poor impulse control	Student's t	-5.0190	48.0	<.001
G15: Preoccupation	Student's t	-4.5274	48.0	<.001

Image 2:

Group Descriptives

	Group	N	Mean	Median	SD	SE
Age	NTRS	36	41.42	40.00	12.371	2.062
	TRS	14	41.71	29.50	13.15	3.514
Duration of illness	NTRS	36	6.38	5.00	6.803	1.134
	TRS	14	17.29	15.00	10.84	2.898
executive function domain	NTRS	36	3.25	3.50	0.841	0.140
	TRS	14	1.86	2.00	1.29	0.345
Visuospatial domain	NTRS	36	2.36	2.00	1.150	0.192
	TRS	14	1.21	1.00	1.19	0.318
Orientation domain	NTRS	36	4.89	6.00	1.737	0.289
	TRS	14	3.21	3.00	2.08	0.556
Language domain	NTRS	36	4.19	4.00	0.920	0.153
	TRS	14	3.71	3.50	1.14	0.304
P2: Conceptual disorganization	NTRS	36	2.06	2.00	1.351	0.225
	TRS	14	3.43	3.00	1.28	0.343
P3: Hallucinatory behavior	NTRS	36	1.89	1.00	1.348	0.225
	TRS	14	2.57	2.00	1.91	0.510
P6: Suspiciousness/persecution	NTRS	36	2.28	2.00	1.446	0.241
	TRS	14	3.36	3.50	1.65	0.440
P7: Hostility	NTRS	36	2.56	3.00	1.297	0.216
	TRS	14	3.86	4.00	1.51	0.404
N1: Blunted affect	NTRS	36	2.39	2.00	1.225	0.204
	TRS	14	2.93	2.50	1.73	0.462
N2: Emotional withdrawal	NTRS	36	2.17	2.00	1.276	0.213
	TRS	14	3.64	4.00	1.65	0.440
N3: Poor rapport	NTRS	36	1.53	1.00	0.971	0.162
	TRS	14	4.00	4.00	1.52	0.406
N4: Passive/apathetic social withdrawal	NTRS	36	2.31	2.00	1.411	0.235
	TRS	14	5.07	6.00	1.49	0.399
N5: difficulty in abstract thinking	NTRS	36	2.25	2.00	1.610	0.268
	TRS	14	3.93	4.00	2.02	0.539
N7: Stereotype thinking	NTRS	36	1.92	1.50	1.156	0.193
	TRS	14	3.57	4.00	1.34	0.359
G1: Somatic concern	NTRS	36	1.75	1.00	1.402	0.234
	TRS	14	2.86	3.00	1.70	0.455
G2: Anxiety	NTRS	36	1.92	1.00	1.273	0.212
	TRS	14	3.29	3.00	1.68	0.450
G3: Guilt feelings	NTRS	36	1.83	1.00	1.298	0.216
	TRS	14	3.00	3.00	1.41	0.378
G4: Tension	NTRS	36	2.17	2.00	1.404	0.234
	TRS	14	2.57	3.00	1.40	0.374
G5: Mannerisms and posturing	NTRS	36	2.03	2.00	1.230	0.205
	TRS	14	3.50	3.50	1.34	0.359
G6: Depression	NTRS	36	2.25	2.00	1.402	0.234
	TRS	14	3.93	4.00	1.59	0.425
G7: Motor retardation	NTRS	36	2.14	1.00	1.496	0.249
	TRS	14	3.57	3.50	1.70	0.452
G8: Uncooperativeness	NTRS	36	1.67	1.00	1.095	0.182
	TRS	14	3.07	3.00	1.59	0.425
G9: Unusual thought content	NTRS	36	1.78	1.00	1.124	0.187
	TRS	14	3.71	4.00	1.68	0.450
G12: Lack of judgment or insight	NTRS	36	1.72	1.00	1.085	0.181
	TRS	14	3.93	4.00	1.59	0.425
G13: Disturbance of volition	NTRS	36	2.08	1.00	1.381	0.230
	TRS	14	4.14	4.50	1.88	0.501
G14: Poor impulse control	NTRS	36	1.64	1.00	1.099	0.183
	TRS	14	3.57	4.00	1.50	0.402
G15: Preoccupation	NTRS	36	1.81	1.00	1.261	0.210
	TRS	14	3.86	4.50	1.83	0.490

Image 3:

Independent Samples T-Test

Independent Samples T-Test

		Statistic	df	p
Attention domain	Welch's t	2.90	17.9	0.010
Memory domain	Welch's t	1.32	34.5	0.196
P1: Delusions	Welch's t	-1.08	17.7	0.295
P4: Excitement	Welch's t	-2.84	16.9	0.011
P5: Grandiosity	Welch's t	-3.10	15.9	0.007
N6: Lack of spontaneity and flow of conversation	Welch's t	-4.25	15.6	<.001
G10: Social disorientation	Welch's t	-4.45	16.0	<.001
G11: Poor attention	Welch's t	-5.32	15.7	<.001
G16: Active social avoidance	Welch's t	-5.81	16.1	<.001

Note. H_a $\mu_{NTRS} \neq \mu_{TRS}$

Group Descriptives

	Group	N	Mean	Median	SD	SE
Attention domain	NTRS	36	0.861	1.00	0.351	0.0585
	TRS	14	0.429	0.00	0.514	0.137
Memory domain	NTRS	36	2.528	3.00	1.612	0.2687
	TRS	14	2.000	2.00	1.109	0.296
P1: Delusions	NTRS	36	2.222	2.00	1.355	0.2258
	TRS	14	2.857	2.00	2.033	0.543
P4: Excitement	NTRS	36	1.556	1.00	1.252	0.2087
	TRS	14	3.214	2.50	2.045	0.547
P5: Grandiosity	NTRS	36	1.333	1.00	0.926	0.1543
	TRS	14	2.857	3.00	1.748	0.467
N6: Lack of spontaneity and flow of conversation	NTRS	36	1.556	1.00	0.909	0.1514
	TRS	14	3.714	4.00	1.816	0.485
G10: Social disorientation	NTRS	36	1.444	1.00	0.909	0.1514
	TRS	14	3.571	4.00	1.697	0.453
G11: Poor attention	NTRS	36	1.472	1.00	0.910	0.1516
	TRS	14	4.143	4.50	1.791	0.479
G16: Active social avoidance	NTRS	36	1.722	1.00	0.974	0.1624
	TRS	14	4.643	5.50	1.781	0.476

Conclusions: TRS patients show severe cognitive impairment, however it does not impact language and memory. TRS shows more symptom severity except delusion, hallucinatory behaviour, blunted effect, and tension as compared to NTRS.

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EPV1320

On the Pathophysiology of Pathological Lying: A Case Report and Literature Review

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Introduction: Pathological lying, traditionally known as pseudologia fantastica or mythomania, is characterized by persistent or compulsive lying that often involves elaborate and fantastical narratives. Although the psychiatric community has yet to reach a consensus about its classification as a symptom or as a distinct diagnostic entity, emerging research about its pathophysiology highlights the involvement of complex interactions between neurobiological, psychological, and social factors.
Objectives: The aim of this study is to explore, through a clinical case of an inpatient in whom pathological lying was identified, the possible causes and underlying mechanisms of this condition.
Methods: A case report presentation followed by a non-systematic review of the literature available at PubMed, ScienceDirect and ResearchGate databases, using the MeSH terms "pathological lying" OR "pseudologia fantastica" OR "mythomania". From a total of 226 abstracts initially screened, we included 51 articles in the final review.
Results: We report the case of a 33-year-old man with a diagnosis of Charcot-Marie-Tooth disease type 2C and comorbid depressive disorder, who was admitted to the emergency department for suicidal ideation. Collateral information from family members was crucial to identify pathological lying, in this case associated with the lack of social relationships, low self-esteem, a desire for autonomy, and poor emotional and behavioral regulation. Although standard blood workup yielded unremarkable findings, imaging studies showed an old lacunar infarction localized to the right hemithalamus. While hospitalized he presented rapid clinical improvement, being discharged with outpatient follow-up. The existing body of evidence on pathological lying fails to capture specific causal factors for this phenomenon. Research into its neurobiological basis examined abnormalities in brain areas responsible for executive functioning, impulse control, and behavioral and emotional responses, such as the prefrontal cortex, the limbic and paralimbic systems, and the right hemithalamus. From a psychological perspective, the pathological liar doesn't have an external motive for lying; instead, the lie seems to be the purpose in itself, being unconsciously produced to fulfill the need for power and autonomy, to elevate one's self-esteem, or to repress reality. In addition, certain environmental factors, including childhood trauma, neglect, or abuse, also seem to play a significant role in shaping this type of behavior.
Conclusions: The current research on the pathophysiology of pathological lying is still limited and vague, depicting a multifactorial entity that would benefit from a multidisciplinary approach integrating Psychiatry, Neurology, and Behavioral Sciences. The development of a more comprehensive conceptual model may help practitioners implement formal assessment and management strategies for people suffering from this condition.

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EPV1321

Eco-anxiety and Psychosocial Problems: A Systematic Review

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Introduction: Eco-anxiety, a term that encapsulates the anxiety and distress associated with climate change and environmental degradation, has emerged as a significant psychosocial issue affecting individuals across various demographics. This phenomenon is particularly pronounced among younger generations, who often experience heightened awareness of climate-related threats and their potential impacts on future well-being. The interplay between eco-anxiety and psychosocial problems is complex, involving emotional, cognitive, and social dimensions that can significantly influence mental health outcomes. Research indicates that eco-anxiety is characterized by a future-oriented worry about the potential impacts of climate change, distinguishing it from other eco-emotions such as eco-grief and eco-despair. While many individuals experience eco-anxiety in a non-clinical form, there are instances where it can escalate to pathological levels, leading to significant mental health challenges. This is particularly relevant for young people, who may face multiple life stressors, such as academic pressures and social expectations, which can exacerbate feelings of eco-anxiety and contribute to the development of mental health issues.
Objectives: In this study, the negative effects of climate change will be emphasized and its effects on human health and psychology will be emphasized. The main purpose of the study is to prepare the ground for future studies on eco-anxiety, which addresses the connection between climate change and psychology, and to increase social awareness.
Methods: The study will conduct between October 2024 and January 2025 2023 in 3 databases (PubMed, Cochrane Library, Science Direct) using the keywords "eco-anxiety" "psychosocial problems" and "mental health". These databases were preferred because they contain a significant amount of evidence-based literature in the field of biomedical sciences and psychology. Studies conducted between 2000 and 2024, whose full texts were accessed and written in Turkish and English were included in the study.
Results: 20 national and international research articles on the subject have been reached and the literature review continues. When the literature review is finalized, all study results will be presented together.
Conclusions: Conclusions: In summary, eco-anxiety represents a significant psychosocial challenge that intertwines with various mental health issues. Understanding the emotional, cognitive, and social dimensions of eco-anxiety is crucial for developing effective interventions that address the mental health impacts of climate change. By fostering emotional regulation, acknowledging the role of grief, and promoting community engagement, mental

health professionals can better support individuals grappling with eco-anxiety and its implications for overall well-being.

Disclosure of Interest: None Declared

EPV1322

Evaluating the mental health awareness of stakeholders in cycling teams: Results from a cross-sectional survey

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Introduction: Sports psychiatry is a developing subdiscipline, which emphasises the need for adequate treatment and prevention schemes to uphold the mental wellbeing of athletes. Previous studies indicate that elite-level male cyclists face distinctive socioenvironmental risk factors, including external pressures from teams, particularly in relation to weight management concerns. However, there has been little attention to the mental health support available within teams and the awareness of relevant stakeholders to psychiatric issues.
Objectives: This study sought to gain perspectives on the level of mental health awareness from stakeholders in elite-level cycling teams (i.e., sporting directors, coaches, and medical staff).
Methods: An anonymous online survey has been compiled containing quantitative and qualitative questions for sporting directors, coaches, or medical staff about their own mental health awareness and literacy. This was distributed to cycling teams and through a national-level federation. The survey link will be available online from the beginning of October 2024 to the end of February 2025. An ethical application was made to the Ethics Committee in the Canton of Bern, who determined that the research fell outside the scope of the Swiss Human Research Act and therefore did not require formal approval.
Results: Preliminary results will be ready in March 2025 in time for the poster display at the European Congress of Psychiatry in April 2025. The findings will provide insights into mental health awareness amongst team stakeholders in men's elite-level cycling. The quantitative data will be studied with descriptive statistics and the qualitative results will be evaluated using thematic content analysis to identify key themes.
Conclusions: Based on prior literature, our hypotheses are that there is limited mental health awareness about the mental health of elite-level riders amongst cycling team stakeholders and scarce knowledge about how to manage these issues should they arise. These findings would underline a need for more attention to this topic within the sport, potentially necessitating the involvement of national federations and regulators.

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EPV1323

Perceptions and misperceptions about lithium: Ar-razi hospital experience

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Introduction: Lithium enjoyed its first golden age between 1965 and 1990, but interest in the molecule has not waned, on the contrary, the last 20 years have seen a veritable renaissance in lithium publications. This literature is fuelled by the ongoing exploration of lithium's unique mood-stabilizing, anti-suicidal and neuroprotective properties, a panoply of properties never before observed in a single molecule. In spite of this, the literature describes little use of lithium, despite ample evidence of its benefits. Our study points the perceptions and misperceptions of lithium and their effects on it use in our hospital.
Objectives: To study and identify the perceptions and misperceptions of doctors at Ar-razi Hospital about lithium, and thus discuss both of efficacy and safety misperceptions through a litterature review. This study will have as a first objective to correct these mispercetions in order to promote a proper care of our patients.
Methods: This is a descriptive study. Data collection was carried out on 50 psychiatrists and trainees. By using an online and handout forms focusing on physicians perceptions and misperceptions of the efficacy and safety of lithium at Ar-razi Hospital in Salé. Jamovi 2.3 was used for data entry and statistical analysis.
Results: our study results were resumed in 2 images. Image 1 is a table that shows the status of our professionnals and also their use of lithum as first or second molecule.
image 2 resumes efficacy perceptions of lithium among our psychiatrists and trainees.
although many other results will be shown by text:

- 58% thinks that Lithium should not be used in women of childbearing age due to teratogenic risk
- 73% have the perception that Lithium should be avoided in elderly patients suffering from a lack of efficacy data and safety concerns.
- 53% thinks that other thymoregulators are safer and should be systematically used in women of childbearing age with bipolar disorder instead of lithium.
- 84% acclaim that lithium treatment is stopped because of it security profile, when 44% of them thinks that hypothyroidism is prevalent as a secondary effect and causes treatment stop.

Image 1:

Status of participants	Use as 1st molecule	Use after failed of others thymoregulators
Residents 40(80%) Psychiatrists 10 (20%)	12 (24%)	38(76%)

Image 2:

Second-generation antipsychotics (SGA) as effective as lithium	Yes (48%) No (52%)
Rapid-cycling bipolar disorder (RC-BD) responds poorly to lithium in general	Yes (12%) No (88%)
Lithium should be avoided in elderly patients with RC-BD due to lack of efficacy data and safety concerns	Yes (100%)

Conclusions: Our study finds that our hospital professionnals have many misperceptions about lithium, especially about it security, which may affect the treatment plan for many patients. This study and it discussion throught the litterature review will change these perceptions, furthermore give the patients a proper care.
Disclosure of new knowledge is essential to refute misconceptions about lithium and enable patients to access its unique therapeutic constellation.

Disclosure of Interest: None Declared

EPV1324

Mental health professionals dealing with aggression: the experience of Ar-Razi hospital in Salé, Morocco

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Introduction: Aggression in the psychiatric environment has negative consequences for both patients and staff. Accurate measurement of patient aggression towards staff, and its prevention, remains elusive. The Staff Observation of Aggression Scale-Revised (SOAS-R) is a measure describing the incidence and characteristics of aggressive events. Although not exclusive to staff aggression, our study used this scale to provide a more or less standardized measure for assessing and understanding the trends and potential triggers of staff aggression. This will enable better management of such situations. This in turn will lead to better working conditions and improved quality of care.
Objectives: To describe the incidence of aggressive events against various mental health staff at Ar-Razi Hospital over the course of a year, their characteristics and the factors involved. this study will provide and enable better managment of these situations, furthermore leading to better work conditions and better quality of care.

Methods:
- Our study is a cross-sectional study, data collection were by a questionnaire sent online to hospital staff, the questionnaire was bases on the SOAS-R items.
- Descriptive and analytical statistical study wad done by Jamovi 2.3 software.
- Statistical differences were calculated using the chi-2 test, and a $p<0.005$ value was considered statistically significant.

Results: Our study results(SOAS-R items) concerning the agressions towards staff of our hospital were resumed in image 1 and 2.
Also the prevalence of participating staff by status in our study was: 78% of physical assaults were against nurses. The association between the prevalence of assaults and staff status was statistically significant using the chi-2 test ($p=0.0037<0.001$).

Image 1:

Prevalence	*N=53(100%)*
Physical and/or verbal aggression	49(92.5%)
Provocation	
Provocation no visible	24(48%)
Provocation by other patient(s)	9(18%)
patient denied something	8(16%)
by request to take treatment	16(32%)
other provocation	8(16%)
Consequences for the victim	
reversible damage to objects	3(6,1%)
irreversible damage to objects	0(0%)
feeling threatened	30(61,2%)
physical pain <10min	7(14,3%)
physical pain >10min	5(10,2%)
visible injury	5(10,2%)
need for treatment	3(6,1%)
need to see a doctor	5(10,2%)1
none	4(28,6%)
Work stoppage after aggression	
temporary work stoppage<10days	4(8.5%)
temporary work stoppage 10-30days	2(4.3%)
temporary work stoppage>30days	1(2.1%)
permanent work stoppage	0(0%)
No work stoppage	41(87.2%)

Image 2:

Prevalence	N=53(100%)	
Patients gender Male Female	49(92.5%)	
Average patients age (20-40 years)	50(94%)	
Most frequent diagnosis (schizophrenia and related disorders)	28(56%)	
Place of attack (most frequent) Emergency department Female department A Male department A Outpatient consutltations	 33(66%) 11(11%) 5(10%) 11(22%)	
Means to calm the aggression	P	V
Talking to him	8(21,1%)	37(74%)
outside the patient calmly	4 (10,5%)	21(42%)
Outside by force	15(39,5%)	13(26%)
VO treatment	6(15,8%)	13(26%)
IV treatment	30(78,9%)	13(26%)
Isolation	25(65,8%)	13(26%)
Physical restraint	30(78,9%)	15(30%)
Nothing	2(5,3%)	2(5,3%)

Conclusions: Agression is known to have negative impacts for both staff and patients. Our study suggests that mental health staff in our facility are victims of aggression. Improved methods of measuring aggression and a wider study of different psychiatric institutions will help to prevent aggression and create a healthy work environment, which in turn will help the staff to develop and improve the quality of care for patients.

Disclosure of Interest: None Declared

EPV1326

The importance of Assertive Community Mental Health Treatment in the rural depopulation

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Introduction: The proposed research work aims to carry out a review of the data of the Assertive Community Treatment Program of Segovia, analyzing its importance in certain profiles of psychiatric patients.

Objectives: Review of data from the Segovia Assertive Community Treatment Program from 2020-2024: age, sex, nationality, marital status, level of education, diagnosis, family history, substance use, population, socio-family situation, economic situation, follow-up and admissions in Mental health, social health coordination and disability.

Methods: Data from the Segovia Assertive Community Treatment Program from 2020-2024.

Results: The majority of patients participating in the Segovia Assertive Community Treatment Program between 2020-2024 were Spanish men between 20 and 60 years old. All patients were single, except three separated and one married. Approximately half of them lived alone and the other half with their family of origin. Most had basic education and half were employed. Regarding the consumption of toxic substances, most of them smoked tobacco and some also consumed alcohol or cannabis, and a small number cocaine. Many of them received a financial benefit and had social-health coordination.

The most common diagnosis is schizophrenia, followed by schizoaffective disorder and delusional disorder, most with psychiatric family history. Other diagnoses that the patients presented were: bipolar disorder, personality disorder and obsessive-compulsive disorder. Some of them also had disabilities.

It is important to highlight that 94.12% of patients live in rural areas, many of them more than 30 minutes away by car and with faced great difficulties with public transportation. Many of them were more previous admissions to Psychiatry and an irregular follow-up in Mental Health, but very few had readmissions during the Program. The majority of patients had psychopharmacological treatment, and 7.14% of them had injectable antipsychotic treatment.

Conclusions: A large percentage of patients in the Assertive Community Mental Health Treatment Program are people who live in a rural environment, with a long distance from the nearest mental health center and with difficulties using public transportation, which is why this program is very useful. In these patients to achieve clinical stability, since these patients had irregular follow-up in Mental Health consultations and had numerous admissions to Psychiatry.

Disclosure of Interest: None Declared

EPV1327

Experiences of deep concentration in individuals with attention deficit hyperactivity disorder (ADHD): An integrative review of the literature

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Introduction: ADHD has been seen by current science as an expression of complex traits that go beyond the symptomatological triad of "inattention-hyperactivity-impulsivity". Among the new notes, experiences of deep concentration (DC) are mentioned as a frequent phenomenon in the daily lives of those with ADHD, which encourages research on this topic.

Objectives: The main objective of this integrative review was to investigate how empirical scientific studies have evaluated, associated and understood this hyperfocused attentional pattern in individuals with a diagnosis or symptoms suggestive of ADHD.
Methods: For searches in the electronic databases PubMed, Scopus, LILACs, Pepsic and Scielo, the terms "attention deficit hyperactivity disorder", "hyperfocus" and "flow state" were chosen. As inclusion criteria, studies were considered with (a) full texts available, (b) with an empirical design, (c) in English and (d) published in any year. In total, 10 empirical studies were analyzed (8 quantitative and 2 qualitative), Regarding the critical analysis of the included publications, relevant data were extracted about: (a) assessment instruments for deep concentration measures, (b) ADHD assessment instruments, (c) associations between hyperfocus, flow and ADHD and (d) general understandings of researchers on the representation of DC experiences in the lives of those with ADHD.
Results: The sudies indicated a plurality of assessment instruments for both CP constructs (hyperfocus, flow, perseveration) and ADHD symptoms. As main findings, the articles suggest a high prevalence of hyperfocus in adults with ADHD compared to those without the disorder, as well as positive correlations between ADHD symptoms, hyperfocus, perseveration, internet addiction and emotional dysregulation. Different perspectives on the manifestation of DC in ADHD were captured from the studies, whose interpretations ranged from harmful behavior to the potentiality of ADHD.
Conclusions: It was observed that, despite the recent expansion of research trying to understand the phenomenon of hyperfocus in the context of ADHD, scientific knowledge on the topic is still quite limited. In addition to having the unprecedented character of bringing together what modern science has postulated about CP in relation to ADHD, this research is relevant because it contributes to expanding the visibility of ADHD beyond the diagnostic criteria established by the DSM-V-TR and ICD-11.

Disclosure of Interest: None Declared

EPV1328

Self-Regulation Behavioural Style and Emotional State in Students and People Living with HIV during the COVID-19 Second Wave in the Russian Federation

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Introduction: Self-regulation refers to a structured mental process for initiating, organizing, maintaining, and managing internal and external activities directed toward achieving goals. Each individual exhibits a unique self-regulation style that influences their capacity to adapt to changing circumstances. During the COVID-19 pandemic, a significant rise in anxiety, depression, and stress levels was noted in Russia. Emotional disorders may relate to self-regulation styles, as they affect an individual's adaptation to evolving internal and external stressors.
Objectives: The study investigates relationships between self-regulation styles and depression, anxiety, and stress levels among humanities students and HIV-positive patients, shedding light on how behavioural self-regulation affects emotional responses in different population segments during the pandemic in the Russian Federation.
Methods: Data were collected from January to July 2021 using a Google form. The sample included 35 humanities students from Russian universities and 59 HIV-positive patients. V.I. Morosanova's "Style of Self-Regulation of Behaviour" questionnaire was used to assess self-regulation styles, while the DASS-21, adapted for Russian contexts, measured levels of depression, anxiety, and stress.
Results: We found that in the group of Russian university students, depression had negative correlations with behavioural programming (r_s = -0.421, $p < 0.05$) and with outcome evaluation (r_s = -0.401, $p < 0.05$). In the HIV patient group, depression had negative correlations with modelling (r_s = -0.322, $p < 0.05$) and flexibility (r_s = -0.285, $p < 0.05$), anxiety also with modelling (r_s = -0.270, $p < 0.05$) and flexibility (r_s = -0.261, $p < 0.05$). In both groups, stress was not related to self-regulation behaviour style.
Conclusions: The study highlights the association between emotional disorders and self-regulation was more pronounced in the HIV-positive group. Depression and anxiety corresponded with reduced reality assessment and flexibility in self-regulation. These patients found it more challenging to evaluate internal and external factors and adjust their self-regulatory processes amid changing conditions, indicating a greater vulnerability to disruptions in self-regulation. Within the students' group, depression alone affected self-regulation, particularly diminishing abilities in programming and outcome evaluation. As depressive symptoms worsened, students struggled to effectively plan actions and assess their behaviour and achievements.

Disclosure of Interest: None Declared

EPV1329

Quality of Life and Behavioural Self-Regulation Style in Different Groups of the Russian Population during the Second Wave of COVID-19

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Introduction: Quality of life (QoL) is a comprehensive concept encompassing an individual's satisfaction with various aspects of life, including material, social, spiritual needs, intellectual and physical development, and safety. During the COVID-19 pandemic, the quality of life in Russia declined due to environmental and social disruptions. Behavioural self-regulation, which reflects an individual's ability to manage internal and external conditions, plays a key role in adapting to challenging situations. Thus, exploring the relationship between QoL and self-regulation styles can provide insight into adaptive behaviours under pandemic conditions.
Objectives: The study aimed to explore the interconnections between quality of life and self-regulation styles in humanities students and people living with HIV during the second wave of COVID-19.

Methods: Data were collected from January to July 2021 via a Google form. Participants included 35 Russian university students in humanities and 59 HIV-positive patients. Self-regulation styles were measured using V.I. Morosanova's "Style of Self-Regulation of Behaviour" questionnaire, and quality of life was assessed with the WHOQOL-BREF, adapted for Russian respondents.
Results: In the group of students positive correlations of physical and psychological well-being with programming ($r_s = 0.405$, $p < 0.05$); self-perception — with programming ($r_s = 0.522$, $p < 0.01$), evaluation of results ($r_s = 0.586$, $p < 0.01$) and general level of self-regulation ($r_s = 0.389$, $p < 0.05$); microsocial support — with evaluation of results ($r_s = 0.336$, $p < 0.05$) were found. In the patient group, physical and psychological well-being were associated with outcome evaluation ($r_s = 0.343$, $p < 0.01$); self-image — with modelling ($r_s = 0.605$, $p < 0.01$), outcome evaluation ($r_s = 0.467$, $p < 0. 01$), flexibility ($r_s = 0.444$, $p < 0.01$) and overall level of self-regulation ($r_s = 0.439$, $p < 0.01$); microsocial support — with modelling ($_s = 0.366$, $p < 0.01$); social well-being — with modelling ($r_s = 0.442$, $p < 0.01$) and flexibility ($r_s = 0.346$, $p < 0.01$).
Conclusions: The study found that self-perception was the most frequently correlated factor with self-regulatory behaviour in both students and HIV-positive group, indicating that satisfaction with life, sense of purpose, and emotional stability contribute to self-regulation even in challenging conditions. However, social well-being was a unique influencing factor for people living with HIV, highlighting a dependency on material and societal conditions that was less pronounced in student's group. This suggests that HIV patients are more sensitive to social and environmental stability, whereas students rely more on internal self-regulatory mechanisms for adaptation.

Disclosure of Interest: None Declared

EPV1331

Catatonic syndrome: origin, diagnosis, treatment and iatrogenesis. Case report

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Introduction: The catatonic syndrome is a heterogeneous syndrome that manifests with a variety of symptoms, whose management is not clearly predefined despite being a clinically diagnosable entity. It is a frequently underdiagnosed and undertreated condition that can lead to the death of the patient, and which originates from a large number of psychiatric and organic pathologies.
Objectives: To present a case highlighting the most significant and representative findings typically observed in catatonic syndrome, as well as to highlight the most relevant data regarding the origin, diagnosis and treatment of this entity.
Methods: This case report describes a single patient. The methodology includes a detailed study of the symptoms manifested by the patient and the main guidelines for therapeutic management.
Results: In this poster, the case of a 24-year-old man who comes to the emergency room with what appears to be catatonic syndrome is presented. The most notable symptoms include mutism with occasional echolalia, facial echomimia, apragmatic and disorganized behavior with a tendency toward inhibition, flexibilitas cerea, and antigravity postures. It was decided to administer high doses of benzodiazepines and subsequently electroconvulsive therapy since one of the most frequently seen evidence in catatonic syndrome is dysfunction in the dopaminergic pathway. The patient presented complications of this treatment such as bronchoaspiration. At the same time, multiple complementary diagnostic tests were performed such as blood tests, brain CT, brain MRI, electroencephalogram, and lumbar puncture, all of them without significant findings. Later, the episode reversed and a psychotic picture with predominance of auditory hallucinations was seen, which progressively improved over weeks with a regimen of antipsychotics (injectable aripiprazole and oral olanzapine).
Conclusions: It is therefore concluded that it would be beneficial for it to be more widely represented in treatment guidelines and clinical trials, which would lead to easier and faster clinical decision-making. In other words, it is concluded that early and effective detection and intervention are of vital importance in the management of the catatonic syndrome under study.

Disclosure of Interest: None Declared

EPV1332

A systematic review assessing the efficacy of doxycycline as adjunct therapy for nodding syndrome

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Introduction: The rare epileptic seizure syndrome nodding is endemic among African adolescents. While the etiology remains poorly understood, its mechanistic hypothesis suggests a neuroinflammatory disorder that could benefit from mapping Doxycycline as a treatment option. Here, we assess the use of Doxycycline as either monotherapy or adjunct therapy for epilepsy prophylaxis, with a particular emphasis on its intervention for nodding syndrome.
Objectives: The primary objective of this study is to assess the safety and efficacy of Doxycycline for treating nodding syndrome. Also to comment on the likely use of Doxycycline as a form of adjunct therapy when paired with other antiepileptic drugs as a means to optimize the management efforts of nodding syndrome.
Methods: Our analysis included randomized controlled trials and observational studies which were sorted and assessed in accordance to PRISMA guidelines through a systematic search of the literature using all electronic databases, including PubMed, Google Scholar, Scopus, and Cochrane. The search terms included Doxycycline and nodding syndrome. The systematic set of extraction data were limited to studies that included a confirmed adolescent population exhibiting probable symptoms of nodding syndrome with Doxycycline as the primary intervention. Effect sizes will be measured with a random-effects model, and heterogeneity will be calculated with I^2 statistics.
Results: Nine studies in total involving 1,120 subjects were analyzed, that included four randomized controlled trials (RCTs)

assessing the effects of doxycycline monotherapy on 480 subjects, as well as five observational studies exploring the use of doxycycline with first-line anti-epileptic drugs (AEDs) on 640 subjects.
Seizure frequency reduction
Doxycycline administration on its own reduced seizure frequency by 30% relative to the placebo (relative risk [RR] = 0.70, 95% confidence interval [CI]= 0.60 to 0.85, p < .001), whereas, added to AEDs, reduced seizure frequency by 45% (RR = 0.552, 95% CI = = 0.42 to 0.73, p < 0.001; I^2 = 22%, considered low heterogeneity).
Lower severity of symptoms
The overall results suggest improvements in motor functions and cognitive assessments of -0.82 (standardized mean difference, 95% CI = -1.12 to -0.52, p < .001), which may indicate an improvement in motor symptoms.
AED add-on and impact on quality of life
Doxycycline with AED smear resulted in a reduction in seizure frequency of 45% (SMD = -0.68, 95% CI = -0.94 to -0.42, p < .001) and a statistically significant improvement in quality of life of approximately 25% (p < 0.01); effect estimates presented moderate heterogeneity (I^2 = 45%).
Conclusions: Doxycycline has potential for extended use since our findings support a safe and potentially beneficial intervention in nodding syndrome. Our study may serve as a useful guide for the use of antibiotics in other neuropathologies with inflammatory elements.

Disclosure of Interest: None Declared

Pain

EPV1336

Postpartum Depression, Pain Catastrophizing, and Coping Strategies in Early Postpartum Women

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Introduction: The postnatal period is a time of great vulnerability in terms of mental health, with depression being one of the most common complications. This condition can significantly affect how women perceive and process the pain and stress associated with childbirth. Pain experienced during pregnancy and postpartum is linked to psychological distress, often influenced by pain catastrophizing a cognitive tendency to dwell on, magnify, or feel helpless in the face of pain. To manage these challenges, many women rely on coping mechanisms to navigate the significant stressors of this period.
Objectives: The aim of this study is to explore the relationship between postpartum depression, pain catastrophizing, and coping mechanisms in the postnatal period.
Methods: We conducted a cross-sectional descriptive and analytical study targeting women in their first week postpartum who had been admitted to the gynaecology-obstetrics department of the Hedi Chaker University Hospital in Sfax, Tunisia. The study was conducted over a three-month period (October, November and December 2023). We used the Tunisian Arabic version of the Edinburgh Postnatal Depression Scale (EPDS). Pain catastrophisation was assessed using the pain catasrophizing scale (PCS). We used the French version of the coping scale Ways of coping checklist revised (WCC) to evaluate coping strategies.
Results: The study included 220 postpartum women with a mean age of 31.1 ± 6.6. Psychiatric history was recorded in 5.5% of participants, predominantly bipolar disorders (4.1%). Medical or surgical history was reported by 14.1% of women. Among the participants, 28.6% were primiparous, and 71.4% were multiparous. A history of child loss was noted in 4.5% of cases. Spontaneous labor occurred in 65.5% of women, while 17.7% underwent induced labor. Vaginal deliveries were performed in 56.4% of cases, with forceps used in 8.2%. Postpartum recovery was uncomplicated for 86.4% of participants, while complications occurred in 13.6% of cases. Postnatal care was provided by family members for 55% of women. Postpartum depression was observed in 20.9% of participants.The average score of Pain Catastrophizing Scale (PCS) was 24 ± 11, and problem-focused coping was the most frequently employed strategy, with a mean score of 26.51 ± 6.3.
Women with postpartum depression had significantly higher PCS scores (p<0,001). Emotion-focused coping was the predominant strategy used by this group (p=0.003). Conversely, women without postpartum depression were more likely to use problem-focused coping (p<0.001) and social support-based coping (p=0.011).
Conclusions: This study reveals that postpartum depression is associated with higher pain catastrophizing and a greater use of emotion-focused coping. In contrast, women without depression tended to use problem-focused and social support-based coping, suggesting that these strategies may help mitigate postpartum psychological distress.

Disclosure of Interest: None Declared

EPV1337

Psychosis and Spinal Chronic Pain – Our experience

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Introduction: Most common pain in psychosis is headache. On the second place are spinal syndromes. Often patients have chronic spinal pain, and the treatment of neuropathic component is difficult because polymedication and possible drug interaction.
Objectives: The aim of our study was the intersection of the state of therapy and therapeutic response in patients with spinal chronic pain and psychosis.
Methods: This cross-sectional study includes 25 patients treated at the Department for woman chronic psychosis in the SPH "Slavoljub Bakalovic" in Vršac during their hospitalization. The covered period was from April 1st to August 31st 2024.
Results: During our research, 60 female patients with psychosis were treated at our department, and 25 (41.67%) had spinal hronic pain. The average age of the patients was 60 years (41-75), and the duration of symptoms was from 6 months to 11 years (average 2 years and 2 months). Localization was mainly in the area of the lower back (12), cervicobrachialgia (7), lumboischialgia (5) and only in the lower extremities (1). According to the type of pain,

all of them had predominantly neuropathic pain. The average value of pain intensity on the VAS scale was 4 (3.92). All patients were treated with non-steroidal analgesics and 16 of them had benzodiapines in therapy. Along with the mentioned therapy, 9 (36%) patients received a coanalgetic from the group of anticonvulsants and 5 (20%) from the group of antidepressants. Only 4 patients used during the hospitalization supplement based on vitamin B complex. A good therapeutic response was achieved in 20 (80%) patients (reduction of pain on the VAS scale by 2 or more points), partial in 1 patient (reduction of pain on the VAS scale by 1 point). In 4 patients, the prescribed therapy did not reduce pain.
Conclusions: Chronic pain of spinal origin occurs in an approximate percentage as in the general population, but the problem of its treatment is the primary disease and polymedication in the therapy of the primary disease.With a well-balanced therapy, a good therapeutic response in pain reduction can be achieved.

Disclosure of Interest: None Declared

EPV1338

The Effects of an Online Behavioral Activation Program with Informational Support Messages on Patients with Complex Regional Pain Syndrome

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Introduction: Complex Regional Pain Syndrome (CRPS) is a chronic neuropathic pain condition that significantly reduces patients' quality of life. Few studies have examined the application of short-term Behavioral Activation (BA) programs for patients with CRPS, and studies that include informational support messages are scarce.
Objectives: This study is intended to investigate the effects of an online BA program, accompanied by informational support messages, on pain intensity, pain interference, pain catastrophizing, depression, life satisfaction, and behavioral patterns in patients with CRPS.
Methods: Two patients with CRPS participated in an eight-session online BA program using a multiple-baseline design. After the first session, participants completed daily activity monitoring sheets, and the baseline was measured. The BA intervention began in the third session, and from that point until the eighth session, participants received immediate informational support messages once they completed their monitoring sheets. The informational support messages consisted of graphs comparing the previous day's pain intensity, depression levels, and activity levels, as well as linear trendline graphs based on recorded data. Additionally, questionnaires were used to measure pain intensity, pain interference, pain catastrophizing, depression, life satisfaction, and behavioral patterns pre-intervention, post-intervention, and at a four-week follow-up, and effect sizes (Cohen's d) were calculated.
Results: Daily activity monitoring sheets indicated that activity levels significantly increased during the intervention phase and were maintained or further increased at follow-up. Depression levels gradually decreased from the intervention phase, but pain intensity showed no significant change.
Questionnaires revealed that pain catastrophizing and depression decreased post-intervention and at follow-up compared to baseline, while life satisfaction increased, and pain avoidance behaviors decreased. However, pain intensity increased compared to baseline, and pain interference decreased at follow-up. Effect sizes, measured by Cohen's d, indicated large effects for all variables except behavioral patterns and pain interference post-intervention, and for all variables except behavioral patterns at follow-up.
Conclusions: These findings suggest that an online BA program with informational support may be effective for patients with CRPS.

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EPV1339

A Systematic Review of Chronic Pain in People with Schizophrenia

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Introduction: Previous research has shown chronic pain to be more prevalent in individuals with psychiatric disorders, compared to the general population.
Objectives: We performed a systematic review of studies relating to chronic pain in patients with schizophrenia (PWS), to explore its cause, prevalence and presentation.
Methods: Our search strategy yielded 4963 studies. Once duplicates were removed, and studies were screened according to our inclusion/exclusion criteria, 15 studies on chronic pain and quality of life (QOL) in PWS remained.
Results: Our results showed that the prevalence of chronic pain in PWS was equal to, or greater than, healthy controls. Studies assessing chronic headaches specifically, found headaches to be more prevalent. Studies that compared chronic pain in PWS to individuals with other psychiatric disorders, such as depression or bipolar disorder, found PWS to have lower levels of pain. Pain intensity ranged from mild to moderate and was most frequently reported in the abdomen and head. The presence of pain was associated with anxiety, depression, psychotic symptoms, and older age. No clear links were found between chronic pain and patient gender, education, or wealth. QOL, particularly health-related QOL, was lower in patients with higher levels of pain, and such patients experienced greater functional impairment. However, when PWS performed self-assessments of QOL and health satisfaction, no difference was seen between individuals with and without pain.
Conclusions: These variations in pain perception may be due to disturbances in somatosensation, with PWS being internally more preocccupied. Specifically, computational models suggest this may be due to aberrant salience, where PWS attribute meaning or value to innocuous stimuli. Understanding the link between chronic pain and schizophrenia is essential as this may contribute to premature death. Further research is required to explore the link between comorbidities as a cause of chronic pain in PWS.

Disclosure of Interest: None Declared

EPV1340

Pain and Attention-Deficit/Hyperactivity Disorder: A Closer Look at the Relationship

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Introduction: Attention-Deficit/Hyperactivity Disorder (ADHD) is a prevalent neurodevelopmental disorder characterized by symptoms of inattention, hyperactivity, and impulsivity. Recent research highlights a significant comorbidity between ADHD and pain, suggesting that individuals with ADHD may experience altered pain perception and a higher prevalence of pain conditions.
Objectives: This review aims to explore the possible link between pain and ADHD, specifically examining the relationship between ADHD and pain perception, the effects of methylphenidate (MPH) on pain thresholds, and the potential underlying mechanism connecting these two conditions.
Methods: A non-systematic review of the literature was conducted, focusing on key studies published in the last 15 years. The search terms included "pain," "ADHD," and "methylphenidate."
Results: Based on this review, several key findings emerged:

- **Dopamine's Role in Pain:** Accumulating data suggest that dopamine is implicated in pain processing. Many regions of the CNS involved in pain processing have high dopamine receptor density, whose activation can be analgesic.
- **Increased Prevalence of Chronic Pain:** Individuals with ADHD show a higher prevalence of chronic pain conditions, indicating a significant comorbidity between ADHD and pain.
- **Altered Pain Perception:** Individuals with ADHD are more likely to exhibit lower pain thresholds and increased pain sensitivity, particularly in untreated individuals.
- **Impact of Methylphenidate:** Methylphenidate, a common treatment for ADHD, partially reverses altered pain responses, suggesting its potential role in normalizing pain perception through dopaminergic modulation.
- **Neuroinflammation as a Link:** Neuroinflammation has been suggested as a potential factor linking ADHD and pain, particularly through dopaminergic dysregulation.

Conclusions: This review underscores the need for increased awareness of the pain-ADHD comorbidity. Understanding altered pain perception in ADHD is crucial for improving patient care and developing targeted treatments. While current evidence suggests treatments like methylphenidate may help modulate pain sensitivity, further research is essential to clarify the mechanisms and establish guidelines for managing pain in ADHD patients.

Disclosure of Interest: None Declared

EPV1343

Alcohol Use Disorder and Chronic Pain – Our experience

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Introduction: Chronic painful conditions in alcohol use disorder (AUD) are often seen and represent a significant problem in their therapy. Its incidence is higher than in the general population and is often associated with AUD relapse. Often, they are very manipulative.
Objectives: The aim of our study was the intersection of the state of therapy and therapeutic response in patients with chronic pain and AUD.
Methods: This cross-sectional study includes 25 patients treated at the Department for male alcoholism in the SPH "Slavoljub Bakalovic" in Vršac during their hospitalization. The covered period was from April 1st to August 31st 2024.
Results: During our research, 48 male patients with AUD were treated at our department, and 25 (52.01%) had horonic pain. The average age of the patients was 52 years (24-80), and the duration of symptoms was from 7 months to 20 years (average 8 years and 4 months). Localization was mainly in the area of the lower back (10), lumboischialgia (9) and only in the extremities (6). According to the type of pain, the majority (23) had predominantly neuropathic pain. The average value of pain intensity on the VAS scale was 4 (4.2). All patients were treated with non-steroidal analgesics and benzodiazepines. Along with the mentioned therapy, 9 (36%) patients received a coanalgetic from the group of anticonvulsants and 12 (48%) from the group of antidepressants. Few patients (7) used before and during the hospitalizations supplement based on Mg and vitamin B complex. A good therapeutic response was achieved in 17 patients (reduction of pain on the VAS scale by 2 or more points), partial in 6 patients (reduction of pain on the VAS scale by 1 point). In 2 patients, the prescribed therapy did not reduce pain.
Conclusions: Chronic pain syndromes in AUD is more frequent than in general population, and early detection and good therapy protocol is very important to reduce symptoms. Pain treatment protocol for AUD patients must be made individually for each patient in order to achieve an adequate therapeutic response and avoid interaction with other drugs in the therapy of AUD. With a well-balanced therapy, a good therapeutic response in pain reduction can be achieved.

Disclosure of Interest: None Declared

EPV1344

Trigeminal Neuralgia – rethinking the "suicide disease" label

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Introduction: Trigeminal Neuralgia (TN) is a rare condition characterized by recurrent brief episodes of unilateral and excruciating facial pain, typically triggered by innocuous stimuli. It is historically known as the "suicide disease", emphasizing the severity of the attacks and its impact on patients' mental health.

Objectives: We aim to highlight the risk of psychiatric comorbidities following TN diagnosis and discuss the potential burden depicted by the phrase "suicide disease".
Methods: We presented a case report and conducted a non-systematic review of the literature.
Results: A 72-year-old female patient with history of diabetes, hypertension, dyslipidemia, recurrent thrombophlebitis but no previous relevant psychiatric history, presents with depressive mood, anhedonia, insomnia, reduced appetite and feelings of hopelessness, which began 3 months prior. These symptoms started shortly after she began experiencing paroxysms of intense electric shock-like pain in the right hemiface, allodynia (specially triggered by the wind, talking, chewing and light touch) and lacrimation of the right eye. The patient had multiple consultations with neurology and psychiatry physicians. TN was presumed and the patient initiated treatment with pregabalin and intravenous infusions of lidocaine, as well as antidepressants. Magnetic resonance angiography revealed neurovascular compression of the right trigeminal nerve, supporting the diagnosis. Depressive symptoms aggravated and she experienced recurrent suicidal thoughts as she became aware of the TN diagnosis and experienced debilitating symptoms due to initial suboptimal pain relief. Oxcarbazepine was later introduced in the treatment plan and pain relief was slowly achieved. Suicidal ideation waned despite maintenance of depressive mood. Evidence shows there is a higher risk of newly diagnosed depressive, anxious and sleep disorders following TN diagnosis, most likely due to its deleterious effect at a psychological, behavioral and social level. Currently, however, the phrase "suicide disease" may be an ill-suited one as the lack of information on suicide rates among patients with TN and the availability of new and more efficient therapeutic options do not support its present use.
Conclusions: This case exemplifies the increased risk of new psychiatric comorbidities following TN diagnosis, further aggravating patients' quality of life. Despite its historical significance, the label "suicide disease" seems to lack current applicability and may not only harm patients' understanding and acceptance of the diagnosis, but also exacerbate fear and stress concerning its prognosis.

Disclosure of Interest: None Declared

EPV1345

Psycho-social profile of patients with chronic neuropathic pain and spinal cord stimulation outcome: preliminary finding from an Italian sample recruited at the University Hospital of Verona (Italy)

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Introduction: Spinal cord stimulation (SCS) is used to treat chronic neuropathic pain (CNP) resistant to other therapies and procedures. The treatment involves implanting a device that delivers electrical stimulation along the ascending nerve pathways. According to the bio-psycho-social model of pain, the success of SCS is influenced by more than just the technical aspects of the procedure. Psychological and context-related factors also play a crucial role.
Objectives: To profile a sample of Italian patients with CNP in the pre-implant phase from a psycho-social perspective, using such data to predict the SCS outcome.
Methods: Candidates for SCS at the Pain Therapy Center of the University Hospital of Verona (Italy) undergo a psychological assessment at the Clinical Psychology unit before the implantation. This assessment includes an interview to evaluate the impact of pain, coping strategies, and family support, as well as any history of traumatic experiences, psychiatric conditions, and lifetime use of alcohol or substances. Additionally, a series of questionnaires are administered to assess pain (Brief Pain Inventory, BPI), psychopathology (Symptom Checklist 90, SCL-90), personality (Minnesota Multiphasic Personality Inventory, MMPI-2), coping style (Coping Strategies Questionnaire, CSQ), the tendency to catastrophize (Pain Catastrophizing Scale, PCS), family and social support (Multidimensional Scale for Perceived Social Support, MSPSS), and self-efficacy (General Self-Efficacy Scale, G-SES). Patients are evaluated at 6 months follow-up (now ongoing).
Results: To date, 131 patients (mean age 62.6±13.8; 56% females) have been evaluated at baseline. Overall, they show high percentages of somatization (71% of the sample), sleep disturbances (70%), depressive (40%), and obsessive-compulsive (38%) symptoms, together with moderate levels of catastrophizing (18.4±9.4 on the 0-36 range of the catastrophizing CSQ subscale), and a personality profile characterized by health worries (26%), somatic complaints (19%), and cynism (26%). Overall, they perceive a moderate level of self-efficacy (30.83±4.9 on the 0-40 range of the G-SES) and good family or social support (84%).
Conclusions: Patients with CNP who are candidates for SCS show a peculiar psycho-social profile in terms of personality traits, coping strategies, and psychopathology. Using a pre-implant psycho-social assessment has significant implications for clinical practice since it allows to identify patients at a higher risk of SCS failure. It also enables the early detection of individuals who may benefit from psychological support before or after the SCS procedure.

Disclosure of Interest: None Declared

EPV1346

Mental health and disability among patients with chronic sciatica

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Introduction: Sciatica pain represents a typical symptom of spinal radicular syndromes. Disability due to this pain can affect mental health of patients.
Objectives: Our study aims to assess the relationship between mental health and disability among patients with chronic sciatica.
Methods: We conducted a descriptive, analytical and cross-sectional survey among patients suffering from documented common sciatic pain evolving for more than 3 months. We collected socio-professional data. We used the Hospital Anxiety and Depression Scale (HADS) and the Oswestry Disability Index (ODI).

Results: Our study population was exclusively female, including 69 patients. The mean age of participants was 56.2 ±12.6 years. The most frequent etiology of sciatica pain was a herniated disc, followed by lumbar spinal stenosis and spondylolisthesis. The root path was L5 in 49 cases and S1 in 20 cases. The mean Oswestry score was 25 ± 4.1. The disability was moderate, severe and crippled respectively in 10.1%, 82.6% and 7.2% of patients. Regarding the patients' anxiety levels, it was found that 76.8%, 20.3%, and 2.9% appeared to have mild, moderate, and severe anxiety, respectively. As for the depression levels of patients, 13 were mildly depressed (18.8%), 20 were moderately depressed (29%), and 36 were severely depressed (52.2%). We found that anxiety and depression were correlated with disability ($p = <0.05$, $r = 0.2$).
Conclusions: Our findings highlight a correlation between altered mental health and disability among patients with chronic sciatica. It is crucial to screen psychiatric disorders among these patients in order to improve their well-being.

Disclosure of Interest: None Declared

Personality and Personality Disorders

EPV1349

Digital tools for training speech therapists: diagnosis of speech disorders in children

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Introduction: The evolution of digital technologies creates new potential in training specialists who work with children with speech development disorders (6A01.0, ICD-11). The use of digital tools, such as video cases depicting real or simulated speech disorders, provides more opportunities for students to acquire practical diagnostic skills in classroom settings before encountering real individuals with speech disorders.
Objectives: Identifying the attitudes of students, future speech therapists, towards the use of classroom-based diagnostic simulation as a form of training.
Methods: Sixty-two second-year students in the Speech Therapy program were surveyed. The future specialists were asked to anonymously answer open-ended questions about which training methods they consider most effective for enhancing their competencies in diagnosing children with speech disorders.
Results: Forty-three students indicated that they would like to increase the number of practical hours in pre-schools and schools, where they can observe real cases of speech disorders. Thirty-nine students responded that during classroom sessions and self-study, they would like to have unlimited access to video materials showcasing the widest possible range of speech disorders.
Conclusions: Future speech therapists are highly interested in the practical study of speech disorders. However, during their internships, students are often limited in their access to diverse range of examples of the disorders. Creating an educational digital resource featuring video cases which allows students to study cases of speech disorders not only during class time but also during independent work at their own convenience and pace will significantly contribute to successful development of diagnostic competencies. This paper has been supported by the Kazan Federal University Strategic Academic Leadership Program (PRIORITY-2030).

Disclosure of Interest: None Declared

EPV1350

Specifics of anticipatory competence of adolescents with motor disorders

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Introduction: Anticipatory competence allows an adolescent to act and make important decisions in life and activities with a certain temporal-spatial foresight. However, due to their disorder, adolescents with motor impairments are not always able to anticipate the development of future events, and they experience difficulties in establishing social contacts and understanding the emotional states of others.
Objectives: To study the specifics of anticipatory competence in adolescents with motor disorders.
Methods: The study involved 46 adolescents (aged 12-15) attending educational institutions for children with disabilities, with a history of spastic diplegia, spastic tetraplegia, and ataxia. The research employed the following methods: the "Achenbach's Questionnaire," V.D. Mendelevich's "Test of Anticipatory Competence," V.P. Ulyanova's "Anticipation of the Outcome of a Situation with Norm Violations," and the authors' method "Study of Anticipatory Competence of Adolescents" by A.I. Akhmetzyanova and T.V. Artemyeva.
Results: The study revealed that, although the overall level of anticipatory competence in adolescents with motor disorders is quite high, these children experience difficulties in spatial orientation and in structuring a sequence of actions. They encounter challenges in planning future activities and they frequently experience delays. Adolescents with this pathology demonstrated low anticipatory competence in virtual reality, indicating difficulties in virtual communication with others.
Conclusions: The findings of this study on the specifics of anticipatory competence in adolescents with motor disorders will help develop and implement programs for the social adaptation of children, preparing them for future professional activities and independent living in the community.
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Disclosure of Interest: None Declared

EPV1351

Regulation of the Subjective Experience of Safety in Humor among Younger Schoolchildren

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Introduction: Laughter can be regarded as a distinct form of cathartic experience, arising from the violation of various well-established cultural norms. The balance between the emotions of laughter and fear depends on the extent and nature of the norm violation, as well as the specifics of its perception. The development of regulatory functions enables younger schoolchildren to comprehend increasingly complex forms of humor, which involve the transgression of cultural norms—ranging from behavioral violations to breaches of logical and linguistic norms.
Objectives: To examine the specific features of humor perception and production by younger schoolchildren, as well as the potential for regulating their subjective experiences of danger and safety in situations involving norm violations in humor.
Methods: The empirical study involved 360 younger schoolchildren (aged 7-10). The "Sometimes It Happens" (T. Artemyeva) method was used to study humor. The analysis of the schoolchildren's responses was based on the following indicators: identification of rules (norms) in academic, extracurricular, and family interaction situations; the creation of humorous event scenarios; and the selection of event outcomes (adaptive or maladaptive humor).
Results: The study revealed that the development of regulatory functions in younger schoolchildren allows them not to fear violating certain cultural norms or rules of social interaction in a joke. The positive correlation between maladaptive event outcomes and the identification of norms and rules by younger schoolchildren indicates the development of their regulatory function, mastery over their own cognitive processes, and their ability to interpret "dangerous" or "fear-inducing" scenarios as subjectively non-threatening, allowing them to emotionally distance themselves from such situations. Younger schoolchildren recognize the potential of humor in violating cultural norms, understanding that something in the event does not occur as it should according to the rule. In the child's view, adherence to cultural norms guarantees a sense of safety in interactions with adults and peers.
Conclusions: The findings of the study provide a foundation for the development of programs aimed at enhancing the regulatory functions of younger schoolchildren.
This paper has been supported by the Kazan Federal University Strategic Academic Leadership Program (PRIORITY-2030).

Disclosure of Interest: None Declared

EPV1352

Psychometric Properties of the Arabic Version of the Mini-IPIP Five-Factor Personality Scale in Kuwait

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Introduction: The Mini-IPIP, a 20-item short form of the 50-item International Personality Item Pool-Five-Factor Model measure (Goldberg, 1999), with promising psychometric properties, The Mini-IPIP describes personality in terms of the Five Factor Model, namely Neuroticism, Extraversion, Openness to Experience, Agreeableness, and Conscientiousness. The Mini-IPIP appears to be an alternative to the Ten-Item Personality Inventory (TIPI), and the Big Five Inventory (BFI).
Objectives: The study aims to investigate the psychometric properties of the Arabic version of the Mini-IPIP.
Methods: The Arabic version of the Mini-IPIP scales, and the TIPI was administered to1560 Kuwait university undergraduates (576 males mean age = 21.82±0.70 and 984 females; mean age = 20.95±1.31). The internal consistency reliability, factor structure, and convergent validity of the Mini-IPIP with TIPI & BFI were assessed.
Results: Cronbach's alpha was satisfactory for N (0.82), E (0.73), O (0.75), A (0.81) and C (0.80). Results revealed significant gender differences in N with a favor for females and in E, O & C with a favor for males. PCA showed that Mini-IPIP five factors explains 71.05 % of the total variance. The Mini-IPIP demonstrated good convergent validity with the BFI (r =71, .76, .77, .82, .67 for E, A, C, N, and O, respectively) and with the TIPI (r = .46, .49, .66, .69, .58 for E, A, C, N, and O, respectively).
Conclusions: The findings support the psychometric properties of the Arabic version of the Mini-IPIP as a useful tool for researchers needing a short assessment of the Big Five in research.

Disclosure of Interest: None Declared

EPV1353

Psychometric Properties of the Arabic NEO-FFI-3 among Undergraduates in Kuwait

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Introduction: The reproduction of the structure of the NEO-FFI has been stable across different Arabic cultures. The NEO Five-Factor Inventory-3 (NEO-FFI-3) is the revised version of the NEO-FFI-R, which describes personality in terms of the Five Factor Model, namely Neuroticism, Extraversion, Openness to Experience, Agreeableness, and Conscientiousness. The psychometric properties of the NEO-FFI-3 present a robust verification base in diverse cultures. Although there is an Arabic version of the NEO-FFI, the psychometric properties of the Arabic NEO-FFI-3 are yet unknown.
Objectives: The study aims to investigate the psychometric properties of the Arabic adaptation of the NEO-FFI-3.
Methods: The Arabic version of the NEO-FFI-3 is a 60-item questionnaire, and the NEO-FFI-R 60-item questionnaire was administered to1373 Kuwait university undergraduates (559 males mean age = 20.41±1.43 and 814 females; mean age = 20.60±1.18). The internal consistency reliability, factor structure, and convergent validity of the NEO-FFI-3 with NEO–FFI-R were assessed.
Results: Cronbach's alpha was satisfactory for N (0.72), E (0.82), O (0.79), A (0.82) and C (0.74). Results revealed significant gender differences in N, O & C with a favor for females. PCA showed that NEO-FFI-3 five factors explains 53.98% of the total variance. However, the high mean correlations between the NEO-FFI-3 and NEO–FFI-R scales, with coefficients of (0.87) for the N, (0.85) for the E, (0.84) for the C, (0.78) for the O, and (0.77) for the A.
Conclusions: The findings support the psychometric properties of the Arabic adaptations of the NEO-FFI-3 as useful instruments for assessing the Big Five.

Disclosure of Interest: None Declared

EPV1354

Adherence to treatment in patients with borderline personality disorder (BPD) with gynecological cancer

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Introduction: The presence of borderline personality disorder (BPD) in cancer patients can be a risk factor for adherence to oncological treatment.
Objectives: To analyze problems related to adherence to treatment of patients with borderline personality disorder (BPD) in comorbidity with gynecological cancer.
Methods: Clinical histories and subsequent interviews of patients ("A" and "B"), both 25 years of age. "A" with a diagnosis of Cervical Cancer in 2022, without adherence to treatment, irritable, unmotivated, with emotional instability in her relationships, chronic emptiness, impulsivity, risky sexual behaviors, self-harm, and suicidal thoughts. B, diagnosed with endometrial cancer in January 2023, presents treatment adherence with extreme fear of abandonment, irritability, anhedonia, anxiety, low self-esteem, impulsivity, and suicidal ideas. Both receive psychotherapy at the Psychooncology and Palliative Care clinic. Scales from the General Health Questionnaire (GHQ-28) and McLean Screening Instrument for Borderline Personality Disorder were applied.
Results: Anxiety, lack of control, and rebellion manifested A's lack of adherence. B's "adherence" is redefined as separation anxiety, currently deposited in her partner and the oncology team. They evoked physical and sexual violence experienced since childhood and drug abuse, which influenced her anger and attitude towards cancer treatment for being "captives" of the disease. Thus, she denied A her dependency needs and B her fear of her partner's abandonment and her suicidal thoughts.
Conclusions: Internal conflicts are expressed through self-destructive behavior: addressing her fears allowed her to continue treatment. Psychotherapy limited his judgment, cognitive, and reasoning lapses. They mentalized stories of abuse, early violence, and behaviors that limited their quality of life before and after cancer, improving their treatment adherence.

Disclosure of Interest: None Declared

EPV1355

Give me my pudding: a case report of hoarding symptoms in a first psychotic episode of a woman with schizotypal personality

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Introduction: Schizotypal personality disorder is characterized by social and interpersonal deficits, eccentric behaviour, unusual beliefs, magical thinking and blunted affect, and it may represent a predisposition for psychosis. Hoarding disorder, which has recently been recognised in ICD-11, is defined by accumulation and persistent difficulty in discarding ordinary possessions, leading to interfering levels of clutter that compromise the use or safety of living spaces. Hoarding behaviour can occur in a variety of neuropsychiatric disorders, including psychotic disorders. Research suggests an association between schizotypal traits and hoarding symptoms including cognitive deficits, emotional dysregulation or impaired insight, which are also characteristic of psychosis.
Objectives: We aim to present a case of hoarding disorder in a woman with schizotypal personality traits which presented with a first psychotic episode at her fifties.
Methods: We describe a case report and a non-systematic review on the subject.
Results: A 55-years-old woman was admitted to psychiatric emergency department with behaviour changes, marked by significant neglect in self and health-care in addition to social and emotional isolation. She also exhibited somatic, persecutory and autoreferential delusions, as well as auditory hallucinations. She believed that her body had no production of saliva and her meals mostly consisted of chocolate pudding, since she was convinced this was the only food her organism could tolerate. As a consequence, her nutrition was fairly neglected and severe potassium deficits were observed with electrocardiogram changes and fainting episode. Beyond these symptoms, a severe hoarding pattern was found which had worsened over the last years. Supported by family meetings and psychological personality assessment, dysfunctional personality traits stood out, with a difficulty in interpersonal relationships and adaptation to external reality. During hospitalization, we found that psychotic symptoms had months of evolution. Antipsychotic medication was initiated (Paliperidone) with significant improvement of symptomatology, but not full remission.
Conclusions: Upon a comprehensive assessment, we concluded that the patient's dysfunctionality was mainly due to schizotypal personality disorder rather than the acute psychotic episode. This case also suggests the importance of assessing personality traits, in particular schizotypal, in patients with hoarding symptoms. An overlap between hoarding symptoms and schizotypy has previously been reported in literature. Therefore, we highlight that distinction among schizotypal personality traits, psychotic and hoarding symptoms can be challenging among clinical practice. In overall, a broad assessment of symptoms is warranted in order to better understand what is in the basis of patient's dysfunctionality and ensure and effective treatment.

Disclosure of Interest: None Declared

EPV1356

The impact of a mentalization-based psychotherapy program on borderline personality disorder hospitalizations: a protocol for a 20-year analysis using electronic health records

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Introduction: Borderline personality disorder (BPD) is a severe and complex mental disorder and a major contributor to disability, health-care costs, and societal expenses worldwide. BPD is associated with considerable functional impairment and high healthcare utilization, often co-occurring with other mental disorders such as depression, substance use disorders, and bipolar disorder, further entangling its presentation. Coupled with the high risk of self-harm and suicidal behaviours, this calls for an evidence-based treatment, with a timely intervention to reduce both individual suffering and intensive care utilization. BPD treatment remains challenging. With its neurobiological underpinnings yet to be fully clarified, no medication is specifically approved for BPD, being psychotherapy approaches the treatment of choice. However, since not all patients respond sufficiently to psychotherapy, further research in this area is of utmost importance.
Objectives: To assess the impact of a structured mentalization-based therapy (MBT) program on the number and length of psychiatric hospitalizations of patients with a discharge diagnosis of BPD.
Methods: An observational retrospective study will be conducted using routinely collected health data from adult patients admitted to the inpatient unit in the psychiatry service of the Unidade Local de Saúde de São João (ULSSJ), a University Hospital in Porto, Portugal. Using data from 2003 to 2023, a 20-year analysis will be performed, allowing for the comparison of hospitalizations before and after the program introduction. The study was approved by the Ethics Committee of ULSSJ under the approval n.º 337-23.
Results: The number and length of hospitalizations before and after the implementation of this program will be compared, to evaluate its impact. Findings will be reported using the RECORD guidelines and disseminated via publication in peer-reviewed journals.
Conclusions: With this analysis we expect to enhance the understanding of the impact of psychotherapies on this disorder and, hopefully, demonstrate that implementing a MBT program for BPD patients may lead to a decrease in the number and length of hospitalizations due to BPD, which may be indicative of more effective treatment and lower healthcare costs associated with this disorder.

Disclosure of Interest: None Declared

EPV1357

Borderline pattern - an indicator of the severity of personality disorders

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Introduction: The borderline pattern is an optional diagnostic specification in ICD 11 that includes the diagnostic criteria for borderline disorder. With the introduction of the dimensional diagnosis of personality disorders by grading the severity of the disorder and determining the pathological traits, a debate has been opened about the need for the borderline pattern specifier.
Objectives: The objective of the study is to determine the relationship of the borderline pattern with the level of personality functionality and its role in the differentiation of patients with and without personality disorder.
Methods: An analytical cross-sectional study was conducted to determine the degree of severity of personality disorder and borderline pattern in patients diagnosed with personality disorder according to ICD 10 compared to healthy individuals. LPFS-BF-2.0 was used to assess the degree of personality functioning, and BPS was used to assess the existence and intensity of a borderline pattern.
Results: Two groups between the ages of 18 and 65 were included in the study, the first of 17 people (*N* 17, 41% women) (mean age 34.29, SD 13.85) with a diagnosed personality disorder according to ICD 10 and the second a control group of 22 healthy subjects (*N* 22, 59% female) (mean age 33.18 years, SD 11.76). The first respondent group had LPFS-BF-2.0 scores of 29.88 (SD 4.93) and BPS 38.06 (SD 7.3). The control group had LPFS-BF-2.0 scores of 17.22 (SD 3.99) and BPS 20.09 (SD 6.05). A high correlation was found between LPFS-BF-2.0 and BPS, $r(39)=0.82$ $p=0.0000$. The differences between the two groups were high both according to the level of personality functionality $t(37)=8.849$ $p<0.00001$ and according to the intensity of the borderline pattern $t(37)=8.401$ $p<0.00001$.
Conclusions: According to the obtained results for the high correlation between the intensity of the borderline pattern and the level of functionality of the person, it is concluded that the borderline pattern is an indicator of the degree of severity of a personality disorder. The significant difference between the levels of personality functionality and the borderline pattern in both groups can be used in the differential diagnosis of persons with and without personality disorder and other mental disorders, which would have implications for the therapy plan.

Disclosure of Interest: None Declared

EPV1358

Shoplifting as disinhibition in individuals with a borderline pattern

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Introduction: Pathological traits according to the dimensional diagnostic system for personality disorders include a certain set of emotional, cognitive and behavioral features. In different people, a certain trait manifests itself in a different behavioral form, while the same trait can manifest itself in several people similarly.
Objectives: To analyze shoplifting in individuals with borderline personality disorder through pathological traits.
Methods: A non-systematized literature review was performed, with keywords: borderline personality disorder, shoplifting, and a case series was presented.
Results: This is a series of three cases of people with borderline personality disorder, who were also assessed according to ICD 11 criteria with LPFS-BF 2.0, PSQ-11 and BPS. The first person is a female, 20 years old, a student, LPFS-BF 2.0 - 34, on PSQ-11 elevated values for all pathological traits, except for anankastia and BPS – 47. She is occasionally depressed and continuously abuses marijuana for a long period of time. The second person is the also female, age 21, student, LPFS-BF 2.0 - 31, on PSQ-11 elevated values for negative affectivity and disinhibition and BPS – 46.

Occasionally has obsessive controlling and criticizing thoughts and several episodes of self-harm, incidental substance abuse. The third person is a 20-year-old male, unemployed, LPFS-BF 2.0 - 32, PSQ-11 elevated values for negative affectivity and disinhibition and BPS – 41. He is occasionally paranoid, has a history of self-harm and occasional excessive use of benzodiazepines. All three give information that they occasionally steal from markets and large stores, but they do not steal from people. As a reason for stealing, they cite a lack of funds at a given moment for a particular item they wanted, but also the need to steal, the inability to refrain and the excitement they feel at that moment.

Conclusions: Negative affectivity and disinhibition appear as common pathological traits in all three people. Disinhibition, characterized by impulsivity due to a rush of immediate emotions and thoughts, without thinking about the consequences and the need for immediate gratification, manifests itself in these individuals through shoplifting. Occasional shoplifting, without practice of other forms of stealing, is a disinhibitory phenomenon.

Disclosure of Interest: None Declared

EPV1360

Evaluation of a psycho educative group intervention for family members of patients with severe personality disorder undertaken within a mental health centre in Forlì, Italy

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Introduction: Severe personality disorders have a significative impact not only on patients but also among their families, causing emotional distress and relevant burden related to care giving. Psycho-educational intervention targeting family members can improve their understanding of the disorder and their ability to cope with symptoms.

Objectives: Forlì Mental Health Centre multi-professional team undertake this study with the scope to evaluate the efficacy of a nine sessions' psycho-educational program targeting a group of family members, based on the dialectical behavioral therapy (DBT) principles and skills.

Methods: 12 participants completed the program and filled self report questionnaires administered at the first (t0) and ninth (t1) session: Symptom Checklist - 90 (SCL-90) and Zarit Burden Interview (ZBI). They also answered a qualitative format investigating their subjective experience.

Results: Results at baseline (t0) indicate high scores on the SCL-90 subscales such as Somatisation (mean = 1,21; st. dev = 0,91), Depression (mean = 1,08; st. dev = 0,86), Sleep disturbances (mean = 1,39; st. dev = 1,03).

Statistical analysis suggest an increase of SCL-90 subscales, at the end of the program (t1), such as Somatisation (mean = 1,38; st. dev = 0,85), Obsessions and compulsions (mean = 1,19; st. dev = 0,78), Depression (mean = 1,40; st. dev = 0,93), Paranoia (mean = 0,93; st. dev = 0,78), Sleep disturbances (mean = 2,18; st. dev = 1,03). ZBI questionnaire total scores indicate an increase of perceived caregiving burden(mean = 42; st. dev = 24,7). Qualitative indicators were administered at the end of the program showing a general satisfaction for the intervention described as "useful", "important", "helpful", "comforting". The most liked session was the one about "validation" skill.

Conclusions: Despite the perceived psychological distress and burden' increase, participants have intended the psycho-educative program as useful and worth it. Results suggest that their learnings may be paired with complementary skills and their generalization to enable a significative reduction of psychological impact of caregiving. Future development will include a follow up session to explore this possibility.

Disclosure of Interest: None Declared

EPV1361

Efficacy of transcranial magnetic stimulation in borderline personality disorder

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Introduction: Transcranial Magnetic Stimulation is non-invasive neuromodulation technique that manages various mental disorders, including Borderline Personality Disorder (BPD) that is characterized by impulsive behavior, emotional lability, aggressiveness and unstable mood. TMS may decreases some core symptoms of borderline personality disorder by targeting specific brain regions involved in emotion regulation, aggression management and impulse control.
magnetic fields stimulate nerve cells in prefrontal cortex, involved in emotional regulation, also influences neural circuitry, that diminish symptoms like aggressiveness, dysregulation and problems in interpersonal relationships.

Objectives:

- **Treatment effectiveness assessment in reducing symptoms like problems in interpersonal relationships, mood swings, impulsivity, aggressiveness, sometimes paranoid ideations**
- **management of affect, anxiety and depressive states**
- **Changes in neural circuitry:** alterations in brain activity patterns
- **Safety profile** of TMS in individuals with BPD, also adverse reactions
- self assessment of the pationt regarding symptom relief
- **Compare with medications**

Methods: Type of Study: Randomized controlled trial (RCT)

Duration: 10-14 weeks

Setting: Outpatient department of Todua clinic

Inclusion Criteria:

- Adults aged 18-65 y
- Diagnosis of Borderline Personality

Exclusion Criteria:

- Contraindications (e.g., metal implants in the skull or brain)
- substance abuse disorder or psychiatric illness (cognitive disorder, schizophrenia, bipolar disorder)

Results: The results have shown a really promising outcome:

1. **reduced symptom severity: impulsivity, aggressiveness, self-harming, emotional instabiliyu, mood swings, improved mood and decreased anxiety and depressive states.**
2. **Changes in neuronal circuits:** TMS changed total brain activity in a positive way, it regulated limbic system functioning tha correspondingly improved the symptoms.

3. **This technique is really safe and very well tolerated with** few side effects, most of them were mild, such as headache.
4. **Improved Quality of Life**

Conclusions: In conclusion, Transcranial Magnetic Stimulation leads to significant reductions in main symptoms, such as mood swings, impulsivity, aggressiveness, emotional dysregulation and self harm. moreover, this technique is very well-tolerated, with minimal side effects, like mild headache.
Changes in brain activity shows how TMS facilitates symptom improvement, especially when combined with psychotherapy or medications.
TMS promises to be an innovative technique nin the management of core symptoms of BPD and improving patients' quality of life.

Disclosure of Interest: None Declared

EPV1362

Evaluation of adherence to pharmacological treatment in a large sample of patients with personality disorder

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doi: 10.1192/j.eurpsy.2025.1911

Introduction: Personality disorders (PD) are defined as enduring and pervasive patterns of internal experience and behavior that deviate markedly from the expectations of the individual's culture, causing distress and functional impairment (APA, 2013). Pharmacological therapy can be crucial to manage specific symptoms or psychiatric comorbidities, improving the quality of life of these patients. Adherence to pharmacological treatment is often reduced in patients with PD, representing a significant challenge for clinicians (Åkerblad et al., 2008). Few studies have explored this topic, highlighting the need for further research.
Objectives: The aim of the present study was to assess medication adherence in patients with primary diagnosis or comorbidity of PD in different clinical settings of an Italian psychiatric department, considering clinical and socio-demographic differences.
Methods: A sample of **200 patients diagnosed with PD** was recruited from various psychiatric services from the Department of Psychiatry at Luigi Sacco University Hospital, in Milan. Diagnoses were made through a structured clinical interview based on DSM-5 criteria (APA, 2013). The patient's adherence to treatment was evaluated using the **Clinician Rating Scale (CRS)**, with a cut-off of ≥ 5 defining adherence subgroups [**Positive Adherence (A+): score ≥ 5; Negative Adherence (A-): score < 5].**
Results: Positive adherence to pharmacological treatment was observed in **64.5%** of the sample, with significantly higher rates in patients with **Cluster C**(15.5% vs. 5.6%, p<0.005)(Figure 1). Furthermore, higher rates of positive adherence emerged in patients with a **positive family history** (60.3% vs 45.5%, p < 0.005). Finally, the analyzes between the different clusters revealed a significantly **higher lifetime prevalence of suicidal thoughts in Cluster B** (63.0%, p<0.05) and that the **majority of Cluster A** (60%, p<0.05) came **from territorial mental health services**, while the **majority of Cluster C** (66.7%, p<0.05) **from day hospital services** (Figure 2).

Image 1:

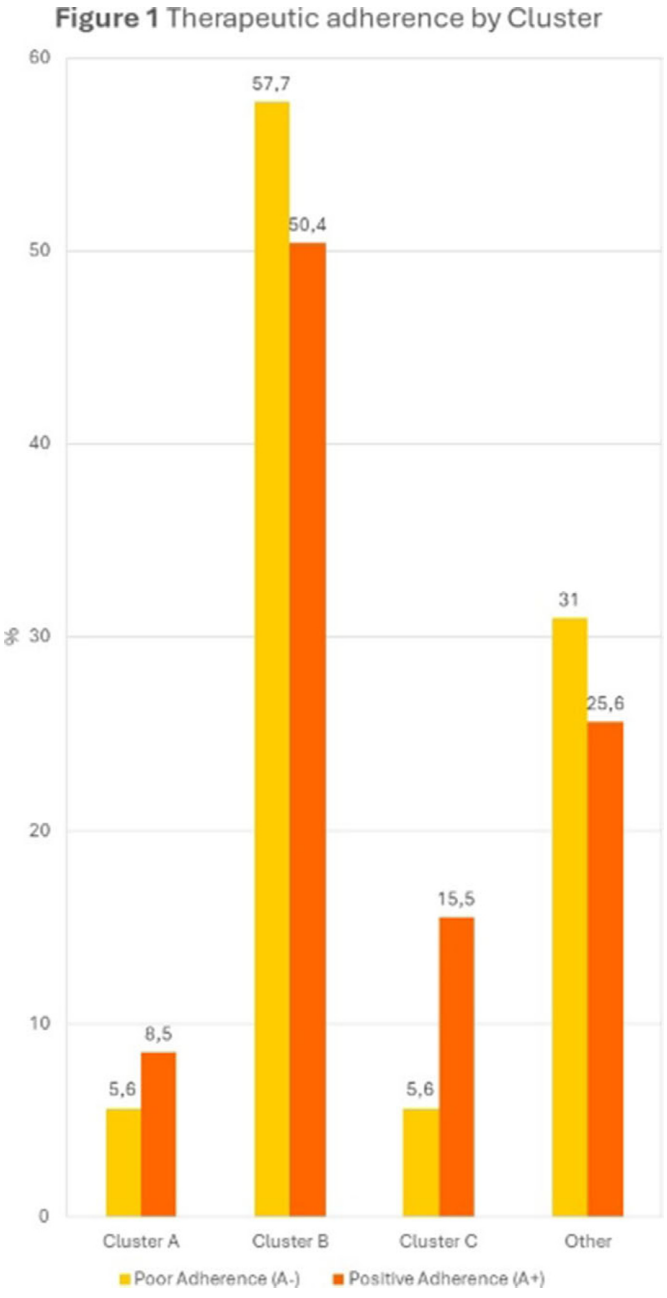
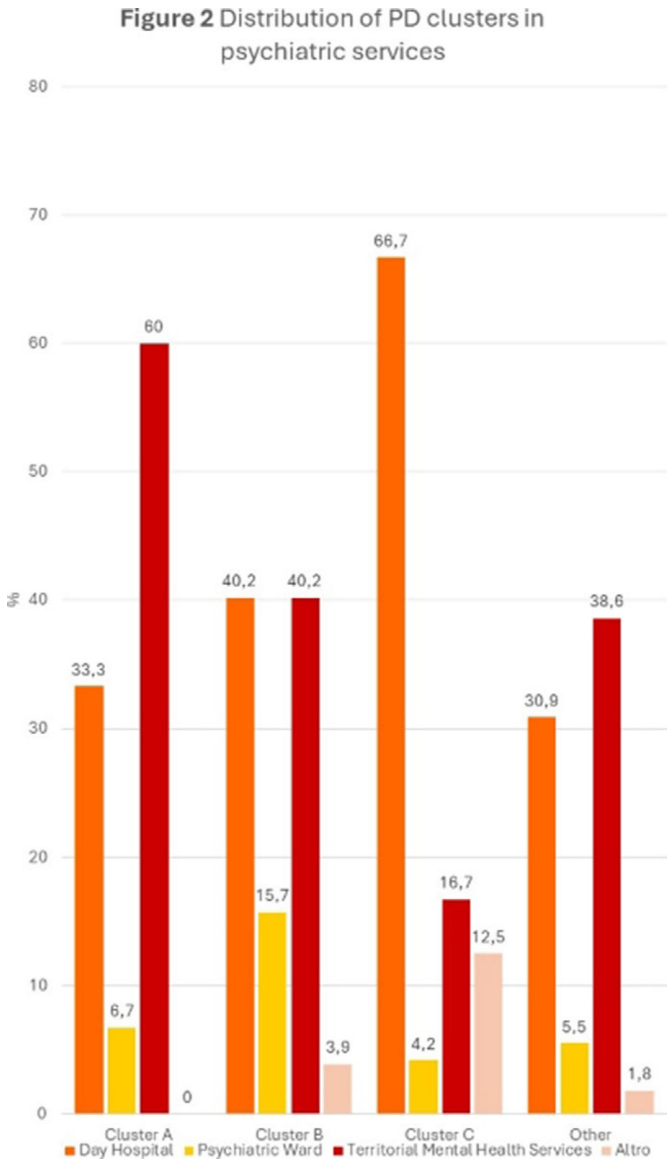


Image 2:



Conclusions: The study found significantly higher treatment adherence rates in Cluster C patients, suggesting a **possible link between the anxious traits characteristic** of this group **and greater compliance**. Furthermore, a positive family history was associated with higher adherence rates, highlighting **the role of family influences in adherence**. Analyzing the differences between socio-demographic and clinical variables in the different clusters, it emerged that the prevalence of lifetime suicidal thoughts was significantly higher in Cluster B and that the patients in Cluster A mainly came from local mental health services and those in Cluster C from day hospital services. These findings highlight **the importance of personalized interventions to meet the specific needs** of each Cluster in order to optimize treatment adherence and therapeutic outcomes.

Disclosure of Interest: None Declared

EPV1363

Challenges of the Maternal Role in Women with Schizotypal Personality Disorder

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Introduction: Children born to mothers with mental health disorders are at a significantly increased risk of developing insecure attachment patterns.

Objectives: Demonstrate with clinical case that mothers with schizotypal personality disorder tend to be less sensitive and responsive, and more intrusive in their interactions and caregiving (Høivik et al. BMC Psychiatry Int 2018; 18, 198; Willinger et al. ANZJP Int 2002, 36, 5; Vebeke et al. al. APA Int 2017, 8 54-63; Ripoll et al.).

Methods: The clinical case presented below highlights functional decline in a woman with schizotypal personality disorder during pregnancy and the transition to motherhood.

Results: The 39-year-old mother of a 16-month-old son, employed as a saleswoman, has been in outpatient psychiatric treatment for 6 years. She has been hospitalized 6 times, 4 of which occurred in the year after childbirth.

Her psychiatric history began at age 33, when she was first admitted due to an impulsive outburst, involving aggression toward objects. Psychological evaluation revealed impulsivity alongside paranoid ideation. Treatment (aripiprazole, quetiapine, and paroxetine) led to clinical improvement, and she continued psychotherapy for psychosis. For 5 years, she maintained regular employment, entered a relationship, and became pregnant, at which point she discontinued pharmacotherapy.

At 32 weeks of pregnancy, she became disorganised, refusing food and gynecological examinations, leading to psychiatric hospitalization. A combination of haloperidol, quetiapine, and lorazepam stabilized her condition, although negative symptoms, cognitive impairments and schizotypal features persisted. She gave birth to a healthy son via planned cesarean section and continued postnatal care under a psychiatrist and clinical psychologist.

Within the year postpartum, she experienced 4 additional hospitalizations, primarily due to mood destabilization linked to non-adherence to oral and depot pharmacotherapy. Each time, her condition improved upon reintroduction of therapy. By her penultimate discharge, a social coordinator was appointed, as she struggled with childcare, expressing emotional detachment from her child. Her fourth hospitalization was characterized by disorganization and impulsivity, after which she ended her relationship with her partner. Currently, she resides with her mother and remains on quetiapine, clozapine, and aripiprazole. With her consent, her partner and his mother assumed childcare responsibilities. The patient reports feeling emotionally relieved and stable, and has agreed to resume depot pharmacotherapy.

Conclusions: This case underscores the importance of early identification and timely intervention in perinatal psychiatry. Effective treatment of maternal mental illness, doesn't necessarily lead to secure attachment formation between mother and child, nor does it guarantee better cognitive or socio-emotional outcomes in the offspring.

Disclosure of Interest: None Declared

EPV1364

The effect of a specialised intervention program for borderline personality disorder on the need for acute hospitalisations: A retrospective observational study

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Introduction: Borderline personality disorder (BPD) often results in recurrent acute hospitalisations, significantly burdening healthcare systems. Specialised intervention programs aim to stabilise patients and reduce hospital admissions. This study investigates the impact of a structured BPD Intervention Program at the Local Health Unit of São João on reducing the need for acute hospitalisations.
Objectives: The objective of this study is to assess the effect of integration into the BPD Intervention Program on the frequency of acute hospitalizations. Furthermore, we aim to investigate the relationship between clinical and sociodemographic factors, as well as the need for inpatient care.
Methods: This is a retrospective longitudinal study with quantitative statistical analysis of data from 293 patients referred for suspected BPD at the São João Local Health Unit. The analysis included 163 patients who had their BPD diagnosis confirmed. We collected data from hospital records, focusing on the number of hospitalisations before and after program admission. We also analysed variables such as the program's follow-up duration.
Results: The mean age at the time of the first evaluation was 24.6 years, with symptoms typically starting at a mean age of 14.2 years. The majority of participants (94%) were female. The program's integration led to a significant reduction in hospital admissions. Prior to the program, patients had an average of 1.01 hospitalisations per patient (median = 0). After integration, the average decreased to 0.66 hospitalisations per patient (median = 0). We are conducting further analyses to explore associations between additional factors and hospitalisation outcomes.
Conclusions: Integration into the BPD Intervention Program is associated with a decrease in acute hospitalizations. This clearly supports the idea that specific interventions can help stabilise BPD patients. The findings also highlight how personalised care can reduce strain on healthcare costs. Future research should evaluate the long-term benefits of the program, including its impact on the duration of hospital stays and the lasting effects of reduced hospitalisation rates after program completion.

Disclosure of Interest: None Declared

EPV1365

Short Dark Tetrad - Polish version (SD4-PL) - examination of psychopathy, narcissism, Machiavellianism and sadism - preliminary psychometric properties of the tool in Polish conditions

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Introduction: The Dark Tetrad of Personality includes factors commonly recognized as socially aversive. So far, they have been recognized as psychopathy, narcissism and Machiavellianism. Nowadays, sadism has also been included in the scope of dark personality traits. There are many tools for examining the Dark Triad of Personality, while tools dedicated to the Dark Tetrad are under development. One such tool is The Short Dark Tetrad scale (SD4) by Paulhus et al. (2021), which, due to its popularity, may enable cross-cultural research in the future.
Objectives: The aim of the study was to assess the preliminary psychometric properties of the Short Dark Tetrad tool - Polish version (SD4-PL).
Methods: 972 people with an average age of 34.39±11.09 SD years were recruited for the study. The 28-item Short Dark Tetrad scale (SD4) was translated into Polish (SD4 Pl) and used for a study. As part of the statistical analyses, a confirmatory factor analysis (CFA) was used, based on the structural equation modeling. The internal consistency of the tool was also assessed.
Results: Confirmatory factor analysis (CFA) parameters turned out to be satisfactory. The original structure of the tool was maintained, which consists of four 7-item scales dedicated to psychopathy, narcissism, Machiavellianism and sadism. The obtained psychometric parameters turned out to be similar to the results obtained in several countries where the Short Dark Tetrad scale has already been introduced. Satisfactory measures confirming the reliability of the tool (Cronbach's α) were also obtained, ranging between 0.68 and 0.79.
Conclusions: Short Dark Tetrad - Polish version (SD4-PL) presents satisfactory psychometric properties. By maintaining the original structure of the tool, it opens the possibility of examining its equivalence with other language versions and, in the future, the possibility of conducting international research focusing on factors such as psychopathy, narcissism, Machiavellianism and sadism.

Disclosure of Interest: None Declared

EPV1366

Childhood trauma as a transdiagnostic factor in Borderline Personality Disorder and Eating Disorders: Relation with Impulsive-Unstable Symptomatology

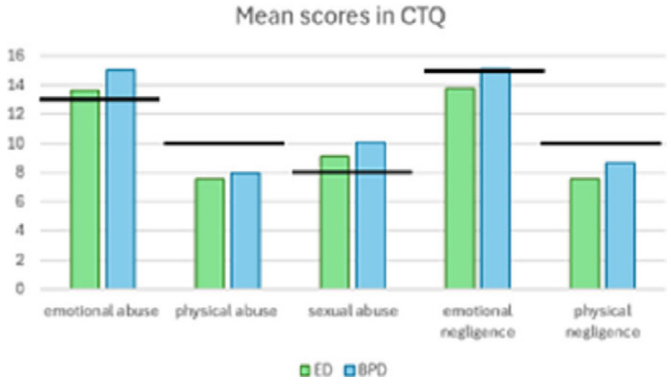
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Introduction: Recent literature shows that childhood trauma might be associated with developing an eating disorder (ED) or borderline personality disorder (BPD) on the long term. These two

disorders have a great comorbidity, and they share many common symptoms.
Objectives: The aim of this study is to test if childhood trauma could be a transdiagnostic factor for both diagnostics, as well as analysing if trauma could be related to the severity of impulsive and instability symptomatology which characterize both of these diagnoses.
Methods: The sample consisted of 45 patients with a diagnosis of either ED (n=21) or BPD (n=24). Childhood trauma was assessed using the CTQ (Childhood Trauma Questionnaire). Impulsive-unstable symptomatology was assessed using the BIS (Barrat's Impulsivity Scale), CSV (Feeling of Emptiness Questionnaire) and STAXI (State-Trait Anger Expression Inventory), HARS (Hamilton's Anxiety Rating Scale), MADRS (Montgomery-Asberg Depression Rating Scale). Differences between groups were measured for the CTQ using the *t* test. The relationship between test results and trauma was measured via regression analyses.
Results: Both groups had high scores of emotional and sexual abuse, and the BPD group also showed high scores in emotional negligence. There were no statistically significant differences between groups relating to trauma symptoms (see *Figure 1*) Moreover, significant relationships were found between childhood trauma and higher levels of impulsivity (R^2adj = 0.14; p = .006), feelings of emptiness (R^2adj = 0.15; p = .005), anxiety (R^2adj = 0.13; p = .008) and depression (R^2adj = 0.08; p = .037).

Image 1:



Conclusions: Out preliminary study shows that childhood trauma is a transdiagnostic factor between BPD and EDs, and it's related to the aggravation of impulsivity and instability symptomatology.

Disclosure of Interest: None Declared

EPV1367

Borderline Personality Disorder and Autism Spectrum Disorder: A Case Report

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Introduction: Autism spectrum disorders (ASD) are underdiagnosed in women due both to diagnostic bias, and the quieter, less visible signs and symptoms of female autism. Distress generally only becomes manifest during mid childhood and adolescence, when mental illness gets misidentified as the primary cause. The symptomatic overlap of ASD and Borderline Personality Disorder (BPD) has been noted and at the cognitive level, ASD includes difficulties in reading others emotions and core cognitive features of BPD also include altered social cognition.
Objectives: The aims of this paper are to present a case report of a patient diagnosed with BPD and ASD and to provide a summary of the current literature concerning this double diagnosis.
Methods: A description of the case is made and relevant articles were identified by searching the following terms: "borderline personality disorder" and "autism/autism spectrum disorders". Research was restricted to articles concerning humans and published between 2014 and 2024 in English.
Results: The case report describes a young female of 19 years old that was evaluated in an emergency context due to suicidal ideation and was then referred to both psychiatry and psychology. She was diagnosed with BPD and ASD in adolescence while she was seeing a child psychiatrist. In the consultations she reports marked emotional dysregulation, irritability, difficulties in tolerating some textures and increased sensitivity to noise and light, as well as frequent worries about peer relationships and self-image with a need to do things differently to fit in.
Despite some controversial results and lack of homogeneity in the methods used for the diagnostic assessment, subjects with BPD reported higher scores on tests evaluating the presence of ASD compared to a non-clinical population and hypothesized the presence of unrecognized ASD in some BPD patients or vice versa, while also describing a shared vulnerability towards traumatic events.
Conclusions: This case illustrates a common and complex clinical challenge, where the double doses of emotional dysregulation and disrupted social interchange overwhelm either ASD or BPD approaches considered separately. Diagnostic differentiation is crucial toward targeted therapeutic interventions (psychopharmacological and psychosocial). It is still difficult to draw accurate conclusions based on the recent literature. Research in sex/gender difference is still limited, with heterogeneous results, and further studies are needed to enlighten the clinical similarities and diagnostic overlap between ASD females and BPD.

Disclosure of Interest: None Declared

EPV1369

Male Hysteria: Main Psychopathological Theories and Clinical Presentations (Narrative Literature Review)

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Introduction: Hysteria has been historically linked primarily to women; however, its importance in men has recently gained attention. This is why we found it interesting to study male hysteria. Therefore, understanding psychopathological theories offers a valuable framework for highlighting its clinical characteristics.

Objectives: Describe the main psychopathological theories of male hysteria and its key clinical specifications referring to the theories.
Methods: We conducted a narrative literature review of articles and thesis published between 2009 and 2022, using databases such as PubMed, Google Scholar, and HAS (Haute Autorité de Santé) with predefined keywords such as "men", "hysteria", "masculine" and "conversion". This review culminated in a narrative synthesis that aims a cohesive discussion integrating key findings from the literature.
Results: The bibliography first distinguished between two pairs in order to define masculine hysteria: Anatomical (male/female) and psychological (feminine/masculine), highlighting that masculine hysteria can occur in both men and women. Therefore, a male may identify with either masculine hysteria or feminine hysteria, the latter of which can be related to male homosexuality.
Research indicates that masculine hysteria is associated with theories of sexual identity conflict, which involve the repression of feminine traits and fears of castration. Additionally, cultural norms often restrict men's emotional expression, favoring strength over vulnerability, along with personal, relational, and environmental influences.
Clinical observations suggest that masculine hysteria typically presents with physical symptoms and dramatic expressions. The type and intensity of these symptoms may vary based on different early life experiences.
Conclusions: Referring to literature, the specific clinical signs leading to a diagnosis of men hysteria seem to be difficult to identify and not well developed. We also concluded that hysteria is too much related to lived gender rather than anatomical gender.

Disclosure of Interest: None Declared

EPV1370

Alexithymic traits and dissociative episodes in borderline patients

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Introduction: The biopsychosocial theory (Paris, 1996) considers the complex interaction of biological, psychological, and social factors in the development and manifestation of borderline personality disorder. Among the environmental factors are unstable family relationships, unresolved traumatic experiences, and adverse life events that can foster alexithymia and dissociative defense mechanisms, as supported by several studies in the literature (Carano et al., 2011; Caretti et al., 2005; Macrì et al., 2022).
Objectives: The present study aims to investigate these constructs in a population of borderline patients admitted to the Psychiatry Department at Bufalini Hospital in Cesena.
Methods: The sample was selected using the SCID PD (Structured Clinical Interview for DSM-5), followed by the administration of the following scales: TAS-20 (Toronto Alexithymia Scale), DES II (Dissociative Experiences Scale), SHI (Self-Harm Inventory), and BSQ (Body Shape Questionnaire). Multivariate analyses were applied, including non-parametric correlations (Spearman's Rho) between variables using SPSS software.
Results: The sample consisted of 20 individuals (F = 17; M = 3) with a mean age of 27.57 years (SD = 7.83). Regarding the TAS, 85% of the participants reported clinically significant scores (Tot >50) compared to the healthy adult population, whose Italian mean is 44. For the DES, 70% of the sample reached clinically significant scores (Tot >30), whereas the healthy adult population scores below 10.
The data revealed a statistically significant positive correlation between high TAS-20 and DES II scores, indicating a relationship between alexithymia and dissociative symptoms. Furthermore, while a trend toward correlation was observed between TAS-20 and BSQ, as well as DES II and BSQ, and SHI and BSQ, these correlations were not statistically significant.
Conclusions: In line with previous literature, most individuals with borderline personality disorder exhibit alexithymia (85%) and experience dissociative episodes (70%). The present findings demonstrate a significant relationship between alexithymia and dissociative symptoms, highlighting how individuals with greater difficulty recognizing and describing their emotions tend to report more frequent episodes of depersonalization and derealization. This suggests that those with such difficulties may use dissociation as a defensive strategy to avoid intense emotions and stressful situations. Additionally, it would be valuable to further explore the relationship between body satisfaction, dissociative symptoms, alexithymia, and self-harm, as these manifestations may be linked to emotional processing difficulties. These findings contribute to a better understanding of emotional and dissociative dynamics in patients with borderline personality disorder and underscore the importance of integrated assessment during treatment.

Disclosure of Interest: None Declared

EPV1371

The effect of LITHIUM in mood improvement in patient with borderline personality disorder; A systematic review

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Introduction: Considering the need to conduct studies on the treatment of BPD and considering the high prevalence of this disorder and its negative effect on the quality of life, especially in young age range and possibility of this disorder being in the Bipolar spectrum, it is necessary to investigate the effect of lithium on mood improvement in patients with BPD. So, this study aimed to investigate the effect of lithium on mood improvement in these patients.
Objectives: Due to the lack of an FDA approved treatment, as well as discussed in the introduction, we dicided to compare the effect of lithiumin mood improvement in this disorder with the effect of other mood stabilizers and antipsychotics.
For this reason, we reviewed the published articles on the effects of other mood stabilizers and antipsychotics on improving the mood of this patints and compare them with those related to lithium in order to make better treatment decision.
Methods: This study presents a comprehensive review of the studies conducted related to the effect of lithium in improving mood in

BPD patients. We conducted a systematic review based on PRISMA guidelines of published and indexed articles from the following databases;
EMBASE, MEDLINE, Google scholar, SCOPUS.Cochrane Library, PsycINFO.
KEY WORD: Lithium, Mood stabilizer, borderline personality disorder. Of the 131 retrieved articles, 9 included our inclusion criteria.
Results: The review of 9 selected studies showed that lithium is useful in reducing emotional and impulsive behaviors, mood stabilization and suicidal tendencies and was more effective than placebo in preventing recurrence of mood disorders. In the study significant heterogeneity was found between all group of patients which could be due to the difference in the selection of participants and different exposure in the pre-study phase. Quantitative data on participants general health and social functioning were not reported and the direction of effect was the same in all studies.
Conclusions: No studies reported a negative effect for lithium and compared to other mood stabilization, it is more effective in controlling emotional and mood changes and aggression, also its side effects are less if controlled regularly and consistently. However, due to the small number of studies in this field and small sample size in studies, we suggest that more studies be conducted in all age groups.

Disclosure of Interest: None Declared

EPV1373

The Psychopathology of Ink: Tattoos as a Window into Personality (Disorders)

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Introduction: Tattoos, once viewed primarily as symbols of rebellion or cultural affiliation, have become increasingly prevalent and socially accepted across diverse populations. This shift raises questions about the psychological motivations behind body art, particularly in individuals with personality disorders.
Objectives: These case studies explore the potential significance of tattoos in the context of personality psychopathology, examining how tattoos may serve as externalized representations of inner conflicts, identity fragmentation, and unmet emotional needs.
Methods: Through the lens of theory, we will discuss how tattoos can function as a form of self-expression and self-regulation, offering insight into defense mechanisms such as splitting, projection, and sublimation in individuals with borderline, narcissistic, and antisocial personality disorders.
Results: The presentation will also explore the therapeutic implications of tattoos, considering their potential as entry points for understanding the symbolic and emotional worlds of patients with personality disorders. We will also reflect on the clinician's role in addressing tattoos in psychotherapy, balancing sensitivity with inquiry, and understanding how body art may influence the therapeutic alliance.
Conclusions: Through the session we aim to deepen our understanding of tattoos as meaningful psychological markers in modern psychiatric practice.

Disclosure of Interest: None Declared

EPV1374

EEG Features in Young Patients with Syndromally Different Subtypes of Borderline Personality Disorder

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Introduction: The study of the neurobiological characteristics of borderline personality disorder (BPD) in youth is actual due to its high prevalence, but quantitative EEG studies of BPD have yielded mixed results.
Objectives: The aim of the study was to assess the EEG features in patients with different clinical subtypes of borderline personality disorder (BPD).
Methods: Total of 52 patients aged 16-25 years (mean age 20.4 ±3.2 years) with BPD (F60.31 by ICD-10) were enrolled in the study. Three groups of patients with different subtypes of BPD (with predominance of "affective storm", "addictive adrenalin mania" and "cognitive dissociation") were identified based on clinical and psychopathological characteristics. A pre-treatment multichannel resting EEG was recorded with measurements of EEG spectral power and coherence in narrow frequency sub-bands. Between-group differences in clinical and neurophysiological parameters were identified using Mann-Whitney criteria.
Results: The groups did not differ in EEG spectral power values, but significant ($p<0.05$) differences between the groups were revealed in the spatial organization of the EEG namely in the number of "highly coherent" functional connections (with coherence coefficients above 0.9) that was the least in the group with "cognitive dissociation". Low values of the number of such connections in the alpha2 EEG sub-band (9-11 Hz) in the frontal-central-temporal brain regions reflect a relatively poor functional state of the prefrontal cortex in this group.
Conclusions: The noted features of the spatial functional organization of brain activity in patients with different BPD subtypes may underlie differences in their clinical conditions, in control of emotions and behavior.

Disclosure of Interest: None Declared

EPV1375

The Impact of Intensive Care Unit Patient Care on Hostility Levels Among Relatives

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Introduction: Hostility is defined as an enduring tendency in individuals to perceive the opinions and actions of others as negative or to anticipate aggression. This study examines how the Intensive Care Unit (ICU) admission of a critically ill family member influences the hostility levels of their relatives.
Objectives: This study aims to assess the hostility levels of family members of ICU patients, focusing on their sociodemographic characteristics and the closeness of their relationship to the patient.
Methods: The study included first-degree relatives, close relatives, and intimate friends of ICU patients. Data were collected via written questionnaires completed by relatives during the first week of the patient's ICU stay. Instruments used were a sociodemographic questionnaire and the Hostility and Direction of Hostility Questionnaire (HDHQ).
Results: A total of 223 family members (mean age: 41.5 ± 11.9 years), representing 147 critically ill patients, participated. Among the participants, 81 (36.3%) were male and 142 (63.7%) were female. The majority were the patients' children (40.8%), siblings (19.3%), or companions (16.1%). The mean hostility scores for male and female relatives were 20.54 ± 8.16 and 19.36 ± 7.43, respectively, with no statistically significant difference (P = 0.271). However, a statistically significant difference (P = 0.030) was found between relatives living in the same household as the patient (21.38 ± 8.47) and those living separately (18.92 ± 7.13).
Conclusions: This study highlights elevated hostility levels among relatives of ICU patients, suggesting that hostility may fluctuate in response to external stressors such as the critical illness of a loved one. The findings support the notion that hostility, while a personality trait, may also function as an adaptive behavior influenced by situational challenges, such as those faced when a family member is admitted to intensive care.

Disclosure of Interest: None Declared

EPV1378

The Fine Line Between Chaos and Creation: Exploring the Link Between Borderline Personality Disorder Traits and Creativity

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Introduction: Borderline Personality Disorder (BPD) is primarily characterized by emotional dysregulation, impulsivity, and unstable relationships. While much of the research on BPD focuses on its impairments, recent studies suggest a possible link between certain BPD traits and enhanced creativity. Emotional intensity, cognitive disinhibition, and non-linear thinking—common in individuals with BPD—are also characteristics frequently associated with creative processes. This review aims to synthesize existing literature exploring the connection between BPD traits and creativity.
Objectives: The primary objective is to review and summarize the existing literature on the association between BPD traits and creativity, focusing on how emotional and cognitive aspects of BPD may facilitate creative thinking.
Methods: A non-systematic review of the literature was conducted by searching academic databases such as PubMed, PsycINFO, and Google Scholar for articles published up to 2023. Search terms included "Borderline Personality Disorder," "creativity," "personality traits," and "emotion regulation." Articles were selected based on relevance to the topic, focusing on studies that explored the link between BPD traits and creativity.
Results: The review identified studies showing a nuanced relationship between BPD traits and creativity. Individuals with BPD traits may access a wider range of emotional experiences, which can enhance creative expression. Impulsivity was linked to spontaneous idea generation and creative risk-taking, although it may also hinder the focus needed for refining creative work. Some research points out that the extreme emotional dysregulation associated with BPD can undermine creative productivity. While emotional intensity might inspire originality, it can also lead to difficulty in structuring ideas, or an inability to complete creative tasks. A few studies even suggest that high levels of interpersonal difficulties, common in individuals with BPD, may further complicate the consistent pursuit of creative projects, as social conflicts or emotional crises might divert focus and energy. In contrast, a smaller body of literature found that individuals with BPD traits might excel in creative fields that value expression, such as art, music, or writing, where emotional intensity and non-linear thinking can be channeled into meaningful creative outputs.
Conclusions: While the reviewed literature suggests that certain BPD traits may enhance creativity, the relationship is complex and multifaceted. Emotional intensity and impulsivity, while potentially beneficial for creative output, can also disrupt focus and long-term creative endeavors. Overall, while BPD traits may foster creativity, they also pose challenges to sustaining long-term creative productivity.

Disclosure of Interest: None Declared

EPV1380

The Rise of Borderline Personality Disorder in Kyrgyzstan: A Two-Year Review

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Introduction: Borderline Personality Disorder (BPD) was historically an underdiagnosed condition in Kyrgyzstan, often identified only in extreme cases, such as when individuals engaged in self-harm or displayed severe emotional instability. Traditionally, psychiatric consultations for BPD were initiated not by the individuals themselves but by concerned family members, typically parents.

As mental health was heavily stigmatized in Kyrgyz society, especially personality disorders, many individuals likely went undiagnosed or untreated.
From 2020 to 2022, the Institute of Behavioral Health at the American University of Central Asia (AUCA) identified only 15 cases of BPD, However, since 2022, there has been a significant rise in BPD diagnoses, with over 70 cases recorded in just two years.
Objectives: This study aims to examine the factors contributing to the increase in BPD diagnoses in the Kyrgyz Republic over the past two years.
Methods: The study's methodology includes the analysis of secondary data provided by mental health organizations, including the AUCA Institute of Behavioral Health, which has tracked BPD cases in recent years. Additionally, anecdotal reports from practicing clinicians offer insights into the evolving nature of mental health diagnoses and treatments in Kyrgyzstan.
Results: Several key factors have contributed to the rise in BPD diagnoses in Kyrgyzstan over the past two years. First, socio-economic stressors have intensified, particularly following the political and economic challenges of 2022. Financial instability and high unemployment rates have exacerbated psychological stress for many individuals. These conditions often worsen emotional dysregulation, a core feature of BPD, particularly for those already predisposed to the disorder. Second, the proliferation of social media has played a notable role in shaping mental health patterns, especially among young people. Increased social media exposure has been linked to feelings of inadequacy, identity confusion, and emotional instability—all key components of BPD. Third, domestic violence and trauma remain significant public health concerns in Kyrgyzstan. BPD has long been associated with adverse childhood experiences, including emotional neglect, sexual abuse, and physical violence, making trauma a significant factor in the development of the disorder. As trauma rates rise, so too does the likelihood of developing BPD, especially in those with preexisting vulnerabilities. Moreover, the reduction in stigma surrounding mental health in recent years has also contributed to the rise in diagnoses. Consequently, mental health professionals are now diagnosing BPD earlier and more frequently than in previous years.
Conclusions: The sharp increase in BPD cases in Kyrgyzstan can be attributed to a combination of socio-economic, psychological, and cultural shifts. Addressing underlying socio-economic and trauma-related factors remains crucial.

Disclosure of Interest: None Declared

EPV1382

The Battle with Cancer when you have a Personality Disorder

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Introduction: Personality disorders are often comorbid with anxiety and depression disorders, complicating the diagnostic process. Cancer patients with personality disorders who face the anxiety and discomfort associated with the diagnosis, symptoms, and medical treatment may encounter challenges. They might distort reality as a means of emotional self-preservation or display aggression.
Objectives: This review seeks to delve into the challenges in cancer patients exhibiting dysfunctional personality traits or personality disorders.
Methods: A non-systematized literature review was carried out on PubMed and Google Scholar. The following terms were searched: ("personality disorders" OR "personality traits") AND ("cancer" OR "cancer patients").
Results: Personality traits persistently influence behavior patterns, choices, environmental interactions, and stress responses. Personality can impact cancer development and progression through multiple avenues: by perpetuating unhealthy lifestyle behaviors rooted in personality traits; through negative affect such as depressive or anxious symptoms, as well as ineffective coping mechanisms; and by serving as an etiological factor for somatic diseases or mental disorders that predispose individuals to cancer. While some epidemiological studies have reported a positive association between personality and cancer development or progression, the majority find no significant correlation, leading researchers to conclude that there is no substantial link between personality and an increased risk of cancer.
Conclusions: Meeting the diverse challenges associated with cancer requires adaptability, flexibility, and resourcefulness. Research suggests that specific personality traits, like neuroticism and negative affectivity, are linked to lower quality of life among cancer patients, while extraversion and optimism are correlated with more favorable outcomes.

Disclosure of Interest: None Declared

EPV1383

Cariprazine treatment in patients with borderline personality disorder and psychotic symptoms

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Introduction: Psychotic symptoms are frequently observed in individuals with borderline personality disorder. Numerous case reports in the scientific literature support this finding. This symptoms can significantly impair the patients daily functioning and quality of life. Antipsychotic medications have demonstrated efficacy in managing both psychotic symptoms and emotional dysregulation in this population.
Objectives: This case report aims to explore the use of cariprazine in managing psychotic symptoms in patients with borderline personality disorder.
Methods: This case report describes a 28-year-old woman who sought mental health treatment for symptoms including emotional instability, lability, irritability, anxiety, and impulsivity. Her history includes childhood sexual abuse, which she identified as a significant source of distress. She also reported chronic auditory pseudo-hallucinations with derogatory content and visual pseudo-hallucinations of "small spiders." She reported these experiences as

distressing and disruptive to her daily life. The patient recognized the unreal nature of these hallucinations.
Results: After initiating treatment with cariprazine 2.5mg, the patient demonstrated significant clinical improvement, including a reduction in the severity and impact of psychotic symptoms and a decreased risk of self-harm. Due to this positive response, cariprazine was continued, and the patient experienced increased emotional stability without requiring further acute care.
Conclusions: Studies have suggested the efficacy of second-generation antipsychotics in treating patients with borderline personality disorder. Beyond the remission of psychotic symptoms, these medications can lead to improvements in both affective and behavioral functioning.

Disclosure of Interest: None Declared

EPV1384

The role of white matter in the symptomatology of dissociation in patients with borderline personality disorder

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Introduction: Borderline personality disorder (BPD) is characterized by instability in the area of one's own self and affective reactions, instability in relationships, and impulsive behavior. BPD patients experience dissociative or quasi-psychotic symptoms much more often than the general population. These symptoms directly affect the daily functioning of patients, often preventing them from taking up professional work or having a stable family life. The etiology of dissociative experiences in BPD patients is still unknown. One of the biological models suggests that biological changes in the brain occur on the basis of a traumatic experience, which can produce symptoms. The arcuate fasciculus (AF) is a structure of white matter that interconnects Broca's area and Wernicke's area in the brain. AF is often considered in the context of research on psychotic symptoms. For this reason, we hypothesize that AF may be related to dissociative symptoms in BPD patients.
Objectives: The aim of our study was to investigate a relationship between the integrity of AF and symptomatology of dissociation in patients with borderline personality disorder.
Methods: 45 BPD subjects and 43 healthy controls (HC) participated in the study. A DTI analysis was performed on all study participants. The psychopathology of BPD was assessed using the Dissociative Experiences Scale - Taxon (DES-T). The AF analysis was then conducted using fractional anisotropy (FA) parameter.
Results: BPD significantly more often than the control group experienced dissociative experiences. We could not identify differences in the integrity of the AF between the two groups. Nevertheless, we examined the correlation between the quality of the AF structure and the severity of dissociative symptoms (r=-0.0299, p=0.039).
Conclusions: The attenuation of the structure of AF may be involved in symptomatology of dissociation in patients with BPD. Further structural brain studies are needed in the BPD population.

Disclosure of Interest: None Declared

EPV1385

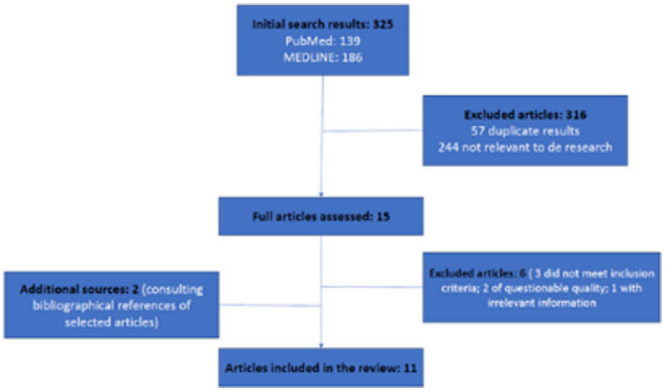
Community prevalence of borderline personality disorder and associated sociodemographic factors. Systematic review

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Introduction: Borderline Personality Disorder (BPD) is one of the most prevalent and debilitating personality disorders in mental health. It is characterized by a persistent pattern of instability in interpersonal relationships, self-image, and affect, along with marked impulsivity.
Available epidemiological data suggest that BPD affects approximately 1-2% of the general population. However, variability in diagnostic criteria and assessment methodologies has made it difficult to obtain comparable results across different studies and geographic contexts.
Objectives: This systematic review aims to synthesize current evidence on the epidemiology of BPD, exploring its prevalence and its sociodemographic correlates.
Methods: This systematic review focused on studies examining the prevalence of Borderline Personality Disorder (BPD) in the general population, as well as the associated sociodemographic factors.
Articles that assessed the prevalence of BPD in adult community populations were included. BPD had to be diagnosed according to the DSM-IV, DSM-5, or ICD-10 criteria, and studies needed to use structured interviews or validated questionnaires. The minimum sample size for included studies was 300 participants to ensure the robustness of the data.
Studies focusing on specific populations (such as hospitalized patient groups) and those that did not differentiate between BPD and other personality disorders were excluded.
An extensive search was conducted in the PubMed and MEDLINE databases.
Results: The initial search yielded a total of 325 results: 139 articles from PubMed and 186 from MEDLINE. Finally, 11 articles were included in the final review. The search and selection process is detailed in the provided image.
The prevalence of Borderline Personality Disorder (BPD) in the general population varied considerably among the included studies. Notably, no studies from Africa or Asia met the inclusion criteria for this review, limiting the generalizability of the results on a global scale. Most of the included studies were conducted in European countries and the United States. Overall, the results suggest variability in BPD prevalence rates depending on geographic region and diagnostic methods employed.
Sociodemographic variables such as gender, age, ethnicity, education level, marital status, income level, location of residence, and employment status showed varying degrees of association with Borderline Personality Disorder (BPD).

Image 1:



Conclusions: The final conclusions will be included in the full version of the systematic review, once all sociodemographic variables have been thoroughly evaluated. This detailed analysis will also assess the extent of these variables' involvement, along with how the different diagnostic criteria used may influence the prevalence of Borderline Personality Disorder (BPD) observed in the samples from the various countries included in the study.

Disclosure of Interest: None Declared

EPV1386

Navigating the Storm: Understanding Affective Instability and Its Implications

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Introduction: *Affective instability* (AI) is a psychophysiological symptom reported in many neurological and psychiatric conditions. It has assumed more relevance in the psychiatric literature as a criterion for borderline personality disorder (BPD). Although extensively clinically used, its definition remains vaguely defined, and it ends up being used interchangeably with *affective lability* or *emotional dysregulation*, and it is often mistaken for *mood lability*, as described in bipolar disorders. To accurately diagnose this symptom and document variations in emotional experiences, it is essential to identify the factors associated with AI.
Objectives: We aim to review the current definitions and conceptualizations of AI to provide more accurate use of the term.
Methods: Narrative literature review.
Results: Current definitions of AI highlight the oscillation of emotions, often described as a series of intense emotional highs and lows that can shift within hours or even minutes, making it challenging for individuals to maintain a stable emotional baseline, significantly affecting an individual's relationships, self-identity, and coping mechanisms. It is a complex construct, encompassing affective valence, affect amplitude, affective shifting with random patterning, reactivity thresholds to environmental triggers, and affective dyscontrolled modulation. Neurobiological research suggests that dysregulation in emotional processing areas of the brain, such as the amygdala and prefrontal cortex, may contribute to these rapid emotional shifts.
Conclusions: AI is a multifaceted construct with significant implications for mental health. The current definitions and conceptualizations underscore the complexity of emotional regulation and the need for a holistic approach to understanding and treating individuals experiencing these emotional fluctuations. Continued research into the neurobiological, psychological, and environmental underpinnings of affective instability will enhance the understanding of this phenomenon and improve treatment strategies for affected individuals.

Disclosure of Interest: None Declared

EPV1388

Alexithymia is associated with submissive behavior in a public goods game

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Introduction: Alexithymia is a relatively stable personality construct that reflects the difficulty in distinguishing and describing one's own emotions along with a concrete and externally directed style of thinking. Alexithymia increases the risk of development and worsens the course of several psychiatric illnesses, such as depression or addiction. It is also associated with the development of eating disorders and psychosomatic illnesses. Additionally, it has a negative impact on the ability to regulate emotions and is also associated with a reduced empathic capacity, interpersonal problems and even violent behaviors. Interestingly, in intimate partner violence, it has been observed that alexithymia is associated with both exercising and receiving abuse. However, social behavior, in dynamics of cooperation within pairs and groups of several individuals, has not been studied much in relation to alexithymia.
Objectives: We evaluated the impact of alexithymia in social behavior in three aspects: generosity, trust and submission.
Methods: After completing an online survey that evaluated their levels of alexithymia using the TAS-20, as well as depression and loneliness, 67 participants (27 men), aged 19 to 46, attended our laboratory. There, after answering the PANAS survey, they played three economic games using tiles: the Dictator game, the Trust game, and the Public Goods game. Each participant played in a group of four, with three of the group members being confederates whose contributions were pre-established and consistent across all sessions and participants. In the Public Goods game, confederates initially contributed a significant percentage (80-95%) of their endowment in the first round, but in subsequent rounds, they drastically reduced their contributions to nearly nonexistent levels.

After playing all three games, the PANAS was reassessed. Finally, on the same day as the face-to-face session, participants completed a second online survey that assessed cognitive and emotional empathy, early life adversity, resilience and perceived stress.
Results: In the Public Goods game, the number of rounds in which participants contributed more than their initial contribution in the first round was used as a measure of submissive behavior. This variable correlated with the participants' level of alexithymia (β=0.544). Additionally, this same index was also negatively associated with empathy and positively related to reported loneliness. A similar pattern was observed between alexithymia and empathy (β=-0.323) and loneliness (β=0.473). In contrast, total contributions made in the Public Goods game, the Dictator game (generosity), and the Trust game did not correlate with alexithymia.
Conclusions: Our results suggest that alexithymia is connected to greater submissive behavior in group interactions. It is possible that its link to reduced empathy and increased loneliness contributes to this behavior.

Disclosure of Interest: None Declared

EPV1389

Using the big five inventory to evaluate the personality traits of medical staff

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Introduction: Personality traits are enduring and stable characteristics that reflect an individual's behaviour, thoughts and feelings. Research indicates that specific traits can affect not only the well-being of healthcare professionals but also their interactions with colleagues and patients.
Objectives: This study aims to assess the personality traits of healthcare professionals using the Big Five Inventory (BFI).
Methods: A descriptive cross-sectional study was conducted among healthcare personnel who consulted the department of occupational medicine of Hedi Chaker Hospital of Sfax to September 2024. The survey was conducted through a self-questionnaire that included sociodemographic data, lifestyles. We also used BFI which measures the Big Five personality traits through five key dimensions: extraversion, agreeableness, conscientiousness, neuroticism and openness.
Results: The study involved 41 consultants (12 men and 29 women) with an average age of 31.2 ± 7.4 years. An urban origin was identified in 87.8% of the cases. Medical staff scored 3.36 ± 0.52 for extraversion, 3.21 ± 0.56 for agreeableness, 3.22 ± 0.61 for conscientiousness, 3.01 ± 0.78 for neuroticism and 3.2 ± 0.65 for openness. A significant association was found between neuroticism and urban versus rural origin (p=0.001). Moreover, associations were found between BFI dimensions: agreeableness with extraversion (p=0.007, r=0.41) and openness (p=0.002, r=0.46).
Conclusions: This study highlights the importance of assessing personality traits among healthcare professionals. Understanding these personality dimensions can provide valuable insights for improving workplace dynamics, enhancing team collaboration, and ultimately fostering better patient care outcomes.

Disclosure of Interest: None Declared

EPV1390

Investigating the Impact of Alexithymia and Dissociation on the Severity of Symptoms in Severe Personality Disorders

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Introduction: Severe personality disorders are characterized by deeply ingrained patterns of thought, behavior, and emotional functioning, along with impaired mental functioning in the areas of self-stability and identity formation. The challenges in interpersonal relationships and overall functioning result in a significant reduction in the capacity to adapt to social roles.
Objectives: In this context, the present study aims to explore the severity of symptoms (SPrDP) in correlation with alexithymia (TAS-20) and dissociation (DES II) in individuals under the care of the Department of Mental Health of Forlì-Cesena.
Methods: The sample was selected using the SCID PD (Structured Clinical Interview for DSM-5), followed by the administration of the following scales: SPrDP (Parma's Scale), TAS-20 (Toronto Alexithymia Scale), and DES II (Dissociative Experiences Scale). Multivariate analyses were applied, including non-parametric correlations (Spearman's Rho) between variables using SPSS software.
Results: The sample consists of 55 individuals (F=38; M=17), of whom 42 have borderline personality disorder (BPD), 3 have narcissistic personality disorder (NPD), 6 have histrionic personality disorder (HPD), 3 have obsessive-compulsive personality disorder (OCPD), and 1 has dependent personality disorder (DPD). The analysis did not reveal a significant correlation between SPrDP and the TAS-20 and DES II scales, although a trend was observed that could correspond to more compromised personality functioning in the presence of high scores on these scales. Furthermore, a statistically significant correlation was found between TAS-20 and DES II. Higher marginal means for TAS-20 were observed in individuals with OCPD. For DES II, the highest estimated marginal means were found in individuals with OCPD and BPD.
Conclusions: The symptom severity measured by SPrDP was not statistically significant in relation to TAS-20 and DES II. However, the presence of a trend between the scales suggests the possibility of further investigation with a larger sample. Additionally, the statistically significant correlation between alexithymia and dissociation may indicate that difficulties in identifying and managing intense emotions lead to the use of dissociative defense mechanisms. The higher average alexithymia scores in individuals with OCPD suggest a possible emotional rigidity with a tendency to control or suppress emotions. The frequency of dissociative symptoms observed in individuals with BPD and OCPD may indicate the centrality of alexithymia and dissociation in the impairment of emotional and relational functioning in severe personality disorders. Further studies are necessary.

Disclosure of Interest: None Declared

EPV1391

Neurohormonal markers of stress in Borderline Personality Disorder: interplay between oxytocin and cortisol

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Introduction: Borderline personality disorder (BPD) is characterized by important attachment issues and emotion dysregulation, particularly in response to psychosocial stressors. Emotions (mainly anger and sadness) may therefore be felt and expressed more intensively. Even though stress response is mainly regulated by cortisol, oxytocin is also involved in this response, and both hormones interact in a temporal dynamic. A previous pilot study carried-out by our group has shown that oxytocin displays less variation in naturalistic setting and lower reactivity during a stress task in patients with BPD when compared to healthy subjects.
Objectives: We are now carrying out a larger-scale study to better understand the interplay between cortisol and oxytocin in everyday life and during stressful situations, but also which other factors may influence these hormonal changes like medication, hormonal contraceptives, childhood adverse events and other psychiatric comorbidities.
Methods: We aim to recruit 120 participants (60 per group). Each participant undergoes three visits. First visit: explanation of the global procedure and risks, signature of informed consent, as well as psychological screening and distribution of questionnaires and salivettes (to be returned during the second visit). Second visit: return of questionnaires and return of part of the salivettes collected during the morning + additional saliva sample and assessment of emotional state. Third visit: experimental procedures and return of remaining samples of salivettes collected in the previous days for circadian assessment (the afternoon of the second visit). Thus, the day of the third visit participants perform an experimental task, the Trier Social Stress Test (TSST), involving stress reactivity.
Results: Currently, 28 BPD patients and 39 healthy controls completed protocol. We analyzed hormonal preliminary data of the first 20 participants of each group. Our initial analyses showed a hyporeactivity of cortisol during stress in BPD patients compared with healthy subjects ($F= 5.27$, $p = .005$).
Conclusions: Recruitment is still ongoing and further analyses will be conducted. Our study may offer a better understanding of the neurobiological underlying stress dysregulation in BPD, which may help to contribute to the development of new psychotherapeutic and pharmacological approaches.

Disclosure of Interest: None Declared

EPV1392

The relation between emotional intelligence and dark triad traits, limitations of research

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Introduction: The war has affected every Ukrainian to some extent. With the mobilization comes the increased risk of people with dark triad traits (DT) (psychopathy, machiavellianism and narcissism) to be exposed to stress on the battlefield. Being vulnerable, these individuals are in need of protection for their mental health. One of such protections is the emotional intelligence (EI). This makes the relation between DT and EI highly valued as the basis for future development of effective measures against stress disorders for combatants.
Objectives: The aim of this research is to study the existing knowledge exploring the relation between the emotional intelligence and dark triad traits and to determine the limitations of these studies.
Methods: In order to analyse this relation the literature review of scientific studies on the topic of the relation between the EI and DT was conducted.
Results: The literature sources published in 1994-2023 years were reviewed for this study. 1,87% of studies showed that DT related negatively to general EI. 5,66% showed that some facets of DT related positively to some facets of EI, while 2,83% showed negative relation. 2,83% demonstrated that psychopathy (P) related positively to general EI, 13,21% reported negative relation, 0,94% showed no relation, 2,83% demonstrated mixed relation. 5,66% reported that some facets of P related positively to some facets of EI, while 38,68% discovered negative relation. 14,15% demonstrated that narcissism (N) related both positively and negatively to general EI, 4,72% observed no relation. 16,98% found that some facets of N related positively to some facets of EI, 21,7% showed negative relation. 5,66% demonstrated that M related positively to general EI, 7,55% reported negative relation. 10,38% found that some facets of M related negatively to some facets of EI.
Conclusions: Among reviewed papers most of them reported that some facets of DT related positively to some facets of EI, with P mostly relating negatively to general EI and some of its facets, N mostly relating positively to some facets of EI and M mostly relating negatively to general EI and some of its facets. Found and known limitations of mentioned studies included: sample population being too heterogenous, sample population including criminal offenders only, size of sample population being too small, use of self-report measures, lack of unified approach to measure EI, possibility of comorbidity influencing EI, possibility of individual's secondary gain influencing EI measure, non-exclusion of individuals with mental disorders from general population. This highlights the need to take mentioned limitations into account in order to acquire accurate data in further research on the topic.

Disclosure of Interest: None Declared

Philosophy and Psychiatry

EPV1395

Phenomenology of Anorexia Nervosa in Cambodia: A Transcultural Approach

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Introduction: Anorexia Nervosa (AN) is a complex psychiatric disorder often understood through a Western lens. This study explores AN in the Cambodian context, where the condition is not traditionally recognized, to uncover cultural and transcultural aspects of the illness.
Objectives: This research aims to conduct an in-depth phenomenological exploration of AN cases in Cambodia, documenting the lived experiences of individuals and identifying cultural or transcultural elements within the universal description of AN.
Methods: Employing a qualitative research approach grounded in phenomenology, this study will involve in-depth interviews with Cambodian individuals experiencing AN. The data will be analyzed using both descriptive and interpretive phenomenological methods, ensuring the bracketing of researcher bias and fostering co-creation of interpretations.
Results: Expected outcomes include a comprehensive phenomenological account of AN in Cambodia, shedding light on the lived experiences of individuals and potentially revealing unique cultural dimensions of the disorder. The study will contribute to the understanding of AN from a transcultural perspective, highlighting both universal and culturally specific aspects.
Conclusions: This research is anticipated to provide valuable insights into the phenomenology of AN in a non-Western context. The findings may have implications for clinical practice, research, and cross-cultural understanding of AN, emphasizing the importance of patient-centered approaches and the exploration of lived experiences in psychopathology.

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EPV1396

Kierkegaard and Anxiety: Bridging Philosophy, Psychotherapy, and Art

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Introduction: Søren Kierkegaard's philosophy, particularly his exploration of anxiety, serves as a cornerstone in existential thought. His concepts of "authenticity," "choice," and the confrontation with the self underlie much of the contemporary understanding of anxiety as both a psychological and philosophical experience. Kierkegaard's works, especially *Either/Or*, offer a profound analysis of human freedom, responsibility, and the resulting anxiety. The objective of this analysis is to bridge the philosophical with the practical and artistic, providing a multidimensional understanding of anxiety.
Objectives: This study seeks to explore Kierkegaard's conceptualization of anxiety, its application in psychotherapy, and its resonance in contemporary culture. Specifically, it investigates how these ideas can aid individuals in confronting existential anxiety in therapeutic settings.
Methods: A philosophical and qualitative approach is used, analyzing Kierkegaard's *Either/Or*. The study incorporates interpretations from existential thinkers, psychotherapists and artists. Theoretical analysis is coupled with psychological insights, exploring anxiety as a pathway to self-awareness.
Results: Kierkegaard presents anxiety as inherent to human freedom and choice. His stages of life—the aesthetic, ethical, and religious—represent different ways of engaging with anxiety. In the aesthetic stage, individuals pursue pleasure but encounter despair when they confront their limitations. The ethical stage offers structure but introduces existential guilt. The religious stage, requiring a leap of faith, is seen as the highest form of existence, where anxiety leads to transcendence. Kierkegaard's ideas are reflected in existential psychotherapy, where anxiety is viewed not only as a symptom but as a catalyst for personal growth. Elliott Smith's *Either/Or* album mirrors these themes, portraying modern struggles with freedom, despair, and self-doubt. Songs like "Between the Bars" and "Ballad of Big Nothing" articulate the tension between aesthetic escape and ethical responsibility, offering a visceral interpretation of Kierkegaard's philosophical concerns.
Conclusions: Kierkegaard's exploration of anxiety offers profound insights into human existence, emphasizing the need to confront, rather than avoid, existential dilemmas. His framework of life stages provides a guide for understanding the progression toward authenticity, where anxiety is a key driver. The study shows that Kierkegaard's ideas remain relevant in psychotherapy, helping individuals navigate anxiety to achieve self-realization. Ultimately, this research affirms that embracing anxiety is crucial for personal freedom, growth, and authenticity, aligning with Kierkegaard's vision of a life well-lived.

Disclosure of Interest: None Declared

EPV1401

Explorations of the convergence of narrative therapy with psychoanalysis

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Introduction: Two seemingly different paradigms for psychotherapy appear to have converged in narrative psychotherapy and psychoanalysis.
Objectives: We wanted to explore the philosophical perspectives of some of their practitioners to understand this seemingly emergent paradigm.

Methods: We interviewed narrative psychotherapists and practitioners identifying as narrative psychoanalysts about their philosophical foundations in order to explore this apparent convergence. We used constructivist grounded theory to produce common themes. We also put the interviews through an AI program -- Perplexity to explore how well it correlated with our non-AI analysis.
Results: Both groups of practitioners believed that that we construct stories to give us identity and meaning in our lives. The practitioners who came from a psychoanalytic perspective described their coming to understand that psychoanalysis is embedded in stories that ciients and therapists tell. Patients and analysts bring, create, and modify stories in analytic work. Both types of practitioners described the importance of cultivating an active listening attitude on the part of the clinician. Jacques Lacan was often quoted as saying that the greatest gift we can give our clients is to listen without judgment or interpretation. Narrative therapists were more inclined to mention Hermans' dialogical self-theory while psychoanalytically trained therapists spoke of object relations theory with both supporting a philosophy of making meaning together. Both groups of practioners mentioned the importance of meaning being constructed within a particular context. Both groups mentioned the importance of reflective practices, Buddhism, and Indigenous philosophies to support the introspective elements of this technique along with therapy being grounded in our relationships with others. Both groups emphasized the importance of showing how creating new life narratives over time transforms our sense of self, relationship, and meaning.
Conclusions: Qualitative analysis of these two groups of practitioners' philosophies of psychotherapy supports the idea of a convergence between narrative psychotherapy and psychoanalysis which may promise to enrich both groups.

Disclosure of Interest: None Declared

EPV1402

Perspectives on Approaches in Psychiatry: A Resident Survey in Tunisia

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Introduction: The field of psychiatry encompasses a range of approaches that guide both clinical practice and training.
This study aims to explore residents' views on these diverse approaches, identifying trends and preferences that could inform the development of psychiatric education and clinical practice in the region.
Objectives: The objective of this study is to assess the perspectives of psychiatry and child psychiatry residents in Tunisia on different approaches to mental health care and to identify their preferences and attitudes towards evidence-based psychiatry.
Methods: A cross-sectional survey was conducted among 31 psychiatry and child psychiatry residents in Tunisia through an online survey.
The survey utilized a combination of yes/no questions and gradual questions to gather data on residents' perspectives regarding various psychiatric approaches.
Data collection was carried out throughout the month of july 2024.
Results: This study included 31 participants with an average age of 28.1 years.
Less than half of the participants (45.2%) reported that they believe the brain is the sole source of mental disorders, with a notable proportion identifying as non-theist.
A majority of residents (80.5%) agreed that medicine should be grounded in the scientific method. However, only 14 participants agreed that "Evidence-based approaches should be the only approaches in psychiatry," and 15 participants agreed that "The biological approach should be the primary focus in psychiatry."
Most residents considered most approaches to be evidence-based. In contrast, the psychodynamic approach was less frequently viewed as evidence-based.
Nearly all residents (n=27) believed that an integrative approach is beneficial in psychiatric practice.
More than half of the participants (54.8%) rated their training in Evidence-Based Psychiatry as limited. Despite this, 24 participants reported that they often try to adhere to evidence-based guidelines when treating patients.
The main barriers to implementing Evidence-Based Psychiatry were identified as a lack of resources in psychiatric departments or hospitals (41.9%) and insufficient training (38.7%).
Conclusions: The results indicate that while there is strong support for evidence-based medicine and the integration of multiple theoretical models, there are differing views on the predominance of specific approaches in clinical practice.
The majority of residents acknowledge the importance of grounding psychiatric practice in empirical evidence, yet there is less consensus on making evidence-based approaches the exclusive or primary focus.
Despite recognizing the benefits of integrating diverse approaches, many residents perceive limitations in their training and resources, which affect their ability to adhere fully to evidence-based practices.
The findings underscore the need for enhanced training in Evidence-Based Psychiatry and improved resources within psychiatric departments and hospitals.

Disclosure of Interest: None Declared

EPV1403

Lonely but not alone: integrating social alienation and mental health in urban environments

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Introduction: The modern urban landscape is increasingly characterized by the paradox of social isolation in physical proximity. Research consistently reveals a troubling link between social alienation and mental health issues, including a heightened risk for psychosis among vulnerable groups. As cities expand and diversify, understanding and mitigating the detrimental effects of urban alienation becomes crucial. This presentation explores the complex relationship between urban living, social alienation, and mental health, emphasizing the need for psychiatrists to have a more holistic understanding of socio-urban phenomena.

Objectives:
1. To assess the clinical impact of urban alienation on mental health based on multi-disciplinary literature.
2. To particularly examine urban mental health concepts from outside psychiatry that may be relevant to clinical practice.
3. To identify possible strategies for integrating these interdisciplinary insights into daily practice and public mental health policy.

Methods: We performed a multi-disciplinary literature review, analyzing studies from psychiatry, sociology urban studies, critical theory, and public health to evaluate the impact of social alienation on mental health. Special attention was paid to identifying both gaps and overlaps between disciplines.
Results: We grouped findings into three major disciplinary areas: psychiatry, sociology, and urbanist theory. While each of these fields has unique histories and contributions, the literature lacks consistent integration among them. For clinicians in particular, there is significant conceptual language that has not yet entered the psychiatric lexicon. Across fields, it is noted that city-dwellers face alienation due to resource limitations, systemic issues, ideological pressures, and cultural barriers. Proposed solutions vary significantly based on discipline, including community-building activities, mental health support services, and inclusive urban planning.
Conclusions: There is a breadth of research on cities, alienation, and mental health, and yet little integration of the disciplines. Addressing social alienation in urban environments requires psychiatric thought to move beyond isolated clinical interventions and toward collaborations with community organizations, policymakers, and urban planners. By aligning mental health expertise with the broader social and physical context, psychiatry can contribute to more meaningful, holistic interventions. Consequently, there is a pressing need for academic research bridging these fields, enabling more effective solutions that enhance community well-being in urban settings.

Disclosure of Interest: None Declared

EPV1404

One more grammar for causality - understanding interventionism

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Introduction: The role of causality in reality has sparked a long and ongoing debate that began with Aristotle, but in its modern form, having reverberated to this day, found its origin in Hume. In psychiatry, causality gains additional layers since the domain of intelligibility does not extend as broadly as it does to the natural sciences, due to the nature of both its object and its method.
Objectives: To explore proposals for understanding causality in psychiatry and mental illnesses.
Methods: A non-systematic literature review was conducted using the PubMed/MEDLINE and PhilPapers databases with the search terms "causality," "psychiatry," "interventionism," and "causal grammar." Reference bibliography was also consulted.
Results: Causal interventionism is a way of understanding causality, where performing an intervention in groups allows the distinction between causality and mere correlation, utilizing counterfactuals that are verified in light of that intervention. The idea of causal grammar allows causal explanation to be thought of as a matter of finding a family of interventions in variables that make a difference to the outcome variable, governed by the causal grammar of that domain.
Conclusions: While each of the positions addresses certain issues —interventionism tackling various levels of explanation of causality in psychiatry, whether biological or psychodynamic, and causal grammar seemingly overcoming mechanismism—neither is fully satisfactory: in interventionism, the unfolding of causes, and in causal grammar, the pre-theoretical intuition seems challenged.

Disclosure of Interest: None Declared

EPV1406

A different perspective on post-traumatic emotional disorders from the perspective of quantum philosophy

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Introduction: In the past, traumas have always occurred and continue on a social and individual level in humanity's journey to this day. While there were world wars, atomic bombs dropped on Hiroshima and Nagasaki, Nazi concentration camps, the events of September 11, the events in Bosnia and Herzegovina, and the Iraq wars, today the Ukraine war, the Israeli-Palestinian conflict and many more continue on a national and regional level, and are increasing day by day on an individual level.
Objectives: The aim of this study is to offer a different perspective on mood changes in individual and social life after trauma.
Methods: In this study, qualitative and quantitative research methods were used.
Results: From the perspective of quantum thought, matter is energy and this is expressed with Einstein's famous formula e=mc2. From the perspective of quantum thought, an external effect on a system in equilibrium causes a temporal displacement, a new form of existence in that system. For example, when an external effect is applied to a system A, the new energetic position of the system A will be A', and its temporal dimension will be t at the beginning, but will become t' as a result of the interaction. This t' can be called temporal displacement. Just as the disruption of the voodoo biological clock on an individual level causes psychological and emotional changes, it is possible that post-traumatic temporal displacement - this can be any kind of trauma - will cause mood changes and disorders in mood states on a social and individual level.
Conclusions: The aim of this discussion is to perceive how the breaks in the temporal and energy processes of societies and individuals can create changes in their emotional states in the context of quantum philosophy. In terms of quantum thought, every intervention made to the system from outside or inside causes a temporal shift and energetic changes in the system. This temporal shift should not be understood as a disruption of the biological clock, but should also be perceived as a new energy and a new form of existence in the time cycle of the system after the trauma.

Disclosure of Interest: None Declared

Post-Traumatic Stress Disorder

EPV1407

Use of Vortioxetine in the Treatment of Major Depressive Disorder and Post-Traumatic Stress Disorder: A Case of Functional Recovery

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Introduction: Vortioxetine is an antidepressant with multimodal action that exerts its numerous effects by modulating neurotransmission in multiple systems, achieving not only antidepressant effects but also procognitive ones, along with an appropriate tolerability profile. Currently, vortioxetine is only approved for the treatment of major depressive disorder (MDD) in adults. There is currently no unified consensus on the most appropriate pharmacotherapy for post-traumatic stress disorder (PTSD), so this clinical case raises the possibility of using drugs with multimodal action, such as vortioxetine, in patients with comorbid PTSD and MDD.
Objectives: To describe a clinical case of comorbid PTSD with MDD, highlighting the use of drugs with multimodal action.
Methods: A 26-year-old woman began follow-up for an 8-month history of depressive mood, with apathy, anhedonia, and constant rumination about a significant life event, impacting her basic activities of daily living, along with death-related thoughts and fear of acting on them. She also presented with highly limiting tics, difficulty concentrating, mental blocks, slowed thinking, and mixed insomnia. The patient directly relates these symptoms to a traumatic event during her adolescence, which involved sexual abuse and threats during a conflicted romantic relationship. Over the years, she has experienced sequelae related to the traumatic event, such as avoidance behaviors regarding sexual matters, flashbacks with dissociative episodes during periods of heightened anxiety, difficulties in social relationships, and feelings of guilt, fear, and disgust. Treatment with Vortioxetine was prescribed, with progressively increasing doses over the following consultations until reaching 20 mg/day. After several visits to the emergency department during this time, the patient was referred to a psychiatric day hospital.
Results: Thanks to this combined therapeutic plan, the patient has shown significant functional recovery, with marked improvement in the affective domain, regaining interest and enjoyment; and in the cognitive domain, demonstrating an increase in her ability to concentrate and in processing speed. Additionally, she has been able to maintain adequate sexual activity during this time.
Conclusions: Antidepressants with serotonergic action present sexual side effects, so treatment must be individualized in patients for whom this area is particularly relevant, considering drugs with a lower rate of side effects in this regard. The complete functional recovery of MDD includes cognitive symptoms as one of the primary therapeutic objectives, so it is important to consider using drugs that are effective in improving the affected cognitive domains. Post-traumatic stress disorder could benefit from the use of drugs with multimodal action, although more studies are needed in the future.

Disclosure of Interest: None Declared

EPV1408

Resilience in patients with post-traumatic stress disorder

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Introduction: Resilience was first introduced into psychology and psychiatry from technical sciences and afterwards thorough medicine and healthcare. It represents a complex set of various protective and salutogenic factors and process important for understanding health and illness, and treatment and healing processes. It is defined as a protective factor that makes an individual more resilient to adverse events that lead to positive developmental outcomes. Resilience is a positive adaptation after stressful situations and it represents mechanisms of coping and rising above difficult experiences, i.e., the capacity of a person to successfully adapt to change, resist the negative impact of stressors and avoid occurrence of significant dysfunctions. It represents the ability to return to the previous, so-called "normal" or healthy condition after trauma, accident, tragedy, or illness. In other words, resilience refers to the ability to cope with difficult, stressful and traumatic situations while maintaining or restoring normal functioning. The higher the resilience, the lower the vulnerability and risk of illness (Babic R, et al. Psychiatria Danubina 2020; Vol. 32, Suppl. 2, 226-232). In the development of post-traumatic stress disorder (PTSD), there is a positive association with negative emotions, on the other hand, PTSD symptoms are negatively correlated with positive emotions (Deborah JC. TD collection for University of Nebraska – Lincoln, 2001), which often depends on resilience which is inversely proportional to the onset of PTSD and as such plays an important role in treatment of anxiety disorders, depression and stress reaction (Green et al. Assessment 2014; 21:443-5, Connell et al. Fr J Psychiatry (Johannesburg) 2013; 19:16, Zerach et al. sr J Psychiatry Relat Sci 2013; 50:91-98).
Objectives: The aim of this research was to investigate the connection between resilience and post-traumatic stress disorder.
Methods: Socio-demographic questionnaire (personal creation).
Resilience questionnaire – Croatian version (Connor-Davidson Resilience Scale 25).
Clinical questionnaire for ptsd, diagnostic version for current and lifetime PTSD - Croatian version (Clinician Administered PTSD Scale, CAPS-DX).

	Resilience	
CAPS-DX (PTSD)	r	p
Reexpiriencing symptoms	-0.446	<0.001
Avoidance symptoms	-0.561	<0.001
Arousal and reactivity symptoms	-0.509	<0.001
CAPS-DX total	-0.542	<0.001

Results:

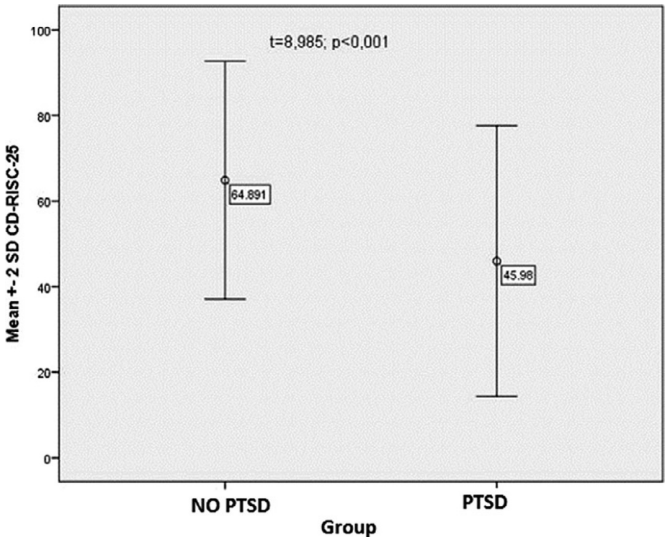


Image:

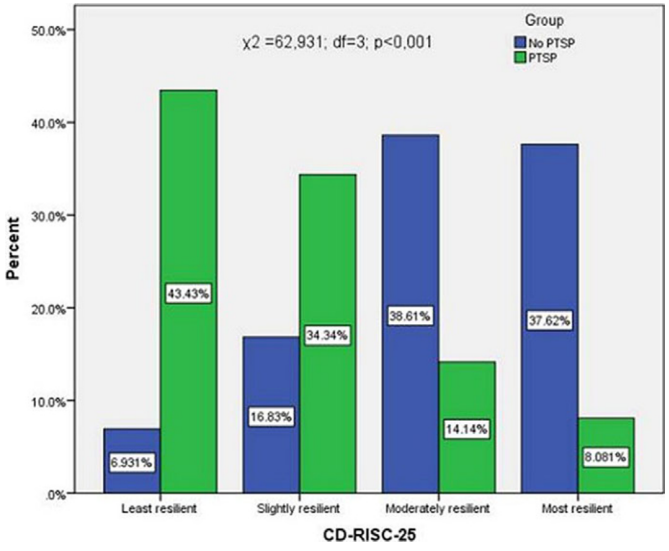


Image 2:

Conclusions: The level of resilience had an impact on the onset, development and outcome of PTSD.
People without PTSD show a statistically higher level of resilience compared to respondents with PTSD.
Respondents without PTSD are statistically significantly more represented in the groups with moderately high resilience, while those with PTSD are the most in the group with the least resilience.

Disclosure of Interest: None Declared

EPV1409

Post-Traumatic Stress Disorder Following a Suicide Attempt

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Introduction: Post-traumatic stress disorder (PTSD) is an anxiety disorder that develops when a person is exposed to death, perceives a threat to their safety, or witnesses a traumatic event, either personally or vicariously. It is a condition that affects over 70% of adults who have experienced trauma at least once in their lives. What happens in the case of individuals who have attempted suicide? Do they also frequently develop PTSD?
Objectives: To determine if individuals who have attempted suicide are at risk of developing PTSD as a result of their suicide attempt. If such a connection is proven, what therapeutic measures could be proposed to prevent the onset of this disorder?
Methods: This is a descriptive study using a survey of patients at the Department of Psychiatry D at RAZI Hospital, who have made one or more suicide attempts during the year 2023.
Results: 20 patients (80%) exhibited a moderate to severe depressive episode at the time of their suicide attempt. The average number of suicide attempts was 1.53. The methods used for the suicide attempts included medication ingestion, observed in 15 patients (60%), phlebotomy in 4 (16%), jumping from a height in 2 (8%), hanging in 2 (8%), and ingestion of toxins in 2 (8%). 14 patients (56%) required hospitalization in a medical unit following the suicide attempt. 9 out of 25 patients (36%) developed PTSD according to DSM-5 criteria.
Conclusions: A significant proportion of suicide attempt survivors may develop PTSD related to the suicide attempt. PTSD related to a suicide attempt could serve as a viable target for assessment and intervention to improve quality of life and reduce the risk of future suicide among individuals who have attempted suicide. However, more studies are needed to evaluate the risk of PTSD in this population.

Disclosure of Interest: None Declared

EPV1410

Erectile Dysfunction in Veterans with Post-Traumatic Stress Disorder

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doi: 10.1192/j.eurpsy.2025.1945

Introduction: The mental health burden of post-traumatic stress disorder (PTSD) is significant for all those affected, with a higher incidence among veterans due to military trauma and the particular strains of military duty. It results in detrimental effects on life quality and functional impairment in various domains, including sexual dysfunction (SD).
One of the most prevalent yet underreported sexual dysfunction in Tunisian veterans is erectile dysfunction (ED).

Objectives: The aim of the current study was to assess the prevalence of ED and its severity among Tunisian veterans with PTSD versus those without it.
Methods: A cross-sectional descriptive and analytical survey was conducted between September and November 2024 on Tunisian veterans seeking consult, using a data file and 2 self-report questionnaires :
The PTSD Checklist for DSM-5 (PCL-5) to assess current PTSD symptoms with a cut-off score of 33 or higher to detect PTSD cases.
The IIEF-5 (International Index of Erectile Function 5) to evaluate ED with six categories: [1-4]: uninterpretable, [5-7]: severe, [8-11]: moderate, [12-16]: mild to moderate, [17-21]: mild and [22-25]: no ED.
To analyze the obtained data, IBM SPSS was used.
Results: Fourty veterans were enrolled in this study with an average age of 38.5 [24-61] years. The majority (67.5%) were married, followed by 25% single individuals, 5% divorced and 2.5% in a relationship. Most of the participants (77.5%) were smokers and 25% reported alcohol consumption, with 20% of them being regular drinkers and 80% consuming alcohol occasionally. None reported using cannabis or other illicit drugs. Regarding medical history, 32.5% had health issues with the most common being varicocele, diabetes, arterial hypertension and myocardial infarction.
Among the veterans, 50% had PTSD. Ninety-five percent had received psychiatric follow-up, and 78.9% were on antidepressants.
In the control group with no PTSD (50%), 85% had a psychiatric follow-up, with 76.5% taking antidepressants.
In patients with PTSD, 75% reported ED, while 15% had no SD and 10% had an uninterpretable score. ED was mild to moderate in 46.7%, mild in 33.3% and moderate in 20%. No severe cases of ED were observed in this group.
In contrast, in patients with no PTSD, ED was only reported in 60% of cases and was even severe in 33.3% of patients.
No significant correlation was found between ED and PTSD (p= 0.3).
The prevalence of ED in the overall sample was 67.5% with only 11.1% of them using sexual enhancers.
Conclusions: This study suggests that while PTSD may exacerbate ED in some individuals, other factors such as comorbid psychiatric or medical condition and the use of a variety of medications may play a more significant role in the underlying cause. Given its significant impact on quality of life, early screening and treatment are essential.
Additionally, further research is needed to understand the underlying causes of ED and to develop more targeted interventions.

Disclosure of Interest: None Declared

EPV1411

Comorbid Anxiety, Depression and PTSD in Tunisian Military Veterans

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Introduction: Intrusion, hyperarousal, avoiding triggers and alterations in cognition and mood are the symptoms defining a post-traumatic stress disorder (PTSD).
While PTSD can occur in individuals from all walks of life, its prevalence and severity are higher among military veterans, exacerbating the impact of other mental health disorders such as anxiety and depression and impairing quality of life.
Objectives: The current study sought to determine the prevalence of comorbid anxiety and depression with PTSD among Tunisian military veterans.
Methods: A cross-sectional descriptive and analytical survey was conducted between September and November 2024, focusing on Tunisian veterans seeking consult, using a data file and 2 self-report scales :
The PTSD Checklist for DSM-5 (PCL-5) to assess current PTSD symptoms with a cut-off score of 33 or higher to detect PTSD cases.
The Hospital Anxiety and Depression (HAD) scale, which consists of two subscales: the Anxiety (A) subscale and the Depression (D) subscale. For both subscales, scores are ranging from 0 to 21: [0-7]: normal, [8-10]: borderline case, [11-21]: an abnormal level of anxiety or depression.
To analyze the obtained data, IBM SPSS was used.
Results: The study enrolled 24 veterans diagnosed with PTSD, with the majority being male (87.5%). Mean age of the participants was 34 [23-50] years. Most (58.3%) were married, 33.3% were single, 4.2% were divorced, and 4.2% were in a relationship.
A significant proportion of the surveyed (79.2%) were smokers, while 29.2% reported occasional alcohol consumption. None reported using illicit drugs, such as cannabis.
Regarding medical history, 29.2% had medical health conditions including asthma, diabetes, hypertension, herniated disc, and kidney stones.
In terms of psychiatric care, 95.8% were under regular psychiatric follow-up and 54.2% reported having a support system.
Regarding psychiatric comorbidities, 95.8% (N=23) of participants presented with anxiety symptoms with 4.2% falling into the borderline category. For depression, 66.7% reported depressive symptoms, 25% were classified as borderline cases and 8.3% showed no depressive symptoms.
Median PCL-5 score was 55.5±12.15. Half of the population (N=12) had a score higher than 55. All of them exhibited depressive symptoms. In contrast, among those with lower scores, only 33.3% had depressive symptoms, 50% had borderline cases and 16.7% had no depressive symptoms.
A significant correlation was found between **PCL-5** scores above 55 and the presence of depressive symptoms (p=0.02), suggesting a strong association between higher PTSD severity and depression in this sample.
Conclusions: This study reveals a high prevalence of comorbid anxiety and depression among Tunisian Military veterans suffering from PTSD with a significant association between higher PTSD severity and depressive symptoms, highlighting the need for integrated mental health care that addresses both PTSD and its comorbidities.

Disclosure of Interest: None Declared

EPV1412

Fight or Flight Freeze- A Case Report Paper, PTSD patient

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Introduction: Post-traumatic stress disorder (PTSD) is a mental health condition that violates everyday functioning, and it is a result of a traumatic event or life-threatening event. Symptoms of PTSD are nightmares, flashbacks, symptoms of negative emotions and perception, avoidance behavior, and social avoidance and it can affect children. Dissociative symptoms are a part of dissociative disorder in the form of anxiety disorder, but these symptoms can occur in dissociative form of PTSD.
Objectives: The goal of this paper is to present a patient who is under neurological treatment, diagnosed with spastic paraplegia, and under psychiatric treatment diagnosed with PTSD, depression, and possible dissociative disorder.
Methods: This is a case report paper. A male patient, 57 years old, participated in Homeland War in Croatia for a duration of 18 months. He experienced many traumatic events and life-threatening events, such as the death of his friends. The first psychiatric symptoms occurred after war experiences, and the symptoms manifested as headache, insomnia, grumpiness, and paralyzing fear which led to the feeling that his legs were "taken away". Similar symptoms persisted even after the war ended and in other stressful situations along with difficulty walking. He went under neurological testing and it turns out that it might be spastic paraplegia. He was diagnosed with prolactinoma, and since 2019 he has been in psychiatric ambulance treatment in the Daily Hospital of Clinical Hospital Split, diagnosed with PTSD, depression, and dissociative disorder.
Results: We used psychotherapy methods such as socio-therapeutic and group psychotherapy, along with pharmacology therapy (sertraline, diazepam, olanzapine).
Conclusions: Pharmacology interventions might affect PTSD patients in a positive way and help them to function in everyday activities.

Disclosure of Interest: None Declared

EPV1414

Post-traumatic stress disorder: a need for alternative approaches

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Introduction: Post-traumatic stress disorder (PTSD) is a mental health statue that arises from traumatic events featuring by intrusive memories of the incident, difficulty in interpersonal relationships, recurrent distress, avoidance of similar situations and flashbacks. Although conventional treatments such as cognitive behavioral therapy (CBT), exposure therapy, selective serotonin reuptake inhibitors (SSRIs), and medications like prazosin are widely used and supported by scientific evidence, an increasing number of individuals are turning to alternative treatments. For instance, mind-body practices have demonstrated therapeutic benefits for stress reduction, including decreased anxiety, depression, and anger, as well as improved pain tolerance, self-esteem, relaxation, and coping abilities. Practices such as yoga, tai chi, and meditation, which involve physical postures, stretching, and deep breathing, are gaining popularity for managing PTSD symptoms. Additionally, lifestyle changes, diet, mindful breathing, Ayurvedic medicine, and somatic therapies like dance therapy are increasingly recognized as valuable tools for improving quality of life in trauma survivors Clinicians should discuss mind-body interventions with their patients and educate them about the potential benefits of them to maximize the diversity of treatment options.
Objectives: This review aims to explore both conventional and alternative approaches for PTSD treatment, including psychotherapy, psychopharmacology, and complementary practices such as exercise, diet, meditation, yoga, deep breathing, and dance therapy.
Methods: The study is a literature review conducted through PubMed.
Results: The studies included in this review exhibited considerable heterogeneity, with varying designs, intervention methods, and study durations, as well as differing use of control groups. As a result, conducting a true meta-analysis was not feasible.
Conclusions: "Mind-body practices" incorporate numerous therapeutic effects on stress responses, including reductions in anxiety, depression, and anger, and increases in pain-tolerance, self-esteem, energy levels, ability to relax, and ability to cope with stressful situations.
Given the limitations in the current evidence for conventional treatments and the growing use of complementary and alternative approaches, there is a pressing need for more comprehensive re-search into these alternative therapies. Future studies should aim to evaluate the effectiveness of mind-body interventions and other complementary practices as potential treatments for PTSD.

Disclosure of Interest: None Declared

EPV1415

Post traumatic stress disorder in postpartum: when guilt delays recovery. A case report

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Introduction: PTSD is a mental disorder that may develop after exposure to threatening or horrifying events. PTSD is characterized by the following: 1) re-experiencing the traumatic event or events in the present in the form of vivid intrusive memories, flashbacks, or nightmares. Re-experiencing may occur via one or multiple sensory modalities and is typically accompanied by strong or overwhelming emotions, particularly fear or horror, and strong physical sensations; 2) avoidance of thoughts and memories of the event or events, activities, situations, or people reminiscent of the event(s); and 3) persistent perceptions of heightened current threat. The symptoms persist for at least several weeks and cause significant impairment in personal, family, social, educational, occupational, or other important areas of functioning.
Some reviewes found that PTSD is prevalent during pregnancy and after birth and may increase during postpartum if not identified and treated. It can affect women, their relationship and birth outcomes aswell as infant emotion regulation and development. The findings indicate that there are links between psychological, traumatic and birth-related risk factors as well as the perceived social support and the possible PTSD following childbirth in mothers and partners.
Objectives: A case report is presented alongside a review of the relevant literature regarding the prevention, diagnosis, and treatment of PTSD.

Methods: We present a case report of a 34-year-old woman with no previous contact with Mental Health Services. She got pregnant unexpectedly in the context of a long stable relationship. At the beginning she was feeling uncertain about carrying on with the pregnancy but finally decided to keep it. She states she felt well throughout the pregnancy. The night after giving birth her baby suffered from a cardiorespiratory arrest, which was noticed by the nursing team but not by the mother. The baby recovered with no medical sequelae but the patient started feeling depressed and presenting anergy, apathy, irritability, flashbacks, and intrusive memories of her sick baby and insomnia, checking every hour during the night that her child was still breathing. Later she developed separation anxiety from her baby, not being able to leave her in the kindergartner nor to leave her alone with other family members (including the father). Guilty feelings were persistantly observed during the therapy sessions.
Results: Psychotherapeutic and pharmacological treatment was started with moderate improvement. Since breastfeeding was a rewarding experience and enforced the mother-daughter bond it was taken in consideration for the therapeutic plan.
Conclusions: The postpartum period is of special vulnerability and early treatment of symptoms in mothers is of great importance. Early diagnosis in maternity services should be a priority.

Disclosure of Interest: None Declared

EPV1416

Online trauma psychoeducation for people with depression and comorbid PTSD symptoms: A pilot randomized controlled trial

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Introduction: Depression is commonly comorbid with post-traumatic stress disorder (PTSD) symptoms. There is a lack of studies evaluating trauma-informed interventions for people with depression and PTSD symptoms.
Objectives: We examined whether an online, easily accessible, trauma psychoeducation program would be helpful for people with both depressive and PTSD symptoms.
Methods: Participants with depression (PHQ-9 ≥ 10) and co-occurring PTSD symptoms were recruited online and randomly assigned to the intervention group (i.e., a 10-session online program based on *Be a Teammate With Yourself*) or the control group. Outcome measures included the Brief-COPE, a subscale of the Endorsed and Anticipated Stigma Inventory, and the Post-traumatic Maladaptive Beliefs Scale. These outcomes were assessed at baseline, posttest, and 2-month follow-up. Qualitative feedback was also obtained from the participants.
Results: 35 participants were randomly assigned to the intervention group, and 34 to the control group. With only email reminders, 9 participants in the intervention group and 14 in the control group completed posttest and follow-up surveys. Completers-only analyses were conducted. One-way repeated measures ANOVA showed that the intervention group had significant reductions in post-traumatic maladaptive beliefs, with a large effect size ($F = 4.152$, $p = .035$, Partial Eta Squared = 0.342). The control group did not have such changes. Both groups did not have significant changes in coping and self-stigma. Of 12 participants who provided feedback, 100% agreed that the program could help them remain hopeful for recovery, and 91.6% agreed that they were satisfied with the program. The qualitative feedback also supported the usefulness and acceptability of the programme.
Conclusions: Participation in this program was associated with significant decreases in post-traumatic maladaptive beliefs. Completers were satisfied with the program. Given a small sample with a high dropout rate (66.6%), the results should be interpreted with caution.

Disclosure of Interest: None Declared

EPV1417

The relationship between complex PTSD and dissociation: A longitudinal study

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Introduction: Complex post-traumatic stress disorder (C-PTSD) is closely associated with dissociative symptoms. Both of which are common responses to trauma and stress. Yet, not all individuals with C-PTSD experience high levels of dissociation. Currently, little is known about the bidirectional relationship between C-PTSD and dissociative symptoms.
Objectives: This study aimed to examine whether C-PTSD and dissociative symptoms would predict each other over time.
Methods: A total of 340 participants (M_{age}=21.04 years; SD=2.00; 83.8% female) from Hong Kong and Taiwan completed the Multiscale Dissociation Inventory (MDI) and the International Trauma Questionnaire (ITQ) at two separate time points (M days apart = 129.4 days; SD = 7.91). Hierarchical multiple regression analyses were conducted to examine the relationship between C-PTSD and dissociative symptoms.
Results: The analyses controlled for age, gender, education level, trauma exposure, and baseline severity of the dependent variables. Results indicated that when the MDI subscales were added into the model, baseline emotional constriction significantly predicted subsequent C-PTSD symptoms (i.e., total ITQ scores) (β=.126, p=.008), and significantly improved the model's explanatory power (R^2=.67, ΔR^2=.029, $\Delta F = 4.772$, $p < .001$). Nevertheless, when the

same analysis was conducted, none of the six C-PTSD symptom clusters at baseline predicted the total MDI scores at follow-up ($\Delta F = 1.000$, $p = .425$).

Conclusions: The study findings suggested that dissociative symptoms in general, and emotional constriction in particular, predicted subsequent levels of C-PTSD symptoms, while C-PTSD symptoms did not predict subsequent levels of dissociation. These results highlighted that proactive management of dissociative symptoms might be an important part of the treatment of C-PTSD. This study provided a foundation for future research to investigate the underlying mechanisms by which emotional constriction influences C-PTSD severity. Future research should also evaluate dissociation-focused interventions for people with C-PTSD.

Disclosure of Interest: None Declared

EPV1418

Does prazosin improve sleep disturbances and other trauma-related symptoms?

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Introduction: Post-traumatic stress disorder (PTSD) is characterized by intrusive thoughts and flashbacks involving the traumatic event, hypervigilance and avoidance behavior. On the other hand, complex post-traumatic stress disorder (complex PTSD) can result from experiencing chronic trauma. It involves similar stress reponses, such as flashbacks, nightmares, and also avoidance of places and situations related to the traumatic event. Sleep disturbance is a central element of both disorders (PTSD and complex PTSD). While nightmares qualify as a re-experiencing symptom, initiation and maintenance of sleep stem from a hyperarousal state (Paiva et al., 2021). Evidence implies that treatment for PTSD-related sleep disturbance also improves other trauma-related symptoms. As pharmacological therapy, some clinicians use prazosin, an adrenergic inhibitor, which is a lipophilic drug originally developed to treat hypertension. It blocks α1 receptor sites and ameliorates the increase in noradrenergic activity in PTSD-diagnosed individuals (Lipinska G et al. 2016). Studies differ regarding the effectiveness of this drug to alleviate sleep disorders and other trauma-related symptoms (Bajor et al., 2022; Yücel et al., 2020; Zhang et al., 2020; Petrakis et al. 2016).

Objectives: Through this case series study we want to understand the utility and effectiveness of prazosin in patients diagnosed with PTSD and complex PTSD for the improvement of nightmares and other PTSD-related symptoms.

Methods: For this purpose we have reviewed in 10 patients with a diagnosis of either PTSD (4 out of 11) or complex PTSD (7 out of 11) the improvement of nightmares and other trauma-related symptoms, especially flashbacks. The patients indicated whether there was no, partial or total improvement of these symptoms. The doses used were between 1 to 2mg.

Results: In this Case series study (n= 11), we focus on the reports from PTSD - and complex PTSD-diagnosed (4 out of 11 vs 7 out of 11) patients treated with prazosin regarding their sleep disturbance and other trauma-related symptoms.

Forty percent of the patients report a reduction in the frequency and intensity of nightmares, while 3 patients of the sample reported absolute extinction of nightmares.

Our findings reveal almost half of the patiens (4 out of 11) expressed as well a reduction in other PTSD symptoms, specifically in flashbacks.

We have not found a significant better outcome in either PTSD or complex PTSD- diagnosed patients. The entire sample were female patients.

Improvements in hypervigilance and avoidance behavior have hardly been reported in enrolled patients (3 out of 11).

Conclusions: In our sample, the use of prazosin appears to be an acceptably good option, especially for the improvement of nightmares. Nevertheless, further studies should be conduced.

Disclosure of Interest: None Declared

EPV1419

Childhood traumatization among elite athletes – preliminary study

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Introduction: Achieving excellent sport performance is based both on physical strength and mental endurance. Research demonstrated that children experiencing early maltreatment and traumatization are at an increased risk of high-risk behaviours, bullying, and mental and somatic disorders lasting into adulthood effecting academic and sport performance, relations and life management. Research found that individuals with a history of trauma had a significantly lower chance of being diagnosed with depression or anxiety if they had participated in team sports as adolescents. Also later in life, sport is very beneficial to cope with stressful life events.

Objectives: We aimed to explore occurrence of early traumas in elite athletes and a control group using the Childhood Trauma Questionnaire (CTQ) and the Early Trauma Inventory Self Report-Short Form (ETISR-SF).

Methods: The sample included 57 subjects, 50.9% elite athletes and 49.1% leisure time athletes (controls). Participants (64.9% males, 35.1% females) provided demographic data (age 18-58 years, mean age = 31.96 years, SD = 8.920) and completed the ETISR-SF and the Childhood Trauma Questionnaire-Short Form (CTQ-SF). Analysis of Fisher's Exact Test was performed for evaluating the occurrence of early traumatization.

Results: The ETISR-SF and CTQ subscales scales did not show significant difference in any type of traumas in elite athletes compared to the control group (general traumas p=0.092, emotional abuse p=1.000, physical abuse p=0.592, sexual abuse p=0.297). Occurrence of each trauma type in the two groups were as follows. Elite athletes: sexual trauma (10.34%), physical trauma (55.17%),

emotional trauma (44.83%), general trauma (55.17%); Controls: sexual trauma (21.43%), physical trauma (64.29%), emotional trauma (46.43%), general traumas (78.57%).
Conclusions: The occurrence of different type of trauma in our sample is in line with the literature. Physical and emotional abuse among athletes is high. Presumably, those athletes perform better who experience less trauma. The best way to produce resilient athletes is to provide a challenging and supportive sport environment, where athletes feel physically and psychologically safe in their experiences of success and failure.

Disclosure of Interest: None Declared

EPV1421

Beyond Nightmares: How Sleep Issues Might Trigger Post-Traumatic Stress Disorder

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Introduction: Post-traumatic stress disorder (PTSD) is a psychiatric condition that arises after exposure to traumatic events and is characterized by intrusive memories, emotional dysregulation, and hyperarousal. Sleep disturbances, such as insomnia and disrupted circadian rhythms, are often reported in PTSD. However, recent studies suggest that sleep disorders may not only be a consequence of PTSD but could also contribute to its development (DeViva, 2021; Seo et al., 2022). Sleep is crucial in emotional regulation, memory consolidation, and stress recovery. Disruptions in sleep patterns may impair these processes, increasing vulnerability to psychiatric conditions such as PTSD (Zhou, 2023). This systematic review evaluates current evidence on whether sleep disturbances serve as a precursor or risk factor for PTSD across various populations. Understanding the role of sleep disturbances in the onset of PTSD is critical for developing early intervention and prevention strategies.
Objectives: This systematic review aims to evaluate whether sleep disturbances act as a risk factor for the development of PTSD by synthesizing recent evidence from diverse populations.
Methods: A comprehensive literature search was conducted using the keywords "PTSD" and "sleep disturbance" in the database on PubMed. Out of 143 studies published within the last five years, eight articles that specifically examined sleep disturbances as a risk factor for PTSD were selected for this review.
Results: The review of selected studies highlights a strong association between sleep disorders and an increased risk of PTSD development across various populations. Poor sleep quality was associated with a 60% greater likelihood of developing PTSD. In a nationally representative sample of U.S. veterans, over 22% reported poor sleep quality, which was a significant predictor of PTSD. (DeViva, 2021). In a study of 67,905 college students, those with sleep disturbances had significantly higher rates of PTSD (52.3% vs. 33.0%) and depression (47.7% vs. 13.2%). (Wang et al., 2022). Moreover, emotional dysregulation, often exacerbated by sleep disorders, was found to aggravate PTSD symptoms further. The studies also indicated that interventions targeting sleep disorders, such as cognitive behavioral therapy for insomnia, not only improved sleep quality but also contributed to a reduction in trauma-related symptoms, suggesting potential for PTSD prevention (Ranney, 2022).
Conclusions: This review highlights that sleep disturbances are a significant risk factor for the development of PTSD. Early identification and treatment of sleep disorders could serve as a preventative strategy for individuals exposed to trauma. Future research should explore the underlying mechanisms of this relationship and the effectiveness of sleep-focused interventions in reducing PTSD risk.

Disclosure of Interest: None Declared

EPV1422

Complex PTSD in Digital Age: Case of Ukrainian Refugees – Victims of War Crimes

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Introduction: This study includes the characteristics of Compex PTSD among Ukrainian IDPs who experienced the horrors of the war - during the Russia-Ukraine war in 2022-2024. It also reflects the new and permanent stressors characteristic of the digital age.
Objectives: Objective of the Study was to identify how cyber age and modern technologies affected on outcomes of traumatic stress.
Methods: The study was carried out iamong the victims of the Ukrainian war temporarily displaced in Georgia. A specially developed questionnaire based on the guidelines of the Istanbul Protocol was used.
Results: A total number of direct target beneficiaries applied to the Empathy was n = 68 persons; Most refugees were with experience of war crimes. **Mainly two types of life threatening traumatic events was identified:** Locally in place of war and Russian occupation; They flowed from Ukraine through the Russian territory and additionally are with experience of ill – treatment during the filtration procedures in the so-called "filtration camps". Chronic Repetitive Traumatic Stressors were identified as well: Misinformation; Adhering to online war scenes, the vast amount of information flow; Inability to dissociate from warfare. Observed: Rapid development of C - PTSD in 52 persons of total 68. Alongside with PTSD symptoms reveled: Affective Dysregulation – aggression, self – aggression, depression; Feeling of Guilty – for not being in Ukraine, not supporting to their relatives and Country; Problems in interpersonal relations; Addictive behavior; Additional stressors related to the digital warfare and disinformation supported the prolongation of multi natural stressors that consequently created significant problems for recovery.
Conclusions: The results were discussed in the context of Carl Jaspers' conception regarding reactive conditions. According to his concept, reactive psychoses develop on the basis of a conflict between a person and an unbearable reality for him, and at the same time, this reality is necessarily reflected in the clinical picture of the disease. However, it should be noted that by the 60s, delayed forms of reactive states were described, i.e., forms far removed from the traumatic moment, during which Jasper's criterion of "time connection" is violated, although the traumatic event is fully reflected in the clinical picture. The reason for this is mainly the prolonged process of intrapsychic processing and final realization of the trauma. **The rapid development of complex PTSD under**

the combined influence of endless multi-stress factors was revealed; The researchers were faced with an effective treatment - the search for ways of rehabilitation in the current multi-stress conditions. Furthermore studies have to be addressed to create new complex recovery strategies in modern multi – face unsolved stress situations.

Disclosure of Interest: None Declared

EPV1423

Professional future of military personnel suffering from post-traumatic stress disorder

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Introduction: Post-traumatic stress disorder (PTSD) is a disabling condition that develops after exposure to a traumatic event. Military personnel are particularly affected by this psychiatric condition, which profoundly alters their personal, social and professional lives. Professional redeployment is most often the decision taken to keep these military personnel in the army.
Objectives: To identify the professional future of military personnel suffering from PTSD
Methods: Retrospective descriptive study conducted at the Military Centre for Occupational Medicine and Occupational Safety between 2017 and 2022 among active military personnel requesting occupational redeployment.
Results: We collected 22 cases of professional redeployment for PTSD, representing 24% of all requests for redeployment. Our study population was exclusively male, with a mean age of 30 ±9 years, mainly from the army (19 cases), divided into officers (3 cases), non-commissioned officers (12 cases) and enlisted men (7 cases). The traumatic event responsible for the PTSD was a mine explosion (8 cases), a road accident (6 cases), a gunshot wound (6 cases), a fall from a parachute (1 case) and an air accident (1 case). All patients had previously been exempted from certain military duties, mainly carrying weapons (22 cases), guards duty (5 cases) and driving vehicles (5 cases). When the decision to reclassify was taken, the military personnel was affected to a mainly administrative post (19 cases), a gardening post (1 case), a plumbing post (1 case) and a catering post (1 case).
Conclusions: This study highlights the fact that PTSD in the military represents a serious and complex challenge that requires special attention. It is imperative to put in place preventive measures and provide appropriate management of PTSD. That can support the military personnel affected and maintain the operational capability of the troops.

Disclosure of Interest: None Declared

EPV1425

Dissociative Identity Disorder in Patients Under Stress

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Introduction: Dissociative Identity Disorder (DID), as defined in the DSM-5-TR, involves two or more distinct personality states within an individual, along with memory gaps for daily or traumatic events [1]. It is strongly associated with early trauma, such as childhood abuse, and linked to severe psychiatric comorbidities, including depression, anxiety, and self-harm, with an elevated risk of suicide attempts [2][3]. Stress-related neurobiological responses, particularly HPA axis hyperactivity, contribute to identity fragmentation in DID patients. Treatment, often through cognitive-behavioral therapy, aims to integrate dissociated states, reduce self-destructive behaviors, and improve quality of life [2][3].
Objectives: In this case study, we present two compelling cases of dissociative identity disorder following a state of stress. We hope this case study will help reveal the possible association of the disorder with stress
Methods: This is a retrospective and descriptive case study aimed at exploring the manifestations and associated factors of dissociative identity disorder in patients who have experienced traumatic events.
Results: ***Clinical Case Summary of Case 1 :***
A 24-year-old student developed dissociative identity disorder after witnessing a fatal accident caused by a drunk driver. This trauma fragmented his personality into three identities: a child expressing needs through crying, a rebellious adolescent who smokes, and a feminine, seductive personality. These identities appear involuntarily, especially during periods of stress, causing him anxiety and memory loss regarding these episodes.
Clinical Case Summary of Case 2 :
A 23-year-old single, unemployed patient with a long psychiatric history was admitted following a suicide attempt by jumping. She experiences recurrent depressive episodes, suicidal thoughts, and engages in self-harm to manage her anxiety. Salma has dissociative identity disorder, with an alternate identity named "RUBY" that emerges under stress, driving her towards self-destructive behaviors and exacerbating her distress. Her history includes significant childhood trauma, such as sexual abuse and physical violence, contributing to her identity dissociation. She also exhibits alcohol abuse, consuming up to 1 liter daily to manage her anxiety.
Conclusions: Dissociative identity disorder is a complex condition, often linked to early trauma, characterized by the presence of multiple distinct identities within the same individual. This disorder causes significant distress and impacts patients' daily functioning, especially in stressful situations. Treatment primarily involves therapeutic approaches aimed at integrating the different identities and reducing self-destructive behaviors. Understanding and managing this disorder require a personalized approach and long-term follow-up.

Disclosure of Interest: None Declared

EPV1426

A system of personality-oriented treatment of stress-related disorders in war-affected adults

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Introduction: War is the most powerful psychosocial stressor affecting all segments of modern Ukrainian society.
Objectives: It was conducted a comprehensive examination of 176 patients of both sexes: Group I consisted of 101 military personnel; Group II - 97 volunteers; Group III - 95 IDPs in order to develop a system of personality-oriented treatment of stress-related disorders in persons affected by war.
Methods: Clinical and psychopathological examination, which included a structured interview and patient's observation aimed at studying influence of socio-psychological and biological factors on development of post-stress disorders. Psychodiagnostic method include use: M-PTSD; HADS; HAM-A, HAM-D; Questionnaire of neuropsychological stress by T.A. Nemchin; State-Trait Anxiety Invertory; Methods of diagnosing coping behaviour in stressful situations; Impact of Event Scale-Revised; Clinical Administered PTSD Scale-CAPS; Traumatic Stress Questionnaire; Colombian Suicide Intentions Severity Scale; Methods for determining suicide risk and assessing self-awareness of death in patients with depressive disorder (Kozhyna H.M., Zelenska K.O., 2015); Methods for 'Diagnosing the level of social frustration (Wasserman L.I., modified by Boyko V.V., 2002).
Results: Clinical structure of stress-related disorders was presented by PTSD and adjustment disorders. Clinical structure of PTSD was represented by anxious, dysphoric, asthenic and somatoform syndromes. System of personality-oriented treatment was developed, including differentiated use of psychopharmacotherapy, psychotherapy and psychoeducation; creation of re-adaptive atmosphere; formation of health-centered lifestyle and based on a salutogenic approach. Pharmacotherapeutic component of developed program included differentiated, targeted use of SSRIs, SNRIs, antipsychotics, tranquilizers and anxiolytics. Psychotherapeutic program was based on identification of dominant resource channels for overcoming stress and finding inner stability using integrative model of psychological survival after severe stress, Basic Ph. Psychotherapeutic support included trauma-focused CBT for all patients, EMDR therapy with additional use of Pucelik Consulting Group's PTSD Self-Management Program for servicemen patients in Group I; individual crisis therapy for patients in Group II; and interpersonal therapy for patients in Group III. For anxious depressive reactions, CBT and art therapy were used for all patients; with the additional use of problem-solving therapy for patients of Group I; Group II - individual crisis therapy; Group III - mindfulness techniques, relaxation training.
Conclusions: Effectiveness of developed system of personality-oriented treatment of stress-related disorders was proved, and positive dynamics of mental state, reduction of psychopathological symptoms, increased resistance, reduced levels of social and psychological frustration were established.

Disclosure of Interest: None Declared

EPV1429

The Effects of Deliberate Rumination and Prolonged Grief on Approach-Avoidance Behavior

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Introduction: In the Cognitive-Behavioral Conceptualization of Complicated Grief, avoidance strategies toward bereavement-related stimuli contribute to the development and maintenance of prolonged grief. Traumatic events, such as bereavement, often lead to intrusive negative thoughts and evoke painful emotions. For individuals experiencing prolonged grief, avoidant coping can deteriorate their symptoms. Deliberate rumination on the loss, as an active information-processing strategy to understand and find meaning in the traumatic experience, may promote adaptation to life after the loss.
Objectives: This study aims to examine the impact of prolonged grief on approach-avoidance behaviors and to evaluate the effects of a deliberate rumination intervention.
Methods: Data were collected from 41 Korean adults aged 18 and above, who had experienced bereavement at least 12 months prior. Participants were randomly assigned to either a deliberate rumination intervention group (n=21) or a distraction intervention group (n=20). The Approach-Avoidance Task (AAT) was used to measure implicit approach-avoidance behaviors toward bereavement-related and neutral stimuli in each group, with assessments conducted both before and after the intervention.
Results: The study results revealed no significant differences in approach-avoidance tendencies according to the level of prolonged grief for both bereavement-related and neutral stimuli. However, a significant interaction effect between group and time of measurement was observed for bereavement-related stimuli [$F(1,39)=4.431$, $p<.05$], but not for neutral stimuli [$F(1,39)=.424$, *n.s.*].
Conclusions: Although this study did not identify significant avoidance tendencies according to prolonged grief levels, it experimentally showed that deliberate rumination influences avoidance strategies among individuals experiencing prolonged grief. This finding implies significance in suggesting effective intervention approaches for those with pathological grief.

Disclosure of Interest: None Declared

EPV1431

Post-Traumatic Stress Disorder and Cognitive Impairment: The Great Unknown

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Introduction: Accumulating evidence identifies post-traumatic stress disorder (PTSD) as a significant risk factor for the development of dementia, with affected individuals demonstrating a two-fold increase in dementia risk compared to the general population.

Additionally, the development of dementia in these patients may exacerbate the clinical manifestations associated with PTSD, complicating proper management and treatment.
Objectives: To describe a clinical case of a patient with a history of PTSD presenting with cognitive impairment, and to provide a brief review of the literature.
Methods: Case description and literature review.
Results: A 65-year-old male patient, originally from Colombia, with a documented history of PTSD secondary to kidnapping and armed conflict, presented to psychiatric services in Spain for initial assessment and treatment. The family reports neglect of self-care, persistent hypervigilance, nightmares, and night screams, as well as multiple attentional failures, learning difficulties, and memory impairments. The patient was referred for a neurological consultation where the evaluation included a Mini-Mental State Examination (MMSE) scoring 16/30. Cranial MRI showed no abnormalities, and amyloid PET was negative. An FDG PET scan revealed discrete hypometabolism of the medial prefrontal cortex, which could be indicative of possible frontotemporal dementia.
Conclusions: The prevalence of dementia is rising globally. PTSD has been identified as a modifiable risk factor for developing dementia. Furthermore, studies show that the relationship between these conditions is bidirectional, with late-onset PTSD also potentially developing in patients with a diagnosis of dementia. The mechanisms underlying this relationship are poorly understood. It is hypothesized that both conditions share common pathophysiological pathways. PTSD manifestations in patients with dementia are often difficult to recognize, which is believed to result in an underdiagnosis of the condition. Additionally, these clinical manifestations can be confused with neuropsychiatric symptoms associated with dementia, further complicating diagnosis. The relationship between PTSD and dementia may be modifiable if patients with PTSD are provided with appropriate diagnosis and treatment, thereby improving their quality of life and prognosis.

Disclosure of Interest: None Declared

EPV1433

Aggression, autoaggression and stress in people with a heart attack

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Introduction: A human represents wholeness of biological, psychological and social nature and below impact of psychosocial stress preserves the homeostasis of the organism manifests a complete biopsychosocial response is therefore necessary in professional practice to be taken psychoneuroendocrine immunological approach in treating certain somatic and psychological.
Objectives: Determining emotions, various types of aggression in people who have experienced a heart attack and is currently under the influence of chronic psychosocial stress of moderate intensity.
Methods: The examination was conducted on an outpatient basis on 14 subjects aged 51 to 72. age of male and female who experienced a heart attack. Applied: Azingerova aggression scale, PSQ stress test, Zung anxiety scale, Zung depression scale.
Results: The respondents show a stress reaction at the level of moderate stress (30-60) with dominant feelings of: fatigue, tension, dissatisfaction, overload. Anxious symptoms are at the level of mild to moderate (45-59). Depressive symptoms are at the mild level (50-59). They have higher values on the aggression test. In both sexes (male and female) they have the highest values in self-aggression. Somewhat lower is verbal aggression while emotional aggression has average values. In the female gender, aggression is the lowest through physical force, while the use of aggression through physical force is occasional for men. Both sexes show little aggression towards objects around them.
Conclusions: In people with somatic diseases, in the case of a heart attack, emotions are high an important factor for their stability, especially the negative ones, and therefore it is necessarily needed an integrative approach to treatment, taking into account the mental state as a whole especially when they are in a state of psychosocial stress.

Disclosure of Interest: None Declared

EPV1434

Systematic Assessment of Stellate Ganglion Block in Post-Traumatic Stress Disorder: Exploring Clinical Utilization and Significance

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Introduction: Post-traumatic stress disorder (PTSD) is a chronic condition resulting from exposure to traumatic events. The utilization of stellate ganglion block (SGB) as a potential treatment for PTSD has garnered increased interest in recent years. SGB acts by blocking sympathetic outflow, offering promise in alleviating autonomic dysfunction associated with PTSD symptoms. However, the evidence supporting SGB's efficacy compared to established recommendations remains limited.
Objectives: To bridge this knowledge gap, a systematic review was conducted following PRISMA guidelines to assess the clinical applications and implications of stellate ganglion block (SGB) in the management of post-traumatic stress disorder (PTSD). The study aimed to identify pertinent literature, synthesize findings from diverse sources, evaluate outcomes of SGB therapy for PTSD, analyze factors such as anesthesia preferences and procedural methods, scrutinize symptom alleviation post-SGB sessions, explore reported side effects and symptom recurrence, and shed light on existing limitations within the current discourse on SGB's utility in treating PTSD.
Methods: The systematic review involved the evaluation of 14 studies meeting predetermined inclusion criteria, incorporating a total of 550 participants. Notably, the majority of participants were military service members and veterans, with a median age of 36.9 years. The review focused on anesthetic practices, procedural techniques, timing of SGB administration, and symptom progression post-SGB therapy sessions.
Results: Analysis of the selected studies highlighted the prevalent use of 0.5% ropivacaine as the preferred anesthetic for SGB, with the

right-sided technique being the most commonly employed. Timing of the initial SGB session varied widely, with symptom improvement typically observed immediately or within the first week post-procedure. Positive outcomes often coincided with reductions in alcohol intake, medication use, and enhanced mood. Recurrence of symptoms was noted, necessitating additional SGB sessions, while reported side effects were predominantly mild and transient in nature.
Conclusions: While promising, caution is advised when interpreting the benefits of SGB due to challenges such as the absence of standardized clinical trial data, variabilities in reported outcomes, and potential reporting biases. Addressing these limitations through standardized assessment and reporting in future studies is crucial to enhance comprehension of SGB's efficacy, safety, tolerability, and appropriate indications for treating PTSD. This endeavor is pivotal in advancing a more nuanced understanding of SGB's role as a therapeutic modality in PTSD management.

Disclosure of Interest: None Declared

EPV1435

Navigating Diagnostic Overlaps: A Case Report of Paranoid Schizophrenia, Borderline Personality Disorder, and Hidden PTSD in a Patient with an Orphanage Background

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Introduction: Diagnosing psychiatric disorders in individuals raised in orphanages is challenging due to symptom overlap. Trauma from institutional life can mimic symptoms of both Post-Traumatic Stress Disorder (PTSD) and paranoid schizophrenia (Hermenau et al. *J Trauma Stress* 2011; 24: 513-516). For example, PTSD symptoms like intrusive memories may resemble schizophrenia's delusions when trauma affects threat perception. Additionally, PTSD-related attachment issues can exacerbate paranoia (Patel et al. *J Trauma Dissociation* 2016; 17: 123-136). Accurate diagnosis requires careful assessment of trauma history and symptom differentiation (Robinaugh et al. *Depress Anxiety* 2011; 28: 305-311).
Objectives: Challenges of symptoms overlapping in schizophrenia, borderline personality disorder, and PTSD.
Effects of orphanage background and early trauma on psychiatric symptoms.
Diagnostic methods and evolving treatment plans.
Methods: Patient ZN, a 37-year-old female with paranoid schizophrenia and borderline personality disorder (BPD), has had 11 admissions over six years at our clinic. Despite treatment with DSM-5 criteria, PANSS, and BEST scales, using antipsychotics, mood stabilizers, and benzodiazepines, there was no significant improvement. This year, her hospitalizations increased, particularly after developing a strong attachment and maternal feelings toward a doctor who treated her three times consecutively. PTSD, relevant due to her orphanage background and initially unassessed, was later identified through screening. Data were recorded through clinical notes, informed consent was obtained, and the case study's single-case design limits generalizability.
Results:
Conclusions: In conclusion, diagnosing PTSD, paranoid schizophrenia and BPD in orphanage-raised adults is challenging due to trauma, overlapping symptoms, and disrupted attachment. This case highlights the complexities of diagnosis and treatment, emphasizing the need for a comprehensive and adaptable approach.

Disclosure of Interest: None Declared

EPV1436

Diagnosis and treatment of post-traumatic stress disorder (PTSD) through the analysis of two clinical cases

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Introduction: Ongoing global conflicts have significant implications for the mental health of affected populations, with PTSD being one of the most prevalent disorders among those exposed to active violence.
Objectives: To understand the importance of PTSD diagnosis and treatment in individuals exposed to active violence through the review of two clinical cases.
Methods: A clinical evaluation, diagnosis, treatment and follow-up of two patients (A and B) during their admission to our hospital and a literature review of diagnosis and treatment of PTSD.
Results: We studied two patients from Armenia, a country currently engaged in armed conflict, who sustained injuries from a bomb explosion. Patient A had burns covering 18% of Total Body Surface Area (TBSA) and three fingers amputated, while B had burns in 50% of TBSA. Both were admitted to the Intensive Care Unit, where psychiatric evaluations were conducted, and then they were transferred to the plastic surgery unit for further care until discharge. During the first week of admission, symptoms such as flashbacks, nightmares, emotional numbness, feelings of fear, hopelessness, excessive guilt, insomnia, hypervigilance and episodes of depersonalization or derealization began to appear. Patient A exhibited an externalizing profile of symptoms (nocturnal agitation, crying and verbalization of guilt-related ruminations), while B presented an internalizing profile (affective numbness and dissociative episodes). Both cases were diagnosed with PTSD after more than a month of persistent symptoms. Psychopharmacological treatment was initiated after 20 days of hospitalization. Patient A was treated with quetiapine 200 mg/day for nocturnal agitation and sertraline 100 mg/day; while Patient B started sertraline 100mg/day and mirtazapine 15 mg/day. According to literature, first-line pharmacological treatment for PTSD includes SSRIs such as sertraline or fluoxetine. As a second-line we found mirtazapine, antipsychotics and prazosin. Benzodiazepines are not a choice and should be used cautiously (Schrader et al. MM 2021; 118 (6), 546-551). First-line treatment for PTSD is trauma-focused therapy and eye movement desensitization and reprocessing (EMDR) (Mann et al. TI 2023). In our case, such therapy was not possible to start due to language barriers and the severity of patients'

physical conditions. Notably, current clinical trials are exploring the use of psychedelics in therapy to improve PTSD symptoms (Krediet et al. IJNP 2020; 23 (6), 385-400).
Conclusions: PTSD is a relatively common mental disorder, affecting up to 11% of war victims. Early detection of symptoms is crucial to start an appropiate psychotherapeutic treatment. Although psychopharmacological interventions are recommended as a second-line treatment, they may sometimes be the only feasible option, as demonstrated in these two clinical cases.

Disclosure of Interest: None Declared

EPV1437

Evaluation of the post-traumatic stress disorder in midwives

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Introduction: In addition to the typical risks associated with healthcare professions, being a midwife carries a significant psychological and emotional burden. This responsibility extends not only to the mother's well-being but also to the newborn's, making the role particularly vulnerable to psychosocial risks, often driven by high-stress situations.
Objectives: To assess the post-traumatic stress disorder (PTSD) experienced by midwives.
Methods: We conducted a cross-sectional study using a self-administered questionnaire distributed to midwives in the Sfax region. The questionnaire consisted of a first part relating to socio-demographic and professional data and a second part relating to the evaluation of the PTSD in midwives using the Impact of Event Scale (IES).
Results: Our population comprised 74 midwives with an average age of 45.6 ± 10.3 years. Only 21.6% reported engaging in regular physical activity. The midwives worked in both public and private health facilities, with a mean of job tenure of 20.3 ± 10.6 years. A stressful event in their professional life was reported by 68.8% of midwives. The PTSD was detected in 30 midwives (40.5% of the midwifery population surveyed), 8 of whom had severe symptoms. The traumatic events reported by the midwives were related to injury to the newborn, injury to the parturient or working conditions.
We found that the factors related to the PTSD were the number of dependent parents, a history of anxiety, depression or hypothyroidism, and working fixed hours. Physical activity was a protective factor against post-traumatic stress. A statistically significant link was found between severe forms of PTSD and taking leave in the last three months. Binary logistic regression confirmed that while physical activity was protective, anxiety, depression, and hypothyroidism were independent risk factors for PTSD.
Conclusions: PTSD is a common issue among midwives. It should be studied and identified early in at-risk populations to prevent lasting consequences.

Disclosure of Interest: None Declared

EPV1441

Investigating the effect of the South African Adolescence Sleep Intervention (SAASI) on adolescent sleep and PTSD: A pilot randomized control study

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Introduction: South African adolescents are exposed to significant levels of trauma exposure, resulting in high levels post-traumatic stress disorder (PTSD). Sleep disturbances are among the most frequently reported difficulties faced by those dealing with PTSD.
Objectives: The current study aimed to determine the feasibility and preliminary efficacy of the SAASI on PTSD symptom severity and sleep disturbance when delivered in group format to South African adolescents with PTSD.
Methods: Sixty-one adolescents with PTSD diagnoses and sleep disturbance were randomly assigned to either one individual and four group sessions of the sleep intervention (SAASI) or a control group. At baseline, post- and 1-month follow-up participants completed the Child PTSD symptom scale for DSM5 (CPSS-5) and the Pittsburgh Sleep Quality Index (PSQI) among other sleep and psychiatric measures. The trial was registered on the Pan African Trial Registry (PACTR202208559723690).
Results: There was a significant but similar decrease in PSQI scores in both groups over time indicating no overall intervention effect. Interaction between groups on the CPSS-5 was also not significant. Despite this overall finding, the mean difference in CPSS-SR-5 scores increased over time, with the difference between groups post-treatment and at the 1-month follow-up suggesting that PTSD symptom severity decreased more in the intervention group than the control group. The dropout rate was higher than expected for both the intervention and control groups. Reasons provided for dropout were mostly school commitments or travel related.
Conclusions: Conclusions: Early findings suggest a trend towards dual improvement in sleep quality and PTSD symptom severity in adolescents with a sleep disturbance and PTSD receiving a group sleep intervention (SAASI). Further investigation in a properly powered RCT with detailed retention planning is indicated.

Disclosure of Interest: None Declared

EPV1442

Mental Health interventions on a group of Trafficked females, in Egypt

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Introduction: Background: The United Nations defines Human Trafficking as "the recruitment, transportation, transfer, harbouring, or receipt of people through force, fraud or deception, with the aim of exploiting them for profit," and says it is practiced everywhere in the world. Studies show that women who have been

trafficked for sex have higher levels of fear, are more isolated, greater trauma and mental health needs than other victims of crime, high rates of physical and sexual violence, memory loss, sexually transmitted diseases, and traumatic brain injuries. The present study attends to explore the mental health profile of a cohort of trafficked women from Egypt.

Objectives: Studies show that women who have been trafficked for sex have higher levels of fear, are more isolated, greater trauma and mental health needs than other victims of crime, high rates of physical and sexual violence, memory loss, sexually transmitted diseases, and traumatic brain injuries.The present study attends to explore the mental health profile of a cohort of trafficked women from Egypt.

Methods: This study included detailed mental health assessments of 42 trafficked women in and around Cairo in Egypt. Data was collected by social workers. Assessments, Diagnosis and interventions were done by the author with the help of two clinical psychologists.

Results: This snapshot study shows very convincingly that there's a high burden of mental ill health among the trafficked women. Suitable therapeutic interventions may provide effective management and prevention of further deterioration of mental health issues of these vulnerable trafficked women.

Conclusions: This snapshot study shows very convincingly that there's a high burden of mental ill health among the trafficked women.Suitable therapeutic interventions may provide effective management and prevention of further deterioration of mental health issues of these vulnerable trafficked women.

Disclosure of Interest: None Declared

EPV1443

Perceived work-related stigma in healthcare workers and presence of post-traumatic stress disorders (PTSD) symptoms

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Introduction: Previous research has demonstrated a relationship between work-related stigma during the COVID-19 pandemic and posttraumatic stress disorder (PTSD). Whilst it is possible that shared social characteristics explain the link between stigma and PTSD, this article hypothesizes that work-related stigma is itself associated with symptoms of PTSD.

Objectives: This study examined whether work-related stigma was associated with PTSD symptoms one year after the onset of the COVID-19 pandemic in a sample of French healthcare workers (HCWs).

Methods: Data were based on an online survey that recruited HCWs working during the first wave of the COVID-19 pandemic. The presence of PTSD symptoms was assessed using the Posttraumatic Stress Disorder Checklist (PCL-5) with a cut-off score of ≥33. Work-related stigma was defined as the perception of having been treated differently and unfairly because of one's profession.The relationship between work-related stigma and PTSD symptoms was tested using propensity scores including all relevant confounding factors: financial and social support, and work-related,or pandemic-related factors.

Results: Among the 655 respondents, 71.6% were physicians, 11.1% were nurses, and 17.3% had other occupations. A total of 53 participants (8.7%) presented symptoms of PTSD. We found an association between work-related stigma and PTSD symptoms (OR 2.13, 95% CI [1.04;4.35]) one year after the onset of the COVID-19 pandemic adjusted for propensity scores including relevant confounding factors.

Conclusions: Our findings suggest that work-related stigma is associated with PTSD symptoms among HCWs. This association was independent of social characteristics known to influence both stigma and PTSD. Work-related stigma may be a propitious occupational risk factor to target in order to improve HCWs work conditions and mental health.

Disclosure of Interest: None Declared

EPV1444

Understanding the path to ketamine-assisted group therapy for firefighters diagnosed with post-traumatic stress disorder: a qualitative study

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Introduction: Firefighters face routine occupational risks and high-stress environments. Accordingly, 96.4% are exposed to a potentially traumatizing event throughout their career (Nazari *et al.* Work 2020; 67(1):215-222). This is accompanied by high rates of trauma-related mental illnesses (TRMI) such as PTSD. First-line treatments of TRMI remain limited. A novel treatment that has emerged, Ketamine-Assisted Therapy (KAT) has shown meaningful improvements in PTSD treatment (Ragnhildstveit *et al.* Ther Adv Psychopharmacol 2023; 6:13).

Objectives: The primary objective was to synthesize prevalent themes among participants, shedding light on their journeys to accessing KAT as well as highlighting internal motivations and societal barriers that exist.

Methods: In this study, there are six working firefighters, diagnosed with TRMI. They have enrolled in but not begun the 12-week Roots to Thrive (RTT) KAT program. Interviews were conducted individually and transcribed for further analysis. Data from the interview responses was analyzed by two independent reviewers and coded to create main themes of focus. The inconsistencies were managed by the third senior reviewer.

Results: The major themes prevalent among participants include social stigma, self-advocacy/education, logistical barriers and feeling stuck with previous treatments.Throughout the interviews, participants indicated that the use of ketamine and their mental illness diagnosis were stigmatized. Some kept their treatment a secret from family members while others reported telling very few colleagues about their PTSD. In response to traumatic events at work, one participant explained that the prevalent attitude was "Suck it up. Move on." The lack of administrative support prompted several participants to teach themselves about psychedelics and mental health in order learn about treatment possibilities. Logistical

barriers included barriers to physically commuting, paying for and having time away for the KAT sessions. They pointed out that aside from the price of the treatment itself, paying for cabs and ferries adds to the costs. Each of the participants detailed their journey with trauma and mental illness before KAT. A common sentiment expressed was that they couldn't cope anymore with symptoms like night terrors and extreme anxiety. Participants discussed a gradual build-up and burnout, as one explained, "You continually are always going to other trauma calls, so it kind of builds up layer, layer, layer after layer." A reoccuring theme in their experiences was trying different treatment modalities (EMT, EMDR and CBT) with little permanent success.
Conclusions: Greater funding, awareness and administrative support is needed for firefighters diagnosed with PTSD to successfully receive and undergo treatment.

Disclosure of Interest: None Declared

EPV1445

The Beneficial Effect of Self-Compassion on PTSD and Complex PTSD Symptoms among Israeli Female Veterans: The Role of Coping Strategies

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Introduction: There is consistent evidence that increased self-compassion (SC) is associated with less posttraumatic stress disorder (PTSD) symptoms. However, knowledge about the contribution of SC to military-related posttraumatic sequelae among women combat veterans is sparse. Moreover, the underlying mechanism for the beneficial effect of SC remains to be determined.
Objectives: The present study aims to examine the contribution of SC to PTSD and complex PTSD symptoms among female veterans as well as the mediating roles of coping strategies in these possible associations.
Methods: In a cross-sectional study, a volunteer community sample of Israeli women combat veterans (n = 885) and non-combat veterans (n = 728) responded to online self-report questionnaires.
Results: Combat veterans reported higher levels of PTSD symptoms but not complex PTSD symptoms, SC, or coping strategies, as compared to non-combat veterans. Moreover, among combat and noncombat veterans, SC was associated with lower levels of PTSD and complex PTSD symptoms beyond adverse childhood experiences and combat exposure. Notably, SC was inversely and indirectly associated with higher levels of PTSD and complex PTSD symptoms through maladaptive coping strategies for both combat and noncombat veterans.
Conclusions: Reports of higher SC among female veterans are associated with less severe PTSD and complex PTSD symptoms. Moreover, maladaptive coping strategies might serve as mechanisms that link SC to military-related posttraumatic consequences.

Disclosure of Interest: None Declared

Precision Psychiatry

EPV1446

Digital Phenotyping for Real-Time Monitoring of Nonsuicidal Self-Injury Thoughts

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Introduction: Digital phenotyping offers a valuable method for predicting and preventing nonsuicidal self-injury (NSSI) in daily life by providing objective, ecologically valid measurements at multiple time points. This approach quantifies an individual's phenotype by capturing self-injury-related markers such as mood, step counts, and heart rate.
Objectives: The aim of this study is to identify real-time predictors and to elucidate the dynamic trajectory of NSSI in individuals.
Methods: This study targets individuals in their 20s residing in South Korea who engaged NSSI on five or more days during the past year, and a total of 56 participants were included in the current study. Once participants were enrolled, active (e.g., ecological momentary assessment) and passive (e.g., heart rate, step count) data were collected via a smartphone app and wrist-worn wearables for 14 days. Initially, a random forest algorithm was employed to assess the relative importance of passive and active data in predicting NSSI thoughts. Subsequently, a multilevel logistic regression model was used to capture variability at both the within-person and between-person levels.
Results: After inputting passive data into the random forest algorithm, the model demonstrated an accuracy of 0.619. Among the variables, walking stride had the highest importance score at 0.28, followed by heart rate (0.18) and heart rate variability (0.17). Subsequently, when analyzing the random forest algorithm with active variables, the model's accuracy was found to be 0.666. In this case, anger toward others had the highest importance score at 0.26, followed by depression (0.22) and anger toward oneself (0.19). In a separate analysis using multilevel logistic regression models for each passive variable, none of the variables produced significant results in either the fixed or random effects analyses. However, when active variables were entered into separate multilevel logistic regression models, all emotional variables yielded significant results in the fixed effects analysis: depression (0.746, $p < .001$), anxiety (0.521, $p < .001$), anger toward oneself (0.475, $p < .001$), anger toward others (0.403, $p < .001$), loneliness (0.329, $p < .001$), and shame (0.557, $p < .05$). In contrast, none of the variables showed significant results in the random effects analysis.
Conclusions: The findings from this study could offer insights into novel mechanisms underlying the occurrence of self-injurious thoughts and their prediction in daily life. Additionally, this advanced approach may help identify optimal strategies for NSSI prevention and enable the delivery of personalized, real-time interventions.

Disclosure of Interest: None Declared

EPV1447

Genetic Dete`rminants of Clozapine-Induced Metabolic and Neurological Side Effects: A Comprehensive Investigation

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Introduction: Clozapine remains one of the most effective antipsychotic medications for treatment-resistant schizophrenia. However, its use is limited by significant metabolic and rare neurological side effects. The variability in patients' susceptibility to these adverse effects suggests an unidentified genetic predisposition, which is critical to personalizing treatment.
Objectives: This review aims to systematically investigate the genetic variants involved in the development of metabolic and neurological side effects in patients treated with clozapine. Specifically, it seeks to elucidate the pathways participating in the occurrence of these adverse reactions and identify genetic markers for personalized therapeutic approaches.
Methods: A literature search was conducted across multiple databases for studies published in recent years. Data were extracted from cohort studies and case-control studies based on predefined criteria, using keywords such as "clozapine", "metabolic side effects", "neurological side effects", "pharmacogenetics".
Results: Preliminary results identified that variants in the **FTO** gene, known for its role in adipogenesis and energy homeostasis, were linked to enhanced adiposity and altered leptin signaling, contributing to the metabolic syndrome. Similarly, **APOE** gene was strongly correlated with increased risk of severe weight gain, dyslipidemia, and insulin resistance due to association with impaired lipid transport and metabolism.
In the context of neurological side effects, SNPs within the **DRD2** Taq1A polymorphism, which affects dopamine receptor density and signaling, were associated with a higher incidence of extrapyramidal symptoms and tardive dyskinesia in patients on clozapine. The **COMT** Val158Met polymorphism, known to modulate prefrontal catecholamine degradation, was linked to cognitive impairments and clozapine-induced sedation.
Next-generation sequencing (NGS) enlightens rare SNPs, copy number variations (CNVs) and novel variants in genes related to drug metabolism, such as **CYP1A2** and **CYP2D6**, allowing for the identification of complex genetic interactions. Furthermore, patients with high **polygenic risk scores** (PRS) exhibited a markedly increased likelihood of developing severe metabolic and neurological side effects, underscoring the utility of PRS in stratifying patient risk.
Conclusions: In summary, our findings demonstrate that genetic factors are key contributors to the development of clozapine-induced metabolic and neurological side effects. Variations in genes related to drug metabolism, neurotransmitter regulation, and metabolic pathways significantly influence individual susceptibility to these adverse effects. A deeper understanding of pharmacogenetic approaches could offer the potential for more personalized and precise treatment strategies, reducing adverse effects and improving drug tolerance.

Disclosure of Interest: None Declared

EPV1448

Individualised network connectivity-based targeting to improve outcomes of transcranial magnetic stimulation in difficult-to-treat depression

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Introduction: Transcranial magnetic stimulation (TMS) is an established treatment for difficult-to-treat depression (DTD), demonstrating moderate efficacy. In comparison to other non-invasive treatments in psychiatry, TMS can be relatively accurately directed at specific cortical subregions. TMS is typically targeted at the dorsolateral prefrontal cortex (DLPFC) based on scalp measurements. However, the DLPFC is a large and functionally heterogeneous region, with inter-individual variability in the localisation of target functions. The functional connectivity of the stimulation target with other brain areas has been shown to correlate with treatment outcomes. Nonetheless, the clinical benefits of connectivity-based individualised targeting remain to be demonstrated in randomised clinical trials, and the connections to be considered in such targeting are still inadequately understood.
Objectives: To test whether individualised network connectivity-based localisation improves outcomes, and to further investigate the relationship between clinical results and the stimulated connections
Methods: In this ongoing study, we acquire functional and structural MRIs from adult volunteers with DTD, referred to clinical TMS. We focus on brain regions associated with depression and emotion regulation to target the core affective symptoms of depression. We compute the individual connectivity distribution of these regions within the DLPFC. We then employ a realistic individual head conductor model to determine the coil position that aligns the distribution of TMS-induced electrical effects with the individual connectivity distribution. These coil positions, along with standard scalp-measure-based coil positions, are entered into the neuronavigation system, and patients are randomised 1:1 for the targeting used to receive intermittent theta burst stimulation over 20-25 sessions. Patients and outcome assessors remain blind to the targeting method, with the primary outcome being the change in the Montgomery-Åsberg Depression Rating Scale from before to after treatment.
Results: Interim analysis conducted by independent evaluators, based on results from the first 20 patients per group, suggested over 80% power to detect group differences at an alpha level of 0.048, with 40 patients in each group.
Conclusions: To our knowledge, these would be the first results from a randomised prospective trial indicating the superiority of functional targeting over standard scalp measure-based targeting. While these targeting methods require further refinement, clinical applications will depend on the balance between effectiveness and cost compared to standard targeting. Related studies exploring the relationship between targeted brain connections and clinical outcomes may illuminate the brain-level mechanisms underlying recovery from depression.

Disclosure of Interest: None Declared

Prevention of Mental Disorders

EPV1449

Anticipatory Competence of Adolescents with Mental Disorders in the Prevention of Deviations

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Introduction: Theoretical analysis of the problem of anticipatory competence in adolescents with mental disorders highlights its insufficient study as an integral ability that contributes to their adaptation in society and the prevention of deviant behavior.
Objectives: To identify and study the relationship between anticipatory consistency and deviations in adolescents with mental disorders.
Methods: The study involved 25 adolescents aged 12-14 (6A00.0, ICD-11) attending an educational institution for children with disabilities. The following methods were used: the "Test of Anticipatory Solvency" by V.D. Mendelevich, the "Test of Propensity for Deviant Behavior" by E.V. Leusa and A.G. Solovieva, and the "Study of Anticipatory Solvency in Adolescents" by A.I. Akhmetzyanova and T.V. Artemyeva.
Results: Adolescents with mental disabilities exhibit varying degrees of motor clumsiness and difficulty judging distance in visual space. They struggle to predict the consequences of their actions and are not always able to foresee conflict situations in social settings, nor respond adequately in such interactions, which often leads to the development of antisocial behavior. The majority of adolescents with mental disorders (56% of the subjects) exhibit a situational predisposition to delinquent behavior, indicating a tendency to put their own norms and values in conflict with those of the group. Correlation analysis revealed a statistically significant relationship between personal-situational anticipatory consistency and the scale of delinquent behavior (r=0.416).
Conclusions: The findings of this study can be useful to practitioners working with adolescents with mental disorders, helping them to plan and organize corrective interventions that consider the development of this essential skill. Anticipatory competence is one of the factors necessary for successful socialization and the prevention of deviant behavior in adolescents.
This paper has been supported by the Kazan Federal University Strategic Academic Leadership Program (PRIORITY-2030).

Disclosure of Interest: None Declared

EPV1450

Predisposition to boredom and anxio-depressive disorders among nurses : A cross-sectionl descriptive study

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Introduction: Bore-out affects three times as many employees as burn-out. It results from a lack of activity during work, and the healthcare sector, due to its monotony, promotes the emergence of these disorders
Objectives: Study the predisposition of hospital nurses to boredom, and investigate a possible relationship between this predisposition and their anxiety-depression profile.
Methods: This is a cross-sectional descriptive study conducted in April 2022 involving all nurses at the Sahloul University Hospital in Sousse. We used a pre-established questionnaire that included two validated tools: the Boredom Proneness Scale (BP) and the Hospital Anxiety and Depression Scale (HAD).
Results: A total of 65 nurses took part in this study. The mean age was 36.62 ± 4.82 years and the sex ratio was 0.38. According to the BP Scale, 13 nurses were inclined towards boredom (20%). A predisposition to boredom has been observed among staff with less than 8 years of seniority (p= 0.001), those with no extracurricular activities (p= 0.020), those with a moderate or severe workload (p= 0.008), and those whose profession had no impact on their relationships with others (p= 0.012).The depression score on the HAD scale was moderate (32%), average (20%), and severe (12%). The HAD scale revealed that 29% of people had mild anxiety, 23% had moderate anxiety, and 12% had severe anxiety. No statistically significant relationship was found between the boredom disposition scale and the HAD scale.
Conclusions: Bore-out can worsen anxiety and depressive disorders by causing boredom and frustration. It is crucial to promote an engaging and varied work environment to protect employees' mental health.

Disclosure of Interest: None Declared

EPV1451

Can a difference in socioeconomic levels influence executive functioning in a Tunisian population?

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Introduction: Poverty's impact on mental health and quality of life is well documented. Studies have shown that the high stress levels associated with poverty increase the risk of mental illness. Moreover, cognitive abilities seem to be influenced by a low socioeconomic level. Conversely, individuals who benefit from a better socioeconomic situation since childhood and throughout adulthood are more likely to succeed academically and professionally.
Objectives: This paper examines the relationship between socioeconomic status and executive functioning in healthy Tunisian adults. It aims to determine if socioeconomic differences influence executive processes.
Methods: We conducted an experimental study with 95 Tunisian adults (ages 20-55) from the city of Tunis, divided into 4 socioeconomic

groups (low, lower middle, higher middle, and high). We used objective and subjective socioeconomic measures and assessed cognitive and behavioral executive functioning through various tests, including the Stroop and Hayling tests, verbal fluency tasks, and the BRIEF questionnaire.
Results: ANOVA analyses didn't show global differences between groups, but Fisher Post Hoc tests revealed that participants from the highest socioeconomic group (group 4) performed better on several tasks. Group 4 showed faster processing times on Stroop tasks, better scores on the Digit Span Task, verbal fluency tasks, and the Modified Card Sorting Test, indicating a better processing speed and stronger cognitive flexibility and working memory. Behavioral executive measures also favored group 4 in areas such as working memory and task control.
Conclusions: This study highlights the clear advantage of higher socioeconomic status in executive functioning. Further research could develop strategies to improve cognitive functioning and quality of life for individuals with a lower socioeconomic level.

Disclosure of Interest: None Declared

EPV1452

Modifiable risk factors and their joint effect on Schizophrenia: A perspective study

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Introduction: Schizophrenia is a severe psychiatric disorder affecting 50% of patients intermittently and 20% chronically, with high unemployment rates (80-90%) and reduced life expectancy. Although genetic and neurodevelopmental factors are established non-modifiable risk factors, knowledge gaps persist regarding prevention strategies, particularly the combined impact of modifiable risk factors.
Objectives: The aim of this study is to identify the modifiable risk factors and to estimate their joint effect on Schizophrenia.
Methods: We conducted an exposure-wide association study (EWAS) using the UK Biobank cohort to systematically evaluate 206 potentially modifiable factors associated with schizophrenia risk. The study population comprised individuals without schizophrenia at baseline, with diagnoses determined using ICD-10 criteria. We employed Cox proportional hazard regression models with Bonferroni correction (significance threshold: $P<1.91\times10^{-4}$) to identify significant factors. The identified factors were categorized into six domains: lifestyle, local environment, medical history, physical measures, psychosocial factors, and socioeconomic status (SES). Domain-specific, weighed, and standardized scores were calculated based on coefficients from Cox models, adjusting for covariates. Scores were stratified into tertiles (favorable, intermediate, unfavorable) for risk assessment. Population attributable fractions (PAFs) were calculated to quantify prevention potential.
Results: The study cohort included 498,351 participants (54.45% female; mean age: 56.55 years) followed for a mean duration of 14.37 years, during which 1,345 participants developed schizophrenia. We identified 86 significant modifiable factors, with disability (HR 6.23, 95% CI 5.48-7.07), depression (HR 5.06, 95% CI 4.93-5.20), and anxiety disorders (HR 3.69, 95% CI 3.12-4.36) showing the strongest associations. Our analyses suggested that transitioning unfavorable profiles to intermediate and favorable status (Estimation 1) could prevent 59.6% of schizophrenia cases, while shifting both intermediate and unfavorable profiles to favorable (Estimation 2) could prevent 90.4% of cases. In Estimation 2, the preventive potential was highest for SES (18.0%), followed by medical history (17.5%), lifestyle factors (17.0%), psychosocial factors (14.3%), physical measures (12.8%), and local environment (10.8%).

Image:

Table1. Weighted and unweighted PAF for the six domains

	Estimation 1			Estimation 2		
Domains	**Unweighted PAF**	**Communality**	**Weighted PAF**	**Unweighted PAF**	**Communality**	**Weighted PAF**
Lifestyles	0.239	0.282	0.116	0.536	0.252	0.170
Local environment	0.189	0.211	0.091	0.341	0.526	0.108
Medical history	0.107	0.236	0.051	0.552	0.317	0.175
Physical measures	0.273	0.319	0.132	0.402	0.144	0.128
Psychosocial factors	0.137	0.604	0.066	0.449	0.401	0.143
SES	0.289	0.349	0.140	0.567	0.360	0.180
Overall weighted PAF			0.596			0.904

Weighted PAF was calculated after considering the overlap between risk factors. In estimation 1, we shifted the unfavorable profile to intermediate favorable ones. In estimation 2, we shifted all factors to the favorable profile. SES, socioeconomic status.

Conclusions: This analysis identifies multiple modifiable risk factors for schizophrenia, demonstrating substantial prevention potential through multi-domain interventions. Socioeconomic, medical, and lifestyle factors emerge as key targets for prevention strategies. The consistency of associations across genetic risk strata suggests interventions could be beneficial regardless of genetic predisposition, informing targeted prevention strategies and public health policies.

Disclosure of Interest: None Declared

EPV1453

Physician's Suicidal Behaviours in Europe: Thoughts and Beliefs of Trainees and Early Career Psychiatrists

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Introduction: The rising rate of suicides among physicians is a critical and concerning issue that has not garnered enough attention. Personal, social, economic factors and working conditions are complicating this problem and a holistic approach is required to work towards a solution.
Objectives: The aim of this study was to investigate the views of psychiatry residents and young psychiatrists working in EPA member countries on the causes, consequences and solutions of physician suicides.
Methods: Under the umbrella of EPA Suicide Prevention and Suicidology Section, a 24-question survey regarding thoughts and beliefs on physicians's suicide was developed by a group of young researchers participating in EPA Summer School 2023. The questionnaire was disseminated through EPA Early Career Psychiatrists (ECP), European Federation of Psychiatric Trainees (EFPT) email groups, communication platforms for sub-working units, and various national psychiatric associations via their email and social media channels. The goal is to collect data over at least six months. Preliminary results will be shared with participants at the EPA 2025 Congress.
Results: When the initial data is analysed, it is seen that 160 people answered the questionnaire. 69% of the participants were female, 29.4% were male, 1.2% preferred not to say. The proportion of specialists was 64.4% and 35.6% of residents. Detailed responses to the questionnaire and the suggestions of the participants will be shared in detail with the congress participants in the presentation.
Conclusions: This study aims to explore the perspectives of residents and early-career specialists on an issue that is stigmatized within the medical community and often avoided in open discussions. Understanding how young physicians perceive and evaluate this issue amidst increasingly challenging living and working conditions will provide valuable insights, guiding future interventions aimed at addressing and mitigating this burden.

Disclosure of Interest: None Declared

EPV1455

Implementation of a low-threshold, community-based consultation for young adults with early symptoms of mental disorders – a study protocol

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Introduction: If untreated, mental health disorders are a leading cause of premature death due to physical illness and suicide. Typical onset is around the age of 15, and about 75% emerge by the age of 25. Thus early diagnostics and treatment to prevent chronic outcomes by early interventions is indispensable. We set up an intervention project in Frankfurt/Main, Germany, focusing on this vulnerable group aged 18 to 29.
Objectives: The project aims to assess if a low-threshold, early-on psychosocial consultation model significantly reduces early symptoms of mental disorders among young adults and to evaluate whether community-based consultations reduce stigma and increase early service utilisation. We intend to measure changes in mental health literacy. Alongside consultations, we identify cooperation partners and give workshops to raise awareness and reduce stigma.
Methods: A team of university psychologists and psychiatrists developed the project with community organisations and local foundations. Consultations take place in a non-stigmatizing, informal setting: the space is not within a clinic, centrally located and easily accessible. Services may be utilised anonymously and without registration of health insurance. We offer qualified diagnostics, brief solution-focused counselling, psychoeducation, early pharmacological treatment, group therapy and referral pathways to specialised care when needed. Using questionnaires, we will refine the program for potential up-scaling. Since September 5th, 2024, 12 patients aged between 17 and 34 years have already made use of the offer. Pre-intervention symptoms at baseline were initially assessed while post-intervention symptom assessments will take place 3 months later. Qualitative data will be analysed via thematic coding. Quantitative data for symptom alteration will be collected via Likert scales and analysed using paired t-tests and regressions. Qualitative feedback will be collected via surveys. We hypothesise that psychological well-being will improve post-intervention. Additionally, we expect an increased mental health literacy, alongside increased utilisation and acceptance of mental health services.
Results: Yet to follow.
Conclusions: Community-based mental health consultations represent a feasible early intervention strategy for young adults. Results are expected to support expanding such models to other community structures and refining protocols for scalability. We aim to optimise service delivery, assess long-term outcomes, and examine cost-effectiveness for potential implementation on a broader scale.

Disclosure of Interest: None Declared

EPV1457

Impact of childhood traumas and early substance abuse in deviant behaviors

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Introduction: Youth violence, particularly among men, is a significant global issue. The primary causes leading to detention orders are drug-related crimes, armed robberies, and terrorism. In addition to social and environmental factors, early attachment experiences and stressors can significantly affect lifelong development, especially during adolescence, impacting learning, behavior, emotions, and health. Thus, identifying underlying traits of chronic deviant behavior, such as attention-deficit/hyperactivity disorder (ADHD) and drug, may help clarify the mechanisms driving different problem behavioral disorders throughout life and be crucial in structuring effective prevention programs for these people.
Objectives: This study aimed to examine clinical and psychopathological features in imprisoned young adults with comorbid substance use disorder (SUD).
Methods: The study was conducted in Colombia at a detention center for young adults who committed serious crimes during adolescence. Forty participants with SUD were included and assessed using six questionnaires and clinical interviews, aiming to examine their clinical and psychopathological characteristics.
Results: The mean age of initial drug contact was 12 years, and the most consumed drugs were cannabis, alcohol and cocaine/amphetamines. Significant positive correlations were found between emotional dysregulation and hyperactivity (p=0.010), inattention (p=0.003), executive dysfunction (domains of inhibition (p=0.001) and initiative (0.001), mood swings (p=0.027) and childhood trauma. Individuals with psychostimulant substances disorder showed a significant positive correlation with the "Authority" domain (p=0.043), and those using sedative substances also with the "Resentment/Self-Sufficiency" and "Violent Childhood" domains.
Conclusions: Our findings suggest that greater impulsivity during childhood exposure to violence represents a predictor of emotional dysregulation, with a large impact later. Impulsivity and difficulty accepting negative emotions are positively associated with executive dysfunctions, especially in inhibitory control, emotional regulation, and initiative. A permissive childhood, characterized by a lack of guidance and boundaries, can be a predictor of committing murder later in life. Taken together, these findings highlight the

Disclosure of Interest: None Declared

EPV1458

Association between work-related stress and lifestyle behaviors

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Introduction: Work-related stress significantly impacts employees' overall health and can lead to unhealthy lifestyle behaviors, such as poor diet, lack of physical activity, and inadequate sleep.
Objectives: This study aimed to explore the potential link between occupational stress and different lifestyle behaviors among workers in different companies in Sousse, Tunisia.
Methods: A cross-sectional study was conducted over a three-year period in Sousse, Tunisia, involving employees from various workplace settings. Data were collected using a pre-established questionnaire that assessed sociodemographic characteristics, health-related behaviors—including sleep quantity and quality, cigarette smoking, alcohol consumption, physical activity (measured with the Global Physical Activity Questionnaire), and eating habits—as well as occupational characteristics. Occupational stress was evaluated using a validated Arabic version of the Karasek scale. Binary logistic regression was employed to calculate adjusted odds ratios with 95% confidence intervals.
Results: The study included 154 participants, predominantly female (56.5%), with a mean age of 39.99 ± 9.91 years. Approximately 34.6% had 11 to 20 years of seniority. Job strain and iso-strain were reported by 31.8% and 25.5% of workers, respectively. Job strain prevalence was observed in 32% of smokers, 41% of alcohol users, 40 % among those who do not meet the recommended levels of physical activity. In terms of sleep quality, 29.9% indicated poor sleep. Notably, our study revealed a significant association between job strain and good sleep quality (aOR=6.14; CI95%:1.72-21.95, p=0.005).
Conclusions: These findings highlight a concerning prevalence of unhealthy lifestyle behaviors among workers in Sousse, Tunisia, with significant associations between occupational stress and sleep quality. Addressing these issues through workplace wellness programs may enhance employee health and overall job satisfaction.

Disclosure of Interest: None Declared

EPV1459

Nature- based interventions. The key role of variables: nature connectedness and social connectedness

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Introduction: The nature-based therapeutic perspective includes: green therapy, blue therapy, animal-assisted therapy, and natural landscape therapy. Until now researchers haven't clearly recognized underlying mechanisms of nature-related mental health well-being.

Objectives: The study aimed to clarify the relationships between experienced nature connectedness (NC) and social connectedness (SC) before and after blue nature based intervention and mental health (WHO-5, PHQ-4)
Methods: Study group included 54 adults (Mean = 30.6; SD 13,2). Participants completed semi-structured questionnaires before and after blue interventions (one week high sea sailing under supervision of two psychologists). The questionaire measured following variables: nature connectedness, social connectedness, well-being, and mental health.
Results: Results showed a significant increase in social and nature connectedness as well as in mental well-being after the blue interventions. Full results will be shown on the e-poster.
Conclusions: The mental health and wellbeing benefits of contact with nature are becoming increasingly recognized in psychology and medicine. The findings support hypothesis that nature connectedness and social connectedness increased after nature based interventions, and therefore they seem to be important factors conected with mental health.

Disclosure of Interest: None Declared

EPV1460

The importance of an exquisite approach: a case report of Perinatal loss

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Introduction: Perinatal loss is a painful process that we encounter on a regular basis in clinical practice but for which there is no adequate specific training. The treatment given to the mother will be decisive in mitigating the psychological consequences.
Objectives: To raise awareness of the need to develop specific training plans in perinatal psychiatry. Such training should provide tools for an adequate psychotherapeutic approach, as well as updated protocols on the management of psychopharmacological medication.
Methods: Descriptive report of a case of a women who came for consultation after having suffered an intrapartum fetal loss, based on the follow-up of the patient, with emphasis on the interventions performed during her stay in the hospital.
Results: We report the case of a 39-week pregnant woman who suffered an intrapartum fetal loss. The psychiatry team was notified and the resident doctor in psychiatry, without prior assessment of the patient, prescribed lorazepam every 8 hours. The mother at that moment, as a result of the shock, refused to see the baby, which was immediately accepted by the staff without a suitable intervention to inform about the benefits of adequate perinatal care (spending time with the baby, use of swaddling clothes to avoid heat loss, memory box, avoid rushing). After being discharged from hospital, she only attended a gynecological check-up, with no relevant findings. Five months later, the patient attended a psychiatry consultation with a major depressive episode, reporting significant feelings of guilt for not having been able to say goodbye to her baby. She did not remember clearly anything of what happened and presented panic attacks when she had to go to the hospital, as well as the presence of self-harming ideas. At the same time, she expressed anger at the treatment received from the staff, to whom she attributes the fact that she was not able to spend time with the baby.
A recent study (Cassidy, 2023) shows how the use of sedatives has become normalized in Spanish hospitals in order to compensate for the deficits in training and resources offered by the health system. Sedatives produce an alteration of consciousness, influence decision making and the formation of memories, which will make it more difficult to go through a perinatal grief, which in itself has its difficulties because it is considered a silenced grief.
Conclusions: Quality health care in perinatal loss should focus on providing the mother with exquisite care, centred on respect for each mother's time. This allows the establishment of a relationship that lowers fear and avoids impulses to flee, encouraging autonomy and the ability to decide, leaving the use of psychotropic drugs as a last resort for pain management.

Disclosure of Interest: None Declared

EPV1461

The Effect of the EMDR Flash Group Technique on Test Anxiety, Traumatic Stress, and Coping Mechanisms in Students Taking a Gap Year

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Introduction: Test anxiety is a widespread issue affecting students' academic performance and mental health. Students taking a gap year after failing the university entrance exam are particularly vulnerable to traumatic stress and future exam anxiety. An effective group intervention, such as the EMDR Flash Technique, can provide timely support to this group. This technique, an extension of EMDR, involves rapid eye blinking with relaxing imagery during dual stimulation sets, efficiently processing up to five memories per session.
Objectives: The project's primary objective is to examine how the EMDR Flash Group Technique addresses traumatic stress and exam-related anxiety in gap year students, while promoting adaptive coping strategies. By tackling anticipatory and future-focused stress, the intervention aims to lower the risk of developing mood and anxiety disorders.
Methods: This randomized controlled study will be conducted with a total of 300 students. Participants will be randomly assigned to one of three groups: the EMDR Flash Group Technique, a single-session psychoeducation seminar, and a waitlist control group. Symptoms will be measured at pre-treatment, post-treatment, and follow-up. The assessment tools include the Socio-demographics Scale, Test Anxiety Inventory, Coping with Stress Scale, and the Impact of Event Scale. This study will address the following

hypotheses: H1: EMDR Flash Group Technique will decrease the level of test anxiety. H2: It will decrease traumatic stress based on previous test experiences. H3: It will develop functional coping mechanisms.

Results: A significant reduction in exam anxiety levels is expected in the EMDR Flash Group participants, supporting its effectiveness in managing stressors and preventing the development of anxiety disorders. Additionally, there will be a decrease in traumatic stress symptoms (re-experiencing, avoidance, and hyperarousal), demonstrating its effectiveness as an early intervention for trauma-related disorders. Participants are expected to develop more functional stress management skills, emphasizing the technique's role in reducing dysfunctional coping mechanisms and enhancing resilience. Overall, the EMDR Flash Group Technique will demonstrate its effectiveness as an early intervention model for managing anxiety and preventing the progression of related psychological issues.

Image 1:

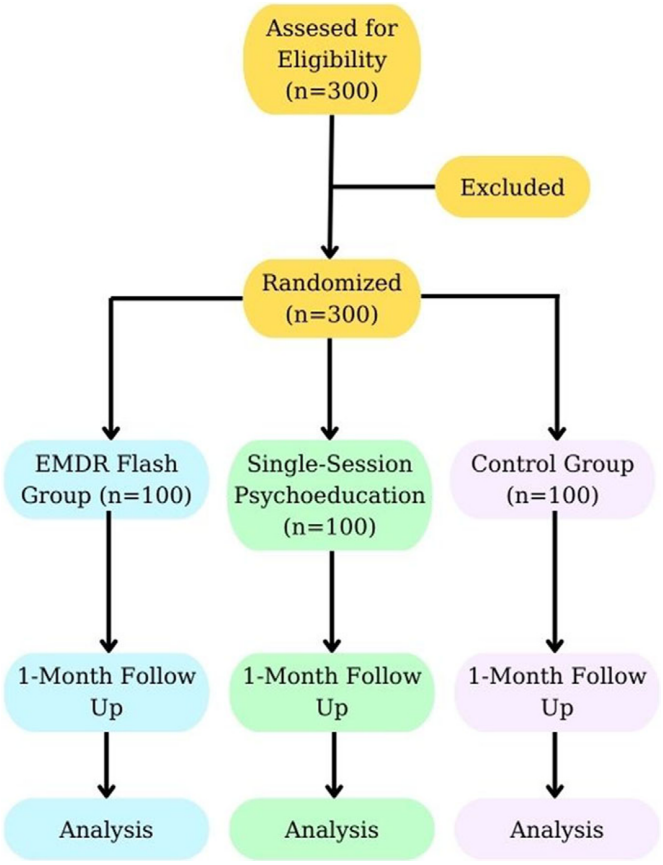


Image 2:

GROUP	INTERVENTION	MEASUREMENT TIME POINTS	SAMPLE SIZE (n)
1	EMDR FLASH GROUP TECHNIQUE	PRE-TREATMENT POST-TREATMENT 1-MONTH FOLLOW UP	100
2	SINGLE - SESSION PSYCHO-EDUCATION	PRE-TREATMENT POST-TREATMENT 1-MONTH FOLLOW UP	100
3	NO INTERVENTION (WAITLIST)	PRE-TREATMENT POST-TREATMENT 1-MONTH FOLLOW UP	100

Conclusions: Unlike traditional EMDR protocols that focus primarily on past traumas, our approach uniquely integrates past, present, and future-focused elements, creating a holistic framework for managing both past traumatic experiences and anticipatory anxiety about future challenges. By employing a group-based format, this protocol not only offers the potential for a more scalable and efficient intervention, but also provides a deeper understanding of how EMDR can be adapted to address psychiatric disorders in youth.

Disclosure of Interest: None Declared

EPV1462

Adjustments disorders among residents, burnout and depression

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Introduction: In 2022, studies were conducted, the results of which revealed that nursing staff are at greater risk of developing anxiety

disorders, and the development of these symptoms is influenced by work schedule and workload level. Also, do not forget about the relationship between anxiety and affective disorders and emotional burnout syndrome (EBS), which is important in diagnosis

Objectives: The purpose of the study is to evaluate the role of the phenomenon of burnout as a predictor of the development of anxiety and depression based on a comprehensive assessment of EBS and anxiety-affective symptoms among medical residents; identify risk factors for the development of EBS.

Methods: A questionnaire including socio-demographic characteristics (gender, age, place of residence), the Maslach Burnout Inventory (MBI) questionnaire; questionnaire scale: PHQ-9 (via Google platform); clinical interviewing was carried out among 98 residents

Results: two profiles of respondents – surgical (57.1%) and therapeutic (42.9%), 73.5% - female, 26.5% - male. The majority were in the age range from 25-29 years (77.6%). The most closely related to burnout is the time spent working at the clinical base and the workload outside of residency. 21% have mild depression, 24% have moderate depression, and 10% have severe depression, which further requires the identification of a correlation between two indicators of EBS and affective symptoms; 31.6% have severe emotional burnout, which affects education and the quality of medical care provided.

Conclusions: The question of the relationship between EBS and depressive symptoms remains open. In our simultaneous study, the relationship between the burnout index and the results of PHQ-9 is traced, which may suggest that EBS is considered as a risk factor for the development of affective symptoms of depression and requires further investigation of the problem It should be noted the importance of introducing digital technologies for the examination of employees and the timely detection of signs of EBS

Disclosure of Interest: None Declared

EPV1463

Navigating Grief in Wartime: Needs Assessment and Help-Seeking Behaviors among Bereaved in Ukraine

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Introduction: Traumatic losses are prevalent during armed conflicts and known to be a risk factor for prolonged grief disorder (Shevlin et al., 2024). Social support and psychoeducation are protective factors for prolonged grief disorder (Al-Gamal et al., 2018). Ukrainians are known to avoid seeking help or support after exposure to traumatic events (Quirke et al., 2021). Not much is known about help-seeking and supporting behavior following the loss of a loved one amidst the ongoing war in Ukraine.

Objectives: The aim of this exploratory study was to assess the experiences, needs, and help-seeking behavior of those in bereavement and those supporting them during the war in Ukraine.

Methods: An online questionnaire was designed by co-authors; data was collected in November 2023 via phone calls among users of the Opinion Internet panel by Factum Group Ukraine. Inclusion criteria were: a) Ukrainians aged 18-55; b) Internet users residing in Ukrainian cities with more than 50,000 residents before the full-scale invasion; c) those who currently live in Ukraine or abroad. The survey evaluated respondents' experiences of enduring the loss of a loved one and supporting persons in grief after the full-scale invasion of Ukraine, as well as the need for support and information about the grieving process.

Results: Fifty-three percent of survey respondents (n=400) were female. A quarter of the respondents lost a loved one since February 24, 2022 (15% due to death, 14% due to violent death, 5% missing in action), while 9% refused to respond.

Among those in bereavement, the majority (63%) reported that it was vital for them to better understand their own grief process. One-third reported the need for additional support in coping with the loss. One-fifth (21%) of those experiencing loss sought support as the experience became unbearable. Among those seeking professional care, there was a difference in the frequency of approaching different specialists. Twenty percent of the respondents reported that they did not seek help but were willing to.

The majority of respondents (62%) reported supporting a person who experienced loss. However, only 49% of them felt confident enough to do so. The majority (82%) of respondents said that they considered it important to have information on ways to support loved ones in grief.

Conclusions: Despite the fact that a third of people required support and care while experiencing a loss, only 1 in 5 approached mental health professionals or other healthcare specialists. Half of those who wanted to support their loved ones did not feel confident enough. Raising awareness among the population about the process of coping with loss, normalizing seeking support, and providing possible options for supporting people in grief is of high importance for the people of Ukraine affected by the full-scale war.

Disclosure of Interest: None Declared

EPV1464

Exploring Mental Illness Stigma, Help-Seeking Attitudes, and Behaviors on Social Media: A Machine Learning Approach

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Introduction: Mental health literacy (MHL) plays a crucial role in promoting help-seeking behavior. However, negative attitudes toward mental illness still pose a substantial barrier. Social media platforms provide a valuable opportunity to explore the relationship between stigma, help-seeking attitudes, and behaviors through the application of natural language processing (NLP) and machine learning (ML) techniques.

Objectives: This study aims to investigate how attitudes toward reducing mental illness stigma and help-seeking influence actual help-seeking behavior among social media users.

Methods: We analyzed 1,506,333 posts from mental health-related Post Text Table (PTT) forums between January 2018 and January 2024. Posts were preprocessed and categorized into three categories: reducing mental illness stigma, help-seeking attitudes, and help-seeking behaviors. Using Bidirectional Encoder Representations from Transformers (BERT) for scoring, the model achieved a

precision of 0.81 and accuracy of 0.89. Logistic regression was then applied to assess the predictive value of stigma reduction and help-seeking attitudes on help-seeking behavior.
Results: The study found that for each one-unit increase in score measuring attitudes toward reducing mental illness stigma, he likelihood of help-seeking behavior increased by 1.35 times (95% CI: 1.21–1.50, $p < 0.001$). Similarly, stronger help-seeking attitudes were associated with a 1.41 times higher likelihood of help-seeking behavior (95% CI: 1.16–1.71, $p < 0.05$). Binary logistic regression analysis further demonstrated that users with more pronounced stigma-reducing attitudes and positive help-seeking attitudes were 1.76 times (95% CI: 1.43–2.17, $p < 0.001$) and 2.62 times (95% CI: 1.48–4.65, $p < 0.05$) more likely to engage in help-seeking behavior, respectively.
Conclusions: This study highlights that stronger attitudes toward reducing mental illness stigma, along with more positive help-seeking attitudes, significantly predict help-seeking behavior. By leveraging machine learning and natural language processing, it offers novel insights into how social media discussions influence mental health behaviors, providing a valuable foundation for future interventions aimed at reducing stigma, fostering positive attitudes toward help-seeking, and encouraging actual help-seeking behaviors.

Disclosure of Interest: None Declared

EPV1465

On the impact of top-level sports on the prevention of mental disorders

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doi: 10.1192/j.eurpsy.2025.1988

Introduction: Athletes with physical impairments may experience symptoms of depression and anxiety. At all stages of sports training, it is necessary to consider athletes' mental state depending on the functional ability – class of a para table tennis player (Rice et al. 2016, Hamer et al. 2008).
Objectives: This study examines features of psychological training for the Russian national para table tennis team (class 1-10), bearing in mind function classes, mental health, and sports achievements of each team member.
Methods: Participants from 2 groups of national para table tennis players (class 1-10) who were training for the 2020 Tokyo Paralympics were analyzed. Group 1 (n=5, 2 males, 3 females) consisted of athletes classified within classes 6-10 (players who compete standing). Group 2 (n=5, 3 males, 2 females) consisted of athletes classified within classes 1-5 (players that compete in a wheelchair). Participants had no mental health complaints at the moment of the study and took part in the process voluntarily. Within these groups, 8 para table tennis players participated in the Tokyo Paralympics and won 5 medals of different merits.
Stages of the study:
Stage 1: developing a differentiated training approach, assessing individual value differences (Schwartz Value Survey, SVS), measuring the quality of life (SF-36), and designing a tailored psychological training approach for each Group.
Stage 2: psychological skills training, quality of life assessment (SF-36), and evaluation of the results of the self-report questionnaire (psycho-emotional state, level of motivation, and satisfaction) right after the end of the Games.
Results: The most significant values in Group 1 are the following: security, conformity, benevolence, self-direction, and achievement. Less pronounced values are the following: power and stimulation (fig. 1). Significant values in group 2 are security, universalism, benevolence, self-direction, and conformity. Virtually not pronounced values are hedonism and power. (fig. 2).
The preparation strategy for Group 1 should focus on adaptive coping strategies (active attitude, emotional support, instrumental support, positive reinterpretation). Group 2 should focus more on social support and foster communication with coaches and teammates.
Quality of life measurement (SF-36) and analysis of the self-report questionnaire show the reduction of the anxiety level and demonstrate a steady increase in the level of motivation, sense of fulfillment, and satisfaction with the achieved results. The result of dynamic observation indicates improvement in quality of life.

Image 1:

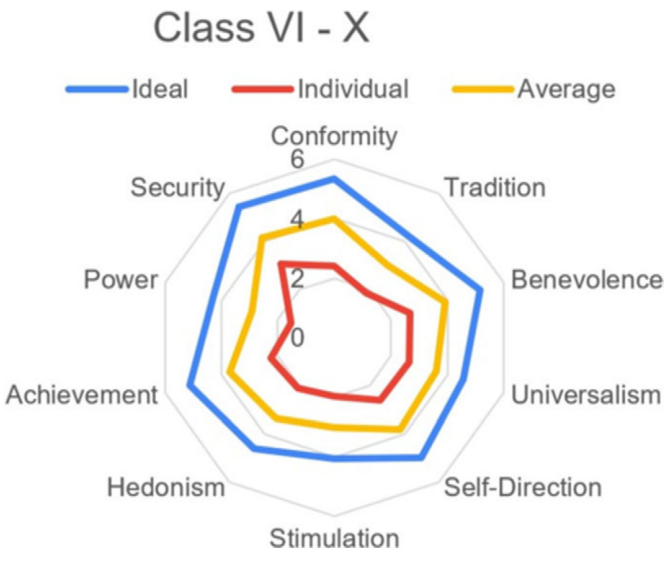
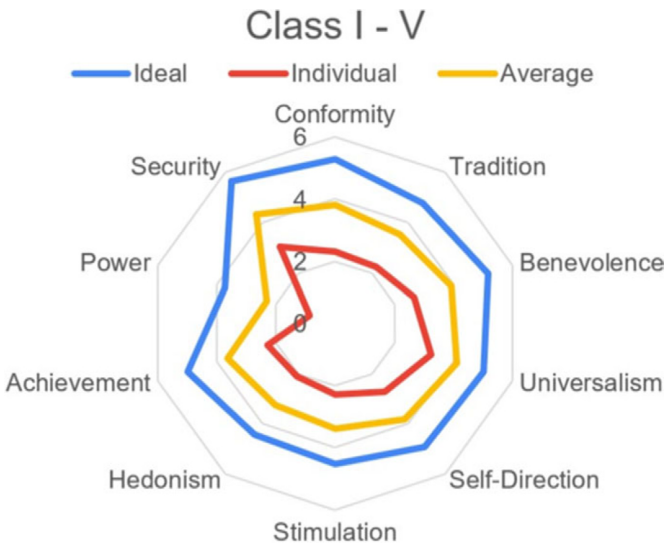


Image 2:



Conclusions: Psychological methods used in complex (integrated, comprehensive) training correlate positively with athletes' performance and beneficially affect their psycho-emotional state. Functional class plays a significant role in choosing psychological methods for coaching para table tennis players and finding an appropriate way to interact with the national team.

Disclosure of Interest: None Declared

EPV1466

Risk factors of emotional burnout in medical workers of the neurosurgery center: experience of Ukraine

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Introduction: In the modern scientific discourse, there is a lack of data on risk factors for the occurrence of emotional burnout in employees of neurosurgical medical institutions. This is what determines the relevance of the study.
Objectives: To determine the prevalence and risk factors of emotional burnout among medical workers of a neurosurgery center.
Methods: In 2022-2024, a prospective study of the medical workers involved in emergency care for patients with acute ischemic stroke, in particular mechanical thrombectomy, was conducted at the Center for X-ray Endovascular Neurosurgery of the Kyiv City Clinical Hospital № 1. The average age of the sample was 32.2 ± 5.8 years. The gender structure was: 40 (80.0%) men and 10 (20.0%) women. The clinical-psychopathological, psychodiagnostic and statistical methods were used. The psychodiagnostic method was implemented by using the Maslach Burnout Inventory (MBI, C. Maslach et al., 1997).
Results: It was determined that such a criterion as the gender of medical workers of the neurosurgery center does not affect the severity of any component of emotional burnout ($p > 0.05$). Statistically significant differences in the prevalence of high rates of emotional burnout components were determined between groups of medical workers with different specializations. In particular, it was determined that working in the center as a neurosurgeon is reliably associated with high rates for such components as "Emotional exhaustion" ($p=0.04$) and "Depersonalization" ($p=0.006$). A direct correlation was also established between the length of total work experience, length of service in the neurosurgery center and the number of working hours per month with the intensity of manifestations of emotional burnout in the selected contingent of individuals.
Conclusions: The prevalence of emotional burnout among medical workers of the neurosurgery center has been established for various components of this phenomenon: "Emotional exhaustion" – 52.0%, "Depersonalization" – 40.0%, "Reduction of personal achievements"– 50.0%, which indicates a high level of stress, which negatively affects the mental health of the selected contingent. The risk of developing emotional burnout among the medical workers increases with increasing workload, length of service and length of service in the center. An absolute risk factor for emotional burnout is working as a neurosurgeon. The development of psychotherapeutic measures aimed at overcoming the manifestations of emotional burnout in medical workers and increasing their resilience to stressful working conditions of the neurosurgery center is promising.

Disclosure of Interest: None Declared

EPV1467

Early intervention: determinants of neurodevelopmental outcomes in very preterm children

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doi: 10.1192/j.eurpsy.2025.1990

Introduction: Based on previous studies, we already know that very preterm birth constitutes an important risk factor for neurodevelopmental disorders and psychopathology.
Objectives: The present study aims to identify those variables that might impact the neurodevelopment of children born below 32 weeks gestation and 1.5 kg of weight, and their parents, in a three-year follow up.
Methods: This is a prospective observational study implemented at Donostia University Hospital between January 2018 and December 2021. Inclusion criteria: newborns with gestational age < 32 weeks and/or birth weight < 1.5 kg, and their parents. Participants were 113 newborns, 87 mothers and 77 fathers. Children's neurodevelopment was evaluated through the Bayley Scale of Infant and

Toddler Development- Third Edition (Bayley-III) at their first, second and third years of life. Parents' predictive variables, evaluated during the period of time in which their children were hospitalized in the Neonatal Intensive Care Unit (NICU), were parents' mental health (postpartum depression, anxiety and general symptoms), postnatal bonding, and obstetric variables. To analyze the study's dependent variables, step linear regression models (cognition, receptive and expressive language, fine and gross motor skills) at first, second and third year were employed.
Results: Parents' mental health, especially phobic anxiety in fathers and paranoid ideation in mothers, as well as postnatal maternal bonding, significantly predicted neurodevelopmental difficulties in children during their first three years of life. Children's gestational age at birth and fathers' obsessive-compulsive symptoms predicted neurodevelopmental difficulties in several models, although not as expected, in a counterintuitive manner. In terms of cognition and fine motor skills, the model's predictors were not significant at age three.
Conclusions: According to our results, we consider an early mental health intervention for parents of newborns in need of hospitalization at the NICU to be of major importance. This intervention should be implemented during the hospitalization period, focusing on both parents (father included) and addressing bonding issues from a preventive perspective.

Disclosure of Interest: None Declared

EPV1468

Self-care behaviours and psychological heath of university staff

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Introduction: Mindfulness involves being aware of both your thoughts and emotions as well as your surroundings. Regular practice of mindful self-care can enhance the overall well-being. For university staff, these practices can help counteract negative effects on mental health.
Objectives: Our study aims to evaluate the practice of mindful self-care and its impact on the psychological health of university staff.
Methods: We conducted a descriptive, analytical and cross-sectional survey among university staff. The survey was carried out during a one-day training session on mental health promotion using a self-administrated questionnaire. We collected socio-professional data. We assessed psychological health using the depression anxiety and stress scale (DASS 21) and self-care behaviours using Mindful Self-Care Scale (MSCS).
Results: Our study included 65 participants, 67.7% of whom were female. The average age was 53±6.8 years, and the average job tenure was 21.3±8 years. We found that 36.9% of participants experienced mild to moderate stress, 35.4% had mild to moderate depression, 7.7% had severe to extremely severe depression, and 23.1% had severe to extremely severe anxiety.
The average mindful self-care score was 102.8±26.3. The means for specific aspects of mindful self-care were: mindful relaxation 12.6 ±4.5, physical care 19.9±5.6, self-compassion and purpose 20.7 ±7.6, supportive relationships 15.4±5.6, supportive structure 13.4 ±4.6, and mindful awareness 14.5±4.8.
We found a negative correlation between anxiety and depression and mindful self-care ($p = 0.02$, $r = -0.2$). In female participants, stress was also negatively correlated with mindful self-care ($p = 0.02$, $r = -0.3$).
Conclusions: According to our findings, mindful self-care may be a potential strategy for anxiety, depression and stress management available to university staff. Given the considerably poor psychological health in the study population, we recommend to increase awareness of mindful self-care in university staff.

Disclosure of Interest: None Declared

EPV1469

Felt presence and its determinants in young adults: Results from three independent samples

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Introduction: Felt presence (FP) is a phenomenon that might appear in individuals with mental and neurological disorders as well as those without any specific morbidity. Some studies have indicated that FP is closely related to psychotic symptomatology. Yet, the mechanisms underlying its occurrence remain largely unknown.
Objectives: The present study aimed to investigate whether FP is associated with widely known risk factors of psychosis.
Methods: Data from three independent samples of non-clinical young adults were analyzed. Self-reports were administered to assess psychopathological symptoms (samples 1 – 3), neurodevelopmental risk factors for psychosis (sample 1), social defeat components (sample 2), childhood trauma, and loneliness (sample 3). A total of 4782 individuals were surveyed across all three samples.
Results: Unadjusted analyses showed that the following factors are associated with higher odds of FP: obstetric complications, childhood trauma, non-right-handedness, a lower education level, unemployment, minority status, humiliation, perceived constraints, and loneliness. However, only minority status and a lower level of education were associated with higher odds of FP after adjustment for other psychopathological symptoms, age, and gender. Importantly, hallucination-like experiences across all recorded modalities and paranoia were associated with higher odds of FP in all samples. Depressive symptoms were weakly associated with FP in two samples.
Conclusions: Findings from the present study suggest that the majority of known risk factors for psychosis contribute to the emergence of FP through the effects on psychotic experiences. Low educational attainment and minority status might be the only risk factors independently contributing to the emergence of FP.

Disclosure of Interest: None Declared

EPV1470

The Impact of GLP-1 Receptor Agonists (GLP-1 RAs) on Mental Health: A Systematic Review

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Introduction: Glucagon-like peptide-1 receptor agonists (GLP-1 RAs) are a class of pharmacological agents that have gained significant attention and utility in managing metabolic disorders, particularly type 2 diabetes mellitus and obesity, often in combination with behavioral therapy. These agents mimic the physiological actions of GLP-1, a hormone released from the gastrointestinal tract in response to food intake, thereby stimulating insulin secretion, suppressing glucagon release, slowing gastric emptying, and promoting satiety through both peripheral and central nervous system mechanisms. Beyond their metabolic benefits, GLP-1 RAs have shown potential antidepressant and anxiolytic effects, which may be mediated through neuroprotective mechanisms, reduction of neuroinflammation, and modulation of neurotransmitter systems.
Objectives: This systematic review aims to synthesize existing evidence on the effects of GLP-1 RAs on mental health outcomes, including both potential therapeutic benefits across various psychiatric disorders and the risk of associated adverse mental health effects.
Methods: This systematic review was conducted across PubMed/MEDLINE and Web of Science. Inclusion criteria encompassed human and animal studies examining the impact of GLP-1 RAs on mental health. Data from 81 selected studies were extracted and analyzed, focusing on mental health outcomes and reported adverse effects.
Results: GLP-1 RAs exhibit potential beneficial effects on depressive symptoms, cognitive function, and reduced risk of suicidal ideation in animal and human models through antioxidative, anti-inflammatory mechanisms, and modulation of neurotransmitter pathways. Additionally, GLP-1 RAs were effective in reducing alcohol and substance use and binge eating behaviors. Adverse psychiatric effects associated with GLP-1 RAs, including depression, anxiety, and suicidal ideation, are noted in pharmacovigilance analyses, with variations among different GLP-1 RAs.
Conclusions: Our systematic review highlights the potential role of GLP-1 RAs in psychiatric care, underscoring their potential therapeutic benefits across a spectrum of mental health conditions. Animal studies consistently demonstrate positive outcomes, revealing antidepressant effects, modulation of addictive behaviors, and improvements in eating disorders through various neurobiological mechanisms. Human studies present a more nuanced landscape with conflicting evidence regarding the impact of GLP-1 RAs on depressive symptoms and other psychiatric outcomes, suggesting a need for further rigorous investigation. Despite these promising findings, significant limitations, such as study heterogeneity, funding biases, and the predominance of animal model data, temper definitive conclusions. Longitudinal and rigorous studies are warranted to elucidate the long-term effects and safety profile of GLP-1 RAs in psychiatric contexts.

Disclosure of Interest: None Declared

Promotion of Mental Health

EPV1473

Which factors predict the improvement perception after a Single-Session Intervention on frontline professionals during a crisis situation?

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doi: 10.1192/j.eurpsy.2025.1994

Introduction: The COVID-19 pandemic set up a global health crisis, with an impact on the daily lives of the population. The effectiveness and importance of Single-Session Interventions (SSI), have increasingly been demonstrated, which also found expression during the Pandemic and remote care and has shown a significant impact in reducing symptoms, reducing relapses and hospitalizations, increasing positive attitudes, improving treatment adherence, and reducing the length of hospital stay for various mental disorders. It is considered an easy-to-access and economical tool.
The Hospital de Clínicas de Porto Alegre (HCPA) and the Brazilian Ministry of Health developed the TELEPSI. This Project aims to: provide telecare using different types of psychotherapeutic approaches to health professionals, teachers, and essential service workers during the Pandemic in Brazil.
Objectives: This study aims to investigate the predictors of perceived improvement after the Single Session Intervention with Enhanced Psychoeducation (SSI-EP) with support videos in frontline professionals during the Covid 19 Pandemic.
Methods: he COVID-19 pandemic set up a global health crisis, with an impact on the daily lives of the population. This study analyzed data from a large trial including frontline workers from April 2020 to December 2021. We included all participants randomized to SSI-EP.
Results: The final sample consisted of 709 subjects, 82.8% were health professionals, 87.8% health professionals. One month after the intervention, 558 (78.7%) have improved emotional symptoms. Factors associated with better outcomes were the number of videos watched by the participants and use of medications without a medical prescription. Excessive consumption of carbohydrates and fats was negatively associated with improvement.

Image:

Table 1. Descriptive statistics of sociodemographic and clinical variables of study participants (n = 709).

Variables	Overall (n = 709)
Sex	
Female	621 (87.8%)
Age	
Mean (SD)	37.7 (10.1)
Median [Min, Max]	37.0 [19.0, 72.0]
Profession	
Health Professional	587 (82.8%)
Teacher	67 (9.4%)
Essential Services*	55 (7.7%)
Number of videos watched (follow-up)	
Mean (SD)	5.68 (2.31)
Median [Min, Max]	6.00 [1.00, 12.0]
Number of absences at work	
Mean (SD)	2.0 (5.70)
Median [Min, Max]	0 [0, 60.0]
Perceived improvement	
About the same or worse	151 (21.2%)
Better	558 (78.7.%)

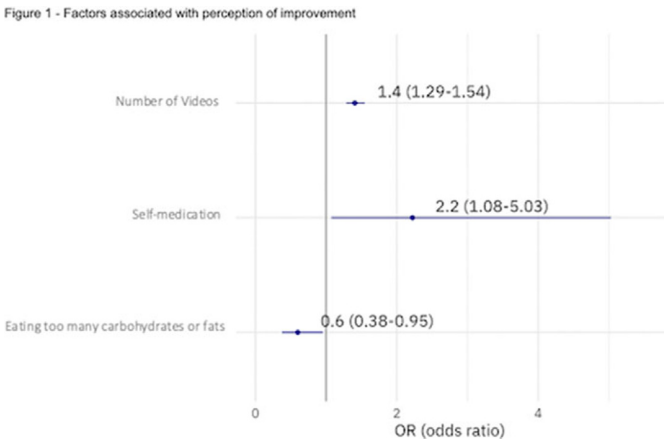
SD = Standard deviation. Mi
* For example: professionals with jobs that could not stop during the Pandemic as drivers, delivery men, police officers, garbage collectors.

Image 2:

Table 2. Which video in the patient's perception helped the most (n = 635).

Videos	Overall (n = 635)
Normal and excessive anxiety	127 (20%)
Sleep hygiene	73 (11.5%)
Physical exercise	38 (6%)
Sadness and Depression	38 (6%)
Anger and Irritability	36 (5.7%)
Stress and stress reaction	30 (4.7%)
Burnout	28 (4.4%)
Healthy eating	28 (4.4%)
Taking care of children	19 (3%)
Fear of contagion	16 (2,5%)
Social support	14 (2.2%)
How to protect yourself from COVID-19	13 (2%)
Excessive exposure to the news	5 (0,8%)
Excessive use of social media	4 (0.6%)
Use of alcohol and drugs	4 (0.6%)
Caring for the Elderly	2 (0.3%
All videos	94 (14.8%)
None	66 (10.4%)
Missing	74 (10.4%)

Image 3:



Conclusions: This new TELEPSI proposal that combines online SSI based on Psychoeducation with the sending of support videos proved to be effective, as we saw in the main article in which a significant proportion of participants improved. The participant's perception of improvement, corroborates the data found on the improvement of symptom scales and some factors associated with this outcome, such as videos. This was an interesting finding and the importance of studying and exploring and studying more and more digital interventions, which can offer access to many people and have low implementation costs. We believe that in this way we will be able to better indicate such new psychotherapeutic strategies in a more personalized and adapted way. Enhanced psychoeducation is an effective and low-cost approach to improving symptoms. More research is needed to compare its effectiveness with other intervention strategies. Furthermore, its application must be explored beyond the context of the pandemic and social isolation.

Disclosure of Interest: None Declared

EPV1474

Predictors of response after single session interventions for emotional distress: using enhanced psychoeducation in crisis situations

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doi: 10.1192/j.eurpsy.2025.1995

Introduction: The COVID-19 pandemic had a major impact on the world's emotional health, and knowledge is limited about the efficacy of traditional interventions in this context. The TelePSI Project, initiated by the Hospital de Clınicas de Porto Alegre in collaboration with the Brazilian Ministry of Health, aimed to provide online

mental health care to essential services professionals during the pandemic. Single session of enhanced psychoeducation (EP) is an innovative strategy proposed by TelePSI, suggesting lifestyle changes based on individual risk and protective factors or physical, emotional, psychological, and well-being.

Objectives: Single-session interventions are an effective strategy for reducing emotional distress. Enhanced psychoeducation, which includes empathic listening, risk stratification, symptom monitoring, and habit modification is particularly suitable for single-session interventions. We investigated predictors of response to an online enhanced psychoeducation intervention among essential service professionals during the pandemic in Brazil.

Methods: The TelePSI Project, financed by the Brazilian Ministry of Health, was a nationwide initiative that served more than 3,300 individuals in various psychotherapeutic modalities. Data were collected from April 2020 to December 2021. We included all participants with high levels of emotional distress who received single-session interventions

Results: Final sample 460 individuals (89.1% women, 81.1% health professionals). After 1 month, 300 participants were reassessed. Overuse of social media, use of social networks to contact family and friends, playing video games, smoking, drinking alcohol, and spending time with pets were associated with less improvement in symptoms, whereas playing an instrument and previous psychological treatment were associated with greater symptom improvement. This highlights the impact of lifestyle factors on the efficacy of single-session interventions.

Image:

Table 1 Descriptive statistics of the participants' sociodemographic and clinical variables (n=460)

Variable	Overall
Sex	
Female	410 (89.1)
Age	
Mean (SD)	35.60 (9.29)
Median (Min, Max)	35.00 (19.00, 65.00)
Health professional	
Yes	373 (81.1)
Number of videos watched (follow-up)†	
Mean (SD)	5.81 (2.47)
Median (Min, Max)	6.00 (1.00, 11.00)
Number of work absences†	
Mean (SD)	2.32 (5.89)
Median (Min, Max)	0.00 (0.00, 30.00)
Perceived improvement†	
Much worse	3 (0.7)
Moderately worse	3 (0.7)
Slightly worse	7 (1.5)
About the same	53 (11.5)
Slightly better	90 (19.6)
Moderately better	85 (18.5)
Much better	59 (12.8)
Missing	130 (28)

Data presented as n (%), unless otherwise specified.
Max = maximum value; Min = minimum value.
† Missing about 35%.

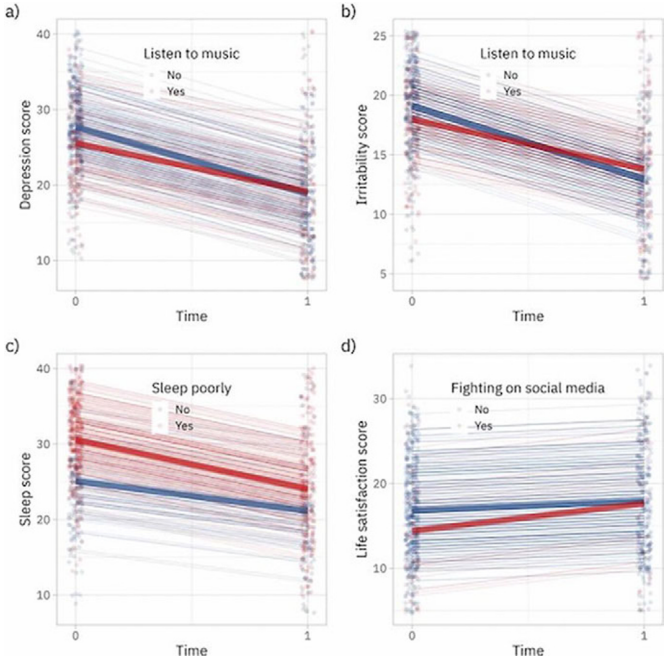
Image 2:

Table 2 Lifestyle factors associated with significant difference in improvement over time in each outcome between groups,† $\alpha = 0.05$ (n=300)

Independent variable	β (time × x_1)‡	SE	p-value (time × x_1)
Depression			
Age	-0.771	0.383	0.045
Spending time with one's pet(s)	-2.17	0.882	0.014
Anxiety			
Age	-1.97	0.379	0.002
Having fun on social media with friends and family	-1.97	0.929	0.034
Spending time with one's pet(s)	-1.97	0.875	0.025
Playing video games	-3.48	1.750	0.047
Drinking alcohol	-1.89	0.922	0.041
Fighting or "getting stressed" on social media when in contact with friends or family	-2.71	1.09	0.013
Irritability			
Spending time with one's pet(s)	-1.97	0.379	0.002
Playing video games	-1.97	0.929	0.034
Smoking	-1.97	0.875	0.025
Sleep			
Playing video games	-5.87	1.77	0.001
Receiving treatment for emotional or behavioral problems?	1.69	0.803	0.036
Life satisfaction			
Age	0.708	0.335	0.035
Playing an instrument	-4.63	2.27	0.042

SE = standard error.
‡ Minus sign = less improvement; plus sign = more improvement.
† Change in Patient-Reported Outcomes Measurement Information System after 1 month of follow-up.

Image 3:



Conclusions: Online EP with support videos, as proposed by TelePSI, appears to be an effective intervention strategy for healthcare professionals with symptoms of anxiety, depression, and irritability. Although a significant proporion of the participants improved, some variables were associated with less improvement, such as spending time with pets, tobacco use, alcohol use, and playing video games. In this study, we set out to analyze variables associated with participant improvement because, by evaluating these factors, we can better understand this new model of psychoeducation, which represents a promising alternative for individuals during crises such as the COVID-19 pandemic. Furthermore, the intervention should be explored beyond the context of the pandemic and social isolation. Further research on TelePSI is forthcoming, including a comparison of intervention arms

Disclosure of Interest: None Declared

EPV1475

Specifics of anticipatory competence of adolescents with intellectual disabilities

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Introduction: Anticipation forms the basis of all human activity, enabling people to plan and carry out their activities, as well as to communicate and interact with others. Well-developed anticipatory abilities allow adolescents to successfully adapt to society, establishing effective communication with adults and peers.
Objectives: To study the specifics of anticipatory competence in adolescents with intellectual disabilities.
Methods: The study involved 40 adolescents (aged 12-15) attending educational institutions for children with disabilities and intellectual impairments (6A00.0, ICD-11). The research employed the following methods: the "Achenbach's Questionnaire," V.D. Mendelevich's "Test of Anticipatory Competence," V.P. Ulyanova's "Anticipation of the Outcome of a Situation with Norm Violations," and the authors' method "Study of Anticipatory Competence of Adolescents" by A.I. Akhmetzyanova and T.V. Artemyeva.
Results: The study results show that adolescents with intellectual disabilities are capable of predicting future situations. However, these children exhibit insufficient development in the key components of anticipatory competence: personal-situational, spatial, and temporal anticipation. Adolescents in this group experience difficulties in anticipating conflict situations in interpersonal relationships and in predicting others' responses to their own behavior. The methods' results indicate that adolescents with intellectual disabilities often exhibit spatial anticipatory incompetence: common traits in this group include general motor awkwardness and difficulties in spatial orientation (M=41.65; N=52); sometimes they cannot predict the timing of a stressful situation in advance and struggle with time orientation (M=39.45; N=42). While most adolescents with intellectual disabilities recognize and understand societal norms and rules, they face significant difficulties in accepting them (M=11.05; MAX=32).
Conclusions: The data obtained in this study allow for the development of programs aimed at adapting adolescents to society, taking into account their ability to predict future situations and their anticipatory competence in various spheres: family relationships, virtual reality, and academic and extracurricular activities.
This paper has been supported by the Kazan Federal University Strategic Academic Leadership Program (PRIORITY-2030).

Disclosure of Interest: None Declared

EPV1478

Assessment of the needs and demand for psychiatric care among medical students: cross-sectional study

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Introduction: Studying medicine is a demanding and time-consuming course of study, which can be a major stress factor and affect quality of life (QOL). Medical students are at high risk of developing mood disorders. This could lead to a need for psychiatric care (PC) that is not necessarily equivalent to the demand.
Objectives: Determine the prevalence of depression, anxiety and stress in medical students, assess their QOL and subjective need for PC.
Methods: This was a descriptive cross-sectional study conducted over a 5-month period in a Tunisian medical school. Sampling was stratified random. Sociodemographic and clinical data were collected using a questionnaire. Depression, anxiety and stress were assessed using the Depression Anxiety and Stress Scale: DASS-21. QOL was assessed using the generic 36-item Short-Form Health Survey (SF-36). Subjective assessment of difficulties and need for help was carried out using the "KIT ELADEB: Lausanne Self-Assessment Scales for Difficulties and Needs".
Results: The study included 308 students with a median age of 21. Some (18.8%) were smokers, 15.9% drank alcohol, and 5.2% used psychoactive substances (PAS). A Family psychiatric history (PH) was present in 15.4% of cases, and 14.3% of students had personal PH. Median DASS scores were: depression 18 (interquartile range (IQR) = 16-27), anxiety 20 (IQR = 18), and stress 16 (IQR = 42). The rates of extremely severe and severe depression were 27.6% and 12.3% respectively, while 50.6% had extremely severe and 12% severe anxiety. Some 29.2% of students had severe to extremely severe stress. Mean SF-36 scores were 61.19 ± 16.83, referring to the Léan cut-off value (66.7), 58.1% had impaired QOL, 15.9% of participants had consulted a psychiatrist, 78.9% had felt the need to do so, and 59% had foregone such help. Factors associated with severe depression included advanced age (p=0.007), graduate education (p<10-3), PAS use (p<10-3), and PH (p<10-3). Anxiety was predicted by female gender (FG) (p=0.04), SPA use (p=0.03), and PH (p<10-3). Stress was associated with age (p=0.039), course of study (p=0.008), lack of leisure activities (p=0.003), smoking (p=0.004), alcoholism (p=0.009), use of PAS (p=0.003), and PH (p=0.000). Students who consulted a psychiatrist were more likely to have depression (p<10-3), stress (p<10-3), and impaired QOL (p<10-3). Participants who expressed a subjective need to consult a psychiatrist were significantly associated with FG (p<10-3), depression (p<10-3), anxiety (p<10-3), stress (p<10-3), and alterations in the mental health (p=0.008), vitality (p=0.006), social functioning (p=0), and general QOL (p=0.002) dimensions of the SF-36.
Conclusions: The obvious deterioration in the mental health and QOL of medical students, and the mismatch between the need for and demand for PC, should initiate a debate on recommendations to improve the well-being of our future doctors.

Disclosure of Interest: None Declared

EPV1479

Promoting mental health in Portuguese college students - A pilot study with Yoga-based relaxation techniques

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Introduction: Mental health of higher education students is a relevant topic, especially for students in the health field. The development of relaxation techniques in this population is increasingly recognized as crucial to promote psychological well-being and reduce distress.
Objectives:
1) Study the associations between mental health and lifestyle in Portuguese college students in the health field; 2) Evaluate the effectiveness of a Yoga-based relaxation techniques on mental health and physiologic variables.

Methods: Study 1 had a cross-sectional design, with 107 participants, 76,6% females, average age of 21,33 years (SD=4,88).Study 2 employed a pretest-posttest design, with 3 timepoints: T0, T1, T2, with T2 being a follow-up after 3 months. Participants: 11 students, 81,8% females, average age of 26,82 years (SD=11,59).
Measures: 1) Mental Health Inventory (MHI-38); 2) Lifestyle questionnaire. In study 2, the intervention consisted of six face-to-face sessions, lasting 60 minutes each, with practical training of Yoga-based relaxation techniques and evaluation of heart and respiratory rate, and blood pressure before and after each session.
Results: Study 1 – 32,7% presented Distress, and we found significative correlations between sleep quality perception, global health perception and Mental Health (p<.001); male students who practice physical activity have more Positive Affect. Study 2 – In all sessions, the physiologic variables decrease in T1, and Distress and Anxiety decrease significantly in T1 (p=0,037; p=0,031, respectively). After the follow-up, the improvement in mental health remains significative (p<0,001).
Conclusions: The results suggest a relevant percentage of students with distress, and that the intervention program with Yoga-based relaxation techniques contribute to decrease heart, respiratory and the blood pressure rate. After the intervention and the follow-up, there is a decrease in distress in Portuguese college students. Suggestions for future studies would be to replicate the intervention with a control group and a larger sample.

Disclosure of Interest: None Declared

EPV1480

A pilot study to promote mental health by developing emotional awareness and regulation in college students

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Introduction: Emotional awareness and emotion regulation are essential skills for psychological well-being, especially in college students, who frequently experience stressful situations and emotional challenges. Therefore, interventions aimed at developing skills such as stress management and frustration tolerance can be important to enhance emotional awareness and regulation, contributing to the promotion of mental health in this population.
Objectives: This study aimed to evaluate the effectiveness of a mental health promotion program, focusing on the development of emotional awareness and regulation in college students.
Methods: This study employed a pretest-posttest design, and non-parametric tests were used. Measures:
1) Depression Anxiety and Stress Scale (DASS-21); 2) Difficulties in Emotion Regulation Scale (DERS) and an interview with six open questions to evaluated the individual perception of the impact of the intervention. Participants: nine Portuguese female college students, with an average age of 19,77 years (SD=1.48). The intervention consisted of six face-to-face sessions, lasting 60 minutes each, with theoretical and practical aspects for skill training of stress management, emotional regulation, and frustration tolerance.

Results: The results suggested a decrease in levels of anxiety (p=.07), depression (p=.03), and stress (p=.07) after the intervention. There was also a decrease in emotional regulation difficulties for the participants (p=.01), notably in difficulties regarding strategies (p=.02), impulses (p=.03), and non-acceptance (p=.05). For the subscales of awareness, goals, and clarity, although the results showed a decrease, there was no statistical significance. It stands out from the analysis of the students' answers to the open questions, that they developed their emotional regulation skills and they also highlighted the importance of the close supervision and support throughout the process, as well as the practical nature of the sessions.
Conclusions: The results suggest that the intervention program can contribute to enhance emotion regulation and promoting mental health of college students. Suggestions for future studies would be to replicate the intervention with a larger sample and with group control.

Disclosure of Interest: None Declared

EPV1481

The Influence of Individual Characteristics, Personality Traits, and Life Events on Academic Stress: A Survey among Third-Year Medical Students at Humanitas University

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Introduction: Medical students face a demanding academic journey, where stress can significantly impact their well-being and performance. Both personal and environmental factors contribute to this burden, yet research on academic stress in Italian medical schools remains limited.
Objectives: We investigated the impact of various factors on perceived academic stress among third-year medical students during the pre-clinical phase of their studies.

Methods: A cross-sectional, anonymous, self-reported online survey was distributed to third-year medical students at Humanitas University (Milan, Italy) over a 10-day period in April 2024. The survey included various questions on sociodemographic factors, lifestyle behaviors (e.g., sports activity, diet, smoking, alcohol binge drinking), satisfaction with sleep and sexual activities, smartphone and video game use, significant life events, and objective academic performance. Additionally, several validated questionnaires were included to assess academic stress, personality traits, psychological dispositions (e.g., proneness to boredom, procrastination, impulsivity, perfectionism, intolerance of uncertainty, worry), coping strategies, resilience, attentional control, feelings of loneliness, and perceived social support. Data were analyzed using hierarchical multiple linear regression, with a significance level at 0.05.
Results: Seventy-six students (70.4%) out of 108 who provided their informed consent completed the survey; 58 (76.3%) were female and 18 (23.7%) were male, with 53 (69.7%) being Italian and 23 (30.3%) from other countries. Higher academic stress was significantly associated with the female gender, a higher burden of negative life events, and greater propensity for impulsivity and worry. In contrast, passing more exams and experiencing positive life events were associated with lower academic stress. No other statistically significant associations were found. The independent variables collectively explained about 60% of the variation in academic stress (adjusted R^2, $p<0.001$).
Conclusions: Our preliminary findings provide insights into the factors influencing the multifaceted nature of academic stress. These results may help educators, administrators, and policymakers create a more supportive learning environment and offer psychological support to reduce academic stress in vulnerable students. Enhancing the psychological well-being of medical students could help prevent potential mental health conditions in this population. Further studies with larger samples and a prospective design are warranted.

Disclosure of Interest: None Declared

EPV1483

Mental health and nature connectedness. A step toward a new mental health definition?

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Introduction: Recent studies have shown the mental health is broad concept. Nature connectedness seems to be one of important factors affecting it.
Objectives: to clarify the concept of mental health in term of nature connectedness.
Methods: The MEDLINE database (through PubMed) was searched for articles in this field published in 2010–2024. Mental health-related descriptors (i.e., "mental health" or "mental disorders") and the "nature/ social connectedness" terms were used in particular searches.
Results: The selected publications were categorized and then analysed. Strong nature connectedness is associated with higher mental well-being. Full results will be presented.
Conclusions: Nature connectedness can play a crucial role in understanding some aspects of mental health as well as mental health prevention.

Disclosure of Interest: None Declared

EPV1485

On the path to setting meaningful goals in the care for mental health patients: initial results of the adaptation of Mental Health Quality of Life Questionnaire (MHQoL) in a Hungarian clinical and non-clinical sample

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Introduction: The concept of health is beyond the absence of disease; it encompasses the physical, mental, and social well-being of an individual, as well as their quality of life. Consequently, research into this multifaceted concept has become a crucial aspect of healthcare. With progress in medicine it has become increasingly evident that the primary objective of medical interventions is not merely to prolong life, but also to enhance its quality. A number of quality of life measures have been developed; however, the majority of these focus exclusively on physical health, and fail to fully encompass the dimensions that are crucial for the quality of life of individuals with mental health issues. The Mental Health Quality of Life (MHQoL) questionnaire, developed by Van Krugten et al., encompasses the seven most fundamental dimensions of mental health-related quality of life.
Objectives: Our aim was to develop and test a Hungarian adaptation of the Mental Health Quality of Life (MHQoL) questionnaire and to compare the results in healthy subjects with those from individuals diagnosed with psychiatric disorders.
Methods: Our ongoing research so far involved 189 participants, including 157 psychiatrically healthy subjects and 32 patients diagnosed with a mental disorder who completed the MHQoL as part of a larger test battery. Data were analysed using confirmatory factor analysis, reliability analysis and an independent samples t-test.
Results: Confirmatory factor analysis showed that all items exhibited a satisfactory fit with the model. The factor weights for each item ranged from 0.45 to 0.79. MHQoL exhibited exemplary internal reliability, with Cronbach alpha index value of 0.81 and individual item-specific reliability coefficients ranging from 0.7 to 0.81. Independent samples t-tests showed significant differences between healthy and patient groups for items pertaining to future vision, mood, relationships and physical health, as well as when MHQoL mean total score and the mean scores of psychological well-being.
Conclusions: Our preliminary results support that MHQoL is a suitable and reliable tool for assessing quality of life in relation to mental health, offering valuable insights into the domains in which psychiatric illnesses have the most significant impact on patients' quality of life. The objective of our future research is to further validate the MHQoL questionnaire, including patients with different psychiatric diagnosis in order to contribute to the concept of healthcare that focuses not only on the elimination of symptoms

but also on the improvement of quality of life, personalized to the needs of patients suffering from different psychiatric syndromes.

Disclosure of Interest: None Declared

EPV1487

Effects of Progressive Muscle Relaxation and Breathing Exercises with Music on Stress Levels and Bio-Psycho-Social Responses of Nursing Students in Clinical Practice: A Randomized Controlled Trial

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Introduction: Clinical practice involves many stress factors for nursing students. Stress in clinical practice causes positive or negative outcomes for students. Students show physical, emotional and behavioural reactions to stress. Therefore, progressive muscle relaxation and breathing exercises with music can be a method that students can easily learn and apply, reducing stress and negative bio-psycho-social responses.
Objectives: This study aimed to examine the effects of progressive muscle relaxation and breathing exercises accompanied by music on the stress levels of undergraduate nursing students and their bio-psycho-social responses to stress.
Methods: This randomized controlled study was conducted at a university in Turkey with ethics committee approval. A total of 154 undergraduate nursing students were randomized, 77 in the intervention group and 77 in the control group. 44 of the students were sophomores, 52 were third-year students, and 58 were fourth-year students. Progressive muscle relaxation and breathing exercises were applied to the intervention group for six weeks with music. No intervention was applied to the control group during the research period. Research data were collected using the Personal Information Form, the Perceived Stress Scale for Nursing Students, and the Biopsychosocial Response Scale for Nursing Students. The scales were applied to the intervention and control groups before the exercises, at the end of the six-week exercises, and two weeks after the exercises ended. Data were collected between October 2022 and January 2023. Shapiro-Wilk test was used in the analysis of normality of data; Independent Samples t-test, Dependent Samples t-test, and Analysis of Variance were used in the analysis of variables.
Results: In the pre-test measurements of the groups, it was found that there was no significant difference in terms of the students' stress levels in clinical practice and bio-psycho-social response scores ($p>0.05$). In the post-test and follow-up measurements, it was seen that the stress and bio-psycho-social response scores were significantly lower in the intervention group than in the control group ($p<0.05$). There was also a significant group*time interaction between the groups in terms of stress and bio-psycho-social response scores ($p <0.05$).
Conclusions: The findings showed that the intervention helped students reduce their stress levels and negative bio-psycho-social responses to stress, and the effects were found to be sustained in the short term. These positive results are promising in the use of progressive muscle relaxation and breathing exercises with music as an effective and easy method to reduce the stress level and negative physical, emotional and behavioral responses to stress in the clinical practice of undergraduate nursing students.

Disclosure of Interest: None Declared

EPV1488

Climate change and natural disasters: global challenges for mental health, resilience, and recovery

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Introduction: Climate change is the biggest threat of the 21st century and poses a significant risk to mental well-being by aggravating social injustice, by which children and adolescents are particularly affected. To avert the scenarios predicted by scientists, it is not only necessary for politicians to act quickly and thoroughly but also to rethink our self-understanding as those responsible for planetary health and to face this crisis with a fundamental rearrangement of priorities.
Objectives: Highlighting and summarizing current knowledge on climate change and its effects on mental health were aimed.
Methods: To emphasize the global challenges related to mental health, facts and figures of climate change and the actual status quo of climate-related mental health were gathered through an online review of existing resources.
Results: According to the Glasgow Climate Pact of the United Nations Framework Convention on Climate Change, the world is currently heading for a global warming of 2.7°C, accepting the destruction of habitats and ecosystems. The warnings regarding climate change from the scientific community are becoming increasingly clear. The Lancet Countdown, a review by scientists from 43 leading institutes around the world, shows visible impacts of climate change on human health. The Intergovernmental Panel on Climate Change report confirms a global increase in climate change-associated morbidity and mortality in 2023, as well as the impact on mental health. The climate crisis threatens mental health ubiquitously. In this context, new terms as "eco-anxiety", "eco-paralysis", and "solastalgia" are already being used. Eco-anxiety describes the fear of directly experiencing climate change. While this fear results in a change towards environmentally friendly behavior in some people, others fall into eco-paralysis. Knowledge about climate change can lead to paralysing fear and denial. Trauma from experiencing extreme weather events or forced relocation also trigger psychological distress in young people. In addition to eco-anxiety, the term solastalgia is increasingly used to describe the existential pain caused by experiencing irreversible climate-related changes in the environment. Surveys show that anxiety about the future has increased among young adults in recent years. The interconnections between climate change and mental health also include stress reactions and emotional suffering, strained social relationships, helplessness, grief, and increased risk of suicidal behavior.
Conclusions: Considering many health care professionals do not yet carry out any corresponding preventive measures regarding climate change and its effects on mental health, the self-image of physicians must be rethought and sharpened as communicators

and ambassadors. To address this global topic, it is urgent to strengthen research, training, policies, advocacy, and data collection.

Disclosure of Interest: None Declared

EPV1489

Acceptance and Commitment Therapy delivered in the workplace – Effects of a 5-week training program on corporate employees' psychological flexibility

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Introduction: A growing body of research has demonstrated the positive effects of Acceptance and Commitment Therapy (ACT) delivered in the workplace on employees' well-being and psychological flexibility. Delivering ACT in the workplace aims to enhance employee performance and reduce stress levels by promoting psychological flexibility, a skill to consciously live in the present, observing thoughts and emotions, and engaging in value-driven actions.
Objectives: The short-term effects of a 5-week ACT-based psychological flexibility training program were tested.
Methods: Participants were 21 corporate employees (62 % women, *Mage* = 43.9 years, SD = 9.5) recruited from a large company in the financial sector. The six core processes of psychological flexibility were examined before the first training session and after the fifth training session of the 5-week training. Psychological flexibility, value-driven living, thought suppression, five facets of mindfulness and cognitive fusion were assessed.
Results: Results showed a statistically significant difference in one core process of psychological flexibility, namely *Contact with the present moment. Acting with awareness*, *Describing* and *Nonjudge* showed significant difference before and after the training. Presumably, changes in *Cognitive defusion* and *Non-reactivity* are also evident, however results did not show significant difference.
Conclusions: The present research has provided further empirical evidence for the effectiveness of ACT-based psychological flexibility training with regard to three aspects of *Contact with the present moment*, which is a core process of psychological flexibility (*Acting with awareness, Describing,* and *Nonjudge*). The findings provide a basis for future research to investigate longer-term effects, including monitoring how participants in the research program practice the learnt techniques in their everyday lives.

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EPV1490

Assessement of educational burnout among medical students

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Introduction: Burnout is characterized by emotional exhaustion, depersonalization, and reduced personal accomplishment. Medical students are particularly susceptible to academic burnout compared to students in other disciplines, due to the demanding nature of their training, which offers limited time and resources.
Objectives: Our study aimed to assess academic burnout in a sample of students from the Faculty of Medicine of Sfax, Tunisia, as well as the link between these two entities.
Methods: This was a cross-sectional and descriptive study, conducted using GOOGLE FORMS in February and March 2024, with a sample of students from the Faculty of Medicine in Sfax, Tunisia. Data collection was carried out based on a questionnaire including an information sheet and the Maslach Burnout Inventory-Student Survey (MBI-SS) assessing academic burnout according to a three-dimensional structure : Emotional Exhaustion (EE) due to the study requirements; Cynicism (CY), which refers to a detached attitude towards one's studies and Academic Effectiveness (AE) linked to a sense of achievement as a student.
Results: Our study included 154 students. They were predominantly females (64.9%). Their median age was 22 years (IQR = [20 – 23 years]).
According to the MBI-SS, the prevalence of academic burnout was 98.1%.
The distribution of scores showed that academic burnout was mild in 15.9% of cases, moderate in 43.7% of cases and severe in 40.4% of cases.
The median scores on the EE, CY and AE dimensions were 17 (IQR = [13 – 20]) ; 11.5 (IQR= [7 – 16]) and19 (IQR = [15 – 23]), respectively.
The distribution of medical students according to the level of academic burnout is illustrated in Figure 1.
Conclusions: Our results showed that medical students experience high levels of educational burnout. To mitigate this high prevalence, it essentiel to raise awareness about its symptoms and to implement educational programs focused on mindfulness and well-being. Higher education institutions play a vital role in supporting students' professional development and resilience by fostering a healthy learning environment and providing psychological and pedagogical support.

Disclosure of Interest: None Declared

EPV1492

Portuguese version of the Climate Change Distress and Impairment Scale

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Introduction: The term "climate change distress" has been proposed to capture the broad range of negative emotional reactions associated with Climate Change/CC. Although it can be an adaptive reaction that motivates climate action to mitigate a real threat, for a growing number of people climate distress impairs subjective well-being and daily functioning, causing significant suffering to such an extent it often necessitates psychological support.
Hepp et al. (2023) developed the Climate Change Distress and Impairment Scale/CC-DIS, comprising 23 items to distinguish CCDistress (spanning eco-anxiety, -anger, -sadness) and CCImpairment that may indicate a need for intervention.
Objectives: To analyse the psychometric properties of the Portuguese version of the CC-DIS.
Methods: Participants were 590 adults, recruited through social media (64.6% women; Mean age=34.40±16.18; range: 18-75) completed an online survey including: preliminary Portuguese versions of CC-DIS; Pro-Environmental Behavior Scale/PEBS (Pereira et al. 2024); and Depression Anxiety and Stress Scales-21/DASS-21 (Pais-Ribeiro et al., 2004). Total sample was randomly divided into two sub-samples: one (n=290) for exploratory factor analysis/EFA and the other (n=300) for confirmatory factor analysis/CFA
Results: RESULTS and DISCUSSION: EFA and parallel analysis resulted in two factors (explained variance= 58.60%). CFA of this two-factor model resulted in "acceptable" fit indices (χ2/df=2.772; CFI=.892; TLI=.872; GFI=.846; RMSEA=.0796; p<.001), with standardized factor loadings ranging from .490 to .844. Cronbach's alpha coefficients were .90 for CCDistress and 0.85 for CCImpairment.
CCImpairment, but not CCDistress, correlated significantly and moderately (r=.25) with DASS-21, suggesting that these last two may be relatively independent phenomena.
With PEBS, the correlation coefficients were both significant (p<.001): .43 for CC-Distress, .22 for CC-Impairment. Both CCDistress and CCImpairment were significant predictors of collective (R^2=17.5%; b) and political (R^2=17.2%; b) pro-environmental actions, but only CCDistress predicted personal actions (R^2=22.9%, p<.001;), which suggests the more maladaptive nature of CCImpairment.
Such as reported by Hepp et al. (2023), CCDistress mean scores were moderate to high (3.71±0.63); CCImpairment were low to moderate (2.13±0.72) and only the former significantly differ by gender (higher in women). This suggests that individual factors, other than gender (e.g., personality traits), may be more relevant to understand psychopathological reactions to CC.
Conclusions: The Portuguese CCDIS presented good validity (construct, convergent and discriminant) and reliability. It can be used to better understand and improve CC adaptation in our country, which, like Spain, is located in Southern Europe, the area of the globe projected to to be at the highest risk for CC negative impacts.

Disclosure of Interest: None Declared

EPV1493

Psychometric assessment of proximal and distal concerns in the context of climate change

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Introduction: Contemporary global crises, including Climate Change/CC, has increased the interest in Future Anxiety/FA. As an emotional response to the anticipation of threats in the distant rather than proximal future, FA is broader than worry, which generally focuses on particular issues and fluctuates depending on specific circumstances.
Objectives: To analyze the psychometric properties of the Portuguese versions of Dark Future Scale (DFS; Zaleski et al. 2019), composed of 5 items to evaluate FA; and Climate Change Worry Scale (CCWS; Stewart 2021), a 10-items measure of proximal worry about CC; to explore whether they evaluate distinct or overlapping constructs.
Methods: 590 adults (64.6% women; mean age=34.40±16.18) answered DFS, CCWS (preliminary), Climate Change Distress and Impairment Scale/CC-DIS and Pro-Environmental Behaviours Scale/PEBS. Exploratory Factor Analysis (EFA; with a subsample of n=290) and Confirmatory Factor Analysis (CFA; n=300) were performed. DFS and CCWS structures tested with CFA were based on previous EFA results, including a model combining items from both scales.
Results: DFS: CFA evidenced the good fit of the unidimensional model, χ2/df=3.314, CFI=.995, TLI=.990, GFI=.989, RMSEA=.060, p<.001; alfa=.91.
CCWS: the unidimensional model (similar to the one found in the original version) (χ2/df=2.076; CFI=.982; TLI=.970; GFI=.965; RMSEA=.0590; p<.001; a=.90) and the two-factors model, with F1 composed of 6 items related to CC concerns and F2 of 4 items related to perceived interference (χ2/df=2.561; CFI=.973; TLI=.956; GFI=.956; RMSEA=.0611; p<.001; aF1=.75, aF2= .89) presented good fit.
DFSandCCWS: the 2-factor model, with each scale being one factor (χ2/df=2.312; CFI=.962; TLI=.951; GFI=.928; RMSEA=.065; p<.001) and the 3-factor model, where CCWS divides into 2 factors (χ2/df=2.248; CFI=.964; TLI=.954; GFI=.926; RMSEA=.063; p<.001) resulted in good fit. FA correlated with CCWSTotal/F1/F2 (r>.25). Correlations with CCDIS were r=.36 for FA and r<.55 for CCWSTotal/F1/F2; only CCWS total and dimensional scores correlated with PEB (r>.45) (all p<.001). When predicting CCDIS, FA adds 4% (R change, p<.001) to the variance explained by CCWS dimensions (R^2=49.7%). Only CCWSConcerns (b=.345) but not CCWSInterference predicted PEB.
Conclusions: DFS and CCWS Portuguese versions have adequate validity and reliability. Their moderate correlation and the validity of the measurement models tested suggest that they evaluate

distinct constructs. FA seems more maladaptive than CCW: although it increments CC-DIS prediction, it does not correlate with PEBS. The same applies to CCWSInterference, which emphasizes that the CCWS two-factor structure may be useful to delimit CCW's normal/pathological nature. We intend to use these scales in an ongoing research project on psychological factors associated with CC mitigation and adaptation.

Disclosure of Interest: None Declared

EPV1494

The paradox of mentally ill psychiatrists: a punch to the mental-health related myths and prejudices around the profession of psychiatry

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Introduction: As reported by studies and against the general conception, psychiatrists are not immune to the mental health challenges. More specifically, -more than any other medical specialty- they are at high-risk for burnout, depression, even suicide. It is a striking fact that according to research, in a medical centre which was exclusively designated for healthcare professionals, 89% of psychiatrists struggled with mental health issues; while 8% faced substance abuse problems and only 2% complained for corporal matters. Furthermore, when suffering from depression or any other mental health disorder, psychiatrists fear that their personal data will leak among colleagues, that they will be unable to professionally evolve or that they will be shamingly judged, avoiding to seek medical help.
Objectives: To explore the risk factors of poor mental health among psychiatrists and to highlight interventions to reduce the mental-health related stigma in this particular category.
Methods: A review of 39 articles -from 2010 to 2024- on PubMed and Google Scholar regarding mental health problems among psychiatrists.
Results: Numerous risk factors of psychiatrists' poor mental health have been identified, such as:
Female gender,
Younger age,
Race minority,
Prior mental health problems,
Residency or early career stage,
Working in non academic, multidisciplinary, inpatient, community, and government settings,
>50 h of work per week and/or more than 20 h of direct clinical face time per week,
Insufficient support from relatives, workplace, and colleagues,
Lack of supervision,
Lack of control over schedule,
Experiencing loneliness,
Experiencing work unsatisfaction,
Experiencing traumatic events such as patient's suicide or receiving threats.
Conclusions: Action against mental health-related stigma among psychiatrists needs to be taken, such as destigmatizing campaigns designated to remind that psychiatrists -as normal human beings- can suffer from mental health problems in the same way a cardiologist could have a cardiac attack. Apart from destigmatizing mental health issues among psychiatrists, legislation in every country needs to be changed in order to protect psychiatrists from work overload, while security of mental health professionals must be maintained in every clinical setting preventing the reception of threats or even physical abuse. Additionally, female psychiatrists should be institutionally empowered through mentorship programs, sponsorship support, responsive caregiving programs, and innovational directions to manage implicit and explicit prejudices, sexual harassment, and remuneration discrepancies.

Disclosure of Interest: None Declared

EPV1495

A qualitative exploration of the perceptions of Cardiff University medical students towards the barriers faced by the LGBTQ+ population when accessing mental health care

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Introduction: Several mental disorders are more common within the LGBTQ+ population, including depression, anxiety, eating disorders, and substance use disorders. Despite this, LGBTQ+ individuals face more barriers when accessing mental health services than the general population.
Objectives: The primary aim of this study was to assess the perceptions of Cardiff University medical students on the barriers faced by LGBTQ+ individuals when accessing mental health help. The study also aimed to assess recommendations Cardiff University medical students have for improvement of services and to make them more accessible to LGBTQ+ individuals.
Methods: A qualitative approach was used. An online questionnaire was created and distributed among Cardiff University medical students. It included 10 open-ended questions about their knowledge of LGBTQ+ mental health, the barriers to accessing it, and recommendations to decrease these barriers. Thematic analysis was performed on the answers.
Results: The questionnaire had 12 participants. The thematic analysis produced 22 subthemes, which were grouped into the following five themes: i) perceptions of LGBTQ+ mental health, ii) factors affecting LGBTQ+ mental health, iii) general barriers to accessing mental health help, iv) LGBTQ+-specific barriers to accessing mental health help, and v) recommendations to improve access to mental health services. A scoping review was conducted on this subject to further analyse the current research. The scoping review produced nine studies, and the main themes that emerged were mental health stigma, LGBTQ+ discrimination, lack of LGBTQ+-affirmative services, the pathologisation of LGBTQ+ status, and financial barriers.
Conclusions: It was evident that more formal training on LGBTQ+ mental health at an undergraduate level for health professionals is needed, and that a lack of this is causing barriers to adequate

provision of mental health services to this population. Furthermore, existing mental health services need to be more LGBTQ+--affirmative. Further research with a higher response rate could provide more generalisable results.

Disclosure of Interest: None Declared

EPV1496

The Role of Ketogenic Diet in Treatment of Mental Illnesses

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Introduction: Ketogenic Diet (KD) has been introduced as a treatment option for epilepsy over a century ago and since then it had gained and lost its popularity. Its current revival is heavily sensationalized and KD is promoted as a cure-it-all for a wide range of mental illnesses. The present review aims to review the validity of the evidence supporting KD use in psychiatry.
Objectives:
1. To review the origins and types of ketogenic diet as well as the possible rationale for its use in psychiatry
2. To provide a narrative review of effectiveness of ketogenic diet for management of major mental illnesses

Methods: Scoping review of research articles published in PubMed without restrictions in terms of language or publication date.
Results: We conducted a scoping review using a wide range of keywords. There are multiple studies dedicated fully or partially on ketogenic diet and a variety of mental illnesses. Majority of studies are focused on low-carbohydrate diets and not necessarily on KD per se, which complicates interpretation of findings. At the same time, we were able to identify multiple case studies and case series as well as some open-label and placebo-controlled studies involving small groups of participants receiving KD mostly as an adjunct treatment for their respective condition. There was a significant degree of heterogeneity both in terms of methodological aspects and clinical outcomes of these studies, which do not allow for further data synthesis at this point. At the same time, there are some indications that KD may be useful in certain clinical scenarios.
Conclusions: The objective data on impact of ketogenic diet on major mental illnesses are scarce, but show some promise. Further research is needed to elaborate both the mechanisms and the degree of impact of ketogenic diet on mental health. There is not enough evidence to suggest that ketogenic diet is an independent treatment option for any psychiatric condition, but at the same time it can be suggested as an adjunct measure.

Disclosure of Interest: None Declared

EPV1497

Mindful self-care and mental health among workers

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Introduction: Self-care refers to actions individuals take to maintain their health and prevent or manage illness. It increases awareness and offers a chance to improve workers' quality of life. Mental health plays a key role in influencing self-care behaviours among workers.
Objectives: Our study aims to assess self-care behaviours and mental health among workers.
Methods: We conducted a descriptive, analytical, cross-sectional survey among workers. We collected sociodemographic, professional characteristics and self-care behaviours using Mindful Self-Care Scale (MSCS). Anxiety and depression were assessed using the Hospital anxiety and depression scale (HADS).
Results: Our population comprised 116 female workers with a mean age of 41.5 ± 10.9 years. The mean of tenure of job was 12.8 ± 9.5 years. According to the HADS, the mean score of anxiety and depression were respectively 7.7 ± 5.2 and 7.9 ± 4.With the reference to HADS, 20 (17.2%) and 27 (23.3%) participants presented symptoms of anxiety and depression, respectively. Regarding the patients' anxiety levels, it was found that 50%, 32.8%, and 17.2% appeared to have mild, moderate, and severe anxiety, respectively. As for the depression levels of patients, 56 were mildly depressed (48.3%), 33 were moderately depressed (28.4%), and 27 were severely depressed (23.3%). The mean of mindful self-care score was 99.2 ± 34.6. The mean of mindful relaxation, physical care, self-compassion and purpose, supportive relationships, supportive structure and mindful awareness were respectively 12.4 ± 5.2, 19.3±4.9, 20.7±8.9, 16.1±7.3, 13.2±6.3 and 13.8±4.7. Mindful relaxation and physical care were negatively correlated with anxiety ($p = 0.01$, $r = -0.2$).
Conclusions: Our study found that workers with lower anxiety levels were more likely to engage in self-care. In the workplace, this leads to increased productivity and reduced attrition, as healthy employees are more productive and satisfied with their jobs. Therefore, providing mental health training for workers is essential to ensure their well-being.

Disclosure of Interest: None Declared

EPV1498

Assessment of Well-Being and its determinants Among University Staff

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Introduction: Well-being enables people to cope with life's stressors and to contribute well to community life. It is associated with better productivity in the workplace.
Objectives: Our study aims to assess well-being and its determinants among university staff.

Methods: We conducted a descriptive, analytical and cross-sectional survey to assess well-being and its determinants among university staff. The survey was carried out during a one-day training session on mental health promotion using a two-part questionnaire. The first part assessed socio-professional characteristics. The work ability was assessed using the Work Ability Score (WAS) questionnaire. Perceived physical workload was assessed by the Borg score. The second part assessed participants' well-being using the Mental Health Continum Short Form (MHC-SF) questionnaire.
Results: Our population comprised 65 participants, 67.7% of whom were female. The mean of perceived physical workload was 4.7±1.5. The job satisfaction mean was 3.8±1.3. We found that 56.9% of our participants (n=37) had good to excellent work ability and 43.1% rated their work ability as poor to moderate. The mean MHC-SF score was 41.2±16.1. The mean scores for emotional, psychological and social well-being were 8.4±4.2, 19.9±7.2 and 12.8±6.3 respectively. Sixty percent of participants reported languishing to moderate mental health and 40% were flourishing. Bivariate analysis showed that participants' wellbeing was associated with high work ability and high perceived physical workload.
Conclusions: Well-being among university staff deserves to be studied given its impact on work performance. Actions to promote well-being among these staff are urgently needed not only to improve the well-being and productivity of this population but also to prevent a negative influence on students.

Disclosure of Interest: None Declared

EPV1499

Work ability and mental health among healthcare workers

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Introduction: Mental health can affect the quality of life and productivity of healthcare workers (HCWs). It is important to determine the effect of mental health on work ability among these workers to implement adequate interventions.
Objectives: Our study aims to assess the relationship between work ability and mental health among HCWs.
Methods: We conducted a descriptive, analytical and cross-sectional survey among HCWs using a self-administrated questionnaire. We collected socio-professional data. We assessed work ability using the work ability index (WAI) and mental health using the depression anxiety and stress scale (DASS 21).
Results: Our population comprised 200 HCWs, 71% of whom were female. The mean age of participants was 42.9 years. The mean of the tenure of job was 14.2 ±10.1 years. We found that 5.5% presented mild to moderate stress, 3% severe to extremely severe stress, 4.5% presented severe to extremely severe depression, 7.7% presented severe to extremely severe anxiety and 2.5% presented severe to extremely severe depression. Using the WAI, we found that 63% of participants perceived poor to moderate work ability and 37% perceived good to excellent work ability. Work ability was negatively correlated with stress ($p = 0.005$, $r = -0.19$), depression ($p = 0.003$, $r = -0.2$) and anxiety ($p = 0.003$, $r = -0.2$).
Conclusions: Our findings highlight a correlation between HCWs' altered mental health and poor work ability. Therefore, actions to promote mental health among these workers are urgently needed not only to improve the work ability and productivity of this population.

Disclosure of Interest: None Declared

EPV1500

Factors associated with resilience among medical residents in Tunisia

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Introduction: Resilience plays an essential role in many settings, including medical resident training. This group undergoes a unique educational process that demands the development of both clinical and interpersonal skills, as well as a high level of personal responsibility for patient care.
Objectives: The aim of this study was to evaluate resilience among medical residents and identify the factors that influence it.
Methods: We conducted a cross-sectional study involving medical residents in training at Tunisian hospitals. Data were collected anonymously through a questionnaire-based survey using Google Forms between October 2023 and January 2024. Participants completed a sociodemographic form, followed by two scales: the Brief Resilience Scale (BRS) to measure resilience and the Perceived Stress Scale (PSS-4) to assess mental health disorders.
Results: Our study included 127 participants, with the majority being women (74.8%). The average age was 27.24 ± 1.34 years. Most participants were single (81.8%), and only 5.5% were international residents. Approximately one-third (37%) engaged in physical activity. A psychiatric history was reported in 17.3% of the residents. The mean Brief Resilience Scale (BRS) score was 3.167 ± 0.77. Low resilience scores were observed in 34.6% of participants, while only 6.3% had high resilience scores. The mean Perceived Stress Scale (PSS-4) score was 7.08 ± 2.7. Univariate analysis revealed that lower resilience levels were more common among females ($p = 0.000$) and residents with a history of psychiatric disorders ($p = 0.06$). Additionally, lower resilience levels were associated with higher stress levels ($p = 0.00$; $r = -0.512$).
Conclusions: The study highlights the need for targeted interventions to enhance resilience among medical residents, particularly for those in vulnerable subgroups. Improving resilience through tailored support strategies can significantly benefit their overall well-being and training outcomes.

Disclosure of Interest: None Declared

EPV1501

Attentional skills following serious traumatic cervical spine injuries in young sports men

?. Syrmos

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doi: 10.1192/j.eurpsy.2025.2016

Introduction: Cervical spine injuries are serious traumatic situations
Objectives: Aim-Aim of this study was to evaluate the attentional skills in cases with serious cervical spine injuries, in young sports men.
Methods: Material and Methods-10 young male amateur sports men (1 soccer player, 1 basketball player, 1 volley-ball player, 1 hand ball player, 1 boxer, 1 long runner, 1 fast runner and 3 swimmers) were participated in this study, 20 days more or little less after serious cervical spine injuries. Range of age 19-39 years and mean age 29 .We used specific performance tests, letter cancellation exam, naming trials and iq tests.
Results: Results-All of them(10,100%) reported deficits in all areas of attention function and also cognitive and emotional status.9 of them(90%) reported also difficulty in complex task activities, especially when time limits were imposed.
Conclusions: Conclusions-All these exams are good and efficient tools in order to evaluate this kind of patients.

Disclosure of Interest: None Declared

EPV1502

Mental health literacy and its associated factors among undergraduate students: preliminary findings from SMILE Project

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Introduction: Mental health literacy (MHL) is crucial for undergraduate students as it empowers them to recognize, understand, and address mental health challenges. This knowledge contributes to improved happiness by reducing stigma, fostering resilience, and promoting positive coping strategies. Enhanced emotional well-being results from effective stress management and the ability to seek help when needed. Ultimately, mental health literacy positively influences academic life satisfaction by creating a supportive environment, reducing the impact of stressors, and fostering a holistic approach to well-being in the challenging context of higher education.
Objectives: To assess the association between MHL and satisfaction with academic life, happiness, psychological well-being and psychiatric symptoms in undergraduate students. It also aimed to analyse the relationship between MHL and sociodemographic and clinical characteristics of these students.
Methods: Under the ongoing prospective project called "SMILE", this preliminary study integrated a sample of undergraduate students from a private higher education institution in northern of Portugal. The research protocol included a semi-structured interview (sociodemographic and clinical data) and the Mental Health Literacy Questionnaire (MHLq-SVa), Satisfaction with Academic Life Scale (SALS), Subjective Happiness Scale (SHS), Psychological Well-Being Scale (PWBS) and Depression Anxiety Stress Scale (DASS). Non-parametric statistical tests were used, as the data did not follow a normal distribution.
Results: Twenty-four students were evaluated (75% female, 92% single; mean age=25.5y y.o.). Around 67% were nursing students and 42% in their 4th year. Regarding support needs for mental health problems, 74% had support at some point in their lives and about 17% were currently receiving support. (22% were taking psychotropic medications). Also, 57% had a family history of mental disorders. Women had a greater knowledge of mental health problems (MHI domain), compared to men (median=28vs.25; p=0.025). This MHL domain was negatively correlated with satisfaction with the academic environment (rs= -0,571). Higher scores in MHL total and in its self-help strategies domain were identified among students with previous mental health support needs (median=72vs69.5, p=0.20; median=19vs18, p=0.44, respectively). Lower level of erroneous beliefs/stereotypes (MHI domain) were more evident in students with family mental health history (median=15vs13.5, p=0.007). No relations were found between MHL and other assessed variables.
Conclusions: These findings are important for designing interventions to promote mental health in academic contexts, aimed at positive and healthy changes in the academic environment, particularly in line with their expectations and needs, with the aim of reducing levels of psychological distress.

Disclosure of Interest: None Declared

EPV1503

Job Satisfaction and Psychological Distress Among Healthcare Professionals

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Introduction: Job satisfaction and psychological distress are pivotal elements in the overall well-being of healthcare professionals, whose work environment is inherently challenging and stressful. High levels of job satisfaction are essential for the health, motivation, and performance of the workforce, and for ensuring high-quality patient care and the effective functioning of the healthcare organization. Conversely, psychological distress among healthcare workers can result in burnout, a reduction in the quality of care provided, and an increase in turnover rates. This study examines the complex factors influencing job satisfaction and psychological distress, with the aim of providing a comprehensive understanding that can inform the development of interventions and policy changes within healthcare settings.
Objectives: The purpose of this study is to explore the factors that contribute to job satisfaction and psychological distress among

medical and nursing staff. By identifying conditions that lead to increased satisfaction or distress, the research seeks to propose actionable strategies to improve the working environment and reduce psychological strain among healthcare workers.
Methods: This research employed a quantitative approach utilizing a specifically designed questionnaire that incorporated the DASS21 (Depression, Anxiety, and Stress Scale) and the K6+ scale for measuring psychological distress. The sample consisted of 132 healthcare professionals, selected through the snowball sampling method. The questionnaire was based on a comprehensive review of the literature and included measures to assess job satisfaction, anxiety, stress, and psychological distress.
Results: The findings indicate that the majority of healthcare workers perceive limited opportunities for job advancement and salary increases. Furthermore, communication within organizations is perceived as moderate, and employees report that their efforts are not adequately recognized or rewarded. These factors are associated with both job dissatisfaction and increased psychological distress, as measured by the DASS21 and K6+ scales.
Conclusions: The findings of this study highlight the imperative for systemic reforms within healthcare organizations to enhance job satisfaction and mitigate psychological distress among healthcare personnel. It is recommended that strategies include the creation of more transparent pathways for career advancement, the fostering of a supportive and communicative work environment, and the implementation of recognition programs that validate and reward employee contributions. It would be beneficial for future research to investigate the long-term impact of such interventions in order to ascertain their efficacy in maintaining positive changes within healthcare settings.

Disclosure of Interest: None Declared

EPV1504

Burnout in emergency medical and paramedical teams

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Introduction: Burnout is defined by the WHO as "a feeling of intense fatigue, loss of control and inability to achieve concrete results at work". Among the most affected populations, are medical and paramedical teams, particularly those exposed not only to a sustained work rhythm but also to frequent confrontations with suffering and death, such as emergency staff.
Objectives: Evaluate the frequency of burnout among medical and paramedical staff and determine the factors associated with it.
Methods: A 1-month cross-sectional study (November to December 2023) was conducted in the emergency department of Charles Nicolle's hospital, Tunis. We included all medical and paramedical staff. Data were collected using an anonymous online questionnaire on Google Forms. We used the Maslach Burnout Inventory (MBI) as a rating scale.
Results: Forty-five forms were completed. The average age was 29 ±2 years, with a male predominance (69%). Twenty-four percent were already being treated for a psychiatric condition. The average length of service in the emergency department was 8 ± 2 years.
The prevalence of burnout was 98%. Burnout was high in 43% of study participants. Fifty-two percent had a high level of burnout, 63% had a high level of depersonalization and 88% had a low level of sense of personal accomplishment. High burnout was more common among women (79% vs. 21%). Of the participants with high burnout: 31.6% were family doctors, 21% were nurses; 15.7% were emergency physicians (residents or seniors in emergency medicine) and 15.7% were emergency technicians.
Burnout risk factors were divided schematically into 3 categories: among organizational risk factors, 98% complained of work overload with insufficient human and material resources, 44% reported the absence of listening and support from hierarchy, and 31% experienced the feeling that their missions were imprecise. Among the professional risk factors, 78% reported an incompatibility between salary and workload, 67% did not receive any words of recognition from the patient or his family, and 53% did not have any specific training in stress management. Not being able to take time off as they wished was the most reported personal risk factor (76%).
A desire to improve working conditions was present in 80% of participants.

Image:

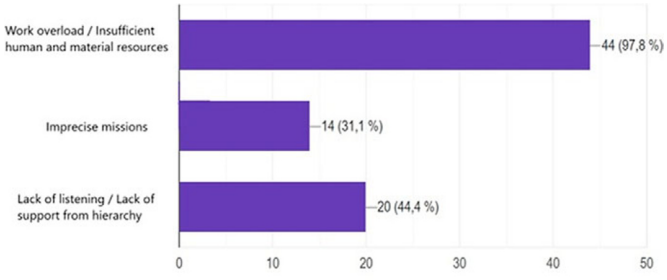


Figure 1 : Organisational risk factors

Image 2:

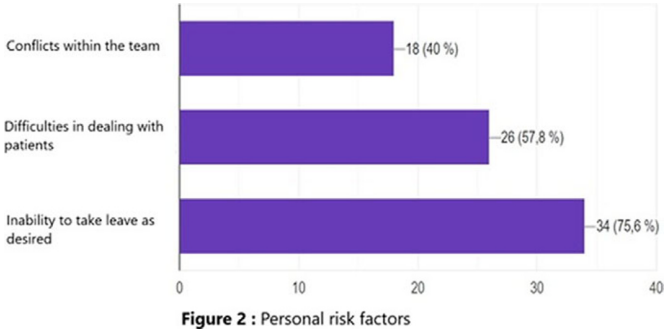


Figure 2 : Personal risk factors

Image 3:

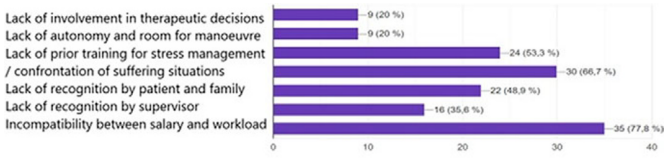


Figure 3 : Professional risk factors

Conclusions: A very high prevalence of burnout has been found within the emergency care team, which could explain their despair of the healthcare system and the increasing exodus rate leading to a potential medical and paramedical desert in Tunisia. It would therefore be urgent to improve working conditions and provide more facilities for young doctors and nurses, particularly in emergency departments.

Disclosure of Interest: None Declared

EPV1505

Positive psychiatry in Ayurveda: A Historical review

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Introduction: Ayurveda is Indian traditional medicine that has a considerable presence in Europe. Incidentally the definition of health developed by the WHO since 1946 has striking similarities with the ones found in Ayurveda texts dating back few millenia ago. The encouragement Ayurveda provides in the pursuit of a flourishing life resonates with the principles and philosophy of Positive psychiatry. So this begs the question did Ayurveda have concepts resembling positive psychiatry and if so, what were the tenets. To this aim we review an Ayurveda text dating back to 3000 BC called Charaka Samhita.
Objectives: To explore concepts related to positive psychiatry and psychology in Charaka Samhita.
Methods: Relevant chapters and sections in Charaka Samhita were screened for descriptions or recommendations for mental health and a meaningful life.
Results: Similarities between Positive Psychiatry and Ayurveda Psychiatry were present. As a part of psychotherapy Ayurveda recommends cultivation of spiritual awareness, wisdom fortitude/ resileance and practice meditation. It further encourages the pursuit of ethically reasonable desires, material prosperity and righteous- religious conduct. For the healthy individuals, it recommends maintaining robust physical and mental health, actively accumulating wealth ethically and attain spiritual liberation.
Conclusions: We conclude Ayurveda had its own version of Positive Psychiatry and delineates ways to achieve it.

Disclosure of Interest: None Declared

EPV1506

Nurturing Bonds: Parental Attachment, Breastfeeding Attitudes and Parenting Styles in Greece

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Introduction: The emotional bond a person forms with their parents during childhood is a crucial factor that influences the choices they make and the parenting style they adopt when they become parents themselves. Conversely, the parenting approach one chooses and the decisions made in raising their children will impact their future relationship with their child.
Objectives: To explore (a) the type of emotional bond that the participants had developed with their own parents during their childhood, (b) their attitudes towards breastfeeding, and (c) their parenting style.
Methods: A cross-sectional study was conducted using self-administered questionnaires completed by 862 parents—both mothers and fathers—who had received support from a private maternity and breastfeeding support center in Athens.
Results: Participants who received higher levels of care from their parents during childhood were negatively associated with exclusive breastfeeding ($p = 0.041$), shorter durations of breastfeeding ($p < 0.001$), and a positive attitude toward breastfeeding beyond 12 months ($p = 0.002$). Mothers who received high care from their parents tended to adopt a more supportive parenting style ($p < 0.001$), in contrast to those who experienced high levels of control ($p = 0.001$). A supportive maternal style was positively associated with natural weaning ($p = 0.018$). In contrast, a more authoritarian maternal style was positively associated with non-exclusive breastfeeding ($p = 0.012$), abrupt weaning ($p = 0.021$), introducing solid foods as the first food ($p = 0.001$), parents and children not sharing the same room ($p < 0.001$), and the implementation of sleep training ($p < 0.001$). Maternal permissiveness was positively associated with not breastfeeding ($p = 0.011$), non-exclusive breastfeeding ($p = 0.002$), pacifier use ($p < 0.001$), introducing pureed foods as the first foods ($p = 0.001$), and the use of sleep training ($p = 0.001$). For fathers, a shorter duration of room-sharing with the child was significantly associated with a stricter parenting style ($p = 0.023$). The more children a mother had, the more likely she was to adopt an authoritarian or permissive parenting style ($p < 0.001$), and the same was true for fathers ($p < 0.001$). Additionally, older paternal age was positively associated with a more authoritarian parenting style ($p = 0.001$). An overall positive breastfeeding experience was associated with being less authoritarian, strict, or permissive ($p = 0.003$; $p = 0.005$; $p < 0.001$, respectively).
Conclusions: Breastfeeding may act as a catalyst for parents to adopt a more supportive parenting style toward their children, regardless of the type of bond they developed with their own parents. This study could serve as a foundation for more extensive research on breastfeeding, early parental choices, attachment bonds, and parenting practices.

Disclosure of Interest: None Declared

EPV1507

The Influence of Parenting Style and Breastfeeding Attitudes on Child Behavior

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Introduction: Parenting style plays a crucial role in shaping a child's development and behavior. Supportive parenting has been associated with positive child outcomes, while authoritarian or permissive styles may lead to less desirable behaviors. Breastfeeding, known for its numerous benefits to both mother and child, may also interact with parenting approaches to influence a child's emotional and social development.
Objectives: To explore (a) the parenting style of the participants, (b) their attitudes towards breastfeeding, and (c) the behavioral characteristics of their children.
Methods: A cross-sectional study was conducted using self-administered questionnaires completed by 862 parents—both mothers and fathers—who had received support from a private maternity and breastfeeding support center in Athens.
Results: Mothers who adopted a more supportive parenting style had a more positive perception of their children's behavior compared to more authoritarian, strict, or permissive mothers. Specifically, these supportive mothers viewed their children as less anxious ($p = 0.015$), more willing to share ($p = 0.001$), less irritable ($p = 0.006$), more affectionate ($p = 0.009$), more expressive of their emotions ($p < 0.001$), generally obedient ($p < 0.001$), better at maintaining attention ($p < 0.001$), less nervous in new situations ($p = 0.019$), and less easily frightened ($p = 0.028$). Fathers with a more supportive parenting style also perceived their children as sharing more readily ($p < 0.001$). Additionally, a longer duration of breastfeeding was associated with children who expressed their emotions more easily ($p = 0.042$) but were less obedient ($p = 0.021$). Finally, a more positive overall evaluation of the breastfeeding experience correlated with less agreement that the child is hyperactive ($p = 0.020$), irritable ($p = 0.004$), unreceptive to affection ($p = 0.034$), easily distracted ($p = 0.004$), and easily scared ($p = 0.002$).
Conclusions: These findings highlight the importance of supportive parenting and positive breastfeeding attitudes in promoting favorable behavioral outcomes in children. Health professionals can use this information to encourage parenting practices that foster healthy child development.

Disclosure of Interest: None Declared

EPV1508

Nurturing Choices: How Sociodemographic Factors Affect Attitudes toward Breastfeeding

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Introduction: The benefits of breastfeeding for mothers, infants, and society as a whole are well documented. These benefits appear to be linked to the duration of breastfeeding for both mother and child. Despite this knowledge, the rates of exclusive breastfeeding and continued breastfeeding at 6 and 12 months in Greece are exceptionally low.
Objectives: To explore Greek parents' attitudes towards breastfeeding according to their sociodemographic characteristics.
Methods: A cross-sectional study was conducted using self-administered questionnaires completed by 862 parents—both mothers and fathers—who had received support from a private maternity and breastfeeding support center in Athens.
Results: The choice of breastfeeding was positively correlated with parents' higher educational level ($p<0.001$), normal delivery ($p<0.001$), residence in Athens or another urban area (($p=0.017$), positive attitude towards breastfeeding during pregnancy ($p<0.001$) and for breastfeeding after 12 months ($p<0.001$), previous breastfeeding experience ($p<0.001$), not using a pacifier ($p<0.001$), introducing whole foods at 6 months ($p<0.001$), co-sleeping with their baby ($p<0.001$) and not implementing sleep training ($p<0.001$). Accordingly, the duration of breastfeeding was positively associated with living in another urban area ($p<0.001$), and unemployment ($p=0.009$). Longer duration of breastfeeding showed children who were exclusively breastfed ($p<0.001$), who weaned naturally ($p<0.001$), who were born naturally ($p<0.001$), who did not take a pacifier ($p<0.001$), who started with whole foods ($p<0.001$), who stayed longer in their parents' room ($p<0.001$), who did not receive sleep training ($p<0.001$) and those whose parents were informed about breastfeeding ($p<0.001$).
Conclusions: This study could serve as a foundation for more extensive research on breastfeeding. Findings can be utilized by health professionals to enhance their awareness, empathy, and effectiveness regarding issues related to breastfeeding.

Disclosure of Interest: None Declared

EPV1509

Exploring post-COVID-19 mental health disorders: a study protocol for the adult population of Tirana

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Introduction: The COVID-19 pandemic has emphasized the crucial need to understand the lasting mental health effects on individuals.
Objectives: This study aims to investigate the occurrence and connections of post-COVID-19 mental health disorders among adults treated at a community mental health center in Tirana. By closing existing knowledge gaps, it seeks to lay the groundwork for tailored interventions.
Methods: Employing a historical cohort study design, data will be collected from Tirana residents diagnosed with COVID-19. Comprehensive clinical and laboratory assessments will focus on mental health outcomes post-infection. Demographic, socio-economic, psychiatric, and biomarker data will be analyzed to provide a thorough

understanding of post-COVID-19 mental health disorders in the study cohort.
Results: Preliminary findings are expected to provide valuable insights into the occurrence and connections of post-COVID-19 mental health disorders among Tirana's adult population. Statistical analyses will identify potential risk factors, informing the development of interventions. Robust data presentation will enhance the credibility and applicability of the study outcomes.
Conclusions: This study promises to elucidate the public health implications of post-COVID-19 mental health disorders in Tirana, guiding targeted interventions. Recommendations based on study findings aim to strengthen mental health services and implement tailored interventions, addressing the unique needs of the community.
Main Messages:
Assessing post-COVID-19 mental health disorders in Tirana informs targeted interventions.
Study findings guide public health actions to enhance mental health services in the community.
Key words: Post-COVID-19 mental health disorders; Tirana; community mental health center

Disclosure of Interest: None Declared

EPP157

Mental Well-being of Medical Students in the Visegrad Four Countries: A Cross-Sectional Exploratory Study

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Introduction: The mental health of medical students is a critical concern, as their well-being directly influences academic performance and the overall success of educational institutions. The high academic demands, heavy workload, and emotional stress encountered by medical students can lead to significant mental strain, potentially resulting in mental disorders. Understanding these factors is essential for developing effective support mechanisms.
Objectives: This study aimed to investigate the mental well-being of medical students across the Visegrad Four countries (Hungary, Czech Republic, Poland, Slovakia) by identifying key predictors of well-being and categorizing students into well-being clusters based on psychological and physical health indicators.
Methods: A cross-sectional exploratory study was conducted using an anonymous, English-language online questionnaire. The survey gathered general demographic data, health-related information, and academic attitudes. Mental well-being was assessed using the Warwick-Edinburgh Mental Well-being Scale (WEMWBS), coping strategies were evaluated with the Brief COPE inventory, and somatic symptoms were measured using the Patient Health Questionnaire-15 (PHQ-15). Regression analysis was performed to identify predictors of mental well-being, and a two-step cluster analysis was employed to classify students into distinct well-being groups.
Results: A total of 1,703 medical students (467 males) participated in the study. Regression analysis identified adaptive problem-focused and emotion-focused coping, social support, satisfaction with the university experience, healthy eating habits, and a sense of control over personal health as positive predictors of mental well-being. In contrast, maladaptive coping strategies (avoidant and passive) and frequent somatic symptoms were negative predictors. The cluster analysis revealed three distinct groups: (1) a stable group with high well-being and satisfaction, low somatic symptom frequency, and low incidence of mental disorders; (2) a risk group with moderate well-being, low satisfaction, higher somatic symptom frequency, and increased incidence of mental disorders; and (3) a problematic group characterized by low well-being, low satisfaction, high somatic symptom frequency, and frequent mental disorders.
Conclusions: The findings suggest that enhancing adaptive coping strategies, the sense of control, and perceived social support may significantly improve mental well-being of medical students. Furthermore, identifying risk and problematic groups can support the development of targeted interventions. These insights not only contribute to a better understanding of medical students' mental well-being but also offer practical implications for designing preventive and supportive programs to address mental disorders.

Disclosure of Interest: None Declared

Psychoneuroimmunology

EPV1510

High-sensitivity C-reactive protein and cyclothymic temperament as predictors of suicidal risk

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Introduction: An increasing number of studies have investigated the role of inflammation in mood disorders, like an altered C-reactive protein (CRP) hematic level. Some studies have also shown an association between suicidal behavior and increased CRP levels.
Objectives: The objective of this study was to evaluate the association between specific clinical features and high sensitivity CRP (hsCRP) levels with suicidal risk in mood disorders inpatients.
Methods: A naturalistic, observational, cross-sectional study was carried out by retrospectively recruiting 353 adult inpatients affected by severe mental illness (SMI), excluding patients affected by inflammatory pathology, alcohol/substances use disorders or treaded by anti-inflammatory/immunosuppressive therapy. In this sample 241 patients suffering from mood disorders were selected. HsCRP levels were measured at the ward admission. All patients were assessed with subscale 5 of the Mini International Neuropsychiatric Interview (MINI-5-s), TEMPS-M, BPRS, HAM-D21, YMRS, CGI-S, CGI-I, MOCA, MDQ, MSRS.
Results: A logistic regression analysis was performed to ascertain the effects of hsCRP and personality trait on the likelihood of suicidality risk. The logistic regression model was statistically significant, $\chi 2$ (2) = 32.868, $p < 0.001$. The model explained 18.7% (Nagelkerke R2) of the variance in subjects with a suicidality risk and correctly classified 76.8% of cases. According to the logistic regression model, suicidality risk is negatively predicted by the total score of the YMRS (exp(B)=0.969, IC95%=0.947-0.993, p=0.01) and hostility subscale of the BPRS (exp(B)=0.905, IC95%=0.819-1.000, p=0.05) while it is positively predicted by the cyclothymic temperament subscale of

the TEMPS-M (exp(B)=1.066, IC95%=1.017-1.118, p=0.008) and hsCRP (exp(B)=1.090, IC95%=1.012-1.174, p=0.024).
Conclusions: The study suggests the potential transdiagnostic association between low grade inflammation, temperament and suicidal risk in patients affected by mood disorders. Our preliminary findings could support a routine introduction of hsCRP hematic measurement, due to its relatively low cost, for its possible utility as an early trans-diagnostically biomarker for suicidal risk. The findings could also lead to developing a model to identify subjects who may benefit from a combined anti-inflammatory and psychopharmacological treatment strategy during the acute illness phase. A neuroinflammatory approach could further help stage and subtype mood disorder patients in more homogenous samples and investigate short- and long-term treatment implications, clinical course, and prognosis. Further research studies should consider all illness phases and how specific temperament and chronotype may influence treatment response, illness course, and outcomes.

Disclosure of Interest: None Declared

EPV1511

Psychopathological features, neuroendocrine correlates and clinical chemistry markers in bariatric surgery candidates: preliminary assessments

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Introduction: Obesity represents a heterogeneous group of clinical conditions, underpinned by a multifactorial pathogenesis. People affected by severe obesity could be eligible for Bariatric Surgery (BS). Generally, researchers agree on the complex interplay between a variety of biochemical and neuroendocrine factors in determining body weight regulation, as well as on the quite common co-exhibition of severe obesity and psychopathological symptoms. Both obesity and mood disorders resulted as chronic low grade pro-inflammatory states and it has been stressed the relevance of traumatic life events in overweight conditions, but few is known about underlining trajectories and neurobiological correlates. BS candidates have high rates of lifetime psychiatric disorders, supporting a comprehensive assessment of psychopathological and peripheral biomarkers in this population.
Objectives: Aim of this cross-sectional survey was the investigation of possible relationships between hematochemical parameters and specific psychopathological features in a sample of BS candidates.
Methods: Seventy-seven subjects with severe obesity undergoing the BS preoperative multidisciplinary evaluation at the University Hospital of Pisa were investigated. Psychopathological data were obtained by self-report instruments exploring a series of full-blown and sub-threshold symptoms of mood and post-traumatic-stress disorders, as well as for emotional eating features: the *Mood spectrum-self report (MOODS-SR) lifetime*; the *Trauma and Loss Spectrum self-report (TALS-SR) lifetime*; the *Emotional Eating Scale (EES)*. As concerns the biochemical assessment, we considered morning cortisol plasma levels and blood cell counts. Non-parametric Spearman correlations were applied. The statistical threshold was set up at $P \leq .05$.
Results: We found significant negative correlations between cortisol plasma levels measured in the morning and sleep (P=.001) or appetite disturbances (P=.04), as well as total altered mood scores (P=.001). Significant positive correlations emerged between Platelet count and total depression scores (P=.042), appetite disturbances (P=.027), TALS-SR domain 3 score (P=.0069), as well as the anger (P=.006), the anxiety (P=.025) and the total components (P=.015) in the EES. Interestingly, there were significant positive correlations also between Platelets-to-Lymphocytes Ratio and the domains 3 (P=.015) and 4 (P=.025) of TALS-SR questionnaire.
Conclusions: These preliminary correlations suggest that in severe obesity (or, almost, in a subgroup of patients), post-traumatic stress features, mood, sleep and appetite disturbances could be related to a lower basal hypothalamic-pituitary-adrenal axis activity and higher inflammatory parameters, especially those linked to platelet status.

Disclosure of Interest: None Declared

EPV1512

Depressive Symptoms in a Patient with VEXAS Syndrome and Its Relationship with Depression: A Case Study

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Introduction: VEXAS syndrome is a newly recognized multisystem inflammatory disorder characterized by recurrent fevers, skin manifestations, and systemic symptoms, often leading to significant morbidity. While the physical aspects of this syndrome are increasingly documented, the psychiatric implications, particularly depressive symptoms, are less explored. This case study aims to elucidate depressive symptoms in a patient diagnosed with VEXAS syndrome, examine how these symptoms relate to prolonged diagnostic uncertainty, and assess the impact of receiving a definitive diagnosis on the patient's mental health.
Objectives: To evaluate the presence and severity of depressive symptoms in a patient with VEXAS syndrome. To analyze the psychological impact of prolonged diagnostic uncertainty on the patient's mood. To investigate the effect of receiving a definitive diagnosis and a comprehensive treatment plan on the patient's emotional well-being.
Methods: This case report describes a 61-year-old male patient with VEXAS syndrome, admitted for further evaluation of his condition. He presented to the psychiatry service with complaints of low mood and morning asthenia. A thorough psychiatric assessment revealed a history of psychiatric hospitalization 30 years prior and ongoing treatment for an adjustment disorder since 2007. The assessment utilized standardized scales to measure depressive symptoms and documented the patient's emotional state and coping mechanisms throughout his medical journey.
Results: The patient experienced persistent low mood episodes since the onset of organic symptoms in 2019, exacerbated by multiple misdiagnoses and inadequate treatments. After receiving a diagnosis of VEXAS syndrome in July 2023, he reported significant improvements in mood and a reduction in suicidal ideation. He attributed these changes primarily to the clarity provided by the

diagnosis and the development of a new treatment plan, rather than solely to adjustments in his antidepressant medication (sertraline, 100 mg). Although he tolerated the medication well, he emphasized that the sense of being understood significantly enhanced his motivation. Additionally, the patient reported vivid nightmares over the last two weeks but denied current suicidal thoughts.

Conclusions: This case highlights the complex relationship between prolonged diagnostic uncertainty and depressive symptoms in chronic inflammatory diseases like VEXAS syndrome. The findings suggest that a definitive diagnosis and clear treatment strategy are crucial for improving mental health and overall well-being. This underscores the importance of a multidisciplinary approach that prioritizes both physical and psychological needs, enhancing the quality of care for patients navigating such complex conditions.

Disclosure of Interest: None Declared

EPV1513

Probiotics decrease C-reactive protein level in depression depending on basal chronic low-grade inflammation status or antidepressant use – secondary results of the Pro-demet randomized clinical trail

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doi: 10.1192/j.eurpsy.2025.2028

Introduction: There is a need to search for new treatment options not only for depression but also its concomitant diseases. Particularly, depression and metabolic-health abnormalities often coexist, while inflammation and microbiota imbalance, may play a part in their pathophysiological overlap. Thus, the trials of interventions on the microbiota may result in establishing a safe adjunctive treatment option.

Objectives: The primary aim of this seconadry analysis was to assess the effect of probiotic formulation on inflammatory parameters in adult patients with depressive disorders. The secondary aim was to assess some possible pretreatment determinants of probiotics action towards inflammation, e.g., dietary habits, inflammatory or metabolic status, severity and dimensions of psychiatric symptoms, medications used.

Methods: The parent trial was a two-arm, 60-day, prospective, randomized, double-blind, controlled design. The probiotic formulation contained Lactobacillus helveticus Rosell®-52 and Bifidobacterium longum Rosell®-175. The change in inflammatory parameters (e.g., C-reactive protein, complete blood count-derived markers, tumor necrosis factor-alpha) after intervention alone and in the context of basal lifestyle, psychometric, metabolic, and inflammatory parameters was assessed.

Results: Probiotics significantly decreased CRP levels compared with placebo by 21.3 % (p = .047) with nearly moderate effect size as measured with Cliff's delta (Δ = .249). Rates of CRP-responders (a minimum 50% decrease in CRP level) were non-significantly higher in the probiotic than placebo group (18.0 % vs. 5.26 %, respectively; $\chi 2(1) = 3.20$, p = .074); but the effect size was shown to be clinically meaningful (OR = 3.95; NNT = 7.85). In two-way ANOVA with interaction analysis, probiotics anti-inflammatory action was shown to be favoured by antidepressant use, and higher basal alanine aminotransferase. But, pretreatment chronic low-grade inflammation status counteracted probiotics anti-inflammatory properties.

There were no significant differences in complete blood count-derived parameters, nor in TNF-α levels.

Conclusions: We have found an anti-inflammatory action of probiotics in patients with depression, as shown in the assessment of CRP levels. Additionally, probiotics were revealed to be more effective for inflammation measured by CRP levels when used by subjects with certain pretreatment features. Further studies should be performed to replicate these results.

ClinicalTrials.gov identifier: NCT04756544.

Disclosure of Interest: None Declared

EPV1515

Measurements of Vitamin D and inflammation factors in a psychiatric outpatient clinic

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Introduction: Vitamin D is a fat-soluble vitamin that together with parathyroid hormone (PTH) regulates blood calcium and phosphorus levels. Vitamin D also has anti-inflammatory, antioxidant, and neurotrophic properties. It acts through the vitamin D receptor (VDR), which has been found throughout the body, including the nervous system. Its deficiency is associated with various diseases, including depression and schizophrenia. It is estimated that approximately 1 billion people worldwide have vitamin D deficiency, while 50% of people worldwide (4 billion people) are thought to have insufficient levels of vitamin D.

Objectives: The retrospective study aimed to determine whether routine laboratory tests in a psychiatric office/outpatient clinic can find a connection between vitamin D levels and inflammatory parameters such as CRP, leukocytes, and the neutrophil-to-lymphocyte ratio (NLR).

Methods: Data was collected from a psychiatric office/outpatient clinic between the years 2020 and 2023. We included the patients (and their basic data, such as gender, age, diagnosis during treatment) whose laboratory results had vitamin D levels as well as a complete blood count (leukocytes, neutrophils, and lymphocytes) and c-reactive protein (CRP). We calculated the ratio of neutrophils to lymphocytes (NLR) and performed Spearman's correlation, where a p-value of <0.05 indicated a statistically significant change.

Results: Between 2020 and 2023, 88 laboratory tests were conducted in the outpatient office, that included vitamin D levels, of these, 67 had all the necessary data. Vitamin D deficiency was present in 65% of patients. We found that CRP was not sensitive enough for our study, as 83% of CRP values were below 8 mg/L. After performing a correlation between vitamin D levels and leukocytes and NLR, we did not find a statistically significant connection.

Conclusions: We did not find statistically significant corelation between the level of vitamin D and NLR and leucocytes. We would recommend further research that uses a larger sample of patients and conduct measurements during acute illness or exacerbation to obtain more reliable conclusions.

Disclosure of Interest: None Declared

EPV1516

The possible role of seasonality and hs-CRP in the evaluation of suicidality risk

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Introduction: Suicidality is a critical concern in individuals with affective disorders, and environmental and biological factors may influence its risk. In recent years, seasonal variations and systemic inflammation, as indicated by high-sensitivity C-reactive protein (hsCRP), have garnered interest as potential contributors.
Objectives: To assess the risk of suicidality in affective disorders among seasonality correlated with hsCRP.
Methods: A naturalistic, observational, cross-sectional study was carried out by retrospectively recruiting 353 adult inpatients affected by severe mental illness (SMI) consecutively hospitalized in the Psychiatry Clinic of the Ospedali Riuniti of Ancona, Italy. Patients affected by inflammatory pathology, alcohol/substance use disorders or treated by anti-inflammatory/immunosuppressive therapy were excluded. Only patients suffering from mood disorders were considered for this analysis (n=246). We administered a checklist for socio-demographic and clinical features (diagnosis, age of onset, disease duration, number of episodes, number of episodes per year, suicidal attempts and comorbidities). Subscale 5 of the Mini International Neuropsychiatric Interview (MINI-5-s) was administered to all the patients involved to assess suicidality risk. To normalize hs-CRP, a logarithmic transformation was performed (log-hsCRP). At the same time, season were codified as dummy variables. T-test for independent groups and multivariate linear regression were conducted.
Results: 47.2% (n=116) of the sample were male. The mean value of hsCRP was 5.7mg/L (SD=15.8). The mean score of MINI-5-s total score was 13.3 (SD=11.6). Patients admitted to our psychiatric ward in meteorological (p=0.013) and astronomical (p=0.049) autumn had a lower log-hsCRP compared to other seasons. A multivariate linear regression was observed between MINI-5-s total score (R^2 =0.74, F=9.639, Durbin-Watson=1.915, p<0.001) and hsCRP (B=0.94, p=0.041) and the meteorological autumn (B=-7.436; p<0.001).
Conclusions: This study highlights a significant association between seasonality, systemic inflammation (as measured by hsCRP), and suicidality risk in patients with mood disorders. Our results focus on the importance of considering biological and environmental factors in assessing and managing suicidality risk in affective disorders. Further studies are essential to link seasonal and inflammatory mechanisms.

Disclosure of Interest: None Declared

EPV1517

Correction of hematopoiesis in alcoholism by the lymphocytes, modulated with a synthetic GABAA-R ligand

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Introduction: It is well known that alcohol has a variety of pathologic effects on hematopoiesis. Long term alcohol abuse result in a significant suppression of both the production of blood cells and structural changes in precursors, namely the suppression of their maturation, up to pancytopenia. We first demonstrated the immunomodulatory properties of a synthetic GABAA-R ligand, metachlorobenzhydrylurea (m-CBU). We also showed that splenic lymphocytes modulated *in vitro* by m-CBU after intravenous administration to syngeneic long-term alcoholized recipients have a positive effect, manifested in the editing of behavior characteristic of alcoholism against the background of stimulation neuroplasticity and reduction of neuroinflammation.
Objectives: The purpose of this work was to study bone marrow hematopoiesis and peripheral blood parameters in long-term alcoholized recipients after transplantation of syngeneic lymphocytes modulated in vitro by m-CBU.
Methods: Male (CBAxC57Bl/6)F1 mice with 6-month 10% ethanol exposure were undergoing the transplantation of syngeneic long-term alcoholized mice lymphocytes, pretreated *in vitro* with m-CBU. The number of bone marrow hematopoietic progenitors and cellular composition of the blood were assessed in the recipients.
Results: Long-term alcoholization in mice led to a decrease in the colony-forming activity of hematopoietic precursors, mainly erythroid; in the peripheral blood of mice, a significant decrease in the number of erythrocytes, leukocytes, lymphocytes and platelets was recorded, while the population of segmented neutrophils significantly increased. Lymphocytes, precultured with m-CBU, in syngeneic long-term alcoholized recipients had a corrective effect on a number of hematopoietic parameters (colony-forming activity of erythroid precursors in the bone marrow, the number of erythrocytes, segmented neutrophils and lymphocytes in the peripheral blood) to indicators comparable to those in intact mice of the corresponding with tendency to increase the number of platelets in the peripheral blood.
Conclusions: The data obtained may indicate the effectiveness of m-CBU -modulated lymphocytes transplantation in correcting a number of changes in hematopoiesis provoked by long-term alcohol abuse.

Disclosure of Interest: None Declared

EPV1518

Immunoediting of stress-induced behaviors using cell-based technologies

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Introduction: Negative consequences of acute and chronic stress caused by information overload, environmental problems, natural disasters, man-made disasters, military clashes, and acts of terrorism have become increasingly evident in recent decades. They can lead to a painful "breakdown" of socio-biological adaptation mechanisms, a decrease in adequacy in assessing the environment, and, as a consequence, the formation of disturbances in the psycho-emotional sphere, manifested in the development of behavioral disorders (aggression and depression). Therapy for behavioral disorders does not provide a complete cure, apparently due to the formation of a "vicious circle" that can only be broken by normalizing the regulatory relationship between the central nervous system and the immune system. One way to solve this problem is to develop new methods of therapy based on immunological approaches. The method of choice may obviously be immunotherapy with autologous immune cells with a certain, including in vitro modulated, functional activity.
Objectives: The aim of the study was to investigate the possibility of obtaining a positive psychoneuroimmunomodulatory effect in aggressive and depressive-like animals by transplanting immune cells, the functional activity of which was in vitro modulated by a psychoactive substance (PAS).
Methods: Male (CBAxC57Bl/6)F1 mice aged, in which aggressive or depressive-like states were formed under the influence of long-term social stress, were used as donors and recipients in the experiments. Immune cells for transplantation were obtained from a suspension of donor's splenocytes, cultured in vitro with PAS (chlorpromazine or caffeine, respectively) and then intravenously administered to syngeneic recipients. In the control group of animals, cell preparation and transplantation were carried out under similar conditions, except that the latter were cultured without the presence of PAS. In recipients the parameters of the nervous and immune systems functional activity were recorded.
Results: Transplantation of in vitro PAS-modulated splenocytes to recipients with stress-induced behavior patterns resulted in targeted changes in their motor and exploratory activity in the Open field test, motor activity in the Porsolt test, and decreased anhedonia in recipients with a depressive-like phenotype, recorded against the background of changes in the content of a number of pro- and anti-inflammatory cytokines IL-1β, IL-2, IL-4, IL-6, IL-10, IFNγ, TNFα in pathogenetically significant brain structures. In recipients, a positive change in the parameters of the immune system functional activity were also revealed.
Conclusions: The possibility of immunoediting stress-induced forms of behavior by transplanting in vitro PAS-modulated immune cells, which have a positive psychoneuroimmunomodulatory effect in the body of syngeneic recipients, has been demonstrated.

Disclosure of Interest: None Declared

EPV1519

Differential Diagnosis of Neuropsychiatric Presentations: A Combined Assessment of Psychiatric and Neurological Symptoms

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Introduction: Assessing psychiatric and neurological symptoms in emergency settings is crucial for accurate differential diagnosis. Psychosis, seizures, and cognitive impairment often overlap with various medical and psychiatric conditions, making early and precise identification essential for differentiating between potential causes, guiding appropriate treatment, and improving patient outcomes.
Objectives: This report presents a clinical case with initial suspicion of psychotic symptoms accompanied by convulsive features to emphasize the importance of differential diagnosis in neuropsychiatric manifestations.
Methods: This report details a clinical case involving a 26-year-old woman with no prior psychiatric or neurological history, who presented to the emergency department with headaches, insomnia, and unusual behaviors. Three weeks earlier, she had a right parietal focal epileptic seizure and was being treated with lacosamide 100 mg every 12 hours. Post-seizure, she exhibited symptoms such as disorientation, memory lapses, thought blocking, soliloquies, disorganized thinking, and insomnia. Due to suspected psychotic symptoms, the emergency department consulted psychiatry. Both psychiatry and neurology were involved in her evaluation due to the neuropsychiatric nature of her symptoms. The differential diagnosis considered was a first psychotic episode, postictal psychosis, or encephalitis. She was initially prescribed anxiolytics and antipsychotics, including olanzapine 2.5 mg and clonazepam 0.5 mg. Complementary tests, including an EEG, showed right parietal epileptiform discharges and diffuse encephalopathy, but no evidence of status epilepticus. These findings, combined with convulsive symptoms, suggested a neurological origin, leading to her admission to the neurology department.
Results: Further investigation revealed right temporoparietal cortical thickening on brain MRI, indicative of encephalitis, and lumbar puncture results were positive for anti-NMDA receptor antibodies. The patient was then treated with high-dose corticosteroids, later replaced by plasmapheresis every two days. A gynecological consultation was performed to exclude ovarian pathology, and a body CT scan was ordered to rule out tumor-related conditions. Although her condition has stabilized, it is still early to fully assess the effectiveness of the treatment.
Conclusions: This case emphasizes the critical importance of neuropsychiatric differential diagnosis. The overlapping symptoms of psychosis and cognitive impairment can mimic various conditions, making accurate diagnosis challenging. The collaboration between psychiatry and neurology was essential in distinguishing between psychiatric disorders and anti-NMDA receptor encephalitis. Timely and precise diagnosis enabled targeted treatment, demonstrating the need for a multidisciplinary approach in managing complex neuropsychiatric cases.

Disclosure of Interest: None Declared

EPV1520

Assessment of inflammatory markers in late-onset schizophrenia

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Introduction: Previous studies have shown that neuroinflammation can play a significant role in the pathogenesis of schizophrenia. The search for inflammatory markers in late-onset schizophrenia are very important for diagnostics.
Objectives: Determination of inflammatory markers in the peripheral blood plasma of patients with late-onset schizophrenia in relation to the clinical characteristics of patients.
Methods: The study included 46 patients with schizophrenia aged 61 [56; 69] years (2 men and 44 women); the age of disease onset was 51 [45; 60] years. The severity of mental disorders was assessed using the PANSS scale, and cognitive impairment was assessed using the MMSE and MoCA scales. The control group consisted of 77 people comparable in age with the patients (p=0.16). A spectrophotometric method was used to determine inflammatory markers (enzymatic activity of leukocyte elastase (LE), functional activity of α1-proteinase inhibitor (α1-PI)). The protease inhibitory index (PII) was calculated - the ratio of LE and α1-PI activity, indicating the direction of the inflammatory process. Comparative data analysis was performed using the Statistica 10.
Results: The 1st cluster (22 patients (47.8%)) was characterized by a significantly increased α1-PI activity (p=0.000), decreased LE activity (p=0.000) compared to the control values, and, accordingly, a low PII value (p=0.000), which is an unfavorable prognostic factor for further development of the disease and response to therapy. A 28-day course of therapy with 1st and 2nd generation neuroleptics didn't change the immunological parameters in patients of this cluster. In this cluster, a positive correlation was found between LE activity and scores on the MMSE (r=0.512, p<0.05) and MoCA (r=507, p<0.05) scales at the start of treatment, i.e. the lower score on the cognitive functioning scales and the more severe the disease correlate with lower the LE activity.
The 2nd cluster (24 patients (52.2%)) was characterized by a significant increase in inflammatory markers, LE and α1-PI activity (p=0.000, p=0.000, respectively) in relation to the control parameters, while the PII value didn't differ from the control. In this group, paranoid and schizotypal personality were significantly less common in the premorbid period (41.6% of cases), and formal thinking disorders were expressed to a lesser extent. No clinical and immunological relationships were revealed. A 28-day course of therapy influenced the change in immunological parameters towards their relative normalization.
Conclusions: The obtained results confirm the involvement of the inflammatory link in the development of late-onset schizophrenia, as well as the heterogeneity of the patient group in terms of clinical and immunological parameters. Evaluation of the spectrum of inflammatory markers allows us to identify patients with an unfavorable course of the disease and resistance to therapy.

Disclosure of Interest: None Declared

EPV1521

Psychotic episode associated with autoimmune limbic encephalitis in a patient treated with checkpoint inhibitors: a case report

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Introduction: Immune checkpoint inhibitors are being used in patients with advanced malignancies. Although it can effectively treat tumors, 30–60% of patients could experience immune-related adverse events such as encephalitis with antibodies against the NMDA receptor. We present a case of a 57-years-old man with no prior mental health history who was diagnosed of kidney cancer and received treatment with checkpoint inhibitors. He developed incoherent speech, visual hallucinations, delusional megalomania, disorientation, sleepiness and a low-grade fever of 37.7ºC. He was admitted in Neurology unit and diagnosed of autoimmune limbic encephalitis in a patient treated with checkpoint inhibitors.
Objectives: To describe a case of a psychotic episode associated with autoimmune limbic encephalitis in a patient treated with checkpoint inhibitors.
Methods: Clinical assesment and bibliographic review of pertinent literature.
Results: During his admission in Neurology ward, the patient was suspicious, inattentive, aggressive with healthcare staff and he developed incoherent speech with visual hallucinations.
MRI suggested bilateral limbic encephalitis and the antibody test in cerebrospinal fluid were positive for NMDA receptor.
The psychotic episode was treated with olanzapine up to 20 milligrams and the limbic encephalitis with rituximab with a good response.
Conclusions: The case presented is consistent with other reports of psychotic symptoms and development of encephalitis associated with antibodies against the NMDA receptor.
The diagnosis of anti-NMDAR encephalitis is usually delayed.
The differential diagnosis should be established with primary psychiatric disorders.

Disclosure of Interest: None Declared

EPV1522

Blood Circulating T Cell Subsets in Relation to Childhood Trauma and Major Depressive Disorder

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Introduction: Major depressive disorder (MDD) is a prevalent neuropsychiatric condition influenced by genetic, environmental, and inflammatory factors. Alterations in T helper (Th) cell subsets, including Th1, Th2, Th17, and regulatory T cells (Tregs), have been implicated in the immune dysregulation observed in MDD, linking the adaptive immune system to depression. However, the link between these T cell subsets, MDD severity and their connection with childhood trauma (CT), a major risk factor for depression, remain incompletely understood.
Objectives: In this project we characterized peripheral blood T cell subsets and their association with CT and MDD.
Methods: In this study, we performed multiparameter flow cytometry analysis on peripheral blood immune cells from a subgroup of the FOR2107 cohort. T cell differentiation is characterized by their phenotypic markers. Age- and gender- matched groups of 46 individuals with depression and 55 healthy controls (HC) were included, both with and without a history of childhood trauma. Depression severity was assessed using the Hamilton Rating Scale for Depression), (HAM-D21), and CT was evaluated via the Childhood Trauma Questionnaire (CTQ). Correlational analyses examined relationships between T cell subtype frequencies, depression severity, and CT subtypes.
Results: The analysis revealed an increased frequency of circulating Th17 cells in patients with MDD compared to healthy controls. In participants with a history of CT, the overall frequency of $CD3^+$ T cells was decreased, while Th2 cells and Treg cell frequencies were reduced when compared to individuals without CT. Frequencies of specific T cell types correlate with CT subtypes, especially in depressive patients. Th1, effector memory T cells (Tem) and central memory T cells (Tcm) showed a positive correlation with physical abuse, while Treg cells correlated with the overall CTQ score and emotional neglect.
Conclusions: Our findings indicate dysregulations of the adaptive immune system in CT and MDD, characterized by alterations in peripheral blood Th17, Th2, and Treg cells. These data highlight the influence of early life adversity on immune function and its potential contribution to the pathophysiology of depression.

Disclosure of Interest: None Declared

EPV1523

Strike three, you're out - when a primary psychosis just doesn't cut it

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Introduction: Autoimmune psychosis has gained increased recognition as a distinct entity and is known to mimic variants of primary psychosis, typically presenting with an acute onset of polymorphic psychotic symptoms. We describe a case of probable autoimmune psychosis in a young patient who experienced a severe first psychotic episode.
Objectives: Reflection over the diagnostic challenges of autoimmune psychosis.
Methods: Clinical case report.
Results: A 19-year-old male patient with no relevant medical history was admitted to the psychiatric ward due to a first psychotic episode with a peracute onset. The episode peaked with severe confusion, disorientation, and disorganized behavior, leading to his referral to the emergency room. This episode was characterised by delusional ideation with mystical, self-referential, and persecutory themes, complex auditory-verbal hallucinations, and marked negative and cognitive symptoms (including affective blunting, social withdrawal, apathy, alogia, impaired attention, decreased social cognition, and reduced speed of cognitive processing). The analytical study, substance screening, and brain CT upon admission were normal, leading to the assumption of a primary psychotic disorder. Antipsychotic therapy was initiated with progressive titration (risperidone, cariprazine, and clozapine), yet there was no significant improvement. Given the severe presentation and treatment resistance, a neurological examination was requested, which revealed no focal signs. A comprehensive laboratory workup showed positive ANAs, anti-recoverin antibodies, and hypocomplementaemia (C3 and C4). No significant abnormalities were observed in the brain MRI. CSF analysis revealed slight protein elevation (55 mg/dL) without pleocytosis, oligoclonal bands, or antibodies. EEG indicated mild to moderate encephalopathy with FIRDA bursts and focal paroxysmal activity in the left temporo-parieto-occipital region. Brain PET-FDG showed no significant abnormalities. Serum and CSF neurofilament levels were normal. Full-body CT and PET-FDG scans were also unremarkable. Given the findings, autoimmune psychosis was assumed. Treatment with IV immunoglobulin (30 g) and methylprednisolone (1 g for 5 days) was administered. The case was discussed in a multidisciplinary meeting, and a regimen of daily prednisolone (10 mg) was chosen. At follow-up, the patient showed slight improvement, with mitigation of the positive symptoms.
Conclusions: Psychosis that does not respond to antipsychotic treatment and presents with atypical signs should raise suspicion of secondary immune-mediated schizophreniform psychosis. However, the challenge lies in identifying these patients, selecting appropriate diagnostic tests, and establishing criteria for implementing treatment.

Disclosure of Interest: None Declared

EPV1524

Heterogeneity of juvenile depression with different risks of developing psychosis according to immunological blood parameters

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Introduction: One of the mechanisms underlying the pathogenesis of mental disorders, including endogenous depression, is systemic inflammation. It is of interest to study the immunological aspects of the early stages of endogenous disorders and identify subgroups of patients with immunotypes that characterize a high risk of developing the first psychotic episode.
Objectives: Comparative analysis of the spectrum of inflammatory markers in patients with a juvenile depression with high and low risk of developing psychosis.

Methods: The study involved 98 women 16 to 25 years (20.9 ± 5.14 years) with depression within the framework of various nosologies (F31.3-4; F33.0-1; F60.0-9; F21.3-4; F20.01-2; F25.1). Two groups of patients without a history of psychosis were identified: group 1 (n = 47) - without symptoms of psychosis risk, group 2 (n = 51) - with depression associated with psychopathological symptoms of psychosis risk. The control group consisted of 42 healthy women of the corresponding age. The severity of depressive symptoms was assessed using the HDRS-21, the severity of negative and positive symptoms was determined using the SANS and SAPS. In group 2, the severity of attenuated positive symptoms was determined using the SOPS. The activity of the leukocyte elastase (LE) and α1-proteinase inhibitor (α1-PI), as well as the level of autoantibodies (AB) to S100B and MBP, were determined in plasma.
Results: The groups were characterized by a statistically significant increase in both LE and α1-PI ($p<0.05$), and the level of AB compared to the control ($p<0.05$), but no significant differences were found. In group 1, clinical and biological correlations were found between LE activity and the total score on the SANS ($r=0,44$, $p=0.002$). In group 2, a negative correlation was found between LE activity and the age of onset of the disease ($r=-0.3$, $p=0.046$).
The clustering of patients by LE activity and their distribution by immunological groups showed that 29.4% and 27.5% of patients in groups 1 and 2, respectively, were characterized by a high level of inflammatory markers and the absence of an autoimmune component to neuroantigens, which is a sign of a more favorable course of the pathological process. On the contrary, 70.6% and 72.5% of patients in groups 1 and 2, respectively, were characterized by the type of inflammatory response associated with an increase in the level of AB and varying degrees of insufficiency of the functional activity of neutrophils, which is considered an unfavorable factor that aggravates the course of the disease.
Conclusions: Comparison of the spectrum of inflammatory markers in juvenile depression with different risk of developing psychosis indicate their significant immunological heterogeneity. The immunotype characterized by a high level of AB and insufficient LE activity can presumably be considered as a predictor of the risk of developing psychosis.

Disclosure of Interest: None Declared

EPV1525

Quantitative and functional characteristics of monocytes and neutrophils in patients with treatment-resistant schizophrenia

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Introduction: Despite significant progress in the treatment of schizophrenia, the number of patients with schizophrenia who do not respond to treatment remains constant. Identification of biomarkers of therapeutic resistance in the schizophrenia can help in early prediction of these conditions, as well as in the development of new approaches to treatment. Inflammation is considered as one of the possible mechanisms involved in the development of the pathological process in the formation of resistance to therapy in schizophrenia. The main cells of innate immunity, neutrophils and monocytes, are involved in the implementation of the inflammatory response.
Objectives: To compare the subpopulation composition of monocytes and the level of other inflammatory markers in patients with treatment-resistant schizophrenia and in the control group.
Methods: The study included 17 men with treatment-resistant schizophrenia (TRS) (27.0±8.0 years) and 15 healthy individuals without signs of mental and inflammatory diseases. The relative content of neutrophils and monocytes in the blood, as well as the ratio of monocyte subpopulations, estimated by the expression level of CD14 and CD16 receptors, were determined by flow cytofluorometry. The functional activity of neutrophils was determined spectrophotometrically by the activity of leukocyte elastase in plasma. The level of autoantibodies to S100B in plasma was estimated by ELISA.
Results: A significant increase in the relative content of monocytes ($U=28.0$, $p<0.01$) and a decrease in neutrophils ($U=35.0$, $p=0.036$) were found in TRS patients compared to the controls. An increase in a proportion of the "transitional" CD14+CD16− subpopulation ($U=61.5$, $p=0.04$) and a decrease in the "classical" CD14++CD16− subpopulation ($U=60.5$, $p=0.036$) were accompanied by the proportion of "intermediate" inflammatory CD14++CD16+ and "non-classical" CD14+CD16+ subpopulations that did not differ from controls. A moderate increase in leukocyte elastase activity ($U=34.0$, $p=0.001$) and a high level of S100B autoantibodies ($U = 55.0$, $p = 0.02$) were found in blood plasma of patients. The proportion of "intermediate" CD14++CD16+ monocytes was negatively correlated with the level of autoantibodies to S100B ($r= -0.55$, $p=0.021$). It should be noted that this spectrum of immune parameters differs from the corresponding profile that we identified in patients with schizophrenia who responded to treatment. The main differences concern the proportion of "intermediate" monocytes, the relative content and functional activity of neutrophils.
Conclusions: The identified quantitative and functional characteristics of monocytes and neutrophils in patients with TRS indicate the possible involvement of the cellular component of immunity in the development of resistance to treatment and may be associated with the severity of the disease in a long-term pathological process in the brain.

Disclosure of Interest: None Declared

Psychopathology

EPV1526

Distinguishing Obsessive-Compulsive Symptoms in Schizophrenia-Spectrum Disorders and Obsessive-Compulsive Disorder: The Role of Basic Self Disturbances

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Introduction: Obsessive-compulsive symptoms (OCS) are frequently observed in both obsessive-compulsive disorder (OCD) and schizophrenia-spectrum disorders (SSD), creating significant diagnostic challenges. Historically, Karl Jaspers defined "true obsessions" as a struggle against intrusive ideas that appear nonsensical and "alien" to the personality, demarcating this concept from delusions and overvalued ideas, in which cases the person

would be convinced of the relevance of the content. However, since the 1980s, the concepts of insight and resistance in OCD have been deemphasized in diagnostic criteria, broadening the definition of OCD to include cases with poor or absent insight. The broadening of these criteria has blurred the distinction between OCD and SSD and has narrowed the diagnosis of schizophrenia to primarily delusional and hallucinatory conditions, overlooking obsessive phenomena in this disorder.

Objectives: The primary goal of this review is to differentiate the phenomenological features of OCS in OCD from those in SSD, focusing on the connection between obsessive-compulsive phenomena and disturbances in the basic self in SSD.

Methods: A literature review was conducted using the keywords "obsessive-compulsive symptoms"; "schizophrenia"; "obsessive-compulsive disorder"; "phenomenology" in the Pubmed and Google Scholar databases.

Results: The findings suggest that the underlying nature and subjective experience of OCS may differ substantially between OCD and SSD. An essential component of this differentiation is the exploration of basic self-disturbances, which refer to profound disruptions in an individual's sense of ownership of experience and agency of action - elements often impacted in SSD but less so in OCD. Patients with SSD often experience OCS in a more alien and automatic manner, with intrusive thoughts and compulsions lacking a clear sense of personal ownership or agency. These obsessions are more likely to blend with delusional thinking and other psychotic features, reflecting broader disturbances in the basic self. The lack of insight and the feeling that obsessive thoughts are externally imposed or intruding from outside the self is a hallmark in these cases. As for compulsions, these may serve as maladaptive strategies to manage or compensate for self-disturbances, rather than purely to neutralize distress as seen in OCD.

Conclusions: Accurate differentiation of OCS in SSD from those in OCD requires clinicians to focus on the quality of self-experience, particularly in terms of insight, ownership and agency. Recognizing how certain obsessive phenomena in SSD reflect disturbances in the basic self is crucial for improving diagnostic accuracy and ensuring appropriate treatment.

Disclosure of Interest: None Declared

EPV1527

Progress in the neurolinguistic assessment in schizophrenia (SZ) – the SchizoLang pilot study

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Introduction: Individuals with SZ show alterations at all levels of language: discourse, lexical-semantics, comprehension and syntax/ morphology. Linguistic capacities are associated with worse occupational, social and quality of life related outcomes (Ehlen et al. Front Psych 2023; 14). Still, language assessment is probably overseen in the cognitive assessment of individuals with SZ

Objectives:

1. To review the role of language in the cognitive assessment in SZ
2. To introduce the SchizoLang pilot study

Methods: We reviewed the available cognitive assessment tools in SZ to determine whether language is adequately represented. Consequently, we describe the SchizoLang pilot study

Results: Available instruments for the assessment of cognition in SZ do not adequately evaluate language. Importantly, fluency tests are not representative of language. Table 1 shows the major cognitive assessment tools in SZ.

Table 1. Cognition assessment instruments in schizophrenia (adapted from Vita et al. Eur J Psychiat 2022; 65 1-24)

The Schizolang pilot study: bridging neurolinguistics and Psychiatry to characterize language in Schizophrenia

The aims of this pilot study are:

To explore which linguistic domains are altered in people with SZ

To explore the relationship between language and (a) formal thought disorders, (b) psychiatric symptoms, (c) neuropsychological alterations, (d) deficits in psychosocial functioning, and (e) quality of life

ACS.esp

ACs.esp is a digital battery for the assessment language in aphasia based on neurolinguistic research. It shows good preliminary validity and reliability (Ansorena et al. 2022; SSTaal, 95 237–240). ACS.esp includes novel measures (see Table 2): an extensive discourse protocol, tasks for sentence planning, and sentence comprehension and production at the syntactic and grammatical levels.

Table 1. ACS.esp's structure with its factors, subfactors, input, stimuli and tasks. Auditory tasks are colored in blue and visual tasks in brown

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Image:

Instrument	Domains	Language tasks
BACS (Keefe et al., 2004)	Verbal memory; Working Memory; Motor speed; Verbal fluency; Attention and Speed of processing; Reasoning/problem solving	Verbal fluency
SCIP (Purdon, 2005)	Speed of processing; Attention; Verbal fluency; Verbal memory	Verbal fluency
MCCB (Nuechterlein et al., 2008)	Speed of processing; Attention/ vigilance; Working memory; Verbal memory & learning; Visual memory & learning; Reasoning/problem solving; Social cognition	-
B-CATS (Hurford et al., 2018)	Speed of processing	-
BNA (Fervaha et al., 2014)	Speed of processing; Working memory	-
SCoRS (Keefe et al., 2006)	Speed of processing; Attention/vigilance; working memory; reasoning/problem solving; memory; language production	1 – 4 scores based on ratings of clinicians, informants and patients 4 items: "Do you have difficulty with…" (a) Keeping your words from being jumbled together?, (b) Speaking as fast as you would like?, (c) Understanding what people mean when they are talking to you?, and (d) Following conversations in a group?
CGI-CogS (Ventura et al., 2008)	Speed of processing; Attention/ vigilance; Working memory; Verbal memory & learning; Visual memory & learning; Reasoning/problem solving; Social cognition	-
CAI (Ventura et al., 2010)	Speed of processing; Attention/vigilance; Working memory; Verbal memory & learning; Reasoning/problem solving; Social cognition	-

Legend: **BACS**: Brief Assessment of Cognition in Schizophrenia; **B-CATS**: Brief Cognitive Assessment Tool for Schizophrenia; **BNA**: Brief Neurocognitive Assessment; **CAI**: Cognitive Assessment Interview; **CGI-CogS**: Clinical Global Impression of Cognition in Schizophrenia; **COWA test**: Controlled oral word association test.; **MCCB:** MATRICS Cognitive Consensus Battery; **SCIP**: Screen for Cognitive Impairment in Psychiatry; **SCoRS**: Schizophrenia Cognition Rating Scale

Image 2:

FACTOR	SUBFACTOR	SUBFACTOR (II)	TASK
1. DISCOURSE			1.1.1. PROCEDURAL SPEECH
			1.1.2. SEMI-STRUCTURED INTERVIEW
			1.2.1. STORYTELLING
			1.2.2. SEQUENTIAL PICTURE DESCRIPTION
2. LEXICAL PROCESSING		2.1. NAMING	2.1.1. OBJECT NAMING
			2.1.2. ACTION NAMING
		2.2. LEXICAL ACCESS	2.2.1.1. AUDITORY LEXICALITY JUDGMENT -NAMES
			2.2.1.2. AUDITORY LEXICALITY JUDGMENT -VERBS
			2.2.2.1. VISUAL LEXICALITY JUDGMETN - NAMES
			2.2.2.2. VISUAL LEXICALITY JUDGMENT - VERBS
3. PHONOLOGY & ORTHOGRAPHY			3.1.1.1. WORD DICTATION
			3.1.1.2. WORD ORAL REPETITION
			3.1.2.1. PSEUDOWORD DICTATION
			3.1.2.2. PSEUDOWORD ORAL REPETITION
			3.1.3.1. SENTENCE DICTATION
			3.1.3.2. SENTENCE ORAL REPETITION
			3.2.1.1. WORD WRITTEN COPY
			3.2.1.2. WORD READING
			3.2.2.1. PSEUDOWORD WRITTEN COPY
			3.2.2.2. PSEUDOWORD READING
			3.2.3.1. SENTENCE WRITTEN COPY
			3.2.3.2. SENTENCE READING
4. SEMANTICS			4.1.1. WORD-PICTURE MATCHING -OBJECTS
			4.1.2. WORD-PICTURE MATCHING -ACTIONS
			4.1.3. FIGURE POINTING
			4.2.1. WORD-PICTURE MATCHING -OBJECTS
			4.2.2. WORD-PICTURE MATCHING -ACTIONS
			4.2.3. SEMANTIC ASSOCIATION TASK
5. SYNTAX & MORPHOLOGY	5.1. SYNTAX		5.1.1.1. AUDITORY SENTENCE-PICTURE MATCHING
			5.1.1.2. AUDITORY PLAUSIBILITY JUDGMENT
			5.1.2.1. VISUAL SENTENCE-PICTURE MATCHING
			5.1.2.2. VISUAL PLAUSIBILITY JUDGMENT
			5.1.2.3. SENTENCE PLANNING
	5.2. MORPHOLOGY	5.2.1. COMPREHENSION	5.2.1.1. AUDITORY GRAMMATICALITY JUDGMENT
			5.2.1.2. VISUAL GRAMMATICALITY JUDGMENT
		5.2.2. PRODUCTION	5.2.2.1.1. AUDITORY GENDER INFLECTION
			5.2.2.1.2. AUDITORY PERSON INFLECTION
			5.2.2.1.3. AUDITORY NUMBER INFLECTION
			5.2.2.1.4. AUDITORY TENSE INFLECTION
			5.2.2.2.1. VISUAL GENDER INFLECTION
			5.2.2.2.2. VISUAL PERSON INFLECTION
			5.2.2.2.3. VISUAL NUMBER INFLECTION
			5.2.2.2.4. VISUAL TENSE INFLECTION

Conclusions: Even if language is altered in SZ, it is not adequately assessed. An extensive characterization of language abnormalities in SZ can guide rehabilitation on communication and functioning; and consequently produce a greater well-being and quality of life. The SchizoLang pilot study will allow establishing a clinician-friendly protocol.

Disclosure of Interest: None Declared

EPV1528

Does motivation and effort predict improvement on psychosocial functioning in schizophrenia (SZ)?

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Introduction: Previous research suggests that motivational factors relate to psychosocial functioning in SZ, both concurrently (Tobe et al. Compr Psychiat 2016; 65 103-109) and at follow-up (Fervaha et al. Acta Psychiat Scand 2014; 130 290-299). Importantly, no study has examined the influence of baseline motivation on the *rate of change* in response to rehabilitation

Objectives:

1. To study the relationship between baseline measures of motivation/ effort with psychosocial functioning at follow-up
2. To examine if motivation/ effort predict individual change in psychosocial functioning

Methods: Participants

Table 1 summarizes the sample characteristics

Results: Figures 1 and 2 show individuals slopes for PSP and FAST, with a thick red line representing the average group slopes. For both PSP and FAST, models with only time as the independent variable and random intercepts indicated that time was a significant predictor (**PSP:** t=10.65, p<.0001; **FAST:** t =-6.13, p<.0001).

Baseline motivation/ effort → follow-up psychosocial functioning

No significant correlations were found for neither PSP scores (**QLS:** ρ=-.018, S=2343.3, p=.93, **IMI:** P=.23, t=1.09, p=.28, **effort:** ρ=.001, S=2297.3, p=.99) nor FAST scores (**QLS:** ρ=-.16, S=2674.9, p=.45, **IMI:** P=-.02, t=-0.09, p=.92, **effort:** ρ=.07, S=2128, p=.72).

Motivation → change in psychosocial functioning

For PSP, the interaction model (Table 2) shows that the interaction of effort and timepoint significantly predicts PSP scores

Variable	Frequency	Mean/ percentage	Standard deviation
Age	30	40.97	12.9
Gender	30		
Male	19	63%	
Female	11	37%	
Years of Education	24	11.42	3.06
Diagnosis	30		
… Schizophrenia	23	73%	
… Schizoaffective disorder	7	23%	

Figure 1. Individual slopes for PSP scores
Figure 2. Individual slopes for FAST scores

Image:

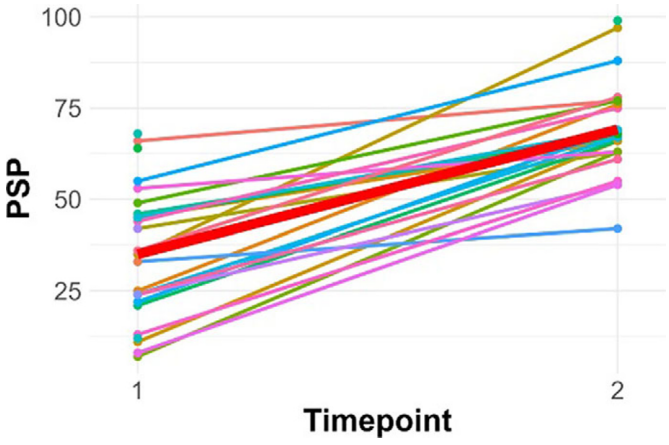


Image 2:

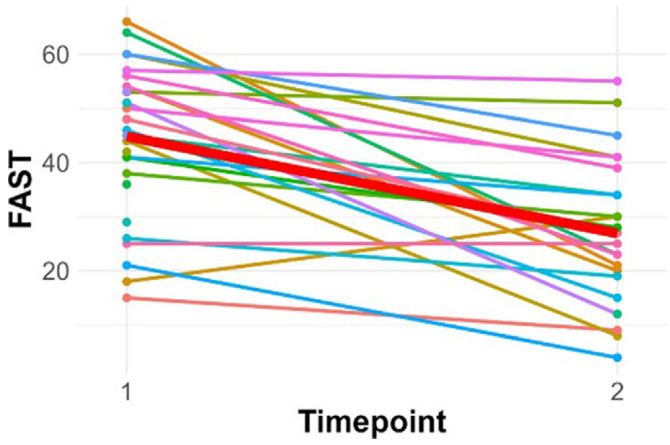


Image 3:

			PSP		
Predictors	*Estimates*	*SE*	*CI*	*T*	*p*
(Intercept)	57.99	13.52	30.69 – 85.29	4.29	**<0.001**
Timepoint	-4.04	16.52	-37.40 – 29.33	-0.24	0.808
Effort	-3.93	2.27	-8.52 – 0.66	-1.73	0.092
Timepoint:Effort	6.38	2.75	0.82 – 11.94	2.32	**0.026**
Random Effects					
σ^2	115.73				
$\tau_{00\ ID}$	101.65				
ICC	0.47				
N_{ID}	27				
Observations	47				
Marginal R^2 / Conditional R^2	0.575 / 0.774				
Deviance	377.202				
AIC	374.354				
log-Likelihood	-181.177				

Conclusions: Patients showed an improvement after rehabilitation. Effort can explain this trend. Finally, unlike previous studies, basal motivation did not predict follow-up psychosocial functioning

Disclosure of Interest: None Declared

EPV1529

Compliance in Patients with Paranoid Schizophrenia and Substance Dependence

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Introduction: Schizophrenia is one of the most disabling psychiatric disorders, with about 60% of patients also suffering from substance dependence—a rate significantly higher than in the general population. Mentally ill individuals have a suicide risk four times higher than healthy individuals, which doubles when comorbid mental disorders are present. Compliance with treatment in patients with schizophrenia is generally lower than in those with other psychiatric disorders, often due to a lack of continuity between psychiatric and addiction services.
Objectives: This study aims to assess compliance in patients diagnosed with paranoid schizophrenia and substance dependence syndrome and compare it with compliance in patients diagnosed with paranoid schizophrenia without dependence.
Methods: The study included two groups: 15 patients with paranoid schizophrenia and 20 patients with paranoid schizophrenia and substance dependence. The average hospital stay for patients without substance dependence was 25.8 days, whereas it was 38.4 days for those with dependence.
Results: Prolonged hospitalizations increase the economic burden on healthcare and introduce additional challenges, such as job loss, which heightens stigma and marginalization. The number of hospitalizations was also higher among patients with dependence, averaging 4.75 times over five years compared to 1.06 times in those without. Patients without dependence can often remain functional in society on monotherapy, requiring only one medication—a more convenient regimen. In contrast, patients with dependence typically require a combination of three or more medications, with a less flexible and more demanding dosage schedule. These regimens not only increase economic strain but also can worsen medication tolerance. This increases the risk of selective intake, reduced frequency, or complete discontinuation of medications, which often leads to rehospitalization. Frequent therapy adjustments may further erode patients' adherence to new regimens, undermining their trust in the need to engage with psychiatric care.
Conclusions: As shown, compliance in patients with a "dual diagnosis" is a pressing issue in modern psychiatry. Addressing this complex problem requires multiple steps, including selecting appropriate therapies, addiction treatment, psychoeducation, and fostering a strong doctor-patient relationship in an outpatient setting. These measures collectively aim to reintegrate patients into society, reduce disease burden, improve quality of life, lower suicide risk, and decrease the frequency and length of hospitalizations.

Disclosure of Interest: None Declared

EPV1533

The Double Within: A review of the phenomenology and psychopathology of Autoscopic Phenomena

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Introduction: Autoscopic Phenomena (APs) are rare perceptual experiences where individuals perceive a visual double or duplicate of their own body. It has been recognized since ancient times, but gained significant attention in the 19th century, both through its depiction in romantic literature and in neuropsychiatric studies; in

the literature, their association with epilepsy and schizophrenia is very extensively documented. Recent research brought new insights into the neurobiology of these phenomena.
Objectives: In this article, we aim to review the phenomenology and psycopathology of APs.
Methods: Narrative literature review.
Results: From a phenomenological perspective, three main conditions can be identified. In Autoscopy, the person sees a double, but does not feel a connection with it, meaning that they can distinguish between themselves and the double. In Out-of-body Experience (OBE), the individual feels as though they have left their body and observe themselves from an external perspective. In Heautoscopy, the boundary between the self and the double is blurred, causing uncertainty about where one's "self" is located, representing a middle ground between autoscopy and OBE.
Current research suggests that APs are linked to dysfunctions in the normal integration of body ownership, self-location, and perspective-taking, caused by lesions in regions responsible for integrating multisensory inputs (visual, proprioceptive and vestibular). All types of APs have in common a dysfunction specifically in the temporo-parietal junction (TPJ), a brain area involved in processing self-location and integrating sensory inputs to create a unified sense of self; other common areas include the insula and cingulate cortex.
Regarding to the different networks of APs, Autoscopy primarily involves abnormalities in the visual processing regions (as the occipital and parietal lobes), causing a visual perception of double; OBEs are caused by dysfunctions in areas responsible for self-location and vestibular processing (such as the medial prefrontal cortex), leading to a sensation of floating outside one's body; lastly, Heautoscopy engages more widespread brain dysfunctions, including the regions involved in self-representation and embodiment, leading to ambiguity in self-location.
Conclusions: APs challenge our understanding of the bodily self and how identity is constructed, raising questions about how the brain creates a unified sense of being in a body and how this can break down under certain pathological conditions. Although much is unknown, one thing is for sure: these phenomena demonstrate that the sense of self is not fixed, and the study of its disruption, by exploring its phenomenology and psychopatology, may contribute to reveal the underlying processes involved in bodily self-consciousness.

Disclosure of Interest: None Declared

EPV1534

Academic procrastination and suicidality: A systematic review

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Introduction: Academic procrastination is the deliberate action of postponing the completion of academic tasks that must be completed, despite the harmful effects that not completing them may entail, having a particularly high prevalence in university students. Numerous studies have analyzed the consequences of academic procrastination on mental health. Furthermore, scientific evidence has also found a high prevalence of suicide risk in youth and adolescents. Therefore, it is worth asking if academic procrastination is related to the risk of suicide and self-harming behavior in students. To our knowledge, this is the first systematic review to analyze the relationship between academic procrastination and suicidality.
Objectives: To analyze 1) the relationship between academic procrastination and suicidal tendencies, 2) whether this relationship, if it exists, is influenced by other variables.
Methods: Academic Search Premier, APA PsycArticles, APA PsycInfo, PSICODOC, Psychology and Behavioral Sciences Collection, MEDLINE, E-Journals, ERIC and Scopus were searched during October 2024. An additional search was also conducted using the Google Scholar search engine. The review was carried out following the criteria of the PRISMA 2020 declaration. Observational studies that analyzed the relationship between procrastination and suicidality were included, without language or time restrictions. Single case studies or case series, studies examining procrastination in non-academic settings, and studies using qualitative methodology were excluded. Each study was narratively summarized.
Results: Ninety-three studies were identified; after eliminating duplicates and those works that did not meet the eligibility criteria, four studies were included for review. These studies varied in their origin (two articles from the United States, one from Spain, one from Peru, and one from Jordan) and the secondary variables evaluated. All studies found a positive and significant relationship between suicidality and academic procrastination (with correlation coefficients ranging from 0.19 to 0.51), observing a slightly higher correlation in women compared to men. Self-control was found to mediate the relationship between procrastination and suicidality.
Conclusions: Our findings suggest a strong positive relationship between academic procrastination and suicidality. However, there are still few studies that analyze this topic, so it is necessary to continue researching in this field.

Disclosure of Interest: None Declared

EPV1535

A Complex Case of Feigned Psychosis or Hidden Truths? A Case Report

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Introduction: Feigning is defined as "to represent falsely; to imitate so as to deceive" (McDermott et al. Int J Law Psychiatry 2013; 36:287-92). Malingering and dissimulation are subtypes of feigning: malingering involves intentionally producing symptoms for incentives (World Health Organization. ICD-11 2022), while dissimulation involves concealing symptoms to appear mentally well (Caruso et al. J Am Acad Psychiatry Law 2003; 31:444-50). The prevalence of feigning illness remains uncertain, and varies with context and incentives. Within the legal context, 17.5% feign incompetence to stand trial and 64.5% to plead not guilty by reason of insanity. Malingering has been reported in up to 56% of general offender samples (McDermott et al. Int J Law Psychiatry 2013; 36:287-92). In the public setting, the malingering prevalence constituted 30% of disability evaluations, 29% of personal injury evaluations, 19% of criminal evaluations and 8% of medical cases (Mittenberg et al. J Clin Exp Neuropsychol). In 2006, malingering resulted in approximately $150 billion in annual expenses for the US insurance industry (Mason et al. Perspect Psychiatr Care 2014; 50: 51-7).

Objectives: To explore the challenges in differentiating psychiatric illness from feigning.
Methods: This case involves analysing the patient's history, collateral information, and diagnostic interviews to distinguish psychiatric pathology from feigned symptoms.
Results: A 31-year-old male with a history of paranoid schizophrenia, whose recent psychiatric admission was prompted by psychosis and charges of serious assault, property damage, and possession of a weapon. The admission raised suspicions of symptom feigning and patient wariness of the psychiatric stigma. Despite four years of engagement with mental health services (MHS), the patient disclosed shortly after admission that he had been feigning his symptoms to obtain an insanity plea, but now hopes to return to prison seeking a more favourable environment and the certainty of a confirmed guilty sentence. Collateral information from the community MHS and family members suggested underlying psychiatric concerns and manipulative tendencies of the patient, complicating the diagnosis and raising the possibility of dissimulation.
Conclusions: The case highlights the challenges of distinguishing genuine psychiatric illness from deceptive behaviour, emphasizing the importance of thorough history-taking, understanding symptom pathology, using diverse interview techniques, gathering collateral information, and conducting psychological assessments. Clinicians must carefully distinguish feigning from true pathology to provide accurate diagnoses, ensure proper treatment, reduce costs, and safeguard public safety.

Disclosure of Interest: None Declared

EPV1536

Rare Psychopathology Associated with Progressive Supranuclear Palsy (PSP) with Frontotemporal Dementia (FTD) Phenotype - A Case Report

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Introduction: Progressive supranuclear palsy (PSP) is a neurodegenerative disorder characterised by supranuclear ophthalmoplegia (SNO), parkinsonism, and postural instability. Overlap with frontotemporal dementia (FTD) has been suggested, with PSP-FTD considered a specific phenotype. Common psychiatric symptoms include apathy and depression, while hallucinations and delusions are rare. Hallucinatory palinopsia is the persistence or recurrence of vivid visual images after the stimulus has been removed. It results from aberrant activation of visual memory circuits, and, while uncommon, is typically seen in conditions such as strokes, space-occupying lesions and seizures.
Objectives: To present a case highlighting unique psychopathology in a patient with PSP-FTD phenotype.
Methods: Clinical case description and literature review.
Results: An 80-year-old male with a 6-year history of progressive behavioural changes, memory disturbances, and motor dysfunction presented initially with apathy and social withdrawal. Memory impairment and gait difficulties followed, along with irritability, aggression, and hypersexual behaviours like inappropriate touching or gesturing towards family members or masturbating in public. Asymmetric intention tremors (left > right) and stereotypic hand movements developed over time. In the past year, the patient began experiencing visual hallucinations, particularly hallucinatory palinopsia, where he persistently saw objects like lizards or water bottles that had been removed from view. These occurred in clear consciousness, were not perceived by others, and would typically last for about an hour. By a multidisciplinary approach, the possibility of delirium was ruled out. A diagnosis of PSP with FTD phenotype was made based on clinical evaluation, including SNO, and neuroimaging. The patient was started on Syndopa and Donepezil. Psychiatric evaluation revealed high scores in domains of Apathy, Disinhibition, Agitation, and Hallucinations on the Neuropsychiatric Inventory (NPI). Psychoeducation was provided, and Quetiapine 12.5 mg was initiated, leading to mild improvement in behavioural symptoms. The patient remains under regular follow-up with plans for medication optimization and physiotherapy inclusion.
Conclusions: Behavioural symptoms in PSP are prevalent and challenging to manage. This case highlights the importance of distinguishing between apathy and depression, as misdiagnosis can lead to unnecessary antidepressant use. The patient's presentation, including disinhibition, hypersexuality, and less commonly reported visual hallucinations, emphasises the need for comprehensive evaluation and a multidisciplinary approach to management in PSP-FTD cases.

Disclosure of Interest: None Declared

EPV1537

An unfrecuenty case of Auditory Charles-Bonnet syndrome

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Introduction: In 1760, Charles Bonnet, a Genoese naturalist and philosopher, described the case of his grandfather, who experienced vivid, elaborate, and recurrent visual hallucinations and who also suffered from visual impairment. Bonnet himself later developed visual impairment and experienced similar symptoms. Since then, there have been multiple reports and cases in the European literature regarding this syndrome.
Objectives: Auditory Charles-Bonnet syndrome describes a rare condition presenting with sensorineural hearing loss, which can result in auditory-musical hallucinations in the absence of an acoustic stimulus. It has been reported in patients with diseases such as psychiatric disorders and organic brain diseases. However, the most common are idiopathic musical hallucinations that occur along with deafness in elderly people. Musical hallucinations that accompany hearing loss may reflect impaired brain function.
Methods: We present the case of a 84-year-old woman with a long-standing history of depression, who also presents mild bilateral pantonal sensorineural hearing loss with associated subjective tinnitus, without other associated somatic and/or psychiatric symptoms. In addition, a CT study of the head was performed which revealed severe fronto-temporal cortical atrophy.
Results: The treatment remains the subject of extensive research. Some authors have reported that hearing aids, antiepileptic drugs, benzodiazepines and antipsychotics can alleviate musical

hallucination, which in the case of our patient was eradicated, so the contribution of this case could enrich the current bibliography.
Conclusions: This is unfrecuently presentation of Charles Bonnet symdrom.

Disclosure of Interest: None Declared

EPV1540

Complexities of the Prodromal Phase of First-Episode Psychosis: A Longitudinal and Phenomenological Diagnostic Approach

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doi: 10.1192/j.eurpsy.2025.2049

Introduction: A 26-year-old man presented with his first-episode psychosis (FEP) following a 15-month period marked by a progressive sense of estrangement from his surroundings, ideas of reference, persistent anxiety, difficulty focusing, and social withdrawal. Two years prior, he began stimulant treatment for suspected attention-deficit/hyperactivity disorder (ADHD), though he discontinued the medication shortly after, as he perceived no improvement. Over the past year, he became increasingly distant from friends and eventually resigned from his job. About three months before hospitalization, he began experiencing first-rank symptoms of schizophrenia. This case will serve as a starting point to discuss the complexities of diagnosing the prodromal phase of FEP.
Objectives: This clinical review aims to examine the phenomenology of the prodromal phase of FEP and address the diagnostic challenges posed by symptom similarities between this phase and neurodevelopmental conditions like ADHD.
Methods: A literature review was conducted using the PubMed database, covering studies from the past 20 years. Studies were selected if they included phenomenological descriptions of the prodromal phase in FEP and/ or examined the impact of neurodevelopmental conditions on the emergence of psychosis.
Results: The review identified several key phenomenological markers characterizing the prodromal phase of FEP, which can aid in distinguishing it from other psychiatric conditions. The prodromal phase of FEP is frequently marked by subtle but progressive alterations in cognition, perception, and affect, including experiences such as derealization-depersonalization, ideas of reference, paranoid ideation, and social withdrawal. Evidence suggests that prodromal symptoms intensify over time, evolving from vague unease to specific disruptions in reality testing. Although ADHD and the prodromal phase of a FEP may share some overlapping characteristics - particularly when symptoms are assessed in a cross-sectional manner - ADHD symptoms are generally regarded as stable traits that persist consistently into adulthood.
Conclusions: This case underscores the need for careful differential diagnosis, especially when evaluating individuals in high-risk age groups for psychosis who present with subtle symptoms that do not clearly fit a single diagnostic category. In such cases, clinicians should avoid premature conclusions and instead adopt a longitudinal and comprehensive approach, considering whether genetic, neurodevelopmental, or social risk factors may be contributing to the presentation. A phenomenological perspective can help clinicians detect subtle yet significant shifts in perception, cognition, and affect, enhancing diagnostic accuracy and enabling timely intervention.

Disclosure of Interest: None Declared

EPV1541

A literature review of first-episode psychosis, a perspective on the future

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Introduction: First-episode psychosis is one of the major challenges of mental health research worldwide because it is a traumatic experience for patients and their families. Patients who experience these episodes may experience fear, distress, and isolation.
Objectives: The early phase of psychosis is a critical period when long-term outcome is predictable and biological, psychological and psychosocial influences are developing and display maximal plasticity. This phase presents important opportunities for secondary prevention and delaying treatment may affect the chance of recovery. The main goal is to reduce the duration of untreated psychosis and ensure that, in addition to symptom remission, there is also psychosocial recovery. Currently, the clinical and research focus in psychotic disorders has shifted toward first episode psychosis, early detection of the prodromal phase of psychosis, and an effective integrated treatment model known as "Early Intervention."
Methods: Selective review of the literature on first episode psychosis.
Results: The studies strongly support the efficacy of antipsychotic medication as both acute and maintenance treatment for patients with a first episode of psychosis.
Conclusions: Early intervention may improve outcomes in first episode psychosis. The use of new antipsychotics with greater efficacy and fewer side effects may improve medication adherence and reduce morbidity associated with repeated relapses. However, the optimal duration of maintenance treatment has not been determined and a long duration of untreated psychosis may be associated with a poorer treatment response. Finally, services for Early Intervention should be easily accessible, non-threatening and non-stigmatising.

Disclosure of Interest: None Declared

EPV1542

Does negative voice content enhance strong priors and conditioned hallucinations?

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Introduction: Auditory Hallucinations (AH) can be distressing experiences lived by clinical samples but can also be observed in the general population. Predictive Coding Theories of AH argue that when strong priors are favoured over sensory input, AH would emerge. Powers and collaborators (2017) and Benrimoh et al. (2024) have employed the Conditioned Hallucinations task (CHT) to demonstrate that strong priors were linked to AH. In the CHT, conditioned hallucinations (CH) were created using tones, which neglects the fact that most patients describe AH as verbal and characterised by negative content. Consequently, little is known about the effect of the nature (i.e., verbal) and valence of the AH within the Predictive coding framework of hallucinations. More specifically, the role of emotional voice content in CH has not been explored.
Objectives: Thus, our goal is to replicate and expand these results by manipulating the content valence of voices in the CHT. This will allow us to test a possible interaction effect of voice content and the proneness to AH on the rise of CH.
Methods: We will recruit 400 French participants from the general population presenting different levels of proneness to AH. Participants will undergo an adapted version of the CHT with two different blocs where either negative or neutral voice content will be presented. Following Powers et al. (2017), for both the negative and neutral conditions, participants will undergo a QUEST maximum-likelihood-based procedure to derive individual thresholds. After, they will complete 12 blocs, during which the number of signals present and their volume will decrease. A no-signal condition will also be presented. The speech presented will be French translation of Baumeister et al. (2022) stimuli. They were created to simulate verbal AH. Since some voice content resemble inner dialogue, we will measure the inner dialogue forms of participants through the Forms of Self-Criticizing/Attacking & Self-Reassuring Scale. Hallucination proneness will be measured through the Launay and Slade Hallucination Scale Extended we modified. Our local ethical committee approved this study following the Helsinki and APA principles.
Results: We are currently collecting data and are not able to communicate any results at this time. Data collection should be done by April 2025. Our data will be analyzed through the signal detection theory, a logistic regression on the probability of saying a signal is present and through Hierarchical Gaussian Filter Analysis.
Conclusions: A better understanding of the mechanisms behind AH and the role of emotions will help us improve predictive coding theories of AH that can also used to improve interventions targeting them.

Disclosure of Interest: None Declared

EPV1543

Cognitive control and adaptive responding in patients with Attention Deficit Hyperactivity (ADHD) and Autism Spectrum Disorder (ASD)

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Introduction: Deficits of cognitive control and performance monitoring play a critical role in the psychopathological manifestations of ADHD and ASD. However, relatively few studies have used a transdiagnostic approach to examine deficits in cognitive control and performance monitoring deficits across diagnostic boundaries.
Objectives: Using a transdiagnostic approach, we examined post-error slowing (PES), a principal measure of cognitive control and adaptive behavior, in subjects with ADHD and ASD compared to typically developing (TD) subjects. We also investigated the signal detection ability in the three study groups using the d-prime index, which characterizes the observer's ability to select the right stimuli while avoiding the wrong ones based on the commission and omission errors.
Methods: Participants included adults (18-65 years) with the DSM-IV diagnosis of ADHD (n=22) or ASD (n=24), as well as TD subjects (n=25). We used pictures from the International Affective Picture System as stimuli, displayed in random sequence. Stimuli were shown centrally every 1400 msec for 800 msec. A total of 243 stimuli were shown in two blocks (negative, positive & neutral pictures with equal probability). Subjects were asked to push a button as soon as possible upon appearance of the stimulus pictures (Go trials); they were, however, asked not to respond if a picture was repeated (NoGo trials). Generalized Linear Model (GENMOD) analysis was used to test post-error slowing (decrease of reaction time after an error) and the d-prime index, applied as dependent variables in the analyses. Study group (ADHD, ASD, TD) was used as independent variable.
Results: The analysis indicated a significant ($p<0.05$) overall group difference in PES among the three study groups. Post-hoc analyses showed that as compared to TD subjects, patients with ADHD manifested a markedly increased PES (˜70msec, $p<0.05$), while subjects with ASD showed no significant change. Additionally, we found a significantly reduced value for the d-prime index in both the ADHD and ASD groups as compared to TD subjects, with no difference between the ADHD and ASD group.
Conclusions: While the reduction of signal detection ability was similar in the ADHD and ASD groups, subjects with ADHD and ASD showed a distinctive profile of post-error adjustment in a behavioral response inhibition task. While patients with ADHD show decreased inhibition and fail to make the adjustment that TD subjects make (as indicated by the decreased PES in ADHD), adults with ASD showed intact behavioral reactions after errors (i.e., with post-error slowing reactions similar to that observed in TD subjects).
Funding: Hungarian Brain Research program,#NAP2022-I-4/2022

Disclosure of Interest: None Declared

EPV1544

The Impact of Parent-Child Relationships on Mental Health in Adulthood

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Introduction: Parent-child relationships significantly influence psychological and social development, with lasting effects on mental health. Warm and supportive relationships are linked to higher emotional well-being, while neglectful or strict parenting increases the risk of mental disorders [1]. Even non-abusive but conflictual relationships can raise the risk of psychological issues in adulthood [2][3], and stable family bonds contribute to resilience in facing life challenges [4][5].
Objectives: This study aims to explore and assess the impact of parent-child relationships on mental well-being in adulthood.
Methods: This study uses a Google Forms questionnaire with six sections to assess the impact of parent-child relationships on mental well-being in adulthood. Univariate analysis was conducted in Excel, and multivariate analysis, including a logistic regression model, was performed in R Studio to measure this impact.
Results: Approximately 65% of participants who reported a warm parental relationship exhibit high mental well-being in adulthood. In contrast, 45% of those who experienced frequent parental conflicts report symptoms of psychological disorders. Among participants who experienced neglect in their parental relationships, 55% developed signs of anxiety in adulthood, while 40% show increased resilience to challenges when family relationships during childhood were stable and secure
Conclusions: The parent-child relationship plays a crucial role in mental health in adulthood. Warm and stable relationships are associated with increased emotional well-being and better resilience in facing challenges. In contrast, relationships marked by neglect or conflict increase the risk of long-term psychological disorders. These findings highlight the importance of the family environment for psychological development and the prevention of mental health issues.

Disclosure of Interest: None Declared

EPV1547

Exploring one-year mental health outcomes in a cohort of severe COVID-19 survivors: a focus on depressive and anxiety symptoms

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doi: 10.1192/j.eurpsy.2025.2054

Introduction: The COVID-19 pandemic has evolved into substantial mortality and morbidity worldwide, with 5-8% of patients requiring intensive care. Years after the emergence of COVID-19, there is a heightened interest about the Long COVID, a heterogeneous condition characterized by persistent or emergent symptoms that last for weeks or months after patient's recovery from acute infection, with a negative impact on physical and mental health. Research indicates that depression and anxiety often co-occur and may serve as predictors for Long COVID. Given the scale of the pandemic, even a small proportion of patients with long-lasting symptoms will create a significant health burden. Therefore, gathering data on the long-term evolution and outcomes of these patients is of utmost importance.
Objectives: To identify depressive and anxiety symptoms in severe COVID-19 survivors 1-year after discharge and to analyse their association with sex, age and fear of recurrence and sequelae of COVID-19.
Methods: The cohort analysed is part of MAPA research project and includes adult patients admitted due to COVID-19, in an Intensive Care Medicine Department of a University Hospital in Portugal. Participants were evaluated 1-year after discharge to home with a comprehensive protocol, which included Patient Health Questionnaire (PHQ-9; depressive symptoms), General Anxiety Disorder scale (GAD-7; anxiety symptoms) and a brief questionnaire about fear of recurrence and sequelae of COVID-19.
Results: The final sample (n=159) had a mean age of 62.2 years and mostly (69%) was male. About 19% and 21% of survivors scored for depressive and anxiety symptoms, respectively. Both symptoms were significantly more prevalent among younger participants ($p=0.031$; $p<0.001$) and were associated with fear of recurrence ($p=0.002$; $p=0.009$) and sequelae ($p=0.001$; $p<0.001$) of COVID-19 1-year after discharge.
Conclusions: Overall, there is a significant prevalence of anxiety and depressive symptoms among COVID-19 survivors 1-year after discharge. These findings emphasize the need for greater attention to these symptoms in this population, since its recognition and treatment can improve quality of life and reduce symptoms in the long term, especially in younger patients.
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Disclosure of Interest: None Declared

EPV1548

Exploring Auditory Hallucinations in Congenital Deafness and Subvocal Articulation Hypotheses – a Case Report

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Introduction: One of the main symptoms of schizophrenia is auditory hallucinations. Although reliable epidemiological data is limited, the prevalence of schizophrenia among the deaf community seems to be about the same as in the general population. Approximately 50% of deaf individuals diagnosed with schizophrenia report 'hearing' voices or experiencing the sensation of communication in the absence of external input. Minimal information is available regarding the perceptual aspects of voice hallucinations in congenitally deaf individuals.
Objectives: With this case report, we aim to describe auditory hallucinations in a patient with congenital deafness and discuss auditory hallucinations in deaf individuals. We will also examine

how these phenomena may fit into explanatory subvocal articulation hypotheses, providing insights into language modality and auditory deprivation.
Methods: Description of a clinical case of a deaf patient with auditory hallucinations in a psychiatric outpatient consultation.
Results: The authors report a case of a 26-year-old male patient with congenital deafness and no prior psychiatric or relevant medical history. He communicated preferably by sign language and also by lip reading. The consultation was realized with the presence of a sign language interpreter. The patient was referred to a psychiatric outpatient appointment due to a 1-year history of bizarre behavior, social isolation, and apparent psychotic symptoms. He lived with his parents and was currently unemployed. According to his mother and brother, he "spoke and laughed alone, like he was talking with someone". In his mental status examination, he presented a religious delusion and likely auditory hallucinations. He had no changes in his physical and neurologic examination. Blood tests, urinalysis, and urine screening for drug abuse were performed, with normal results. Computed tomography of the brain and an electroencephalogram were also performed, with no significant changes. Over time, the patient was diagnosed with schizophrenia and was medicated with paliperidone with remission of his symptoms.
Conclusions: These findings highlight how auditory hallucinations in congenitally deaf individuals offer a unique view of the interplay between sensory perception and the experience of 'voices.' The subvocal articulation hypothesis suggests that auditory hallucinations may arise from disruptions in inner speech mechanisms—subtle, unconscious movements that the brain misinterprets as external voices. In deaf individuals, this experience may manifest through sensory feedback loops adapted to visual modalities, such as the perception of sign language movements, rather than through purely auditory sensations. This shows how language and sensory experiences shape hallucinations, emphasizing the need to consider sensory differences in psychotic symptoms across populations.

Disclosure of Interest: None Declared

EPV1549

Changes in quality of life and psychosocial functioning in a mental health rehabilitation center

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Introduction: Health Related Quality of Life (HRQOL) is a key outcome in the treatment of patients with psychosis. It is considered Patients should assess their HRQOL through PROMs. This subjective assessment could be combined with other sources of information
Objectives: The aims of the present study are to evaluate HRQOL and other related variables in a sample of Spanish schizophrenia spectrum patients, who start treatment in a Rehabilitation Unit and to evaluate if there are improvements in HRQOL and in these variables after receiving a rehabilitation treatment
Methods: A sample of 127 of schizophrenia or schizoaffective disorders patients were included in the study (Table 1). These patients started a multi-professional treatment in a Rehabilitation Service. Patients have been evaluated twice – at the beginning and treatment end. Patients have assessed their general and specific HRQOL with the EUROQOL-5D-5L and SQLS-R4 scales. Professionals have evaluated main symptoms of psychosis SSPI, general functioning (objective QOL) PSP and basic and instrumental Daily activities VAVDI. Frequencies in the demographic, clinical and questionnaire scores were calculated. Changes in the questionnaires between the two assessments (Wilcoxon and Chi Square tests) (Table 1).
Results: HRQOL scores were moderate in the EQ-5D-5L health and SQLS-R4 factors and total score (M=37.9; ST=20.9) in the first assessment, and high in the EQ-5D-5L value. The PSP score (objective QOL) at the first assessment shows notable difficulties. Significant changes HRQOL improvement were found in the EQ5D5L health, in the SQLS-R4 factors and total score (effect size range between .35-.39 small effect). General functioning (PSP) scores improved (effect size .68, middle effect) and Daily activities (0.34 small effect). A significant reduction in symptoms was observed in the total SSPI score, especially in negative symptoms, and anxiety/depression, with the effect size being particularly large (Table 2).

Image:

Table 1. Demographics

	M (S.D.)
Ages	41.6(11.4)
Gender N(%)	
Female	37
Male	63
Diagnosis DSM-5 N(%)	
Schizophrenia	63
Schizoaffective disorder	37

Image 2:

	1st assessment	2nd assessment	P	
QOL				
EQ 5D-5L Health	63.7 (22.5)	71.9 (18.8)	**0.001**	0.39
EQ 5D-5L Value	0.80 (0.2)	0.83 (0.2)	**0.089**	
SQLS-R4				
SQLS-R4 Psychosocial	36.8 (21.9)	29.5 (20.6)	**0.001**	0.35
SQLS-R4 Vitality	39.3 (20.6)	32.3 (17.8)	**0.001**	0.38
SQLS-R4 Total	37.9 (20.9)	35.1 (10.1)	**0.001**	0.37
SSPI				
Total	10.9 (5.7)	6.0 (3.9)	**0.001**	1.13
Insight	1.8 (1.3(	1.3 (1.2)	**0.025**	0.39
Negative symptoms	4.1 (2.6)	2.5 (2.3)	**0.001**	0.84
Disorganization	0.9 (1.1)	0.7 (0.8)	0.075	
Reality distorsion	1.1 (1.5)	0.4 (1.1)	**0.001**	0.53
Anxiety-depression	1.7 (1.5)	0.6 (0.7)	**0.001**	0.94
Psychomotor excitation	0.5 (0.9)	0.1 (0.4)	**0.001**	0.53
VAVDI	37.8 (8.9)	35.1 (6.8)	**0.002**	0.34
PSP	39.2 (8.8)	46.1 (11.3)	**0.001**	0.68

Conclusions: These results of the present study outcomes have shown an improvement in both the perceived subjective and objective quality of life of patients. It seems patients and professional may have different criteria to evaluate HRQOL. The relevance of integrating patients' HRQOL assessment into intervention strategies for the treatment of serious mental disorders is highlighted.

Disclosure of Interest: None Declared

EPV1550

Motivation as the driving force of functioning in psychotic disorders

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Introduction: In the last decades, research has focused on investigating cognition and psychopathological symptoms as variables contributing to functional outcomes. However, in recent years the study of motivation has attracted interest as a research target related to functional outcome (Miley *et al* Psychol Med. 2023;53 (5):2041-2049).

Objectives: We aimed to study the relationship of clinical symptoms, motivation, socio-affective capacity and cognition with functioning in social and occupational areas in patients with a psychotic disorder.

Methods: A sample of 97 patients with a DSM-5 psychotic disorder diagnosis was included. Assessments included the Specific Levels of Functioning Scale (SLOF; Schneider *et al.* Soc Work Res Abstr 1983;19(3):9-21) to assess functioning; the Comprehensive Assessment of Symptoms and History (CASH; Andreasen *et al.* Arch Gen Psychiatry 1992; 49(8):615-23) for clinical symptoms; and the Cognitive Assessment Interview (CAI-Sp; Ventura *et al.* Schizophr Res 2010; 121(1-3): 24-31) and a comprehensive neuropsychological battery to assess cognition. Motivation and socio-affective capacity were assessed by means of the Quality of Life Scale (QLS; Heinrichs *et al.* Schizophr Bull. 1984; 10(3):388-98). Both domains were derived from items of the Intrapsychic Foundations subscale of the QLS. Motivation was derived from items 13, (sense of purpose), 14 (degree of motivation) and 15 (curiosity). Socio-affective capacity comprised items 20 (capacity for empathy) and 21 (capacity for engagement and emotional with the interviewer). Spearman correlations were calculated. Variables which correlated significantly ($p<0.05$) with SLOF scores were included in the regression analyses.

Results: All the clinical, cognitive and related with motivation and socio-affective capacity variables included in the analyses were significantly correlated with SLOF scores (Table 1), except for positive symptoms with SLOF activities and work. However, in the hierarchical analyses most of the variables were not significant. Specifically, regarding SLOF social scores, positive symptoms and motivation explained 51.5% of the variance. Motivation also explained 40.1% and 68% of the variance of the scores of SLOF activities and work, respectively (Table 2).

Image:

Table 1. Non-parametric correlations between SLOF scores and clinical, motivation and cognition scores.

	SLOF social	SLOF activities	SLOF work
Positive symptoms	-.27**	-.12	-.03
Negative symptoms	-.56**	-.57**	-.61**
Disorganized symptoms	-.31**	-.28**	-.26*
Motivation	.66**	.76**	.79**
Socioaffective capacity	.56**	.51**	.51**
CAI patient	-.16	-.23*	-.35**
CAI family	-.39**	-.47**	-.59**
CAI rater	-.38**	-.48**	-.60**
Global cognition index	.31**	.38**	.47**

* p<0.05; ** p<0.001
SLOF: Specific Levels of Functioning; CAI: Cognitive Assessment Interview

Table 2. Hierarchical regression models of functioning.

	Variables in the model	β	t	R^2 adjusted	p
SLOF social	Positive symptoms	-1.17	-2.75	0.515	0.008
	Motivation	0.41	2.19		0.034
SLOF activities	Motivation	0.68	3.03	0.401	0.004
SLOF work	Motivation	0.93	5.15	0.68	<0.001

SLOF: Specific Levels of Functioning

Conclusions: Motivation has a great value as a predictor factor in social, activities and work functioning. Therefore, motivation should be considered as a target related to improving functioning in early intervention programmes for psychotic disorders.

Disclosure of Interest: None Declared

EPV1551

Auditory variant of Charles Bonnet Syndrome: A review of two clinical cases

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Introduction: Charles Bonnet Syndrome (CBS) is characterized by complex hallucinations in patients with sensory impairment. The World Health Organization in 2018 outlined the diagnostic criteria for CBS as follows: complex visual hallucinations; partial or complete vision loss; and absence of mental disorders (Dhooge Patty et al. AES 2022;7:12). Notably, auditory hallucinations are excluded from this definition, and recent reviews argue that CBS should not encompass sensory or auditory hallucinations (Rojas LC, Gurnani B. StatPearls 2024). Although their frequent association with psychotic disorders, a broad differential diagnosis is crucial given the diverse etiologies. Recently, there has been growing literature of cases of auditory hallucinations which were only explained as a CBS.
Objectives: The work aims to explore and discuss the auditory variant of Charles Bonnet Syndrome (CBSa).
Methods: Based on two clinical cases, we conducted a literature review on this topic using PubMed database.
Results: We describe two patients with severe sensorineural hearing loss and auditory hallucinations. The first patient, a 95-year-old independent in daily activities, presented with sudden-onset external voices. The second, an 81-year-old institutionalized woman, exhibited musical auditory hallucinations that developed over several months. Both patients maintained insight into the unreality of their hallucinations.
Comprehensive evaluations ruled out other potential causes, including neurological, psychiatric, pharmacological, and toxic-metabolic origins. Given the symptoms and and the exclusion of alternative diagnoses, CBSa was determined as the underlying cause.
The course of CBSa is known to be variable; hallucinations may diminish or resolve spontaneously or when the hearing deficit is ameliorated. Therefore, management is directed toward addressing the primary cause. No standardized treatment exists; however, medications such as antipsychotics, antidepressants, or antiepileptics may alleviate symptoms (Perez PA et al. Open Neurol J 2017 Feb 28;11:11-14). In our cases, both patients were treated with risperidone at 1 mg/24h, resulting in good tolerance and complete resolution of symptoms.
Conclusions: Despite the absence of definitive diagnostic criteria for CBS, it is predominantly associated with visual hallucinations without concomitant neurological or psychiatric pathology, excluding auditory manifestations. However, if patients experience hallucinations in non-visual sensory modalities while retaining insight into their unreality, they should not be excluded from a CBS diagnosis. Recent case studies support the existence of such variants.
This paper advocates for the refinement of CBS diagnostic criteria to encompass these additional manifestations. Expanding these criteria could enhance psychiatric epidemiology by addressing the current underestimation of CBS prevalence and improving the recognition and management of this condition.

Disclosure of Interest: None Declared

EPV1552

Self-disorders in schizophrenia spectrum disorders

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Introduction: The term *self-disorder* investigated in this study refers to a disorder of the minimal self. It is a disturbance at the basic pre-reflective level typical in schizophrenia spectrum disorder, These disturbances are often present in the prodromal face of schizophrenia.
In 2003 Sass and Parnas proposed the ipseity-disturbance model (*ipseity also sometimes termed minimal self, basic self, experimental self, and for-meness).* Since 2003 Parnas and colleagues have published EASE (Examination of anomalous Self-experience): a semi-structured interview guide to allow for a systematic, qualitative and quantitative assessment of self-disorders.
The EASE-scale consist of a checklist of 57 items divided into 5 domains: 1) Cognition and Stream of Consciousness, 2) Self-Awareness and Presence, 3) Bodily Experiences, 4) Demarcation/Transitivism and 5) Existential Reorientation. The domains serve to structure the interview and to aid the interviewer to navigate and cover all 57 items during the interview.
In the last 20 years, several studies using EASE have supported self-disorders to be a central psychopathological feature of schizophrenia. A systematic review from 2021 showed that self-disorders hyper-aggregate in schizophrenia spectrum disorders but not in other mental disorders. However, self-disorder aggregation and distribution in between schizophrenia spectrum disorders have not been investigated before.
Objectives: The purpose of this study is to compare overall EASE-sums in types of schizophrenia spectrum disorders including subtypes of schizophrenia (ICD10).
We hypothesize that there will not be a significant difference in overall EASE-score, reflecting self-disorder to be a core disturbance in schizophrenia spectrum disorders.
Furthermore, we plan to perform explorative statistical analysis on item-level of the EASE-scale, to investigate whether self-disorders presents differently and characteristically in-between schizophrenia spectrum disorders.
Methods: Data is pooled from 6 different studies, totaling 236 patients.
All patients were examined using the EASE-guide by a professional clinicians who were trained in the semi-structed EASE-interview. The patients were furthermore assessed thoroughly for psychopathology and diagnosed according to ICD10 and DSM-IV or V.
Results: Ongoing
Conclusions: Ongoing

Disclosure of Interest: None Declared

EPV1553

Auditory Verbal Hallucinations in Schizophrenia and Bipolar Disorders

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Introduction: Auditory verbal hallucinations (AVH) are prevalent in schizophrenia but also occur in bipolar disorder, yet differences in their phenomenology remain poorly understood. This ongoing study aims to fill this gap by comparing the phenomenological characteristics of AVH in schizophrenia and bipolar disorder.

Objectives: The research questions we are interested in are:

- The nature of hallucinations. We hypothesize that hallucinatory experiences in bipolar disorders is connected to the mood, for example mania.
- We hypothesize that auditive verbal hallucinations in bipolar disorders will not have the immanent character as in schizophrenia and won't be experienced in a pathologically altered private space.
- We hypothesize that bipolar patients after a remission from the episode will consider their voices as a sign of disease whereas the patients with schizophrenia will continue to ascribe extraordinary meanings to their hallucinations.

Methods: Building on our prior research in schizophrenia, we are conducting semi-structured, phenomenologically oriented qualitative interviews with patients diagnosed with bipolar disorder who experience AVH. Participants are recruited from outpatient clinics and hospital wards in Denmark. Data will be analyzed using thematic analysis with a bottom-up approach.

Results: Preliminary findings from our ongoing study will be presented.

Conclusions: A deeper understanding of AVH phenomenology in schizophrenia and bipolar disorder can lead to more accurate differential diagnoses, reducing the risk of misdiagnosis and ensuring that patients receive appropriate and timely treatment.

Disclosure of Interest: None Declared

Psychopharmacology and Pharmacoeconomics

EPV1555

Bariatric Surgery and Its Implications on Pharmacokinetics in Patients with Mental Illness: A Literature Review

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Introduction: Obesity has reached epidemic proportions globally, significantly increasing the risk of cardiovascular diseases, diabetes, and various cancers. In the United States, as of 2017-2018, the prevalence of obesity among adults was approximately 42.4% (CDC, 2020). Worldwide, over 650 million adults were obese in 2016 (WHO, 2020).

Bariatric surgery, which includes a variety of procedures aimed at weight loss, While these surgeries primarily aim to induce weight loss and improve metabolic health, they also present challenges for patients taking psychotropic medications, such as antidepressants, antipsychotics, and mood stabilizers.

Objectives: Understanding the Impact of Bariatric Surgery on Psychotropic Medication Management

1. Changes in Pharmacokinetics: Bariatric surgery can significantly alter the absorption, distribution, metabolism, and elimination (Smith et al., 2018).
2. Drug Interactions:Post-surgery changes in gastrointestinal physiology can impact drug interactions and the efficacy of psychotropic medications. (Alvarez et al., 2020).
3. The need for Monitoring and Dosing Adjustments:
4. Understanding Nutrient Deficiencies: can lead to deficiencies in essential nutrients like vitamin B12, vitamin D, iron, and calcium, which can exacerbate psychiatric symptoms or affect the metabolism of psychotropic medications (Courcoulas et al., 2020).

Methods: A thorough literature review was carried out, with emphasis on research done within the the last 5 years.

Results: On thorough reiew of literature, better outcomes resulted from implementing the following

1. Individualized Monitoring: Regular assessment of weight loss, nutritional status, and psychiatric symptoms can inform dosage adjustments to maintain therapeutic efficacy (Zachariah et al., 2015).
2. Consideration of Formulations: Immediate-release formulations may ensure consistent absorption and therapeutic effects due to altered gastrointestinal transit times (Lopez-Nava et al., 2017).
3. Collaborative Care:A multidisciplinary team, including bariatric surgeons, psychiatrists, pharmacists, and dietitians, can optimize medication regimens and address nutrient deficiencies (Smith et al., 2018).

Also considered the Benefits of Long-Acting Injectable (LAI) Psychotropics Post-Bariatric Surgery which improved the following

Conclusions: Post Bariatric surgery,Clinicians must carefully monitor medication efficacy, adjust doses as needed, and manage nutrient deficiencies to ensure optimal mental health outcomes. Ongoing research and multidisciplinary collaboration are essential to refining guidelines and improving the long-term management of these complex patient populations. By integrating personalized care strategies and considering LAI formulations, healthcare providers can optimize treatment outcomes for patients undergoing bariatric surgery.

Disclosure of Interest: None Declared

EPV1556

Comparative study of relapses in Severe Mental Disorder among the different long-acting injectable treatments available on the market

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Introduction: Schizophrenia affects approximately 1% of the population aIts treatment is mainly based on antipsychotics, although therapeutic non-compliance is common due to lack of illness insight and side effects. Long-acting injectable antipsychotics emerged as an alternative to improve treatment adherence. This study investigates relapses in patients with severe mental illnesses treated with long-acting injectable antipsychotics, originating from the province of Salamanca.
Objectives: To evaluate and compare the efficacy of different long-acting injectable treatments available in the market in preventing relapses in patients with Severe Mental Disorder (SMD), through retrospective analysis of epidemiological, clinical, and treatment data obtained from electronic medical records.
Methods: This is an observational, retrospective, and comparative study using anonymized data extracted from electronic medical records of patients diagnosed with Severe Mental Disorder (SMD) who have been treated with Long-Acting Injectable (LAI) medications. The study period covers from January 2018 to December 2022.
Results: The study contains information from 161 patients, with a uniform distribution by age and sex. The main group presents psychotic disorders (74.5%), followed by bipolar disorder (18%). Monthly Long Acting aripiprazole is the most used injectable antipsychotic (39.8%). Side effects were recorded, such as extrapyramidal symptoms (11.9%) and sexual dysfunction (8.8%). Antipsychotic switching occurred in 19.5% of patients. The absence of relapses was higher for six-month long-acting paliperidone palmitate (80%) and lower for Monthly Long Acting aripiprazole (69.4%), a survival analysis was performed using the Kaplan-Meier method.
Conclusions: The comparative study reflects that, although Abilify Maintena was the most used, no significant differences were found in relapse prevention among different treatments. Survival analysis also did not yield conclusive results. Although the study has some limitations, such as a small sample size and missing data in some medical records, it provides a starting point for future research. Despite the limitations of this study due to the small sample size and lack of statistically significant results regarding the efficacy of injectable antipsychotics, the study provides information on the use of these treatments in patients with Severe Mental Disorder. Although Monthly Long Acting aripiprazole was the most used, side effects do not seem to be related to its efficacy. The results suggest that there are no significant differences between long-acting injectable antipsychotics available in the market. However, it is important to note the significance of this research topic for the future, given its clinical implications.

Disclosure of Interest: None Declared

EPV1557

Risperidone ISM Long-Acting as a Possible Treatment for Manic Episodes in Nonadherent Patients with Schizoaffective Disorder

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Introduction: Risperidone In Situ Microimplants (ISM®), a novel long-acting injectable (LAI) antipsychotic, rapidly achieves therapeutic plasma levels, with a significant first plasma peak occurring at 48 hours. This rapid onset of action, without the need for oral supplementation or loading doses, offers a promising new approach for effective management of acute symptoms (Walling et al. Drug Des Dev Ther 2021;15 4371-4382).
Objectives: To evaluate the efficacy and safety of risperidone ISM (R-ISM) in the treatment of acute manic episodes with psychotic symptoms, focusing on symptom change over time.
Methods: This preliminary and retrospective study included 15 inpatients with schizoaffective disorder who were started on R-ISM during a manic episode. RISM was administered after 6 days of oral risperidone. We retrospectively examined the Young Mania Rating Scale (YMRS) scores obtained in routine clinical practice at baseline (Dx), on the day of inpatient admission, on the day of injection (D0) and then 24 hours (D1), 48 hours (D2), 7 days (D8) and 28 days (D28) after the injection.
Results: A statistically significant improvement in the total YMRS score was observed as early as the day of injection, with the median score decreasing from 37 [IQR: 4.5] at baseline to 27 [IQR: 2.5] at D0 and further to 20 [IQR: 4] at 24 hours after the injection 1 (D1) ($p < 0.01$). The improvement remained statistically significant at all assessment time points, reaching 11 [IQR: 1.5] at day 28 (D28) (*see Image 1*).
Single-item analysis showed rapid and significant improvement across all YMRS items, in particular the following symptoms (*see Image 2*):

- *Irritability:* Significantly decreased from a score of 6 [IQR: 0] at baseline to 3 [IQR: 0.5] at D1 and to 1 [IQR: 0.5] at D28 ($p < 0.01$).
- *Disruptive-Aggressive Behavior:* Significantly decreased from a score of 3 [IQR: 2] at baseline to 1 [IQR: 1] at D1 and to 0 [IQR: 1] at D28 ($p < 0.01$).
- *Sleep Disturbances:* Significantly decreased from a score of 3 [IQR: 1] at baseline to 0 [IQR: 0.5] at D28 ($p < 0.01$).
- *Speech (Rate and Amount):* Significantly decreased from a score of 4 [IQR: 1] at baseline to 1 [IQR: 0] at D28 ($p < 0.01$).
- *Content (Delusions; Hallucinations):* Significantly decreased from a score of 6 [IQR: 0.5] at baseline to 3 [IQR: 1] at D28 ($p < 0.01$).
- *Insight:* Significantly decreased from a score of 3 [IQR: 2] at baseline to 2 [IQR: 1] at D28 ($p<0.01$).

Image 1:

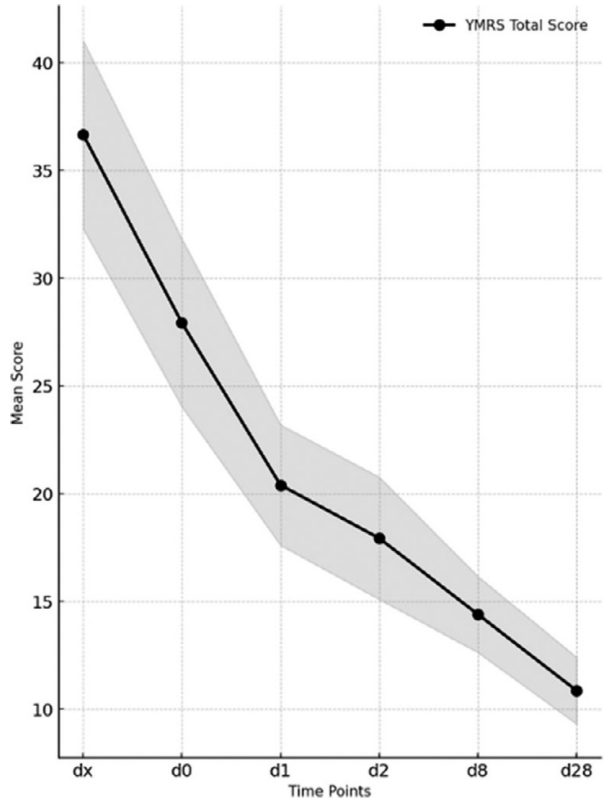
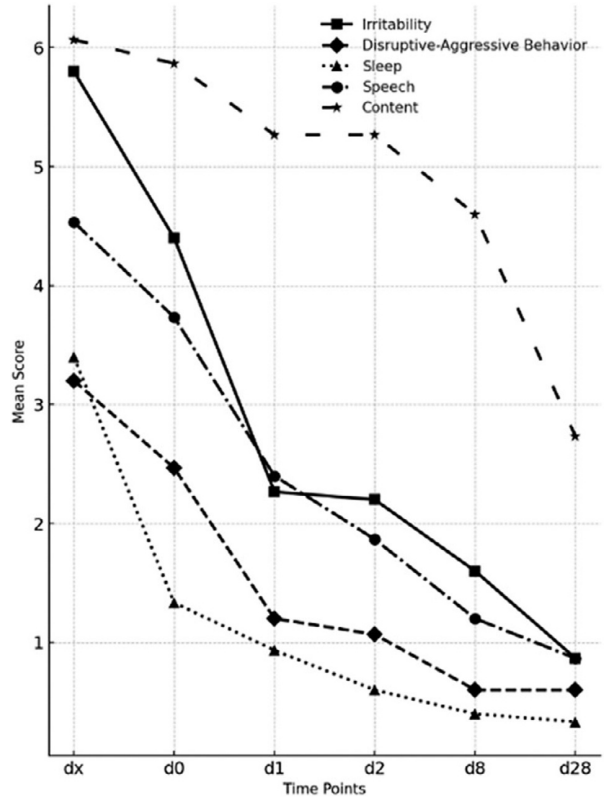


Image 2:



Conclusions: This preliminary and retrospective study suggests the possible efficacy of risperidone ISM (approved for schizophrenia) for acute manic episodes. However, due to the retrospective design of the study, the small sample size, and the presence of concomitant treatments, the results are primarily exploratory and no conclusions can be drawn until prospective, randomized, placebo-controlled trials are conducted.

Disclosure of Interest: None Declared

EPV1558

Pharmacological Interventions in the Management of Antipsychotic-Induced Metabolic Disturbances

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Introduction: Antipsychotic medications, particularly atypical antipsychotics, are commonly associated with metabolic side effects such as weight gain, dyslipidemia, and insulin resistance. These disturbances significantly increase the risk of cardiovascular disease and mortality, especially in patients treated with clozapine and olanzapine. It is not always feasible to discontinue these treatments, as the decision largely depends on the clinical context. Therefore, addressing these metabolic side effects requires specific pharmacological interventions to mitigate their impact.
Objectives: This non-systematic review aims to assess the evidence supporting pharmacological interventions in managing antipsychotic-induced metabolic disturbances.
Methods: Relevant and recent studies or reviews were selected from the PubMed electronic database using search terms related to antipsychotic-induced metabolic disturbances and pharmacological interventions to manage them.
Results: Current evidence suggests the need for early and aggressive pharmacological intervention in patients experiencing antipsychotic-induced weight gain. Non-pharmacological interventions, such as physical activity and dietary changes, are often insufficient to mitigate these iatrogenic effects. Pharmacological interventions to reduce metabolic risk in individuals with severe mental illness may include the introduction of an antipsychotic with a more favourable metabolic profile, modification of antipsychotic therapy (dose adjustment, augmentation with another antipsychotic with a lower metabolic risk or switching to another antipsychotic with a lower metabolic risk) and treatment of medical conditions (through the use of drugs such as metformin, statins, among others). Based on updated scientific evidence, the most effective pharmacological treatments for reducing weight gain associated with second-generation antipsychotics are metformin, GLP-1 receptor agonists, topiramate, zonisamide, and nizatidine. The adjunctive use of aripiprazole also reduces lipid levels and weight and attenuates negative symptoms in patients with schizophrenia and metabolic syndrome. Metformin is considered the best-tolerated intervention, while topiramate is the least tolerated.
Conclusions: Pharmacological interventions, particularly the use of metformin and GLP-1 analogues, offer promising results in managing antipsychotic-induced metabolic disturbances. These interventions improve weight management, glucose levels, and lipid profiles. More large-scale randomized trials are needed to further validate these interventions and assess long-term safety and efficacy.

Disclosure of Interest: None Declared

EPV1559

Use and experience of Italian healthcare professionals with aripiprazole once-monthly 400mg two-injection start initiation regimen in adult patients with schizophrenia

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Introduction: Aripiprazole once monthly 400mg (AOM400) is a long-acting injectable (LAI) available as a two-injection start initiation regimen (AOM400-TIS) for the maintenance treatment of adult patients with schizophrenia stabilised with oral aripiprazole.
Objectives: This survey sought to explore HCPs' perspectives and attitudes towards prescribing and/or administering AOM400-TIS according to the European label in clinical practice (including reasons for its use, potential benefits, and common barriers and/or concerns) across Europe.
Methods: HCPs who had prescribed and/or administered the AOM400-TIS regimen to ≥3 patients with schizophrenia were invited to participate in an online survey. The survey was launched in two waves across the target countries (wave 1: Italy, Germany, United Kingdom; wave 2: Denmark, Italy, Sweden). Analysis was descriptive; data was collected between February 1–March 21, 2024 (wave 1) and September 16-October 28 (wave 2). Data from Italian HCPs are presented.
Results: 31 HCPs from the 1st wave and 64 from the 2nd wave completed the survey including psychiatrists (69%), psychiatric nurses (23%), community nurses (4%) and general practitioners/primary care practitioners (1%). HCPs estimated 30.0% (median; IQR: 20.0–50.0) of patients in their caseload were diagnosed with schizophrenia, and of these, 45.0% were treated with LAIs (median; IQR: 25.0–62.5). 47% of HCPs were primarily responsible for prescribing AOM400-TIS, 24% for administering it, and 28% were responsible for both. HCPs estimated that 44% of patients typically spent up to 14 days on oral aripiprazole prior to AOM400-TIS, with HCPs rating the severity of symptoms of patients initiated with AOM400-TIS as mild (22% of HCPs), moderate (68% of HCPs) and severe (40% of HCPs). The most common reasons for initiating AOM400-TIS after transitioning from oral aripiprazole were poor adherence (80%) and patient preference (49%), and the most reported goals for prescribing AOM400-TIS were to improve adherence (75%) and prevent relapses (69%). Common barriers to the use of AOM400-TIS were patient reluctance to receive two injections (39%), concerns about tolerability (24%), safety of administering a high dose in a single day (23%). Prior treatment adherence (54%) and efficacy (46%) were the most cited factors influencing prescribing of AOM400-TIS. Overall, HCPs "agreed", or "strongly agreed", that AOM400-TIS was easy to administer (81%) and that it had a similar safety/tolerability profile to the single injection start regimen (69%), while the majority were satisfied with patient outcomes with AOM400-TIS (83%).
Conclusions: Overall, Italian HCPs with experience of using AOM400-TIS reported that it is easy to administer, well tolerated and improves treatment outcomes, while barriers to its use include patient reluctance and perceived safety concerns.

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EPV1565

Esketamine in persistent long COVID with predominant psychiatric manifestations: A case series

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Introduction: The COVID-19 pandemic has led to a significant number of patients presenting with post COVID-19 condition, commonly referred to as long COVID, which can affect any individual exposed to SARS-CoV-2, resulting in diminished quality of life, reduced productivity, increased healthcare expenditures, and broader economic implications. The most prevalent symptoms include neuropsychiatric manifestations such as fatigue, cognitive impairment, anxiety, and depression. Beneficial effects of Silexan, a herbal medicine derived from Lavandula angustifolia, were reported in long COVID patients with subsyndromal psychiatric symptoms (Bartova et al. Eur Neuropsychopharmacology 2023;70:47-48). However, research is lacking regarding psychopharmacotherapy in patients with persistent symptoms. Esketamine, noted for its modulation of NMDA receptors, has also demonstrated immunomodulatory effects, positioning it as a promising intervention for Long

COVID (Johnston et al. Neuropsychopharmacology. 2024; 49(1): 23-40).
Objectives: Our objective was to examine two patient cases to identify patterns, explore potential treatment options, and contribute insights to clinical practice in psychiatry.
Methods: This case series reports the clinical histories, demographic information, diagnostic findings, and treatment details of two long COVID patients who were treated in analogy to the well-established guideline for treatment-resistant depression.
Results: A 33-year-old female patient, who failed to respond to phytotherapy and conventional psychopharmacological treatments, including two trials of antidepressants and augmentation with an atypical antipsychotic agent received 10 intravenous esketamine treatments, administered at doses of up to 50 mg (0,86 mg/kg/hour). She experienced substantial clinical improvement without any adverse effects within 8 weeks. A 34-year-old non-responding female patient received 9 sessions of intranasal esketamine, targeting a dosage of 84 mg, resulting in complete remission without significant adverse effects within 6 weeks.
Conclusions: There is an urgent need for effective and sustainable treatment options that address the debilitating neuropsychiatric symptoms of long COVID. This condition disproportionately affects young women, a group that is frequently underrepresented in research and insufficiently recognized in clinical practice. In this case series, we report on two female patients with severe physical and social impairment from long COVID, who showed significant clinical improvement following add-on esketamine administration.

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EPV1566

Is there enough evidence to stop using available and accessible antipsychotics such as haloperidol and promote the use of newer and more expensive drugs? What is the hope for populations that cannot afford them

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Introduction: Doctors Without Borders works in humanitarian settings. In these settings, we have observed a notable movement away from first generation medications such as haloperidol towards second-generation antipsychotics, where these medications are available. We began to question whether the evidence clearly justified this and decided to contribute to the evidence.
Objectives: To assess the clinical benefits and harms of haloperidol compared to olanzapine for people with schizophrenia and schizophreniaspectrum disorders.
Methods: Searched the Cochrane Schizophrenia study-based register of trials, screened the references of all included studies. We contacted relevant authors of trials for additional information where clarification was required or where data were incomplete. The register was last searched on 14 January 2023.
Results: We didn't find a statistically significant difference between haloperidol and olanzapine in global state (RR 0.84, 95% CI 0.69 to 1.02), nor in relapse (RR 1.42, 95% CI 1.00 to 2.02). Haloperidol resulted in an increase of extrapyramidal side effects compared to olanzapine (RR 3.38, 95% CI 2.28 to 5.02). For weight gain, there may be a large reduction in the risk with haloperidol compared to olanzapine (RR 0.47, 95% CI 0.35 to 0.61). Haloperidol may result in an increase of leaving the study early compared to olanzapine (RR 1.99, 95% CI 1.60 to 2.47).
Conclusions: Overall, the certainty of the evidence was low to very low for the main outcomes in this review, making it difficult to draw reliable conclusions. There is no clear difference between haloperidol and olanzapine in terms of global state and relapse. Different side effect profiles were noted. These findings should contribute to continue using haloperidol and olanzapine.
Many studies did not use equivalent doses of the two medications when they were compared. Most studies used comparatively higher doses of haloperidol compared to olanzapine.

Disclosure of Interest: None Declared

EPV1568

Depression and Fitness: The Role of Psychopharmacology

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Introduction: The use of antidepressants is becoming more prevalent among athletes due to the growing awareness of mental health issues in sports. However, the impact of these medications, especially selective serotonin reuptake inhibitors (SSRIs), on physical performance remains uncertain. Studies on psychotropic drugs' effects on athletic capabilities raises concerns about their use in sports, particularly under anti-doping regulations.
Objectives: This review aims to assess the impact of antidepressants on physical exercise performance and muscle metabolism, in order to clarify how they influence physical capabilities.
Methods: A literature search was conducted on PubMed in September 2024 using search terms such as "sports" AND "antidepressants," "physical activity" AND "antidepressants," "exercise" AND "selective serotonin reuptake inhibitors," among others. Only systematic reviews and meta-analyses were included, without restrictions on language or year. Three articles met the scope of this work.

Results: The effects of antidepressants on athletes are inconsistent, with some studies indicating no significant change in performance, while others report reduced endurance. Paroxetine and fluoxetine, commonly prescribed SSRIs, may impair endurance due to increased serotonin levels, which can exacerbate fatigue, known as central fatigue hypothesis. It is also emphasized that SSRIs may reduce athletic performance, especially under thermal stress, by affecting thermoregulation, alongside its interference in serotonin pathways. Potential metabolic impact of these drugs was found, as chronic exposure to SSRIs showed modulation of glucose uptake, mitochondrial respiration, and muscle mass. Furthermore, SSRIs also induced changes in electrical muscle activity.
Conclusions: The evidence on the effects of antidepressants, particularly SSRIs, on physical performance and muscle function remains inconclusive. Athletes and healthcare providers must weigh these risks carefully, considering both the clinical and ethical implications of psychotropic drug use in competitive sports. Therefore, future research should focus on more consistent study protocols and explore the long-term metabolic consequences of SSRIs in physically active populations.

Disclosure of Interest: None Declared

EPV1569

Evolutionary History and Phylogeny of Biochemical Functions of Hypericin and Hyperforin in Hypericum spp

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Introduction: Hypericum spp., particularly Hypericum perforatum (such as St. John's Wort), produce hypericin and hyperforin, secondary metabolites that play critical roles in the plant's defense mechanisms. These compounds, characterized by their polycyclic and lipophilic properties, have evolved to deter herbivores and protect against pathogens. Understanding the evolutionary pressures that shaped these compounds enhances our knowledge of their biochemical roles.
Objectives: This review aims to synthesize current knowledge on the evolutionary development of hypericin and hyperforin within the Hypericum genus, focusing on how these metabolites evolved to fulfill defensive ecological functions.
Methods: A comprehensive literature review was conducted, examining phylogenomic studies, structural analyses, and biochemical research related to the biosynthesis of hypericin and hyperforin. We reviewed relevant phylogenetic data to understand the diversification of these compounds across Hypericum spp.
Results: The literature supports that hypericin and hyperforin evolved in response to selective pressures during the Cretaceous-Paleogene boundary, with their complex polycyclic aromatic structures optimized for defense. These structures, which include conjugated π-systems, are central to the compounds' ability to deter herbivores and resist pathogens, reflecting an evolutionary adaptation that is conserved across the genus.
Conclusions: The evolution of hypericin and hyperforin within Hypericum spp. is a prime example of how secondary metabolites serve dual purposes in nature and human use. The phylogenetic and biochemical insights reviewed highlight the importance of these compounds as both ecological defenses and pharmacologically active agents.

Disclosure of Interest: None Declared

EPV1570

Perspectives of the use of Perampanel in Psychiatric Symptoms

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Introduction: Perampanel is a selective antagonist of the AMPA receptor for glutamate, primarily approved for the treatment of certain types of epilepsy. With the evolving understanding of psychiatric disorders' neurobiology, it's hypothesized that targeting the glutamatergic system could offer substantial therapeutic benefits (Perversi F, Costa C, Labate A, Lattanzi S, Liguori C, Maschio M, et al. The broad-spectrum activity of perampanel: state of the art and future perspective of AMPA antagonism beyond epilepsy. Front Neurol [Internet]. 2023 [cited 2024 Sep 2] ;14:1182304).
Objectives: The purpose of this study is to evaluate the effectiveness of perampanel in managing psychiatric symptoms such as sleep disturbances, depression, anxiety, and irritability.
Methods: A comprehensive review of scientific studies was carried out, centering on clinical trials and observational research that explored the application of perampanel in individuals exhibiting psychiatric symptoms. The review included articles published between 2013 and 2024, utilizing databases like PubMed, Scopus, and PsycINFO for sourcing. The inclusion criteria covered studies that assessed the impact of perampanel on psychiatric conditions, detailing both the clinical results and any side effects.
Results: Findings indicate that perampanel may have beneficial effects in reducing symptoms of insomnia (Abenza-Abildúa MJ, Suárez-Gisbert E, Thuissard-Vasallo IJ, Andreu-Vazquez C. Perampanel in chronic insomnia. Clin Neurol Neurosurg. 2020 May 1;192), depression and anxiety (Scorrano G, Lattanzi S, Salpietro V, Giannini C, Chiarelli F, Matricardi S. The Cognitive and Behavioural Effects of Perampanel in Children with Neurodevelopmental Disorders: A Systematic Review. J Clin Med [Internet]. 2024 Jan 10 [cited 2024 Sep 3];13(2)) in certain patient groups. However, significant adverse effects were also reported, including behavioural changes and increased aggression in some cases, necessitating careful monitoring during treatment.
Conclusions: Numerous antiepileptic medications have been effectively utilized in treating psychiatric conditions. Perampanel, in particular, has demonstrated effectiveness in managing nocturnal seizures, preserving sleep architecture, and treating restless legs syndrome. A study conducted in Spain revealed that combining perampanel with either an antidepressant or an anxiolytic significantly enhances sleep quality after three months in patients without epilepsy (Abenza-Abildúa MJ, Suárez-Gisbert E, Thuissard-Vasallo IJ, Andreu-Vazquez C. Perampanel in chronic insomnia. Clin Neurol Neurosurg. 2020 May 1;192).

While there are no large-scale clinical trials specifically targeting mood disorders, some ongoing research is exploring the broader psychiatric effects of Perampanel, including its impact on anxiety disorders.

Disclosure of Interest: None Declared

EPV1571

Long acting injectables: new therapeutic weapons in the battle for shortening the Duration of Untreated Psychosis

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Introduction: Duration of untreated psychosis (DUP) is defined as the time from manifestation of the first psychotic symptom to initiation of adequate antipsychotic drug treatment. It is associated with poorer response rates to antipsychotic medications and impaired cognition, which traslates in worse positive and negative symtomps. Various hypotheses for how untreated psychosis could impact brain function have been proposed. Dopaminergic hyperactivity leading to a progressive reduction in regional brain volumes and oxidative injury due to persistent catecholaminergic activity and prolonged activation of the hypothalamic–pituitary–adrenal axis provide possible explanations for how chronic psychosis could be neurotoxic. In addition, glutamate-mediated excitotoxicity may also contribute to these effects through neuronal overstimulation that leads to an excessive influx of calcium and subsequent excitotoxicity and, ultimately, cell death via apoptosis.
Objectives: To analyze the advantages of long-acting injectable therapy in the treatment of psychotic disorders in patients with prolongued duration of untreated psychosis with a case communication.
Methods: We present a 61 year old female patient, native of a rural area of Peru who moved to Spain and started treatment in our outpatient department. She does not provide any medical report. The family reports that she began to present symptoms from her first pregnancy, and has had to be admitted to hospital several times for suicide attempts. She had never taken any antipsychotic drug. During the last 30 years she developed symptoms consisting of erotomaniac and paranoid delusional ideation, cenesthetic and auditory hallucinations, soliloquy, self care deficit and disorganised speech and behaviour. She presented periods of maniac mood. As a result, she ended up isolated, taken care by his father and highly dependent on instrumental activities of daily living.
Results: Treatment with Risperidone was started, although the patient presented poor adherence to it. She was finally admitted to hospital for a month and we introduced once-monthly Risperidone and Valproate with significant clinical improvement.
Conclusions: Long acting injectables are a good therapeutic option in patients with psychotic disorders, even with prolongued duration of untreated psychosis.

Disclosure of Interest: None Declared

EPV1572

Long term effects of cariprazine add-on therapy in the patients with risperidone induced hyperprolactinemia

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Introduction: The treatment strategies for antipsychotics induced hyperprolactinemia apart from switching to prolactine-sparing antipsychotics, reducing the doses of antipsychotics and adding dopamine agonists such is bromocriptine, include add-on therapy with third generation antipsychotics (aripiprazole, cariprazine)
During the previous years, some studies with adjunctive aripiprazole therapy have been conducted, however the research with cariprazine in this purpose are absent.
Objectives: The main goal of this research is to analyse both short-term and long-term changes in the level of prolactine after adding cariprazine in the long acting risperidone treatment of patients with psychotic disorders.
Methods: Six inpatients threated during the first three months of 2024, that were consecutive diagnosed with hyperprolactinemia induced by long acting risperidone Depo therapy, were included for the participation in this research. For all study participants, the long acting antipsychotics therapy was previously used for more than 3 months and in all of them other possible causes of hyperprolactinemia were excluded by neuroimaging procedures and examinations of consultant endocrinologist. After starting adjunctive therapy with cariprazine in the dose range between 1.5 and 3mg daily, for at least three weeks, while risperidone therapy remained at the same dose, prolactine levels were firstly re-examined. The second control of prolactine levels were done after 6 months.
Results: All patients were diagnosed with ICD 10 categories of psychotic disorders, 2 of them (33.3%) with F20 category (Schizophrenia), 3 of them (50%) with F 29 category (nonspecific psychosis) and 1 of them (16,6%) with F23 category (acute psychosis). On average age of the patients were 37,6 years, 3 of them had male and 3 female sex. Prolactine base values (T0) were between 612 mlU/L and 4051,53 mlU/L (on average 2150,7 mlU/L). After introducing cariprazine adjunctive therapy for at least three weeks, the levels of prolactine (T1) substantially declined in five out of six patients (83,3%). This second values of prolactine were in the range between 306 mlU/L and 2014,4 mlU/L which represents 22,9% to 67% reduction of their initial level (on average 47,34%). In only one study case, the prolactine level has raised from 667,73 to 765,88 (14,7%). The third value of prolactine (T2) were re-examined after the 6 months of introducing the cariprazine treatment and values of prolactine remained at low levels.
Conclusions: The main conclusion of this pilot study can be that cariprazine adjunctive therapy is valuable pharmacological intervention for the treatment of risperidone induced hyperprolactinemia and that these effects sustain over the 6 months period. However, the number of participants in this research is rather small, and for that reason, further investigation at the bigger number of participants are necessary for definite conclusions.

Disclosure of Interest: J. Dedovic Grant / Research support from: In the past I have received several honoraria for lectures organised by Richter Gedeon. However this research has not been paid by any commercial organisation., A. Tomcuk: None Declared, A. Macic Grant / Research support from: In the past I have received several honoraria for lectures organised by Richter Gedeon. However this research has not been paid by any commercial organisation., V. Roganovic: None Declared, S. Dedovic: None Declared

EPV1573

Psychological Adverse Effects of Antipsychotic Medication after Remission of First Episode Psychosis: a HAMLETT Ecological Momentary Assessment Study

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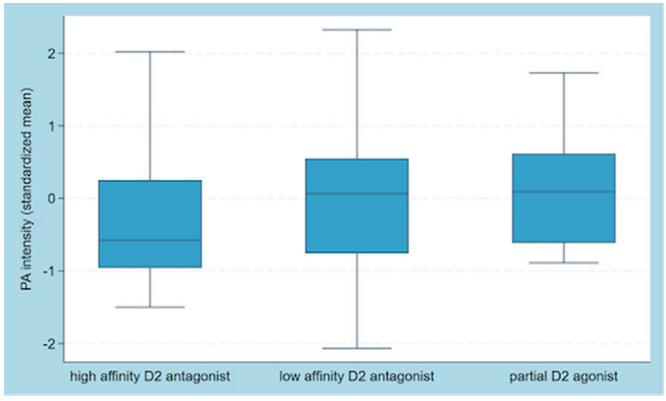
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Introduction: Current evidence on psychological adverse effects (AEs) of antipsychotic medication after remission of First Episode Psychosis (FEP), and the impact of these AEs on daily life, is limited.
Objectives: To investigate serial cross-sectional associations between antipsychotic medication regimen and psychological AEs after remission of FEP.
Methods: This Ecological Momentary Assessment (EMA) study investigates baseline data of 56 participants from the HAMLETT trial (Handling Antipsychotic Medication: Long-term Evaluation of Targeted Treatment). Momentary mental states indicative of blunted affect intensity and variability, reduced initiative of social contact, avolition and tiredness were assessed 10x/day for eight consecutive days. Based on neurobiological mechanisms likely mediating these psychological AEs, antipsychotic medications were grouped based on their Dopamine-2 (D_2) and Histamine-1 (H_1) receptor profile. Multilevel mixed-effects regression models were employed overall and separately for mornings, daytimes and evenings, to investigate serial cross-sectional associations between medication type or dosage and concurrent psychological AEs. All models were adjusted for fixed effects of age, gender, tobacco and cannabis use in the past month and symptom severity during FEP (based on the Comprehensive Assessment of Symptoms and History, CASH).
Results: In total, 85 out of 453 HAMLETT-participants took part in the EMA add-on study. At baseline, 56 (66%) of those participants completed >26 EMA questionnaires and were currently taking antipsychotic medication, yielding a total of 3,005 questionnaires for our analyses. The distribution of antipsychotic medication regimens was relatively equally spread (25% high affinity D_2 antagonists, 48% low affinity D_2 antagonists, 27% partial D_2 agonists). Higher dosage (Beta (B) = -1.11 [95% Confidence Interval (CI): -1.97; -0.24]) and use of high affinity D_2 antagonists, as compared with partial D_2 agonists (B = 12.98 [95%CI: 2.43; 23.53]) and low affinity D_2 antagonists (B = 10.04 [95% CI: 0.59; 19.49]), were associated with decreased positive affect (PA) (see Figure 1). Higher dosage was also associated with small increases in PA variability (B = 0.23 [95% CI: 0.04; 0.42]. The remaining psychological AEs were not associated with dosage or D_2 profile, neither was H_1 profile associated with these AEs. Results were relatively consistent across daytimes, though effect sizes were greatest in the evenings.

Image:



Conclusions: After remission of FEP, higher dosage of antipsychotic medication and use of high affinity D_2 antagonists, as compared with partial D_2 agonists and low affinity D_2 antagonists, can be associated with decreased, though not invariable, positive affect as estimated using EMA.

Disclosure of Interest: None Declared

EPV1574

Use of High-Dose Sertraline for Obsessive-Compulsive Disorder: A Case Report

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Introduction: The administration of high-dose sertraline for the treatment of obsessive-compulsive disorder has been investigated as a potentially more efficacious strategy in cases of treatment resistance, compared to standard dosing regimen. Studies have also evaluated the safety and tolerability of doses as high as 650 mg/day (Levy et al. Compr Psychiatry 2024; 133:152486).
Objectives: To highlight the importance of understanding the potential use of high-dose sertraline for the treatment of treatment-resistant obsessive-compulsive disorder.
Methods: Case report and literature review
Results: This is a 50-year-old woman referred from the emergency department, where she presented with thoughts of death and was diagnosed with 'Depressive Disorder. Impulsion Phobia without

warning signs' and treated with Sertraline 100 mg. During the first consultation, the patient reported the following symptoms:

- Marked emotional overwhelm and hypervigilance.
- Intrusive thoughts related to her father, generating significant guilt.
- Thoughts in which she feels the desire to harm herself.
- Compulsive need to check everything she writes, regardless of the context, to confirm she has not written anything bad about herself or her family.
- Compulsive need to review past actions to ensure she did not say anything inappropriate (despite not having spoken).
- Compulsive need to revisit conversations to ensure she had not said anything inappropriate, which eventually led her to stop speaking altogether.
- Mixed insomnia due to anticipatory anxiety about the thoughts she might have during the night.

During this initial visit, a diagnosis of Obsessive-Compulsive Disorder with mixed obsessive thoughts and acts (ICD-10; F42.2) was made. The Y-BOCS was administered, with the patient scoring 19 for obsessions and 12 for compulsions (total score: 31, indicating severe OCD). The dose of sertraline was increased to 300 mg, and aripiprazole was added. However, aripiprazole had to be discontinued after 15 days due to poor tolerance, and risperidone was introduced, which also had to be discontinued after 15 days due to poor tolerance.
After four months of follow-up and monotherapy with sertraline, the patient presented with almost complete resolution of symptoms, a stable mood, calm demeanor, and regained control over her thoughts, along with the disappearance of the compulsive checking behavior. A Y-BOCS was administered again, with a score of 8 for obsessions and 5 for compulsions (mild severity).
Conclusions: The use of high-dose sertraline (250-400 mg/day) may be an effective alternative for maintaining monotherapy in patients with treatment-resistant obsessive-compulsive disorder. However, it is important to consider that previous studies have shown a better response but not a higher overall response rate (Ninan et al. J Clin Psychiatry 2006; 67:15-22).

Disclosure of Interest: None Declared

EPV1575

Clinical experience with Brexpiprazole in bipolar depression, off-label use. A six cases report

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Introduction: In 2015, the United States Food and Drug Administration (FDA) approved Brexpiprazole as an adjuvant treatment for adults with major depressive disorder and as a treatment for adults with schizophrenia. Although studies suggest that Brexpiprazole is an effective adjunctive treatment for major depressive disorder in Europe, the European Medicines Agency (EMA) approved Brexpiprazole only for the treatment of schizophrenia in adult patients.
Objectives: To observe the safety, tolerability, and efficacy of brexpiprazole in patients with bipolar depression.
Methods: We followed, during 2 months, six patients diagnosed with bipolar disorder who met DSM-5 criteria for a major depressive episode. Four of them were women, two men. All were being treated with mood stabilizing drugs (2 with valproic acid and 4 with lithium). The average age was 43 years.
Visits were conducted every 15 days. At each visit, we evaluated depressive symptom improvement, any adverse effects, and the emergence of manic or hypomanic symptoms.
All patients were informed of the off-label use of this drug and gave their consent.
Results: Five out of six patients continued treatment throughout the study; only one patient discontinued due to adverse effects (amenorrhea). All patients who maintained treatment demonstrated a subjective improvement in depressive symptoms, as observed by both, clinicians and the patients themselves. No patients presented with manic or hypomanic symptoms suggestive of a shift to a manic pole.
Conclusions: Although off-label, brexpiprazole may be beneficial for certain patients with depressive symptoms and a diagnosis of bipolar disorder. It displayed a good tolerability profile, with no observed shifts to mania in our small sample.

Disclosure of Interest: None Declared

EPV1577

When an antipsychotic working as an antidepressant, do they have a therapeutic window?

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Introduction: Therapeutic window in psychopharmacology is the range of drug concentrations that achieve desired effects safely, with treatment failure more likely when levels fall outside this optimal range. The role of dopamine receptor partial agonists (DRPA) in the treatment of depression is a case in point.
Objectives: We discussed the unique mechanisms, and effective antidepressant doses of DRPAs within their therapeutic windows.
Methods: PubMed search was conducted, focusing on randomized controlled trials, open-label studies, and reviews evaluating aripiprazole, brexpiprazole, and cariprazine as augmentation therapies for major depressive disorder in adults.
Results: Clinical trials have investigated aripiprazole, brexpiprazole, and cariprazine as adjuncts to antidepressants, and the effective antidepressant dose is generally lower than the minimal antipsychotic dose. Specifically, the antidepressant doses are 2 – 10 mg for aripiprazole (antipsychotic dose 10 – 30 mg), 2 – 3 mg for brexpiprazole (antipsychotic dose 4 mg), and 1.5 – 3 mg for cariprazine (antipsychotic dose 1.5 – 4.5 mg). This is because at subantipsychotic doses partial agonists increase the dopamine signal, but at antipsychotic doses they reduce the dopamine signal to the level of the intrinsic activity of the drug (generally 25 – 40% of the maximal dopamine signal) which is generally inadequate for an antidepressant response.

Conclusions: DRPAs can increase or reduce the dopamine signal depending on receptor occupancy. At higher receptor occupancy they reduce the dopamine signal, while at lower receptor occupancy (when unoccupied receptors can interact with endogenous dopamine) their intrinsic activity can increase the dopamine signal. Understanding the drug-receptor relationship is crucial, as the assumption that higher doses are always more effective is incorrect.

Disclosure of Interest: None Declared

EPV1578

Examine the effects of Atomoxtine alone versus Atomoxtine combined with Risperidone at sample of Egyptian children suffering from ADHD

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Introduction: A frequent developmental condition of inattention that may or may not be accompanied by hyperactivity is known as Attention Deficit Hyperactivity Disorder.[1]One's inability to focus, excessive activity, and behavior that is inappropriate for their age, all of these traits are indicative of ADHD.[2]The data for Atomoxetine indicates that it is safe and effective in treating ADHD in children and teenagers[3]. For kids and teenagers with disruptive behaviors, ADHD, and developmental disorders, Risperidone may be a safe, effective medication. Numerous investigations have demonstrated the high effectiveness of risperidone[4]

Objectives: To study the Efficacy of Atomoxetine alone vs. Atomoxtine with Antipsychotic (Risperidone) on ADHD children.

Methods: This follow-up study was carried out from January to June 2024 on 54 ADHD children (6–18 years old) who were receiving treatment at the psychiatry clinic at Al Hussian University Hospital in Cairo, Egypt. This study was authorized by the Al-Azhar Faculty of Medicine's Ethical Committee. Following an explanation of the purpose of the study and the acquisition of verbal agreement, all children underwent semi-structured clinical interviews and were excluded from other psychiatric & medical conditions.

Based on the DSM IV criteria, ADHD has been diagnosed in all of the study children. Conner's 2 test for ADHD, or SCID, was used for every child in the study. Implementing medicinal treatment for every child and monitoring their progress, who were divided into two groups. The first group, which consisted of 27 children diagnosed as ADHD children, received only Atomoxetine, independent of the kind of ADHD. In contrast, 27 recently diagnosed children with ADHD, irrespective of their kind of ADHD, received a combination of Atomoxetine and antipsychotic(Risperidone) medication in the second group.

SPSS 20.0 was employed. The qualitative data were expressed in terms of percentages and figures, and the significance of the outcomes was assessed at the 5% level.

Results: When Atomoxetine was administered to 27 children, it demonstrated a moderate level of efficacy to 12 from 27 patients (44.4%) for all children with ADHD, regardless of type, but it significantly improved the inattention type of ADHD in 4 from 4 patients (100%).Given to 27 children, the combination of Atomoxetine and Risperidone demonstrated greater effect on 24 from 27 patients with (88.9%) for all ADHD children, and it showed a discernible improvement on 9 out of 9 with (100%) for ADHD hyperactivity type.

Conclusions: All types of ADHD are responsive to Atomoxetine or Atomoxetine / Antipsychotic (Risperidone) combination, But Atomoxetine effect is more on Attention deficit variant than other variants, while Antipsychotic (Risperidone) is more effective on hyperactivity and aggression.

Disclosure of Interest: None Declared

EPV1579

Clozapine-induced Agranulocytosis: A Case Presentation and Literature Review

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Introduction: Clozapine has the strongest evidence for efficacy for schizophrenia that has proved refractory to adequate trials of standard antipsychotic medication. Its use is limited to these cases due to the uncommon but severe adverse effect agranulocytosis or severe neutropenia, defined as a neutrophil count under 500/microL. It is seen in 0,4 % of clozapine patients and it usually occurs in the first three months. Risk is managed with close blood count (BC) monitoring protocol.

Objectives: This work aims to improve the understanding and management of this condition.

Methods: With this purpose, we present a clinical report and rewiew its management in literature.

Results: We present the case of a 60-year-old man with the diagnosis of resistant schizophrenia who is hospitalized in the acute Psychiatry Unit due to decompensation, where clozapine is initiated with gradual dose augmentation and weekly BC. After improvement of psychotic symptoms, the patient is transferred to a subacute care facility. Two months later, BC revealed mild neutropenia (1000/microL; defined as 1000-1500/microL) becoming severe (100/microL) on the next test one week later. Clozapine is then interrupted and replaced with olanzapine. Neutrophils descend to zero within one day and three days later, with all granulocytes in low levels, the patient presents fever and diarrhea, being finally hospitalized in Internal Medicine. Empirical intravenous antibiotic therapy is prescribed as well as filgastrim, a granulocite-colony stimulating factor (G-CSF). Antibiotic is adjusted after *Enterococo Faecalis* is isolated in blood cultives. Despite eleven days without clozapine and eight days with G-CSF, agranulocytosis persisted. Taking in consideration the severity of the case and the non existence of acute psychotic symptoms, olanzapine is interrupted and benzodiacepine medication is increased, with BC normalization within three days and remission of digestive symptoms and fever. G-CSF is interrupted and the patient is re-transferred to the subacute unit, with initiation of aripiprazol in the following days.

Upon the appereance of mild neutropenia, closer blood monitorization is recommended (three times a week); with interruption of clozapine and daily monitoring in case of moderate or severe neutropenia. In relation to when to reintroduce antipsychotic treatment,

clinical guidelines are cautious, emphasizing the need of close hematological monitoring and careful evaluation of risks and benefits. However, most recommend waiting for complete neutrophil recovery, taking into account the severity of the psychotic symptoms. Olanzapine, with similar mechanism of action but much lower risk, is usually the election.

Image 1:

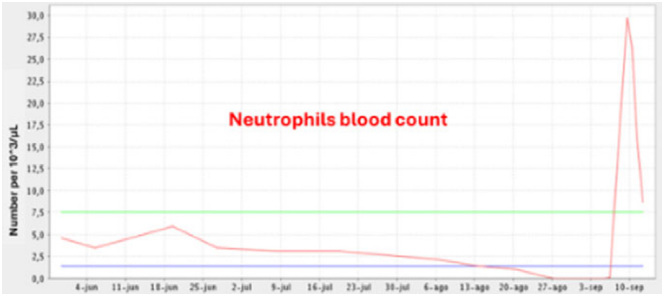


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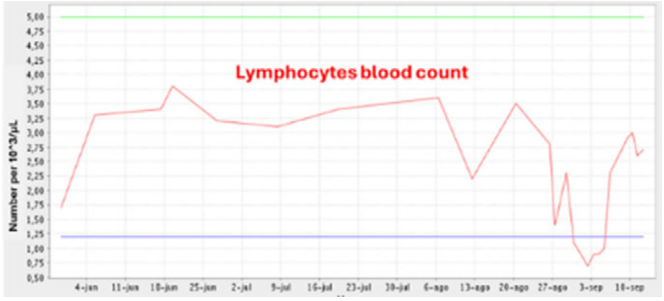
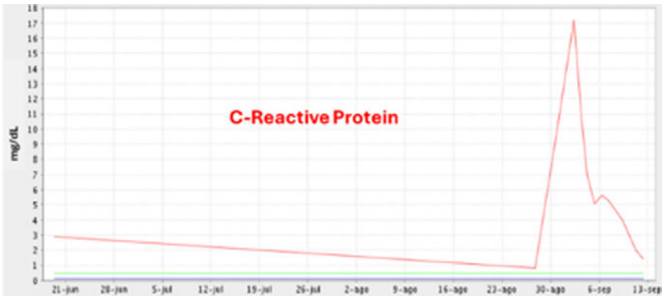


Image 3:



Conclusions: Although clozapine-induced agranulocytosis is rare, its complexity and severity requires a fine review of its management, considering that this probably has an impact on the patient's clinical evolution.

Disclosure of Interest: None Declared

EPV1580

Prolactin level changes according to atypical antipsychotics use

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Introduction: Antipsychotic drugs are known as the major cause of non-neoplastic hyperprolactinemia.
Objectives: This study aimed to investigate the levels of serum prolactin elevation depending on the use of antipsychotic drugs in patients through the Clinical Data Warehouse.(CDW)
Methods: We conducted a cohort search in the CDW application with the following condition. The subjects who aged more than 18 years old and visited from March 1, 2017, to May 31, 2022 at the Department of St. Vincent's Hospital, The Catholic University of Korea. The subjects were diagnosed according to ICD-10 for schizophrenia, schizotypal and delusional disorders, manic episodes, and bipolar affective disorders. And the subjects who was taking one of risperidone, blonanserin, amisulpride, and olanzapine. The subjects also conducted serum prolactin level tests. After that, we reviewed the medical data.
Results: Among the 117 subjects included in the analysis, the mean serum prolactin level was 64.654.6ng/ml. Serum prolactin levels were significantly higher in subjects taking risperidone or amisulpride compared to blonanserin and olanzapine. The female subjects who took blonanserin, olanzapine, and risperidone had significantly higher prolactin levels, but there was no difference in serum prolactin levels between the sex in the subjects who took amisulpride.
Conclusions: This study suggests the need for regular monitoring of serum prolactin levels in patients who are taking antipsychotics, especially in female patients. And we showed that there is a possibility to conduct more effective and simpler big data research using the CDW. Further studies on the subjects with controlled confounding variables and larger sample groups are needed.

Disclosure of Interest: None Declared

EPV1581

A Case of Severe Neuroleptic Malignant Syndrome in a Patient with Chronic Schizophrenia

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Introduction: Neuroleptic Malignant Syndrome (NMS) is a rare, idiosyncratic, and potentially lethal reaction to psychopharmacological treatment. Several heat-related disorders are influenced by psychopharmacological use, making differential diagnosis challenging. As there are no specific clinical or laboratory findings for NMS, excluding other causes of hyperthermia is essential for accurate diagnosis.

Objectives: To describe a case of severe NMS and review the key elements of differential diagnosis and treatment options.
Methods: A case report and a non-systematic review of the literature.
Results: A 54-year-old male was admitted to the hospital after being found unconscious on the street during a hot August day, with apparent cranioencephalic trauma and a core temperature of 41°C. The patient had a known history of chronic schizophrenia, managed with risperidone (6 mg/day) and quetiapine (800 mg/day), with no recent medication changes. Initial examination in the Emergency Department revealed tachycardia, tachypnea, normotension, diaphoresis and confusion. Laboratory results showed mild leukocytosis with neutrophilia, hyperkalemia, hypernatremia, and elevated acute phase reactants, including a creatine kinase (CK) level exceeding 3000 IU/L. Lactic acidosis and impaired renal function (creatinine 1.9 mg/dL) were also noted. Infectious causes were ruled out, and neuroimaging did not reveal any acute findings to account for the symptoms. Due to persistent decreased consciousness, the patient required intubation and supportive care in the Intensive Care Unit (ICU).
The patient exhibited persistent hyperthermia that was unresponsive to antipyretics and physical cooling measures. Upon suspicion of NMS, antipsychotic medications were discontinued, and treatment with a dopamine agonist and dantrolene was initiated. Muscle rigidity, which developed later, further supported the NMS diagnosis. Electroencephalography (EEG) findings were consistent with NMS. Given the patient's slow recovery, electroconvulsive therapy (ECT) was started but discontinued after two sessions due to ICU-related infectious complications.
After 19 days of hospitalization and treatment, the patient showed significant clinical improvement, allowing for extubation and discontinuation of intensive care interventions.
Conclusions: This case emphasizes the importance of early recognition and treatment of Neuroleptic Malignant Syndrome to avoid complications and mortality. Differentiating NMS from classical heat stroke can be challenging, with muscle rigidity serving as a critical diagnostic feature.

Disclosure of Interest: None Declared

EPV1582

Edema associated with Haloperidol: A Rare Observation

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Introduction: Haloperidol (Haldol®) is first-generation antipsychotic that still have a place in the treatment of schizophrenia. However, this molecule is associated with numerous side effects, particularly extrapyramidal symptoms. Edema has been rarely described with haloperidol, and may have an immunoallergic or pharmacodynamic mechanism.
Objectives: Our aim is to study a rare case of facial and limb edema attributed to haloperidol.
Methods: We report the case of a 22-year-old female patient with schizophrenia who developed facial and limb edema after taking haloperidol.
Results: We report the case of a 22-year-old woman. She was admitted to our psychiatric department "A" as an involuntary inpatient after she threatened to stab her father. She was diagnosed with schizophrenia. The patient has no past medical history. The somatic examination and the admission report were correct.
Given the need for a slow-release neuroleptic, the patient was treated with haloperidol in gradually increasing doses up to 30 mg per day. Six weeks after starting treatment, the patient developed progressive edema of the face, eyelids and all 4 limbs, with a marked increase in weight and body mass index from 31 to 36.6.
The patient was examined by internists. An etiologic investigation of this edema was initiated, excluding renal origin (strictly normal renal work-up and negative proteinuria), cardiac origin (in view of a negative pro-brain natriuretic peptide, D-dimer and troponins and a normal cardiac echography), hepatic (in the presence of a strictly normal work-up including: protidemia, albuminemia, transaminases, PAL, GGT, bilirubin and prothrombin levels) and endocrine (a normal thyroid work-up) origin.
The edema progressively worsened on haloperidol over a period of 10 days. A drug-induced origin was suspected. We contacted the regional pharmacovigilance center in Sfax, which incriminated haloperidol and recommended its immediate discontinuation.
After discontinuing the drug, the edema regressed progressively until it disappeared completely after 15 days, confirming that haloperidol was the drug responsible and contraindicating its further use.
The responsibility of haloperidol in the genesis of the edema was retained with a plausible score (C2S2I2B3). The scores were calculated according to the French Bégaud method.
Conclusions: Edema is not a common side effect of typical antipsychotics, especially haloperidol. However, it is important to emphasize that this effect, although rare, can occur. Clinicians are advised to be aware of edema in all patients taking first or second antipsychotics.

Disclosure of Interest: None Declared

EPV1583

Chlorpromazine induced acute cytolytic hepatitis: Case report and a literature review

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Introduction: Chlorpromazine is historically the first antipsychotic drug. It has played a decisive role in the development of neuropsychopharmacology. However, it can induce adverse effects, sometimes fatal.
Objectives: To study the relationship between acute cytolytic hepatitis and treatment with chlorpromazine.
Methods: We report the case of a patient treated for schizophrenia who developed an acute cytolytic hepatitis after taking chlorpromazine.

Results: We report the case of a 22-year-old woman with no significant medical history, has been diagnosed with schizophrenia who was admitted to our department for physical hetero-aggressiveness.
The clinical examination and laboratory tests performed on admission were normal. The patient was treated with 15 mg of haloperidol and 30 mg of diazepam and 50 mg of chlorpromazine.
On the twelfth day, the patient developed a fever of 38.4°C and abdominal pain. Laboratory tests revealed predominant hepatic cytolysis with elevated ALAT (ASAT: 372 IU/L; ALAT: 463 IU/L), with hepatic cholestasis (PAL: 156 IU/L; GGT: 238 IU/L). Total bilirubin and prothrombin levels were normal with no evidence of jaundice or pruritus
The ALAT/PAL ratio was 8.8 > 5, indicating cytolytic hepatitis. The rest of the clinical and biological examination was completely normal.
Drug-induced hepatitis was suspected and the three drugs were stopped after consultation with the regional pharmacovigilance center in Sfax. The biological control showed a decrease in transaminases (ALAT=5.4*N, ASAT=1.3*N) 3 days after stopping the treatment. Viral serology (hepatitis A,B and C) was negative and liver ultrasound showed hepatomegaly suggestive of drug-induced hepatitis.
Haloperidol-induced cytolysis was initially suspected, and the prescription of chlorpromazine was authorized. Due to the patient's instability, she was treated with chlorpromazine at a dose of 25 mg*3/d. Twenty-four hours after administration of this neuroleptic, the patient presented a worsening of hepatic status: ALAT=20*N, ASAT=14.4*N, PAL=2.6*N, GGT=19*N. The ALAT/PAL ratio was 7.6, indicating cytolytic impairment requiring immediate discontinuation of chlorpromazine.
The pharmacovigilance investigation blamed chlorpromazine and contraindicated its use. The evolution was characterized by an improvement of the hepatic balance three days after discontinuation of chlorpromazine.
Normalization of transaminases was achieved within 3 weeks. GGT and PAL were normalized after 2 months of discontinuation.
Chlorpromazine was classified as probable (C2S3I3B3(R+)). The score was calculated according to the French Bégaud method.
Conclusions: Edema is not a common side effect of typical antipsychotics. However, it is crucial to emphasize that this effect can occur. Clinicians are advised to watch for edema in all patients taking antipsychotics.

Disclosure of Interest: None Declared

EPV1584

Effects of liraglutide on depressive behavior and cognitive function in the probe trial of Morris water maze test

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Introduction: Liraglutide, a glucagon-like peptide-1 (GLP-1) agonist, is an interesting candidate for improving metabolic syndrome and cognition in psychiatric disorders.
Objectives: We investigated the effects of liraglutide on a depression-like phenotype in mice exposed to chronic unpredictable stress (CUS).
Methods: Learning and memory were also assessed using the Morris water maze (MWM) test. Liraglutide (0.3 mg/kg/day for 21 days) was administered to mice with or without exposure to CUS. After 21 days of CUS, the forced swim test (FST) was performed to assess its antidepressant effect. To evaluate cognitive function, liraglutide was administered to mice under stress-free conditions for 21 days, and then the MWM test was performed on 6 consecutive days.
Results: Chronic liraglutide treatment reduced FST immobility in mice with and without CUS. In the probe trial of the Morris water maze test, the search error rate was reduced and the time spent and path length in the target quadrant and the number of platform crossings were increased.
Conclusions: Additional animal model experiments and molecular level studies are needed to support the results obtained in this study. Liraglutide appears to exert antidepressant effects and could improve cognitive function. Based on these results, GLP-1 agonists could have potential as novel antidepressants. It may also help with metabolic syndrome, cognitive dysfunction, and depressive symptoms.

Disclosure of Interest: None Declared

EPV1587

Acute Generalized Exanthematous Pustulosis Secondary to Low-Dose Olanzapine: A Case Report and Mini-Review of the Literature

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Introduction: Acute generalised exanthematous pustulosis (AGEP) is a rare but severe cutaneous reaction often triggered by medications like antibiotics, calcium channel blockers, and antipsychotics. It is characterised by the rapid onset of non-follicular sterile pustules, fever, and leukocytosis with neutrophilia and eosinophilia. The European SCAR study reports an incidence of 1–5 cases per million annually, with a mortality rate of up to 5% in severe cases (Szatkowski et al. JCM 2022; 11:397). While AGEP is well-documented with various drugs, AGEP induced by low-dose olanzapine is particularly noteworthy due to its rarity and the lack of substantial evidence in existing literature.
Objectives: The aim of this report is to highlight the potential for AGEP to develop even at low doses of olanzapine and to review similar cases from the literature.
Methods: We present the case of a 19-year-old male treated with low-dose olanzapine (2.5 mg) for severe insomnia who developed AGEP. A literature review was conducted to identify other instances of AGEP related to olanzapine. The review utilised PubMed and Google Scholar databases, focussing on cases with detailed patient information including age, gender, dosage, and time to symptom onset (Table 1).
Results: A 19-year-old male with a one-year history of severe sleep deprivation, reporting only one hour of sleep per day in the past week, was prescribed olanzapine 2.5 mg after failed attempts with melatonin, hydroxyzine, and mirtazapine. Two days later, he developed a pruritic rash on the neck, spreading to the trunk and limbs, along with a fever of 38.5°C. Blood tests revealed leukocytosis

(12,000/μL), neutrophilia, and eosinophilia but normal liver and kidney function. Dermatological evaluation confirmed AGEP. Olanzapine was discontinued, and cetirizine, an H1 antagonist, was administered. Symptoms improved within 24 hours, and the rash resolved within a week.

Table 1: Summary of Olanzapine-Induced AGEP Cases

Study	Age	Gender	Dosage (mg)	Symptom onset (days)
Christen et al. Acta Medica (Hradec Kralove) 2006; 49:75-6.	56	Male	10	5
Patel et al. Crit Care Med 2018; 46:469.	38	Male	10	3
Jakhar et al. Indian J Psychiatry 2021; 63:411-3.	57	Female	20	2
OUR CASE	19	Male	2.5	2

Conclusions: This case underscores the need to recognize rare hypersensitivity reactions like AGEP, even at low doses of olanzapine. Early detection and discontinuation of the drug are essential to avoid complications. Literature shows AGEP can occur across various dosages, with symptom onset typically within days. Clinicians should be cautious when prescribing olanzapine, regardless of dose, and closely monitor patients for signs of AGEP to prevent severe outcomes.

Disclosure of Interest: None Declared

EPV1590

Rare but elevated incidence of hematological malignancy after clozapine use in schizophrenia: a population cohort study

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Introduction: Clozapine is widely regarded as a safe and highly efficacious psychotropic drug that is largely underused worldwide. Recent disproportionality analyses and nationwide case-control studies suggested a potential association between clozapine use and hematological malignancy (HM). Nevertheless, the absolute rate difference is not well-established due to the absence of analytic cohort studies. The clinical significance of such a potential risk remains unclear.

Objectives: We aim to estimate the rate ratio and rate difference of HM associated with clozapine use.

Methods: We extracted data from a territory-wide public healthcare database from January 2001 to August 2022 in Hong Kong to conduct a retrospective cohort study of anonymized patients aged 18+ with a diagnosis of schizophrenia who used clozapine or olanzapine (drug comparator with highly similar chemical structure and pharmacological mechanisms) for 90^{+} days, with at least two prior other antipsychotic use records within both groups. Weighted by inverse probability of treatment based on propensity scores, Poisson regression was used to estimate the incidence rate ratio (IRR) of HM between clozapine and olanzapine users. The absolute rate difference was also estimated.

Results: In total, 9,965 patients were included, with 834 clozapine users. Both groups were followed up for an average of more than seven years. Clozapine users had a significant IRR of 2.22 (95% CI [1.52, 3.34]; $p<0.001$) for HM compared to olanzapine users. Absolute rate difference was estimated to be 57.40 (95% CI [33.24, 81.55]) per 100,000 person-years. Findings were consistent across sub-groups by age and sex in terms of effect size, although the IRR was non-significant for those aged 65 or older. Sensitivity analyses all supported the robustness of the results and showed good specificity to HM but no other cancers.

Conclusions: Absolute rate difference in HM incidence associated with clozapine is small despite a twofold elevated rate. Given the rarity of HM and existing blood monitoring requirements, more restrictive indication for clozapine or special warnings may not be necessary.

Disclosure of Interest: None Declared

EPV1591

Long-Acting Injectable Antipsychotics: Are They the Missing Link in Early Psychosis Treatment?

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Introduction: Research into early interventions following a first episode of psychosis (FEP) has enabled a focused approach on prognostic-modifying factors. Among these, poor medication adherence contributes to relapse, as well as cognitive and functional deterioration. Several studies report discontinuation rates of oral antipsychotics (OAPs) after FEP at 70%, regardless of the prescribed OAP. The early introduction of long-acting injectable antipsychotics (LAIAs) could present an alternative.

Objectives: This study aims to review the efficacy of LAIAs in the early stages of psychosis and compare the most relevant international guidelines on this topic.

Methods: Methodology: A non-systematic literature review using the keywords "long-acting injectable" and "first episode psychosis," limited to articles published in English and Portuguese in the last 10 years from the PubMed®/MEDLINE® database, and clinical practice guidelines on psychosis, schizophrenia, and FEP from NICE, APA, and RANZCP.

Results: Despite frequent selection biases (such as reserving LAIAs for patients with worse prognostic factors), significant benefits of LAIAs over OAPs in preventing hospitalization and relapse during the early phases of psychosis are consistently reported. LAIAs reduce non-adherence due to forgetfulness or reduced insight, while their

different pharmacokinetics minimize withdrawal symptoms, drug interactions, and fluctuations in plasma concentration, enhancing tolerability. No second-generation LAIA was found to be clearly superior in terms of efficacy. Various guidelines recommend offering this treatment option early, favoring an informed and collaborative decision-making process. However, despite documented benefits in robust studies, they do not consider LAIAs as a first-line treatment.
Conclusions: Discussion/Conclusions: Significant variations in the proportion of patients on LAIAs across countries suggest that factors other than efficacy may influence its use. Greater understanding of these factors could help identify potential barriers to optimal implementation. New evidence may prompt a review of the guidelines.

Disclosure of Interest: None Declared

EPV1593

The Effects of St. John's Wort and its Interactions with SSRI's

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Introduction: Hypericum perforatum, commonly known as St. John's Wort, is a widely used herbal remedy for mild to moderate depression. It significantly affects drug metabolism by inducing the Cytochrome P450 enzyme system, particularly the CYP3A4 enzyme. This interaction can alter the metabolism of various medications, including oral contraceptives, cancer drugs, HIV antiretrovirals, and antidepressants. St. John's Wort increases levels of serotonin, dopamine, and norepinephrine via reuptake inhibition, similar to the action of selective serotonin reuptake inhibitors (SSRIs). However, combining St. John's Wort with SSRIs can dangerously elevate serotonin levels, potentially leading to serotonin syndrome, a serious and potentially life-threatening condition. This review explores the interactions between St. John's Wort and SSRIs, focusing on metabolic effects and the risk of serotonin syndrome.
Objectives: To determine the impact St. John's Wort has on the metabolism of anti-depressants and to discover the differences in severity of serotonin syndrome between various SSRI's.
Methods: A comprehensive literature review was conducted using PubMed, Google Scholar, and Medline. The review focused on documented drug-drug interactions between St. John's Wort and SSRIs, particularly their effects on the CYP enzyme system and the incidence of serotonin syndrome in patients taking both therapies.
Results: The review identified that St. John's Wort affects the metabolism of several antidepressants, primarily through the CYP3A4, CYP2C9, and CYP2C19 enzymes. SSRIs such as citalopram, escitalopram, and sertraline, metabolized by CYP2C19, are more likely to interact with St. John's Wort than those metabolized by CYP2D6, such as paroxetine, fluoxetine, and fluvoxamine. The most significant adverse effect observed was serotonin syndrome, with case studies highlighting sertraline and paroxetine as the most commonly involved SSRIs. Dosages of SSRIs ranged from 20 mg to 75 mg, with St. John's Wort dosages typically between 600 mg to 900 mg per day. All reported cases of serotonin syndrome involved both sertraline and paroxetine, suggesting that these SSRIs may have a higher risk when combined with St. John's Wort, though a larger sample size is needed for statistical validation.
Conclusions: The literature underscores the critical need to screen for patient's who may have added St.John's Wort into their treatment regimen, especially when taking SSRIs. St. John's Wort can significantly alter the metabolism of SSRIs and increase the risk of serotonin syndrome. While interactions with sertraline and paroxetine are well-documented, further research is necessary to determine the risk profile of other SSRIs in combination with St. John's Wort.

Disclosure of Interest: None Declared

EPV1594

Xerostomia Induced by Psychiatric Medications: Prevalence, Impact, and Management

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Introduction: Xerostomia, or dry mouth caused by reduced salivary flow, is a frequently reported adverse effect of various psychiatric medications, particularly tricyclic antidepressants (TCAs), antipsychotics, SSRIs, SNRIs, and anticholinergics. This condition can lead to severe oral health problems causing many patients to discontinue their medication. Anticholinergics and psychotropic medications cause xerostomia by blocking acetylcholine from binding to muscarinic receptors in the salivary glands. Determining rates of xerostomia among psychotropic medications could be useful for those who are at higher risk of xerostomia.
Objectives: To investigate the prevalence and clinical impact of xerostomia caused by psychiatric medications and to identify effective management strategies.
Methods: A narrative literature review of clinical trials, observational studies, and case reports was performed to gather data on the prevalence, severity, and management of xerostomia in patients on psychiatric medications. The review included TCAs (amitriptyline, nortriptyline), antipsychotics (clozapine, olanzapine, chlorpromazine), SSRIs (paroxetine, fluoxetine, sertraline, citalopram), SNRIs (venlafaxine, duloxetine), and anticholinergics (benztropine, trihexyphenidyl). Patient-reported outcomes and interventions were analyzed.
Results: Table 1: Prevalence of Xerostomia by Medication

Medication	Prevalence (%)	Severity (Mild/ Moderate/ Severe)	Management Strategies
Amitriptyline	30-50	Moderate to Severe	Saliva Substitutes, Pilocarpine
Clozapine	10-30	Mild to Moderate	Dose Reduction, Hydration
Paroxetine	20-40	Mild to Moderate	Sugar-free Chewing Gum, Hydration
Anticholinergics*	20-65	Moderate to Severe	Dose Adjustment, Saliva Substitutes

*Anticholinergics include benztropine and trihexyphenidyl, commonly used to manage extrapyramidal symptoms.
The prevalence of xerostomia was highest with amitriptyline (30-50%), followed by paroxetine (20-40%) and clozapine (10-30%). Anticholinergics contributed to xerostomia in 20-65% of cases. Amitriptyline and anticholinergics often caused moderate to severe cases of xerostomia. Management strategies included the use of saliva substitutes and pilocarpine for TCAs and anticholinergics, dose reduction and increased hydration for antipsychotics, and sugar-free chewing gum for SSRIs. Other medications not listed that are notable for significantly inducing xerostomia among their medication class include citalopram for SSRIs, venlafaxine for SNRIs, and chlorpromazine for antipsychotics.
Conclusions: TCAs and anticholinergics pose the highest risk for the side effect of xerostomia among psychiatric medications. Effective management requires a multifaceted approach, including pharmacologic and non-pharmacologic interventions. Future research should aim to explore alternative medications with lower xerostomia risk.

Disclosure of Interest: None Declared

EPV1595

A meta-analytic approach on Vortioxetine and acute depression

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Introduction: Major Depressive Disorder (MDD) is a chronic, recurrent illness characterized by various combinations of signs and symptoms, severity levels, and loss of functions. Among the available pharmacological treatments for MDD, Vortioxetine, a serotonin transporter inhibitor (SERT), has been widely used for its multimodal action on serotonin neurotransmission, which produces important changes also on glutamate, GABA, norepinephrine, acetylcholine, and dopamine.
Objectives: The aim of this systematic review and meta-analysis is to evaluate the acute efficacy of Vortioxetine across multiple dosing to evaluate if there is a dose response effect and as well is there a dose response issue with respect to side effects.
Methods: According to PRISMA guidelines we systematically searched 3 major electronic databases (PubMed/MEDLINE, PsycINFO, and Cochrane Central Register of Controlled Trials) for Randomized Controlled Trial (RCT) studies published between January 2013 and April 2024. The RCTs evaluate the efficacy of Vortioxetine on acute depression, compared with placebo or other antidepressants, through improvements in depressive symptoms based on MADRS or HAM-D scores. Twenty-four studies were included in the analysis.
Results: In general, Vortioxetine significantly improved depression severity, anxiety symptoms, cognitive function, with high response and remission rates. It was also well tolerated with a relatively low occurrence of severe or serious treatment emergent adverse events (TEAEs), with nausea as the most frequent adverse event, and/or discontinuation due to intolerability. Observing the results of the meta-analysis, the effect was significant for both Vortioxetine 10 and 20 mg with a greater effect-size for vortioxetine 20 mg. These different results could explain a better clinical efficacy of Vortioxetine 20 mg than Vortioxetine 10 mg for acute symptoms of depression.
Conclusions: In conclusion, the results of the present study underlined the efficacy and safety of Vortioxetine and pointed out that the optimal dosage of Vortioxetine for the treatment of acute symptoms of depression varies between 10 and 20 mg with 20 mg for a better management of acute depression. When choosing initial therapy for MDD in clinical practice, it is important to consider not only drug efficacy but also patient preferences such as AEs and possible adherence. Thus, Vortioxetine should be consider efficacious as a first, and second line therapy.

Disclosure of Interest: None Declared

EPV1596

Clozapine response in patients with treatment-resistant schizophrenia: a preliminary report

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Introduction: Clozapine, the first atypical antipsychotic agent, serves as the gold standard treatment for treatment-resistant schizophrenia (TRS), being the most effective choice. Despite the fact that early commencement of clozapine is related to a higher response rate of patients, many psychiatrists remain reluctant towards its initiation. Identifying sociodemographic and clinical features correlating to clozapine response could facilitate the prompt clozapine initiation and ameliorate clinical outcomes.
Objectives: Our department presents the preliminary results of a prospective cohort study on patients diagnosed with TRS, as defined by the Treatment Response and Resistance in Psychosis (TRRIP) Working Group criteria, before clozapine initiation prospectively for 6 months. The study aims to evaluate the potential association of several sociodemographic and clinical factors with clozapine response.
Methods: The patients included in our study were required to have a history of treatment-resistant schizophrenia, as specified by the TRRIP criteria and no history of treatment with clozapine. The TRS patients were submitted to clinical assessments in baseline and 6 months after clozapine initiation included the following: the Positive and Negative Syndrome Scale (PANSS), the Perrsonal and Social Performance Scale (PSP), past medical history, sociodemographic data, blood tests, and monitoring of clozapine blood levels.
Results: 30 patients have been screened until now, of which, 26 met the inclusion criteria. 4 patients withdrew from the study before the

6-month follow-up, 4 patients discontinued clozapine due to serious adverse events. 18 patients successfully completed the follow-up. 50% of the TRS patients showed significant clinical response to clozapine, as described by >20% increase in PANSS score. Clozapine responders also showed a significant increase in functionality, as assessed by the elevation of the PSP score (p <0,001), as expected. However, neither PSP score nor PANSS positive, negative or total score at baseline were predictive of clozapine response. Regarding the patients' sociodemographic data, no statistically significant differences were identified between clozapine responders and non-responders.This study is also in accordance with the existing literature suggesting a significant delay in clozapine prescription by physicians. In our study, 80% of patients were prescribed more than three different antipsychotics before clozapine was initiated.
Conclusions: Clozapine is an effective treatment for TRS, as supported by the preliminary results of our study. 50% of the TRS patients showed significant clinical response to clozapine, as shown by reduction in PANSS score, and increase in PSP score, as a measure of functionality. However, larger clinical samples are needed to showcase further, more delicate differences among the two groups, to highlight potential predictive factors of clozapine response.

Disclosure of Interest: None Declared

EPV1597

Drug-induced stuttering: Focus on medication with Antipsychotics

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Introduction: Stuttering is a disruption in speech fluency, characterised by repetition of sounds, syllables, or words, consonant prolongations, and blockages. It can be classified as developmental or acquired, the latter being psychogenic or neurogenic. Neurogenic stuttering is often associated with brain injuries, stroke, neurodegenerative conditions, or side effects of certain medications. Drug-induced stuttering (DIS) is a recognised but rare side effect of psychotropic medications, particularly antipsychotics. Although uncommon, DIS significantly impacts quality of life, especially in males aged 20 to 40. Clinicians may mistakenly attribute the onset of stuttering to the progression of psychiatric or neurological conditions, overlooking the potential role of medication. The exact mechanism of DIS remains unclear, but it is likely related to disruptions in neurotransmitter systems.
Objectives: This review aims to explore the pathophysiology and neurochemical pathways involved in antipsychotic-induced stuttering (AIS) through a literature review.
Methods: A non-systematic literature review was conducted using PubMed with the keywords "psychopharmacology", "stuttering", and "fluency disorder".
Results: Clozapine emerges as the primary drug implicated in DIS, though cases involving olanzapine, risperidone and aripiprazole have also been reported. The pathogenesis of AIS likely involves neurotransmitter system disruptions, particularly dopamine, glutamate and serotonin, within circuits such as the cortico-basal ganglia-thalamocortical loop and white matter fiber tracts. Dopamine dysregulation appears to play a central role, as antipsychotics that block dopamine receptors may impair motor control in speech-related pathways, and additionally in the prefrontal cortex and nigrostriatal pathway. This disruption alters the balance between different brain regions, leading to deficits in motor control over the muscles involved in verbal articulation, which subsequently manifest as stuttering. Furthermore, cognitive and sensory disorders may also contribute to DIS pathogenesis.
Interestingly, stuttering improvement has been noted in some individuals with the same medications that induce it in others, reflecting the variability of dopamine's role in different brain processes.
Conclusions: DIS, particularly from antipsychotic medications, is a rare but significant clinical issue that may be overlooked. It can cause substantial social impairment, especially in psychiatric patients, who are vulnerable to stigma. Careful monitoring of medication side effects, particularly in those with no prior stuttering history, is essential to provide the best possible care. Drug withdrawal or dose adjustment is often an effective intervention for managing DIS.

Disclosure of Interest: None Declared

EPV1599

Impact of Paliperidone Palmitate 6-Month Treatment After Hospital Discharge

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Introduction: Rehospitalization is common in psychosis, often due to poor adherence to antipsychotic treatments. Long-acting injectable antipsychotics (LAIs), particularly paliperidone palmitate 6-month (PP6M), have shown promise in improving adherence and reducing relapses compared to monthly or quarterly formulations . Rapid initiation of PP6M during hospitalization may further optimize post-discharge outcomes and enhance the therapeutic adherence, minimizing the risk of a new outbreak, reducing the impact of rehospitalization and improving patients' quality of life.
Objectives: To evaluate clinical outcomes and treatment adherence in schizophrenia and other psychotic disorders after rapid PP6M initiation during psychiatric hospitalization.
Methods: A retrospective analysis of 24 hospitalized patients diagnosded with schizophrenia and other psychotic disorders treated with PP6M within 7–10 days was conducted. Treatment adherence, follow-up attendance, and adverse effects were evaluated using McNemar's test for statistical analysis.
Results: Patients had a mean age of 36.8 years (SD=10.85), 64% were male, with an average of 2 prior hospitalizations (SD=3.16) in the past two years. Previously, 57% were on monthly LAIs. Post-discharge, 83% attended follow-ups. Antipsychotic monotherapy increased by 27% (p = .10) to 59%, while attendance at over 80% of appointments improved by 47% (p ≤ .001). Akathisia was reported in 25% of patients.
Conclusions: PP6M significantly improves adherence by simplifying treatment regimens. Increased follow-up attendance (47%) and greater use of monotherapy reflect better patient outcomes. These findings align with prior evidence on the efficacy of LAIs in preventing relapses. Rapid initiation of PP6M can reduce

rehospitalizations and optimize hospital resources. The low incidence of akathisia (25%) supports its safety and tolerability for long-term use.

Disclosure of Interest: None Declared

EPV1603

The Effects of a Single Dose of Methylphenidate on Motor Performance in Young Healthy Participants Diagnosed with Attention-Deficit/Hyperactivity Disorder (ADHD)

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Introduction: Methylphenidate (MPH), a common stimulant medication for attention-deficit hyperactivity disorder (ADHD), has been shown to enhance both fine and gross motor skills in individuals with ADHD.
Objectives: This study aims to assess the acute effects of a single dose of MPH on agility and balance motor tests, as well as physiological parameters such as heart rate (HR) and blood pressure (BP) at rest and after motor tests, in young healthy participants diagnosed with ADHD.
Methods: A randomized crossover design was employed to evaluate agility and balance motor performance with and without MPH treatment. The study included 35 physical education students (mean age 25.3±3.6 years) diagnosed with ADHD, 65.7% of whom were male. Each participant used their prescribed MPH medication. Motor tests included a zigzag agility test, with and without leading a ball, and a balance test. Physiological measurements, including HR, BP, and core temperature, were recorded at rest and after the motor tests. Subjective sense of effort was evaluated using the RPE scale.
Results: The agility test without a ball showed a small but significant improvement following MPH treatment (without MPH 7.4 ±0.8, with MPH 7.4±0.8, p= 0.25) . No significant differences were found in the balance test or the agility drill with a ball, regardless of MPH treatment. Systolic blood pressure (SBP) at rest was significantly higher after MPH administration (without MPH 126.7±10.8, with MPH 131.9±12.7, p=.023). There were no significant differences in diastolic blood pressure (DBP), HR, or core temperature at rest or after the motor tests.
Conclusions: A single dose of MPH improved performance in the agility test without a ball but did not enhance balance or agility with a ball. These findings suggest that while MPH may enhance certain motor functions, its effects are selective and not universally beneficial across all motor tasks.

Disclosure of Interest: None Declared

EPV1604

Enzyme-inducing effect of the original anticonvulsant on the liver monooxygenase system – prospects for clinical use in the treatment of paroxysmal disorders

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Introduction: It is necessary to know how the pharmacokinetics of psychotropic drugs changes in the body of patients during their long-term use.
Objectives: To study the pharmacokinetic parameters of the anticonvulsant galodif in experimental rats at different times of drug administration.
Methods: Galodif (meta-chlorobenzhydryl urea, 100 mg/kg) was administered in rats (in suspension, intragastrically) for: 1, 5 and 15 days. Galodif was determined in the microsomal fraction of rat liver. Pharmacokinetic parameters were calculated by a model-independent method of statistical moments. The statistical significance of differences was assessed using the Kolmogorov-Smirnov λ-test at $p<0.05$.
Results: A single administration of galodif to rats is accompanied by a slowdown in its elimination from the body: the values of T1/2 (18.82±6.25h), MRT (22.41±7.07h), MET (10.64±2.84h), AUC (15.01±4.86 mcg/ml) increase, indicating the retention of galodif in the body tissues. A 5-fold administration of galodif stimulates the elimination of the drug: T1/2 (2.22±0.52*h), AUC (3.68 ±0.79*mcg/ml), MRT (2.95±0.73*h), MET (3.00±0.65*h) decrease. The pharmacokinetic parameters of the drug indicate a pronounced tissue availability of galodif molecules. With a 15-fold administration of galodif, the elimination of the drug from the body slows down somewhat, remaining accelerated relative to a single administration: T1/2 (10.79±2.90*h), MRT (3.97±1.03*h), MET (12.05±4.10*h), AUC (19.28±7.13*mcg/ml). The revealed changes in kinetic parameters during long-term administration of galodif to rats stimulate the elimination of the drug by inducing the microsomal liver oxidative system.
Conclusions: The choice of a drug that combines anticonvulsant and detoxifying properties is of great importance in long-term therapy of paroxysmal disorders, epilepsy and alcoholism.

Disclosure of Interest: None Declared

EPV1605

Desvenlafaxine-a causative agent of extrapyramidal side effects

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Introduction: Extrapyramidal side effects due to antipsychotics is very common but antidepressants being the causative factor is very less studied. Among antidepressants escitalopram is the most commonly reported. SSRI's most commonly cause extrapyramidal side effects than other antidepressants. The major theories are changes in chemical, anatomical and physiological perspectives of neurological system. Reported cases shed light that akathisia occurs most commonly followed by dystonia, parkinsonism and tardive dyskinesia states in antidepressant induced extrapyramidal side effects. Desvenlafaxine (o desmethyl venlafaxine) inhibits reuptake of dopamine, serotonin and norepinephrine. EPS occurs due to inhibitory effect of serotonin on dopaminergic pathway in striatum. Females suffer from it more commonly than men. Increasing age in women,CYP2D6 inhibition by concomittently used drugs can increase the risk. SNRI's less frequently cause EPS than SSRI's. Although desvenlafaxine is very well tolerated this rare side effect increases noncompliance and chances of suicide. Drug induced parkinsonism also predicts future chances of parkinsonism. Usage of desvenlafaxine sometimes present to the emergency department as dystonia causing panic among care givers of the patients.

Objectives: To determine desvenlafaxine's role in causing extra-Pyramidal side effects

Methods: We report here 8 cases of desvenlafaxine induced extrapyramidal side effects. All follow up cases of depression coming for follow up to dept of psychiatry IMS & Hospital who were on desvenlafaxine was analysed.the patients developong extrapyramidal side effects were detected and detailed evaluation and appropriate management was done for those specific cases..all these cases were collected over a period of last 4 years.

Results: In our case series we bring into light rare occurences of extrapyramidal side effects due desvenlafaxine. 5 out of 8 cases were females.most of the symptoms of developed within 5 days of starting the medicine.4 of these cases resulted in secondary parkinsonism, 3 of them resulted in akathisia and one resulted in acute dystonia post adminstration of desvelafaxine. The average dose of desvenlafaxine in all the cases were within 50-100mg. When after extrapyramidal side effects desvenlafaxine was withdrawn replacement with mirtzapine, escitalopram, sertraline or duloxetine was used instead of it resulting in good symptom reduction of primary illness.

Conclusions: Extrapyramidal symptoms with desvenlafaxine is extremely rare. In our case series we highlighted the importance of a keen eye to check for Extrapyramidal side-effects even with the administration of Antidepressants. Future reasearch is needed to find predictors and exact mechanism of action for the same.

Disclosure of Interest: None Declared

EPV1606

Lymphopenia without neutropenia in Clozapine treatment. A review and a case report

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Introduction: In 1975 Clozapine was retired after 16 cases of severe neutropenia, with a mortality of 50%. It wasn´t until 5 years later when its effectiveness in treatment resistant schizorenia, with a mandatory hematological follow up.

In studies available we find that clozapine treatment is related to neutropenia and not leukopenia. In the case we present below neutrophils are within range, but it´s lymphocytes that are affected.

Objectives: We hope that our expirience, and review can help other professionals in the future who find themselves in this situation.

Methods: We used the Pubmed and Uptodate databases.

We present the following clinical case.

Male, 36 years old, with a diagnosis of Schizophrenia. Several admissions to the Acute Unit over the years, requiring treatment with ECT. Maintenance treatment with Olanzapine, with which he maintained some delirious ideation and tendency to isolation. He was admitted again in 2023 due to a destabilization of his pathology, presenting delusions of harm, persecution, self-referentiality, auditory hallucinations, imperative phonemes, etc. with important affective and behavioral repercussions. Several pharmacological treatments were tried (Olanzapine, risperidone, aripiprazole), finally the patient showed some improvement with Lurasidone although his functionality was still impaired.

It was decided to start treatment with Clozapine, to minimize the psychotic symptoms, after a hemogram study, which was normal.

Results: During the weekly follow-up of the treatment, a decrease in lymphocytes was observed, with normal neutrophils. The treatment was proving to be ineffective, so it was decided to continue in this line.

Seven months after starting the treatment, the patient suffered a catarrhal process, and once resolved, we observed in addition of the lymphopenia, anaemia and grade 2 neutropenia in the hemogram. Succeeding a consult with hematology specialist we decided to stop the treatment.

The week following the suspension of the treatment, the hemogram normalizes, but the psychotic symptomatology worsens (inability to relate to others, thought blocks, etc.). Taking into account that the blood alterations occured after a cold, and the mental deterioration that the patient presented, it is agreed with the family and the patient to restart the treatment. Wich resulted in improvement of the psychotic symptoms but a new leukopenia due to a slight lymphopenia is observed again.

Conclusions: The average time described for the resolution of severe neutropenia is 12 days. In our case, the hemogram started to improve by the fifth day following the suspensión of the treatment. As it is an infrequent side effect, we do not have studies on the effects of lymphopenia secondary to Clozapine.

We decided to mantein the Clozapine treatment due to the great improvement of the patients quality of life.
Currently he is taking Clozapine 75mg a day and remains stable.

Disclosure of Interest: None Declared

EPV1607

Long-acting injectable antipsychotics vs schizophrenia: a descriptive study in a Greek university hospital

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Introduction: Antipsychotics' adverse effects in combination with patients' anosognosia, which is frequent among individuals with schizophrenia, lead to high rates of medication nonadherence. However, long-acting injectable (LAI) antipsychotics represent a veritable ally to the eyes of patients suffering from schizophrenia. Instead of the daily pill-taking required with oral antipsychotics, LAI antipsychotics are administered by injection at two- to four-week intervals, permitting patients to feel more independent, self-secure and free.
Objectives: To explore the sociodemographic profile of patients receiving LAIs and to highlight the positive and the negative impact this treatment had on their health.
Methods: The study sample consisted of 44 patients followed-up in the Depot Outpatient Department of Papageorgiou General Hospital in Greece. The research was conducted between 2023 and March 2024. The sample was divided into subgroups according to gender, diagnoses - according to the International Classification of Diseases (ICD-10)-, and type of long-acting antipsychotic treatment. A bivariate analysis was performed to examine relationships between variables, such as: (a.) age; (b.) family status (c.) BMI; (d.) number of lifetime hospitalizations; (e.) lifetime suicide attempts.
Results: 63.6% of patients were men, 36.4% were females.
90.9% were diagnosed with Schizophrenia (F20).
31% were between 31 - 40 years old, while 26.2% were between 51 - 60 years old.
61.4% were unmarried, while 13.6% were married and 13.6% were divorced.
81.8% were unemployed/receiving welfare benefits.
68.2% lived with a relative.
56.8% claimed not suffering from physical diseases. However, when physical disorders were reported, they mainly included dyslipidaemia, diabetes and hypertension.
Based on their BMI, 37.2% were in the 2nd degree of obesity, 25.6% were in the 1st degree of obesity and 30.2% had normal weight.
47.7% were on olanzapine, 22.7% were on paliperidone and 11.4% were on haloperidol or aripiprazole.
The average value of years on LAI treatment was 3.5 years, with a minimum of 1 month and a maximum of 12 years.
Prior LAI treatment, the average value of hospitalizations was 3.5, with a minimum of 1 hospitalization and a maximum of 21 hospitalizations. After receiving treatment, 95.5% of patients were never hospitalized.
Prior LAI treatment, 88.6% of patients had no history of suicide attempts, while 11.4% had one or two suicide attempts. After receiving treatment, no participant had any suicide attempt.
Conclusions: Long-acting injectable antipsychotics help patients to live their lives outside of a psychiatric ward, by drastically diminishing the number of hospitalizations as well as the number of suicide attempts. But when it comes to their physical health, patients face many adverse effects, such as obesity. Clinicians must stay vigilant to ensure the quality of physical health of their patients.

Disclosure of Interest: None Declared

EPV1609

Pre-acceptance study of bi-monthly Aripiprazole in clinically stable patients

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Introduction: Aripiprazole monthly (Ar1M) has been the first long-acting injectable (LAI) partial agonist antipsychotic. The benefits of long-acting injectables in terms of relapse reduction are well known.
Objectives: The aim of this study is to assess the level of acceptance and the doubts presented by patients before switching to 2-monthly Aripiprazole (Ar2M).
Methods: 25 patients diagnosed with schizophrenia and related disorders in symptomatic remission were asked consecutively whether they would switch to the new bimonthly formulation of aripiprazole and the doubts expressed were collected.
Results: The sample is composed of 25 patients (12 women and 13 men). The mean age is 52.64 years. All are being treated with Ar1M with a mean dose of 408 mg/monthly. Most of the patients present a diagnosis of affective psychosis (N=12 (42%)), 36% a non-affective psychosis (N=9) and 16% a delusional disorder (N=4). Presenting an average of 3.8 previous admissions.
Acceptance was mostly positive, with an initial acceptance rate of 76 % (N=19). Twelve percent (N=3) did not initially want the treatment. Another 12% had doubts and preferred to postpone the decision. 20% of the patients had doubts, related to possible appearance of side effects. 75% of the patients who do not want the treatment have doubts, as do the patients who prefer to wait. Of the patients who initially accepted the treatment, only 1 expressed doubts about it.
Conclusions: The level of acceptance of Ar2M is very high, exceeding 75%. Of the doubts expressed about the possible change, the appearance of side effects is a matter of concern. Given the high level of acceptance, the treatment proposal is important given the wide-ranging benefits it can bring to patients. The clarification of doubts and the successive proposals of the treatment can contribute to a greater acceptance.

Disclosure of Interest: None Declared

EPV1610

Effect of clozapine and olanzapine on the production of malondialdehyde in reaction to free radical attack on deoxyribose

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Introduction: Clozapine and olanzapine are among the most effective antipsychotic drugs. However, their use is associated with the development of metabolic syndrome and lipid profile disorders. It is therefore interesting whether they can affect the level of oxidative stress associated with the Fenton reaction, which is a source of harmful hydroxyl radicals in the blood that damage DNA.
Objectives: The aim of our study was to test the in vitro antioxidant properties of two known neuroleptics – clozapine and olanzapine, which are commonly used in the treatment of schizophrenia and bipolar disorder.
Methods: The study was based on the ability of the hydroxyl radical to split deoxyribose into malondialdehyde (MDA). In the experimental system, the Fenton reaction was used as a source of the hydroxyl radical, in which the divalent iron cation reacts with hydrogen peroxide to form a highly toxic hydroxyl radical. For this purpose, deoxyribose was incubated under appropriate conditions with FeSO4 (0.5 mM), EDTA (1 mM), H2O2 (14 mM) and cloazpine or olanzapine at concentrations of 1, 5, 20 or 50 µmol/l. These concentrations corresponded to the concentration of drugs in the cerebrospinal fluid. A clean system (containing no drugs) was used as a positive control. Then, thiobarbituric acid (TBA) was added to the reaction mixtures in the presence of trichloroacetic acid.
Results: Both olanzapine and clozapine inhibited the formation of malondialdehyde (MDA) from deoxyribose under the influence of the Fenton reaction. At concentrations of 1 and 5 µmol/l, both neuroleptics did not inhibit the reaction. At concentrations of 20 µmol/l, olanzapine inhibited the reaction by 15%, and clozapine by 20%. At concentrations of 50 µmol/l, olanzapine inhibited the reaction by 30%, and clozapine by 37%. The difference between the two neuroleptics was not statistically significant.
Conclusions:

1. At concentrations of 1 and 5 umol/l, both neuroleptics did not inhibit the studied reaction.
2. At concentrations of 20 and 50 umol/l, both neuroleptics inhibited the reaction.
3. The difference in the degree of inhibition of the reaction between clozapine and olanzapine was not statistically significant.

The similar results of inhibition of the reaction by both neuroleptics probably result from a similar chemical structure. The fact that clozapine and olanzapine inhibit the Fenton reaction may have a beneficial effect in protecting tissues from oxidative damage.

Disclosure of Interest: None Declared

EPV1611

Clinical Pharmacist Recommendations for Rational Benzodiazepine and Zolpidem Use During Daily Ward Rounds in Inpatients with Mental Disorders: A Retrospective Pre-Post Study

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Introduction: Benzodiazepines and zolpidem are commonly prescribed as long-term treatments for anxiety and insomnia, although recommendations generally do not support their extended use. These medications are often prescribed for longer durations than necessary, at inappropriate doses, and with potential drug-drug interactions. In this context, rational prescribing strategies are essential. One potential strategy is the integration of a clinical pharmacist into the inpatient team for daily interdisciplinary ward rounds. However, this approach remains under-researched in the context of inpatients with mental disorders.
Objectives: This study aimed to evaluate the impact of a clinical pharmacist on medication-related problems (DRPs) focused on benzodiazepine and zolpidem use during daily ward rounds within an interdisciplinary team in a Slovenian psychiatric hospital.
Methods: A retrospective observational pre-post study was conducted at Ormož Psychiatric Hospital in Slovenia, including patients treated between 2019 and 2020. During this study, clinical pharmacists provided recommendations focused on benzodiazepines and zolpidem. The primary outcomes assessed were the difference in the total number of DRPs observed at the time of hospital discharge compared to admission. The secondary outcomes evaluated adherence to existing treatment guidelines.
Results: The study involved 20 participants with a mean age of 57.2 years (SD = 17.1). A total of 23 recommendations related to DRPs associated with benzodiazepine and zolpidem use were performed (1.15 per patient). Of these, 19 DRPs (82.6%) were identified as potential issues, while 4 DRPs (17.4%) were already expressed. Most DRPs concerning benzodiazepines and zolpidem were classified as unnecessary treatment, with 18 recommendations (78.3%). The remaining five recommendations (21.7%) addressed treatment effectiveness. The most common recommendation was the discontinuation of benzodiazepine and zolpidem therapy, suggested in 12 cases (56.5%), followed by adjustments to the treatment regimen, predominantly dose reductions, in 9 cases (39.1%). In only one case (4.3%) was the recommendation to initiate benzodiazepine treatment. Initially, the acceptance rate of recommendations was 100.0% (N = 23) at the time of discharge, but this decreased to 82.6% (N = 19) three months after discharge. Adherence to treatment guidelines improved ($p < 0.05$).
Conclusions: The results indicate that this approach led to fewer DRPs, improved adherence to treatment guidelines, and a high

acceptance rate. This is the first retrospective pre-post study in the European Union to include this collaboration in daily rounds at psychiatric hospitals, focusing on these medications. However, the study has notable limitations (non-randomized design and small sample size), which should be addressed in future research.

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EPV1613

MM120 demonstrates no evidence of abuse potential in rodent preclinical studies

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Introduction: Generalized anxiety disorder (GAD) is a chronic and disabling disorder with an estimated lifetime prevalence of up to 7.8% in the US. MM120 (lysergide D-tartrate), a tartrate salt of D-lysergic acid diethylamide (LSD), is currently under development as a potential treatment for GAD. The mechanism of action (MOA) by which MM120 may elicit profound lasting psychological changes is not fully understood. Studies suggest that it has significant effects on functional brain activity across several networks, likely a result of serotonergic agonism mediated by 5HT2A activity and subsequent changes in neural network connectivity.
Objectives: A series of Good Laboratory Practice (GLP) compliant studies were conducted to evaluate abuse potential of MM120.
Methods: In vitro assessments of MM120, and its main metabolite 2-oxo-3-hydroxy LSD, receptor binding activity were performed using Eurofins CEREP BioPrint. To examine single dosing effects, MM120 was administered by oral gavage to male Sprague Dawley rats (n=6/group) at doses of 0 (vehicle only), 0.5, 2.0, and 6.0 mg/kg. A Modified Irwin test evaluated shorter acting drug effects at 15, 60, 120, and 240 minutes post-dosing compared to pre-dose baseline, with long-term, single dose neurological effects studied in a functional observation battery (FOB) on the day of dosing and 24 hours post dose. To compare potential chronic MM120 effects, male and female Sprague Dawley rats were dosed daily for four weeks via oral gavage at 0 (vehicle only), 0.5, 2.0, and 6.0 mg/kg (n=10-15/sex/group) followed by a 4-week recovery phase. FOB was performed pre-dose, dosing day 27, and day 25 of recovery phase. Additional assessments included toxicological and toxicokinetic evaluations.
Results: Receptor binding assay confirmed MM120's MOA is mediated by the serotonin system and hallucinogenic effects are driven by agonism at 5-HT2A and 5-HT2C receptors. MM120 demonstrated agonist activity at 5-HT1A, 5-HT1B, 5-HT1D, 5-HT5A, 5-HT6, and 5HT7 receptors and only nanomolar affinity at D2 dopaminergic receptors. Single dose MM120 at 0.5 mg/kg, had no effects on behavioral or physiological states. Following 6 mg/kg MM120, vocalization was recorded in 1/6 rats 2-4 h post dose, and incidences of mild piloerection were recorded in 3/6 rats from 4 to 24 h post dose. In the chronic study, there were no MM120-related changes in basic or fine movements, total ambulation, total rears, or total distance traveled.
Conclusions: Binding studies suggest no indication for elements of abuse for MM120 even with binding at serotonergic and, to a smaller degree, dopaminergic receptors. in vivo studies with MM120 evaluated supratherapeutic doses and demonstrated no evidence of physical dependence or withdrawal after sustained, daily administration for four weeks.

Disclosure of Interest: J. Tripp Employee of: Mind Medicine, Inc., G. Smagin Employee of: Mind Medicine, Inc.

EPV1614

Clozapine for the treatment of resistant psychosis – CLOZAPINE UNIT

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Introduction: Treatment resistant schizophrenia (TRS), according to HOWES et al. 2017, is defined as a patient's condition in which, despite two or more treatment cycles with adequate dosage and duration of antipsychotic treatment, the patient's condition does not improve to the extent expected with positive or negative or cognitive symptoms persisting. The heterogeneity of patients with resistant psychosis is high, and some may show the resistance in the course of the disease after years. However, several patients show resilience from the first psychotic episode.
Objectives: Treatment resistant psychosis is probably a distinct subtype of schizophrenia, with a different etiopathogenetic mechanism. Clozapine is currently considered the drug of choice with proven efficacy, whereas atypical antipsychotic drugs are inferior in efficacy in the treatment of resistant psychosis.
Methods: The mechanism of action of the drug is unknown and there is a potential for serious side effects to occur, which necessitates the adoption of a specific protocol for clozapine administration and patient monitoring in regular psychiatric clinical practice.
Results: The Adult Psychiatric Clinic of Sismanoglio General Hospital in Athens, Greece, in its effort to create a systematic and integrated treatment and monitoring of patients who take clozapine, has created, in collaboration with the cardiology and hematology department of Sismanoglio Hospital a special unit for paients with treament resistant scizophrenia.
Conclusions: The unit called "CLOZAPINE UNIT" will ensure the regular and continuous monitoring of patients receiving clozapine during and after their hospitalization in the psychiatric clinic.

Disclosure of Interest: None Declared

EPV1615

Vitamin E and Clonazepam in the treatment of tardive dyskinesia secondary to atypical antipsychotic treatment: a case report

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Introduction: Tardive dyskinesia is a movement disorder mostly associated with long-term antipsychotic use. Patients may present

with a wide variety of clinical features such as stereotypic movements, dystonia, etc. There are many treatment approaches but the level of evidence is low. (Vasan et al. StatPearls Pub 2024)
Objectives: To draw attention to the clinical presentation of tardive dyskinesia and its treatment.
Methods: A detailed case report is documented.
Results: A 43-year-old woman, married, housewife, diagnosed with psychotic disorder. Last year, she admitted to our outpatient clinic for the first time. She was receiving Amisulpride 400 mg/g, Zuclopentixol deconoate 200 mg/month, Biperiden 4 mg/g, Propranolol 80 mg/g on admission. Her complaints were slowed movements and difficulty in doing housework. On examination, mouth puckering and periodic head movement were noticeable. She complained of contractions in her legs and numbness in her tongue. Her speech and walking were slow. In cerebellar tests she was clumsy. She stated that her complaints increased sometimes, the contraction in her neck and legs never stopped, but the mouth puckering movement ceased at night. Her AIMS scale point was 11.
It was learned that about 4 years ago she had started to complain of feeling that she was being spied on and hearing bad things. She had been hospitalized and diagnosed with psychotic disorder. Paliperidone and aripiprazole long-acting injections, olanzapine, quetiapine treatments had been tried during hospitalization and outpatient follow-up. She had been continuously switched to another treatment because of her suspicion. Lastly zuclopentixol deconoate had been started and combined with amisulpride. She stated all her complaints of movement appeared shortly after first hospitalization. Biperiden and propranolol were added to treatment, but her complaints didn't improve. During our follow-up she was consulted to neurology. Her current picture was evaluated as tardive dyskinesia. Her treatments were gradually stopped. Clonazepam was started and gradually increased to 2 mg/g and combined with vitamin E and its dosage was increased to 1200 mg/g. After discontinuation of antipsychotics during close follow-ups she had no psychotic complaints. Within 5 months, mouth puckering movement, stereotypic left-turning movement in the neck, numbness in the tongue and contraction in the leg completely resolved. Her speech and walking improved. Last AIMS scale point was 3.
Conclusions: Tardive dyskinesia is an iatrogenic movement disorder. Many methods have been proposed for treatment but no definite treatment is known. It's thought that vitamin E may be beneficial with its antioxidant effect and clonazepam may be effective above 2 mg. The case is important in terms of demonstrating the efficacy of the combination of vitamin E and clonazepam. (Cornett et al. *Ochsner journal* (2017):162-174.)

Disclosure of Interest: None Declared

EPV1616

Exploring cholinergic dysfunctions in schizophrenia as targets for a new generation of antipsychotics- The current level of evidence

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Introduction: The dopaminergic hypothesis of schizophrenia has been constantly revised and virtually all the antipsychotics currently available for the treatment of schizophrenia are based on this pathogenetic hypothesis. However, the involvement of cholinergic, glutamate, gamma-amino-butyric acid, serotonin, neurotrophins, and pro-inflammatory cytokines in the onset of psychotic disorders is attracting more and more interest. This interest is fueled by the high rates of treatment resistance in schizophrenia, which reaches 15-40% (Wong *et al* Transl Psychiatry 2024;50 14) and requires second-line treatment, frequently associated with significant adverse events. Finding new pharmacological agents that can be used either as monotherapy or as add-ons to the ongoing treatment in patients with schizophrenia is essential for improving the chances of functional recovery.
Objectives: To review the evidence supporting the modulation of cholinergic neurotransmission as a potential pharmacological target for treating schizophrenia.
Methods: Two clinical studies repositories (US National Library of Medicine- clinicaltrials.gov and WHO International Clinical Trials Registry Platform-https://www.who.int/clinical-trials-registry-platform) and the PubMed database were explored using "choline*" and "schizophrenia" or "psychotic disorders" or "schizophrenia spectrum disorders" for studies and reviews focused on cholinergic agents targeting symptoms of schizophrenia.
Results: Positive allosteric modulation of the α7 nicotine receptors and M1/M4 muscarinic receptor agonism are the two pharmacodynamic mechanisms explored for cholinergic-based antipsychotics. Other possible mechanisms of interest are positive allosteric modulation of the M5 muscarinic receptors, selective M4 positive allosteric modulation, and cholinesterase inhibition. Out of these preclinically explored options, only xanomeline, an M1/M4 muscarinic receptor agonist, has reached phase III of clinical research with significant antipsychotic effects. The currently explored formula is an association of a fixed dose of xanomeline (selective M1/M4 cholinergic agonist) and trospium (a cholinergic antagonist), the last agent being included to decrease the risks of peripheric cholinergic adverse events. Studies investigating cholinesterase inhibitors have not been associated with favorable results, and the tolerability was low. Positive allosteric modulators of the α7 nicotine receptors are investigated in preclinical studies, but in phase 1b such an agent, i.e., AVL-3288, failed to show efficacy versus placebo.
Conclusions: The association of xanomeline, an M1/M4 receptor agonist, and trospium, a peripheric cholinergic antagonist, led to favorable results in phase III trials. Other molecules with cholinergic mechanisms are also explored in schizophrenia, but the results are not yet clinically significant.

Disclosure of Interest: None Declared

EPV1617

Atypical antipsychotics as add-ons to antidepressants in the major depressive disorder – A risks and benefits analysis

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Introduction: Major depressive disorder (MDD) is associated with high rates of incomplete response during treatment, with only

one-third of the patients reaching remission after the first trial of antidepressants, according to the STAR*D trial. Based on the results of the same study, only 67% of the patients with MDD obtained remission after four trials of antidepressants, including a monoamine oxidase inhibitor, i.e., tranylcypromine, and various augmenting strategies. However, in STAR*D, no atypical antipsychotics (AAPs) were used, which is an important shortcoming of this trial. Exploring the efficacy of AAPs as add-on agents to antidepressants in the case of MDD with partial responsiveness may improve the prognosis of patients who did not remit during either antidepressant monotherapy or antidepressant therapy augmented with other psychotropic agents.

Objectives: To assess the available data on the efficacy and tolerability of atypical antipsychotic augmentation in patients with MDD who obtained only partial response to antidepressants.

Methods: This review included three databases (Google Scholar, PubMed, and EMBASE) that were searched from their inception until June 2024 for papers published in English corresponding to the keywords "major depressive disorder," and "partial response" and "atypical antipsychotics". Both primary and secondary reports were included.

Results: Systematic reviews dedicated to this topic reported significantly superior responses to placebo for ziprasidone, risperidone, aripiprazole, brexpiprazole, cariprazine, and quetiapine when added to antidepressants. The tolerability of these augmenting agents was low, with high rates of early treatment discontinuation reported. Only risperidone was reported in a systematic review as similar to placebo in terms of tolerability for this population. Network meta-analyses showed positive results for quetiapine, olanzapine, aripiprazole and brexpiprazole in terms of efficacy, but in terms of acceptability, no difference between these four antipsychotics and between each of them and placebo were found; tolerability was low for all antipsychotics vs. placebo, but the certainty of most evidence was evaluated as low and very low. Aripiprazole, quetiapine, olanzapine, brexpiprazole and cariprazine are approved by the FDA for the adjunctive treatment of MDD that does not respond to antidepressant monotherapy.

Conclusions: AAPs are an efficient option for augmenting antidepressants when MDD is only partially responsive to antidepressants, but careful monitoring of this strategy's tolerability is needed, and high rates of treatment discontinuation are reported.

Disclosure of Interest: None Declared

EPV1618

A case of dysphagia associated with an increase in antipsychotic dosage

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Introduction: Dysphagia is a rare but significant side effect of antipsychotic medications, often associated with extrapyramidal symptoms. These adverse effects become particularly relevant when dosages are increased, as seen with various antipsychotics. This report describes a case involving a 57-year-old male with a long-standing diagnosis of schizophrenia who developed dysphagia following an increase in amisulpride dosage. The patient was admitted to the psychiatric unit due to psychotic decompensation after interrupting his treatment regimen of aripiprazole 30 mg/day and amisulpride 200 mg/day for two weeks. His psychotic relapse was also precipitated by the hospitalization of his critically ill mother. Following his admission, his previous treatment was reintroduced, and the amisulpride dose was increased to 600 mg/day, with diazepam 15 mg/day added. Subsequently, he developed bradykinesia, tremor, rigidity, and oral dysphagia, necessitating a liquid diet. Despite the introduction of biperiden 4 mg/day, symptoms persisted. Comprehensive physical and neurological examinations, blood tests, and a cranial computed tomography (CT) scan were performed, revealing no abnormalities other than the parkinsonian-like symptoms. An otolaryngological assessment indicated that the dysphagia was likely of neurological origin and probably related to the use of antipsychotic medications.

Objectives: To present a case of dysphagia and parkinsonian symptoms triggered by an increase in amisulpride dosage in a patient with schizophrenia, highlighting the importance of careful monitoring during dose adjustments.

Methods: This is a case report describing a single patient. The methodology involves a detailed examination of this unique case, including clinical evaluation, diagnostic testing, treatment modifications, and outcomes.

Results: Due to the persistence of symptoms and their temporal association with the increase in amisulpride dosage, amisulpride was discontinued and switched to olanzapine 10 mg/day. Gradual improvement in both parkinsonian symptoms and dysphagia was noted over the subsequent days. Dysphagia resolved within one week, and by the time of follow-up, the patient had resumed a normal diet and experienced significant improvement in motor symptoms.

Conclusions: This case highlights the potential for amisulpride to induce extrapyramidal symptoms, including dysphagia, particularly when doses are increased. The temporal relationship between the amisulpride dose increase and the onset of symptoms, along with the resolution of symptoms after discontinuation, supports this association. Clinicians should be vigilant in monitoring for such side effects, especially in patients requiring dose adjustments of antipsychotic medications.

Disclosure of Interest: None Declared

EPV1619

Psychoplastogens – a risk-benefit analysis and perspectives for future research

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Introduction: The continuous exploration of new treatments in the field of psychopharmacology has brought a new light on psychedelics, raising the provocative question of how these drugs of abuse (DOA) may become useful in clinical practice. Psychedelics are included in the category of "psychoplastogens", substances that are known for their effects of enhancing neuroplasticity in the nervous central system via the modulation of Brain-derived Neurotrophic Factor (BDNF) signaling. However, psychedelics were originally

known as DOA; therefore, ascribing them to therapeutic use for patients with psychiatric disorders may seem largely counterintuitive.
Objectives: To review the current data on the benefits and risks of psychoplastogens in patients with psychiatric disorders.
Methods: A literature review was conducted in four electronic databases (PubMed, EMBASE, Cochrane, and Clarivate/Web of Science) and the US National Library of Medicine database for clinical trials (www.clinicaltrials.gov) to find clinical and preclinical sources published between January 2000 and September 2024. The keywords used were "psychoplastogens," "neuroplastogens," "neuroplasticity," "psychoactive drugs," "drugs in the pipeline," and all the main psychiatric diagnosis categories. Both primary and secondary reports were allowed, but only those published in English were selected.
Results: Ketamine and each of its stereoisomers, as well as psilocybin, are the most extensively explored drugs in this class, but also MDMA, DMT, psilocin (ELE-101), CYB003 (a psilocybin analog), and lisuride have received increased attention in the last decade. Such agents are investigated for indications such as treatment-resistant major depression, posttraumatic stress disorder, binge eating disorder, and substance use disorders. One important direction of research is the evaluation of psilocybin in patients with cancer-related depression and/or anxiety. Hallucinations and altered states of consciousness that may receive mystical interpretations are typical for high doses of psychedelics, raising questions about the use of these drugs in clinical populations with already severe mood, thought and perceptual disturbances. Safety and tolerability aspects are extremely important in deciding when, to whom, and how much psychoplastogens may be recommended for different psychiatric disorders. Creating psychoplastogens with less or no psychotomimetic activity is expected to increase the interest of clinicians in the use of such agents for patients with psychiatric disorders, especially in treatment-resistant cases.
Conclusions: Although expected to be a paradigm-shifter in psychiatry, the exploration of psychoplastogens should consider not only the potential benefits, which require further and extensive studies, but also their adverse events. For this purpose, long-term studies are needed with both efficacy and tolerability outcomes carefully monitored.

Disclosure of Interest: None Declared

EPV1620

European healthcare professionals' use and experience with aripiprazole once-monthly 400mg two-injection start initiation regimen in adult patients with schizophrenia

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Introduction: Aripiprazole once monthly 400mg (AOM400) is a long-acting injectable (LAI) available with a two-injection start initiation regimen (AOM400-TIS) for the maintenance treatment of adult patients with schizophrenia stabilised with oral aripiprazole.
Objectives: This survey sought to explore the perspectives and experiences of HCPs using AOM400-TIS across Europe.
Methods: HCPs who had prescribed and/or administered the AOM400-TIS regimen to ≥3 patients with schizophrenia were invited to participate in an online survey. The survey was launched in two waves across the target countries (wave 1: Italy, Germany, United Kingdom (UK); wave 2: Denmark, Italy, Sweden). The survey aimed to understand HCPs' perspectives and attitudes towards prescribing and/or administering AOM400-TIS according to the European label in clinical practice, including reasons for its use, potential benefits, and common barriers and/or concerns. Analysis was descriptive; data was collected between February 1–March 21, 2024 (wave 1) and September 16-October 28 (wave 2).
Results: 216 HCPs completed the survey (wave 1: 31 from Italy, 31 Germany, 32 UK; wave 2: 28 from Denmark, 64 Italy and 30 Sweden) including psychiatrists (67%) and psychiatric nurses (27%). HCPs estimated 30.0% (median; IQR: 20.0–50.0) of patients in their caseload were diagnosed with schizophrenia, and of these, 50.0% were treated with LAIs (median; IQR: 25.0–65.0). 46% of HCPs were primarily responsible for prescribing AOM400-TIS, 26% for administering it, and 28% were responsible for both. HCPs estimated that 42% of patients typically spent 14–28 days on oral aripiprazole prior to AOM400-TIS, with HCPs rating the severity of symptoms of patients initiated with AOM400-TIS as mild (18% of HCPs), moderate (65% of HCPs) and/or severe (53% of HCPs). The most common reasons for initiating AOM400-TIS after transitioning from oral aripiprazole were poor adherence (88%) and relapse(s) (52%), and the most reported goals for prescribing AOM400-TIS were to improve adherence (69%) and prevent relapses (64%). Common barriers to the use of AOM400-TIS were patient reluctance to receive two injections (55%), concerns about tolerability (34%) and safety of administering a high dose in a single day (35%). Prior treatment adherence (56%) and efficacy (46%) were the most cited factors influencing prescribing of AOM400-TIS. Overall, HCPs "agreed", or "strongly agreed", that AOM400-TIS was easy to administer (84%) and that it had a similar safety/tolerability profile to the single injection start regimen (60%), while the majority were satisfied with patient outcomes with AOM400-TIS (85%).
Conclusions: Overall, HCPs with experience of using AOM400-TIS reported that it is easy to administer, well tolerated, and improves treatment outcomes, while barriers to its use include patient reluctance and perceived safety concerns.

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EPV1622

Oculogyric Crisis and Suicidal Ideations in a Patient with Schizophrenia: A Case Report with Pharmacogenetic Findings

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Introduction: Suicidal ideations are severe and serious symptoms in the clinical presentation of schizophrenia, as well as adverse reactions such as oculogyric crises. In certain situations, they may be associated with specific pharmacogenetic factors, such as gene variations for the serotonin transporter (SERT) and the CYP2D6 enzyme.
Objectives: A 37-year-old patient with treatment-resistant schizophrenia, characterized by frequent suicidal ideations, is regularly treated with clozapine (100 mg/day). Additionally, during disease exacerbations, the patient is given haloperidol (10 mg/day) as supplemental therapy, resulting in the development of oculogyric crises.
Methods: Due to the lack of therapeutic response and a predisposition to side effects, a pharmacogenetic analysis revealed *CYP2D6* genotype *4/*9 and 5-*HTTLPR* genotype S_A/S_A. This indicates CYP2D6 intermediate enzyme activity and SERT low activity. Due to these findings, haloperidol was discontinued, and paliperidone palmitate was introduced at a dose of 75 mg monthly, after which the oculogyric crises no longer occurred. The pharmacogenetic results showed reduced SERT activity, which may be associated with the decreased therapeutic response to clozapine and the persistence of suicidal ideations.
Results: Haloperidol is metabolized via CYP2D6, and its intermediate activity can lead to higher plasma concentration, resulting in extrapyramidal side effects such as oculogyric crises. Paliperidone is a metabolite of risperidone, and the activity of CYP450 enzymes has a minimal impact on its therapeutic response and potential for adverse reactions. HTTLPR regulates the transcriptional activity of the 5-HTT gene, so genotypes with low expressions, such as S'/S' or S'/L', may exhibit a weaker response to clozapine, which may include the persistence of suicidal ideations.
Conclusions: The personalized antipsychotic treatment according to an individual's pharmacogenetic profile may prevent adverse reactions and potentially explain therapeutic resistance in such cases where clozapine is otherwise indicated. Effective modern psychopharmacological treatment requires understanding pharmacogenetic factors and their influence on therapeutic response and the development of adverse reactions.

Disclosure of Interest: None Declared

Psychophysiology

EPV1623

Salivary Oxytocin as a Biomarker in Psychedelic Assisted Psychotherapy

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Introduction: One of the main mechanisms of action of LSD in psychedelic-assisted psychotherapy (PAP) is the activation of 5HT2A receptors. This triggers a cascade of neurochemical processes with the release of neurotransmitters and neurohormonal substances. The release of oxytocin in this process is well documented in pre-clinical studies, with recent evidence in healthy subjects. We have no data on oxytocin reactivity during LSD treatment in patients with psychiatric problems. It would be of great scientific interest to identify treatment biomarkers in this field.
Objectives: The main objective of this pilot study is to obtain preliminary data on the reactivity of salivary oxytocin during a single LSD intake as part of PAP for anxiety disorders or depression. The secondary objective is to establish preliminary correlations between variations in oxytocin levels, intensity of perceived effects, intensity of psychedelic mystical experience, and the overall clinical response to treatment (anxiety-depression symptoms).
Methods: Participants are recruited among patients with resistant anxiety-depressive disorders enrolled in the psychedelic-assisted psychotherapy (PAP) program of the Division of Addictology, Department of Psychiatry (Geneva University Hospital). Salivary oxytocin is measured at four different time-points: before LSD intake, then 60, 90 and 180 minutes after intake. Self-perceived intensity of effects is also measured at these time points and a self-report questionnaire of mystical experience (MEQ-30) is administered at the end of the LSD session. Of note, self-reported symptoms of depression (BDI-II) and anxiety (SATI-T) are measured when participants enroll the PAP program, then a few months later right before the treatment and three weeks after treatment. ClinicalTrials.gov:NCT06557239
Results: Six participants (out of 10 planned) have completed the entire protocol. Four additional participants will receive treatment within the next two weeks. Saliva samples are stored at -20.C and will be sent for analysis once recruitment will be over (November 2024). A significant effect of time (P= 0.02) of perceived intensity effects is observed across different time-points (30, 60, 90, 180, 360 minutes after treatment), with a peak effect at 180 minutes. We also observe a significant interaction (P=0.03) between self-perceived intensity of effects and the intensity of mystical experience measured with the MEQ-30. BECK and STAI-T scores will be analysed after post-treatment assessment.
Conclusions: Our preliminary data show a clear effect of self-perceived treatment intensity and a relation between this effect and self-reported mystical experience. It will be of great interest to include oxytocin data in this analysis as well as the evolution of self-reported symptoms of anxiety and depression. With the successful recruitment and easy adherence to the protocol, we will certainly have all data available by the end of 2024.

Disclosure of Interest: None Declared

EPV1624

Exploring neurophysiological indices in psychiatric disorders: Fronto-central beta oscillations as a potential biomarker

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Introduction: Historically, psychiatric disorders are studied according to a strictly behavioral approach taking into account the manifest symptomatology.
Objectives: The present work aims to deepen the investigation of neural substrates through the use of neurophysiological recording techniques in an attempt to identify biomarkers related to these pathologies. Investigating whether neurophysiological indices are able to predict the symptomatic improvement and socio-relational functioning of the sample in a transversal manner with respect to the diagnostic category and the symptomatic severity of the psychiatric disorder. Further research is necessary.
Methods: The subjects were evaluated through the scale that measures psychopathological severity (BPRS, PANSS), global functioning (HoNOS) and cognitive (MMSE, CDT). The users were categorized based on the diagnosis and divided into the two Clusters, taking into account the number of hospitalizations of each user during the current year. The following neurophysiological parameters were detected using the Rehacor-T device: electroencephalographic (frontocentral brain oscillations), electrocardiographic (heart rate and HRV) and skin conductance (EDA). For a total procedure duration of 10 minutes (6 minutes of rest, 4 minutes in which the Stroop Test task was performed). Statistical analyses (Random Forest Clustering, Logistic Regression, ANOVA) were performed with the Jasp software (JASP 0.17.3.0).
Results: 83 users hospitalized at the Psychiatric Unit of the M. Bufalini hospital in Cesena were recruited and categorized according to the clinical diagnosis. Using a Random Forest Clustering algorithm the population was divided into two different Clusters based on the extent of improvement, assessed based on the low or high number of hospitalizations in the last year. Cluster 1 includes people with a higher number of hospitalizations, while Cluster 2 includes those with a lower number. From logistic regression analyses, a single neuropsychophysiological parameter was identified that was able to predict the classification of users within the two Clusters, namely the Beta oscillations (13-30 Hz) recorded in the fronto-central position in the resting state with eyes closed (resting state). Greater power was recorded in the group of subjects who reported a significant improvement in the symptomatic picture (Cluster 2). The variable of sex was not relevant, while the diagnosis, in Cluster 2, a greater concentration of people with depressive disorder was found.
Conclusions: This work highlights how the fronto-central Beta oscillations recorded in the resting state with eyes closed can be a predictive index of the improvement of the psychopathological conditions of the sample. The remaining neurophysiological indices taken into consideration (delta, theta, alpha and beta oscillations, ECG, EDA), did not show the same predictive capacity.

Disclosure of Interest: None Declared

EPV1625

Neurophysiological indices as predictive factors of clinical improvement

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Introduction: In recent years, scientific literature has focused on the study of neurophysiological indices, including parameters derived from electroencephalography (EEG), electrocardiography (ECG), and electrodermal activity (EDA), in order to identify potential biomarkers that could be useful in the assessment, monitoring, and prevention of psychiatric disorders.
Objectives: The aim of this work is to investigate whether some neurophysiological indices are able to predict the symptomatic improvement and the socio-relational functioning of people hospitalized in acute psychopathological conditions at the Psychiatric Unit of the Bufalini hospital in Cesena, in a transversal manner in regard to the diagnostic category and the symptomatic severity of the psychiatric disorder.
Methods: To assess treatment outcomes from both a psychopathological and functional perspective, the Health of the Nation Outcome Scales (HoNOS) and Brief Psychiatric Rating Scale (BPRS) were administered at the start and end of hospitalization. Neurophysiological parameters were measured using the Rehacor-T device, which recorded frontocentral cerebral oscillations in Delta, Theta, Alpha, and Beta frequency bands, as well as heart rate and skin conductance. Data collection involved two phases: initially, participants viewed a calming landscape with eyes open, followed by a phase with eyes closed where they aimed to maintain tranquility. The Stroop test was then conducted. Statistical analyses were performed using JASP software.
Results: The sample includes 112 patients (M = 57; F = 55), the average age of the participants is 44 years (SD = 16), while the average level of education is 11 years (SD =3).
The Beta frequency band in the eyes closed condition and the Delta frequency band in the eyes open condition show a positive regression with the changes in the HoNOS scale scores, indicating that an increase in Beta and Delta oscillations corresponds to an improvement in socio-relational functioning.
A positive regression was found between Delta oscillations in the Stroop test phase and changes in BPRS scores, suggesting that an increase in oscillations corresponds to an improvement in clinical symptoms.
Conclusions: Although several autonomic abnormalities are known in psychiatric disorders, our results did not show any prognostic ability from the ECG and EDA indices recorded in the sample.
In conclusion, in line with what has already been demonstrated in the literature, it is possible to confirm that EEG indices can reflect the adaptive resources of the person affected by psychiatric disorders in terms of the possibility of responding to treatment.
Deepen the research in this field could lead to the identification of new and more specific biomarkers for the prevention, diagnosis and treatment of psychiatric disorders.

Disclosure of Interest: None Declared

EPV1626

Exploring Heart Rate Variability Changes Following Respiratory Training in Individuals with Panic Disorder

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Introduction: Studies reported an association between panic disorder (PD) and diminished heart rate variability (HRV) (Zhang *et al.* J Affect Disord 2020; 15, 267 297-306), potentially heightening their susceptibility to cardiovascular mortality and diminished quality of life. Preliminary research has demonstrated that HRV-biofeedback training can enhance the regulation of autonomic function in both healthy individuals (Schumann *et al.* Front Neurosci 202;15 691988) and patients with anxiety (Herhaus *et al.* Psychosom Med 2022; 84, 2 199-209).

Objectives: We examined the impact of HRV-biofeedback training intervention on autonomic activity modulation among outpatients with PD with or without agoraphobia (AGO).

Methods: We conducted a retrospective observational pilot study including 10 outpatients (five females and five males; median age = 35.5 years) diagnosed with PD (9 with comorbid AGO and 1 without). The clinician-administered Panic Associated Symptoms Scale (PASS) was used to assess PD and AGO severity. All the included patients underwent a physiological assessment to determine HRV parameters and breathing rate during a 5-minute resting condition at baseline (T0) and follow-up (T1) assessment. Between T0 and T1 assessments, all patients underwent HRV-biofeedback training. Pre-post comparisons were conducted using the Wilcoxon Signed Ranks Test. To evaluate the impact of psychotropic medications, we used the Mann-Whitney U test to compare HRV parameters and disorder severity between patients with and without medications, at T0 and T1. Significance level was set at $p<0.05$.

Results: HRV-biofeedback training among individuals with PD with or without AGO fostered notable enhancements in RMSSD ($Z = -2.08$; $p < 0.01$), SDNN ($Z = -2.5$; $p = 0.01$), and LF ($Z = -2.09$; $p = 0.04$) parameters at T1 compared to T0. Furthermore, a significant decrease in heart rate ($Z = -2.19$; $p = 0.03$) was shown. These enhancements didn't seem related to psychopharmacological medications and disorder severity.

Conclusions: Despite limitations (e.g., small sample, no control group, lack of comorbidity and T1-PD severity assessment, missing inclusion/exclusion criteria, and unaccounted confounding variables affecting HRV), our study suggests that HRV biofeedback training may improve autonomic regulation in PD patients, aligning with existing literature (Herhaus *et al.* Psychosom Med 2022; 84, 2 199-209). Further research is needed to determine to what extent bio-feedback training can help to reduce panic symptoms and disorder severity.

Disclosure of Interest: None Declared

EPV1628

Analysis of interhemispheric EEG spectral variation at rest and after mental arithmetic task in schizophrenic patients compared to healthy controls

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Introduction: Electroencephalogram (EEG) has emerged to be valuable for understanding the neurophysiological mechanisms underlying cognitive dysfunctions in psychiatric disorders. EEG mental arithmetic enables to assesse cognitive abilities in schizophrenic patients, by inducing brain activity that can be observed through frequency band analysis

Objectives: This study aimed to assess the absolute spectral density (ASD) of various EEG frequency bands in schizophrenic patients and healthy controls, at rest and during a mental arithmetic task, in order to identify specific neural differences

Methods: We conducted a cross-sectional, descriptive, and analytical case-control study involving 15 schizophrenic patients and 15 healthy controls. The study was carried out at the outpatient unit of Psychiatry Department "C" at Hedi Chaker University Hospital in Sfax, Tunisia. Participants underwent a standard wakefulness EEG with eyes closed at the Functional Explorations Department of Habib Bourguiba Hospital in Sfax, Tunisia. Each participant also performed a mental calculation test during the EEG recording

Results: The ASD of the different EEGs was studied for each frequency band in the different cerebral lobes (Table 1). At rest, in schizophrenic patients, a significant difference was found between the mean ASD of the delta, theta, and beta1 frequency bands in the right and left occipital regions. Also, frequency band activity was more diminished in the left occipital regions than in the right. After mental calculation, the interhemispheric asymmetry disappeared in schizophrenic patients. In the control group, no significant differences were found between the mean ASD for any frequency band in the right and left frontal, temporal, and occipital regions, either at rest or after mental calculation (Table 1)

Table 1 : Comparison of EEG absolute spectral density between hemispheres in schizophrenics and controls at rest and after mental calculation task

	Schizophrenics		*p=*	*Controls*		*p=*
	Right	*Left*		*Right*	*Left*	
At rest						
DELTA Occipital	30,44± 26,37	22,74±19,34	**0,021**	5127,7±19031	5111,41±18968	0,373
THET Occipital	58,17±47,67	45,67±44,88	**0,023**	3856,8±12450	3863,76±12458	0,721
BETA 1 Occipital	7,22±4,25	6,24±3,77	**0,002**	497,9±1854	498,26±1860	0,854
After mental calculation task						
DELTA Occipital	22,62±17,8	24,84±33,76	0,725	4970,14±15006	4979,39±15068	0,762
THETA Occipital	46,35±41,48	62,62±96,01	0,442	1895,46±5301	1849,43±5245	0,766
BETA1 Occipital	5,76±3,45	5,43±3,17	0,466	934,81±3152	919,04±3093	0,328

Conclusions: These results underline the importance of considering cerebral lateralization in the diagnostic and therapeutic approach to schizophrenia. It is important to note that mental

arithmetic involves complex cognitive processing, essentially working memory. Hence the importance of adopting a therapeutic approach incorporating not only pharmacological treatments, but also cognitive remediation therapies

Disclosure of Interest: None Declared

EPV1629

Slow EEG potentials as predictors of cognitive impairment in patients with clinical high risk for schizophrenia

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Introduction: Cognitive deficits in schizophrenia are associated with impaired predictive processes, however, the neural mechanisms of these impairments at the early stages of the disease are poorly understood. A modified memory-guided saccade task can be informative for studies in this field. The contingent negative variation (CNV) slow negative potentials (SNP1, 2, 3 waves) in 1000-ms interval before a memory-guided response are considered to be neural correlates of attention, memory, motor, and inhibitory predictive processes.
Objectives: We aimed to assess the CNV-type slow negative event-related potentials (ERP) during the latent period before the signal to perform remembered saccades in patients with clinical high risk (CHR) for schizophrenia.
Methods: An electroencephalogram (EEG) from 24 electrodes and electrooculogram of horizontal eye movements were recorded in 16 patients with CHR and 18 healthy controls. The participants had to remember the location of a peripheral stimulus (PS, 150ms) and perform a saccade or antisaccade (50% probability) when the central fixation stimulus (CFS) was turned off after a delay period of 2800–3000 ms. The CFS shape (cross or circle) defined a motor response type: saccade or antisaccade.
Results: The task performance (assessed based on response latency and errors) was worse in CHR patients compared to controls. In the antisaccade condition, SNP1 was faster in CHR patients compared to controls possibly reflecting attention deficits in CHR patients. The SNP1 amplitude peaks were equally distributed across the EEG leads in CHR patients but were located predominantly in frontal and central leads in controls. Diffuse representation of the amplitude peaks may reflect a compensatory involvement of posterior temporal and parietal-occipital cognitive control networks at the early stages of schizophrenia. At the last 300 ms of the delay period, the late SNP3 wave was shorter before memory-guided antisaccades compared to saccades only in patients. This may reflect the violation of predictive attention processes as well as proactive inhibition deficits, that are well-known in schizophrenia, in CHR patients.
Conclusions: Based on our data we consider the SNP1 and SNP3 components in the memory-guided saccade task to be potentially significant neurobiological markers of cognitive control at the early stages of schizophrenia.
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Disclosure of Interest: None Declared

EPV1632

Neuropsychiatric Circuitry and Receptor Dysregulation in the Pathogenesis of Bruxism

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Introduction: Bruxism, characterized by the grinding and clenching of teeth, is often associated with psychiatric disorders such as anxiety and stress. Bruxism not only results in significant dental pathology but can also contribute to underlying neurophysiological disturbances.
Objectives: To elucidate the relationship between bruxism and psychiatric medication by focusing on the neurophysiological mechanisms involved and the resultant dental pathologies.
Methods: A comprehensive literature review was conducted using databases such as PubMed, PsycINFO, and Google Scholar, focusing on studies from the last decade that investigate the association between bruxism, psychiatric medications, and neurophysiological factors. The review included clinical studies, neuroimaging research, and behavioral analyses.
Results: The findings indicate a strong association between bruxism and the use of psychiatric medications, particularly antidepressants and antipsychotics. Neurophysiological studies reveal dysregulation in neurotransmitter systems, notably dopamine and serotonin, which play critical roles in both bruxism and the effects of psychiatric medications. This dysregulation affects motor control circuits and stress response pathways in the central nervous system, leading to involuntary teeth grinding and clenching.
Table 1: Neurophysiological Mechanisms

Mechanism	Description
Dopamine Dysregulation	Inhibition of dopaminergic neurons leads to dysregulation of motor control and contributes to spontaneous movement of jaw muscles.
Serotonin Imbalance	Excess serotonin enhances excitatory neurotransmission and disrupts dopaminergic pathways, contributing to increased anxiety and masseter muscle hyperactivity.
Autonomic Nervous System	Hyperactivity in the sympathetic branch, driven by chronic stress, leads to increased arousal and muscle tone causing bruxism.

Table 2: Dental Pathologies Resulting from Bruxism

Pathology	Description
Tooth Wear	Enamel erosion due to repetitive grinding, leading to dentin exposure.
Fractures	Microfractures in teeth from constant pressure, progressing to severe cracks.
TMJ Disorders (TMJD)	Chronic bruxism contributes to TMJD, characterized by pain and joint dysfunction.
Periodontal Damage	Excessive force on teeth exacerbates periodontal issues, leading to gum recession.

Conclusions: Bruxism is both a symptom and a potential side effect of various psychiatric medications, rooted in neurophysiological disturbances. The interplay between dysregulated neurotransmitter

systems, psychiatric medications, and resultant dental pathologies highlights the need for integrated dental and psychiatric care. Effective management of bruxism through targeted dental interventions and tailored psychiatric treatments can significantly improve both dental health and psychiatric well-being.

Disclosure of Interest: None Declared

EPV1633

Exploring the Links Between Cognitive Deficits and EEG Spectral Density in Schizophrenia

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Introduction: The research revealed significant correlations between cognitive performance, assessed by psychometric scales, and variations in frequency bands in the electroencephalography (EEG), illustrating the link between electroencephalographic activity and cognitive functions in schizophrenic patients
Objectives: Our study aimed to explore the relationship between the electroencephalographic spectral power of slow frequency bands (delta and theta) and cognitive functions in patients with schizophrenia by comparing them to healthy subjects.
Methods: We conducted a cross-sectional, descriptive, and analytical study involving 15 schizophrenic patients and 15 healthy controls. The study was performed at the Psychiatry Department "C" outpatient unit at Hedi Chaker University Hospital in Sfax in Tunisia. We used the Arabic literary version of the Screen for Cognitive Impairment in Psychiatry (SCIP) scale to assess cognitive functions. Participants underwent a standard wakefulness EEG with eyes closed at the Functional Explorations Department of Habib Bourguiba Hospital in Sfax in Tunisia. Linear regression analysis was used to examine correlations between the total SCIP score and the absolute spectral density (ASD) values of EEG oscillations.
Results: Linear regression analysis revealed a negative correlation between the total SCIP score and the delta wave ASD at T5 (left temporal) ($r = -0.37$; $p = 0.025$) and theta wave ASD at Fp2 (right prefrontal) ($r = -0.131$; $p = 0.006$). A positive correlation was found between theta wave ASD at F3 (left frontal) ($r = 0.125$; $p = 0.02$) and the total SCIP score. It revealed a negative correlation between the total SCIP score and the age of onset of schizophrenia ($r = -0.647$; $p = 0.001$).
Conclusions: These results suggest that theta and delta power at rest, as measured by EEG, may serve as potential biomarkers for cognitive deficits in patients with schizophrenia. These findings could contribute to a better understanding of the neurophysiological basis of cognitive alterations associated with this condition.

Disclosure of Interest: None Declared

EPV1634

Distinguishing Quantitative Electroencephalogram Findings between Panic Disorder and Generalized Anxiety Disorder

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Introduction: It is important to have early diagnosis and early intervention for generalized anxiety disorder(GAD) and panic disorder(PD). However, it is difficult to distinguish GAD from PD. Neurobehavioral markers that differentiate GAD and PD would be helpful to refine classification schemes based on neurobiological measures.
Objectives: The aim of this study is to determine the distinguishing neurophysiological characteristics between generalized anxiety disorder and panic disorder using quantitative EEG.
Methods: The study included 36 patients with GAD and 25 patients with PD. Resting vigilance controlled EEG recordings were assessed at 64 electrode sites according to the international 10/20 system. QEEG were compared between GAD and PD groups by frequency bands (delta 1-3 Hz, theta 4-7 Hz, alpha 8-12 Hz, beta 12-25 Hz, high beta 25-30 Hz, gamma 30-40 Hz and total 1-40 Hz) made by spectral analysis.
Results: The absolute powers of theta and alpha bands at the frontal area differed between GAD and PD group. The absolute power of the theta activity was decreased in FP1 and FP2 ($p < 0.05$) and the absolute power of the alpha activity was decreased in F3 ($p < 0.05$) in cases with GAD compared to PD.
Conclusions: The differences in QEEG power suggest that underlying pathophysiologic mechanisms may be different between GAD and PD. The findings that the decreased absolute powers of the theta and alpha activity at the frontal area in GAD may be the main neurophysiological characteristics of the GAD and help to have early differential diagnosis between GAD and PD.

Disclosure of Interest: None Declared

Psychosurgery and Stimulation Methods (ECT, TMS, VNS, DBS)

EPV1635

Two-Year Overview of Theta-Burst Stimulation for Treatment-resistant Depression: Assessing Efficacy and Outcomes

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Introduction: Major depressive disorder (MDD) is a very common and debilitating disorder. MDD accounts for 4.3% of the global burden of disease, is among the largest single causes of disability worldwide, and is an important cause of premature death. Depression expands its negative influence in all aspects of life, being estimate that 12 billion productive workdays are lost every year to depression and anxiety.
On top of that, non-response to first line pharmacological and psychotherapeutic treatments are substantial, with treatment-resistant depression (TRD) affecting approximately one third of these patients. These patients are thus candidates for non-invasive neuromodulation procedures such as repetitive transcranial magnetic stimulation (TMS), included in all major treatment guidelines.
Objectives: With this work we intend to present a descriptive analysis of the efficacy of the intermittent theta burst TMS (iTBS)

protocol in patients with TRD who underwent this treatment at Hospital de Magalhães Lemos, Porto, since July 2022.
Methods: We conducted an analysis of sociodemographic characteristics of patients who underwent treatment with iTBS. The primary outcome was the Beck's Depression Inventory (BDI) score difference between the first and last sessions. Secondary outcome included the Montgomery-Asberg Depression Rating Scale (MADRS) applied to a smaller cluster of patients.
Results: Since July 2022, more than 50 cycles of iTBS treatment have been performed.
More than 60% of the TRD patients enrolled scored positive changes with the treatment, on BDI. Improvements exceeded non-response in both sexes, irrespective of disease duration, and in nearly all age groups – except for the single patient under 25 years old. Positive changes were also observed with the MADRS, with more than 70% of this cluster of TRD patients scoring positive changes, including the patient under 25 years old who score non-response with BDI.
iTBS was also applied to a small number of patients diagnosed with treatment-resistant bipolar major depression, in whom positive changes outweighed non-response.
All iTBS cycles were performed without major adverse effects being reported.
Conclusions: TMs, represented here by the iTBS protocol, is safe and effective in improving depressive symptoms when first line treatments are not. The positive effects extend to patients diagnosed with BD, despite the small number of patients present in our patient pool.
Combined with the logistical ease of its use, not requiring general anaesthesia or induction of seizures like electroconvulsive therapy, TMS presents itself as an important alternative in the treatment of TRD.

Disclosure of Interest: None Declared

EPV1636

Descriptive analysis of the Application of Electroconvulsive Therapy in patients with acute psychiatric pathology admitted to a Psychiatric Hospitalization Unit

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Introduction: Electroconvulsive therapy (ECT) is a recognized treatment for various psychiatric conditions (Bernardo et al., 2018). However, there is a lack of recent studies describing the clinical characteristics of patients undergoing ECT (Peltzman et al., 2020).
Objectives: To provide an updated evaluation of the clinical **characteristics, treatment parameters, and outcomes** of patients receiving ECT at Clinica Universidad de Navarra (CUN), focusing on its **effectiveness and evolution** over recent years.
Methods: This **cross-sectional descriptive study** examines patients who underwent electroconvulsive therapy (ECT) at CUN's Psychiatric Hospitalization Unit from **January 2019 to August 2023.** It focuses on those who received bifrontotemporal ECT, with stimulation power quantified using the DGx program on the Thymatron® machine. Collected data include age, sex, prior psychotropic medication use, ECT indication, comorbidities, Stimulus potency (% DGx), seizure duration (seconds on the electroencephalogram), and anesthetic induction type. Hamilton Anxiety and Depression Scales were recorded before and after treatment when clinically indicated.
Results: ECT was administered in 80 cases, constituting 8.62% of admitted patients, with 33.75% being male. Among these, 33% had **psychiatric comorbidities**, most commonly being pathological personality traits (16%) and generalized anxiety disorder (5.3%) (Image 1). **Non-psychiatric comorbidities** included endocrine-metabolic conditions 49% and cardiac conditions 34% (Image 2.)
Pre-ECT, the most **common psychotropic medications** included benzodiazepines (87.5%), atypical antipsychotics (76.5%), and dual antidepressants (47.5%). Propofol was used for **initial anesthetic induction** in 86.25% of cases, with 30.43% requiring a switch to thiopental due to the reduced efficacy. The average number of **ECT sessions** per patient was 8.9 (range: 3-13), with a **mean seizure duration** of 30.5 seconds. The **primary indications for ECT** were depressive disorders (85%) and psychotic disorders (11%) (Image 3).
Before ECT, the **average Hamilton Depression Scale** score was 25.3, decreasing to 5.3 post-treatment. Similarly, the **Hamilton Anxiety Scale score average** was 23.72 before ECT and 4.6 after.

Image 1:

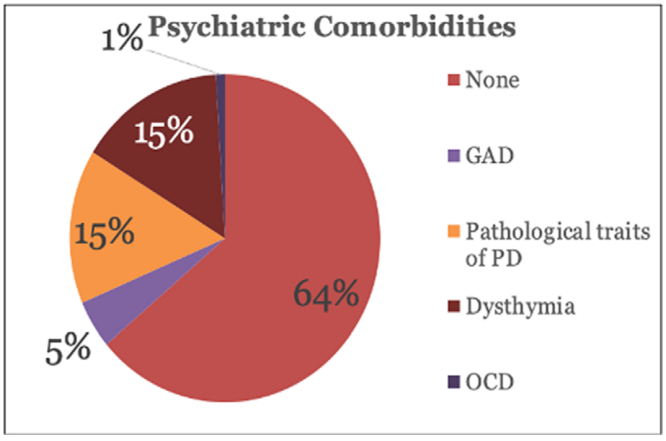


Image 2:

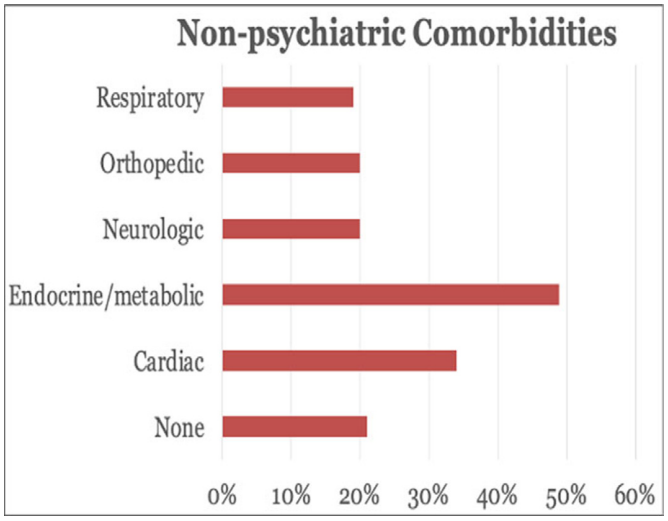
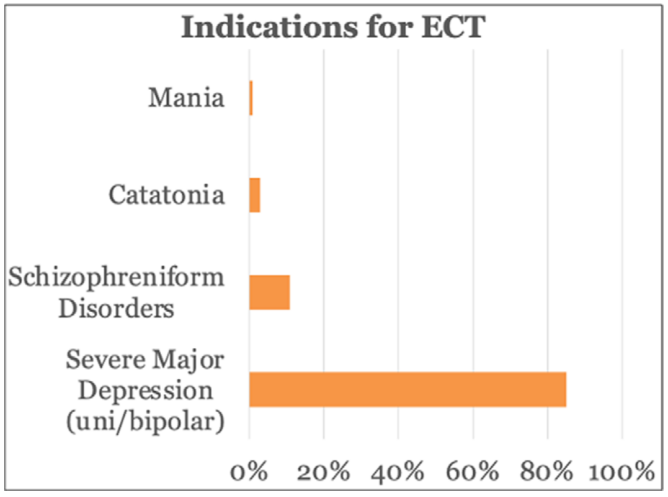


Image 3:



Conclusions: Our sample revealed that the **primary indications for ECT were affective and psychotic disorders**, with a predominant impact on **adult women**. This supports its role as a key intervention for **treatment-resistant conditions**, a finding consistent with existing literature (Leiknes et al., 2012). These **preliminary results** represent an initial evaluation in a broader study aimed at exploring additional aspects of clinical response and comparing ECT with other treatment modalities.

Disclosure of Interest: None Declared

EPV1639

Repetitive Transcranial Magnetic Stimulation (rTMS) an an augmentation strategy in a sample of patients with treatment-resistant depression: a comparison of traditional and accelerated protocols

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Introduction: Repetitive transcranial magnetic stimulation (rTMS) is a clinically validated treatment, included in international guidelines for managing treatment-resistant depression (TRD). The conventional daily administration of rTMS protocols over several weeks can pose challenges for patients, such as work interruptions and commuting difficulties. To enhance the antidepressant effects and minimize the duration of treatment, increasing the frequency of daily rTMS sessions has been proposed as a potentially more effective approach.
Objectives: This study aims to compare the efficacy and tolerability of standard versus accelerated rTMS protocols as supplementary treatments for patients with TRD
Methods: 24 patients diagnosed with major depressive episodes (either unipolar or bipolar) and classified as partial responders or non-responders to adequate pharmacological treatment were randomized into two groups. One group received standard rTMS (one session daily, five days a week, over four weeks; n=9), while the other underwent accelerated rTMS (two sessions daily, five days a week, over two weeks; n=15). Both groups were treated on the left dorsolateral prefrontal cortex with high-frequency stimulation (10 Hz) at 120% of the motor threshold, delivering 3000 pulses per session. Primary outcome measures included scores from the Hamilton Depression Rating Scale (HAM-D), Montgomery-Åsberg Depression Rating Scale (MADRS), and Clinical Global Impressions-Severity (CGI-S) at baseline (T0), post-treatment (T1), and during follow-ups at one month (T2) and three months (T3). Tolerability was assessed based on reported adverse effects. Paired Samples t-Test was employed for continuous variable comparisons, while t-Test was used to analyze differences between groups.
Results: Analysis of the overall sample revealed a significant reduction in HAM-D, MADRS, and CGI-S scores from T0 to T1 ($p<0.001$). These improvements were maintained at the one-month and three-month follow-ups (T1 vs T2: p=0.726, p=1.00, p=0.803; T2 vs T3: p=0.105, p=0.594, p=0.653). No significant differences were observed in response and remission rates between the two protocols (T1: p=0.722; T2: p=0.727; T3: p=0.979). The only reported side effect was mild, transient headaches during stimulation, with a minimal dropout rate (0.25%).
Conclusions: These preliminary findings align with previous literature, suggesting similar efficacy and tolerability between accelerated and standard rTMS protocols. Future studies with larger, controlled, and blinded designs are warranted to validate these results and explore treatment parameters for accelerated rTMS.

Disclosure of Interest: None Declared

EPV1640

Transcranial Magnetic Stimulation in Bipolar Depression: retrospective analysis and literature review

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Introduction: Bipolar affective disorder (BD) affects approximately 2% of the population. It's an incapacitating condition that significantly impairs quality of life and functional capacity; depressive episodes in BD are highly debilitating and carry major suicide risk and treatment-resistant bipolar depression has been reported in about one-quarter of patients with bipolar disorders. Non-invasive neuromodulation procedures, such as repetitive transcranial magnetic stimulation (TMS), being an approved treatment for treatment-resistant unipolar depression, can also be an option for bipolar depression.
Objectives: with this work we intend to assess the efficacy and outcomes of the intermittent theta burst TMS (iTBS) protocol in patients with bipolar depression, who underwent this treatment at Hospital de Magalhães Lemos, Porto, since July 2022. We also conducted a literature review on the subject.
Methods: analysis of clinical and sociodemographic characteristics of the 4 patients who underwent treatment and of the treatment outcomes using Beck's Depression Inventory (BDI) score difference between first and last sessions and Montgomery-Asberg Depression Rating Scale (MADRS) as the secondary outcome, the last applied to only 2 of the patients. A computerized search was performed on PubMed, for articles published in the last 10 years, using the key-words "bipolar depression", "bipolar depressive episode" and "tms".
Results: since July 2022, 4 patients with bipolar depression were submitted to iTBS treatment, 3 women and 1 man. Of these, 3 had a diagnosis of bipolar type 1 disorder and 1 of bipolar type 2. One of the women had a comorbid diagnosis of dementia and was not able to answer BDI. All 4 of these patients were referred to this treatment after failure to reach sustained symptomatic remission with at least two different treatment trials, at adequate therapeutic doses. We found positive changes in BDI in all 3 patients that completed this questionnaire and in MADRS in the 2 that answered. One of the patients had an elevated mood and an increase in energy levels following treatment but did not meet criteria for hypomanic/manic episode. No major side effects were reported.
Conclusions: Our results and literature review suggest that TMS, in our study iTBS protocol, may well be an effective treatment for bipolar depression, with some studies showing even higher response rates for bipolar depression when compared with unipolar depression, suggesting that bipolar disorder is more likely a better biological target. Furthermore, the low side effect profile of TMS and the fact that it is a minimally invasive procedure, makes it even more appealing as a treatment option. Risk of psychomotor agitation and hypomania/mania must be closely monitored in these cases.

Disclosure of Interest: None Declared

EPV1642

Effectiveness of Electroconvulsive Therapy in Postpartum Psychosis: A Systematic Review

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Introduction: Postpartum psychosis (PPP) is a psychiatric condition that arises shortly after childbirth. Electroconvulsive therapy (ECT) offers rapid symptom relief, particularly in severe cases. Despite reports of ECT effectiveness in PPP, its use remains limited and unstandardized.
Objectives: This systematic review aims to evaluate the clinical effectiveness of ECT in treating PPP.
Methods: The electronic databases PubMed/MEDLINE, Cochrane, SciELO, SCOPUS, and WOS were screened for studies reporting ECT outcomes in PPP following the Preferred Reporting Items for Systematic Reviews and Meta-Analyses guidelines. Studies published between 2004 and 2024, written in English, and focused on subjects up to 12 months postpartum were included. All studies were vetted by ≥ 2 reviewers. Bias was assessed with the JBI Critical Appraisal Tool.
Results: A total of 255 studies were identified and 7 met the inclusion criteria. ECT was exclusively used in severe PPP refractory to pharmacological intervention. Symptom improvement was reported in 100% of cases and most achieved total remission. Total ECT sessions ranged from 5 to 15, with symptom improvement after 1-6 sessions and remission after 5-11 sessions. ECT side effects were transient and included memory loss, mild cognitive deficit, and pain.
Conclusions: High remission rates on ECT were demonstrated where pharmacological intervention was insufficient, highlighting its effectiveness as a rapid and safe intervention for PPP. Adverse effects were transient and manageable, underscoring ECT safety. Small sample sizes and variability in ECT protocols limit the generalizability of the findings. Further evidence from prospective studies is needed to consider ECT as a first line treatment for PPP.

Disclosure of Interest: None Declared

EPV1643

Deep brain stimulation for obsessive-compulsive disorder : A look back over 24 years of use

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Introduction: Deep brain stimulation (DBS) was first used in 1999 for the treatment of resistant obsessive-compulsive disorder (OCD), and it was not until 2009 that the Food and Drug Administration approved it for this purpose.

Objectives: The aim of our study was to investigate the safety and efficacy of DBS through a systematic review.
Methods: A systematic review was conducted. PubMed via Medline, Google Scholar and Semantic Scholar were used as search engines. The keywords used were ("Obsessive compulsive disorder" or "OCD") and ("Deep brain stimulation" or "DBS"). Clinical trials and observational studies assessing the efficacy of DBS for OCD, published from inception to December 2023 and written in English or Frensh were analysed. The inclusion criteria were a main diagnosis of OCD, DBS conducted for therapeutic purposes and a response to DBS assessed by the Yale-Brown Obsessive-Compulsive scale (Y-BOCS).
Results: Thirty four studies were included in the final analysis with a reported total of 316 cases. In 58.2% of cases, patients were female. The average age at the time of surgery of implanting the stimulation device was 40.9 ± 7.8 years. The mean time from onset of symptoms to surgery was 22.4 ± 4.6 years. The mean initial Y-BOCS score was 33 ± 3.7. The mean response rate, defined as a reduction in Y-BOCS score of more than 35 % was 70.7% ± 24.8. The maximum symptom reduction was reached between 12 to 14 months after implantation in most studies. Hypomania was the most frequent side effect reaching 45% in some studies. Intracranial hemorrhage secondary to surgery was the most serious complication and did not exceed 5 % in any study. No clear predictive factors for response to DBS were identified.
Conclusions: DBS appears to be a promising therapy for patients with resistant OCD. This innovative approach, combined with ongoing advancements in neurotechnology, offers hope for the future of OCD treatment. However, no predictors of response have yet been established.

Disclosure of Interest: None Declared

EPV1644

Safety and efficacy of electroconvulsive therapy during pregnancy: A systematic review

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Introduction: Pregnancy and the immediate postpartum period are at high risk of decompensating or developing psychiatric disorders. Electroconvulsive therapy (ECT) is an effective treatment for severe and resistant mental disorders and could be a therapeutic option for psychiatric disorders during pregnancy.
Objectives: The aim of our study was to investigate the safety and the efficacy of ECT in pregnant women through a systematic review.
Methods: A systematic review was conducted. PubMed via Medline, Google Scholar and Semantic Scholar were used as search engines. The keywords used were ("Electroconvuslive therapy" or "ECT") and ("pregnancy" or "pregnant"). Clinical trials, case reports and case series assessing the efficacy and safety of ECT during pregnancy, published from inception to December 2023 and written in English or Frensh were included.
Results: A total of 30 articles were included for the final analysis with a total of 96 cases. The mean age of patients was 30.1 years. ECT was mostly performed during the first trimester of pregnancy with 45.3% of patients. The main psychiatric diagnoses were major depressive disorder with 47.6% of patients, followed by bipolar disorder with 19.3%. The average number of sessions performed was 10.4 with a maximum of 22. A partial improvement or a total resolution of symptoms were noted in 78.6% of cases. Transient fetal arrhythmia (not requiring drug intervention) was the most common complication, occurring in 6.25% of cases (n=6). Fetal death or abortion were observed in 4.1% of cases (n=4).
Conclusions: ECT appears to be an effective treatment for severe psychiatric disorders in pregnant women. However, it needs to be performed as part of a multidisciplinary care team to reduce the risk of serious consequences for both the mother and the fetus.

Disclosure of Interest: None Declared

EPV1645

Comparison of the clinical efficacy of rhythmic transcranial magnetic stimulation protocols in patients with depression

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Introduction: Transcranial magnetic stimulation (TMS) is a method of non-invasive stimulation of the cerebral cortex with an alternating magnetic field, used in the therapy of patients with depression, including cases where drug therapy is ineffective. The currently widely used high-frequency stimulation protocols with the application of an inductor to the projection of the left dorsolateral prefrontal cortex (LDLPC) have confirmed their effectiveness, while protocols with a significantly shorter procedure time are appearing in clinical practice. In this study, a clinical comparison of two protocols was conducted.
Objectives: To conduct a comparative assessment of the clinical effect of TMS using theta-burst stimulation and high-frequency (10 Hz) stimulation.
Methods: The study included 34 patients (mean age 27.2 ±2.1 years) with a diagnosis F31-F34 and clinical depression confirmed by psychometric assessment data (HDRS=21.7±5.6). Patients received stimulation in the projection of the left dorsolateral prefrontal cortex for 3 weeks: 17 patients (group 1) received high-frequency stimulation (10 Hz) and 17 patients (group 2) intermittent theta burst stimulation. Symptom reduction, according to psychometric assessment, corresponding to 50% or more, was chosen as the criterion for response to treatment.
Results: By the end of the study, the number of patients in the total sample who responded to treatment corresponded to 55.9% (n=19).

Comparison of the effectiveness of the protocols showed that the group statistically significantly differed in the number of responders (p<0.05; 0.01): in group 1 47.06% (n=8), in group 2 64.71% (n=11). Patients who received theta-burst stimulation had a faster rate of symptom reduction and demonstrated higher adherence to treatment.

Conclusions: Thus, a comparative study of the effectiveness of two TMS protocols demonstrated a higher effectiveness of theta-burst stimulation, however, it is worth noting the overall effectiveness of this method regardless of the stimulation parameters, as well as a fairly rapid development of the clinical effect.

The study was supported by RSF grant 22-15-00437.

Disclosure of Interest: None Declared

EPV1647

High-Dose Accelerated Bilateral Theta Burst Stimulation for Depression and Anxiety: The Seville Protocol

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Introduction: Treatment resistance affects 20-60% of patients, leading to substantial personal and economic impact. Repetitive transcranial magnetic stimulation (rTMS) is effective, with theta burst stimulation (TBS) providing similar benefits more efficiently.

Objectives: To assess high-dose TBS effectiveness and to explore how demographic and clinical factors influence treatment outcomes.

Methods: Accelerated high-dose (30 sessions) cTBS and iTBS was administered targeting the right and left dorsolateral prefrontal cortex (DLPFC) respectively (3600 pulses per session), with MRI-guided neuronavigation. Pre- and post-treatment HAM-D and HAM-A scores were analyzed with mixed-effects models. Response and remission rates were further examined using generalized linear models (GLM). All analyses were conducted using the R Studio.

Results: The study included a total of 101 participants, of whom 89 had data available for HAM-D (56 [38.8–65] years; 69.7% females), and 82 had data available for HAM-A (56 [39–65] years; 70.7% females). 29.2% achieved HAM-D remission, 22% achieved HAM-A remission, with response rates of 46.1% for depression and 50% for anxiety.

Mixed-effects models showed a highly significant reduction in both HAM-D and HAM-A scores after TMS treatment (HAM-D: $\beta = -12$, $p = 2.2e{-}15$; HAM-A: $\beta = -14.484$, $p = 1.1{\times}10{-}14$) (Fig. 1). For HAM-D, family history was associated with reduced treatment effectiveness ($\beta = 5.302$, $p = 0.011$). Sex also influenced HAM-D scores, with males showing a greater response than females ($p = 0.018$), although this trend was only marginally significant for HAM-A ($p = 0.073$).

Fig. 1. Pre- and post-treatment scores on the HAM-D and HAM-A showing significant reductions following rTMS.

The GLM analysis for HAM-D and HAM-A remission did not reveal statistically significant overall results. However, specific predictors were significantly associated with treatment response. A family history of mental health conditions was linked to a lower likelihood of response, based on HAM-D (OR = 0.058, p = 0.016) and HAM-A (OR = 0.074, p = 0.049). Age was a significant predictor for response on both HAM-D (OR = 1.1, p = 0.048) and HAM-A (OR = 1.115, p = 0.032) (Fig. 2). Additionally, regarding employment status individuals identified as "Housekeeper" or "Retired" had reduced likelihood of positive response ($p < 0.05$).

Figure 2. Influence of age on HAMA and HAM-D response outcomes in patients undergoing TMS treatment.

Image:

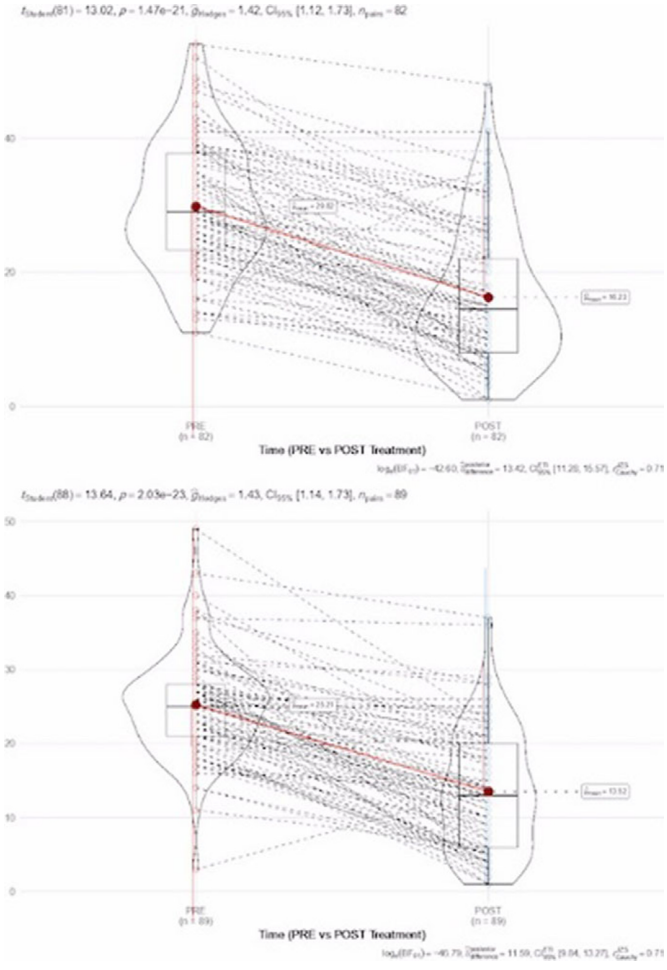


Image 2:



Conclusions: High-dose accelerated bilateral TBS using the Sevilla Protocol significantly reduced depression and anxiety symptoms in treatment-resistant patients, with notable response and remission rates. Family history, age, and certain employment statuses significantly influenced treatment response, suggesting that TBS may benefit from tailored approaches. Larger, balanced samples are needed to confirm these findings and improve prediction models.

Disclosure of Interest: None Declared

EPV1649

Mechanisms and Efficacy of Transcranial Stimulation Technologies in Substance Use Disorders: A Focus on Prefrontal Cortex Stimulation

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Introduction: About 31 million people worldwide suffer from substance use disorders (SUDs), causing significant health and economic burdens.
SUDs are linked to reduced dopamine activity in the mesolimbic region of the brain, as well as dysfunction in the dorsolateral prefrontal cortex (DLPFC) and dorsal anterior cingulate cortex (dACC), which are responsible for decision-making and self-control. Additionally, the ventral prefrontal cortex (PFC), including the orbitofrontal cortex (OFC) and ventral anterior cingulate cortex (vACC), play a role in emotional processing and limbic arousal.
A promising approach to treating SUDs involves non-invasive neuromodulation techniques (NIBS), specifically repetitive transcranial magnetic stimulation (rTMS) and transcranial direct current stimulation (tDCS).
Objectives: To better understand the role of non-invasive neuromodulation techniques in substance use disorders.
Methods: A search was conducted in various databases, including PubMed.
Results: Many studies using rTMS to treat SUDs have targeted the DLPFC. When the left DLPFC is stimulated, the effects are generally positive, and the treatment produces clinically significant results for tobacco, stimulant, and opioid use disorders.
It has been found that the medial PFC (mPFC) could be a potential target for therapy, especially when using deep TMS, as demonstrated by studies involving alcohol and cocaine. Both the DLPFC and mPFC are promising targets for rTMS.
Regarding tDCS, it seems that right anodal DLPFC stimulation is the most effective method across all types of substances.
Conclusions: Much remains unknown regarding the mechanisms by which rTMS or tDCS induce therapeutic effects in SUDs. Further research is necessary to determine the clinical safety and efficacy of these treatments.

Disclosure of Interest: None Declared

EPV1650

Efficacy of Electrostimulation in Treating Major Depressive Disorder and Generalized Anxiety Disorder: A Literature Review

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Introduction: Major Depressive Disorder (MDD) and Generalized Anxiety Disorder (GAD) are prevalent conditions that significantly affect quality of life. Many patients with MDD and GAD do not respond adequately to conventional therapies, such as psychotherapy and antidepressants, highlighting the need for alternative treatments. In this context, electrostimulation, particularly Transcranial Magnetic Stimulation (TMS) and Transcranial Direct Current Stimulation (tDCS), has shown promise by modulating brain activity to relieve symptoms.
Objectives: To assess the efficacy of TMS and tDCS in treating MDD and GAD.
Methods: This systematic literature review was conducted in SciELO, PubMed, covering the period from 2014 to 2024. After an initial selection of 15 articles, six studies were chosen based on relevance and reliability. The analysis focused on outcomes from controlled and randomized studies as well as systematic reviews and meta-analyses, involving TMS and tDCS.
Results: The reviewed studies demonstrated that TMS and tDCS significantly reduce symptoms in MDD and GAD compared to placebo. One study evaluated the combined effect of tDCS with

antidepressants, indicating a more pronounced clinical response and suggesting potential synergy between neuromodulation and pharmacotherapy in cortico-limbic circuits. However, larger sample sizes are needed to achieve robust statistical validation, clarifying the isolated impact of each modality and their combination.
Conclusions: Both TMS and tDCS represent effective therapeutic alternatives for patients with MDD and GAD, especially those refractory to conventional approaches. Although promising, implementing these techniques faces challenges, including high costs, the need for specialized professionals, and stronger scientific validation to enable widespread use. Expanding clinical knowledge and disseminating evidence-based guidelines can promote safe access to and usage of these therapies.

Disclosure of Interest: None Declared

EPV1653

A historical overview on the rise and downfall of psychosurgery

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Introduction: "Psychosurgery" is defined as the human brain surgery to treat psychiatric symptoms.
Objectives: This study aims to portray psychosurgery's historical evolution.
Methods: A review of 35 articles from 2000 to 2024 on PubMed and Google Scholar, regarding psychosurgery.
Results: The initial phase of psychosurgery dated in 1888, when Swiss psychiatrist Gottlieb Burckhardt, in en effort to control the symptoms of psychiatric patients, he performed the very first brain topectomies. Later on, in 1936, Portuguese neurologist Egas Moniz and neurosurgeon Almeida Lima, collaborated on performing the first lobotomy. After achieving 20 lobotomies, Moniz reported that 35% of patients showed complete remission of psychiatric symptoms, 35% of patients showed a mild improvement, and 30% of patients showed no improvement. It was Freeman's (a neurologist) and Watts's (a neurosurgeon) turn to perform in 1936 the first lobotomy on the USA ground, on a woman suffering from depression; Alice Hammatt. Unfortunately, six days post-operation, Hammatt experienced language difficulties, disorientation and agitation. However, the surgery was still considered a success. By 1942, Freeman and Watts had performed 200 lobotomies, declaring that 63% of patients improved, 23% of patients showed no relief, while 14% of patients suffered complications, including death. Freeman pursued with the development of a transorbital method which he tended to perform in outpatient departments, without any neurosurgical assistance, having patients anesthesized with a portable electroshock machine. Profoundly disapproving this method, Watts, decided to end their partnership. Further unsatisfactory outcomes like the lobotomy of Rosemary Kennedy (sister of President John F. Kennedy) shaped an additional negative image of Freeman's work. Rosemary who initially was subjected to lobotomy due to mild developmental delays, anxiety and epilepsy, was postoperatively left severely disabled, without autonomy, being institutionalized for the rest of her life. Finally, the approval of chlorpromazine's use in the US (1955) alongside public awareness over psychosurgery's complications, such as the "post-leucotomy syndrome" causing disinhibition as well as "lobotomy criteria" which included female gender, non-obeidance, hospitalization in overcrowed institutions, opposite political opinion, leaded to psychosurgery's dowfall.
Conclusions: Considering the dark history of psychosurgery, it is imperative to proceed to such treatments exclusively to diseases with a well decoded neurophysiology, always respecting human rights and protecting patients' dignity and self-will.

Disclosure of Interest: None Declared

EPV1654

The role of electroconvulsive therapy in the treatment of aggression in psychiatry: A literature Review

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Introduction: Electroconvulsive therapy (ECT) has gained increasing attention as a therapeutic option for managing aggressive behavior in psychiatric patients. Aggression is a common symptom in several psychiatric disorders, such as schizophrenia, bipolar disorder, and severe depression, which can be resistant to conventional pharmacological treatments.
Objectives: This literature review examines the efficacy and safety of ECT in reducing aggression across various psychiatric populations.
Methods: We have conducted a web resurch on Pubmed for articles published in the last ten years about the topic using key words like "agression" , "ECT".
Results: Evidence suggests that ECT can be particularly effective in cases where patients do not respond to medications or display dangerous behaviors. Significant reductions in aggression have been reported post-ECT, along with improvements in mood and overall functioning.
Conclusions: Although ECT remains controversial due to concerns about cognitive side effects, advancements in its application have enhanced its safety. This review emphasizes the need for further.

Disclosure of Interest: None Declared

EPV1657

A case report of anticonvulsive effects of CBD under ECT treatment

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Introduction: Cannabidiol (CBD) is a non-psychoactive cannabinoid with therapeutic potential in various fields, such as its effect on mental health or antiepileptogenic, among others. For this reason, the interest in research on the potential effects of this substance is booming and the sale and consumption by the general population is increasing.

Objectives: To describe the observed effects of CBD use during treatment with electroconvulsive therapy (ECT).
Methods: To describe in detail the clinical case and to correlate the changes observed in the seizures and the electroencephalogram (EEG) of the ECT sessions when the patient performed concomitant consumption of CBD, in addition to the changes at the clinical level that he experienced during this period.
Results: The subject is a 47-year-old man who required admission for a psychotic decompensation of his schizoaffective disorder bipolar subtype. In recent years, he had no adherence to psychopharmacological treatment or follow-up, and reported self-medicating with CBD cigarettes in varying amounts (he reported 5 to 15 units/day). During admission, pharmacological treatment was instituted with poor response and an acute course of ECT was performed due to a history of good response in a previous episode 10 years ago and the patient's preference. He remained abstinent from CBD during hospitalization and it was agreed to remain non-consuming at discharge. He presented progressive improvement in the clinical signs from the 4th session, with remission in the 7th session. Upon discharge, it was agreed to perform consolidation ECT on an outpatient basis, initially with weekly sessions and then every two weeks.
From the 2nd outpatient session, a worsening of motor and electroencephalographic seizures was observed in the ECT sessions. A possible relapse into CBD use, which the patient denied, was explored. After the 3rd outpatient session, the patient recognizes relapse into CBD consumption with occasional consumption. During the following 2 sessions, the deterioration in the quality of the EEG pattern progresses and it is decided to interrupt ECT treatment due to the absence of seizures in EEG recording, coinciding with an increase in the daily amount of CBD consumed.
Conclusions: There is little literature on the management of the effects of CBD in ECT treatment. The observations in this clinical case provide valuable information about the combination of CBD and ECT that can be useful to other professionals with similar cases.

Disclosure of Interest: None Declared

EPV1658

Increasing the Utilisation of Transcranial Magnetic Stimulation for Treatment-Resistant Depression

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Introduction: Transcranial magnetic stimulation (TMS) has been consistently recommended in international guidelines as first-line for treatment-resistant depression, due to its superior efficacy over the next antidepressant, with minimal side effects. However, owing to its high cost, lack of insurance coverage, the need for daily time commitment over a period of 4 to 6 weeks and its relative novelty, TMS is still not being offered to many eligible patients with MDD including at our hospital, leading to an under-utilisation of the service.
Objectives: We aim to determine the rate at which TMS is being offered to eligible patients with MDD at our hospital in Singapore, explore the root causes behind why it is not being offered and utilised more often, and implement new models of care to increase this rate by at least two-fold over 6 months.
Methods: All patients who registered at our outpatient clinics from June to November 2024 were screened for the eligibility criteria for TMS. Flow charts, affinity diagram and fishbone diagram were drawn. Multi-voting was conducted to arrive at the top root causes for the low rate at which TMS was being offered to eligible depressed patients, determined on a Pareto chart. 5 Plan, Do, Study, Act cycles were carried out. Key interventions included: (a) Adopting evidence-based, shorter TMS protocols that reduced time to remission from 6 weeks to 2-3 weeks, (b) initiating a novel, nurse-led TMS counselling service, (c) improving promotional materials, and (d) using simple yet effective strategies to improve familiarity with TMS and encourage psychiatrists to consider it more often.
Results: The rate at which TMS was offered to eligible patients with MDD increased from 15% to 80% over June to November 2024. 31% of these eligible patients took up TMS, and 100% of those who started TMS eventually completed the course. Patients who completed the course had a 69% reduction in clinician-administered depression rating scales. Psychiatrists were more inclined to offer TMS via the TMS counselling service run separately by TMS nurses, as this otherwise often took up substantial time in busy clinic settings. The increased awareness of TMS through promotional materials empowered patients such that they were bringing up TMS during consultations before they were being offered. The evidence-based, shorter TMS protocols involved conducting multiple sessions a day with adequate intervals, without compromising on efficacy and safety. Patients enjoyed the option of having less interruptions from work or school, and the quicker times to remission. Direct cost savings were observed.
Conclusions: We observed better quality of clinical care, increased patient, staff and stakeholder satisfaction, cost and time savings to patients, and increased productivity in both patients and staff, through effective and sustainable interventions which can be replicated in TMS clinics elsewhere.

Disclosure of Interest: None Declared

EPV1659

Unraveling Reality : Complaints that became delusions aligned to Ehlers-Danlos Syndrome ended up with ECT - a case report

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Introduction: Ehlers-Danlos Syndrome (EDS) is a group of hereditary connective tissue disorders that primarily involve skin hyperelasticity, hypermobility of joints and fragility of blood vessels.This syndrome shows heterogeneous features.Recent studies have shown that patients with EDS have a higher risk of psychiatric conditions such as depression, suicide and schizophrenia.The existing literature on safe administration of ECT defines several case reports which incorporates connective tissue disorders.
Objectives: This case report aims to define a rare case of EDS related psychosis including the clinical presentation and management.Furthermore, to show the administration of ECT in patients suffer from this medical condition after their assessment.

Methods: Comprehensive presentation of patient's case and review of systematic literature using database, in regards to connective tissue disorders and psychiatric conditions.
Results: A 42-year-old female patient,diagnosed with anxiety disorder 7 years prior, who has shown no remission and has experienced multiple hospital admissions over the past year due to various psychotic and depressive episodes, presented to our hospital with complaints that a "sorcerer" had cast spells on her.She reported delusions of mystical and somatic nature, describing that as a result of these spells, supernatural entities had caused her teeth to shrink, her skull to shift, the brightness in her eyes to diminish, her internal organs to decay and her physical presence to fade away.Additionally, she expressed paranoid-persecutory delusions that these entities would ultimately lead to her death.Treatment history included multiple SSRIs, antipsychotics and 6 sessions of TMS therapy, all with limited response.Her family history revealed that her father had died by suicide and her siblings were also diagnosed with depression/anxiety disorders.
The patient was admitted with a preliminary diagnosis of psychotic depression.Physical examination findings included hyperflexibility and hyperlaxity, suggestive of EDS.As the patient was at increased theoretical risk for complications; several consultations were requested to assess fitness for treatment prior to ECT.Based on these evaluations, ECT was deemed safe to proceed.Bifrontal ECT was successfully administered, resulting in marked improvement in the patient's psychotic symptoms.
Conclusions: Even delusions are remarkably indicative for psychosis, it is crucial to recognize the underlying medical conditions may contribute to its onset and/or exacerbation.Psychiatric evaluations should be performed during EDS patients' routine follow-ups.Additionally, as is already shown in other case reports, administration of ECT in patients with EDS should be considered.However, further research is required to understand the eligibility of ECT on connective tissue disorders also to expand our repertoire in the treatment.

Disclosure of Interest: None Declared

EPV1661

Electroconvulsive therapy in patients with cranial metal implants

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Introduction: Electroconvulsive therapy (ECT) is a widely recognized and effective treatment for severe psychiatric conditions, including major depressive disorder, treatment-resistant depression, and some psychotic disorders. Although ECT is highly effective, administering it to patients with cranial metal implants—such as plates, screws, clips, or electrodes—presents potential safety challenges. Metal implants, particularly those made of ferromagnetic materials, may interact with the electrical currents in ECT, which can lead to heating, shifting of the implant, or other adverse effects, thereby raising safety concerns.
Objectives: To review the safety and clinical considerations of electroconvulsive therapy in patients with cranial metal implants. This literature search aims to identify evidence on risks, contraindications, and guidelines to support safe and effective treatment in this population.
Methods: We conducted a literature search on PubMed to investigate the application of ECT in patients with cranial metal implants. The search included keywords "electroconvulsive therapy" and "ECT" combined with the terms "cranial metal implants," "head metal implants," and "metallic skull plate" interchangeably. We included only case reports. We used this approach to gather relevant studies addressing the safety, efficacy, and considerations of electroconvulsive therapy in individuals with metal implants in or near the skull.
Results: The literature search identified 11 case reports documenting the successful administration of ECT in patients with cranial metal implants. Across these cases, ECT was performed without adverse events related to the implants, and treatment outcomes were reported as effective in managing psychiatric symptoms. Most reports emphasized careful planning and individualized assessment to minimize risks, particularly regarding implant location and material composition. Safety measures included conducting pretreatment imaging to evaluate implant positioning.
Conclusions: The connection between cranial metal implants and ECT necessitates careful consideration of safety protocols to prevent potentially hazardous interactions. While metals such as titanium are generally not problematic for this therapy, it is essential to consider the type of metal, its location, and its magnetic properties before applying this technique. Our clinical experience also shows positive outcomes in patients with cranial metal implants, demonstrating safe and effective administration with proper evaluation and precautions. Further research and establishing safety guidelines will be crucial for optimizing treatment and minimizing risks for patients with metal implants.

Disclosure of Interest: None Declared

Psychotherapy

EPV1663

Interpersonal Psychotherapy (IPT) for Eating Disorders: A Literature Review

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Introduction: Interpersonal Psychotherapy (IPT) has been recognized as an effective treatment for various eating disorders, particularly Binge Eating Disorder (BED) and Bulimia Nervosa (BN). IPT focuses on addressing interpersonal difficulties, such as role transitions, interpersonal disputes, and social deficits, which are common in individuals with eating disorders. While evidence supports its use for BED and BN, its effectiveness for Anorexia Nervosa (AN) remains limited. Group-based IPT has also shown promise by targeting interpersonal deficits that perpetuate disordered eating behaviors.
Objectives: This literature review aims to evaluate the efficacy of IPT in treating eating disorders, with a focus on BED and BN. Additionally,

it explores the role of interpersonal deficits as a central focus of IPT and compares the outcomes of individual and group-based IPT formats.
Methods: A review of peer-reviewed studies, clinical trials, and meta-analyses published between 2000 and 2024 was conducted. The review assessed the effectiveness of IPT in reducing disordered eating behaviors, improving interpersonal functioning, and maintaining long-term treatment gains. Studies on both individual and group IPT formats were included, with a focus on binge eating reduction, interpersonal relationship improvements, and relapse prevention.
Results: The literature consistently shows that IPT is effective in reducing binge eating behaviors and improving interpersonal relationships in individuals with BED. Group IPT, in particular, has been shown to effectively address interpersonal deficits, providing social support and improving interpersonal skills, which contributes to sustained treatment outcomes. IPT has demonstrated comparable short-term efficacy to Cognitive Behavioral Therapy (CBT), with studies indicating superior long-term maintenance of treatment effects. However, evidence for IPT's use in AN remains sparse.
Conclusions: IPT is a promising treatment for eating disorders, particularly for individuals with BED and BN who exhibit significant interpersonal deficits. Group IPT appears to be especially effective in addressing these interpersonal issues, providing long-term benefits. While CBT remains the most widely used therapy, IPT offers a valuable alternative, particularly for individuals who do not respond to CBT. Future research should focus on exploring IPT's mechanisms and expanding its application to other eating disorders, including AN, where evidence is currently lacking.

Disclosure of Interest: None Declared

EPV1664

Integration of Ego-States Therapy into a Day Clinic Approach for Addictive Disorders: A Case Report

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Introduction: The relationship between childhood traumatic experiences and substance use disorders (SUD) has been the subject of considerable discussion in the literature. The development of efficacious therapeutic models for the treatment of these comorbidities remains an ongoing area of research. In particular, trauma-related disorders accompanied by dissociative changes and SUD may be effectively treated with ego-states therapy, which employs a combination of psychoanalytic and hypnoanalytic methods with other systemic approaches.
Objectives: The objective of this presentation is to illustrate a case study from an interdisciplinary day clinic that employs an integrated approach to the treatment of substance use disorders (SUD) and other comorbidities. Furthermore, we will propose an innovative naturalistic method for addressing complex phenomenological manifestations of trauma-related disorders in individuals with SUD.
Methods: In this presentation, we will introduce a psychotherapeutic method from a day clinic in Lower Saxony, Germany, through a comprehensive case study.
Results: Case:
A 40-year-old woman was referred to the day clinic following a period of ward treatment following the death of her father. This period led to an increase in her cannabis consumption and a concomitant increase in depressive symptoms. In her history, she revealed that her elder sister had committed suicide when the patient was in primary school. Consequently, she was tasked as a child with the responsibility of handling all bureaucratic matters with her parents, as she was the only member of her family who could speak German due to their migration background.
During the psychotherapeutic treatment, various ego states were identified and addressed through a combination of psychoanalytic, systemic-milieu therapeutic, and family therapeutic interventions. Particular attention was paid to those aspects that had been functional during childhood but were now manifesting in a destructive manner. The adult ego-states were activated to bring those processes into conscious awareness and promote psychological stabilization. By the end of the 6-week day clinic process, cannabis levels were no longer detected in the urine, and a significant reduction in depressive symptoms was observed.
Conclusions: Complex phenomenological presentations require multidisciplinary, holistic, and integrative therapeutic approaches. Further evidence-based evaluations are necessary to optimize treatment outcomes for such cases.

Disclosure of Interest: None Declared

EPV1665

Cognitive Behavioral Therapy for Obsessive-Compulsive Disorder with Comorbid Schizophrenia: A Case Report

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Introduction: In the general population, the lifetime prevalence rates for obsessive-compulsive disorder (OCD) range between 1.9% and 3.3%. In patients with schizophrenia, the prevalence rates of OCD range between 7.8% and 26%. Accurate diagnosis has prognostic and treatment implications.The empirical basis regarding the optimal treatment for comorbid OCD in patients with schizophrenia is almost nonexistent.
Objectives: We report a successful treatment course of intensive CBT for a patient with OCD comorbid with schizophrenia and reflect on the difficulties in the management and treatment of these cases.
Methods: We describe a case report in which OCD emerged gradually after the remission of positive symptoms of schizophrenia. The CBT involved psychoeducation, case formulation, cognitive restructuring, and exposure and response prevention.
Results: The case is a 24-year-old male, single, with no comorbid somatic diseases. He was admitted to our psychiatric ward for self-muttering activity and delusion of thought broadcasting from the past year. A diagnosis of schizophrenia was made. We started risperidone gradually titrated to 6 mg/day. During his follow-up period, he reported having repetitive and intrusive thoughts of blasphemous nature despite well-controlled psychotic symptoms. He acknowledged these thoughts as originating in his own mind but was unable to stop them on his own accord. He also reported obsessions related to contamination and disgust. This led to

compulsive hand washing and avoidance behaviour of some objects, which was both distressing and time-consuming. The diagnosis was revised to comorbid schizophrenia and OCD. Antipsychotic was changed from risperidone to amisulpride 800 mg daily in combination with paroxetine up to 60 mg/d. Since paroxetine was already optimized, the next step taken was to substitute it. He was then medicated with amisulpride, and clomipramine slowly increased up to 225 mg/d. There was no significant clinical improvement, regardless of the dose. Cognitive behavioural therapy (CBT) was commenced later. Medication was kept stable during the baseline, treatment, and follow-up period. Fourteen 1-hour sessions of CBT, including exposure and response prevention, were delivered each week over a period of 14 weeks. At the end of the intensive treatment, he reported a significant reduction in obsessions and compulsions. His score on the Y-BOCS dropped from 34 to 8 (76%) before treatment to 4-month follow-up.He reported that the decrease in OCD symptoms was associated with a significantly higher quality of life.
Conclusions: CBT appears to offer a valuable opportunity to reduce symptom severity in patients with OCD comorbid with schizophrenia.Further research within this field and systematic clinical evaluations are highly desirable.

Disclosure of Interest: None Declared

EPV1666

Families stuck in a trauma loop: a systemic approach to address vicarious trauma and enhance mental health treatment adherence in 2nd and 3rd generation offsprings of psychiatric patients

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Introduction: Vicarious trauma (VT) was first described by Pearlman and McCann as the therapists' internal experience that is "impacted as a result of empathic engagement with client's traumatic material". (JTS 1990. 3: 131–149). Furthermore, the authors used a constructivist framework to differentiate it from other forms of secondary trauma. In the context of mental illness, family elements of VT are be more subtle than primary trauma, but can remain identifiable across generations.
Objectives: The primary focus of our study was to develop a theoretical framework for understanding severe mental illness (SMI) and its traumatic long-term consequences on the family. Our secondary aim was to explore the impact of SMI and of psychiatric stigma on 2nd and 3rd generation offsprings.
Methods: To begin with we conducted a narrative review of the scientific literature using Pubmed search engine. This was followed by a qualitative study with psychiatric patients who declared a family history of SMI in a first degree relative who received medical care in France. The methodology involved conducting 11 structured interviews, which were audio recorded, transcribed and thematically analyzed.
Results: When family trauma develops, it is a complex phenomenon, seemingly infinite loop. It further impacts every aspect of the family's communication and relational style, attachment and regulation.
On an individual level, the consequences can be viewed as a continuum from adverse childhood experiences and primary trauma to secondary traumatic responses. This study aims to advocate for identifying specific VT subtypes. Some specific complaints are often encountered in the initial presentation of psychiatric patients, even with adults as young as 18yo. Exploring family psychiatric history through the vicarious "trauma lens", can allow us to have a better appreciation and understanding of the patient's suffering: their system of meaning and beliefs regarding psychiatric diagnosis, treatment and case management are often disrupted, the nocebo effect is increased (by increased sensitization to all other trauma and by modified emotion control). When the sense of safety is disturbed on a family basis multi-generational level, the consequences could lead to extreme anti-psychiatry attitudes and predict negative mental health outcomes.
Conclusions: Current understanding of vicarious trauma is limited to specific job-related contexts. What has not been studied yet is the vulnerability of children to vicarious trauma due to perceived traumatizing treatment, or the way in which medical stories are recounted to children. Therefore, additional research is needed on this topic. For psychiatrists, the vicarious trauma approach can be one of the key entry points to building the therapeutic alliance, which further enhances patient adherence to the treatment.

Disclosure of Interest: None Declared

EPV1668

Impact of Acceptance and Commitment Therapy (ACT) on Psychological Flexibility in Medical Students

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Introduction: Medical school is known for high levels of anxiety, and mental health challenges. Psychological flexibility - the ability to accept difficult thoughts and emotions while acting in alignment with one's values- can protect against these challenges. ACT has been shown to enhance psychological flexibility and reduce mental health symptoms in various populations. However, its impact on medical students has not been extensively explored.
Objectives: This study aimed to assess whether a brief ACT intervention could improve psychological flexibility and related psychological outcomes in medical students.
Methods: Forty-two medical students from Istanbul Medeniyet University participated in a four-day ACT program. Inclusion criteria included active enrollment in a medical program and willingness to participate. Exclusion criteria were severe psychiatric disorders or ongoing psychiatric treatment.The intervention involved four days of ACT-based activities, including mindfulness, cognitive defusion, and value-based exercises. Each session lasted 90 minutes and was conducted in a group format. To assess the impact of the intervention, we measured psychological flexibility and related factors at baseline and after the program using the following tools: the Multidimensional Experiential Avoidance Questionnaire (MEAQ-30), AAQ-US, SF-25, Valuing Questionnaire (VQ) and the DASS-21. Paired t-tests were used to compare pre- and post-intervention scores, with statistical significance set at $p < 0.05$.

Results: The ACT intervention led to significant improvements in psychological flexibility and related factors. The ACT intervention led to significant improvements in psychological flexibility and related factors. Specifically, Distress Aversion (MEAQ-30, subscale B) decreased significantly ($p = 0.010$), while Distress Endurance (MEAQ-30, subscale F) increased significantly ($p = 0.008$). Additionally, Anxiety (DASS-A) decreased significantly ($p = 0.004$), and Stress (DASS-S) also decreased significantly ($p = 0.004$). No significant changes were observed in other subscale scores, including those for SF-36, depression (DASS-D), and scores for AAQ-US and VQ . These results suggest that ACT may be particularly effective in reducing anxiety and stress while enhancing cognitive flexibility and acceptance.
Conclusions: This study suggests that even a brief, four-day ACT intervention can significantly improve psychological flexibility and reduce anxiety and stress in medical students. These findings highlight ACT's potential as an effective tool for supporting mental health and resilience in medical students. Further research with larger sample sizes and longer follow-up periods is needed to explore the long-term impact of ACT interventions in academic settings.

Disclosure of Interest: None Declared

EPV1672

Insight into psychosis in patients in the early stages of psychotic disorders and their parents

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Introduction: Clinically insight is a multifaceted phenomenon related to acceptance of one's condition as being psychiatrically ill, recognition of symptoms as pathological, recognition of the social consequences of illness and treatment acceptance. The common features of psychotic disorders are symptoms classified through several dimensions: positive symptoms, negative symptoms, cognitive symptoms, affective symptoms and psychomotor symptoms. These symptoms often cause impaired reality testing and poor insight. Impaired insight is common during early stage of psychosis with its prevalence ranging from around 30-50% and may cause treatment delays, more severe symptoms, poorer treatment adherence, involuntary admissions, potentially aggressive behaviour, poorer social functioning and outcomes. Insight is directly related to the severity of psychotic symptoms and inversely related to depression score. Enviromental factors such as family beliefs and stigma can influence on insight level. Considering that the first symptoms of psychosis often appear in young adulthood while the affected still live with their parents, we believe that the role of parental insight is important in recognizing the signs and treating psychosis.
Objectives: Aim of this study was to investigate level of patient's and parent's insight into early psychosis.
Methods: We performed a cross-sectional study on 105 diads parents - children suffering from early stage of the psychotic disorders, during disease < 5 years, diagnoses from the spectrum F20-F29 , both sexes, aged 18-35 years who were hospitalized at "Sveti Ivan" Psychiatry Clinic. The purpose and objectives of the research were explained to all participants, and they signed informed consent. The instruments used: sociodemographic questionnaire, The Scale to Assess Unawareness of Mental Disorder - Abbreviated version (SUMD), The Positive and Negative Syndrome scale (PANSS) – The Five factor models, Clinical Global Impression-severity scale (CGI-s). The research was conducted in accordance with Helsinki declaration.
Results: Among the patients, the male gender is slightly more represented, with a good level of education, mostly with the F23 diagnosis, while in the group of parents, mothers are significantly more represented. On the PANSS Five Factor scale, the patients showed significant improvement in all domains. The patients were more aware of their disorder than their parents. The fathers were more aware of their children's disorders than mothers.
Conclusions: The research has contributed to clarifying the complexity of the issue of insight and complex relationships between parents and children, pointing to the necessity of family psychotherapy and psychosocial interventions in the treatment of patients in the early stages of psychotic disorders.

Disclosure of Interest: None Declared

EPV1673

Impact of Therapist Breaks on Patients with Borderline Personality Disorder: A Review

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Introduction: Borderline Personality Disorder (BPD) is characterized by abandonment schemas, impairments in emotion regulation, and attachment issues. The literature shows significant evidence that psychotherapy is effective in the treatment of BPD in addition to pharmacotherapy. The therapeutic relationship established with the patient is a crucial component of psychotherapy processes and plays a vital role in the prognosis of the disorder. Working on the therapeutic relationship is essential to maintain an effective psychotherapy process in BPD treatment. The therapeutic alliance is at the core of the treatment's success. When a therapist takes a break from the therapy process (due to reasons such as vacation, childbirth, or loss), ruptures may form in the therapeutic relationship with patients diagnosed with BPD.
Objectives: This review compiles and synthesizes findings from empirical and case studies on the effects of breaks in psychotherapy treatment for BPD patients.
Methods: PsycArticles, Web of Science, PubMed, and Google Scholar were reviewed.
Results: Immediately following a therapy break, BPD patients often experience intense feelings of anger, anxiety, and frustration. At the same time, in the long term, this can lead to distrust in the therapist and weaken the therapeutic relationship. Moreover, acting-out behaviors tend to increase during this period. For inpatient patients, this can be observed as non-compliance with clinic rules

or using verbally inappropriate expressions.This break in the therapy process activates the abandonment schema, which is a core characteristic of BPD. Patients with borderline personality organization return to the dysfunctional coping strategies they had previously developed.
Conclusions: These results highlight several important areas of discussion for clinical practice and research. Firstly, BPD patients should be informed about upcoming therapy breaks and prepared for the absence, and expectations should be discussed openly. Secondly, after the break, working on the therapeutic relationship, mistrust, the activated abandonment schema, and negative emotions directed toward the therapist will contribute to the healing process. Thirdly, given the risk of suicide linked to impulsivity and acting out, the therapist should develop an action plan. Fourthly, maintaining the therapeutic framework is one of the most critical steps in the recovery of BPD patients, so it is crucial to preserve the framework even during therapy breaks. Lastly, due to the gap in the literature on this subject, there is a need for more empirical studies and research on how to repair potential ruptures in the therapist-patient relationship that occur during breaks.

Disclosure of Interest: None Declared

EPV1674

Psychodynamic group psychotherapy for family members of patients with psychoses

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Introduction: As part of our comprehensive early intervention program for psychotic disorders (RIPEPP), we have been conducting psychodynamic group psychotherapy for family members since 2005. This type of therapy intended for family members of patients that are motivated for psychological work and the correction of maladaptive forms of family interactions. The 90-minute sessions are held every two weeks under the guidance of a psychiatrist – group analyst.
At the beginning of this new experience, we applied group analytical principles in the group. Due to the large drop out and specific dynamics, we gradually changed the therapeutic technique and became more flexible and supportive.
During the years of therapy, with the strengthening of group cohesion, it was gradually possible to switch again from a more flexible and supportive method to the classic group analytical technique.
In this presentation, we will show vignettes from the therapeutic process.
Objectives: An overview of the need to modify the group-analytic technique in the treatment of family members of individuals with psychotic disorders.
Methods: Following the protocol of group sessions.
Results: Over the course of the therapeutic process, the group members become more ready for group analytical work, which is adapted and applied in sessions in which they openly talk about themselves, their feelings and partner relationships. The modification of the group analytic technique is still at work with a continuously present psychodynamic understanding.
Conclusions: A group-analytic approach is applied in the treatment of family members of individuals with psychotic disorders. The frequent occurrence of dropouts among group members highlighted the need to modify the group-analytic technique, with the potential to revert to the classical method by strengthening group cohesion and improving family dynamics.

Disclosure of Interest: None Declared

EPV1675

Major Depressive Disorder in French Caregivers Participating in the Profamille Psychoeducational Program

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Introduction: Numerous studies indicate that caregivers of patients with schizophrenia experience significant burden and exhibit depressive symptoms as measured by the CES-D scale. Specific psychoeducational programs like the multifamilal CBT based Profamille program may help alleviate these symptoms. However, it is yet to be established the extent to which these caregivers meet the criteria for clinical depression as defined by the DSM-5, as well as whether the interventions employed in this program can effectively reduce the prevalence of depressive disorder among caregivers.
Objectives: Assess the prevalence of major depressive disorder among caregivers at the start and end of the Profamille psychoeducational multifamily program.
Methods: Caregivers were referred to the program by family organizations, welfare services or healthcare providers, or found out about the program through the local press.
A group consists of twelve caregivers of approximately ten patients, participating in 14 structured weekly sessions of Profamille program version V3.2, each lasting 4 hours. These sessions provide information about schizophrenia, develop coping strategies for caregivers, and employ behavioral and cognitive techniques to address depressive symptoms.
Mood was assessed using the PHQ-9, a self-report questionnaire consisting of nine items aligned with diagnostic criteria for major depressive disorder. Responses were analysed using an algorithm

based on DSM-5 criteria to classify participants as having or not having major depressive disorder.
Given the paired nominal data, McNemar's test was employed for analysis
Results: A total of 507 caregivers were recruited, including 349 women. The average age of the participants was 58.0 years (SD = 9.0). At the beginning 14.6% of participants had a diagnosis of major depressive disorder. Fourteen sessions later this rate decreased to 5.7% (McNemar's test, p-value < 0.00001)
Conclusions: The annual prevalence of depression in the general population is approximately 5%, indicating a threefold over-representation among caregivers participating in the program. This rate of over-representation is consistent with other studies utilizing the CES-D, which also captures subclinical depression. Given the implications of depression for participants' physical health, this underscores the need for systematic investigations aimed at providing support. The Profamille program, which employed specific cognitive behavioral techniques in a group setting, resulted in a significant reduction in depression rates over 14 sessions, bringing the final rates more in line with those of the general population. These findings suggest that the program effectively normalized the prevalence of depression. However, the absence of a control group limits our ability to assess the natural progression of depressive symptoms without program participation

Disclosure of Interest: None Declared

EPV1676

Systematic Review and Meta-Analysis of Cognitive Behavioral Social Skills Training for Schizophrenia

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Introduction: Schizophrenia is a major cause of severe global functional disability with negative symptoms that greatly affect functional outcomes. These symptoms are divided into expressive (e.g., facial affect and voice tone) and experiential (e.g., amotivation and asociality) dimensions.
Objectives: This study assessed the effectiveness of Cognitive Behavioral Social Skills Training (CBSST) in enhancing functioning in individuals with schizophrenia. It examined the link between defeatist performance attitudes and functional changes post-CBSST.
Methods: We conducted a comprehensive search of PubMed, Embase, and Cochrane databases up to September 2024 for studies comparing CBSST with standard treatments for schizophrenia. We calculated the mean or standardized mean differences (MDs and SMD) for continuous outcomes along with 95% confidence intervals (CIs). Heterogeneity was evaluated using the I^2 statistics.
Results: Our review included 7 studies with 462 patients, of whom 219 (47.4%) received CBSST. There were no significant differences between the groups regarding positive symptoms (SMD 0.19, 95% CI -1.01 to 0.64, I^2 = 95; Figure 1A), negative symptoms (SMD -0.84, 95% CI -1.85 to 0.17, I^2 = 93; Figure 1B), Depression Scale scores (SMD 0.18, 95% CI -0.20 to 0.57, I^2 = 62; Figure 1C), or the Independent Living Skills Scale (MD 0.05, 95% CI 0.04 to 0.06, I^2 = 0; Figure 2). However, the independent living skills scores were significantly lower in the control group.

Image 1:

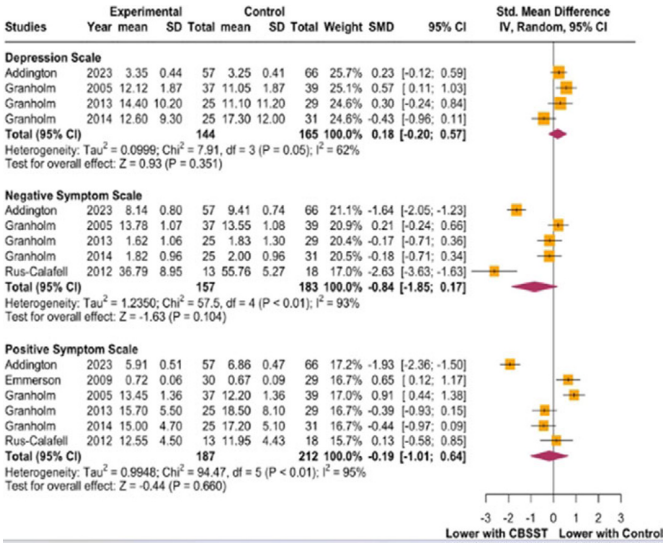
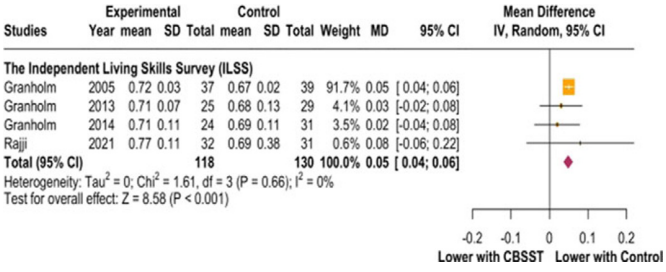


Image 2:



Conclusions: CBSST is effective in enhancing functioning in individuals with schizophrenia. Along with other supportive goal-oriented interventions, it can alleviate symptom distress, boost motivation and self-esteem, and enhance life satisfaction. Individuals with severe defeatist performance attitudes may experience the greatest benefit from cognitive-behavioral approaches that target functional improvements.

Disclosure of Interest: None Declared

EPV1677

Tone of mood in new mother and attachment to her partner

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Introduction: Mood in puerperium is a subject of great interest since it can undergo variations in such a significant period of a woman's life as motherhood. It is equally true that the presence of a partner with a secure attachment style can constitute a stable base for a woman to lean and to rely, while it is more likely to hypothesize cracks in mood in absence of effective support in the relational context.
Objectives: The aim of this research is to analyse the trend of puerperal mood in women in the period immediately following the delibery and after a few months. The study also examines the attachment styles of the partners of these women and the relationship between mood in women and the attachment of their partners.
Methods: The study was conducted on a sample of women and their partners.
The women were administered 2 administrations of the Edinburgh Peripartum Depression Scale (EPDS): the first within 24 hours of delivery and the second four months after delivery.
The Relationship Questionnaire (RQ) was administered to the male partners immediately after the evnt of delivery.
The data were analyzed from a statistical point of view, with analysis of variance (ANOVA) and post hoc tests.
Results: A 2-way ANOVA with repeated measures was performed using the different attachment styles as emerged from the RQ (secure attachment and insecure attachment) in the partner group as the independent variable and the EDPS scores in the 2 times (EPDS1, EPDS2) of the women themselves as the dependent variable. The ANOVA described the main effect of Time as significant ($F(1, 14) = 5.79$; $p < .05$). The post hoc (LSD - Least Significant Difference test) highlights how there is a significant decrease in the EPDS score of women in the before-after comparison ($M = 8.71$ vs $M = 4.93$; $p = .005$) considering, as an independent variable, the secure attachment group of partners. While this decrease is not significant in the group of partners with insecure attachment.
Conclusions: The initial data of this study suggest that security in the attachment style of the partner can favor an increase in the mood of the woman after a delivery. In particular, the research data tend to highlight a significant improvement in the mood of women 4 months after giving birth. The proximity of a partner with secure attachment therefore seems to favor a good mood in the woman in pueperium.

Disclosure of Interest: None Declared

EPV1678

Wisdom psychotherapy in adjustment disorders. Results of a randomized controlled study

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Introduction: Wisdom is a capacity which is needed to cope with difficult situations in life. Wisdom can be trained like other capacities. Wisdom psychotherapy has been developed as a method of cognitive behavior therapy to help patients who are stuck in negative life experiences, or confronted with unsolvabale dilemmas.
Objectives: Test the efficacy of wisdom psychotherapy in patients with adjustment disorders.
Methods: patients with adjustment disorders (>18 on the ADNM8 scale) were randomly assigned to group wisdom therapy (WT: N=114), or group behavioral activation therapy (BA: N=109). Additionally a matched group of patients was build, which were not included in any study procedures but underwent routine treatment only (RT: N=114). Wisdom was measured with the Multidimensional Wisdom Competency Scale (MWC15).
Results: There was an increase on the MWC15 of 5.3 in the wisdom group as compared to 0.4 in the activation group and 0,2 in the routine group. This is statically sigificant in the pre-post comparison and in the time/goup interaction (F4,42, p=0,13). The ADNM8 score, the SCL90 GSI, the BDI score decreased, with a trend for more side effects in the wisdom than the activity group.
Conclusions: The results confirm that wisdom psychotherapy can make a difference in the improvement of wisdom capacities. Wisdom therapy, different from other psychotherapies, does not aim at increasing hedonic or symptom free wellbeing but rather eudaimonic wellbeing in order to teach patients to live a decent and successful life.

Disclosure of Interest: None Declared

EPV1681

Evaluation of the Psychosocial Treatment of Psychosis

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Introduction: Some people with a diagnosis of psychosis wish to minimize or avoid medications. A literture exists that intensive psychosocial treatment can mitigate psychotic symptoms with lilttle or no medication being used.
Objectives: We provided services to people who wishers to reduce or avoid medications within the context of a private psychiatric practice and wanted to assess their outcomes. We wondered what factors led to success.
Methods: We report on a series of 62 patients, age 18 years or older, who engaged in psychotherapy, medication, and lifestyle management over at least six months, aiming to minimize or eliminate medication. An additional 217 patients who consulted us did not continue for six months. An anonymous, matched comparison group of 62 patients of the same age, socioeconomic status, diagnosis, and severity of illness was generated from electronic health records at another clinic where LMM also worked. We used the Brief Psychiatric Rating Scale, the Positive and Negative Symptom Scale, the MADRS depression scales, and the Clinical Global

Inventory. Narrative interviews generated qualitative data. We compared patients who met their goals to those who did not.
Results: Forty-one people eliminated medication. Another 16 managed well on low-dose medications. Five patients had psychotic episodes that led them to return to higher levels of medication. This group functioned at higher levels than the comparison population with much lower doses of medications. The five readmissions to hospital were signnificantly lower than the number of readmissions in the comparison and the control groups. The cost for one year of care was higher for our people; the costs over subsequent years were less related to fewer hospitalizations, crises, and diminished suicidality.
Conclusions: The results suggest the need for individualized client-centered psychosocial approaches that build upon the person's previous successes, enroll family and friends in a community effort, and collaborate with those communities to apply those approaches desired by the people themselves. In this dialogical approach to psychosis, lived experience is granted full ontological reality, which appears to facilitate recovery. Lifestyle management and embeddedness in a community facilitate recovery.

Disclosure of Interest: None Declared

EPV1682

Correlations between Psychopathological Symptoms and Self-stigmatization of Patients with Bipolar Affective Disorder at the Initial Stage of the Disease

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Introduction: It was demonstrated in the number of studies that patients with bipolar affective disorder (BD) at the initial stage of the disease are characterized by the high level of self-stigmatization (Latalova K., Kamaradova D., Prasko J., 2014; Solokhina T.A., Oshevsky D.S., Barkhatova A.N., et al., 2023). However, relationship of patients' self-stigmatization with their psychopathological symptoms wasn't analyzed, what determined the theoretical and practical significance of our study.
Objectives: To reveal correlations between psychopathological symptoms and self-stigmatization of patients with BD at the initial stage of the disease and to work out the integrated approach to their psychosocial treatment.
Methods: Questionnaire for assessing the phenomenon of self-stigmatization of mentally ill people (Mikhailova et al., 2005), SCL-90-R were used. A group of 17 patients (12 women and 5 men) with diagnosis of bipolar affective disorder (BD, F31.xxx according to ICD-10) was examined. The average age of the patients was 25.52±4.55 years. The duration of the disorder varied within 0.5 -3 years.
Results: Patients with BD demonstrated high overall level of self-stigmatization (1.22±0.73 points). This parameter was significantly higher than average values. As a result of correlation analysis, multiple dependable ($p<0.01$) moderate relationships between SCL-90-R indicators and parameters of several scales of the self-stigmatization questionnaire were established. So, perception of changes associated with the disease as irreversible, depriving opportunities in various spheres of life (scales «Overestimation of self-realization», «Overestimation of internal activity») leaded to somatization of patients and the formation of hypochondriac experiences (SOM, r=0.58 and r=0.54, respectively). In turn, this reduces self-esteem and causes an increase in the overall level of experienced distress (GSI, r=0.61 and r=0.53, respectively). Self-doubt, the expectation of a negative attitude towards oneself (the scale «De-identification from others in the social sphere») leads to increased anxiety (ANX, r=0.64), hostility (HOS, r=0.53), vulnerability in communication and restriction of social contacts (INT, r=0.51).
Conclusions: The obtained results permitted to work out proposals on psychosocial treatment of patients with BD at the initial stage of the disease. It is necessary to carry out psychoeducation programs as well as trainings aimed at forming a positive self-perception, activating personal resources, increasing communicative competence and maintaining social interaction.

Disclosure of Interest: None Declared

EPV1683

Fake Therapists: How Short Courses Lead to Long-Term Mental Health Issues

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Introduction: In Kyrgyzstan and other Central Asian countries, there has been a surge in advertisements for psychological services from underqualified practitioners. These individuals, often with only short-term training, market themselves as professionals while the cost of their services has risen dramatically. Vulnerable populations may be exploited financially without receiving effective care, leading to worsened outcomes.
Objectives: This paper explores how the rise in underqualified practitioners and unchecked price increases for psychological services in Kyrgyzstan lead to harmful mental health outcomes. It also compares the regulatory frameworks in neighboring countries, highlighting Kazakhstan's more structured approach.
Methods: This study utilizes a comparative analysis of the regulatory frameworks for psychological services in Kyrgyzstan, Tajikistan, Uzbekistan, and Kazakhstan. Data is sourced from governmental reports, academic studies, and analyses of online advertisements for psychological services. The focus is on licensing systems, training requirements, and the impact of rising consultation prices.
Results: Kyrgyzstan, Tajikistan, and Uzbekistan lack adequate regulatory systems for licensing psychologists. The surge in online advertisements by underqualified practitioners has flooded the market, with many offering their services at increasingly inflated rates. These individuals often charge exorbitant prices while lacking the proper training, exacerbating mental health challenges for vulnerable populations. In contrast, Kazakhstan has introduced a structured National Qualifications Framework (SQF), which ensures that psychological services are provided by properly trained and certified professionals.
Conclusions: The unchecked rise of advertisements by unqualified therapists and the unlimited escalation of consultation fees in Kyrgyzstan and neighboring countries pose serious risks to public mental health. Without proper licensing and price regulation, individuals seeking help may face harmful consequences. Adopting a regulatory system similar to Kazakhstan's, with strict licensing and certification requirements, would help ensure that psychological services are both safe and affordable. Such reforms are

essential to protect the public from the exploitation and risks posed by untrained "therapists."

Disclosure of Interest: None Declared

EPV1684

Unconscious processes in psychotherapy and supervision: Difficulties in the supervisory relationship

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Introduction: Supervision is recognized as having a vital role in the professional development of psychotherapists. The way it is implemented has a direct impact on the quality of the educator's learning process, as well as on the quality of psychotherapy provided to clients. Supervision is a complex and dynamic practice, requiring supervisors to conceptualize the thoughts, feelings and behavior of their educators and the educator's clients, as well as selective attention to the complexly layered interpersonal dynamics between clients, educators and themselves.
Objectives: Emphasizing the possibility of the appearance of difficulties and their aspects and increasing awareness of these concepts can greatly help supervisors and educators in the formation of ways and approaches that can facilitate better communication and the formation of a more professional relationship as significantly influencing the main result of the quality of psychotherapy and the process of professional development.
Methods: During the training of mental health professionals, it is crucial to ensure that the supervision process is carried out according to a legal, ethical and competent approach, such as informed consent and a supervision contract, and it is necessary to take into account elements such as supervisor and educator competencies, awareness of the challenges of diversity and multiculturalism, personal and professional boundaries, multiple contexts of relationship between supervisor and educator, evaluation and feedback. Through the supervisor's dilemmas, ambiguities in the perceptions of supervision educators, success is reflected through the analysis of personal contribution, of unconscious interpersonal and developmental dynamics, and access to one's own limits.
Results: The importance of clinical supervision is evidently recognized by almost all licensing boards and accrediting bodies for the mental health professions, requiring that educators receive psychotherapeutic, clinical supervision as part of their training, and ongoing supervision is often necessary to maintain professional licensure. An integrative approach of incorporating innovative research results, as well as consolidating them with already established factors, is key in leading psychotherapeutic training, research, supervision, as well as the client's treatment itself towards increased effectiveness. A significant contribution to the literature would be enabled by future research dealing with issues of difficulties in supervision through the prism of educators.
Conclusions: This paper focuses on understanding the significance of the supervision process thorugh the theoretical perspective, approaching the concept of difficulties by the prism of supervisors and educators, and the practical implications of successful supervision.

Disclosure of Interest: None Declared

EPV1685

Gilles de la Tourette Syndrome and Habit-Reversal: A Case Report

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Introduction: Gilles de la Tourette Syndrome (GTS) is characterised by tics which appear as sudden, rapid, purposeless motor movements and vocalisations. In contrast to other movement disorders, temporary and purposeful suppressibility for a few minutes at a time can be achievable. However, this is ineffective over time. Apart from the physical consequences incurred, tics and their associated neuropsychiatric symptoms can diminish individual quality of life.
Objectives: To present an adult single case study of the implementation of Habit Reversal Training (HbRT) for the treatment of a motor tic and to determine the clinical efficacy of the intervention over time (i.e., post-intervention and at a one-, three- and six-month follow-up).
Methods: A twenty-six-year-old male patient with a well-established diagnosis of GTS was referred to a tertiary-care neuropsychiatry outpatient clinic. Prior to the HbRT intervention, the patient had well-tolerated a continuous tetrabenazine prescription (25mg twice a day). His tic consisted of twitching of his nostrils and sudden and repeated head nods. The tic was reported to being experienced throughout the day and almost always being preceeded by a premonitory sensation. The patient's history was unremarkable with respect to pre, peri-, and postnatal development. There was no family history of tics nor any other movement disorders. Formal measures revealed the following: Clinical Outcomes in Routine Evaluation-Outcome Measure (**11**), Frost Multidimensional Perfectionism Scale (**117**), Autism-Spectrum Quotient (**2**), Adult Attention Deficit Hyperactivity Disorder Scale (**1**), and Yale-Brown Obsessive Compulsive Scale (**15).**
Results: By the end of a five-week fifty-minute one-to-one intervention window and at a one-, three-, and six-month follow-up appointment, the following main results are reported: [i] at post-intervention, a self-reported tic improvement score (measuring effectiveness of competing response on tic management since the first appointment) of eighty percent was achieved, [ii] self-reported tic improvement scores carried over to all three follow-up appointments, and [iii] week-to-week monitoring revealed that tic management improved by fifty percent by the third week of the intervention.
Conclusions: This study has accomplished its objectives of offering additional support for the implementation of HbRT for the treatment of a motor tic and to establish the clinical efficacy of the intervention over time. With these objectives in mind, TD and GTS continues to provide clinicians, clinician-scientists, and researchers with an abundance of possibilities for future research. For instance, on a clinical level, it is essential to further characterize variations in motor tic phenotype so that the factors that modify tic behaviour can be clarified. It would also be fascinating to longitudinally study and explore changes in tic frequency and intensity over time following a behavioural intervention such as HbRT.

Disclosure of Interest: None Declared

EPV1686

Feasibility of metacognitive interpersonal therapy treatments in European public services

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Introduction: Metacognitive Interpersonal Therapy (MIT) is a third wave orientation psychotherapy, based on the understanding that severe mental illness features a combination of poor capacity to make sense of mental states or metacognition, maladaptive interpersonal schemas and dysfunctional coping procedures.
Objectives: MIT is gathering increasing empirical support in both individual and group formats, in adults and adolescence in populations with personality disorders and early psychosis (Dimaggio et al., 2017; Fioravanti et al., 2024; Gordon-King et al., 2018; Pasetto et al., 2022; Inchausti et al., 2022; Popolo et al., 2018).
Methods: The group format has been empirically tested in different countries (Italy, Spain and Norway).
Results: Here we present the results of a series of RCT delivered in public mental health units (Ichausti et al., 2017; 2018; 2024; and Pinotti et al., 2024; Popolo et al., 2021; 2022).
Conclusions: Overall results show that MIT in group can be successfully delivered in the context of public mental health facilities with evidence for its efficacy, feasibility and effectiveness.

Disclosure of Interest: None Declared

EPV1688

Cognitive and Emotional Regulation for High-Performance Poker Players: A Multidisciplinary Therapeutic Approach

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Introduction: High-performance players in sports, poker, or other competitive fields share traits that support them to excel under pressure. Exceptional players show mental resilience, staying focused, and adaptability skills in high-stress situations. However, many players struggle with consistency and discipline when emotional influence occurs over their routine and decision-making on tables. This work addresses common challenges for high-performance poker players and explores therapeutic techniques that improve decision-making and overall well-being.
Objectives: High-performance poker players, particularly cash game players, encounter unique cognitive and emotional challenges due to high-stakes, financial volatility, and emotional dysregulation. This work addresses common therapeutic demands and multidisciplinary approaches to support high-performance poker players.
Methods: Players who received therapeutic support benefited from a combination of cognitive-behavioral strategies and positive psychology, particularly focusing on emotional regulation and goal-setting to enhance their sense of control, motivation, decision-making, psychological well-being, and overall performance. The therapeutic interventions specifically targeted cognitive distortions and behavioral patterns that undermine decision-making and contribute to emotional dysregulation. Techniques such as cognitive restructuring, mindfulness, and problem-solving skills training through deliberate practice, promoting practical tools to manage the unique cognitive and emotional challenges faced in poker.
Results: The findings show that integrating cognitive-behavioral techniques into daily routines improves consistency, making daily strategies more automatic. Mental exercises like mindfulness and cognitive reframing strengthened skills while monitoring emotional states and helped players detect early signs of "tilt" and regulate emotions, diminishing impulsive decisions and heightening emotional responses. Addressing cognitive distortions, such as confirmation bias, through journaling and stress management techniques like deep breathing, helped players maintain composure under pressure. Therefore, these approaches assisted poker players in improving their adaptability skills without sacrificing consistency, leading to better performance and long-term success.
Conclusions: The cognitive and emotional demands of high-stakes poker require a comprehensive mental regulation approach. Combining cognitive-behavioral techniques, psychodynamic strategies, and mindfulness improves emotional stability, decision-making, and performance. Addressing cognitive distortions and using emotional regulation techniques help players avoid emotionally-driven decisions and maintain focus under pressure. By integrating these strategies into their routines, poker players can enhance consistency, optimize cognitive function, and achieve long-term success.

Disclosure of Interest: None Declared

EPV1689

Kintsugi, Mending with Gold - A Psychotherapeutic Technique

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Introduction: Psychotherapy, when supported by an appropriate set of techniques, has a high impact on the patient's psychological well-being, self-knowledge and self-growth.
Objectives: This study aimed to determine the clinical utility of the therapeutic tool "Kintsugi," developed by the corresponding author, through two assessment phases.
Methods: To a total of 200 participants, aged between 18 and 70 years (M = 44.3, SD = 12.5), were administered a semistructured interview, the Hamilton Anxiety Scale, and the Échelle de Mesure des Manifestations du Bien-Être Psychologique. The assessments occurred before and after the application of the techinique, with an interval of about two months (approximately 4 to 6 sessions).
Results: Findings indicate that, in the first moment of assessment, participants showed lower levels of psychological well-being (M = 78.0, SD = 15.0) and, consequently, more anxious symptoms (M = 32.0, SD = 9.0). After the use of the "Kintsugi" technique, regardless of the participant's age or gender, an increase in psychological well-being (M = 96.5, SD = 12.0; F-test = 77.65, $p < .001$, $\eta^2 = 0.28$) and a decrease in anxiety (M = 21.0, SD = 7.0; F-test = 87.50, $p < .001$, $\eta^2 = 0.31$) were observed.

Conclusions: This therapeutic tool proves to be useful, beneficial, and clinically effective in a psychotherapeutic context, as its high contribution to the mental health of individuals becomes evident.

Disclosure of Interest: None Declared

EPV1690

Closing the Gap: Integrating Science and Practice in Psychotherapy

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Introduction: The science-to-practice gap in psychotherapy is a prominent topic of discussion that hinders the seamless integration of research findings into clinical settings. This divide seems, among others, to stem from conflicting views on the practical relevance of evidence-based mental health (EBMH).
Objectives: This study aims to provide a comprehensive overview of the existing narratives that define the science-to-practice gap, develop an inclusive definition that reflects the complexities of this issue, and identify the factors influencing and strategies for mitigating this gap.
Methods: We conducted a systematic literature review with a qualitative, thematic synthesis approach including 131 articles. Themes were identified and synthesized to outline the science-to-practice gap. Additionally, we included a historical analysis to examine how the prevalence of certain codes and themes has evolved over time, reflecting shifts in the academic and clinical landscape.
Results: Based on our findings, we refined the definition of the science-to-practice gap, capturing its multifaceted nature. Key themes influencing this gap include the educational background of psychotherapists, orientation towards specific psychotherapeutic schools, and personal inclinations of psychotherapists. Contextual factors such as institutional support and incentives for employing EBMH were also found to be positive influences. However, critiques regarding the rigidity of research methodologies and their applicability to diverse clinical scenarios were prevalent, with observable variances in thematic emphasis over the decades. Strategies identified for bridging the gap emphasized increased dialogue and collaboration between researchers and practitioners.
Image 1:

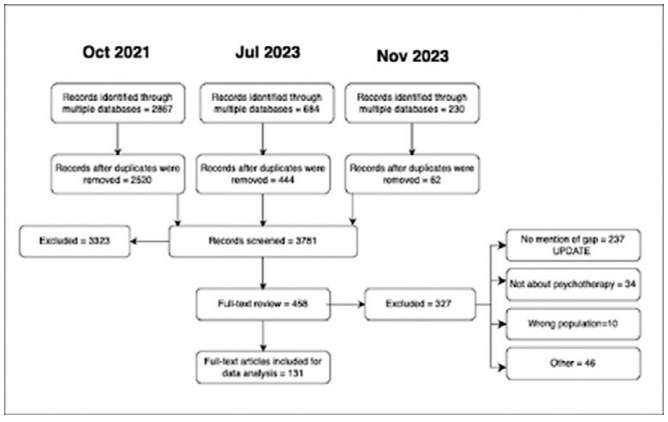


Image 2:

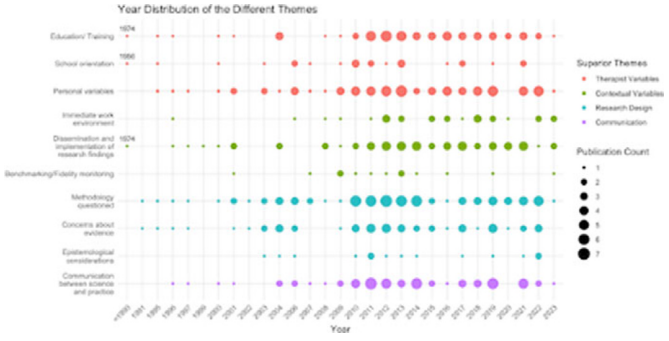
Table 1

Summary of the Reasons for the science-to-practice gap as Mentioned in the Literature

Therapist Variables	Contextual Variables	Research Design	Communication
Education/Training Insufficient education: • critical thinking, research training • scientific theories • practical training on application of EBMH **School orientation** • EBMH more favorable in CBT in contrast to psychoanalytic, humanistic, existential, and eclectic approaches **Personal variables** EBMH is associated with • younger therapists • openness towards EBMH • knowledge about EBMH • confidence about EBMH use • believes about effectiveness, importance and usefulness of EBMH Less EBMH is associated with • no access to interventions or literature • evaluation fear when using EBMH • cultural preferences of not using EBMH • mismatch of intervention with patient culture • difficulties understanding EBMH • dislike/resistance towards EBMH • placing much value on clinical expertise or artistry	**Immediate work environment** Influences at the workplace: • supervisors • colleagues • social environment • practical support • technical support • providing materials • providing infrastructure • employer attitudes **Dissemination and implementation of research findings** Influences: • implementation guidance • implementation planning • context specificity of implementation • lLack of incentives for EBMH implementation for therapists to • implement EBMH • engage with research	**Methodology questioned** • rigidity of RCTs • difficulty applying research results • rigidity in diagnostic and inclusion criteria • rigidity of manuals • nomothetic results applied to individual cases • overreliance on efficacy studies • overreliance on outcome research **Concerns about evidence** • EBMH interventions ineffective or harmful • variability not represented • limited awareness of ineffective treatment • publication bias **Epistemological considerations** • differences in thinking between positivism/empiricism and	**Communication between science and practice** • insufficient • lacking • unidirectional • little opportunity for exchange

Note: RCT = randomized controlled trials; EBMH = evidence-based mental health; CBT = cognitive-behavioral therapy.

Image 3:



Conclusions: This work sets the stage for future research that should prioritize the clinical perspective on evidence usefulness, broaden the research focus beyond intervention efficacy, and validate diverse methodologies. By proposing practice-focused research guidelines and emphasizing the need for robust dialogue between science and practice, we aim to enhance the applicability of research findings in clinical settings. Ultimately, our findings advocate for policies that facilitate the exchange of ideas and experiences, aiming to bridge the gap between scientific evidence and psychotherapeutic practice effectively.

Disclosure of Interest: None Declared

EPV1692

Navigating the Intersection of Autism and Gender Fluidity: A Case study of psychotherapy in a Neurodivergent Adult

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Introduction: Autism Spectrum Disorder (ASD) is a developmental condition that modifies how a person perceives their surroundings, communicates and interacts with others. Autistic individuals often experience executive dysfunction, impaired social cognition, likewise differences in perception and information processing that can make it challenging to describe their internal sense of gender and gender-related needs. This case report presents the therapeutic journey of a young man diagnosed with Asperger Syndrome who entered dynamic supportive psychotherapy to address social and emotional challenges, likewise identity issues.
Objectives: This poster aims to explore the clinical complexities arising from the presence of gender neurodivergence in individuals with ASD and its impact on their presentation, assessment and management. It seeks to highlight the unique challenges faced by autistic individuals in navigating gender identity, emphasizing the need for tailored clinical approaches.
Methods: A descriptive case report of a patient with ASD and gender neurodivergence, drawing on clinical records, patient interviews and psychotherapy sessions, psychological assessment and a non-systematic review of relevant literature.
Results: A case report presentation of a 29-year-old man diagnosed with Asperger syndrome during adolescence. Due to adaptation difficulties and anxiety he started seeing a child's psychiatrist and then transferred to an adult setting. He had intermittent visits to a community mental health service initially and, over the last two years, attended biweekly psychotherapy sessions at our hospital. Early psychological assessments revealed challenges with social interactions, confused and bizarre thinking patterns, identity diffusion, and a tendency for ruminative self-reflection. Treatment was interrupted at the end of 2023 due to a psychotic episode with dissociative phenomena, leading to the introduction of antipsychotics. After stabilization, psychotherapy resumed. During the course of therapy, conversations revealed a complex narrative around gender identity, including reflections on multiple genders and gender fluidity.
Conclusions: This case highlights the intersection of neurodiversity and gender identity, illustrating how individuals on the autism spectrum may experience and navigate gender in unique ways. The therapeutic process explored gender fluidity as an evolving self-concept, emphasizing the importance of inclusive approaches in psychotherapy. The report underscores the need for mental health professionals to be attuned to diverse expressions of gender identity within neurodivergent populations and advocates for flexible therapeutic frameworks that accommodate both neurodiversity and gender diversity.

Disclosure of Interest: None Declared

EPV1693

Improvements in self-efficacy and attachment security during the psychodrama group process among young women: A mix-methods study

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Introduction: Mental illnesses are more common in women than men, and common illnesses such as anxiety and depression often begin in youth. Young women are disadvantaged both in terms of developing mental illnesses and in terms of gender-based discrimination. In this respect, protective, preventive, and empowering interventions targeting young women can be a good investment in terms of protecting their mental health. The youth period is the focus of protective and preventive interventions due to its nature as the initial period of frequently seen mental illnesses. Empowerment can reduce vulnerability during this period.
Objectives: This study aimed to examine quantitatively and qualitatively whether the self-efficacy and attachment dimensions of the participating young women changed as a result of an empowerment-themed psychodrama group therapy.
Methods: The study has a longitudinal design with mix methods. After the local ethics committee approval, an announcement was made online, and the participants were included in the study after face-to-face meetings. Young women between 18 and 25 years who do not have a current psychiatric diagnosis, without suicide attempts and alcohol or substance use disorder, were recruited. Seventeen psychodrama sessions, each lasting three hours, were conducted. Role reversal, pairing, and mirror techniques were mainly used in the sessions. Warm-up games and group games were selected following the theme of empowerment. The General Self-Efficacy Scale (GSS) and Experiences in Close Relationships- Revised (ECR-R) were applied to the group members before starting the psychodrama sessions and after the sessions ended. In addition, the group members' processes were investigated using qualitative methods after the sessions had ended.
Results: Thirteen young women completed the psychodrama group sessions without more than 20% absence. Statistically significant increases were observed in the initiation ($z=-2.310$ $p=0.021$), resilience ($z=-1.973$ $p=0.049$), maintenance effort sub-dimensions ($z=-2.355$ $p=0.019$), and GSS total score ($z=-2.357$ $p=0.018$) of general self-efficacy after the intervention. When the sub-dimensions of ECR-R were evaluated, statistically significant decreases were observed in both avoidant attachment ($z=-2.831$ $p=0.005$) and anxious attachment ($z=-2.864$ $p=0.004$). Qualitative analysis showed themes of self-confidence, modeling, and universality.
Conclusions: Psychodrama group psychotherapy is suitable for developing self-efficacy and increasing secure attachment in young women as a preventive psychiatric intervention.

Disclosure of Interest: None Declared

Psychotherapy

EPP592

Psychotherapy of women victims of domestic violence: Ukrainian practice

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Introduction: According to the press service of the National Police of Ukraine, the number of domestic violence complaints in 2023 amounted to 291,000 statements from victims, which is almost 2 times more than in 2022. This trend determines the relevance of improving the model of comprehensive assistance to victims of domestic violence in Ukraine.
Objectives: To develop and study the effectiveness of a comprehensive system of psychotherapy for women victims of domestic violence.
Methods: We have been examined 85 women victims of domestic violence during 2022-2023; 59 % of them were suffered from physical violence, 100 % – psychological violence, 6 % - economic violence. The following methods were used: Spielberger-Y.L.Khanin scale of reactive and personal anxiety (STAI), Eysenck Personality Questionnaire (EPQ) to determine the level of neuroticism, The Thomas–Kilmann Conflict Mode Instrument (TKI), The Hamilton Depression Rating Scale (HDRS).
Results: The most common form of psychological violence against women was manipulation of the child's interests during divorce proceedings, when men tried to insult and humiliate the authority of their wives, displaying aggressive forms of behavior. Most aggressors are characterized by emotional instability, irritability and cruelty. An aggravating psychological factor in conflicts in such families was the abuse of alcohol by men.
Women who suffered from domestic violence showed psychopathological personality changes not only in the form of victim character traits, but also in the form of aggression. Other women, on the contrary, were passive, conformist, and could not protect themselves. We used the following methods of psychotherapy: telephone and online counseling, psychological counseling, behavioral psychotherapy, systemic family psychotherapy, and rational psychotherapy. Psychological counseling solved the problems of resolving the difficulties of women victims by creating conditions for expressing strong emotions and helping them gain a sense of control over themselves. The comprehensive system of psychotherapy was aimed at assessing the psychotraumatic situation of a case of violence and forming new ideas about family life and developing new reactions and forms of behavior, forming victim personality traits in women.
Conclusions: The comprehensive system of psychotherapy for women victims of domestic violence was developed. As a result, 82% of women who received the indicated therapy experienced a decrease in manifestations of neurotic and somatoform syndromes, an increase in self-esteem, self-confidence, an improvement in the well-being of women, and an improvement in the psychological climate in these families.

Disclosure of Interest: None Declared

Quality Management

EPV1694

The Impact of Sedentary Lifestyle on the Psychological Well-being of Hospital Administrative Staff

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Introduction: Sedentary behavior, a leading cause of preventable mortality in developed nations, has been linked to a range of health problems, including cardiovascular disease and depression. While the benefits of leisure-time physical activity are well-established, the impact of sedentary behavior within the workplace, particularly in the healthcare sector, remains under-explored.
Objectives: To study the relationship between sedentary behavior and mental health among.
Methods: A cross-sectional study was conducted among administrative staff at Farhat Hached University Hospital, Sousse, from March 2024 to June 2024. Data were collected through an anonymous, self-administered questionnaire written in French and distributed to the administrative staff of Farhat Hached University Hospital. It included six sections covering sociodemographic characteristics, lifestyle habits, medical data, physical activity. Mental health, was assessed using the Hospital Anxiety and Depression Scale (HAD) and the Perceived Stress Scale (PSS).
Results: A total of 85 questionnaires were completed by administrative staff at Farhat Hached University Hospital. The majority of participants were female (sex ratio of 0.42), with an average age of 47.1 ± 8.2 years. Higher education levels were represented by 66 participants, and only 24 engaged in professional physical activity (<30 minutes per day). The average seniority at the institution was 19.91 ± 9.2 years. Administrative managers (25.9%) and administrative staff (20%) were the main professional categories. A significant proportion of participants exhibited signs of anxiety (25.8%) and depression (32.9%). The average perceived stress score was 17.75 ± 4.95. A significant association was found between anxiety and low levels of physical activity at work ($p<0.001$). However, no significant association was observed between perceived stress and physical activity at work.
Conclusions: Sedentary behavior at work is associated with a high prevalence of anxiety and depressive disorders among hospital administrative staff, highlighting the importance of promoting physical activity to improve mental health.

Disclosure of Interest: None Declared

EPV1696

Can a modified resuscitation course in a national psychiatric hospital improve medical provider confidence in medical emergency response

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Introduction: Institute of Mental Health (IMH) is the only tertiary psychiatric hospital in Singapore and does not provide acute medical care. The on-call doctors, who are Advanced Cardiac Life Support (ACLS) certified, respond to medical emergencies. Resuscitation skills are expected to decay with time when not used frequently and thus can pose an important challenge to maintain the doctors' skills in settings with low volumes of code blue situations (Au *et al.* Resuscitation 2009;138:284-296). Our code blue aduits revealed significant competency gaps. IMH introduced a biannual resuscitation training program which includes a video demonstration of the optimal code blue response, hands-on session to review airway management techniques, operation of the defibrillators used in IMH, recognition and management of cardiac arrest rhythms including a pre-course ECG worksheet, familiarisation with the emergency drugs used in IMH, and a code blue drill. Due to COVID-19, the original course was shortened by removing the video demonstration and code blue drill, augmenting the home-based question paper with IMH-specific clinical vignettes.
Objectives: We aimed to determine the common conditions resulting in code blue activations and whether the modified course was equivalent to the original course or ACLS in maintaining resuscitation currency and doctors' confidence in responding to emergency scenarios.
Methods: Data was collected from June to August 2023 with consent via an electronic feedback form, to reduce non-response bias, from doctors who have responded to code blue activation in IMH. Qualitative justification on the responses were collated. Efforts were made to collect at least 25 responses from doctors with different levels of experience to minimize sampling bias. Surveys were anonymised, questions were vetted by 2 senior doctors and the survey was kept short to reduce response bias. Binary responses were tabulated for analysis and content analysis was done for feedback obtained.
Results: Of 28 respondents, most were Psychiatry trainees (60.7%) with 1-2 years of experience working in IMH (36.7%) and more than 30 overnight duties (53.6%). The most commonly encountered emergency scenarios were hypotension (31%) and desaturation (20%). 92.9% of participants agreed that the modified course was useful for emergency scenarios faced. 53.6% of participants attended both the full and modified course, amongst whom, 60% reported that the modified course was equivalent to the full course. Only 50% felt that ACLS alone would suffice. Qualitative feedback obtained from participants reiterated that it was a context-specific and timely refresher course.
Conclusions: IMH doctors were satisfied with the modified resuscitation course and found it effective for frequently encountered emergency scenarios suggesting it as a valuable training adjunct in low code blue volume settings.

Disclosure of Interest: None Declared

EPV1697

An Audit of Compliance with Trust Guidelines for Post-Incident Medical Reviews of Patients who have Ligatured on Acute Inpatient Psychiatric Wards in CWP NHS Foundation Trust, using a Sample of Data from the period between January 2022 and May 2024

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doi: 10.1192/j.eurpsy.2025.2161

Introduction: Immediate physical assessment and management of patients on psychiatric wards who have been ligaturing is not standardised across the UK. There is little published research or literature on what is needed in terms of medical input and these incidents are usually initially assessed/managed by non-medical staff who are on site at the time of any such incidents. Within CWP NHS Foundation Trust, we have local guidelines (SOP 13 'The Management of ligatures in Mental Health and Learning Disability Services') advising that any inpatient on the adult/older adult psychiatry wards who has ligatured should be seen by a doctor for a medical review,
Objectives: To review a sample of recorded inpatient ligature incidents to see if Trust guidelines were being adhered to. We hope to use the findings from this audit to review the current guidelines and assess whether or not the additional medical reviews add to or change clinical management already instigated by ward staff. This may be more of an issue when medical staff cover is limited e.g. out of hours.
Methods: We accessed recorded ligaturing incidents on adult and older adult inpatient psychiatry wards across our Trust (accessing the 'Datix' reporting system) from the period starting 1st January 2022 to 31st May 2024. In total, there were 1127 and we took a sample of 112 picked using a random number generator. We reviewed the documentation from the incident to confirm how many had had a medical review after the incident, how long after the incident they were seen and whether or not the medical review had changed management following the incident.
Results: Approximately 50% of patients had had a medical review post ligature incident. Approximately 4% of patient ligaturing (5/112) or 9% of those who received a medical review (5/55) had new management instigated as a result of the medic review. On review of these cases, there was limited medical input needed including application of steristrips for wound care and asking for ambulance transfer to acute hospital for CT head following seizure after ligaturing. There were no serious harm outcomes from the patients we reviewed in our sample.
Conclusions: Whether or not the we can review guidlines can be reviewed in light of the data is to be discussed following presentation of our results to the Trust. It appears that the initial managment plan, instigated by ward staff, has usually been appropriate and when additional input has been given by the medic on site at review, this has not been felt to have been critical in optimising patient safety. It would still be possible for a medic to review patients when felt by ward staff to be necessary even if guidelines were changed to suggest it was not mandatory for patients to be seen by a medic.

Disclosure of Interest: None Declared

EPV1698

Risk assessment tools for sexual assault: a scoping review

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Introduction: Risk assessment tools are used to enhance patient safety and promote quality care by limiting adverse outcomes to the greatest extent possible. In the Republic of Ireland, risk is monitored and regulated by the Mental Health Commission (MHC). A 2023 report by the MHC identified high numbers of recorded episodes of sexual assault on the acute inpatient unit in the Department of Psychiatry (DOP), University Hospital Waterford (UHW). Standard risk assessment tools are used in the DOP, however, these risk assessment tools failed to identify those who were at high risk of perpetrating a sexual assault.
Objectives: The purpose of this research was to determine if there were risk assessment tools with a higher predictive value of identifying risk of sexual assault in an acute adult inpatient psychiatric setting. I also wanted to establish whether there were risk assessment tools available which assess risk of sexual assault in those with no history of perpetrated sexual assault.
Methods: This scoping review was prepared according to the PRISMA-Scr guidelines. Databases including Embase, Medline, CINAHL, UptoDate, TRIP, Cochrane and PsychINFO were searched. Keywords included inpatient, psychiatry, mental health, risk assessment tools, risk assessment scales, risk management, sexual assault and sexual offense. There was no limit on the date of publication or country of origin of articles. Only articles that used risk assessment tools on adults, who were inpatients in an acute psychiatric setting, in the English language were included. Only risk assessment tools that included assessment of risk of sexual assault were included.
Results: A total of 15 articles were identified. There was a dearth of literate that compared risk assessment tools in this population with regards to risk of sexual assault. Most articles exploring risk of sexual assault focused on the study of those who were offenders and explored the risk of recidivism through the use of risk assessment tools.
Conclusions: Risk cannot be accurately predicted or eliminated. However, determining the most appropriate and comprehensive risk assessment tools, with the highest probability of identifying risk of sexual assault has the potential to enhance patient safety and improve the quality of care provided. There is a lack of risk assessment tools that assess sexual assault, especially in those with no prior history of perpetrating a sexual assault.

Disclosure of Interest: None Declared

EPV1699

Examining the Correlation between Emotional Intelligence and Burnout: A Study on Mental Health in the Workplace

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Introduction: Mental Health (MH) in the workplace profoundly influences employee well-being. Burnout, Emotional Exhaustion (EE), depersonalization and diminished personal accomplishment are prevaling concerns among healthcare professionals. Left unchecked these facets can impinge on professionals' MH and productivity.
Objectives: This study explores the relationship between Emotional Intelligence (EI) and burnout among staff at Mount Carmel Hospital by assessing the degree of EE, depersonalisation and personal accomplishment before and after the EI training.
Methods: 121 participants from four hospital wards were recruited. An anonymized questionnaire assessed EI, burnout and demographics including the Schutte Self Report EI Test and the Maslach Burnout Inventory. EI training was provided by professionals from within the hospital service. Post-training measures were reassessed to determine the training's impact on improving the constructs of occupational burnout.
Results: Gender analysis revealed higher EI scores among females (125.4±11.2) compared to males (117.0±13.9, p=0.026). EE was significantly higher among Maltese staff (20.4±8.3) compared to EU (17.2±4.8) and third-country nationals (12.3±4.9, p=0.027). Longer ward tenure (11-25 years) correlated with higher EE (32.7 ±6.8) compared to <1 year (16.6±8.1) or 1-5 years (17.6±5.7, p=0.0087). Negative correlations between EI and depersonalization (r=-0.32, p<0.01) emerged, indicating higher EI is associated with lower levels of depersonalization. A significant positive correlation between EI and personal achievement (r=0.54, p<0.01) suggested that higher EI is associated with higher levels of personal achievement. No correlation was found between EI and EE. Phase two revealed a significant difference in post-training EI. Other measures showed no significance; suggesting that other corporate fundational aspects impinge on employee MH.
The findings have important implications for MH professionals and organisations. The correlation between EI and burnout highlights the importance of promoting EI. Specific correlations need further testing, as the higher degree of EE in participants with higher scores of EI effects training development. Training programs focusing on EI should be incorporated into continous professional development. Significant variations in EE were observed among participants from different nationalities and those with varying years of experience in the ward; underscoring the importance of tailored interventions enhancing EI and mitigating burnout.
Conclusions: This study provides evidence for the correlation between EI and constructs of burnout among staff at Mount Carmel Hospital. Further corporational functional aspects potentially impact employees' professionals outlook, perception and MH. Training programs aimed at enhancing EI can be used to reduce and mitigate burnout levels while improving well-being in the workplace.

Disclosure of Interest: None Declared

EPV1700

Exploring healthcare provider's views on potential causes and solutions of waiting lists in mental health services in Ireland

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Introduction: This study focused on one of the key components of mental healthcare provision: waiting lists in the community mental health service in County Louth and Meath, Ireland. The background context addresses the increasing demand for healthcare,

shortage of resources, administrative hindrances, and the impact of waiting time on patient outcomes and satisfaction.
Objectives: The objectives of the research were to Identify the primary causes of waiting lists in the community mental health services of County Louth and Meath in healthcare provider's opinions and their views on potential solutions to reduce waiting lists and improve service delivery.
Methods: A mixed-methods approach was applied to conduct a comprehensive assessment of waiting list causes and potential solutions based on the combination of qualitative and quantitative methods. The main qualitative methods encompassed semi-structured interviews with healthcare professionals and thematic analysis of their perceptions. The quantitative part of the study consisted of a survey distributed among members of the multidisciplinary mental health teams to collect information regarding perceptions, challenges, and potential solutions to the waiting list problems.
Results: The study showed a variety of issues in the human factor of waiting lists, including insufficient staffing, high demand for services, administrative delays, limited resources, and communication failures between mental health and primary care teams. The mental healthcare professionals in County Louth and Meath voiced their apprehensions concerning patients' wait times, resource scarcity, and the effect of these problems on the performance of services and patient outcomes. The general findings uncovered that 89.3% of respondents recognized insufficient staffing as the essential challenge in waiting list management, with 82.1% likewise featuring the higher demand for services as a significant variable adding to waiting lists.
Conclusions: Carefully assessing these issues is vital, and evidence-based steps are to be employed in managing the waiting lists in the community mental health services in County Louth and Meath, Ireland. Suggestions on increased staffing, resource investment, technology leveraging, process optimization, and enhanced communication between primary care and psychiatry are the essence of potential solutions. Undertaking these suggestions will enable mental health services to increase efficiency, provide a better patient experience, and subsequently improve overall service delivery while reducing the consequences of long waiting times.

Disclosure of Interest: None Declared

EPV1701

Qualitative Needs Assessment study of Mental Health Service Networks

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Introduction: Assessing the needs within the field of mental health is crucial for the effective allocation of resources and the development of tailored interventions. A well-functioning network of services plays a vital role in addressing the complexities of mental health issues, which range from mild anxiety to severe psychiatric disorders. Understanding the local context and the diverse needs of the population can enhance the delivery of mental health services and improve overall community well-being.
Objectives: The primary objective of this study was to assess the needs related to mental health services in two Slovenian regions. We aimed to identify the challenges faced by individuals with mental health issues, their families, and different professionals involved in their care. Furthermore, we sought to evaluate the existing service networks and the gaps in mental health support, highlighting the necessity for a coordinated approach in addressing these challenges. By understanding, the specific needs and different services available in both regions, we aim to inform policymakers and stakeholders about potential improvements and strategies for enhancing mental health service network.
Methods: A semi-structured guided conversation was conducted with individuals and professionals working in mental health services. Coordinators that guided the conversation used specific questions. The data collected was analyzed to identify prevalent mental health issues within the local communities, potential solutions for the identified challenges, and the quality of collaboration among various stakeholders and services in the field of mental health.
Results: Both regions reported significant mental health challenges, including high rates of anxiety, social isolation, and dual diagnoses among users. Common issues included long waiting times for services and stigma surrounding mental health. Service providers faced challenges like staff shortages, lack of training, insufficient time for treatment, and excessive administrative tasks. Both environments highlighted the need for improved inter-sectoral collaboration and community support programs. Systemic issues included lack of continuous funding, and inadequate living arrangements for people with mental health problems.
Conclusions: The findings underscore the importance of a coordinated approach to mental health services that fosters collaboration among stakeholders. A robust service network is essential for addressing the diverse needs of individuals with mental health challenges. Future efforts should emphasize enhancing multisectoral collaboration, clarifying roles within the network, and involving families in care processes. By prioritizing these elements, we can create a more supportive environment for those affected by mental health issues and facilitate their recovery.

Disclosure of Interest: None Declared

EPV1704

Psychotropic medication use and its metabolic consequences: advocating for a patient-centred approach

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Introduction: There exponential rise in prescribing SSRIs and antipsychotic medication have highlighted the paucity of shared decision making, holistic therapies and weight management programmes. Guidelines are vague about checkpoints and deprescribing, seeming to ignore the metabolic consequences, failing to advocate for physical health monitoring.
Objectives: We undertook a retrospective analysis of (n =492) patients initiated on psychotropic medication to understand the physical consequences, assessing the metabolic consequences of long-term prescribing of psychotropic medication in a rural primary care population.
Methods: Electronic patient records were analysed from depression and serious mental health registers across three primary care sites.

Data collected included the start date of treatment, BMI measurements before and after treatment.
Results: Among the 220 patients studied, 150 (67.7%) experienced weight gain, while 70 (31.8%) lost weight. The average treatment duration was 11.5 years. Weight gain was more prevalent among males (71.6%) compared to females (66.7%). Patients who gained weight were, on average, prescribed cumulatively more psychotropic medications (3.21) than those who lost weight (2.89).
Conclusions: Shared decision making and acknowledgement of the metabolic consequences of these medications at the point of initiation, and identification of pre-existent metabolic risks, monitor weight gain, and ensure adequate life-style changes to mitigate side effects. These methods should continue throughout the duration of treatment, and when possible, the option of deprescribing should always be available to the patient. It is time care bundles for patients with mental health illness are resourced for primary care.

Disclosure of Interest: None Declared

Rehabilitation and Psychoeducation

EPV1705

Improving Cognition in Severe Mental Illness by Combining Cognitive Remediation and Transcranial Direct Current Stimulation: Study Protocol for a Pragmatic Randomized Sham-Controlled Multi-Center Trial (HEADDSET+)

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Introduction: Individuals with severe mental illness (SMI) frequently experience challenges in daily life, often attributable to cognitive impairments. Cognitive rehabilitation interventions can be implemented to enhance thinking abilities and improve functional outcomes. Transcranial direct current stimulation (tDCS) is a non-invasive brain stimulation technique that may promote neural plasticity and therefore, may enhance learning.
Objectives: This trial aims to determine whether individuals with SMI who need supported housing can improve cognitive and daily functioning after following cognitive remediation (CR). Next, this trial evaluates whether CR combined with tDCS will enhance the effect of CR alone. Lastly, this trial will investigate the subjective experience of the CR intervention. We expect that participants will improve in goal attainment and cognitive and daily functioning.
Methods: In this pragmatic, triple-blinded, randomized, sham-controlled multi-center trial, we will compare the experimental group (CR + active tDCS) with the control group (CR + sham tDCS). 126 participants with SMI will receive 16-20 weeks of twice-weekly CR (32-40 sessions of 30-45 minutes) combined with active (N = 63) or sham tDCS (N = 63), separated over five cohorts. We will recruit participants aged between 18 and 65 with SMI residing in supported living facilities. Functional, cognitive, and clinical outcome assessments will be performed at baseline, post-16-week waiting period, post-treatment, and 6-month post-treatment. Additionally, post-treatment participants will be asked to engage in an in-depth interview to evaluate their meta-cognitive skills and subjective experience of the treatment.
Results: Preliminary results from the post-treatment effects, along with insights from in-depth interviews conducted in the first cohort (N = 15) as well as post-16-week waiting period effects for goal attainment (including the second cohort, N ≈ 40) will be presented.
Conclusions: This randomized controlled trial will investigate the efficacy of CR and tDCS in enhancing recovery in people with SMI. If the intervention proves to be effective, it has the potential to be implemented into standard care for service users requiring long-term support.

Disclosure of Interest: None Declared

EPV1706

The efficacy of LIFESTYLE behavioral intervention in improving healthy eating and reducing alcohol consumption in patients with severe mental disorder: one year of follow-up

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Introduction: Patients with severe mental disorders (SMD) often report unhealthy dietary patterns, including low intake of fruits and fiber, high consumption of junk food, and alcohol misuse, leading to poor nutritional status and increased oxidative stress, which negatively impacts physical and mental health. Psychoeducational interventions focusing on dietary habits and alcohol consumption have shown promising results, but long-term data is currently scarce.
Objectives: The main objective was to evaluate the LIFESTYLE intervention's one-year effectiveness in helping individuals with SMD improve their eating habits. Secondary objectives included evaluating the impact of psychiatric symptoms on lifestyle behaviors and the reduction of alcohol consumption.
Methods: The study included 401 patients with SMD from 7 university centres in Italy. Participants were randomized to either the control group, which received general health education, or the experimental group, which received a 5-month psychoeducational intervention. The intervention featured group sessions focused on diet, physical activity, and behavior modification. Univariate analysis was performed to investigate the correlation between psychiatric symptoms and changes in lifestyle behaviours, such as eating habits, physical activity, and alcohol consumption.
Results: Univariate analysis showed significant improvements in lifestyle behaviors among the experimental group. There was an increase in fish consumption (OR: 1.67, 95% CI: 1.45-1.97; $p < 0.05$), fresh fruit intake (OR: 1.36, 95% CI: 0.80-2.31; $p < 0.05$), and vegetable consumption (OR: 1.91, 95% CI: 1.56-1.96; $p < 0.05$). Moreover, there was a reduction in junk food consumption (OR: 0.814, 95% CI: 0.53-1.25; $p < 0.05$) and daily alcohol intake (OR: 0.70, 95% CI: 0.42-1.15; $p < 0.05$).
Conclusions: The results of this study support the efficacy of structured lifestyle intervention for enhancing physical activity and eating behaviors in patients with severe mental disorders. They also support the translation of similar interventions into clinical practice and illustrate the necessity of physical activity

and dietary advice in patients with SMD as part of their treatment schedule. Psychoeducational interventions can greatly improve the long-term health outcomes for those with SMD.

Disclosure of Interest: None Declared

EPV1710

Work Performance Challenges and Needs of Adults with ADHD: Exploring Lived Experiences

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Introduction: Attention-deficit hyperactivity disorder (ADHD) significantly impacts adults' work performance, yet their lived experiences and perceptions of their work challenges remain underexplored. Understanding these subjective viewpoints is crucial for capturing the complexities of this population's daily work challenges and needs, serving as a foundational step in developing targeted intervention to enhance work performance and participation.
Objectives: This study aimed to explore the work performance experiences, challenges, and needs of adults with ADHD.
Methods: Twelve adults (ages 20-46) diagnosed with ADHD participated in three separate online focus groups, each comprising four participants.
Results: Participants reported key challenges in executive functions, including difficulties with time management (lateness, missing deadlines), planning (prioritizing tasks, multitasking), working memory (forgetting instructions and names), maintaining focus, managing distractions, and emotional regulation (struggles in relationships with colleagues and employers). These challenges often led to frustration, stress, and low occupational self-efficacy. Identified needs included psychoeducation, self-regulation strategies, work and environment accommodations, and personalized interventions.
Conclusions: The study highlights the unique executive challenges and emotional consequences faced by working adults with ADHD. Hence, it emphasizes the need for personalized interventions to enhance work performance, participation, and overall well-being in this population.

Disclosure of Interest: None Declared

EPV1711

The comparison of labor work training performances for the patients with mental illness in a public psychiatric center

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Introduction: Mental illness is a kind of change in mental health status which affected thought, feeling, emotion, behaviors, and so on. Labor work training is one of common rehabilitation programs in psychiatric medical institutes in Taiwan. This rehabilitation program has been implemented for many years, being an important indicator of psychiatric hospital accreditation. However, we couldn't analysis and apply effectively.
Objectives: We aim to investigate different labor work training performances of the patients with mental illness in a public psychiatric center in Taipei City. Furthermore, we can apply in shared decision making and modifying the labor work training project according to the data results.
Methods: In this cross-sectional study, 89 participants with mental illness who were stably engaged in labor work training for at least 1 month were included in Taipei City Hospital Songde Branch. Descriptive statistics will be used in characteristic of population, incentive record and score of the comprehensive occupational therapy evaluation scale (COTES). We used one-way ANOVA to test the difference of work behavior scores in different labor work training.
Results: This study results showed that the percentage of participants in the cleaning labor group, manual group, and sales & delivery group were 15% (N=13), 49% (N=44), and 36% (N=32) respectively. The most people engaged in the manual group. The average total score of psychiatric patients' work behavior was highest in the sales & delivery group (p<.05). There were significant differences at scores of work behavior items, including motivation (p=.006)、duration (p=.001), responsibility (p=.002), comprehension (p=.002), technique (p=.005), and fine motor coordination (p=.005).

Image 1:

Table 1 The work behavior mean scores for cleaning labor group, manual group, and sales & delivery group.

items	cleaning labor group	manual group	sales & delivery group	F	p
Motivation	3.27±1.18	3.43±0.94	4.03±0.67	5.373	.006*
Duration	3.62±0.87	3.16±1.01	4.02±0.85	7.829	.001*
Responsibility	3.54±0.66	3.34±0.77	3.92±0.57	6.637	.002*
Frustration tolerance	3.08±1.04	3.25±0.72	3.53±0.76	1.949	.149
Self-expectation	3.00±0.58	3.11±0.55	3.38±0.60	2.803	.066
Comprehension	3.04±0.85	2.90±0.75	3.52±0.63	6.870	.002*
Technique	2.69±0.72	2.77±0.80	3.31±0.72	5.616	.005*
Fine motor coordination	2.54±0.97	2.05±1.07	2.84±0.99	5.717	.005*
Total score	24.77±4.86	24.01±4.78	28.55±4.26	9.305	.000*

Image 2:

Table 2 Demographic characteristics.

		Cleaning labor group	Manual group	Sales & delivery group
People (percentage)		13 (15%)	44 (49%)	32 (36%)
Gender	Male	9	24	16
	Female	4	20	16
Diagnosis	F20	13	42	31
	F31	0	1	1
	Other	0	1	0
Education (years)		11.31±2.81	10.91±3.72	12.75±2.72
Course of disease (years)		31.36±10.28	25.45±9.26	23.44±9.59
Age(years)		54.38±6.67	49.80±8.48	48.91±8.69
	20-29	0	1	0
	30-39	0	5	7
	40-49	4	9	9
	50-59	5	28	12
	60-65	4	1	4
Marital status	Single	9	31	28
	Married	2	4	1
	Divorced	2	7	3
	Others	0	2	0
Content of work training		Cleaning, laundry, meal delivery, etc.	Agriculture, craft, manual processing, broadcasting.	Ward assistant, internship of convenience store

Conclusions: In comparison, the patients with mental illness in the sales & delivery group are better at work behavior. According to the analysis of the result data, when the therapist and the patient make shared decisions, they can discuss appropriate labor work training based on the patient's work behavior.

Disclosure of Interest: None Declared

EPV1712

Development of a carer psychoeducational group in an early intervention in psychosis service

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Introduction: One of the quality statements for the treatment of psychosis in adults refers to the provision of education programmes for carers (NICE QS 80 2015). Our Early Intervention in Psychosis Service (EIS) in South London offered individual support for carers, but there was a need for a structured psychoeducational group for carers.

Objectives:

1. The development of a psychoeducational and support programme for carers. 2. A reduction on carers' experience of burden, as measured by a reduction on the Brief Experience of Caregiving Inventory (BECI). 3. An improvement on the carers' wellbeing, as measured by an increase on the Warwick-Edinburgh Mental Well-being Scale (WEMWBS).

Methods: The team used the materials created by the University of Lancaster in REACT (Lobban *et al.* BJPsych; 2013 203 366-72), and further amended them to reflect the local services, and expand peer support discussions. Sessions were further co-produced with input from team members, and following feedback from participants. Quantitative feedback was obtained before the group and in the end. Qualitative feedback about the group's experience was elicited at each session.

Results: The group was attended by 7.1 participants on average, with a drop out of 3 participants after the first session. For those participants that completed the group, it was elicited an improvement on the experience of burden associated to caregiving and on wellbeing; please see Table 1 for details. The improvement on BECI included its four subscales: Stigma/Effects on Family, Positive Personal Experiences, Problems with Services and Difficult Behaviours. Qualitative feedback elicited that the participants felt listened to, their knowledge about psychosis and management had increased, and they felt less lonely.

Table 1

Table 1	BECI average score	WEMWBS average score
Before the group	36.6	41.3 indicative of possible/mild depression
After the group	30.4	47.1 indicative of average wellbeing

Conclusions: A psychoeducational group for carers was well received by participants, and on average they experienced an improvement on the burden associated to caregiving and their wellbeing. Analysis of results was limited due to drop outs, but their feedback included that they did not feel the need anymore for this intervention. Further feedback from participants has contributed to change the sessions' content based on co-production, and the time of the group to enable attendance.

Disclosure of Interest: None Declared

EPV1713

Personal recovery in psychosis: neurobiological basis

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Introduction: Personal recovery in psychosis is one of the fields where research and clinical activities are growing faster. But the concept lacks conceptual clarity and internal consistency. As a result, most of the studies evaluating its efectiveness may be biased. As in any other intervention, great improvement in clinical evolution of the users has been claimed. And so, neurobiological changes should be described.

Objectives: This study finds to develop a systematic review of studies describing changes surrounding the recovery process from a neurobiological level.

Methods: Keywords hev been selected in order to find all studies focussing on personal recovery in psychosis from its neurobiological basis. Qualitative studies of personal recovery will be excluded. Cross-sectional, longitudinal as well as intervention studies will be included.

Results: The systematic review is underway. The study protocol will be registered at PROSPERO database.

Conclusions: Most studies researching about personal recovery have been developed taking "personal recovery" as an outcome marker. But this is not enough. We need to clarify the neurobiological basis underlying this concept.

Disclosure of Interest: None Declared

EPV1714

Barriers against implementing assertive community treatment teams in Spain: a qualitative exploration of the staff, users and general population experiences

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Introduction: Three years after having been approved the Spanish Strategy for Mental Health, the creation of Assertive Community treatment teams is getting slower.

Objectives: The current study seeks to investigate the reasons of and barriers to implementation of this approach. Findings will aim at serving to inform mental health policy about legislative changes.

Methods: Qualitative expert interviews and focus groups were led with team members and users, families and general population from the cities where four of this teams have been developing theirs activities, at least during 15 years A thematic analysis was developed.
Results: Four main topics were identified: 1. Stigma: when economical situation is not good enough, people with psychiatric severe illnesses are not the first in the queue 2. Fear and distrust about breaking the CMHCenters policies; 2. Team development: a hard task more than a challenge; 3. Regardless of profession, finding well trained staff is difficult;
Conclusions: Further research is needed to convince politicians and health authorities. Randomized controlled trials examining the efficacy and efficiency of ACT teams are needed

Disclosure of Interest: None Declared

EPV1715

Modern phenomenology of emotional and cognitive disorders in patients with type II diabetes mellitus

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Introduction: Diabetes mellitus is the most common endocrine disease that occurs as a result of an absolute or relative lack of insulin and is accompanied by a number of different somatic, neurological and mental disorders. The aim of the study is to investigate the clinical, psychopathological and pathopsychological features of cognitive and emotional disorders in patients with type II diabetes mellitus.
Objectives: In the course of the study, a comprehensive examination of 109 patients with type II diabetes mellitus of moderate to severe forms of disease (52 females and 57 males), aged 35.9 ± 10.1 years was conducted.
Methods: MMSE, Addenbrooke's Cognitive Examination, Luria's Memory Words Test-Revised, Symptom Check List-90-Revised, HAM-A, HAM-D, The State-Trait Anxiety Inventory Scale. It has been established that patients with diabetes mellitus have mild to moderate cognitive impairment, which is manifested by a reduction in verbal memory, a decrease in the speed of counting operations, minor difficulties in orientation and a slight drop in the perceptual and diagnostic sphere, a decrease in concentration and memorization of the information received, and a pronounced reaction of mental fatigue.
Results: Presence of mild (51.2% of men and 49.8% of women) or moderate (49.8% and 50.3%, respectively) cognitive impairment according to MMSE and Addenbrooke's Scale; decreased ability to concentrate and impaired working memory in patients with type II diabetes mellitus was noted.
Emotional disorders in patients with diabetes mellitus are represented by anxiety (33.4% of men and 35.2% of women), depression (26.6% and 33.1% of patients, respectively), asthenohypochondriacal (27.3% of men and 19.1% of women), and hysteroform (12.7 and 12.6%, respectively) variants of psychopathological syndromes.
Conclusions: A comprehensive, personalized system for correction of cognitive and emotional disorders associated with diabetes mellitus has been developed and tested. System comprises four stages: diagnostic, therapeutic, rehabilitation and dynamic monitoring. It employs a range of therapeutic modalities, including pharmacotherapy, psychotherapy and psychosocial programmes.
The implementation of the developed system for correction and prevention of emotional and cognitive disorders in patients with type II diabetes mellitus contributes to an improvement in the quality of medical care for patients with type II diabetes mellitus, as well as an improvement in their quality of life and psychosocial functioning.

Disclosure of Interest: None Declared

EPV1716

Cast off instead of setting anchor: A project to promote housing and work integration for users of integration assistance

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Introduction: 80% of users of inpatient integration assistance facilities prefer to live in their own home. Access to training opportunities on the labor market is also difficult for people with severe mental illness. Permeability within the care system remains low, meaning that external orientation on the residential or labor market is associated with numerous hurdles. In a dissertation, 18 people from an inpatient integration support facility were followed in a qualitative longitudinal design on their way into their own home.
Objectives: Based on these findings, a project is now being established to support people on their way to greater participation and independence from inpatient facilities. It consists of a multi-stage group program that combines psychoeducational elements with peer-oriented interventions. In addition, an information team of social workers, psychologists and peers is being set up to advise interested users. The project is rounded off by an aftercare program that provides users with advice and is primarily intended to bridge any difficult situations that may arise and build up a support network.
Methods: Users of inpatient integration assistance at a facility in Lower Saxony with an interest in external orientation in the area of living or working. Expected sample size approx. 50 users in a naturalistic longitudinal design. Accompanying evaluation with three measurement points on the development of perceived social support (F-SozU), quality of life (OxCAP-MH) and the subjective benefits of the project to strengthen the participants' opportunities for participation and the use of further support services.
Results: The project with the individual modules and initial experiences during the implementation phase will be presented.
Conclusions: Possible adjustments to the offer are derived and discussed on the basis of the initial results.

Disclosure of Interest: None Declared

EPV1718

Is Animal-assisted intervention (AAI) a feasible treatment in a recovery-oriented psychiatric rehabilitation program ?

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Introduction: Physical contact with the animal appears, on the basis of the latest research, acts as powerful calming factor on heart rate and breathing (Nose et al., 2022). Moreover, taking care of an animal stimulates a sense of responsibility and promotes empathy and kindness (Walsh et al., 2009). Studies have suggested that animals may serve as "social catalysators" involving feelings of safety and facilitation of interpersonal interactions. These effects are related to biophilia hypothesis which describes the affinity of humans to other living species (Tyssedal et al., 2023).
Objectives: Our project aimed to assess effectiveness and feasibility of animal assisted intervention (AAI) in patients with psychotic spectrum disorders following a recovery-oriented psychiatric rehabilitation program.
Methods: In the present study ten patients from psychiatric residential facilities belonging to the EPASSS Foundation were approached to participated in this study. Patients followed a rehabilitation project named "Animal-Mente" and originated from the collaboration of the psychiatric residential facilities belonging to the EPASSS Foundation with "La coda di Ulisse", a Third Sector Organization (ETS) which represents the Apulian reference centre for AAI. An observational study design was followed in which the new intervention based on AAI was added to treatment as usual (usual rehabilitation intervention and/or psychopharmacological treatment). All sessions were performed following the Italian National Guidelines for animal assisted interventions and required a multidisciplinary team capable of managing the complexity of the human-animal relationship. Outcome assessments were conducted at recruitment (time 0) and after animal-assisted intervention (time 1). Outcome assessments were conducted at recruitment (time 0) and after animal-assisted intervention (time 1). They included : Personal and Social Functioning Scale (FPS of the V.A.D.O.), Brief Rating Psychiatric Scale (BPRS), Recovery Evaluation Scale (RAS), Quality of Life Index (Q-Index), S.T.A.I.-Y questionnaire.
Results: All patients followed a psychosocial rehabilitation intervention and all but one had psychopharmacological treatment in the last six months. BPRS (p-value = 0.022) and RAS scale (p-value = 0.006) showed a significant variation at time 1 compared to time 0. No one reported worsening of psychotic or other symptoms during entire program.
Conclusions: Our data highlighted the feasibility of Animal-Assisted Interventions (AAI) in community mental health services. Moreover, our study underlined the opportunity of AAI in an integrative recovery oriented psychiatric rehabilitation program involving mental health department, psychiatric residential facilities and third sector organizations in a network activity.

Disclosure of Interest: None Declared

EPV1719

Game On: Assessing the Therapeutic Benefits of Board Games in Schizophrenia Management

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Introduction: Schizophrenia is a complex psychotic disorder characterized by positive symptoms (such as delusions, hallucinations, and disorganized speech and behavior), negative symptoms, and cognitive impairment. Cognitive deficits, including impairments in executive function, memory, and social cognition, are particularly persistent and significantly impact daily functioning and overall quality of life. While cognitive remediation has proven effective, recent research has explored the potential of board games as a therapeutic tool.
Objectives: This study aims to assess the therapeutic benefits of board games on cognitive function, specifically executive function, in patients with schizophrenia.
Methods: A literature review was conducted using articles from PubMed, focusing on the terms "board game", "schizophrenia" and "cognition".
Results: Cognitive deficits in schizophrenia contribute significantly to poor functional outcomes and daily functioning. Improving cognitive function and social behaviors has been a major focus of psychiatric rehabilitation techniques. Board games have been found to improve various aspects of cognitive function, including attention, working memory, speed of processing, verbal learning, visual learning, reasoning and problem solving, as well as social cognition. They are expected to enhance knowledge, interpersonal interactions, and increase participant motivation. Ideally, an effective board game for this population should be behaviorally oriented, emphasize positive reinforcement and shaping, and be sensitive to cognitive limitations through repetition and procedural learning. Additionally, they should be engaging and fun to address negative symptoms.
Conclusions: Board games present a promising therapeutic avenue for managing schizophrenia, particularly in enhancing cognitive function and social skills. While cognitive remediation programs have already demonstrated efficacy, board games offer a more accessible and engaging alternative. Despite these positive findings, the limited number of studies and inconsistent long-term data highlight the need for further research. Future studies should evaluate the durability of cognitive and functional improvements from board game interventions and explore their integration into comprehensive treatment programs for schizophrenia.

Disclosure of Interest: None Declared

EPV1720

The impact of spiritually-oriented therapy on the rehabilitation of mentally ill patients with a religious worldview

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Introduction: Spirituality and religiosity have a significant effect on mental health. Biopsychosocyospiritual model in psychiatry is used in multiple researches in Europe and Russia as well (Hefti 2013; 24(2) 119-129). Many patients use religious beliefs and actions to cope with mental disease (Tepper et al., 2001; *2*(5) 660-665). The pathological religiosity phenomenon determining the severity of mental disease is described (Borisova 2020; 120(1) 103-110). Spiritually-oriented therapy methods are aimed at pathological religiosity correction and assist in mental well-being achievement.
Objectives: To assess the effect of spiritually-oriented therapy on mental health of religious patient during comprehensive rehabilitation.
Methods: 42 patients with endogenous mental schizophrenic and affective spectrum disorders who participated in comprehensive rehabilitation using spiritually-oriented therapy (26 women and 16 men) were examined. There were used psychometrical (SF-36, PIL, Schwartz Value Survey – SVS, B-RCOPE) and statistical methods.
Results: In a therapeutic environment in the religious community, 42 patients received psychopharmacological treatment and participated in multimodal rehabilitation throughout the year. Psychoeducational, art-therapeutic, spiritually-oriented modules were used in rehabilitation. 13 (31%) ceased the rehabilitation early, 29 (15 women and 14 men) underwent the entire rehabilitation. 73% of them had a pronounced improvement in quality of life indicators, 84% had a meaningfulness of life increase, a transformation of value system with the dominance of "security," "kindness" and "traditions", a higher cohesion of values. Rehabilitated patients had a more harmonious religiosity structure with a predominance of inner religiosity, they used religious behavior to cope with the disease which correlated with a decrease in the intensity of pathological religiosity manifestations.
Conclusions: The use of spiritually-oriented therapy methods in the rehabilitation of mentally ill patients with a religious worldview promote to correct the manifestations of pathological religiosity and to cope with mental disease. Patients have a qualitative and quantitative change in value system and religious beliefs, mastering adaptive styles of religious behavior. Spiritually-oriented therapy methods are not an alternative to natural religious life, but complement it, taking into account the existing mental disorders.

Disclosure of Interest: None Declared

EPV1721

Social and Independence Skills Dynamics in Adolescents with Developmental Disorders Comprehensive Intervention Program Results

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Introduction: Adolescents with developmental disabilities and their families face significant challenges in the transition to adulthood. Comprehensive interventions that include psychological support, daily living skills training, and vocational guidance are crucial. This pilot study tests a program aimed at developing independence and adaptive skills in adolescents with developmental disorders.
Objectives: The study aimed to evaluate the dynamics of adaptive and independence skills in adolescents with various developmental disorders who participated in a comprehensive intervention program.
Methods: 10 adolescents (5 boys and 5 girls, mean age 15,11, SD 2,4) were included in the study. Participants were mainly diagnosed with the following primary DS: F70.xx, F84.xx. Also, participants had additional DS such as F48.xx, F80.xx, G40.xx, Q37.xx, Q74.xx. IQ of the participants was measured by the Leiter-3 Performance Scales (mean 62.8, SD 26.9). Comprehensive intervention program lasted the 2022/2023 academic year 3 d/week, 2-3 h/day. The intervention included individual and group sessions, several home visits and the parent groups led by a team of psychoeducational professionals (neuropsychologists, special educators, speech pathologists). The training outcomes were measured by the Vineland Adaptive Behavior Scales (VABS-2). Statistical analysis was performed using the paired samples t-tests and d-Cohen effect size (d).
Results: Significant improvements were observed in all four VABS subscales. Communication improved from 56.1 to 59.6 ($t=-3.42$, $p=0.008$, $d=-1.08$), Daily Living Skills from 59.9 to 66.4 ($t=-5.57$, $p<0.001$, $d=-1.76$), Socialisation from 58.6 to 65.1 ($t=-3.84$, $p=0.004$, $d=-1.21$), and General Adaptive Behaviour Index from 56.9 to 62.0 ($t=-5.31$, $p<0.001$, $d=-1.68$). The largest improvements were seen in Daily Living Skills and General Adaptive Behaviour Index which highlight the program's effectiveness in fostering independence and adaptive capacities in adolescents.
Conclusions: The pilot study demonstrated the promising effectiveness of the program in developing independence and adaptive skills, suggesting it as a valuable intervention for preparing young people for independent living in adulthood. Following research plans include follow-up analysis of current participants' outcomes, an increase in sample size, and the implementation of between-group designs.

Disclosure of Interest: None Declared

EPV1722

Speech therapy stimulation program for social skills of adolescents victims of mistreatment

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Introduction: The United Nations Children's Fund defines mistreatment as any act that causes harm to the health, dignity or development of an individual. The aim of this study was to quantitatively analyze the effect of speech therapy stimulation on the development and quality of social skills in adolescents victims of childhood mistreatment. The hypothesis is that after the intervention

program the subjects will show improvement in relation to the performance of these skills.
Objectives: To quantitatively and qualitatively analyze the effect of speech therapy stimulation on the development and quality of social skills in adolescents victims of childhood mistreatment. The hypothesis is that after the intervention program the subjects will show improvement in relation to the performance of these skills.
Methods: 10 adolescents, between 12 and 16 years old, have participated in the research. The following inclusion criteria were used: 1) being between 7 and 17 years old; 2) having experienced mistreatment in childhood; 3) be treated in a highly complex health service. The intervention programs consisted of 12 follow-up sessions, carried out in person. The main focus was on stimulating communicative and pragmatic skills, also covering theory of mind skills, personal problem solving and paralinguistic skills. After the 12 sessions, patients underwent reevaluation and the results were tabulated and analyzed by the researcher.
Results: Participants had considerable difficulties with social skills before speech therapy intervention, the initial difficulties was mainly in self-control and assertiveness skills. After the 12 intervention sessions, a significant improvement in the social skills was observed, especially in empathy and assertiveness.
Conclusions: The participants progressed after the intervention in all areas evaluated, with more significant improvements in empathy and assertiveness. These results demonstrate the positive impact of speech-language therapy intervention for the stimulation of social communication and pragmatic skills.
It is important to emphasize that this population has many specificities, making it difficult to work with isolated variables. Therefore, more studies involving speech-language therapy, particularly speech-language therapy intervention, with adolescent victims of abuse are needed.

Disclosure of Interest: None Declared

EPV1723

Features of Self-stigmatization of Patients with Schizophrenia Spectrum Disorders at the Initial Disease Stage

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Introduction: Patients with schizophrenia spectrum disorders (SSD) are the most vulnerable category in terms of formation of self-stigmatization (Rayan A., Aldaieflih M., 2019). However, clinical and psychological features of their self-stigmatization were studied mainly at the longer stages of the disease. Self-stigmatization- of patients at the initial stages of the disease rarely got to the attention of researchers, what determined the relevance of the study.
Objectives: To identify characteristics of self-stigmatization patients with SSD at the initial stage of the disease; to determine their needs in psychosocial treatment.
Methods: Questionnaire for assessing the phenomenon of self-stigmatization of mentally ill people (Mikhailova et al., 2005) and PANSS were used. A group of 39 patients (23 women and 16 men) with SSD (F20.xxx, F23.xxx, F25.xxx according to ICD-10) were examined. The average age of the patients was 28.95 ±8.53 years. The duration of the disorder varied within 0.5-3 years.
Results: Patients at the initial stages of SSD demonstrated relatively low level of self-stigma. The indicator «General level of self-stigma» was slightly lower than the average values and constituted 0.86±0.53 points. Patients believed that mental disorder and associated changes will not limit their education and work (0.80±0.57 points), social activities (0.78±0.49 points) and self-realization (0.60±0.48 points). Rejection to restrictions caused by mental illness, underestimation of possible social and interpersonal problems and desire to distance from people with mental disorders (0.74±0.56 points) were identified. Correlation analysis of the named Questionnaire on self-stigmatization and PANSS scales revealed the strongest correlations across parameters «Readiness to distance oneself from mentally ill people in the sphere of internal activity», characterizing the rejection of changes that have occurred as a result of the disease, with scales: P2 - judgment disorders, G-12 - decreased criticality to one's condition and N-1 - dullness of affect (r=0.61 at p=0.003, r=0.54 at p = 0.003, r=0.52 at p=0.006, correspondingly). Thus, relatively low level of self-stigmatization of patients with SSD at the initial stage of the disease is associated with insufficiently critical self-assessment of their state, underestimation of possible social and interpersonal problems, and desire to distance from people with mental disorders.
Conclusions: It is necessary to carry out psychoeducation programs for patients with SSD, aimed at developing an adequate perception of mental disorder and prevention of possible consequences of self-stigmatization, as well as social and communication skills' development trainings.

Disclosure of Interest: None Declared

EPV1724

Effectiveness of a social cognition remediation intervention for patients with schizophrenia: a randomized-controlled study

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Introduction: Individuals with schizophrenia often experience significant deficits in social cognition, including emotion processing, social perception, and theory of mind (ToM). These deficits have a greater impact than symptoms on occupational and social functioning.
Objectives: The present randomized controlled trial aimed to evaluate the effectiveness of a new integrated and personalized social cognition rehabilitation intervention, the Social Cognition Individualized Activity Lab (SoCIAL), in improving performance in social cognition and consequently the clinical and functional outcome of subjects with schizophrenia (SCZ).
Methods: SoCIAL, consisting of 10 weekly sessions, was compared with treatment as usual (TAU). Two recruitment centers (Naples and Milan) were involved. Repeated measures MANOVA was used to investigate between-group differences in changes from baseline to follow-up in terms of psychopathology, cognitive performance, and functioning.
Results: Twenty people with schizophrenia were blindly assigned to SoCIAL and twenty to TAU. After 10 weeks, SoCIAL significantly

improved disorganization, emotion recognition, functional capacity and real-life functioning. As compared to TAU, the SoCIAL group showed a significant improvement in minimal and enriched social inference domain of theory of mind, and in key domains of real-life functioning (interpersonal relationships, everyday life skills, and work skills).
Conclusions: SoCIAL improved social cognition and real-life functioning of people with schizophrenia. These results highlight the importance of social cognition deficit treatment in schizophrenia and the necessity for these interventions to be multifaced and personalized. Such an approach ensures that improvements in social cognition translate into enhanced functional outcomes.

Disclosure of Interest: None Declared

EPV1726

The Singapore Inpatient Psychiatric Rehabilitation Experience

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Introduction: Stepping Stones Rehabilitation Centre(SSRC) is a one-year old psychiatric rehabilitation centre in the Institute of Mental Health Singapore.
SSRC was initially created as a 100-bed inpatient ward to address a treatment gap and fast-track the psychiatric rehabilitation of patients admitted for acute psychiatric conditions. SSRC serves as the 'stepping stone' for acutely unwell inpatients as they transcend the hospital back to the community. To do so, SSRC actively engages our upstream partners (teams managing acutely unwell patients) as well as downstream partners (social service agencies) to continually assess the treatment gap between acute and community psychiatric care and evolve our programme and processes to close this gap and smoothen the transition.
Objectives: The overall objective is to provide patients with the relevant levels of rehabilitation by training and equiping them with the necessary skills to intergrate back to society at the level for which they have set their goals on.The levels of rehabiliatation range from intermediate rehabilitation following acute illness to regain their functional status to perform their daily activities to tertiary rehabilitation which provides higher intensity rehabilitation programmes to help patients return to their daily function and to work and life as much as possible. This is achieved via a multi-disciplinary team comprising of patient, psychiatrists, doctors, nurses, occupational therapists (OT), medical social workers (MSW), psychologists, peer support specialists (PSS) and case managers(CM) to derive a bespoke rehabilitation programme for each patient over their course of stay in the ward.
Methods: Patient are referred to the SSRC from the acute inpatient wards of IMH or from the outpatient setting. Upon acceptance to the ward, patients are reviewed and a timetable is created based on the goals the patient would like to achieve. Patients are reviewed at weekly MDT (multi-disciplinary team) meetings at frequencies which commensurate to their rate and intensity of rehabilitation. Measures obtained to assess the progress of each patient and the programme are:
1. CGI-I (Clinical Global Impression - improvement) scale
2. GAF (Global Assessment of Functioning)
3. RAS-DS (Recovery Assessment Scale - Domains and Stages)
4. SLOF (Specific Level of Functioning)
5. Acceptance rates to stepdown care
6. 30-day readmission rates

Results: At the latest tabulation of data, there has been 117 patients successfully discharged from SSRC. The other data are currently being tabulated and analysed and updated results will be shared at the meeting.
Conclusions: SSRC is one of few psychiatric rehabiliatation entities that reside in an acute psychiatric hospital. It was assessed that patients who present with acute decompensation in their mental state could benefit from intense fast-tracked rehabilitation measures before stepping down to community provided services.

Disclosure of Interest: None Declared

EPP247

Psychoeducation for caregivers of patients with first psychotic episode

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Introduction: Caregivers of patients with first psychotic episode (FPE) are under considerable stress. The onset of schizophrenia results in significant limitations for the relatives, and resulting maladaptive behavior. It is crucial to provide psychoeducation to those caring for a patient with FPE.
Objectives: To assess the impact of psychoeducation on the psychological state of caregivers of patients with FPE.
Methods: A total of 48 caregivers of patients with FPE (40 women and 8 men) were assessed before and after psychoeducation. Psychometric and statistical methods were used.
Results: Analysis of functioning in interpersonal roles of relatives of FPE patients using the SAS-SR scale before the intervention showed significant distress in various domains (above 66 T-scores). 32.9% of relatives had impaired social interactions (withdrawal, conflicts, sensitivity to criticism). 25.4% of caregivers had strained family relationships (conflicts, guilt), and 12.4% reported difficulties in intimate relationships. 10.8% of relatives experienced problems in their relationship with the patient (overprotection combined with emotional coldness, distancing). After psychoeducation distress decreased in most areas, but some relatives still had problems of social functioning and deterioration in marital relationships. According to the SCL-90 questionnaire, distress decreased after the intervention. GSI (General Symptomatical Index) dropped from 0.69 to 0.38 (with a norm of 0.31). Anxiety and hostility also approached normal levels (from 0.68 to 0.33 and from 0.59 to 0.28, with a norm of 0.30, respectively). However, scores for paranoia (from 0.72 to 0.40, with a norm of 0.34) and depression (from 0.79 to 0.43, with a norm of 0.36) remained elevated, reflecting ongoing stress. PSDI (Positive Distress Symptomatical Index) dropped from 1.53 to 1.44. PST (Positive Symptomatical Index) dropped from 37.06 to 23.56.
After psychoeducation caregivers members' stress coping strategies improved. Confrontation decreased (from 9 to 8 points), while social support-seeking increased (from 13 to 14 points). Avoidance behavior and distancing also decreased. Medication adherence

improved: before psychoeducation 63% of caregivers had moderate adherence and 35% had low adherence. After the intervention 90% of relatives showed moderate adherence and 2% showed high adherence, and none denied the necessity of treatment.
Conclusions: Psychoeducation for caregivers of patients with FPE helps them develop stress management skills, constructive communication with the patient and problem-solving strategies. The intervention reduces anxiety, stigma and improves medication adherence. The study demonstrates that psychoeducation is effective intervention that reduces the risk of relapse during the early years, contributes to the patient's recovery.

Disclosure of Interest: None Declared

Research Methodology

EPV1727

Saccade latency can indicate temporal attention differences in ADHD

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Introduction: Temporal attention (TA) is the ability to allocate attention to specific periods in time. Temporal processing is often impaired in individuals with ADHD, but additional studies are needed to expand knowledge about these deficits compared to control groups.
Objectives: To analyze the performance of adults in TA tasks based on ADHD symptoms using eye-tracking to measure saccade latency.
Methods: Forty young adults (20 meeting ADHD criteria and 20 in the control group - CG) performed an attentional task in which a fixation point (FP) was presented at the center of a computer screen; 1000 ms later, an arrow indicating right or left appeared. The task consisted of two blocks, one with a higher frequency of targets at a 400 ms interval and the other at a 1000 ms interval, among shorter and longer intervals. Participants were instructed to focus on the FP, prepare to respond to the higher frequency interval, and only move their eyes after the peripheral target appeared. Saccade latency—defined as the time between target appearance and the initiation of eye movement—was recorded using a Tobii eye-tracker. A repeated measures ANOVA was conducted for the analysis. Ethical approval was obtained.
Results: For longer intervals, saccade latency was significantly different between the ADHD and control groups ($p = .009$). While the CG showed reduced latency, the ADHD group exhibited increased latency, demonstrating a diminished ability to control attention over time.
Conclusions: Young adults with ADHD exhibit a reduced capacity to sustain attention over longer periods of time. **Grant:** CNPq process number: 408084/2021-9

Disclosure of Interest: None Declared

EPV1728

The impact of involuntary-to-voluntary hospitalization transitions on psychiatric decompensation: A protocol for a retrospective cohort study

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Introduction: Involuntary hospitalization of a patient with a mental disorder is defined as admission to an inpatient unit without consent. Literature suggests that severe involuntarily admitted patients often present in crisis situations, receive less pharmacologic intervention and therapy, and exhibit poorer prognostic outcomes, such as an increased risk of readmission. Despite being a lifesaving treatment, involuntary admissions can also be stigmatizing, undermine the long-term therapeutic relationship and reduce adherence to care. In this context, little research has been conducted to evaluate how switching a patient's hospitalization from involuntary to voluntary may impact health outcomes, such as psychiatric decompensation.
Objectives: To compare the risk of hospital readmission of patients who switched to voluntary hospitalization with those who remain under involuntary hospitalization, and to analyze their sociodemographic characteristics and prognostic outcomes.
Methods: An observational retrospective study will be conducted using administrative and clinical data of patients who were involuntary admitted to inpatient psychiatry of Unidade Local de Saúde São João. All involuntary hospitalizations spanning from January 1, 2022, and December 31, 2022, will be categorized into two groups: patients who switch to voluntary hospitalization or patients that maintained involuntary hospitalization. Data registered in medical records within one year after the index hospitalization will be assessed (whether structured data or free-text). Descriptive, univariate, and multivariate analyses will be performed.
Results: For both groups, sociodemographic and clinical variables will be described and compared, as well as the number of previous admissions, their legal status and the presence of previous ambulatory involuntary treatment. Administrative data on patient's hospitalization, such as the length of stay, medical treatment and procedures performed, and the orientation received after discharge will also be compared. Additionally, prognosis outcomes, including readmissions, length of stay of readmissions and legal status of readmission will be analyzed.
Conclusions: We expect to elucidate the impact of switching involuntary hospitalized patients to voluntary status on prognosis outcomes. Through this comparative analysis, we hope to provide evidence supporting the prioritization of voluntary treatment whenever feasible.

Disclosure of Interest: None Declared

EPV1730

Revolving door plagiarism in medical research: breaking the vicious cycle

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Introduction: The basic purpose of any research is to encourage and develop original thinking, critical analysis, and inculcate spontaneity and creativity. However, the online availability of a plethora of resources, sophisticated software, and artificial intelligence has opened floodgates to plagiarism, which is having adverse effect on developing minds for original research.
Objectives: To comprehensively understand the current state of postgraduate research training, the challenges faced by students, and potential areas for improvement, particularly in fostering an environment conducive to original and unimpeded research.
Methods: A cross-sectional web-based survey was conducted among medical students pursuing postgraduate courses in various specialties to address potential gaps in postgraduate research training. It comprised four sections with a total of twenty-seven items; Section one: Personal Data and Demographics; Section two: Exposure to Research Principles during Undergraduate Studies; Section three: Perception of postgraduate students towards Plagiarism Checks and Linguistic Barriers faced during dissertation writing; Section Four: An open-ended question inviting participants to suggest ways to promote the free flow of research ideas among young researchers. Survey data were exported to Microsoft Excel and analysed using descriptive statistics. Key themes and insights were derived from the suggestions provided in the fourth section of the questionnaire.
Results: The survey questionnaire was completed by 130 respondents. The majority of the students were in their first or second year of postgraduate studies and represented various medical specialities. The majority of participants reported "low exposure" (n=86, 66%) to research methodology during undergraduate studies. 80% participants reported that they conducted a background research on the topic of their thesis and the most common challenge faced by them was lack of credible content in the online arenas. Almost one-third of the respondents reported that their original idea was blocked because of the "plagiarism checks". Our survey participants represented linguistic diversity and 70.8% considered plagiarism as a marker of "linguistic proficiency". 77.2% believed that conducting literature reviews exclusively in English, without considering texts available in other languages, hampers comprehensive research on a given topic.
Conclusions: It is imperative to expose undergraduate students to "Practical aspects of research", such as "Good research Practices". Further, mentors should allow free flow of ideas, linguistic liberty, and encourage for in-depth discussion over these ideas, ensuring alignment with current scientific standards. An institutional level "Research integrity support" should be provided, including access to authentic plagiarism checking software and workshops focussing on research publication ethics.

Disclosure of Interest: R. K. Gupta Consultant of: Nil, J. Yadav Employee of: Nil, R. Gupta Employee of: Nil

EPV1731

Linguistic Fingerprints in Aphasia: Exploring Speech Patterns Through LLM-Based Analysis

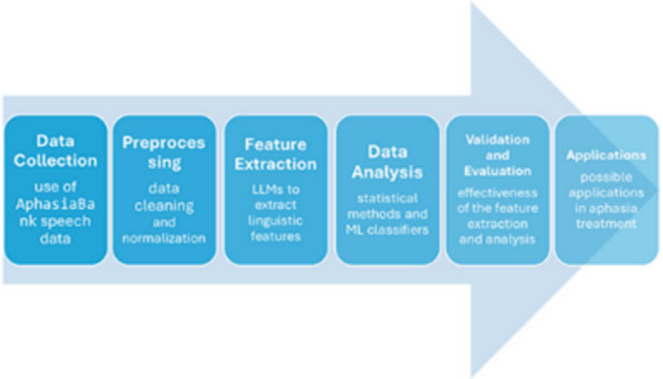
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Introduction: Aphasia, a language disorder resulting from brain damage, presents significant challenges in assessment and treatment. Traditional evaluation methods often lack precision and efficiency. This study introduces a novel framework for feature extraction in aphasia speech data, leveraging the power of state-of-the-art Large Language Models (LLMs) to enhance assessment, classification, and treatment planning. We used the AphasiaBank database (https://aphasia.talkbank.org/) to test our methods.
Objectives: Our primary objectives were to:

1. Develop a comprehensive set of LLM-based feature extractors for aphasia speech analysis.
2. Evaluate the effectiveness of these features in assessing aphasia types and severity.
3. Explore the potential of AI-assisted speech analysis in clinical settings for aphasia management.

Methods: We developed a novel framework focusing on content analysis of transcribed aphasia speech. Our approach utilizes the embedded knowledge of language usage in LLMs to evaluate speech disfluencies. The advanced set of features derived from LLMs includes, but is not limited to: 1) Lemma similarities for vocabulary diversity assessment, 2) Syntactic structure analysis, 3) Use of linkers and connectors, 4) Degree of abstraction in word usage, 5) CEFR framework-based word complexity analysis, 6) Maze type identification, 7) Semantic field variability, 8) False start analysis. This content-focused feature set is designed to complement existing phonetic features derived from audio files and other potential data sources, such as MRI.
Results: Our evaluation demonstrates that current SOTA LLMs show significant potential in aphasia assessment and group differentiation. The novel feature set provides detailed insights into various aspects of language use affected by aphasia, offering a more comprehensive evaluation than traditional methods.
Image 1:



Conclusions: This study presents an advancement in applying AI to aphasia assessment and treatment. Our novel LLM-based framework offers a more nuanced and efficient approach to analyzing aphasia speech, potentially leading to more accurate diagnoses and personalized treatment plans. The findings lay the groundwork for integrating AI-assisted tools into clinical workflows, complementing rather than replacing human expertise. Future research could explore combining this framework with immersive technologies for enhanced language rehabilitation. This work contributes to a future where AI augments the quality and accessibility of care for individuals with aphasia, while maintaining the central role of human clinicians in the therapeutic process.

Disclosure of Interest: None Declared

EPV1732

About value systems and religious orientations among family sobriety club members

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Introduction: For over 50 years, there has been based on Vladimir Hudolin method a family preventive program for the addicted of psychoactive substances and actions (Zoricic 2006; 42(1) 35). Family therapeutic communities (family sobriety clubs) exist in many countries in Europe and the world, in Russia there are over 50 clubs. In Russian clubs, a change in the lifestyle of rehabilitants is accompanied by a transformation of value systems and semantic formations into traditions of religious worldview.
Objectives: To study the dynamics of changes in value systems and religious beliefs among family sobriety club members during rehabilitation, which includes a spiritually-oriented component.
Methods: 50 Russian patients with alcohol addiction who participated in rehabilitation in a community setting were examined: 25 ("participants" group) - with remission from several months to two years, 25 ("leaders") – with remission over two years were also the heads of family sobriety clubs. There were used psychometrical (Schwartz Value Survey – SVS, Religions Orientation Scale - ROS) and statistical methods.
Results: Leading values among "participants" are "kindness", "safety" and "conformality", the most significant values among "leaders" are "kindness", "traditions" and "universalism" ($p<0,05$). Benchmarking: *self-transcedence* values prevail among "leaders", high levels of *self-raising* among "participants". Analysis of variance (ANOVA): increasing the significance of values of *kindness* ($p = 0.025$) and *tradition* ($p = 0.009$) at the level of ideals, *tradition* ($p = 0.0003$) and *safety* ($p = 0.04$) at the level of priorities at remote stages of rehabilitation. The cohesion of values among "leaders" is higher than among "participants" (*conformity* ($p = 0.03$) and *kindness* ($p = 0.09$)). Over time a detailing of spiritual ideas takes place, rehabilitants identify themselves as believers and aim to change their lifestyle according to religious Faith values. According to ROS, there is a more meaningful religiosity among "leaders" than among "participants," the predominance of internal religiosity over external religiosity at long stages of assistance.
Conclusions: Change in value orientations correlates with the duration of rehabilitation, their greater cohesion is noted, values are more consistent with the normative for the population as a whole. Religious idias become more harmonious, a transformation of dysfunctional manifestations of external religiosity into adaptive forms of internal religiosity is noted, which is associated with the increase of overall meaningfulness of life.

Disclosure of Interest: None Declared

EPV1733

Cognitive impairments and their impact on daily life in persons with severe mental illness in long-term care: an explorative study using electronic clinical files

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Introduction: In persons with severe mental illness (SMI) in long-term care, cognitive impairments may be severe and pervasive. However, it remains unclear how cognitive impairments specifically impact daily life and how these effects are reflected in their everyday functioning. Collection of such data is complicated by the fact that these individuals are often excluded from scientific research and tend to drop out more frequently due to the severity and complexity of their mental health issues. This calls for a different approach, one that makes greater use of the available structured and unstructured data from electronic patient records (EPRs).
Objectives: The goals of this research are to assess how cognitive impairments and their impact on daily life in persons with SMI are qualitatively addressed in EPRs and to assess whether and how such data may be systematically evaluated.
Methods: We will conduct an explorative, retrospective EPR study focused on persons with SMI who use long-term care services within Lentis Psychiatric Institute, Department of Rehabilitation. EPRs contain qualitative (such as written reports) as well as quantitative (such as Routine Outcome Measures) data. To ensure patient privacy, the data in the obtained files will be de-identified. Indicators of cognitive impairments and their impact on daily life will be operationalized in collaboration with health care professionals and clustered in the domains of working memory, attention, verbal learning and memory, reasoning and problem solving, processing speed and social cognition. Using these operationalizations, natural language processing, an innovative machine-learning technique used to understand and interpret human language, will be used to identify patterns (such as, potentially, gender differences) with respect to cognitive impairments and their impact on daily life functioning from the qualitative EPR data.
Results: As the study is work in progress, preliminary results are currently not yet available and will be presented at the conference.
Conclusions: EPRs are a potentially vital but underused source of data for persons with SMI in long-term care. By analysing data from EPRs we may gain a broader insight into cognitive impairments and their impact on daily life in persons with SMI. Such insights are essential to aid recovery for persons with SMI in long-term care.

Disclosure of Interest: None Declared

EPV1734

Assessment of the SABAS cutoff point based on studies in problematic smartphone use

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Introduction: The SABAS is a single-factor measure of problematic smartphone use, with higher scores indicating a potential addictive tendency. Some researchers (Peng et al., 2023) suggest a cutoff point of 23 out of a maximum available score of 36. Other researchers consider a high mean a guideline without suggesting a possible threshold. This score will indicate the presence of the problematic factor under investigation, regardless of age.

Objectives: Our study aims to identify a score for problematic smartphone use that may already indicate vulnerability to addiction. The research investigates the proposal of a possible cutoff point for problematic smartphone use based on several SABAS surveys over 9 years.

Methods: In our research, 1228 participants completed four online surveys between 2015 and 2023. The age distribution was 9-73 years, with 41.2% male and 58.8% female. Our research instrument was the Smartphone Application-Based Addiction Scale (Csibi et al., 2018) questionnaire, a 6-question questionnaire designed to detect problematic smartphone use. We hypothesized that SABAS scores that show a significant relationship with cutoff scores of clinical questionnaires with convergent validity (NMP-Q, SPAI, SHAI, FNPQ) could be as cutoff scores within the measure.

Results: Our results showed a significant correlation between SABAS and NMP-Q scores ($r(238) = .63$, $p = .001$), with the mean of the moderate-severity nomophobia score (88.5 points) being the mean of the SABAS 23 score. For the response distribution corresponding to the NMP-Q prevalence of severe nomophobia (100 points or more), the SABAS score mean was 29 points. The mean scores on the SPAI questionnaire were 85.82 (*SD*=22.76) and 97.17 (*SD*=31.65), respectively, for the subscales Functional Impairment 22.47 (*SD*=8.41) and 27.29 (*SD*=9.59), Compulsive Behaviour 29.48 (*SD*=9,03) and 34.41 (*SD*=11.64), Withdrawal 21.77 (*SD*=6.41) and 23.41 (*SD*=8.55), and Tolerance 12.10 (*SD*=3.61) and 12.05 (*SD*=4.64). The correlation was also evident for the SHAI ($r(439) = .67$, $p = .001$), its subscales, and the FNPQ scale ($r(398) = .27$, $p = .001$).

Conclusions: The mean SABAS score indicating problematic smartphone use was 23 points, with scores above this point indicating increasingly severe use of analyzed behavior. Those with a score of severe nomophobia scored 29 or higher on the SABAS scale. The SABAS shows a significant relationship with the cutoff scores of the convergent validity questionnaires along the mean scores indicated above (23,29), so we suggest using these scores as cutoffs.

Disclosure of Interest: None Declared

EPV1735

Gone with the Protocol: Searching for unpublished documents from unregistered clinical trials

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Introduction: Trial protocols and manuals are critical documents outlining core elements of a clinical trial, such as theoretical background, recruitment strategies, intervention structure and components, and control comparators. Availability of these documents is essential as it prevents trial duplication, helps detect or avoid research misconduct, and facilitates tracking of trial results. Moreover, a detailed description of intervention components is crucial for the methodological rigor of advanced meta-research approaches, such as component network meta-analysis (cNMA). However, clinical trials often fail to make these documents publicly accessible, either before or after the trial ends, for instance as supplementary materials to publications. Attempts to obtain these documents by contacting researchers directly are frequently unsuccessful. Therefore, alternative avenues for retrieving these materials must be explored.

Objectives: This study aims to assess the feasibility of retrieving trial protocols and manuals through alternative sources, such as ethics committees/IRBs, funding bodies, and sponsors.

Methods: In the context of a cNMA on psychotherapeutic interventions for eating disorders, we identified 34 published studies (12 on anorexia nervosa and 22 on bulimia nervosa); for each, we reviewed the full-text publications to identify potential sources to retrieve trial protocols and manuals. To this end, we adopted a systematic, stepped approach, investigating: 1) explicit mentions of published trial protocols; 2) trial registration details, including ethics committees/IRBs; 3) institutions or clinics whose ethics committees approved the protocol; 4) specific trial sites or study sponsors/funders; 5) first author's affiliation.

Results: Of the 34 publications analyzed: 1) 2 studies had published trial protocols; 2) 11 studies were registered in trial databases and reported ethics committee or IRB details; 3)16 studies identified the ethics committee or IRB that approved the protocol; 4) 26 studies reported one or more specific trial sites or funding bodies/sponsors; 5) 31 studies provided the first author's institutional affiliation.

Overall, 26 studies had at least one contact associated with organizations that would have reviewed the trial documents, and 31 studies had at least one institutional contact potentially connected to the trial's documentation. For 3 studies no information on ethics committees, trial site, or author affiliation was available.

Conclusions: Despite the recognized importance of making trial protocols publicly available, spontaneous dissemination remains rare in clinical trials on psychotherapeutic interventions. In the absence of published protocols or trial registration details, our feasibility study highlights that full-text publications of trial results can offer multiple potential points of contact that may provide access to such documentation.

Disclosure of Interest: None Declared

Schizophrenia and Other Psychotic Disorders

EPV1740

Early Warning Signs of Schizophrenia: Effective Strategies and the Benefits of Early Treatment

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Introduction: Schizophrenia is a severe mental condition marked by a progressive onset of symptoms. Early evaluation and proper management are necessary for improving long-term outcomes and reducing the disorder's severity. Early detection of prodromal symptoms and the prompt initiation of treatment can substantially influence the evolution of the condition, resulting in improved prognoses and a better quality of life.
Objectives: The paper examines methods for recognizing early indicators of schizophrenia and evaluates the effects of early intervention. The emphasis encompasses comprehending the prevalent prodromal symptoms linked to schizophrenia, assessing diverse early detection techniques, and analysing the advantages of prompt intervention on long-term results.
Methods: A comprehensive examination of existing literature and clinical investigations was performed to identify and delineate prevalent prodromal symptoms of schizophrenia, including social disengagement, cognitive impairments, and atypical thought processes. The assessment examined various early detection instruments, encompassing structured clinician interviews, self-report questionnaires, and neuroimaging methodologies. Furthermore, data from longitudinal studies was examined to ascertain how early intervention may impact the disorder's course and enhance patient outcomes.
Results: The review realized multiple significant prodromal signs, including social isolation and cognitive impairments. Multiple early detection instruments, including structured interviews and neuroimaging, proved helpful in identifying persons at elevated risk for developing schizophrenia. Timely intervention measures, integrating pharmacological therapies and psychosocial assistance, correlated with a substantial decrease in symptom severity and improved long-term results.
Conclusions: The management of schizophrenia necessitates early identification and intervention. The severity of the disorder and the prognosis can be significantly reduced by recognizing prodromal symptoms and administering effective treatment. In order to enhance recovery and mitigate the effects of schizophrenia on individuals and their families, clinicians should prioritize early detection and early treatment.

Disclosure of Interest: None Declared

EPV1741

Religious activity and religious delusions in schizophrenia/schizoaffective disorder

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Introduction: Religious delusions are a common symptom in patients with schizophrenia. They can be more difficult to treat than other delusions because they are usually held with more conviction [1], which makes them of great clinical relevance. Religious delusions occur in between one-fifth and two-thirds of patients with delusions [2].
Cross-cultural differences may provide a partial explanation, but it seems likely that individual socio-demographic variables, particularly the extent of personal religiosity, as well as genetic factors, may also play a role.
Objectives: To assess the relationship between sociodemographic characteristics and religious activity in patients with schizophrenia/schizoaffective disorder with religious delusions followed and hospitalised at the Arrazi psychiatric hospital in Salé.
Methods: This was a descriptive cross-sectional study using a questionnaire including socio-demographic criteria, clinical criteria and questions about religious activity by grouping patients into 5 categories: (1 = no religious affiliation, 2 = religious affiliation, but not actively religious, 3 = religious affiliation, somewhat active activity, 4 = religious affiliation, moderately active activity, 5 = religious affiliation, very active activity) to assess the relationship between sociodemographic characteristics and religious activity in patients with schizophrenia/schizoaffective disorder with religious delusions followed and hospitalised at the Arrazi psychiatric hospital in Salé.
The inclusion criteria were as follows: both sexes with a diagnosis of schizophrenia/schizoaffective disorder according to DSM 5 criteria and having a mystico-religious delusion.
The exclusion criterion was severe intellectual disability.
Results: A total of 109 patients were collected.
Approximately 85% were male. Most had an average socio-economic status. 67% lived with their families and 15 were homeless. About 89% were unemployed.
About 78% of the patients were hospitalised and most had poor compliance. All patients had mystico-religious delusions, most thought they were prophets or angels, 10 believed they were God. Fourteen patients thought they were Al Mehdi AL montadar, 2 said they were the Holy Spirit. 22 had a delusion of possession.
77% had Islam as their religion, 12% Christianity and 11% no religious affiliation. About half of the patients had a religious affiliation but were not actively religious. Very active religious subjects were 3 times more likely to suffer from religious delusions than subjects with no religious affiliation.
Conclusions: Our data suggest that a high level of personal religious activity appears to be one of the risk factors for the onset of religious delusions. A high level of religiosity appears to increase the risk of developing religious delusions.
Further research is needed to examine the relationship between religiosity and religious delusions.

Disclosure of Interest: None Declared

EPV1742

Constipation in patients with schizophrenia admitted to the Arrazi psychiatric hospital in Salé

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Introduction: Constipation is a common side effect of antipsychotic drugs [1] that has not received much attention.
In patients treated with clozapine, constipation may be the most common side effect, affecting one in three patients [2, 3].
Cases of delayed detection of symptoms of constipation or inadequate treatment of constipation have resulted in paralytic ileus, faecal impaction, intestinal obstruction and even death [4,5].
However, other risk factors for constipation are also common in people with schizophrenia, such as low socio-economic status, a sedentary lifestyle, and illnesses and medications associated with constipation.
Translated with DeepL.com (free version)
Objectives: To assess constipation in patients with schizophrenia hospitalised at the Arrazi psychiatric hospital in Salé and to study the factors associated with these symptoms: socio-demographics, lifestyle, psychotropic drugs, other drugs and co-morbidities such as diabetes and obesity.
Methods: This was a descriptive cross-sectional study using a questionnaire including sociodemographic and clinical criteria as well as questions on the lifestyle of hospitalised patients with schizophrenia to assess constipation in these patients and study the factors associated with these symptoms.
Exclusion criteria: intellectual disability.
Results: A total of 167 patients admitted to the psychiatric hospital for management of schizophrenia were collected. Approximately 69% were male. Adherence to antipsychotics was poor in most patients. 53% were on haloperidol, 25% on olanzapine and 12% on clozapine. Diabetes was present in 21% of patients. Constipation was present in 57% of patients. Most participants had a lifestyle without physical exercise and a balanced diet.
Conclusions: Constipation is common in patients with schizophrenia on antipsychotics, with the risk of complications sometimes severe. It is recommended that clinicians assess antipsychotic-induced constipation and manage it effectively.

Disclosure of Interest: None Declared

EPV1743

Comprehensive Management of Severe Mental Disorders: The Synergy between Multifamily Groups and Psychopharmacology

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Introduction: The treatment of severe mental disorders benefits significantly from a multidisciplinary approach that integrates, among others, psychopharmacology and psychotherapy. The intervention with multifamily groups (MFG) shows multiple benefits for this patient profile. Its positive effects include reducing relapse rates, increasing treatment adherence, improving socio-occupational and family functioning, and reducing stress and family burden. When implemented optimally, it can be an effective tool that complements other treatment options, such as psychopharmacology and other psychosocial interventions.
Objectives: To describe a clinical case of severe mental disorder, emphasizing the special relevance of a comprehensive approach.
Methods: The case of a 46-year-old woman, with no prior mental health history, is described. She began follow-up after experiencing several psychotic episodes induced by substance use (cannabis). It was agreed with the patient to start psychopharmacological treatment and a psychotherapeutic approach by incorporating her into the center's Multifamily Group (MFG). Initially, she received treatment with olanzapine 15 mg maximum daily dose (MDD), but it was discontinued due to the metabolic syndrome that appeared as a side effect. Treatment with lurasidone 74 mg MDD was then started, but it was also eventually discontinued due to intense akathisia. During the three years of follow-up, the patient remained abstinent from cannabis, without psychopharmacological treatment, and received intensive therapy in the MFG. Over time, her delusional ideation of persecution and self-referential clinical symptoms progressively subsided until resolution.
Results: During a session of the MFG, in the context of several stressful situations (her son moving out of the family home, personal experience with the stigma of mental illness after a reading in the MFG, and frequent arguments with her husband), the patient reported delusional ideation and self-referentiality again, predominantly affecting her emotional state. In agreement with the patient and considering the side effects previously experienced with other antipsychotics, it was decided to initiate treatment with Brexpiprazole at progressively increasing doses until reaching 4 mg MDD, with good tolerability and clinical efficacy.
Conclusions: This case highlights the particular importance of adopting a multimodal approach for the effective management of severe mental disorders, which can optimize clinical outcomes, promote more sustainable recovery, and improve the quality of life for patients.

Disclosure of Interest: None Declared

EPV1744

An Assesment of The Long-Term Effects of Electroconvulsive Therapy On Cognitive Functioning İn Patients With Schizophrenia

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Introduction: In schizophrenia, cognitive symptoms emerge in the early period and are among the core symptoms. This study aimed to investigate the long-term effect of electroconvulsive therapy on the cognitive functions of schizophrenia patients.
Objectives: In schizophrenia, cognitive symptoms emerge in the early period and are among the core symptoms. This study aimed to

investigate the long-term effect of electroconvulsive therapy on the cognitive functions of schizophrenia patients.
Methods: In this study, 25 patients diagnosed with schizophrenia according to DSM-5 criteria and treated with only pharmacotherapy (FT), 25 patients treated with pharmacotherapy plus electroconvulsive therapy (ECT) those who are inpatients in the psychiatry clinics of Istanbul Bakırköy Prof. Dr. Mazhar Osman Mental Health and Neurological Diseases Training and Research Hospital 28 healthy controls were included. Patients were evaluated clinically with tests during the acute exacerbation period and 3 months later.
Results: During the acute exacerbation period, schizophrenia patients were identified to present poor cognitive performance compared to healthy controls. After three months of treatment, significant clinical improvement was observed in both patient groups. MoCA total scores increased for both groups after treatment. After treatment, TMT-A and TMT-B performance improved in the pharmacotherapy group and TMT-A performance improved in the pharmacotherapy + ECT group. With treatment, there was a significant positive change in the number of categories completed in the WCST in the pharmacotherapy group. In the Stroop Test, the pharmacotherapy group showed significant positive changes in the duration values of all cards and in the interference effect, while the pharmacotherapy + ECT group showed significant changes in the duration values of Stroop 1, 2, 4 and 5 and in the interference effect. In the pharmacotherapy + ECT group, there was a statistically significant positive correlation between the change in PANNS negative subscale scores and the duration of TMT-B and the number of completed categories, perseverative responses and perseverative errors in WCST.
Conclusions: It was observed that treatment modalities are not superior to each other on cognitive functioning in the long term. The improvement in cognitive areas with treatment may be due to a decrease in symptom severity and increased patient compliance with treatment. In this field, prospective, multicenter studies with larger sample sizes, including different drug groups and different ECT modalities are needed.

Disclosure of Interest: None Declared

EPV1745

Cycloid psychosis: revisiting the concept through a case report

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Introduction: The term cycloid psychosis was first introduced by Karl Kleist in 1926 to describe cases that did not meet the typical presentations of schizophrenia or manic-depressive illness. The concept was later developed by Karl Leonard, who proposed three distinct types of cycloid psychoses. Perris and Brockington established the first operational diagnostic criteria for the condition. Cycloid psychosis is characterized by its acute onset, brief duration, polymorphous and shifting symptomatology, a tendency for periodic recurrence, and full inter-episode recovery, with no residual functional impairment following the episodes. Despite its distinct characteristics, cycloid psychosis is not included in the current international psychiatric classification systems.
Objectives: We aim to present a case report and conduct a literature review.
Methods: A narrative review of the literature was conducted, with data collected from the PubMed database. Only English-language studies published in peer-reviewed journals were included in the selection.
Results: Case: A 35-year-old female patient has been presenting, over the last seven years, with episodes characterized by a sudden onset of agitation, acute anxiety (described by the patient as 'an inexplicable sense of fear'), and frequently accompanied by persecutory delusions and auditory commanding hallucinations. Upon observation, the patient typically presents with confusion and perplexity and exhibits a lack of recollection of some previous events. Following the initiation of antipsychotic treatment, a complete recovery is always observed within a few days, with no residual symptoms remaining. In the most recent episode, the patient drove for a few hours to a different city from the one where she lives and had to ask for help from a fire department, as she felt lost and confused and had no memory of the previous events. According to reports from her family, the patient exhibited disorganized behavior, increased irritability, and a reduction in sleep duration during the week preceding the episode. The patient later acknowledged discontinuation of antipsychotic medication. These episodes occurred without any prior substance use, cognitive decline, or underlying medical conditions. The patient had no previous psychiatric complaints or family history of psychiatric disorders. Although the patient was a smoker, there was no history of substance or alcohol abuse. A comprehensive evaluation, including laboratory tests, imaging studies (head CT and brain MRI) and electroencephalography (EEG), revealed no abnormal findings. Considering the range of symptoms and characteristics observed in this clinical case, the patient meets Perris's criteria for cycloid psychosis.
Conclusions: Our case report highlights that cycloid psychosis exhibits a distinctive symptom pattern and clinical outcome, which can support its validity as a nosological construct distinguishable from other disorders in classification systems.

Disclosure of Interest: None Declared

EPV1748

Schizophrenia: can I be a normal person despite my diagnosis?

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Introduction: Schizophrenia is a mental disorder characterized by hallucinations, typically auditive ones, delusions, disorganized thinking and behavior, and flat or inappropiate affect. Symptoms develop gradually and usually begin during young adulthood and are never resolved completely. There is no objective diagnostic test; diagnosis is based on observed behavior, a holistic psychiatric history that includes the person's reported experiences, and reports of others familiar with the patient.

Objectives:
- Explore what schizophrenia is, its main characteristics and how it differs from other mental disorders.
- Analyze how schizophrenia affects families and interpersonal relationships.

Methods: Middle-aged man who resides with his adoptive parents in a town near the municipal seat, unemployed and longitudinally with few social relationships and a lover of technology. He has attended psychiatric consultations on specific occasions and irregularly without a clear diagnosis. a single admission to a city psychiatric hospital for psychotic symptoms that subsided with medication. Since then, monitoring has been erratic and he has been given medication disguised by his parents during meals. In the last two weeks he has been especially distrustful and suspicious, even with his parents, so he has barely been able to sleep and does not eat properly for fear of being poisoned. He has confined himself to his room and refuses to be evaluated by a doctor and his anguish and emotional lability are increasing. For this reason, he is taken to the emergency room, where he is evaluated and it is determined that he is going through an episode with psychotic characteristics, which is why it is necessary, given the repercussion of the condition and the patient's lack of cooperation, to be involuntarily hospitalized for treatment and stabilization.
Results: During admission, he experiences episodes of intense agitation and serious behavioral alterations that require important pharmacological adjustments. In addition, work is done on awareness of the disease and acceptance of the diagnosis. Although he is initially reluctant to take any type of intervention, he progressively accepts taking medication and understands the nature of his problem, as well as the need to continue monitoring his disorder at an outpatient level. We were also able to provide psychoeducation to the family, thus achieving commitment and support on their part as well, since at first they were reluctant that their son could suffer from schizophrenia, for fear of the stigma and rejection that this could cause.
Conclusions: People with schizophrenia often face social stigmatization, which can lead to further marginalization, isolation and discrimination. This affects their emotional and mental well-being, contributing to a decrease in quality of life. Lack of adequate understanding of the disorder reinforces these myths and perpetuates discrimination.

Disclosure of Interest: None Declared

EPV1749

Efficacy of Xanomeline-Trospium (KarXT) in Reducing Schizophrenia Symptoms: A Systematic Review and Meta-Analysis of Randomized Controlled Trials

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Introduction: Schizophrenia is a severe mental disorder often diagnosed in early adulthood, significantly impacting quality of life and increasing mortality risk. Xanomeline-trospium (KarXT), a combination of a muscarinic cholinergic receptor agonist and a peripheral antagonist, offers a potential new approach.
Objectives: We aimed to perform a systematic review and meta-analysis to assess the efficacy of KarXT compared to placebo in reducing the symptoms of schizophrenia.
Methods: We systematically searched PubMed, Embase, and Cochrane for randomized controlled trials (RCTs) enrolling patients with schizophrenia treated with KarXT versus placebo. Our outcomes included the overall improvement in schizophrenia symptoms, measured by the Positive and Negative Syndrome Scale (PANSS) total score, as well as specific symptom domains assessed by the PANSS positive and PANSS negative subscales. Additionally, the Clinical Global Impressions-Severity (CGI-S) score was used to measure the overall severity of the disorder. We computed mean difference (MD) with 95% confidence intervals (CIs) using R version 4.3.2. Heterogeneity was assessed using I^2 statistics.
Results: Three RCTs were included with 640 patients, of whom 314 (49.1%) received KarXT. There were 509 males (79.5%) and 131 females (20.5%). The average body mass index (BMI) was slightly higher in the KarXT group (29.1) compared to the placebo (28.8). KarXT resulted in a greater decrease in the PANSS total score (MD: -9.74; 95% CI -12.40 , -7.08 ; p<0.001; I^2=0%; Figure 1A), PANSS positive (MD: -3.20; 95% CI -4.04 , -2.36; p<0.001; I^2=0%; Figure 1B), PANSS negative (MD: -1.55; 95% CI -2.28 , -0.81; p<0.001; I^2=22%; Figure 1C) and CGI-S score (MD: –0.60; 95% CI -0.75 , -0.45 ; p<0.001; I^2=24% ; Figure 2).
Image 1:

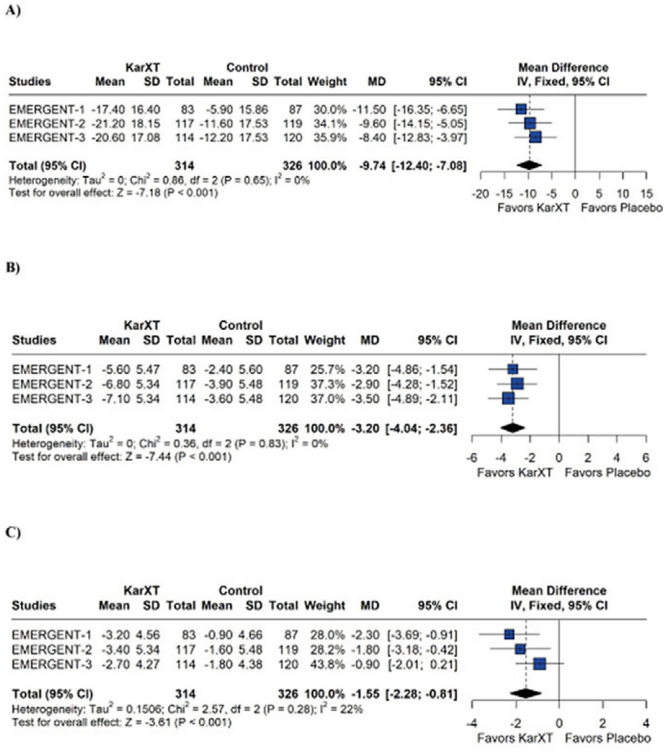


Figure 1 - A) KarXT resulted in a significantly reduced in the PANSS total score (P < 0.001), as well in their subcategories B) PANSS positive (P < 0.001) and C) PANSS negative (P < 0.001).

Image 2:

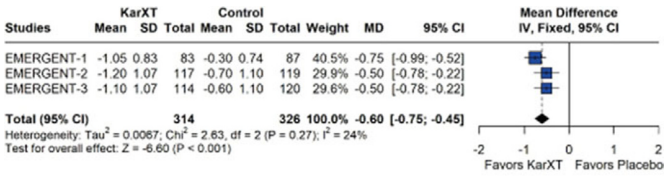


Figure 2 - CGI-S scores were significantly reduced in those receiving KarXT ($P < 0.001$).

Conclusions: Our systematic review and meta-analysis of RCTs showed that KarXT is significantly more effective than placebo in reducing schizophrenia symptoms.

Disclosure of Interest: None Declared

EPV1750

Views on help-seeking for psychosis in South and Southeast Asia: A systematic mixed studies review

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Introduction: Psychosis is a condition characterised by hallucinations or delusions, which can cause distress and burden for both the individuals experiencing it and their caregivers. Seeking help can reduce the distress and burden, improve symptoms, and prevent adverse outcomes. However, many people still do not seek help or delay help-seeking. The reasons for this are not yet fully understood, especially in South and Southeast Asian settings.
Objectives: To explore the views and experiences of key stakeholders in South and Southeast Asia towards help-seeking for psychosis.
Methods: This systematic review included 'views' studies using qualitative, quantitative, and mixed-method designs. Systematic searches were conducted in several databases, including CINAHL, MEDLINE, PsycINFO, Embase, ASSIA, and Scopus from inception to September 2023. Each article was screened in duplicate by at least two independent reviewers. Popay et al.'s (2006) narrative synthesis was used to synthesise the data.
Results: This review included 51 studies from 10 South and Southeast Asian countries. The synthesis revealed that people with psychosis and their caregivers sought help from various sources. Factors that facilitate or hinder help-seeking behaviours include the ability to recognise problems, the alignment between illness and treatment perceptions, the attainability of help providers, the roles of social networks and support systems, and perceived stigma. Further, people also considered the outcome of each help-seeking process to determine their subsequent behaviours.
Conclusions: Interventions to improve help-seeking behaviours among people with psychosis should consider these multiple factors and address not only the help-seekers but also a wider range of key stakeholders, including social networks and potential help providers.

Disclosure of Interest: None Declared

EPV1755

Impact of early administration of LAIs on socioeconomic status of patients with long term schizophrenia

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Introduction: Schizophrenia is a chronic psychiatric disorder with a complex and diverse pathology (Owen et al. 2016). Currently, the main form of treatment is antipsychotic therapy (AP), which involves the use of either oral antipsychotics (OAP) or long-acting injectable antipsychotics (LAIs) (Stępnicki et al. 2018). Although it affects only about 1% of the population, schizophrenia represents an important socioeconomic problem. The employment rates among individuals with schizophrenia are notably low, with only 10–30% maintaining employment, while approximately 80% are reliant on disability pensions (Holm et al. 2021).
Objectives: The aim of the study was to analyse the association between early administration of LAIs and the socioeconomic status in patients with long lasting schizophrenia and compare the differences between female and male patients.
Methods: This is a retrospective clinical study. We collected socioeconomic and sociodemographic data on all individuals and reviewed each patient's medical history from their first hospitalization up to the study period. Then we analysed the data. The inclusion criteria were ages from 18 up to 65 years, the diagnosis of schizophrenia or other psychotics disorders for at least 5 years, use of AP therapy for at least 5 years and current use of LAIs for at least 6 months. Exclusion criteria included the diagnosis of treatment-resistant schizophrenia, or the diagnoses classified under F70–79 in the ICD-10 classification.
Results: From the sample of 100 patients, the ones with early initiation of LAIS, within 2 years of onset of disease, had statistically higher rates of employment than those with late initiation of LAIs (p=0,04). We could not prove that the rate of employment was higher among early initiation female patients (p = 0,825), but we could for the male patients (p = 0,005) (Image 1). Meanwhile we couldn't prove the same for financial independence (p = 0,398), also there was no statistically significant result based on sex (p = 0,367, p = 0,692).

Image 1:

Contingency Tables

Contingency Tables

Sex	Time from Dx to LAI – 2 Yr cutoff	Employed		
		Yes	No	Total
Female	Early	1	5	6
	Late	7	27	34
	Total	8	32	40
Male	Early	5	6	11
	Late	5	43	48
	Total	10	49	59
Total	Early	6	11	17
	Late	12	70	82
	Total	18	81	99

χ^2 Tests

Sex		Value	df	p
Female	χ^2	0.0490	1	0.825
	N	40		
Male	χ^2	7.8049	1	0.005
	N	59		
Total	χ^2	4.0402	1	0.044
	N	99		

Image 2:

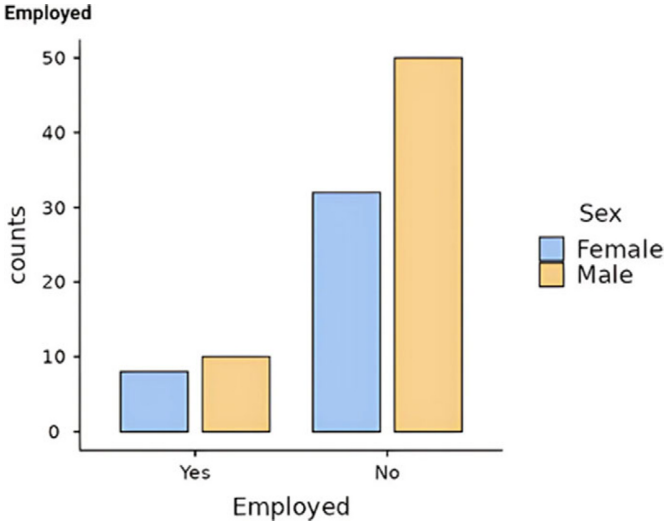
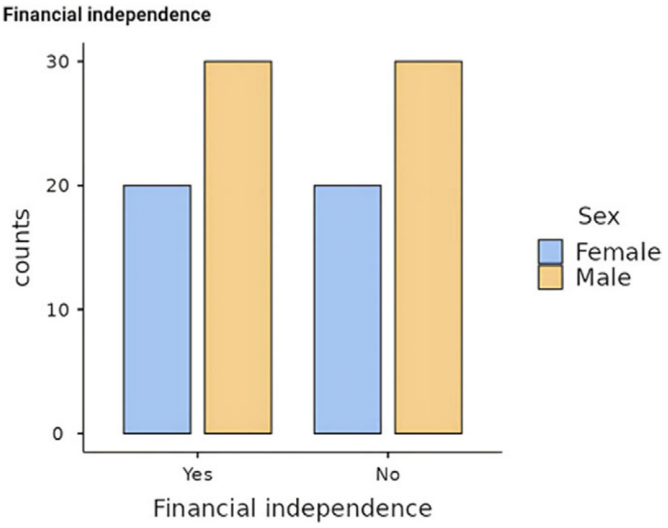


Image 3:



Conclusions: Results suggest that patients with earlier initiation of LAIs have higher rates of employment. The difference between sexes (Image 2 and 3) is also an interesting part of the study as it shows that female patients have a later onset than male patients and therefore receive the first does of LAIs at a much older age than men, which could be influencing the higher rate of unemployment and insufficiency among female patients.

Disclosure of Interest: None Declared

EPV1756

Medication Compliance in Schizophrenia: The Role of Sociodemographic Factors and Depression

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Introduction: Non-adherence to prescribed medications in schizophrenia is a primary factor leading to relapse and repeated hospitalizations, posing a significant challenge in psychiatric care. Understanding and enhancing medication adherence is crucial for improving outcomes in schizophrenia treatment.

Objectives: This study aimed to estimate the prevalence of medication non-adherence among schizophrenia patients and to explore the impact of depression and other sociodemographic factors on adherence levels. Recognizing these influences is essential for developing targeted interventions to improve patient outcomes.

Methods: A cross-sectional analysis was conducted involving 350 individuals with schizophrenia, encompassing both outpatients and inpatients. A comprehensive questionnaire was employed to collect data on sociodemographic characteristics, clinical history, and therapeutic interventions.

To assess medication adherence and depressive symptoms, the study utilized the Medication Adherence Rating Scale (MARS)

and the Calgary Depression Scale for Schizophrenia (CDSS), both of which are validated tools designed for psychiatric evaluations.
Results: Data analysis revealed that 21.3% of the participants exhibited poor medication adherence as measured by MARS. Further statistical testing using a logistic regression model identified employment status and level of depression as significant predictors of non-adherence.
Patients who were unemployed and those exhibiting higher scores on the CDSS indicating more severe depressive symptoms were more likely to be non-compliant with their medication regimen (p=0,001). This highlights the intricate relationship between mental health symptoms and treatment adherence.
Conclusions: The results of this study illuminate the importance of considering depression and employment status when addressing medication adherence in individuals with schizophrenia. These factors play a pivotal role in the adherence behavior and overall treatment outcomes of patients.
Emphasizing comprehensive care that includes management of depression alongside routine antipsychotic treatment could enhance adherence and improve the prognosis for individuals living with schizophrenia. Ongoing research is needed to further elucidate the pathways that influence medication adherence and to develop strategies that effectively address these challenges.

Disclosure of Interest: None Declared

EPV1757

The craziness in losing weight. A systematic review and case report of sibutramine's psychosis

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Introduction: Sibutramine is an anorexigenic drug that has been used to treat obesity. After its commercialization, FDA ordered the suspension of its prescription in USA because of the adverse effects. It has structural similarities to amphetamine and is a serotonin-noradrenaline reuptake inhibitor. The primary metabolites are responsible for the activity and inhibit the reuptake of noradrenalin and serotonin from the synaptic cleft. This substance can interfere with one of the known mechanisms of psychosis increasing dopaminergic transmission and leading to potential psychomimetic effects.
Objectives: The main objective in this paper is to obtain a critical evaluation of the literature regarding psychosis and sibutramine. There has been done a bibliographic review in databases such us SCOPUS, Web of Science, UptoDate and PubMed. This review was realized under certain criteria and keywords. The motivations behind this research were generated after an unusual clinical case (in symptomatology's presentation). Sibutramine is a compound, which is not commercialized in the UE, so the diagnosis of the toxic psychosis was more complicated than the average psychedelics drugs.
Methods: To develop this review, numerous databases were chosen: PubMed, Scopus, UpToDate and Web of Science. However, only in PubMed we have obtain relevant results. For descriptors we have used two terms: "psychosis" and "sibutramine". In this database, 27 results were obtained. With the criteria previously designed, which were free text access and works published in the last 20 years, only ten of them met all the criteria. With these ten articles, a systematic and qualitative analysis has been done, focusing on the ones which described similar cases.
Results: The sibutramine psychosis is difficult to identify. Frequently is mixed up with other substances in dietary supplements, which can appear as harmless. So, as clinics, we need to be careful, always considering this information in the clinical records. This case was peculiar; a 24 years old woman was consuming sibutramine as a compound in one supplement she was taken for losing weight. Three weeks prior to the consult the symptons started with an erotomaniac delusions, accompanied by disruptive behaviour, mood swings (dysphoria) and irritability. She was hospitalized and treated with antipsychotic medication (aripiprazole) showing a full recovery in five days.
Conclusions: Sibutramine can cause severe mental health disorders. As a compound of dietary supplements, can be easily acquired through online stores. Our work as clinics is to be vigilant of this kind of substances because of the danger that can generate. More studies should be done, to acquire knowledge of the psychobiological mechanisms involved in these cases. The prognosis seems to be positive, but there are certain risks in patients with unknown vulnerability factors.

Disclosure of Interest: None Declared

EPV1758

Delusion of pregnancy in males and hyperprolactinemia: a case report and review of the literature

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Introduction: Delusion of pregnancy is not common among patients suffering from schizophrenia, especially males. The reports in literature regarding this delusion are rare and not conclusive, particularly about its mechanisms. The psychopathology behind this particular condition may involve hormonal and biological ways.
Objectives: Illustrate through a case report and a review of literature the causal relationship between delusion of pregnancy and hyperprolactinemia in a male with schizophrenia.
Methods: This case report involved a comprehensive evaluation of a patient presenting with delusion of pregnancy and hyperprolactinemia. We compared the clinical findings with the existent research after conducting a literature review on different databases such as Pubmed and the national library of medicine using the key words "delusion of pregnancy" "males" and "hyperprolactinemia"
Results: A 30-year-old Tunisian man with a history of schizophrenia who has been of treatment for 6 months, presented to our department with auditory hallucinations, incoherent speech, and a delusion of pregnancy. The patient reported feeling fetal movements and believed a uterus had been implanted in his abdomen after receiving stem cell injections. Since it is the first time that our patient presents this delusion of pregnancy unlike his other

relapses, we asked for a prolactinemia test and complete hormonal panel. His prolactin levels were elevated at 59.33 ng/ml (normal range: 15-25 ng/ml), compared to normal baseline levels in previous admissions. The hormonal screening revealed hypogonadotropic hypogonadism. The patient was treated with antipsychotics (haloperidol initially, then switched to clozapine) and sedatives to manage his symptoms and agitation. His prolactin levels were successfully managed with medication, returning to within the normal range (the second measurement being done 8 weeks after the switch to clozapine). The delusion of pregnancy resolved after several weeks of treatment with clozapine. The patient was discharged with ongoing outpatient care to monitor his schizophrenia and prolactin levels.
Conclusions: This case report highlights the association between delusion of pregnancy and hyperprolactinemia in a male patient with schizophrenia. The findings suggest the potential link between these two conditions. Further research is necessary to elucidate the underlying mechanisms and develop evidence-based clinical management.

Disclosure of Interest: None Declared

EPV1760

Hostility and negative expectations about the future in mental disorders

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Introduction: Studies shows a connection between hostility and the severity of psychopathological symptoms. When psychopathological symptoms (mainly depressive) are expressed, hostility towards one's own "I", other people, and generalized impersonal hostility in the form of a sense of injustice, ill will of the surrounding world, and a negative assessment of the subjective future are combined. the connection between hostility and a negative assessment of the future requires empirical confirmation.
Objectives: The **aim** of the study was to analyze the connection between hostility and a negative assessment of the future.
Methods: N=37 people hospitalized in the clinic of the *Mental Health Research Center* (16 men and 21 women) with a diagnosis of schizophrenia and affective spectrum. Methods: SCL-90R, BPAQ-24 (Buss, Perry), All the subjects wrote a short essay "Me, others, the world", attitude to the future was assessed by a group of answers in the modified Sentence Completion Test (Sacks, Levy). The subjects were divided into three subgroups: "positive expectations of the future" (N=16, mean age 24.87±8.20), "neutral future" (N=10, mean age 21.89±8.08), "negative assessment of the future" (N=11, mean age 21.45±4.82). The presence of a trend in changing parameters depending on the attitude to the future - Jonckheere-Terpstra Test, comparison of subgroups by parameters of qualitative assessment of the essay - Chi-Square Tests were used.
Results: The analysis showed an increase in "hostility" (BPAQ-24) with a change in attitude to the future from negative to neutral and positive. With a negative attitude towards the future, there were the highest rates of "hostility" (24.82 ± 4.26, 17.60 ± 5.58, 16.40 ± 4.63, Std. J–Tstat. = -3.44, p = .001). It was revealed that negative expectations of the future are associated with the presence of problems in interpersonal relationships in the present, "Interpersonal Sensitivity" (SCL-90) is increased (10.82 ± 7.37, 7.00 ± 6.88, 4.87 ± 6.81, Std. J–Tstat. = -2.348, p = .019), individuals with high rates are distinguished by negative expectations regarding interpersonal interaction and any communications with other people. The analysis of the parameters of the qualitative analysis of the essays in the subgroups showed that only with a negative attitude towards the future there is a mention of the fragility and instability of the world (36%, p=.007), statistically more often mention the topic of suicide, death, "no place in this world" (80% compared to 16% and 22%, p=.049), the topic of "rejection" (p=.025), the frequency of expectation of a negative assessment of oneself by other people (, p=.004).
Conclusions: Results confirm the hypothesis about the relationship between hostility and a negative attitude towards the future and allow to assume that a common factor for both hostility and a negative attitude towards the future in mental pathology are problematic interpersonal relationships.

Disclosure of Interest: None Declared

EPV1761

The theme of death in texts written by patients with endogenous mental disorders

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Introduction: A specific attitude towards death is an important marker of suicidal risk. A freely written text can be considered as a variant of a projective test and can assess implicit attitudes toward death and suicide.
Objectives: The **objective** was to identify the psychological characteristics of the subjects using the theme of death in the texts.
Methods: 91 patients with schizophrenic and affective spectrum disorders (43 men and 48 women). The control N=98 (40 men and 58 women). All the subjects wrote a short essay "Me, others, the world", the presence of words from the thematic group "death" was assessed, Big Five Inventory (BFI) and SCL-90R were used. The question about the presence of suicidal thoughts was measured on a Likert scale.
Results: Control and clinical groups did not differ in the frequency of the topic of death (13.3% of the control and 16.5% in clinical group). However, patients wrote more often about themselves, while in control «death» was more often encountered when discussing problems of humanity, ecology, loneliness. The subjects from the clinical group showed low: "Extraversion" (48,86±10,07 and 44,72 ±10,44 for the control and clinical groups) (due to low "Activity", "Excitement seeking" and "Gregariousness"), "Conscientiousness" ("Neat" and "Decisiveness"), "Emotional Stability" (50,58±12,21 and 54,88±11,42) (due to "Tension", "Depression" and "Self-punishing"). Ccomparison of the subgroups that mentioned «death» (control and clinical subgroups) revealed no statistical differences in BFI (clinical subgroup demonstrated a more pronounced "insensitivity"). In general, all subjects (both healthy and clinic patients) with the topic of death differed from the group of subjects who did not touch death vocabulary: "Introversion" (47.66±9.77 and 40.58±13.45

for the subgroup without «death» and with the topic of death), "Attachment" (53,25 ±10,06 and 60,25± 7,03), high "Emotionality" (48,85±11,87 and 56,91± 10,88). A similar pattern is observed when comparing the subgroups "control without the theme of death" and "control with the theme of death". In the clinical group, it was shown that the topic of death is associated with a higher suicidal risk (the question about the severity of the intention to commit suicide, the average values are 0.30±0.57 and 1.16±1.60 for the "clinical subgroup without the topic of death" and "clinical subgroup with the topic of death", respectively).

Conclusions: The topic of death in control group indicates a conflict between introversion and social orientation, as well as an inability to control their emotions and impulsive drives and low self-esteem. In the clinical group, almost all of whose subjects differ from the healthy group by increased introversion and emotionality, mentioning the topic of death may be a marker of increased suicidal risk.

Disclosure of Interest: None Declared

EPV1762

Association between Schizophrenia and Violence: The Cage of Psychosis

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Introduction: In Spain, approximately 4% of the prison population suffers from severe mental disorders, with schizophrenia being more prevalent in this group compared to the general population. Although violent behavior is infrequent among individuals with schizophrenia, it holds significant clinical importance. Reoffending rates are low, and crimes are typically less severe. Comorbid substance abuse is also common.

Objectives: This study examines the case of a man with schizophrenia who committed homicide under the influence of drugs, highlighting the complex relationship between schizophrenia and violence.

Methods: We present the case of a 30-year-old man with no prior medical or legal history, sentenced to five years and nine months in prison for homicide (of his sister), resisting arrest, and minor injuries. The homicide occurred after the consumption of MDMA. The initial forensic report revealed no severe psychopathy and a preserved sense of reality, while the defense argued moderate impairment of cognitive and volitional faculties due to intoxication and extreme fatigue.

Results: After spending a few months in prison, he attempted suicide by hanging, which did not require admission and was considered reactive to a stressful life situation. During his incarceration, the patient exhibited progressive thought disorganization, eccentric behaviors, hallucinations, and delusional ideation unrelated to substance use. He also engaged in severe self-harm, requiring bilateral orchiectomy. Following this, he was diagnosed with schizophrenia and treated in a psychiatric unit. Since 2022, he has been included in the Integrated Care Program for Severe Mental Illnesses in Prison (PAIEM) and treated with extended-release paliperidone. After release, he was incorporated into the Continuity of Care Program, maintaining regular consultations with psychiatry, nursing, and social work. He has integrated well into the psychosocial rehabilitation center, showing no behavioral disturbances. He reports almost complete amnesia of the offenses for which he was convicted and exhibits some indifference towards them. He continues to receive treatment and is diagnosed with schizophrenia, predominantly with negative symptoms.

Conclusions: This case underscores the need to adequately assess negative symptoms of schizophrenia and their impact on violent behavior. The successful transition of the patient from prison to a specialized center highlights the importance of continuous treatment and monitoring in cases of severe mental disorders. Effective management of treatment and post-prison follow-up is crucial for minimizing risks and promoting successful community integration.

Disclosure of Interest: None Declared

EPV1763

Shared psychosis at a distance: a case of telephone-induced Folie à Deux

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Introduction: Shared psychotic disorder (*Folie à Deux*) is a phenomenon in which one person adopts the delusions of another with whom they have a close relationship. This case is particularly interesting because the delusions primarily developed through telephone conversations between two sisters and were notably exacerbated when they reunited in person. The telephone-based relationship between the sisters raises questions about the psychological influence from a distance in the development of shared psychosis.

Objectives: To describe a clinical case of *Folie à Deux* in which delusion transmission occurred predominantly through telephone communication, highlighting the role of physical contact in the exacerbation of psychotic symptoms.

Methods: We present the case of a 59-year-old woman hospitalized for shared psychosis. Her sister, with whom she maintained a close relationship through frequent phone calls, had previously developed persecutory delusions related to a complicated divorce. Over the course of five years, the patient began to share the same delusions of persecution and surveillance that her sister transmitted over the phone. However, following a visit from her sister to Madrid in July 2024, the patient's psychotic symptoms intensified, leading to psychiatric hospitalization in the brief hospitalization unit (UHB), where antipsychotic and antidepressant treatment was initiated.

Results: The patient was admitted with persecutory delusions centered on alleged surveillance related to her sister's divorce, delusions that her sister initially developed and which they shared after years of phone conversations. During hospitalization, antipsychotic treatment was effective, leading to remission of the active psychotic symptoms. The patient demonstrated insight into her delusions, linking them to her sister's influence. As contact with her sister decreased and treatment was introduced, the psychotic

symptoms subsided. Since discharge, the patient has remained stable, though a medication adjustment was required due to reported side effects.
Conclusions: This case of *Folie à Deux* highlights how a telephone relationship can be sufficient to transmit and maintain shared psychotic delusions. While physical contact exacerbated the symptoms, emotional exchange from a distance can also be a potent medium for perpetuating delusions. This case suggests that proximity, whether physical or emotional, directly influences the severity of shared psychosis.

Disclosure of Interest: None Declared

EPV1764

Antidepressant-Induced Psychosis: A non-common Case Report

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Introduction: The emergence of psychotic symptoms induced by antidepressants is an uncommon phenomenon, though it has been documented in isolated cases. Psychosis induced by serotonin-norepinephrine reuptake inhibitors (SNRIs), such as Venlafaxine, is particularly rare. This case presents a patient who developed psychotic symptoms after starting treatment with Venlafaxine, highlighting his capacity for self-criticism and the egodystonic nature of his delusions.
Objectives: To describe a case of a depressive episode with psychotic symptoms secondary to antidepressant treatment, emphasizing the importance of differential diagnosis, therapeutic management, and the patient's notable awareness of the unreality of his psychotic symptoms.
Methods: A 40-year-old male with a history of depressive disorder and substance abuse experienced high levels of anxiety following the death of his father, with whom he had a conflicted relationship. He started treatment with Venlafaxine, which he had previously taken with good results. Shortly after, he developed euphoria, persecutory thoughts, and delusions, such as the belief that there were cameras watching him, that his food was poisoned, and that he was being followed. No substance use was reported during this period, although he had a history of significant abuse in the past. Due to the worsening of his symptoms, he voluntarily admitted himself for further evaluation at a hospital in Barcelona.
Results: During his hospital stay, Venlafaxine was discontinued due to its association with the psychotic symptoms. Antipsychotics such as Olanzapine, Invega, Aripiprazole, and Depakine were introduced, but these were poorly tolerated. After being transferred to Madrid, Cariprazine was reintroduced, leading to partial improvement, although referential thinking persisted. In private follow-up care, Anafranil was later added, which further improved his mood, although residual psychotic symptoms, particularly referential thinking, remained. A key aspect of this case is the patient's good insight and egodystonic experience of his psychotic symptoms from the onset. He has recently started group therapy in a Multifamily Psychotherapy Group.
Conclusions: This case highlights the importance of differential diagnosis between antidepressant-induced psychosis and primary psychotic disorders. It also underscores the patient's egodystonic experience of his delusions, with good insight, which facilitated clinical management. The literature on antidepressant-induced psychosis, particularly with drugs like Venlafaxine, is limited, indicating the need for further study of this rare but significant side effect.

Disclosure of Interest: None Declared

EPV1765

Exploring conversation coordination in patients with schizophrenia

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Introduction: Individuals with schizophrenia (SZ) are known to be impaired in their social and communication abilities. However, these impairments are not well characterized. More specifically, little is known about how SZ individuals take into account their interlocutor during conversation. Verbal backchannels (e.g., okay, yes) have been described as crucial cues that contribute to conversation coordination by allowing the updating of knowledge shared between interlocutors (Gravano & Hirschberg, 2011, Comput. speech lang., *25*, 601-634). They could reflect the ability of interlocutors to take into account their partner's perspective during conversation.
Objectives: The aim of the present study was to explore how SZ individuals manage conversation coordination with their interlocutor.
Methods: Thirty-one SZ participants and 30 healthy control (HC) participants matched for age and educational level performed a referential communication task with a partner (i.e., a collaborative game; Champagne-Lavau et al., 2009, Cogn. Neuropsychiatry, 14, 217-239.). During this game, they played either the role of Director (condition 1) or the role of Addressee (condition 2) with an experimenter. In condition 1, we performed prosodic analyses on the cues known to predict the production of a backchannel (i.e., backchannel-inviting cues, Gravano & Hirschberg, 2011) by the Addressee (e.g., duration and intonational contour of the Director's utterance produced before the backchannel). In condition 2, we performed phonetic analyses (e.g., f0min, f0max, pitch span, duration) on the backchannels (i.e., yes) produced by the Addressee. SZ participants' severity of symptoms was measured using the PANSS. Participants were also assessed on their theory of mind abilities with the Hinting task.
Results: Data from 22 SZ and 17 HC participants were analyzed. The main results did not show any difference between SZ and HC participants regarding the production of backchannel-inviting cues (condition 1) and regarding the number of backchannels produced (condition 2). However, phonetic analyses in condition 2 showed that SZ participants produced backchannels with a shorter duration (222 ms ± 85) and a reduced pitch span (0.443 ± 0.301) compared to HC participants (duration: 265 ms ± 91; pitch span: 0.586 ± 0.367). We also found a correlation between pitch span and PANSS (general score) ($r = -0.467$, $p = 0.029$) and a correlation marginally

significant between pitch span and theory of mind abilities (r = 0.395, p = 0.069).
Conclusions: This exploratory study seems to show that SZ participants' production of backchannels (reflecting their role in conversation coordination) is related to their theory of mind abilities and to their symptoms.

Disclosure of Interest: None Declared

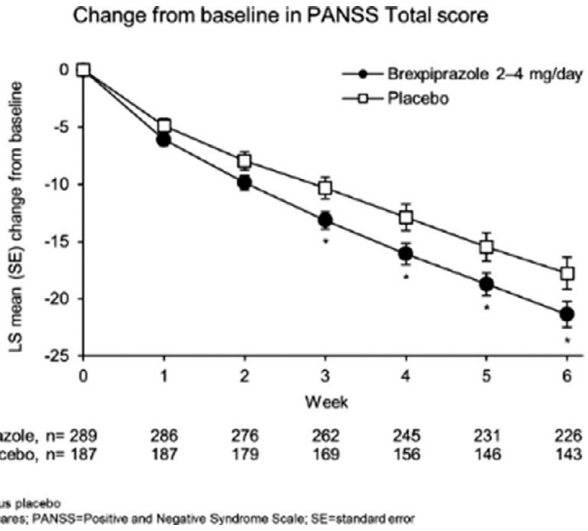
EPV1766

Efficacy and safety of brexpiprazole in early-episode schizophrenia: post hoc analysis of clinical trials in adults and adolescents

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Introduction: For patients with schizophrenia, effective treatment of early episodes may improve long-term outcomes, reduce the risk of relapse, and limit functional impairment.
Objectives: To evaluate the efficacy and safety of brexpiprazole versus placebo in adult and adolescent patients with early-episode schizophrenia.
Methods: Data were analyzed from four Phase 3, 6-week, randomized, double-blind, placebo-controlled trials: three in adults (Clinical Trials.gov: NCT01396421 [Vector], NCT01393613 [Beacon], NCT01810380 [Lighthouse]), and one in adolescents (NCT03198078 [Study 331-10-234]). For the trials in adults, patients aged 18–65 were randomized to placebo (total N=531), brexpiprazole (total N=1,093; 0.25, 1, 2 or 4 mg/day, or 2–4 mg/day, depending on the trial), or quetiapine extended-release (N=154; active reference in one trial). For the trial in adolescents, patients aged 13–17 were randomized to placebo (N=104), brexpiprazole 2–4 mg/day (N=110), or aripiprazole (N=102; active reference). Mean baseline Positive and Negative Syndrome Scale (PANSS) Total scores indicated that adult and adolescent patients were of similar disease severity. In all four trials, the primary efficacy endpoint was change from baseline to Week 6 in PANSS Total score. In this *post hoc* analysis, early-episode schizophrenia was defined as age 13–35, and ≤5 years' duration of illness. Data from the four trials were pooled and compared between brexpiprazole 2–4 mg/day (FDA-recommended target dose in adults and adolescents) and placebo. Efficacy outcomes were analyzed using least squares (LS) mean change from baseline (mixed model for repeated measures). Safety was also evaluated.
Results: The *post hoc* early-episode schizophrenia sample comprised 292 patients treated with brexpiprazole 2–4 mg, and 190 treated with placebo (analyzed for safety), of whom 289 and 187 were analyzed for efficacy, respectively. The *post hoc* efficacy sample comprised 19.3% of the corresponding efficacy sample of the adult trials (pooled), and 98.1% of the corresponding efficacy sample of the adolescent trial. In the *post hoc* efficacy sample, mean (standard deviation) baseline age was 22.4 (6.6) in the brexpiprazole group and 20.5 (6.6) in the placebo group, and baseline PANSS Total scores were 97.9 (13.5) and 100.4 (14.2), respectively. The LS mean (standard error) change from baseline to Week 6 in PANSS Total score was -21.4 (1.1) with brexpiprazole, and -17.8 (1.4) with placebo (p=0.042). The overall incidence of treatment-emergent adverse events (TEAEs) was 50.7% with brexpiprazole, and 46.3% with placebo. The TEAE with the highest incidence in the brexpiprazole group was akathisia (6.5%; placebo, 2.1%).
Image 1:



Conclusions: In this *post hoc* analysis of patients with early-episode schizophrenia, brexpiprazole was associated with greater improvement in schizophrenia symptoms than placebo. No new safety observations were made.

Disclosure of Interest: None Declared

EPV1767

Preliminary evaluation of the psychometric properties of the Italian version of the Psychotic Symptom Rating Scales (PSYRATS)

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Introduction: Most of the validated Italian scales for assessing psychotic symptoms don't analyze specific symptoms like delusions and hallucinations in detail, but rather measure a wide range of experiences and behaviors in a general way. Scales such as PANSS, SAPS, and Sistema3 include only a few items on delusions and hallucinations, without considering the multidimensional characteristics of these symptoms, such as the degree of conviction, distress, duration, and perceived reality of the hallucinations. The Psychotic Symptom Rating Scales (PSYRATS) is the most widely

used scale globally for measuring the severity of hallucinations and delusions through a semi-structured interview, but it has never been translated into Italian.
Objectives: The aim of this study is to conduct a preliminary evaluation of the psychometric properties of the Italian version of the PSYRATs.
Methods: The participants were recruited from among adult patients who were able to communicate fluently in Italian and were admitted to the Psychiatry Department of the Cesena Hospital. Eligibility depended on the presence of persistent delusions or auditory hallucinations in the week prior.
The hospitalized patients were assessed using the Italian version of the PSYRATS, the Positive And Negative Syndrome Scale (PANSS), and the Brief Psychiatric Rating Scale (BPRS). The reliability of the scales was assessed using Cronbach's Alpha, and the relationship between the variables was analyzed using Spearman's correlation.
Results: The sample consisted of 25 participants (5 female, 20 male), with a mean age of 43 years and an average educational level of 11 years. A good internal consistency was observed for the "Auditory Hallucinations" scale (Alpha = .92) and for the "Delusions" scale (Alpha = .97). Spearman's correlation analysis revealed that the "Total PSYRATs" scale has strong correlations with the "Auditory Hallucinations" scale (Rho = .93; p = .001) and the "Delusions" scale (Rho = .45; p = .02). Valid correlation indices were also noted between the "Total PSYRATs" and "Total BPRS" scales (Rho = .62; p = .001) and the PANSS scale (Rho = .45; p = .02).
Image 1:

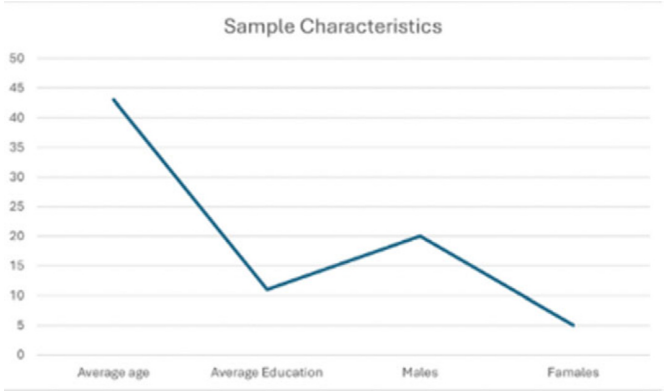


Image 2:

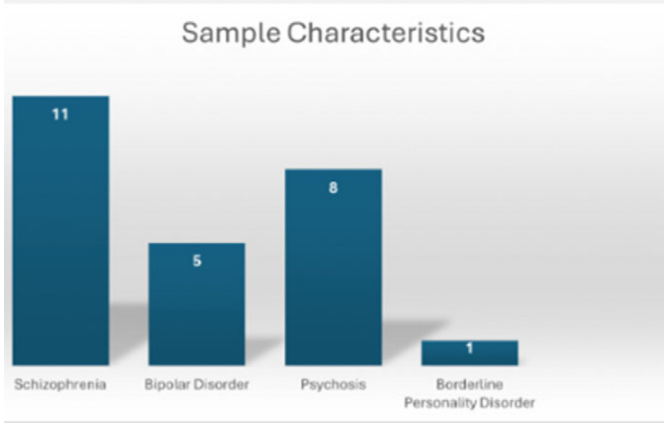


Image 3:

Correlation

			PANS TOT	BPRS TOT	PSYRATs
Rho by Spearman	Panstot	Correlation coefficient	1,000	,679**	,453*
		Significance (Two- tailed)	.	<,001	,023
		N	25	25	25
	BPRS TOT	Correlation coefficient	,679**	1,000	,617**
		Significance (Two- tailed)	<,001	.	,001
		N	25	25	25
	PSYRATs	Correlation coefficient	,453*	,617**	1,000
		Significance (Two- tailed)	,023	,001	.
		N	25	25	25

**. The correlation is significant at the 0,01 (two- tailed).
*. The correlation is significant at the 0,05 (two- tailed).

Conclusions: The preliminary data demonstrate good internal consistency and convergent validity of the Italian version of the PSYRATS; therefore, this instrument appears to be a valid measure for the assessment of hallucinations and delusions. The results of this study are limited by the relatively small sample size, making it essential to repeat the analyses on a larger population.

Disclosure of Interest: None Declared

EPV1770

Shared Psychosis in Family Dynamics: Two Cases of Schizophrenia in Close Relatives

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Introduction: Shared psychotic disorder (folie à deux) is a rare mental health condition where delusions are transmitted from one person to another within a close relationship. Understanding these complex dynamics is crucial for effective diagnosis and treatment.
Objectives: To present two cases of shared psychosis involving close relatives diagnosed with schizophrenia, aiming to open discussion on the complex dynamics of familial relationships and their impact on mental illness.
Methods: 2 case reports.
Results: We present two cases of shared psychosis involving close family members. The first case involves two sisters, aged 43 and 48, both diagnosed with paranoid schizophrenia. The 43-year-old sister was admitted following a suicide attempt and exhibited active psychosis with paranoid delusions. During her hospitalization, the older sister displayed identical delusions and refused her sibling's treatment, leading to her own admission. Both sisters, previously untreated and highly educated, were managed with antipsychotic medications. While the delusions were encapsulated during treatment, concerns remain about their shared living environment and its potential influence on their ongoing recovery.
The second case involves a 33-year-old woman with a decade-long history of schizophrenia who was brought to the emergency room malnourished and uncommunicative, having not eaten for over a

week. She was fed via a nasogastric tube during her lengthy hospitalization and placed on a regimen of Clozapine. The patient exhibited severe negative symptoms and behaviors suggestive of auditory hallucinations. Her mother, also of low educational and socioeconomic status, was present throughout her stay but displayed delusional beliefs that interfered with her daughter's treatment. Following restrictions on the mother's access to the patient, the daughter showed slight improvement and began eating independently.
Conclusions: These cases highlight the significant impact that familial relationships and shared psychosis can have on the progression and management of schizophrenia. The challenge in treating shared delusions lies not only in addressing the symptoms but also in mitigating the interpersonal dynamics that may perpetuate them. Further investigation into family-based psychosis and its treatment is warranted.

Disclosure of Interest: None Declared

EPV1771

Circadian rhythm melatonin in acute and stabilized schizophrenic patients

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Introduction: Melatonin is a neurohormone plays a role in the development and course of schizophrenia.Melatonin also has an important role in regulating circadian rhythms, so melatonin secretions have been suggested as markers for circadian dysfunctions in schizophrenic patients. Some studies have assessed the circadian profiles of melatonin secretion in schizophrenic patients, showing that the nocturnal circadian rhythm of plasma melatonin secretion was disrupted in medicated chronic schizophrenics (Jiang H. K. & Wang J. Y. Diurnal melatonin and cortisol secretion profiles in medicated schizophrenic patients. *Journal of the Formosan Medical Association. Taiwan yi zhi 1998 97*(12), 830–837). Nocturnal plasma melatonin secretion was also reduced in the drug-free schizophrenic patients (Monteleone P. et al. Depressed nocturnal plasma melatonin levels in drug-free paranoid schizophrenics. *Schizophrenia research* 1992;*7*(1), 77–84). These findings could suggest the presence of abnormal melatonin rhythm in schizophrenics, which may be related to the pathophysiologic process itself. However, it is not known whether there are melatonin secretion significant differences in acute phase and clinical stabilization phase of schizophrenic patients.
Objectives: The aim of this study is to assess the melatonin secretion profile in acute phase and clinical stabilization phase of schizophrenic patients to know if exists circadian rhythm and to compare both measures.
Methods: Our sample consists in 48 patients that have been study in two clinic phases: acute phase and after discharge,clinically stabilized. Blood samples were collected in the morning (12:00 hours) and at night (00:00 hours) by venipuncture in reclined position with mask that covers the eyes. Serum levels of Melatonin were measured in acute phase and stabilized phase, after discharge. Melatonin was measured by means of ELISA (Enzyme-linked immunosorbent assay) techniques. The relationship between quantitative variables at two times of the same marker were analyzed by T-Student test.
Results: All comparisons reach a degree of statistical significance, which we can interpret as meaning that there is a circadian rhythm at the two moments measured. Furthermore there significant difference between acute phase of the schizophrenia respect control phase, three months after discharge.
Conclusions: In this study we can hypothesize that Melatonin has circadian rhythm when the patients are in acute psychosis and when are stabilized. MLT levels increase at control, a fact that we can interpret as there is an increase in antioxidants levels in the clinical stabilization phase, this increase being even greater at the three-month control, which may be attributable to the treatment due to its antioxidant properties or to the disease itself. The results of this biomarker could be interpreted as is useful variable for the prognosis.

Disclosure of Interest: None Declared

EPV1772

The ability to interpret courtship signals in patients with schizophrenia

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Introduction: Numerous studies have highlighted the unmet needs in intimate and sexual relationships among patients with schizophrenia. Although research shows that patients with schizophrenia express a desire for romantic and sexual connections, they encounter difficulties in forming and sustaining these relationships. However, the underlying causes of deficits in sexual and romantic functioning remain unknown and unexplored.
Objectives: The study aims to assess whether difficulties in forming intimate relationships could be connected to a decreased ability to interpret courtship signals.
Methods: 49 male participants (36 patients, 13 controls) and 27 female participants (14 patients, 13 controls) were exposed to our experiment „Does she like me?" task. The task involves a video stimuli that depicts a woman/man displaying different nonverbal behaviors (rejection, courtship, and neutral attitude). Each participant evaluated the woman's sexual interest/ man's sexual interest on a nine-point scale. In addition, eye movements and pupil dilation were measured using the eye-tracking device Eyelink 1000plus. Patients and controls were compared on subjective report and psychophysiological eye tracking markers. For data analysis, we used Repeated measures ANOVA.
Results: There was no statistically significant difference between the control group and patients in their assessment of women´s interest ($F(2, 94) = 1.28$, $p = 0.28$, $\eta_p^2 = 0.03$) or men's interest ($F(2,50) = 0.24$, $p = 0.79$, $\eta_p^2 = 0.01$). Also, there was no difference in average pupil size. However, while both groups correctly identified the nonverbal cues and responded accordingly (with the greatest assessments of interest for positive stimuli, lesser for neutral stimuli, and the least for negative stimuli), male patients on average tended to overestimate women's interest in all conditions (positive, neutral, negative) compared to the control group.

Conclusions: According to our results, the ability to interpret courtship signals does not differ significantly between patients and controls. However, male patients tend to overestimate women's sexual interest on average, which may be one of the reasons why they face challenges in intimate relationships. Further research is needed to explore this.
The study was supported by the Czech Health Research Council, no. NU21J-04-00024 and by the Charles University, Fac Med1, GAUK no. 56123.

Disclosure of Interest: None Declared

EPV1775

Antipsychotic treatment for epilepsy-related psychosis: hope from a newcomer

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Introduction: Psychosis has long been known to have an association with epilepsy. Slater's 1963 descriptive case series provided the first modern definition of epilepsy-related psychosis, described as psychotic symptoms developing after the onset of epilepsy and occurring in clear consciousness, not exclusively during or right after a seizure. Up to 7% of individuals with epilepsy have a co-morbid psychotic illness. Consensus guidelines by the International League of Epilepsy recommend treating epilepsy-related psychosis similarly to other categories of psychosis. Despite the widespread consensus that the prescription of an antipsychotic is possible without risk in an epileptic patient treated with AEDs, there have always been special considerations about prescribing antipsychotics for seizure-related psychosis. Furthermore, a review article by Adachi et al. specifically warns that concerns regarding seizure threshold can lead to the undertreatment of this particular type of psychosis.
Objectives: Case report.
Methods: Case report.
Results: Case presentation: Our patient has generalized epilepsy, with several incomes due to generalized tonic-clonic seizure and mild diffuse encephalopathy since childhood. By the age of 15 years, he started developing suspicion, self-reference, persecutory and damage delusions, visual hallucinations and episodes of aggressiveness towards people surrounding him. He had been treated with multiple antiepileptics and antipsychotics drugs, without achieving a long-term stabilisation until now. While the seizures were controlled in his early ages; ever since the onset of the psychosis both the psychotic symptoms and the seizures got impossible to handle, mainly because of his lack of tolerance to almost every antipsychotic used. Our primary hypothesis is that these antipsychotics lowered the seizure threshold, triggering new episodes of tonic-clonic seizures and arousing the patient's desire of abandon the treatment -the latter has been confirmed by the patient-. At this point, we considered the recently released brexpiprazol as a potentially efficient treatment. After a proper explanation of our clinical reasons to prescribe this new drug, especially its unique pharmacodynamics, we adquired the patient's consent to start with it. So far, the response is being excellent, which is particularly impressive given the fact that he is taking the maximum daily dose of brexpiprazol (4mg). Not only the psychotic symptoms are restrained, but also he has not experienced any seizure since the introduction. As a key outcome, the patient has developed a significant insight regarding his condition and the need of treatment.
Conclusions: The treatment of epilepsy-related psychosis is a really delicate subject. Brexpiprazol is a modern drug, with an innovative pharmacodynamics and an excellent side-effect profile, and should be taken into consideration in every patient with seizure-related psychosis.

Disclosure of Interest: None Declared

EPV1777

Case Report: A Rare Case Example Of Charles Bonnet Syndrome

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Introduction: Charles Bonnet syndrome, first described by Charles Bonnet in 1760, is characterized by visual hallucinations in cognitively normal patients who are typically elderly and often visually impaired.
Objectives: This case has been evaluated as a typical Charles Bonnet syndrome characterized by multisensory hallucinations (visual, auditory, olfactory hallucinations) observed in a patient with NF-2 diagnosis. In this respect, this case analysis might make an important contribution to the literature, as it might expand the understanding of CBS in the context of complex neurological disorders. Consideration must be put into the possibility of associating the patients' multisensory hallucinations with organic pathology due to the presence of occipital and temporal meningiomas.
Methods: In this section, data obtained from our own case will be included. Additionally, a literature review was conducted using PubMed, restricting the search to studies published between 2014 and 2024. The search term "Charles Bonnet Syndrome" was used to identify relevant articles. Furthermore, a detailed anamnesis of the disease process was obtained from the patient's mother.
Results: A 31-year-old female first presented to our psychiatry outpatient clinic in July 2024, with her relative reporting a diagnosis of neurofibromatosis type 2. It was documented that the patient underwent surgery in November for diffuse meningiomas (both supra- and infratentorial, involving the temporal and occipital regions). Also, the patient experienced total hearing loss due to vestibular schwannomas in the right region and suffered from visual loss during the pre-operating period. She reported a distressing increase in the acute perception of the smell and taste of food and beverages. Her first psychiatric examination was conducted postoperatively. Olanzapine 2.5mg/day was commenced as a treatment for relative auditory and olfactory hallucinations, and the dose of the drug was gradually increased to 10mg/day. The final examination was conducted on August 26, 2024. According to reports from the patient's relatives, there was a noted decrease in the frequency and intensity of the hallucinations. Throughout the medical examinations, communication with the patient was partially facilitated using tactile cues.

Conclusions: A typical Charles Bonnet syndrome is a disorder characterized by visual loss accompanied by visual hallucinations. In this case, olfactory, auditory and alpha-factor hallucinations that developed after visual and hearing loss were detected and resulted in the involvement of more than one sensory organ, shedding light on the current literature. In this case, the fact that the person already had neurofibromatosis type 2 disease further complicates the etiology of these symptoms and requires detailed follow-up and treatment.

Disclosure of Interest: None Declared

EPV1778

Negative Symptoms of Schizophrenia: Contribution of IL-1β, IL-4, and IL-10 Gene Polymorphisms and Adverse Childhood Experiences

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doi: 10.1192/j.eurpsy.2025.2218

Introduction: Schizophrenia is a severe mental illness manifested by various symptoms. Negative symptoms (NS) are associated with disability and poor function of patients. The study of NS neurobiology is complicated by their heterogeneity. Factor analysis revealed two distinct NS subdomains with different pathophysiological mechanisms: volitional pathology, including avolition and apathy (AA), and diminished expression (DE). Inflammation is one mechanism that may underlie NS, including their heterogeneity.
Objectives: To investigate the differentiated associations between polymorphisms of interleukin genes IL-1β (rs16944), IL-4 (rs2243250), and IL-10 (rs1800872, rs1800896) and adverse childhood experiences (ACE) with NS of schizophrenia, specifically the factors of AA and DE. We hypothesize that genetic variants, which may aggravate the inflammatory response, are associated with higher NS and NS factors scores.
Methods: Data from 564 patients diagnosed with schizophrenia or schizoaffective disorder were included in the study. NS factors were calculated based on the Positive and Negative Syndromes Scale. The two-way ANOVA (sex, genotype) with Bonferroni post hoc test was used to examine the effect of the genotypes on the PANSS-derived NS subdomains.
Results: The high-expressive allele of IL-1β and low-expressive alleles of IL-4 and IL-10 are associated with more severe NS. However, a differentiated association with the AA and DE factors was found only for the IL-10 rs1800872 polymorphism. Among carriers of the low-expressive AA allele with ACE, there is a trend towards increased ED scores, but not AA scores.
Conclusions: The findings confirm that the imbalance between pro-inflammatory and anti-inflammatory cytokines may be a key mechanism influencing the severity and heterogeneity of NS.

Disclosure of Interest: None Declared

EPV1779

Feasibility, Acceptability, and Initial Outcomes of a Yoga-Based Group Intervention for Inpatients with Schizophrenia Spectrum Disorders: A Rater-Blinded Randomized Controlled Trial

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Introduction: The efficacy of yoga as an adjunctive treatment for schizophrenia spectrum disorders (SSD) has garnered interest, however, meta-analytic findings exhibit heterogeneity. While yoga may positively influence various symptom domains, further investigation is needed due to the limited number, quality, and generalizability of studies. Yoga-based Group Intervention (YoGI) was specifically developed together with persons with SSD through a participatory approach and its mechanisms and processes were explored within qualitative studies.
Objectives: This pre-registered randomized controlled trial (RCT) assessed the acceptability and feasibility as well as preliminary outcomes of YoGI compared to a commprehensive treatment as usual (TAU) in an inpatient setting.
Methods: Fifty inpatients with SSD received either treatment as usual (TAU, n = 25) or YoGI+TAU (n = 25) for four weeks. Preliminary analyses examined rater-blinded positive and negative symptoms, self-rated depressive and anxiety symptoms, body mindfulness, mindfulness, psychological flexibility, subjective cognition, social functioning, quality of life, and medication regime at baseline and post-intervention.
Results: Outcomes showed a 95% protocol adherence, feasibility and retention rates of 91% and 94%, respectively, and a dropout rate of 6%. ANCOVA revealed significant between-group post-intervention improvements for YoGI+TAU in positive symptoms, depression, cognitive fusion, and a mindfulness subscale. Medium-to-large pre-to-post intervention effects were found for body-mindfulness, positive, negative, and general symptomatology, depression, anxiety, stress, cognitive fusion, attention, and quality of life in YoGI+TAU, while within-group changes were consistently smaller in TAU. No severe adverse events were reported.
Conclusions: This trial contributes to the growing evidence supporting the feasibility and acceptability of yoga for persons with SSD in an inpatient setting. Furthermore, preliminary evidence suggests that YoGI may provide additional benefits beyond TAU alone, across various self- and rater-based outcomes. These outcomes include improvements in body mindfulness, mindfulness, and psychiatric symptomatology, including positive and negative symptoms, subjective cognition, depression, anxiety, stress, social functioning, and quality of life. Additional fully powered RCTs are warranted to further elucidate the efficacy and potential mechanisms of action of YoGI for SSD, which should also assess the cost-efficiency of YoGI and explore longitudinal changes associated with the intervention. Such comprehensive research endeavours will not only enhance our understanding of the therapeutic potential of YoGI but also inform clinical practice and intervention strategies for persons with SSD.

Disclosure of Interest: None Declared

EPV1781

Vortioxetine as an Adjunctive Treatment in Schizophrenia: A Systematic Review of Effects on Quality of Life, Anhedonia, Cognitive Function, and Symptom Domains

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Introduction: Schizophrenia is a severe psychiatric disorder characterized by disturbances in perception, thinking, affect, behavior, and negative symptoms. Depression in patients with schizophrenia worsens disease outcomes by increasing suicide risk, complicating the clinical picture, and reducing social functioning quality. Treatment is challenging, as monotherapy with modern antipsychotics is not always successful. Adding antidepressants may improve outcomes, but the effectiveness of such augmentation often requires further evidence.
Objectives: This study aimed to examine the effects of combining second-generation antipsychotics (SGA) with vortioxetine, a novel multimodal serotonergic antidepressant, on various aspects, including quality of life, anhedonia, cognitive function, and overall symptom improvement in schizophrenia patients.
Methods: We conducted a comprehensive search of PubMed, Embase, Cochrane and Web of Science databases up to September 2024 for studies using Vortioxetine with standard treatments for schizophrenia.
Results: We screened 371 studies and our review included six studies gathering 508 patients. Study type, sample sizes, and follow-up time varied across studies (Figure 1). All studies involved adding Vortioxetine to existing antipsychotic treatments, with dosages ranging from 5-20 mg/day. Study durations varied from eight to 48 weeks. Common scales across multiple studies included: PANSS (Positive and Negative Syndrome Scale), WHOQOL-BREF (World Health Organization Quality of Life Assessment), CDSS (Calgary Depression Scale for Schizophrenia), and various cognitive function tests (e.g., WCST, Verbal Fluency Test, Stroop Task). Overall, the studies reported positive effects of vortioxetine in schizophrenia patients (Figure 2): Improved quality of life, Reduced anhedonia, Enhanced cognitive function, Improved depressive symptoms, Reduced negative symptoms. Most studies reported good tolerability of vortioxetine with minimal side effects.
Image 1:

Study	Study design	Sample	Therapy (additionally to SGA)	Follow-up
Bruno et al. 2020	Non-randomized open-label clinical trial	20 patients with schizophrenia and comorbid depression	Vortioxetine 10 mg/d until 12th week; 20 mg/d from 12th to 24th week	24 weeks
Gres et al. 2024 a	Randomized controlled trial	120 stable patients with schizophrenia	Vortioxetine 10 mg/d, compared to placebo	12 weeks
Gres et al. 2024 b	Randomized controlled trial	120 patients with schizophrenia in remission	Vortioxetine 10 mg/d, compared to placebo	12 weeks
Kotzalidis et al. 2021	Prospective cohort	30 patients with schizophrenia	Vortioxetine 5-20 mg/day compared with other antidepressants	12 weeks
Moazen-Zadeh et al. 2020	Randomized controlled trial	78 patients with schizophrenia and predominant negative symptoms	Vortioxetine 10 mg 12/12h compared to placebo	8 weeks
Redaelli et al. 2022	Retrospective cohort	40 patients with schizophrenia or schizoaffective disorder	Vortioxetine 5-20 mg/d	48 weeks
Reznik et al. 2023	Case-control	78 patients with schizophrenia and depression	Vortioxetine 5-20 mg/d, compared to SGA alone	25 weeks

Figure 1 - Basic characteristics of the included studies

Image 2:

Study	Summary of Results
Bruno et al. 2020	Vortioxetine supplementation significantly improved Stroop test (P = 0.031) and Semantic Fluency (P = 0.002) at the end point. Moreover, a significantly reduction of PANSS domains "positive" (P = 0.019) at week 12 and of PANSS domains positive (P = 0.019) and total score (P = 0.041) and of depressive symptoms (Calgary Depression Scale for Schizophrenia, P = 0.032) at end point.
Gres et al. 2024 a	There is a statistically significant effect of treatment with vortioxetine in General quality of life (F=32.333 , p <, 001). The main effect of vortioxetine treatment is low to moderate (η 2 = .234).
Gres et al. 2024 b	Significant effect on physical anhedonia with a relatively small effect (F = 3.17, p < 0.05; η^2 = 0.061) and had a particularly strong effect on the level of social anhedonia (F = 5.04, p < 0.01; η^2 = 0.091).
Kotzalidis et al. 2021	Patients on vortioxetine improved similarly to those on other antidepressants on all measures. Significant improvements in cognitive function tests (p < 0.05); improvement in negative symptoms.
Moazen-Zadeh et al. 2020	Significant improvements in PANSS negative subscale (p < 0.001, Cohen's d = 0.97) and total scores (p <0.001; Cohen's d = 0.95)
Redaelli et al. 2022	At CGI-S assessment, 15 of the 35 evaluated subjects reported at least a 1-point improvement, from 5 at baseline to 4 after 3 months of treatment. Due to the sample size, we could not evaluate the impact of vortioxetine dose or the effect of specific antipsychotics on the effectiveness of the combination.
Reznik et al. 2023	There were significant differences between the SGA + vortioxetine and SGA groups in terms of the mean CDSS (p < 0.001), NSA-5 (p=0.003), PDQ-20 (p < .001), and PSP (p=0.004) scores after 3 months

Figure 2 - Summary of Results of the included studies

Conclusions: The findings suggest that Vortioxetine may be a promising adjunctive treatment for schizophrenia, potentially improving various domains including quality of life, cognitive function, negative symptoms, and depressive symptoms. However, larger and more robust studies are needed to confirm these findings.

Disclosure of Interest: None Declared

EPV1782

What does Kombucha Tea Improve the Stool Passage in Patients with Schizophrenia? A Preliminary Results of A Randomized, Double-blind Placebo-controlled Clinical Study

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Introduction: Patients with schizophrenia frequently have difficulties in defecation which may lead to adverse health consequences. Many interventions have been proposed to resolve the problems but not usually effective. Kombucha tea has been advocated for their effects on gut microbiota and thought to improve the stool passage in healthy population. However, the relevant evidence was insufficient in patients with schizophrenia. In this study, the research team tried to evaluate the effectiveness of Kombucha tea in the clinical settings.
Objectives: This study aimed to evaluate both subjective and objective amelioration of stool passage in constipated patients with schizophrenia.
Methods: Schizophrenic inpatients who took laxative medications or had subjective difficulties in stool passage were eligible for the study. The protocol was approved by the IRB of Tsao-Tun Psychiatric Center and registered on the trial registry of Clinicaltrial.gov. After obtaining consents and initial screening, the recruited participants were randomly allocated into either the control or intervention groups. Participants in the control group were provided

with flavored lemon tea while those in the intervention group drank commercial Kombucha tea. Every morning during 8-week period, participants in both groups were provided with the drinks bottled in opaque plastic bottles filled with the same volume (200ml) and similar taste.
The multidisciplinary team collected the demographic profiles, clinical details, kinesiological data, cognitive condition (measured with the MoCA) and psychiatric status (measured with the BPRS). The outcome data were collected through interview and medical record review by the researchers independent from allocation of the groups, and were computed with the statistical software JASP with the statistical significance at the 5% level ($p<0.05$).
Results: 79 schizophrenic patients were enrolled in the study, and the key data were illustrated at the attached Table. All the variables at the baseline showed no statistical significance between groups. In terms of the outcomes, the means of objective measurement of stool passage showed no statistical significance between groups. In contrast, the subjective measurement showed the ease of defecation difficulties, trending towards 'smoother and easier defecation' ($p<0.05$).
Image 1:

Table: Baseline demographic variables

Variable	*Controlled group (N=39)*	*Intervention group (N=40)*	*p-value*
Sex (F/M)	19/20	21/19	p=1.000
Age	53.82±9.72	51.75±9.42	p=0.339
BMI	21.29±2.65	21.33±3.39	p=0.955
Education years	11.08±2.61	10.60±2.51	p=0.410
Disease years	31.56±8.45	29.75±8.89	p=0.356
BPRS	32.05±9.58	33.55±10.63	p=0.513
MoCA	19.59±7.59	17.70±7.05	p=0.255

Continuous variables are illustrated with mean±SD

Conclusions: Our preliminary analyses indicated that Kombucha tea improved the subjective outcome of stool passage in schizophrenic patients with constipations after taking Kombucha tea drinks while no statistical significance was observed in the objective measurements. To the best of our knowledge, this study is one of the very few studies exploring the effectiveness of Kombucha tea in ameliorating difficulties in stool passage in the patients with schizophrenia and it shed the light of future research.

Disclosure of Interest: None Declared

EPV1783

Unmet financial needs of people with psychosis - a cohort study of people with psychosis, parents, siblings, and controls

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Introduction: Psychotic disorders have a negative impact on people's lives, including their financial situation. Limited studies indicate that people with psychosis also have lower subjective evaluations of their financial situation, such as perceived financial needs.
Objectives: This study aimed 1) to examine differences in unmet financial needs between people with psychosis, parents, siblings, and controls, 2) to examine whether family clustering contributes to unmet financial needs, and 3) to examine to what extent substance use, demographic, economic, psychiatric, functional, and cognitive characteristics predict unmet financial needs in people with psychosis.
Methods: Data of the first assessment of people with psychosis (n=956), siblings (n=889), parents (n=858), and controls (n=496) of the Genetic Risk and Outcome of Psychosis study were used. Group differences were assessed with Kruskal-Wallis tests (aim 1). We performed mixed-effect logistic regression analysis and explorative and confirmative ordinal logistic regression analyses for aim 2 and 3, respectively.
Results: People with psychosis reported significantly higher levels of unmet financial need (24%) compared to siblings, parents, and controls (all <10%; table 1). We found no evidence of familial clustering in unmet financial needs. Cannabis and tobacco use significantly and consistently predicted higher levels of unmet financial needs in people with psychosis. Demographic, economic, psychiatric, functional, and cognitive characteristics were no significant predictors.

Table 1. Levels of meeting financial needs of people with psychosis, siblings, parents, and controls.

	People with psychosis (n=956)	Siblings (n=889)	Parents (n=858)	Controls (n=496)
Mean (Standard Deviation)	3.2 (1.2)	3.8 (1.0)	4.0 (0.9)	3.9 (.9)
Not at all, % (n)	7.4 (71)	1.5 (13)	1.3 (11)	1.2 (6)
Almost not, % (n)	16.6 (159)	6.9 (61)	2.8 (24)	6.7 (33)
Unmet financial needs total, % (n)	24.1 (230)	8.3 (74)	4.1 (35)	7.9 (39)
Average, % (n)	36.9 (353)	29.7 (264)	26.0 (223)	25.8 (128)
Considerable, % (n)	23.6 (226)	35.2 (313)	33.0 (283)	38.3 (190)
Completely, % (n)	15.4 (147)	26.8 (238)	36.9 (317)	28.0 (139)

Conclusions: Relatively high levels of unmet financial needs occur in a heterogeneous group of people with psychosis, especially when they use cannabis or tobacco. Unmet financial needs can have serious consequences for mental health, leisure time, and social activities. Thus, it is pivotal to recognize unmet financial needs, especially combined with substance use, as a stressor for people with psychosis.

Disclosure of Interest: None Declared

EPV1784

Impact of cannabis decriminalization on selected psychotic disorders: a retrospective analysis at "Center for Mental Health and Prevention of Addiction" (2013-2023) in Tbilisi

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Introduction: Correlation between cannabis decriminalization and some psychotic disorders, specifically Acute and transient psychotic disorders (ATPD), Schizophrenia, and Psychotic disorder with delusions due to known physiological condition. It will cover overview of these disorders, challenges in differential diagnoses and the effects of drug abuse on mental health.
Objectives: Impact of cannabis decriminalization on selected psychotic disorders: Acute and transient psychotic disorders (ATPD), Schizophrenia, and Psychotic disorder with delusions due to known physiological condition.
Methods:
- **Quantitative, Retrospective Analysis:** Analysis of archived medical records from 2013 to 2023 at "Center for Mental Health and Prevention of Addiction" in Tbilisi.
- **Examination of Prevalence Changes:** Focus on ATPD, Schizophrenia, and Psychotic Disorder with Delusions due to Known Physiological Condition.
- **Statistical Comparisons:** Comparison between pre-decriminalization (2013-2018) and post-decriminalization (2019-2023) periods.
- **Analysis of Drug User Patient Cases:** Assessment of the increase in drug user cases within the mentioned diagnoses.

Results:
- **ATPD Cases:** Increased significantly by threefold (from 195 to 594).
- **Schizophrenia Cases:** Decreased slightly by 21% (from 2068 to 1627).
- **Psychotic Disorder with Delusions due to Known Physiological Condition:** Remained relatively stable with a 14% decrease (from 473 to 408).
- **Drug User Patients:** Increased dramatically by about 3.5 times following cannabis decriminalization.

Conclusions:
- The findings suggest a potential link between increased substance use, including cannabis, and the rise in ATPD cases.
- Decriminalization may have indirectly influenced accessibility and use of various narcotics.
- The lack of public education about the potential mental health risks of narcotic use could be a contributing factor.
- The observed decrease in Schizophrenia and Psychotic Disorder with Delusions due to Known Physiological Condition cases might be due to other factors requiring further investigation.
- These findings highlight the need for comprehensive research on the long-term consequences of cannabis decriminalization on mental health.
- Targeted public health interventions and mental health support services are crucial to address the challenges of rising narcotic use in Georgia.

Disclosure of Interest: None Declared

EPV1786

Anti NMDA receptor encephalitis manifested as acute psychosis- case report

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Introduction: The rapid change a variety of the clinical picture in case of autoimmune encephalitis remain a diagnostic challenge.
Objectives: Diagnostics and therapeutic process as of the atypical psychosis.
Methods: A 40-year-old woman, since 2 weeks she expressed catastrophic delusions and dysphoria. Next she revealed tinnitus, psychosensory disturbances, disorganization of thinking and behavior and the first grand mal seizure occurred. In the neurology ward were described psychogenic disorders and she was referred to the psychiatric ward, where catatonic schizophrenia was diagnosed. She was disoriented, with periodic episodes of arousal and freezing, negativism and command automatism. She was hallucinating visually, auditorily, olfactorily, and cenesthetically, expressed delusions of catastrophe, influence, and persecution. Despite modifications of treatment (aripiprazole, haloperidol, olanzapine, quetiapine, clozapine, valproate) she didn't improve. In the 4th week of hospitalization, an episode of fever of unknown etiology occurred and she was transferred to a higher referral psychiatric ward. Next fluctuating disturbances of consciousness, myoclonus, bilateral palmomental and Babinski's sign and swallowing disorders were observed. Due to the lack of therapeutic effect tiapride was administer with slight improvement.
Results: Laboratory tests: CRP, VDRL, anti-HIV antibodies - absent, ceruloplasmin, ANA, anti-TPO, anti-TSHR antibodies, tumor markers – normal range.
No changes in contrast-enhanced MRI head. In EEG moderate-grade, extensive changes in the fronto-central and frontotemporal leads bilateral.
CSF examination – normal range, negative result for 14-3–3 protein
In a panel for antibodies typical of autoimmune encephalitis - presence of anti-NMDA antibodies. Then autoimmune encephalitis was diagnosed. She was initially treated with immunoglobulins, with slight effects. Subsequently, effective immunosuppressive treatment with mycophenolate mofetil and methylprednisolone was administered. Further, the psychosis resolved, with the normalization of the neurological signs. The patient's in stable mental and somatic condition was discharged without further psychopharmacology.

Image 1:

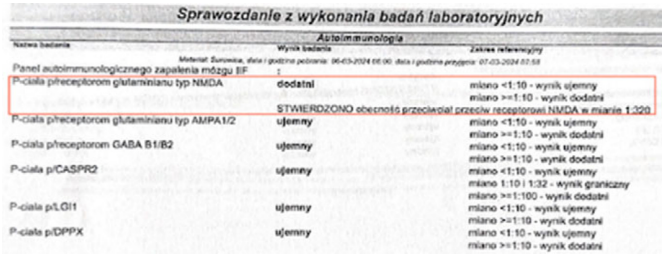


Image 2:



Conclusions: In anti NMDA receptor encephalitis affective symptoms, psychosis, catatonia, consciousness disorders, as well as neurological symptoms occurred. In majority of cases no changes are observed in brain imaging. EEG examination shows non-specific changes in 90% of cases. About 80% of patients recover without functional impairment, but in 7% disease is lethal. Crucial is to determine the etiology of atypical symptoms in order to implement adequate therapy as soon as possible.

Disclosure of Interest: None Declared

EPV1787

The Relationship Between Metabolic Syndrome and Psychological Resilience in Schizophrenia Patients in Remission

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Introduction: Comprehending metabolic syndrome (MetS) risk factors in schizophrenia patients is pivotal for devising effective treatment strategies.
Objectives: This study aims to explore the relationship between MetS and psychological resilience in schizophrenia patients.
Methods: A total of 140 schizophrenia patients with no hospital admissions or treatment changes in the last 6 months were enrolled in the study. For metabolic syndrome screening, patients' blood pressure, height, weight, waist circumference, and hip circumference measurements were taken; these data, along with blood lipid levels and fasting glucose, were recorded on the sociodemographic and clinical data form. Patients were categorized into two groups based on the presence or absence of MetS. The Positive and Negative Syndrome Scale (PANSS) and the Resilience Scale for Adults were applied cross-sectionally.
Results: MetS was identified in 33.6% of the included patients, with 88.6% exhibiting abdominal obesity. There were no statistically significant differences between groups in terms of gender, marital status, education level, employment status, type of antipsychotic, and use of single or multiple antipsychotics. In the MetS group, PANSS negative symptom scores were significantly higher. No significant differences were observed in psychological resilience between the groups.
Image 1:

Table 1. Comparison of PANSS scores between metabolic and non-metabolic groups

n=140	Non MetS (n=93)		MetS (n=47)			
	Avg	Sd	Avg	Sd	t-value	p-value
PANSS positive symptoms scores	7,89	1,77	7,89	1,52	t=0,004	p=0,997
PANSS negative symptoms scores	9,69	3,18	11,02	4,18	**t=2,100**	**p=0,038**
PANSS general psychopathology scores	18,87	3,02	19,30	3,74	t=0,728	p=0,468

Avg=Average, SS=Standart Deviation , t= t test, Z=Mann Whitney U test
PANSS: Positive and negative syndrome scale, MetS: Metabolic syndoreme, p<0,05

Conclusions: The demonstration of the relationship between the presence of MetS and the severity of negative symptoms is one of the significant outcomes of our study. These outcomes may contribute to formulating personalized treatment approaches.

Disclosure of Interest: None Declared

EPV1788

The interaction between cognitive biases, intolerance of uncertainty and anxiety sensitivity in schizophrenia spectrum disorder

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Introduction: The cognitive model of psychosis suggests that psychotic symptoms may arise due to biases in information processing. Cognitive biases such as jumping to conclusions (JTC), belief inflexibility (BI), selective attention to threat (AT), and external attribution (EA) are dysfunctional ways of thinking in which distortions are observed in data collection, processing and interpretation. Cognitive biases are known to be associated with the occurrence of positive psychotic symptoms, but evidence for the influence of other cognitive processes on this relationship remains lacking.
Objectives: This study aimed to examine the relationship between cognitive biases and psychotic symptoms in schizophrenia spectrum

disorders and the cognitive factors hypothesized to influence this relationship, such as intolerance of uncertainty and insight.
Methods: 65 patients with schizophrenia spectrum disorder were included. Sociodemographic data form, Davos Assessment of Cognitive Biases Scale (DACOBS), Intolerance of Uncertainty Scale (IUS) Anxiety Sensitivity Index-3 (ASI-3), and Beck Cognitive Insight Scale (BCIS) Positive and Negative Syndrome Scale (PANSS) and Beck Anxiety Inventory were applied. Ethics committee approval was obtained (no: 2023-40). Statistical analysis was performed with SPSS 25.
Results: The mean age of the participants was 39.27 ± 12.21 years. 63.1% were male (n: 41) and 36.9% (n: 24) were female. Disease duration was 16.95 ± 12.80 years. Hierarchical regression analysis determined that PANNS positive scores were predicted by DACOBS external attribution subscale and IUS, ASI-3 and BCIS scores had a moderator effect (F: 3.51 p<0.001).
Conclusions: Our results showed that external attribution bias is the only cognitive bias associated with positive psychotic symptoms. Intolerance of uncertainty and anxiety sensitivity also play a role in the prediction of positive psychotic symptoms. Targeting intolerance of uncertainty and anxiety sensitivity with cognitive interventions may be useful in the treatment of positive psychotic symptoms in schizophrenia spectrum disorders.

Disclosure of Interest: None Declared

EPV1790

Development of addiction to nicotine with patients suffering from schizophrenia

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Introduction: Symptoms of schizophrenia are associated with dysregulation of the dopaminergic systems of the central nervous system. Negative symptoms, including those related to emotions and mood, result from reduced activity in the mesocortical system, while positive symptoms result from increased activity of the mesolimbic system. Disorders in the reward system, composed of dopaminergic neurons, play an important role in the pathogenesis of addiction development. Nicotine activates the presynaptic parts of the neurons that make up the system to secrete dopamine, which translates into a feeling of pleasure and stimulates the development of addiction.
Objectives: The aim of the study was to demonstrate the relationship between the degree of development of nicotine and the severity of symptoms related to emotions and mood with patients suffering from schizophrenia.
Methods: The study involved 75 patients diagnosed with schizophrenia (F.20 according to ICD-10). The study was conducted from October 2023 to September 2024 in CZPiLU in Gliwice. During the study, the Frankfurter-Bejindlichkeits-Skala was used to assess the appearance and severity of symptoms related to emotions and mood. The analysis of the development of addiction was made possible by the Fagerström Test for Nicotine Dependence.
Results: Based on statistical analysis, a significant relationship was noted between the severity of addiction to nicotine and the presence or absence of symptoms related to well-being. In addition, a correlation (p<0,001) was noted between the degree of nicotine and the severity of symptoms related to emotions and mood. Patients with strong negative symptoms of schizophrenia developed a high level of addiction to nicotine (p=0,001), while those with mild (p=0,001) or moderate symptoms (p=0,005) related to well-being achieved lower scores on individual addiction scales. All patients included in the study had at least a mild level of addiction to nicotine.
Conclusions: The presence of schizophrenia symptoms related to well-being has a significant impact on the initiation of addiction development to nicotine. Furthermore, the level of advancement of symptoms related to emotions and mood translates into the severity of nicotine, especially in the group of patients in whom strong negative symptoms translate into a high level of addiction advancement. Patients suffering from schizophrenia require psychological and psychiatric care and diagnostics for addictions and appropriate prevention before their development.

Disclosure of Interest: None Declared

EPV1791

Assessing the Relationship Between Schizophrenia Symptom Severity and Insight Using the Frankfurt Complaint Scale (FBS) and "My thoughts and feelings" Questionnaire

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Introduction: Schizophrenia remains a complex psychiatric disorder characterized by varying symptoms and levels of insight. The Frankfurt Complaint Scale (FBS) and the "My thoughts and feelings" questionnaire provide quantitative measures of symptom severity and insight, respectively. Previous literature has emphasized the importance of these tools in both clinical assessment and therapeutic planning.
Objectives: Exploring the Relationship Between Schizophrenia Symptom Severity and Insight based on the Frankfurt Scale and the "My thoughts and feelings" Questionnaire.
Methods: The study utilized data extracted from an Excel dataset comprising demographic information and specific scores from the FBS and the Insight questionnaire. The sample was divided into four subgroups based on their FBS scores, and the average Insight score for each subgroup was calculated.
Results: The study found the following average Insight scores across FBS-defined subgroups: Mild symptoms: 9.67, Moderate symptoms: 8.25, Severe symptoms: 8.22, Very severe symptoms: 9.29. The correlation analysis revealed a weak and non-significant correlation between FBS scores and Insight scores (r = -0.017, p = 0.925). The demographic analysis showed a prevalence of male patients (n=20), with the most common age group being 36-45 (n=11). Most participants resided in large cities (n=16), with the highest educational attainment being a Bachelor's/Master's degree (n=12), and the majority were single (n=21). The study group displayed diverse demographic characteristics,
with a significant male predominance and a concentration in urban environments. This demographic distribution may influence the generalizability of the findings and provides a context for interpreting the varied experiences and perceptions of illness within the group.
Conclusions: This study underscores the complexity of schizophrenia, where symptom severity does not straightforwardly correlate with insight into the illness. It highlights the importance of

using a range of assessment tools to fully capture the multifaceted nature of patient experiences. Future studies should explore these relationships further to refine the tools used for assessments and to tailor intervention strategies effectively.

Disclosure of Interest: None Declared

EPV1792

the relationship between childhood sexual abuse and the developement of schizophrenia, ptsd and substance abuse among men through life

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Introduction: Background and aims: There is a lack of research regarding the topic of childhood sexual abuse trauma on men population. Childhood experiences and traumas can have a great impact on various life domains, including mental state and addictions.
This study examines the impact of childhood sexual abuse on men diagnosed with schizophrenia – regarding the age of the disease's appearance, the appearance of additional PTSD diagnosis and substance use throughout life.
Objectives: This study can contribute to the development of more effective treatment and prevention strategies for men who have experienced childhood sexual abuse and are diagnosed with schizophrenia.
Methods: Participants: 60 Male patients hospitalized in the closed wards for men, aged 18-50 at 'Merhavim' - Mental Health Center. Data Collection: A one-time meeting with the research team, which included completing several questionnaires regarding their current state and childhood experiences.
Results: The influence of childhood sexual abuse was significant in all subjects we examined. Patients of suffered from sexual abuse in their childhood were more likely to develop PTSD or develop schizophrenia at a much younger age. Also, they were more likely to suffer from substance abuse throughout their life.
Conclusions:
- Childhood sexual abuse has a significant impact on the onset of schizophrenia symptoms (age of first hospitalization), PTSD symptoms and substance abuse throughout life.
- Traumatic childhood experiences have a significant impact on mental symptoms that appear in adulthood as well as on various behaviors throughout life.

Disclosure of Interest: None Declared

EPV1794

Inverse dose-dependent effects of aripiprazole on sexual dysfunction and prolactin levels in patients with schizophrenia

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Introduction: Aripiprazole, a novel antipsychotic drug with partial agonist activity at dopamine D_2 and serotonin 5-HT_{1A} receptors, as well as antagonist activity at 5-HT_{2A} receptor, has demonstrated fewer side effects, including extrapyramidal symptoms, hyperprolactinemia, and metabolic disturbances, compared to other antipsychotic drugs.
Objectives: The aim of this study was to examine the dose-dependent impact of aripiprazole on sexual dysfunction and prolactin levels in patients with schizophrenia. Patients with schizophrenia under aripiprazole monotherapy were recruited into this study.
Methods: Patients with schizophrenia under aripiprazole monotherapy were recruited into this study. Psychopathology and sexual dysfunction were evaluated using the Positive and Negative Syndrome Scale and the Arizona Sexual Experiences Scale (ASEX), respectively. Fasting blood samples were analyzed to measure metabolic parameters and prolactin levels.
Results: We recruited 128 patients with schizophrenia, comprising 86 females and 42 males. The prevalence of hyperprolactinemia, hypoprolactinemia, sexual dysfunction, and metabolic syndrome was 12.5%, 47.6%, 39.1%, and 36.7%, respectively. Patients with sexual dysfunction exhibited higher prolactin levels and a higher prevalence of hyperprolactinemia compared to those without sexual dysfunction. The ASEX scores showed a positive correlation with prolactin levels and a negative correlation with aripiprazole dose. Multivariate analysis revealed that prolactin levels and age were associated with ASEX scores. Prolactin levels were negatively correlated with aripiprazole dose and metabolic parameters. Multivariate regression analysis indicated that aripiprazole dose was associated with prolactin levels.
Conclusions: Aripiprazole exhibited inverse dose-dependent effects on prolactin levels and ASEX scores in patients with schizophrenia. Regular monitoring of prolactin levels and sexual function is recommended for patients with schizophrenia receiving aripiprazole treatment.

Disclosure of Interest: None Declared

EPV1795

High risk of psychosis, condition or diagnosis? About a case

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Introduction: A person with "high-risk mental status (HRMS)" indicates that the person, usually young people between the ages of 14 and 25, is more likely to develop psychosis. These people have attenuated psychotic symptoms without reaching the intensity or frequency of a frank psychotic episode. It is suggested that psychological trauma could favor neurochemical and psychopathological changes in a vulnerable individual. It would be interesting to study the role of psychotherapeutic interventions in the course of high-risk mental states and their possible evolution to a psychotic disorder.
We present the case of an 18-year-old adolescent whose diagnosis was high risk of psychosis.
Objectives: This work has several objectives. On the one hand review current information on high-risk mental status (EMAR). On the other hand, develop a discussion about whether the EMAR category should be a diagnostic entity or just a condition.
Methods: A bibliographic search has been carried out in the main sources of medical information such as Pubmed, Uptodate as well

as in national and international journals. Likewise, the knowledge and clinical experience of the team has been reviewed in order to expose its own experience in this field, defining specific interventions as well as results.
Results: The case presented is of an 18-year-old female patient. She states that the main reason for consultation is something that happened last Sunday, at which time he had "an identity crisis" in which he did not know if he was a girl or a boy. The reasoning behind this fact is that "as Pablo Alborán likes him, perhaps he is a boy". Given the bizarreness of the explanation and the patient's particular contact, I explore a previous psychopathological situation. She says that since last year she feels more insecure, with diffuse fear that it is difficult to specify or nominate something specific: "in class and that is very difficult for me, public presentations", she says that "everything scares me", she says that she has a non-specific fear that has been maintained even increasing over the months and that has led him to have greater anguish. Even though the patient dates the beginning of the picture on Sunday, it is noteworthy that the previous Thursday she had requested a consultation with psychology in the private circuit that although she does not know how to specify the reason "because of fears" it seems that the anguish resulting from this fear had been increasing, having greater difficulties for the presentations in class. The contact is psychotic and the situation that the patient describes is typical of a "treme" situation, cataloged in the current literature as a High-Risk Mental State.
Conclusions: High-risk mental states are not a diagnostic category according to current classifications, although it is necessary to reach a consensus on what the diagnosis implies and what would be the way to proceed when a patient presents these symptoms.

Disclosure of Interest: None Declared

EPV1796

Group weight management program for people with schizophrenia or bipolar disorder: an Italian experience

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Introduction: Obesity and weight gain are major clinical problems for people with severe mental illness (SMI), such as schizophrenia and bipolar disorder. While psychopharmacological treatment, particularly with atypical antipsychotics and mood stabilisers, is the 'core' of treatment for these disorders, it can increase the risk of overweight/obesity, metabolic and cardiovascular disease. Most guidelines on how to manage overweight and obesity in these patients share an initial conservative approach. These guidelines include diet, physical activity, lifestyle coaching and behaviour modification. Only then are pharmacological or, eventually, surgical treatments added.
Objectives: This study evaluated the effectiveness of a group behavioural weight management program in a real Italian outpatient setting.
Methods: 100 patients diagnosed with schizophrenia or bipolar disorder who participated in a group weight management program were followed up for 12 months. The intervention consisted of 8-week training in which patients received nutritional and lifestyle coaching in groups of 10. Weight, BMI, waist circumference, blood glucose and blood pressure were measured at 0, 6 and 12 months.
Results: Mean body weight (kg) decreased from 98.01±18.30 at baseline to 93.29±17.36 at 6 months ($p>0.001$) and to 90.35 ±17.90 at 12 months. There were also statistically significant reductions in BMI, waist circumference, blood glucose and systolic blood pressure. There was no significant reduction in diastolic blood pressure. After segmenting the patients at baseline according to their initial body weight (normal weight, overweight and obese according to the World Health Organisation), a statistically significant difference in weight only occurred between baseline and the first 6 months of follow-up, suggesting that the programme was successful in the short term and that the results were maintained over the following 6 months.
Conclusions: Despite the study's limitations, the intervention demonstrated feasibility in an outpatient setting, a high retention rate with no drop-outs during the programme, and significant weight loss in the first six months, followed by long-term maintenance at the end of the study. Current NICE recommendations suggest that people with SMI, particularly those receiving antipsychotic treatment, should receive integrated diet and exercise programmes. Future research should focus on the cost-effectiveness of this type of intervention and its reliability in the medium and long-term in different health care settings.

Disclosure of Interest: None Declared

EPV1797

Depression in psychosis: where does it come from?

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Introduction: Many patients suffering from schizophrenia have symptoms suggesting depression during the course of their illness. It can appear both in the prodrome of a psychotic decompensation and in the acute phase, as well as after its resolution. But is it part of the disease itself? Is it an experiential reaction to the assumption of the sickness or is it an independent entity? Can it be produced or exacerbated by antipsychotics?
Objectives: This case study aims to analyze the clinical presentation of depressive symptoms in a patient with schizophrenia.
Methods: A review of the literature on affective symptomatology which may occur in psychosis.
Results: A 34-year-old male with a history in Mental Health since the age of 16, with diagnosis of paranoid schizophrenia. He has presented at least 5 depressive episodes and several severe self-harming attempts. He is on treatment with olanzapine, clonazepam, quetiapine and aripiprazole.
During a follow-up, he reports intensification of low mood in the last few weeks due to sentimental break-up, clinophilia and social isolation. He spends the day in his room with the curtains lowered, he has

neglected his personal hygiene, and verbalizes thoughts of death. He shows poor functioning, slowed thinking and lack of energy.
His mother reports that he has had self-aggressive behaviors, such as hitting his face and eating his faeces. Sensory and perceptual disturbances are not excluded. Given the current depressive affective state and risk of commiting suicide, it is decided to admit him to the hospital and to start treatment with fluoxetine.
A few weeks after hospital discharge, he continues with poor functioning and isolation, but his mood is better and his thoughts of death have disappeared.
Conclusions: Although clear differentiation between depressive and psychotic symptomatology has been classically described, both symptoms are often associated. Affective symptoms can be part of different stages of the disease, secondary to medication, due to insight phenomena or part of schizoaffective disorder and psychotic depressions.
Depressive symptomatology can also be confused with the presentation of negative symptoms. They both share clinical manifestations such as anergy, social isolation and lack of interest; but while in depression there is a sad mood, in negative symptons there is emotional flattering. Also, positive symptomatology can simulate social withdrawal, usually seen in depression.
Depression in an acute phase has historically been related to a better prognosis, although several studies indicate that depression in a chronic phase causes a higher risk of suicide and relapses. Therefore, early diagnosis and treatment are essential.
In our case, the patient suffers from major affective symptoms regarding his life situation, which may be overlapped by isolation due to a likely positive symptomatology, without dismissing possible negative symptomatology as a result of many years of evolution of his disease.

Disclosure of Interest: None Declared

EPV1799

Ekbom Syndrome: A case report and literature review

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Introduction: Ekbom's syndrome is a clinical term for delusional parasitosis, a condition characterized by the belief that one's skin is infested by invisible parasites. Delusional infestation is a rare psychiatric disorder, is more common in the elderly, particularly in postmenopausal females. Psychiatric interventions are usually rejected by these patients and long-term treatments are frequently abandoned, they usually seek care from dermatologists. It is advocated to form a liaison between dermatology and psychiatry to ensure a full range of differential diagnoses, in order to form the most suitable management plan.
Objectives: The objetive of this case is to illustrate the severity of Ekbom's syndrome, providing detailed clinical information and highlighting the challenges in treatment.
Methods: The following patient will be presented, doing a thorough systematic bibliography review.
Results: A 54-year-old female patient describes a clinical history of three years of visual hallucinations and generalized pruritus since a family weekend at a countryside house. She reported that, for the past three years, she has experienced itching all over her body and has occasionally seen "bugs" on her body that she believes to be fleas. She mentioned having been diagnosed with "scabies" and "seborrheic dermatitis".Despite these diagnoses, her father noted that for the past year, the patient has been extremely anxious, spending hours examining her hair and skin, washing repeatedly, and searching for "bugs." In recent weeks, she refused to eat.Throughout her stay in the unit attended therapy regularly, and participated actively. A psychopharmacological adjustment was made, starting with Abilify at 15 mg/day, which was well-tolerated and effective. A dermatology consult ruled out dermatological pathology. Over the days, a reduction in anxiety and partial improvement in somatic complaints were observed. As the patient's condition improved, she committed to continuing with the treatment and attending mental health team consultations with her referring psychiatrist.
Conclusions: Delusional infestation is a serious and uncommon disorder that endangers the patients and the people around them, and can be complicated with secondary somatic complications, often requiring involvement of different medical specialists.The treatment is long and complicated, the effectiveness of pimozide, aripiprazol or risperidone for the Ekbom syndrome has been documented in the literature. In our case, we decided to introduce aripiprazol. The management of these patients requires a multidisciplinary approach between dermatologists and psychiatrists, as they often refuse treatment. Consultation and collaboration between both specialties are essential to ensure timely referral. Additionally, it is crucial for general physicians to have greater awareness of these conditions, perform early recognition, maintain good rapport with patients, and provide empathetic treatment.

Disclosure of Interest: None Declared

EPV1800

Brief Episodes, Lasting Impact: A Case Series on Acute and Transient Psychotic Disorder

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Introduction: Psychotic disorders with acute onset and remitting course have been described by 19th and 20th-century European psychiatrists under various terms, such as "amentia," "cycloid psychosis," "bouffée délirante". In modern taxonomy, brief psychotic episodes are classified as "acute and transient psychotic disorder" (ATPD) in ICD-11 and "brief psychotic disorder" in DSM-5. The lack of continuity between earlier nosological concepts and current descriptive categories, along with frequent changes in definitions across DSM and ICD versions, has hindered empirical research, limiting our understanding of these conditions. As a result, ATPDs have been marginalized in textbooks and training programs, leading to a lack of evidence-based treatments, despite their clinical relevance. Our work aims to renew interest in these "forgotten" disorders.
Objectives: To examine the epidemiological and clinical aspects of ATPDs through the description of clinical cases.

Methods: We selected a convenience sample of 8 patients with a first diagnosis of ATPD (F23, ICD-10), currently or previously treated at Unidade Local de Saúde Amadora/Sintra. Data was collected from electronic health records, including demographic information, clinical presentation, treatment, and disease course. Additionally, we conducted a non-systematic literature review.
Results: The sample consisted of 6 females and 2 males, with a median age at diagnosis of 44.5 years (min=24, max=64). Fifty percent (n=4) were migrants, with 25% (n=2) coming from lower-middle- and low-income countries. Sixty-two point five percent (n=5) received inpatient care (mean stay of 8.6 days). Most patients (87.5%, n=7) were treated with dopamine D2 receptor antagonists/partial agonists, risperidone being the most common (n=4); one patient achieved spontaneous remission. All patients had a sudden onset of symptoms; the clinical picture was primarily marked by delusions, hallucinations, confusion, psychomotor abnormalities (including catatonia signs) and mood disturbances (mainly anxiety). The mean duration of the episode was 23.2 days. All patients fully remitted and returned to their premorbid functional status. Sixty-two point five percent (n=5) experienced a second episode after a mean of 33.2 months, and 25% (n=2) had a change in diagnosis (bipolar disorder and unspecified psychosis).
Conclusions: Despite the small sample and follow-up variability, our findings highlight ATPDs' clinical heterogeneity and high recurrence rates. A renewed research effort is necessary to refine diagnostic criteria and investigate treatment responses, risk factors, and long-term prognosis of this disorder, in order to improve therapeutic strategies and patient outcomes in clinical practice.

Disclosure of Interest: None Declared

EPV1801

Beyond clozapine – what options do we have in clozapine resistant schizophrenia?

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Introduction: Schizophrenia is one of the most disabling mental disorders, affecting around 1% of the population. Although most patients respond to antipsychotic treatment, one third have a limited response to antipsychotic medication, being considered treatment resistant schizophrenia (TRS). Clozapine is the only effective medication for TRS, but 30-40% of TRS patients do not respond to it. Patients with schizophrenia who do not respond to clozapine experience more severe disability, persistent symptoms, a lower quality of life and incur higher economic costs compared to those who respond to treatment.
Objectives: The aim of the present study is to review evidence for therapeutic strategies for patients with treatment-resistant schizophrenia not responding to clozapine.
Methods: Review of the literature regarding treatment-resistant schizophrenia not responding to clozapine. The research was carried out through the PubMed® database, using the terms "treatment resistant schizophrenia", "schizophrenia resistant to clozapine" and "clozapine augmentation".
Results: For patients with treatment-resistant schizophrenia who do not respond to clozapine, several therapeutic strategies have been explored. These include pharmacological approaches, non-pharmacological interventions and brain stimulation procedures [Electroconvulsive Therapy (ECT) and Transcranial Magnetic Stimulation (TMS)]. However, the evidence is weak and the reported benefits were modest.
Conclusions: The current evidence is weak for efficacy of pharmacological augmentation strategies to clozapine. There are contradictory data regarding ECT and clozapine augmentation. More studies are necessary to clarify the potential of these strategies in order to manage these complex patients.

Disclosure of Interest: None Declared

EPV1802

Time to the first relapse after the transcranial magnetic stimulation with H7-coil in patients with predominant negative symptoms of schizophrenia; A randomized, sham controlled trial

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Introduction: Patients with predominant negative symptoms of schizophrenia experience severe functional impairment and limited response to pharmacological treatments. Transcranial magnetic stimulation (TMS) has shown potential for treating negative symptoms, but its impact on long-term outcomes, such as time to relapse, remains underexplored.
Objectives: This study aimed to determine whether TMS with an H7-coil prolongs time to first relapse compared to sham stimulation in patients with low positive symptomatology and predominant negative symptoms.
Methods: This study was a randomized, sham-controlled trial at the Psychiatric Clinic Sveti Ivan, Zagreb, Croatia. The target population were patients with PANSS negative symptoms score > 24 and PANSS positive symptoms score < 20, on stable pharmacotherapy for at least three months The intervention group received high-frequency TMS with an H7-coil, while the control group received sham stimulation, both applied once daily for 20 sessions over four weeks. The outcome was time to first psychiatric relapse, defined as psychiatric rehospitalization. Kaplan-Meier survival curves, log-rank tests, and Cox proportional hazards models were used for statistical comparisons.
Results: A total of 76 outpatients with schizophrenia, aged 18-55 were included; 33% were women. Over the 12-month follow-up, 29% in the H7 group and 24% in the sham group experienced a relapse. The median time to relapse was not reached in either group. The hazard ratio (HR) for relapse in the H7 group relative to sham was 0.82 (95% CI 0.34; 1.97), suggesting no significant effect of TMS on delaying relapse. Adjusted Cox regression model for age, gender, baseline severity of negative and positive symptoms, pharmacotherapy, and number of prior hospitalizations showed similar results (HR = 0.85, 95% CI 0.30; 2.46, p = 0.769). Significant predictors of relapse were baseline severity of negative symptoms (HR = 0.88, 95% CI 0.79; 0.99, p = 0.026) and the number of prior hospitalizations (HR = 1.81, 95% CI 1.16; 2.82, p = 0.009).

Conclusions: No significant effect of H7-coil TMS on delaying relapse was observed in patients with schizophrenia and predominant negative symptoms. Median survival was not reached in either group, suggesting the need for longer follow-up to fully evaluate potential benefits. Baseline severity of negative symptoms and prior hospitalizations should be considered when assessing relapse risk in this patient population.

Disclosure of Interest: None Declared

EPV1803

Association of negative symptom dimensions with sleep efficiency in schizophrenia patients with predominant negative symptoms

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Introduction: Negative symptoms, such as avolition, blunted affect, or alogia, contribute to functional disability and reduced quality of life in schizophrenia. Patients with predominant negative symptoms and minimal positive symptoms represent a distinct subgroup requiring tailored therapeutic strategies. Sleep disturbances, particularly reduced sleep efficiency, are commonly reported in this population and may exacerbate the severity of negative symptoms. Understanding the differential impact of specific negative symptoms on sleep efficiency could inform individualized approaches for improving otucomes.
Objectives: To explore associations between distinct dimensions of negative symptoms and sleep efficiency in schizophrenia patients with predominant negative symptoms and low positive symptoms.
Methods: This analysis used baseline data from a randomized, sham-controlled trial on the efficacy of transcranial magnetic stimulation in schizophrenia, conducted between 2000 and 2023. The study included patients with PANSS negative subscale score > 24 and PANSS positive subscale score < 20. The outcome variable was the sleep efficiency subscale of the Pittsburgh Sleep Quality Index. Independent variables were the five SANS dimensions: blunted affect, alogia, avolition(/apathy, anhedonia/asociality, and attention impairment. Quantile regression was used to assess associations, and robust standard errors were applied.
Results: We included 76 patients (median age 36 years, 33% women). Alogia was positively associated with sleep efficiency (β = 4.41, p = 0.040), while avolition (β = -3.61, p = 0.014) and attention impairment (β = -4.12, p = 0.041) were negatively associated. Blunted affect and anhedonia/asociality were not significantly associated with sleep efficiency.
Conclusions: Distinct negative symptom dimensions show differential associations with sleep efficiency in schizophrenia patients with predominant negative symptoms. Alogia's association with better sleep efficiency may reflect reduced mental arousal and fewer ruminative thoughts before sleep. Conversely, avolition and impaired attention may worsen sleep through increased inactivity and fragmented sleep patterns. These findings suggest that targeted therapeutic interventions may be necessary to optimize sleep and overall clinical management in this subgroup of patients. Further studies are needed to explore underlying mechanisms and clinical implications of the presented associations.

Disclosure of Interest: None Declared

EPV1804

Validation of the Lithuanian version of the Brief Negative Symptoms Scale

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Introduction: Negative symptoms of schizophrenia include abulia, anhedonia, alogia, blunted affect, and social isolation. These symptoms strongly correlate with health-related quality of life and treatment outcomes. (Azaiez et al., 2018; Galderisi et al., 2018; Kirkpatrick et al., 2006). According to current negative symptoms diagnosis and treatment guidelines, the Brief Negative Symptom Scale (BNSS) is the instrument of choice for the psychometric evaluation of negative symptoms (Galderisi et al., 2021). Unfortunately, BNSS was not available in Lithuania.
Objectives: To validate the Lithuanian version of the BNSS in a Lithuanian-speaking sample.
Methods: We performed a double translation from English to Lithuanian and then back to English. The final version of the Lithuanian BNSS (Lit-BNSS) was finalized according to comments from two native Lithuanian-speaking experts, who evaluated the forward translation, and the representatives of the authors of the BNSS, who evaluated the back translation. We performed a validation study in an inpatient setting in a university hospital in Lithuania and asked patients diagnosed with schizophrenia spectrum diagnosis according to ICD-10 to participate in the study. We evaluated the included patients with the Positive and Negative Symptoms Scale (PANSS), Montgomery Asberg Depression Rating Scale (MADRS), Self-Evaluation of Negative Symptoms Scale (SNS), and Calgary Depression Scale for Schizophrenia (CDSS). PANSS Marder factors were calculated for more accurate PANSS scores. We check the convergent validity with the Marder negative symptoms factor, the total score of SNS, and the discriminant validity with the Marder positive symptoms factor, MADRS, and CDSS total scores.
Results: The study included 122 patients. The Lit-BNSS showed great internal consistency for the 13 items (α=0,944) and good consistency for six subscores (α=0,874). Convergent validity was good, with the total score of Lit-BNSS having a strong positive correlation with the Marder negative symptoms factor and a weaker correlation with the SNS total score. Discriminant validity was adequate because there were insignificant correlations with MADRS and CDSS subscores and the Marder positive symptoms factor. Correlation scores can be seen in Table 1.

Table 1. BNSS TS correlation with other scores. MARDER-NEG – PANSS Marder negative symptoms factor; SNS-TS- SNS total score; MARDER-POZ- PANSS Marder positive symptoms factor; MADRS – MADRS total score; CDSS-TS- CDSS total score

Variable	Correlation coefficient	p-value
MARDER-NEG	0,755	<0,001
SNS-TS	0,304	0,001
MARDER-POZ	0,171	0,064
MADRS-TS	0,085	0,361
CDSS-TS	0,472	0,117

Conclusions: The Lit-BNSS is a valid and effective psychometric tool for evaluating negative symptoms in a Lithuanian-speaking sample.

Disclosure of Interest: None Declared

EPV1805

Are negative symptoms evaluated with a self-assessment tool or a semi-structured interview more strongly correlated to mental health-related quality of life?

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Introduction: Negative symptoms are one of the core symptom groups of schizophrenia. These symptoms are highly prevalent and are proven to have a strong correlation with mental health-related quality of life. Evaluating negative symptoms using the Brief Negative Symptoms Score (BNSS), a semi-structured interview, is recommended. BNSS can be supplemented with the Self-assessment of Negative Symptoms (SNS), a self-assessment scale. It is unclear whether a semi-structured interview or a self-assessment scale is more related to the mental health-related quality of life.

Objectives: To evaluate whether scores BNSS or SNS are more strongly correlated with the mental health-related quality of life.

Methods: We performed a cross-sectional study in an inpatient clinic of a university hospital in Lithuania. Inclusion criteria were a diagnosis of schizophrenia spectrum disorder according to ICD-10, age between 18 and 65. Exclusion criteria were acute and/or severe comorbid psychiatric or somatic disorders. BNSS and SNS were used to evaluate negative symptoms. The 36-item Short Form survey (SF-36) was used to evaluate quality of life. Three independent psychiatrists evaluated the participants of the study. The first psychiatrist evaluated the negative symptoms with BNSS. The second psychiatrist handed out, collected, and scored SNS. The third psychiatrist handed out, collected, and scored SF-36. Afterward, the statistical correlation analysis was performed. Only the energy/fatigue and mental health subscores of SF-36 were included in the study to limit the correlation analysis to only the mental health-related quality of life.

Results: The study included 93 participants. We found that SNS scores significantly correlated with mental health-related quality of life compared. SNS had higher correlation indexes with the energy/fatigue subscore than the mental health subscore of SF-36. The strongest correlation was seen between the total score of SNS and the energy/fatigue subscore of SF-36 (r=-0,508, p<0,001). BNSS had no statistically significant correlations with either the energy/fatigue or the mental health subscore of SF-36. All of the correlation coefficients can be seen in Table 1.

Variable	Correlation coefficient MH	p-value	Correlation coefficient EF	p-value
SNS SI	-0,294	0,04	-0,358	<0,001
SNS A	-0,258	0,13	-0,251	0,015
SNS AV	-0,26	0,012	-0,398	<0.001
SNS AN	-0,354	<0.001	-0,434	<0.001
SNS TS	-0,348	<0,001	-0.508	<0,001

Table 1. Correlation coefficients of SNS and SF-36 scores. MH – SF-36 mental health subscore; EF- SF-36 energy/fatigue subscore; SNS SI – SNS social isolation subscore, SNS A- SNS alogia subscore; SNS AV – SNS avolition subscore; SNS AN – SNS anhedonia subscore; SNS total score.

Conclusions: SNS, a self-evaluation scale, was more strongly correlated to mental health-related quality of life than scores of BNSS.

Disclosure of Interest: None Declared

EPV1806

Ekbom Syndrome: what do we know about it? A case report

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Introduction: Ekbom Syndrome or delusional parasitosis is a, usually monosymptomatic, somatic type of delusional disorder in which the patients are convinced they are being infested with animal parasites while no objective evidence exists to support this belief (Mumcuoglu KY, Leibovici V, Reuveni I, Bonne O. Isr Med Assoc J. 2018 Jul;20(7):456-460). It has also been described as a hypochondriacal psychosis that causes great suffering for the patient and those around them. (Campbell EH, Elston DM, Hawthorne JD, Beckert DR. J Am Acad Dermatol. 2019 May;80 (5):1428-1434.)

Objectives: To study this syndrome in depth and learn more about these patients.

Methods: The Pubmed database was used to collect the available information about Ekbom syndrome since 2006. Using the search term "delusional parasitosis". We also present the following clinical case:

A 66-year-old woman, with no history of mental health or substance abuse, came to the dermatology department for multiple pruritic wounds all over her body. She reports that when she scratches herself there is a "small ball that crackles, like a living thing", she has tried to bring samples but has not been able to collect them, according to her. She is convinced that she is infested by parasites. In addition, in the last few weeks she has suffered significant hair loss. On physical examination she presents multiple

scabby plaques on the thorax, back, face and scalp. On the scalp she presents frontal alopecia and madarosis.
The patient was referred to Psychiatry.
On psychopathological examination the patient presented moderate ideational and somatic anxiety, reactive to hair loss and feeling of infestation, also admits difficulty in falling asleep. No affective symptoms were observed or described, nor were there any other accompanying psychotic symptoms (self-referentiality, delusions of harm, persecution, etc.).
Results: We started treatment with Olanzapine 5mg before going to bed, plus a rescue tablet if needed due to anxiety.
In the following reviews, the delirious clinic persists, although a notable reduction of the anxiety and improvement of the night rest is observed.
Conclusions: When it comes to treatment, one of the main difficulties we find is that the patient accepts to be evaluated by psychiatry, so it is important to establish a good therapeutic relationship with the patient, since this will determine the patient's therapeutic adherence to the treatment.
Treatment usually consists of antipuriginous and antipsychotic agents. In our case we selected Olanzapine for its sedative effect, with which we observed a significant reduction of symptoms. However, the available literature usually recommends starting treatment with risperidone. Even so, there is little evidence on its efficacy in Eckbom's Syndrome.
Treatment studies are scarce and the evolution varies from one case to another.

Disclosure of Interest: None Declared

EPV1807

Relation between childhood trauma and social vulnerability in adulthood in patients with first episode psychosis

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Introduction: The relationship between childhood adversity and psychosis has been the focus of extensive research in recent years. Studies suggest that individuals who experience significant adversity during childhood,such as abuse,neglect,or trauma, hava an increased risk of developing psychotic disorderser later in life.
Enviromental factor have been shown to play a signitficant role in the development of psychosis,often interacting with genetic predispositions.Nevertheless the relation between childhood trauma and social vulnerability in adulthood in patients with a first episode of psychosis (FEP) patients has not been studied.
Objectives: The aim of this work is to study social factors in patients with childhood trauma and their impact on the development of a FEP.
Methods: The sample was divided into 3 groups, controls,first episode psychosis patients with childhood trauma (FEP with CT) and first episode psychosis patients without childhood trauma (FEP without CT). 135 controls and 190 patients with FEP (58.42% with CT) were assesed through questionnaires on traumatic experiences, life stress events and a socio-demographic interviews. The likelihood of experiencing life stress events in the past year, social vulnerability,affective issues and substance use were examined using logistic regression models.
Results: Four covariates demonstrated a significant association with the clinical group with CT: being without a partner ($p < .01$), unemployment ($p < .01$), a history of psychiatric conditions ($p < .01$), and migration status ($p < .01$). However, stressful events in adulthodd were not found to be significant.
Conclusions: While childhood trauma does not seem to directly trigger re-traumatization in adulthood, it may contribute to place FEP patients in socially vulnerable circumstances that could lead to the development of psychotic symptoms.

Disclosure of Interest: None Declared

EPV1808

Clinical Differences Between Urban and Rural Populations in Adolescents with Clinical High Risk of Psychosis

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Introduction: Individuals at Clinical High Risk of Psychosis (CHR-P) show increased risk for developing psychotic disorders. The relationship between the risk of developing psychosis and urbanicity has been previously described; however, there are divergent results regarding the relationship between positive psychotic symptoms and urbanicity.
Objectives: The present study aims to analyze the clinical and sociodemographic differences between an urban and a rural population of youth with CHR-P.
Methods: The characteristics of the CHR-P program at La Fe Hospital (Valencia) are described and compared for the two populations in the study: a rural area comprising 10 towns with populations ranging from 200 to 29,000 inhabitants each, with an average of 12,600 inhabitants, and an urban area corresponding to the northern metropolitan area of Valencia. An analysis and comparison of the sociodemographic and clinical characteristics of the general population in both areas is also conducted.
Results: Preliminary results are provided: The sample consists of 46 patients, 21 from the rural area and 25 from the urban area. The average follow-up for both groups was 8 months, with a transition rate to psychosis during this period of 19% (n=4) for the rural area group compared to 0% for the urban area group (p=0.04). Patients in the rural area group exhibited greater severity of positive psychotic symptoms with a higher positive PANSS score (14.19 ± 4.32) compared to the urban area group (11.12 ± 3.67), and this difference was significant (p=0.032). No statistically significant differences were found between the two groups for the rest of the variables.
Conclusions: The preliminary results of our study show greater symptom severity in individuals from rural areas. Demographic factors, resource provision, or delays in care might be related to this finding.

Disclosure of Interest: None Declared

EPV1809

Influence of duration untreated psychosis in clinical and functional outcomes at 3 months in a cohort of first episode psychosis patients

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Introduction: A large number of studies have suggested that longer duration of untreated psychosis (DUP) is associated with poor clinical and functioning outcomes.
Objectives: The aim of this study is to explore the association of duration of untreated psychosis and functional and clinical outcomes at short term (3 months) in first episode patients.
Methods: This is a study of all patients admitted to the EI Service of University Hospital Marqués de Valdecilla in Spain, from January 2020 to July 2024, residents in the area (310,000 habitants), aged from 17 to 65, who experiencing a first episode of psychosis. We set the DUP cut-off point at 6 months to compare both groups, short-duration and long-duration psychosis. The response to treatment was assessed at 3 months with standardized scales: the PANSS scale was used to measure clinical response and the GAF scale to asses functional outcomes.
Results: A total of 207 first episode patients were referred to the Early intervention Service (EIS). The mean age was 37 years-old. 54% were woman (n=111). 21% were living alone. 32% were unemployed. Forty percent (n=82) have a psychiatric family history. 63% required hospital admission and forty-nine percent were involuntary.
The mean GAF at the initial assessment was 34.8 (SD: 12.08). The mean duration of untreated psychosis (DUP) was 15 months (SEM ±2.63) and the median was 3 months (SD: 37.87). A total of 67 patients had DUP longer than 6 months.
We did not found significant differences in sex (51.4% women in the short-DUP and 58.2% women in the long-DUP; $\chi 2 = 0.84$; $p = 0.36$) or age (36 years old in the short-DUP vs 37 years old in the long-DUP; $p = 0.52$) between groups.
A greater number of people in the long-DUP group were unemployed ($\chi 2 = 18{,}136$, $p = 0.02$) compared to the short-DUP group. A&E visits were significantly higher in short-DUP group (71.8% vs 28.2%, $\chi 2 = 8.82$; $p = 0.003$). No significant differences were found between groups in terms of hospital admission or duration of stay.
The rate of responders using the PANSS remission criteria proposed by Andreasen was 82.7% at 3 months. Non-responders were 15.9% in the short-DUP vs 20.8% in the long-DUP ($p = 0.43$). Non-significant differences were found.
At 3 months, the rate of patients who scored more than 70 points on the EEAG scale was 71.5%. Non-significant differences were found (70% short-DUP vs 74% long-DUP; $p = 0.49$) between both groups.
Conclusions: We observed that the percentage of non-responders at 3 months is higher in the group with a larger DUP. At 3 months, patients within the early intervention program showed a high level of functioning regardless of the duration of untreated psychosis.

Disclosure of Interest: None Declared

EPV1811

The Reliability of the Volitional Questionnaire in Chinese (VQ-C) for Evaluating Motivation in Individuals with Schizophrenia

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Introduction: Schizophrenia is a common diagnosis among individuals with mental health disorders, characterized by chronic mental illness that affects perception, volition, and emotions. Numerous studies have demonstrated that schizophrenia significantly reduces global functioning and impairs function. Motivation deficit, a core symptom in individuals with schizophrenia, directly or indirectly impacts their functioning and disease outcomes. Currently, there are limited assessment tools available for measuring motivation, especially in Chinese. The fourth edition of the Volitional Questionnaire in Chinese (VQ-C), developed based on the Model of Human Occupation (MOHO), assesses motivation levels in individuals. It is scored through activity observations of clients, providing a simple and clinically feasible evaluation method. The English version of the VQ has proven to be a reliable and valid tool for individuals with mental illnesses. However, the psychometric properties of the VQ-C have not been extensively discussed in the literature.
Objectives: This study aims to test the reliability of the VQ-C in patients with schizophrenia.
Methods: We recruited 45 patients with chronic schizophrenia. The VQ-C assesses clients' motivation by observing their participation in various activities within their environment. The VQ-C consists of fourteen items, each rated on a 4-point scale, with higher scores indicating higher levels of motivation. Two raters independently observed participants' engagement in two different types of activities (static and dynamic) over one week and scored their motivation levels based on their performance. Two testers simultaneously observed participants' performance and provided scores.
In the data analysis, we used descriptive statistics to analyze demographic data of the participants, such as age, gender, and length of illness. Internal consistency was assessed using Cronbach's alpha.
Results: We recruited 45 participants with schizophrenia for the study, with 43 completing the test. The mean age was 43.02 years, and the mean duration of illness was 21.93 years. Each participant was assessed in two different activity contexts, allowing for independent analysis of scores in the sports and art contexts. The analysis of scores in the sports context revealed a Cronbach's alpha of 0.95, indicating high reliability. Similarly, the assessment scores in the art context showed a Cronbach's alpha value of 0.96.
Conclusions: This study investigated the internal reliability of the VQ-C in patients with schizophrenia, demonstrating strong reliability. Based on these results, it is suggested that the VQ-C can be used to assess the motivational state of patients with schizophrenia, facilitating the design and implementation of treatment interventions.

Disclosure of Interest: None Declared

EPV1812

Use of antipsychotics in patients with epilepsy: a case report

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Introduction: The use of antipsychotic medications in individuals with epilepsy has been studied extensively. Starting neuroleptic therapy in patients with epilepsy is complicated due to the potential for these drugs to lower the seizure threshold. Consequently, both psychiatrists and neurologists must collaborate to develop personalized treatment plans for these patients.
Objectives: To evaluate various therapeutic options for patients experiencing both psychotic symptoms and seizures, aiming to select the most appropriate treatment for each individual.
Methods: This case report describes a 47-year-old male patient who is presented with a diagnosis of symptomatic focal epilepsy in the left temporoparietal malacic area post traumatic brain injury. Following a traffic accident at the age of 14, after which he suffered a temporoparietal hematoma, the patient has presented numerous epileptic seizures. Initially, he abandoned treatment and follow-up with neurology, which he resumed in 2021. Additionally, the patient was referred to psychiatry after verbalizing delusional ideation of persecution with affective repercussions (tendency towards irritability) and behavioral repercussions (tendency towards social isolation and difficulties in the work environment) as well as auditory hallucinations with derogatory content. Neurology initiated treatment with eslicarbazepine 800mg, with cessation of epileptic seizures. After considering different treatment options and taking into account interactions with antiepileptic treatment, risperidone 1mg was initiated.
Results: Following the initiation of risperidone, the patient experienced a reduction in irritability and has not presented further epileptic seizures. Due to potential drug interactions, the risperidone dose was gradually titrated upwards, resulting in a decrease in delusional ideation and improved overall functioning.
Conclusions: Patients with epilepsy and comorbid psychotic symptoms require a multidisciplinary approach, including individualized treatment. Neuroleptic medications can significantly improve quality of life in these patients. Therefore, it is essential to carefully select the appropriate antipsychotic, starting at low doses and gradually titrating upwards, with close monitoring to ensure patient safety and drug efficacy.

Disclosure of Interest: None Declared

EPV1813

Beyond Classification: A Case Report Exploring Paraphrenia in Late-Onset Psychosis

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Introduction: Paraphrenia is a chronic psychotic disorder characterized by persistent delusions, with preservation of cognitive function and personality, which distinguishes it from schizophrenia, where cognitive decline is more pronounced. Although initially defined by Kraepelin, paraphrenia has been excluded from current diagnostic systems, complicating its distinction from schizophrenia and delusional disorders. Over time, experts like Mayer-Gross, Roth, and Munro have debated whether paraphrenia constitutes a distinct diagnostic entity, raising questions about its relevance in contemporary psychiatry.
Objectives: To present a case that resembles paraphrenia and explore the clinical presentation and diagnostic process, particularly in the context of the disorder's exclusion from diagnostic systems.
Methods: This study is based on a case report, supported by a non-systematic review of relevant literature. Clinical data was collected throughout the patient's treatment, and articles on paraphrenia were reviewed to provide historical and diagnostic context.
Results: A 60-year-old woman, single, household cleaner, was brought by her sibling to the emergency department for presenting persecutory delusions, and auditory hallucinations in the prior four months. She believed her downstairs neighbors had installed cameras in her house, controlling her every move. She presented a depressed mood and difficulty falling asleep. Toxicology screening, blood work, and head-CT showed no changes. Due to treatment refractoriness, Clozapine was started. A formal neuropsychological assessment was carried out, which did not show cognitive deterioration. The patient revealed less preoccupation with delusions and hallucinations and was discharged two months after admission.
Conclusions: In this case, the patient exhibited a chronic psychotic disorder marked by persecutory delusions and auditory hallucinations, without encapsulated delusional thinking. These symptoms had persisted for four months, during which the patient maintained personality stability and interpersonal functionality, displaying appropriate emotional responses and no cognitive decline. The onset occurred in middle age, with no psychiatric family history or evidence of premorbid issues. Significant stressors before symptom onset were identified as a likely trigger. This case highlights the persistence of psychotic symptoms with preserved cognitive and emotional stability, aligning with the diagnostic characteristics of paraphrenia. Despite exclusion from modern classification systems, the clinical presentation supports considering paraphrenia as distinct from other psychotic disorders, particularly in terms of its preserved functionality and absence of cognitive decline. This case underscores the need to continue the study on paraphrenia, and possibly rethinking its role in diagnostic frameworks, particularly in cases of late-onset psychosis.

Disclosure of Interest: None Declared

EPV1814

The Importance of Social Environment in Schizophrenia

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Introduction: Patients with schizophrenia spectrum disorders continue to face societal stigma. This stigma contributes to their loneliness and marginalization, acting as a significant barrier to recovery and clinical stabilization. While medication and clinical follow-up are essential for treatment, social factors are also crucial for individuals to achieve a functional and fulfilling life. It is necessary to explore these factors in this this study.
Objectives: To explore the social factors affecting the recovery and clinical stabilization of patients with schizophrenia spectrum disorders.
- To identify the support needs of these patients to enhance their functional and fulfilling lives.
- To assess the impact of societal stigma on the well-being and integration of individuals with schizophrenia.
- To examine the role of mental health professionals and family involvement in reducing stigma and improving social functioning.
- To highlight the importance of vocational interventions and supportive environments in facilitating the integration of patients into society.

Methods: For the purpose of conducting the non-systematic narrative review on the topic, we performed a search for articles in the PubMed database.
Results: Improvements in the effectiveness of antipsychotics and earlier intervention are enabling more patients to reach a cognitive level that supports a functional life, including maintaining interpersonal and occupational relationships. Thematic analysis has identified four key support needs: skill development, vocational intervention, support and encouragement, and a supportive work environment.
The involvement of mental health professionals with the patient's family is also crucial for addressing and reducing the stigma associated with the illness, thereby enhancing understanding of the individual within the context of their condition.
Social anhedonia, which impairs social functioning, is a significant concern. Additionally, the risk of suicide is notably higher during the initial phase of schizophrenia compared to the general population.
Conclusions: After achieving clinical stabilization with antipsychotics and other psychotropic medications, intervention in the social sphere becomes crucial for the patient's well-being and functionality. Having a professional occupation, when feasible, is a positive indicator of patients' integration and their role in society. To support this integration, psychiatry services and civil society must enhance their efforts. This includes developing occupational services, establishing partnerships with local businesses, and improving public awareness about schizophrenia.

Disclosure of Interest: None Declared

EPV1815

The Role of Adenosine in Schizophrenia: A Literature Review and Perspective

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Introduction: Schizophrenia is a severe, chronic mental disorder, with about one-third of patients failing to achieve remission. Its multifactorial etiology includes a strong genetic component that remains insufficiently understood. Dysregulation of dopaminergic and glutamatergic neurotransmitter pathways has been implicated in the development of schizophrenia, as revealed through neuromorphological, molecular, pharmacological, and pharmacogenetic studies. Recent research has expanded this focus to include neuroinflammatory mechanisms and metabolic pathways, emphasizing the fine regulation of these neurotransmitter systems. Among these, adenosine has gained attention for its potential role in the pathophysiology of schizophrenia.
Objectives: This literature review aims to explore the role of adenosine in schizophrenia, its connection to dopaminergic and glutamatergic hypotheses, and broader implications for the development of symptoms and complications.
Methods: A comprehensive review of studies investigating adenosine's neuroregulatory, inflammatory, and neuromodulatory functions.
Results: The adenosine hypothesis suggests that reduced adenosine activity plays a critical role in the development of schizophrenia symptoms. Adenosine regulates dopaminergic and glutamatergic neurotransmission via ADORA A1 and ADORA A2 receptors. Studies have shown changes in adenosine receptors, transporters, and enzymes involved in adenosine metabolism in individuals with schizophrenia. Moreover, adenosine's neuroprotective role, particularly in stress and inflammation, connects it to the dopaminergic/glutamatergic systems and the broader neurodevelopmental "two-hit" hypothesis, suggesting that schizophrenia develops through a combination of genetic vulnerability and environmental factors. A study by Ary Gadelha and colleagues proposed a link between hypo-adenosine states and the increased risk of sudden cardiac death in schizophrenia patients, indicating the broader systemic importance of adenosine dysregulation in these individuals.
Conclusions: Adenosine appears to be a potential modulator in the pathophysiology of schizophrenia, connecting various neurotransmitter pathways and influencing genetic vulnerabilities, neuroinflammation, and cardiovascular risks. Further research into adenosine-related mechanisms could offer valuable insights into early interventions, improving treatment outcomes and potentially reducing complications such as treatment resistance and sudden cardiac death in schizophrenia patients.
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Disclosure of Interest: None Declared

EPV1816

Cycloid Psychosis: Navigating the Nosological Grey Zone – A Case Report

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Introduction: Cycloid psychosis, first described by Kleist and further developed by Leonhard, is characterized by a cyclic course of acute psychotic episodes, marked by delusions, hallucinations,

affective and motor disturbances. It lies at the intersection of affective and schizophreniform disorders, presenting a diagnostic challenge due to its episodic nature and inter-episodic remission. Currently, no diagnostic category clearly encompasses such clinical pictures, and these patients are usually diagnosed with brief psychotic disorders.
Objectives: This report aims to describe a case of cycloid psychosis, highlighting the nosological and treatment limitations of this entity.
Methods: Consultation and review of the patient's clinical records and articles referenced on the PubMed platform.
Results: This case report presents a 37-year-old male admitted to the emergency department with delusions of persecution and reference, auditory hallucinations, decreased need for sleep, and increased goal-directed activity, alongside a lack of insight into his condition. No significant mood disturbances were observed. Symptoms had progressively worsened over two weeks, and upon examination, the patient exhibited psychomotor agitation, incoherent speech, perplexity, and marked distress. Initial laboratory work and brain imaging were unremarkable. The patient was hospitalized for involuntary treatment, where antipsychotic therapy with risperidone (up to 4mg/day) was initiated but later switched to olanzapine (10mg/day) due to significant extrapyramidal symptoms. He was also started on valproic acid, titrated up to 1000mg/day. During hospitalization, the patient showed progressive behavioral organization, resolution of delusions and auditory hallucinations, improved sleep, and restored insight.
Upon review of his psychiatric history, it was discovered that he had experienced two previous psychotic episodes in 2018 and 2021, diagnosed as *bouffées délirantes* while residing in France. Both episodes were successfully treated with olanzapine, with *restituto ad integrum* within one month, and no signs of personality changes or biographical disruption. Based on these recurrent psychotic episodes and his current presentation, a diagnosis of cycloid psychosis was made, following the criteria proposed by Perris and Brockington.
The patient was discharged after two weeks of inpatient care, and at his one-week follow-up, showed complete remission of psychotic symptoms.
Conclusions: Cycloid psychosis presents significant diagnostic challenges due to its ambiguous nosological status. It does not fit neatly into conventional categories such as schizophrenia or bipolar disorder, as it shares characteristics with both while maintaining a distinct clinical course marked by episodic, self-limiting psychotic phases with full remission. This diagnostic ambiguity also poses difficulties in treatment, as no specific guidelines exist, and current literature is sparce.

Disclosure of Interest: None Declared

EPV1817

Impact of the age of onset and duration of schizophrenia on the quality of treatment adherence

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doi: 10.1192/j.eurpsy.2025.2251

Introduction: Schizophrenia is a chronic, frequent, and disabling psychiatric condition. The prognosis is more severe in the absence of treatment.
Objectives: The aims of our study were to evaluate the quality of treatment adherence and the Impact of the age of onset and duration of schizophrenia on the quality of treatment adherence and to assess the implication of these factors as predictors of poor adherence.
Methods: We conducted a cross-sectional and analytical study. We recruited 150 patients with schizophrenia treated at Razi Hospital of Manouba, divided into 113 patients with good adherence compared to 37 patients with poor adherence. We used the Medical Adherence Report Scale (MARS) to assess the quality of therapeutic adherence.
Results: The average age of onset of the illness was 22.91 ± 4.6 years, with extremes ranging from 13 to 36 years.
The average duration of the illness in the patients in our series was 17 years, with extremes ranging from two to 42 years.
The average duration of untreated psychosis was two years, with a median of 12 months and extremes ranging from one month to 20 years.
A statistically significant association was found between the duration of untreated psychosis and the quality of treatment adherence (p=0.003).
Neither the age of onset of the illness nor its duration had any influence on the quality of patient adherence.
Conclusions: To prevent poor treatment adherence, a systematic screening for predictive factors and adequate management of schizophrenia would be imperative.

Disclosure of Interest: None Declared

EPV1818

HISTORI Experience – a qualitative study of HISTORI patients´ experiences with Semaglutide and placebo

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Introduction: Qualitative studies of the connection between overweight/ obesity, medicine adherence and symptoms of psychosis are lacking. The project Home-based Intervention with Semaglutide Treatment of Neuroleptica-Related Prediabetes, HISTORI, was a blinded, randomized control trial where people with schizophrenia and prediabetes were randomized to either Semaglutide og placebo injections.
Objectives: The research question in HISTORI Experience focused on the patients´ mindset while participating in HISTORI, their experiences and thoughts regarding weight and exercise, eating behaviors, psychotic symptoms and their interactions with HISTORI staff.
Methods: 19 qualitative, semi structured interviews were conducted. 11 Semaglutide interviews (6 female, 5 male) and 9 placebo interviews (5 female, 3 male). The interviews were analyzed with a reflexive thematic analysis (Braun & Clarke, 2022).
Patient and Public Involvement: One person with lived experience who could not be included in the HISTORI project, joined HISTORI Experience as a co-researcher. She was involved in creating a phenomenological interview guide. She was then introduced to the

coding process and participated in the development of themes. A didactic relationship model was applied as an overall framework for the involvement (Hiim & Hippe, 2007). This model is learning-oriented and takes different factors that might influence the coorporation into account. Factors such as setting, learners´ abilities, learning process, content, goal and evaluation. To ensure a sustainable and active involvement the Involvement Matrix (Smits *et al.* Research Involvement and Engagement; 2020) was used both prospective and retrospective throughout the involvement process.
Results: The results from both HISTORI and HISTORI Experience provides us with new knowledge that can be implementet in treatment with Semaglutide for patients with schizophrenia.
Conclusions: Results and conclusion are expected in April 2025 and will be represented at the EPA conference.

Disclosure of Interest: None Declared

EPV1819

Psychotic disorders and splenium of the corpus callosum tumor: diagnostic and therapeutic approach

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Introduction: Psychosis encompasses a complex spectrum of psychiatric manifestations that can arise from diverse organic etiologies, such as severe head trauma (1), epilepsy, systemic diseases, and tumors. While brain tumors are typically considered neurological conditions primarily affecting cognitive and motor functions, they can also present with psychiatric symptoms that exhibit clinical and evolutionary atypicality. This interplay between organic pathologies and psychiatric symptomatology underscores the intricate nature of mental health disorders originating from physiological disruptions.
Objectives: To describe a case of chronic psychotic disorder with intermittent exacerbations secondary to a neurological tumor and discuss the diagnostic and therapeutic challenges.
Methods: We report the case of a 46-year-old male patient who was admitted to Razi Hospital for aggressive behavior, delusional syndrome, and auditory hallucinations in 2023. The case report is followed by a discussion reviewing relevant literature on the subject.
Results: A 46-year-old Caucasian man with no significant medical history was referred to our psychiatry service due to recent behavioral disturbances marked by hetero-aggressive outbursts. During evaluation, the patient was conscious, well-oriented in time and space, but anxious and attentive. He reported auditory hallucinations with religious content, persecutory delusions, and mystical-religious ideas. According to the patient's history, auditory hallucinations began at age 16, with exacerbations at 25, 34, and 42 years. Psychometric evaluation using the Positive and Negative Syndrome Scale (PANSS) yielded scores of 39 for positive symptoms and 16 for negative symptoms. Neurological examination revealed no abnormalities. Brain MRI showed a tumor in the splenium of the corpus callosum measuring 18 x 14 x 8 mm, with mild hypointensity on T1, hyperintensity on T2 and FLAIR, and minimal contrast enhancement suggesting a glial origin.
The patient was treated with risperidone (4 mg/day) and diazepam (5 mg/day). Over six weeks, PANSS scores decreased (positive: 23 points, negative: 7 points).
After consultation with the neurosurgery team, surgical intervention was not pursued due to the absence of tumor growth and neurological symptoms.
Conclusions: The observed partial remission of psychotic symptoms with pharmacological intervention highlights the potential efficacy of such treatments in ameliorating psychiatric manifestations of organic brain pathologies.
Reference
(1) Khouloud Razki, Uta Ouali, Sofiene Ben Aissa, Chaima Najar, Amina Aissa, Raba Jomli, Journal of the Neurological Sciences, Volume 455, Supplement, December 2023, 122512, ISSN 0022-510X DOI : https://doi.org/10.1016/j.jns.2023.122512

Disclosure of Interest: None Declared

EPV1820

Profiling of patients with treatment-resistant schizophrenia: a retrospective analysis

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Introduction: Treatment-resistant schizophrenia remains a major challenge in psychiatry due to its resistance to conventional therapeutic interventions, leading to persistent symptoms and functional impairment. Efforts to address it focus on exploring alternative approaches, including novel medications, psychosocial interventions, and neurostimulation techniques.
Objectives: To determine the sociodemographic and clinical profile of patients with treatment-resistant schizophrenia.
Methods: We conducted a retrospective descriptive study involving patients diagnosed with treatment-resistant schizophrenia at Psychiatry Service D of Razi Hospital in Tunisia over a five-year period (2019-2023). Data collection was conducted retrospectively by initially referring to medical records and subsequently verifying and supplementing information through patient or family interviews. Sociodemographic variables included age, gender, educational level, socioeconomic status, marital status, and occupation. Clinical data of interest comprised age at onset of mental disorder, duration of untreated psychosis, illness duration, family history of mental illness, previous treatments and their dosages, medical and psychiatric comorbidities, therapeutic adherence, and clinical scores using the Positive and Negative Syndrome Scale (PANSS).
Results: The sample size is 30 patients.
We identified a distinct demographic and clinical profile among patients diagnosed with treatment-resistant schizophrenia. The cohort exhibited a notable male predominance, constituting 60% (n=18) of the study population, with a mean age of 39 ± 14.58 years. The majority of patients were unmarried (70%, n=21) and belonged to a lower socioeconomic status (80%, n=24).
In terms of clinical characteristics, patients experienced an early onset of the disorder at 18 ± 3.58 years, coupled with a prolonged duration of untreated psychosis averaging 8 ± 2.65 years. There was a substantial prevalence of family history of mental illness among the cohort (80%, n=24).
The initial psychiatric assessment, based on PANSS scores obtained from the first hospitalization, revealed elevated symptomatology levels: Positive subscale score averaged 28 ± 5.23, Negative subscale score averaged 20 ± 4.53, and General psychopathology score averaged 65 ± 10.02.

Conclusions: Comprehensive clinical and sociodemographic profiling of individuals with treatment-resistant schizophrenia is essential for enhancing clinical outcomes and tailoring treatment strategies. This approach allows clinicians to better understand the unique challenges these patients face, enabling the development of more targeted and effective interventions to improve their quality of life.

Disclosure of Interest: None Declared

EPV1821

Gender differences in clinical presentation and therapeutic response in schizophrenia

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Introduction: Schizophrenia is a multifaceted psychiatric disorder characterized by disturbances in thinking, emotions, and behavior. It exhibits a diverse spectrum of clinical presentations influenced by various factors, among which gender plays a significant role.
Objectives: To determine the differences in clinical profile and therapeutic response among schizophrenia patients according to gender.
Methods: We conducted a descriptive, cross-sectional, comparative study over a three-month period from January to March 2024, among patients in the post-care service of Psychiatry Department D at Razi Hospital diagnosed with schizophrenia based on DSM-5 criteria. Sociodemographic and clinical data were initially collected from patients' medical records and then verified and supplemented during direct interviews using a pre-established information sheet. The Positive and Negative Syndrome Scale (PANSS) was used to assess symptom severity in participants.
Results: We enrolled 80 participants, of whom 50 were male (62.5%) and 30 were female (37.5%). The mean age of participants was 42.5 years. Men had higher mean scores on the positive symptoms subscale (75.6±12.05) and negative symptoms subscale (64.8±8.69), while women had higher mean scores on the general symptoms subscale (69.3±15.86). Male patients exhibited a higher prevalence of auditory hallucinations (80%) compared to women (55%), with a statistically significant difference ($\chi^2 = 4.32$, $p < 10\text{-}3$). Similarly, a higher prevalence of delusional ideas (72%) was observed in men compared to women (45%), also statistically significant ($\chi^2 = 5.87$, $p = 0.02$). Regarding therapeutic response, men showed a statistically more significant improvement in positive symptoms like hallucinations and delusional ideas, with an average reduction of 15 points on the PANSS scale compared to 10 points in women ($p = 0.02$). Conversely, women demonstrated a more favorable response to negative symptoms such as social withdrawal and apathy, with an average reduction of 12 points on the PANSS negative symptoms subscale compared to 8 points in men ($p = 0.04$).
Conclusions: The observed differences in clinical profiles and therapeutic responses between male and female patients underscore the necessity for tailored treatment approaches aimed at optimizing outcomes and enhancing patient care.

Disclosure of Interest: None Declared

EPV1822

Exploring Suicide Risk Factors in Schizophrenia: A Retrospective Study

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Introduction: Suicide is a significant concern among individuals with schizophrenia, yet it often receives insufficient attention in clinical settings. Understanding the specific risk factors associated with suicide in this population is critical for implementing targeted and effective prevention strategies, enhancing patient care, and ultimately reducing this substantial risk.
Objectives: To identify suicide risk factors within a population of patients with schizophrenia.
Methods: This was a descriptive retrospective study conducted at the Psychiatry Department D of Razi Hospital in Tunisia. Clinical records of patients diagnosed with schizophrenia according to DSM-5 criteria, aged over 18 years, without substance-related disorders or somatic pathology explaining psychiatric symptoms, were reviewed. Patients were followed in the department for ten years (2013-2023) and identified as having at least one suicide attempt during their follow-up. Data collected included sociodemographic information (age, education level, residence, socioeconomic status, marital status, offspring, profession) and clinical details (number and nature of suicide attempts, clinical scores at the time of suicide attempt using PANSS and CDS scales, current antipsychotic treatment, family history of suicide and psychosis, and treatment adherence).
Results: We collected data from 60 patients, with a mean age of 42 ± 12.02 years; 66% (n=40) were male. Regarding education and employment, 60% (n=36) had primary education, and 55% (n=33) were employed. 65% (n=39) were unmarried, and 80% (n=48) had a low socioeconomic status. The average number of suicide attempts per patient was 3.52 ± 1.02, with the most common methods being medication ingestion (60%) and strangulation (20%). Approximately 70% (n=42) of patients had a family history of mental disorders, and 40% (n=24) had a family history of suicide. During suicide attempts, mean scores on PANSS-positive, PANSS-negative, and CDS subscales were 25.4 ± 4.7, 18.6 ± 3.2, and 12.8 ± 2.5, respectively.
We found that male gender (p=0.03; OR=3.33; 95% CI [1.12 - 9.89]), low socioeconomic status (p=0.002; OR=2.25; 95% CI [1.04 - 4.86]), family history of suicide (p=0.04; OR=2.90; 95% CI [1.15 - 7.32]), high PANSS-positive scores (p=0.0019; OR=1.98; 95% CI [1.42 - 3.51]), and high CDS scores (p=0.005; OR=2.50; 95% CI [1.32 - 4.72]) were suicide risk factors in our study participants.
Conclusions: The identified factors, including male gender, low socioeconomic status, family history of suicide, and elevated clinical symptomatology, highlight specific areas that warrant focused attention when evaluating and managing patients with schizophrenia.

Disclosure of Interest: None Declared

EPV1823

Main indications of clozapine in clinical practice: A literature review

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Introduction: Clozapine is an atypical and complex antipsychotic that appears to benefit from actions on multiple neurotransmitter systems. While its mechanisms of action are not fully understood, this broad spectrum of activity accounts for clozapine's superior efficacy in treating refractory schizophrenia and other conditions.
Objectives: The aim of this paper is to review the main indications of clozapine and its applications in clinical practice, as well as to highlight key considerations for its safe and effective management.
Methods: A systematic review of the scientific and clinical literature on clozapine was conducted. The review included databases such as PubMed and Cochrane, covering articles from the past 20 years. The scientific evidence obtained was analyzed and synthesized.
Results: Findings indicate that clozapine remains the treatment of choice for patients with treatment-resistant schizophrenia, showing a superior response rate compared to other antipsychotics. Additionally, its effectiveness in reducing suicidal behaviors in patients with schizophrenia and related disorders has been identified. The indications also extend to psychosis in Parkinson's disease, substance use disorders, and a wide range of psychiatric and neurological disorders.
Conclusions: Clozapine is essential in the treatment of refractory schizophrenia and in reducing suicide risk. Its broad mechanism of action, affecting multiple neurotransmitters, allows its use in secondary psychotic disorders and complex comorbidities, such as Parkinson's disease. However, its use is associated with significant risks, necessitating rigorous monitoring of adverse effects.

Disclosure of Interest: None Declared

EPV1825

Socio-demographic characteristics of a First-Episode Psychosis Programme

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Introduction: While it is known that of those people who experience psychotic experiences, approximately 75% of them do so for the first time between the ages of 15 and 30 and that the majority are male, there has recently been increasing interest in the incidence of psychosis in other population groups.
Objectives: The present study aims to analyse the sociodemographic data collected over a period of ten months in a First-Episode Psychosis Programme in a third level hospital, such as the Hospital Clínico Universitario de Valladolid.
Methods: It is a retrospective observational study. Patients have been recruited during ten months and those who presented an episode of the psychosis spectrum for the first time (according to DSM-V diagnostic criteria) were included. Different socio-demographic data regarding their age, sex, marital status and employment status have been collected at the time of their inclusion in the programme.
Results: A sample of 23 patients was recruited, of which 26% were women (n=6) and 74% were men (n=17).
The mean age was 29.95 years.
Regarding marital status, 70% of the patients in the sample were single (n=16), 17% were married (n=4), and 13% were living with a partner (n=3). There were no divorced or widowed patients.
In terms of employment, 36% (n=8) of the patients were in employment at the time of admission to the programme. 26% (n=6) were studying, 21% (n=5) were unemployed, 13% (n=3) were on sick leave and 4% (n=1) were receiving a pension.
Conclusions: Socio-demographic data, in general, are as expected in a programme of these characteristics. However, it should be noted that the mean age of the patients recruited is above that most frequently described in the literature. However, we believe that it would be necessary to increase the sample size to be able to offer more robust results.

Disclosure of Interest: None Declared

EPV1826

Delusional parasitosis disorder or the Ekbom syndrome, in relation to a case

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doi: 10.1192/j.eurpsy.2025.2259

Introduction: Ekbom syndrome, also known as delusional parasitosis, is a psychiatric disorder in which the affected person is firmly convinced that their body is infested with parasites, insects, or any other microorganism, despite the lack of medical evidence to support it.
A 56-year-old woman presents to the emergency department, referred by her primary care physician, due to a sensation of worms in her vagina and rectum. She reports that larvae are coming out of her nostrils, ears… and she feels them settling in her kidney. She is accompanied by her husband, who mentions that on some occasions, she has shown him the supposed parasite.
Objectives: The objectives of this clinical case are to understand whether Ekbom syndrome can be related to any secondary organic pathology, as well as to identify the conditions with which the differential diagnosis should be made, and to determine the most effective treatments.
Methods: Examination: Sensory-perceptual disturbances in the form of cenesthetic hallucinations. High levels of anxiety with functional impact on her daily life.
Complementary tests: A referral was made to Internal Medicine to rule out the presence of parasites, and to Neurology for an MRI with contrast, which revealed a white matter lesion in the brainstem. Tests for anti-AQP4 and anti-MOG antibodies were also conducted, and both were negative. After these studies, it was concluded that the criteria for secondary Ekbom syndrome due to organic pathology were not met.
Results: The differential diagnosis should be made with other psychiatric disorders such as schizophrenia, major depression, or substance-induced psychosis. Neurological diseases, such as

dementia, multiple sclerosis, or meningoencephalitis, should also be ruled out. Lastly, it is advisable to rule out dermatological conditions, such as scabies.
Treatment was initiated with Risperidone and Alprazolam, with good response and improvement in delusional ideation.
Conclusions: Treatment with atypical antipsychotics is effective for this syndrome, reducing delusional ideas and significantly improving the psychiatric symptoms that accompany the delusion, such as anxiety, depression, and insomnia.
Good collaboration between different medical professionals is essential to rule out associated secondary pathology.

Disclosure of Interest: None Declared

EPV1827

Gender-related differences in cannabis use in schizophrenia patients before and after antipsychotic treatment

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Introduction: Cannabis is the most widely used psychoactive substance among youth, and its use has been increasingly linked to psychiatric disorders, particularly psychosis. THC, the psychoactive component of cannabis, has the potential to trigger or worsen schizophrenia. Cannabis use is associated with an earlier onset of schizophrenia and is more prevalent among males with first-episode psychosis, which may contribute to an earlier onset of schizophrenia observed in men. With increasing cannabis legalization, understanding gender differences in cannabis use in schizophrenia patients is essential for personalized treatment approaches.
Objectives: To examine the gender-specific impact of cannabis use on schizophrenia or other psychotic disorders, focusing on pre-onset use and discontinuation following antipsychotic (AP) treatment.
Methods: A retrospective study was conducted including personal interviews and medical history reviews of inpatients and outpatients. Inclusion criteria were age between 18 and 65 years, diagnosis of schizophrenia or schizoaffective disorder, and use of AP therapy, both for at least 5 years. Statistical analysis was performed using the Jamovi statistical analysis software.
Results: 136 patients being treated at University Medical Centre Maribor's Department of Psychiatry were included in the study. 38.2% of patients were females and 61.1% were males. The mean age of all participants was 49.2±11.8 years. The mean age at the time of diagnosis was statistically significantly higher in females compared to males (30.4±8.9 versus 26.0±7.9 years; Mann Whitney U test: $p<0.001$). Before the onset of psychosis, 23.1% females and 56.0% males used cannabis, while 76.9% females and 44.0% males did not (Image 1). A chi-squared test showed a significant gender difference in cannabis use ($p<0.001$), indicating higher prevalence among males. After introduction of the AP treatment 58.3% females and 57.4% males discontinued cannabis use (Image 2). A chi-squared test indicated no significant association between sex and cannabis discontinuation ($p=0.956$), with similar rates for both genders.

Image 1:

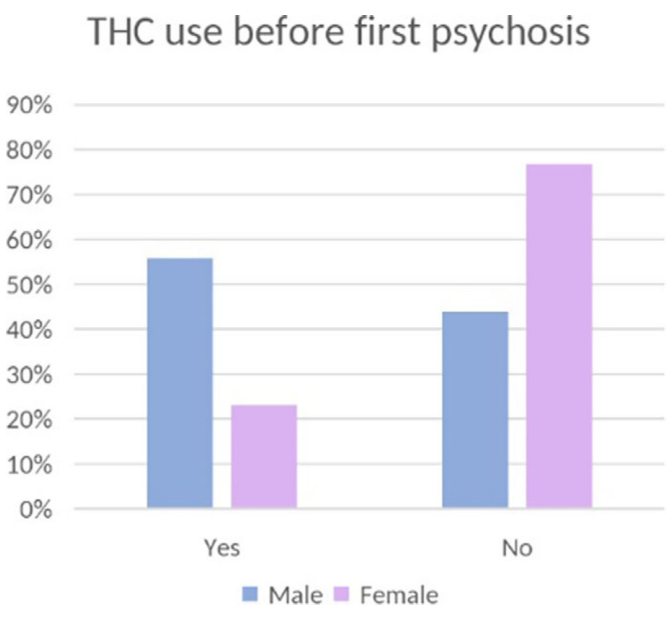
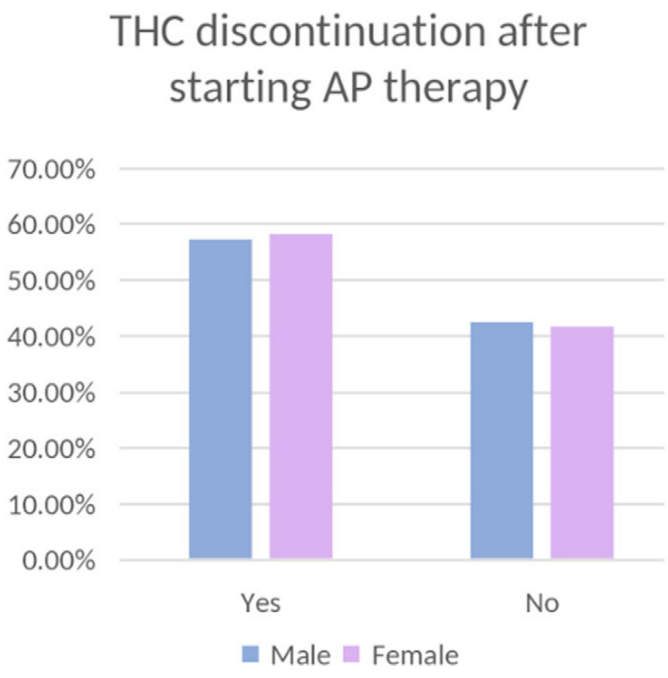


Image 2:



Conclusions: Our study reveals significant gender differences in cannabis use before psychosis onset, with males showing higher prevalence and potentially earlier diagnosis. However, cannabis discontinuation rates after AP treatment were similar across genders, suggesting comparable responses to treatment. As cannabis legalization increases, the need for customized interventions that consider gender-specific factors in managing psychotic disorders is emphasized. Further research is necessary to investigate the long-term effects of cannabis use on treatment outcomes in both males and females.

Disclosure of Interest: None Declared

EPV1828

Exploring Emotional Regulation in Psychosis: A Qualitative Study of Patient Perspectives

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Introduction: The role of emotional regulation (ER) has emerged as a key mechanism associated with psychosis with important implications for its onset and maintenance. However, knowledge about ER in psychosis has been predominantly quantitative, often neglecting patients' own perceptions of the difficulties they experience when dealing with their emotions.
Objectives: To address this gap, we have undertaken a qualitative study to investigate ER in individuals with schizophrenia and schizoaffective disorder using semi-structured interviews. Given the qualitative nature of the study, we have no specific hypotheses. Instead, we aim to explore the stages of emotional regulation and the factors that influence ER in people with schizophrenia and schizoaffective disorder, aligning our investigation with existing theoretical models.
Methods: Patient recruitment and data collection are in progress. Thematic analyses will be carried out.
Results: Results will be presented during the European Congress of Psychiatry.
Conclusions: We expect that this study will provide a deeper understanding of ER from the individuals' perspectives and enrich ER literature and theoretical models related to clinical populations. Ultimately, this research aims to contribute to the development of quantitative studies to test new hypotheses and design individual-tailored psychological interventions aimed at improving ER in patients with schizophrenia and schizoaffective disorder.

Disclosure of Interest: None Declared

EPV1830

Efficacy and safety of dual long-acting injectable antipsychotics in a patient with treatment-resistant schizophrenia: a case report

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Introduction: Schizophrenia is often characterized by chronic progression and frequent relapses. However, recent evidence suggests that many patients can achieve symptoms remission and functional recovery through integrated pharmacological and psychosocial interventions. Despite treatment advances, up to 34% of patients are resistant to standard antipsychotic treatments, with clozapine being the gold standard for treatment-resistant schizophrenia (TRS). However, up to 60% of TRS patients may not respond adequately to clozapine due to its adverse effects and lack of compliance. Recently, the use of two long-acting injectable (LAI) antipsychotics has emerged as a potential strategy for managing TRS, particularly in patients with poor adherence to oral therapies.
Objectives: The objective is to provide clinical insights into this novel pharmacological approach consisting in the administration of two LAI antipsychotics in patients with treatment resistant schizophrenia.
Methods: This case report describes the clinical management of a 62-year-old woman with a 20-year history of treatment-resistant paranoid schizophrenia, characterized by multiple hospitalizations, delusions, auditory hallucinations, disorganized behavior, and non-adherence to oral medications.
Results: Due to the patient's poor response to prior treatments, including clozapine, a novel therapeutic strategy was adopted during her hospitalization in March 2023. Two LAI antipsychotics, haloperidol decanoate (100 mg/28 days) and aripiprazole (400 mg/28 days), were administered alternately to optimize symptom control while minimizing adverse effects. Over 8 weeks, the patient demonstrated significant improvements in psychotic symptoms, mood, and functioning. Importantly, adherence to treatment improved.
Conclusions: This case highlights the potential efficacy and safety of combining two LAI antipsychotics in TRS patients, particularly those with poor adherence to oral therapies. The alternating administration of haloperidol and aripiprazole may exploit the synergistic effects of first- and second-generation antipsychotics, offering a promising alternative for managing complex cases of schizophrenia. Further studies are needed to confirm these findings and establish guidelines for dual LAI use in TRS patients.

Disclosure of Interest: None Declared

EPV1832

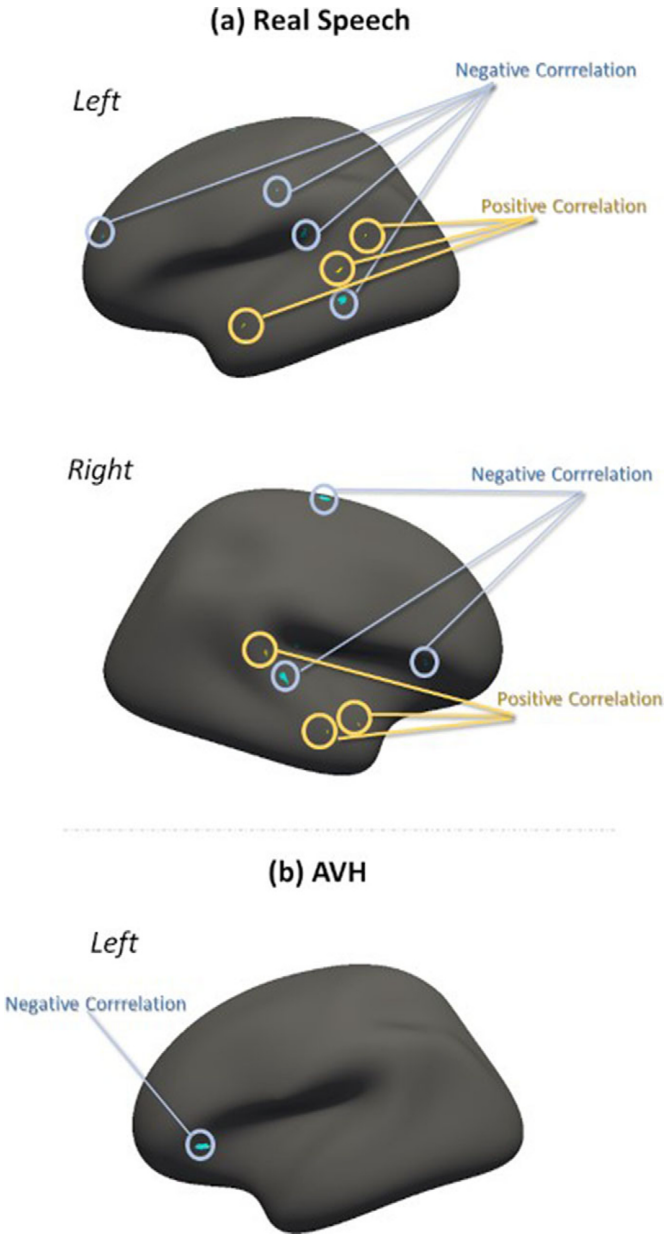
Cross-modal associations of language brain areas in relation to auditory hallucinations in schizophrenia

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Introduction: An influential current theory suggests that auditory verbal hallucinations (AVH) result from abnormal activity in the auditory cortex. Against this, however, Fuentes-Claramonte *et al* (Sci Rep 2021; 11 18890) recently found that AVH did not activate the primary or secondary auditory cortex, although there were activations in other areas including Broca's area. At the level of brain structure, sulcal depth has been increasingly linked to brain function (Natu *et al* Cereb Cortex 2021; 31 48-61; De Vareilles *et al* Dev Cogn Neurosci 2023; 61 101249). Accordingly, exploring brain structural-functional associations for AVH may provide new insights in their biological basis.
Objectives: To assess the relationship between sulcal depth and brain activity during AVH and perception of real speech.
Methods: Functional (fMRI) and structural (sMRI) 3T scans were obtained from 14 patients with schizophrenia who experienced near-continuous AVH. During fMRI, participants pressed a button when they experienced AVH or heard real speech similar in form to

their AVH. Standard fMRI analysis was conducted with FSL, while sMRI images were processed using Freesurfer's recon-all pipeline to measure sulcal depth. Cross-modal registration aligned whole-brain fMRI activation maps to corresponding structural data and correlations between sulcal depth and brain activity were calculated for each vertex; age, sex and estimated premorbid IQ were covaried for. Cluster-based correction was applied for multiple comparisons.
Results: During real speech, a positive correlation was found between brain activations and sulcal depth in the left superior temporal sulcus (STS, BA 22), and negative correlations in the middle temporal (BA 21), frontal (BA 46), and parietal cortex. On the right, positive correlations were seen in the superior and middle temporal cortex (BA 38, 20, 42), while negative correlations were found in the STS (BA 22), pars triangularis (BA45), and precentral (figure a). During AVH, there was a negative correlation in the left pars triangularis (BA 45) only, including Broca's area, with no significant correlations in the right hemisphere (figure b).
Image 1:



Conclusions: The left STS, along with frontal and temporoparietal areas, appear structurally and functionally linked to perception of real speech. In contrast, AVH primarily engages Broca's area and adjacent left inferior frontal regions.

Disclosure of Interest: None Declared

EPV1834

Cognitive function in long term psychosis patients in a tertiary care hospital

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Introduction: Psychosis refers to symptoms that are positive, disorganised,or negative and affects 3% of the population yet little information on long-term cognition is available.
Objectives: To determine association between symptom severity,duration of disease and cognitive impairment.
Methods: 50 adult patients suffering from psychosis(DSM-5) for minimum 1 year and currently on at least 1 antipsychotic drug whose cognition and severity of symptoms were assessed by Montreal Cognitive Assessment test(MoCA) and Positive and Negative Syndrome Scale (PANSS) respectively were included in this cross sectional,cohort study.
Results: Mean age of population was 41.5±12.33 years.Disorganised behaviour and speech were the prevalent core symptoms and risperidone was the choice of drug.

Table 1	MALE	FEMALE	P value T-test	Overall mean
Total PANSS Score	68.2 ± 27.5	75.2 ± 34.9	0.430	71.1 ± 30.7
Positive PANSS	15.3 ± 7.67	17.4 ± 7.59	0.357	16.2 ± 7.63
Negative PANSS	17.2 ± 7.06	18.3 ± 8.92	0.646	17.7 ± 7.83
Generalised PANSS	35.6 ± 14.7	39.5 ± 20.6	0.434	37.2 ± 17.3

Table 2	MALE (58%,n=29)	FEMALE (42%,n=21)	OVERALL (n=50)
Mild cognitive impairment(CI)	34%(17)	14%(7)	48%(24)
Moderate CI	24%(12)	20%(10)	44%(22)
Severe CI	0%	8%(4)	8%(4)

Symptom severity was mild and more negative symptoms were prominent (composite score: -1.48±6.47) (Table 1 PANSS Score) and an overall moderate cognitive impairment(16.5 ±4.46, table 2) was seen in population. Females showed a significantly lower MoCA score as compared to males (14.9±4.8 vs 17.65 ± 3.78, p=0.03) implying more cognitive decline (image 3).There is a strong, negative, linear correlation between MoCA and PANSS scores (r= -0.688, p<0.001) wherein all domains(image 1)except memory were negatively correlated to PANSS. Duration of illness showed a moderate, positive,

linear and weak, negative, linear correlation with PANSS(r= 0.417, p =0.003) and MoCA(r = -0.314, p= 0.026) respectively. PANSS items were negatively correlated to MoCA in positive, negative and generalised items except delusions, blunted effect and tension(image 2).

Image 1:

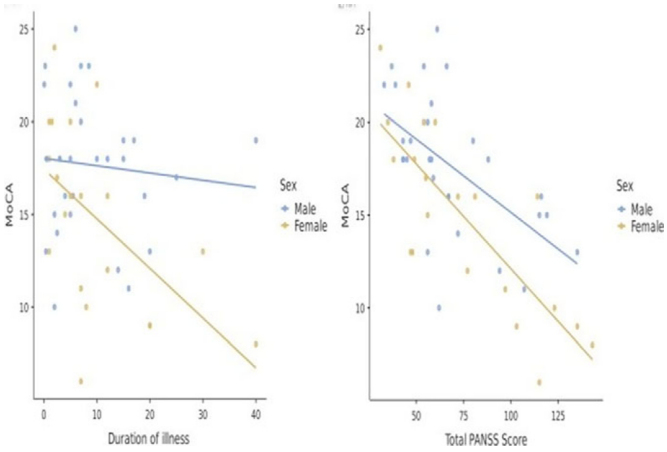
		Total score (PANSS)	Positive score PANSS	NEGATIVE PANSS	GENERAL PANSS	Age	Duration of illness
Age	Pearson's r	0.009	-0.095	-0.011	0.063	—	
	df	48	48	48	48	—	
	p-value	0.948	0.512	0.94	0.662	—	
Duration of illness	Pearson's r	0.417	0.259	0.42	0.434	—	—
	df	48	48	48	48	—	—
	p-value	0.003	0.069	0.002	0.002	—	—
MoCA	Pearson's r	-0.688	-0.505	-0.689	-0.684	-0.108	-0.314
	df	48	48	48	48	48	48
	p-value	<.001	<.001	<.001	<.001	0.457	0.026
Executive Function	Pearson's r	-0.597	-0.423	-0.654	-0.575	-0.201	-0.443
	df	48	48	48	48	48	48
	p-value	<.001	0.002	<.001	<.001	0.161	0.001
Visuospatial	Pearson's r	-0.37	-0.236	-0.375	-0.382	-0.032	-0.219
	df	48	48	48	48	48	48
	p-value	0.008	0.098	0.007	0.006	0.823	0.126
Orientation	Pearson's r	-0.568	-0.469	-0.478	-0.583	0.02	-0.197
	df	48	48	48	48	48	48
	p-value	<.001	<.001	<.001	<.001	0.888	0.17
Attention	Pearson's r	-0.475	-0.323	-0.466	-0.488	-0.098	-0.18
	df	48	48	48	48	48	48
	p-value	<.001	0.022	<.001	<.001	0.498	0.21
Language domain	Pearson's r	-0.549	-0.463	-0.497	-0.544	-0.021	0.049
	df	48	48	48	48	48	48
	p-value	<.001	<.001	<.001	<.001	0.888	0.737
Memory domain	Pearson's r	-0.043	0.024	-0.153	-0.017	-0.125	-0.138
	df	48	48	48	48	48	48
	p-value	0.768	0.871	0.288	0.907	0.386	0.339

1

Image 2:

Correlation Matrix	Positive			Negative			
	Pearson's r	df	p-value		Pearson's r	df	p-value
P1: Delusions	-0.255	48	0.074	N1: Blunted affect	-0.243	48	0.089
P2: Conceptual disorganization	-0.561	48	<.001	N2: Emotional withdrawal	-0.351	48	0.012
P3: Hallucinatory behavior	-0.297	48	0.036	N3: Poor rapport	-0.569	48	<.001
P4: Excitement	-0.307	48	0.03	N4: Passive/apathetic social withdrawal	-0.497	48	<.001
P5: Grandiosity	-0.44	48	0.001	N5: difficulty in abstract thinking	-0.625	48	<.001
P6: Suspiciousness /persecution	-0.354	48	0.012	N6: Lack of spontaneity and flow of conversation	-0.625	48	<.001
P7: Hostility	-0.345	48	0.014	N7: Stereotype thinking	-0.37	48	0.008
			General				
G1: Somatic concern	-0.414	48	0.003	G9: Unusual thought content	-0.575	48	<.001
G2: Anxiety	-0.315	48	0.026	G10: Social disorientation	-0.608	48	<.001
G3: Guilt feelings	-0.446	48	0.001	G11: Poor attention	-0.635	48	<.001
G4: Tension	-0.152	48	0.292	G12: Lack of judgment or insight	-0.569	48	<.001
G5: Mannerisms and posturing	-0.316	48	0.025	G13: Disturbance of volition	-0.525	48	<.001
G6: Depression	-0.542	48	<.001	G14: Poor impulse control	-0.483	48	<.001
G7: Motor retardation	-0.473	48	<.001	G15: Preoccupation	-0.368	48	0.008
G8: Uncooperativeness	-0.538	48	<.001	G16: Active social avoidance	-0.516	48	<.001

Image 3:



Conclusions: We conclude that cognitive function significantly declines(executive function was the most and memory was not significantly impacted) with respect to increasing disease severity and duration of illness in long term psychosis.Most positive symptoms, excluding delusions,and negative symptoms (apart from blunted affect) and general symptoms (except tension), were significantly linked to cognitive decline.

Disclosure of Interest: None Declared

EPV1835

How Common did the Chronic Schizophrenic Inpatients Suffer from Constipation, and Why? A Cross-sectional Study in A Psychiatric Hospital in Taiwan

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Introduction: Patients with schizophrenia are at highs risk for constipation and are more likely experienced severe health consequences than the healthy general population. Due to the heterogeneous definition and the health professionals' long-term attitude of taking condition for granted, constipation has been neglected, and the relevant evidence is insufficient.

Objectives: This study aims to investigate the prevalence rate of the chronic schizophrenic inpatients, and to address the relevant factors that may be related with their constipation.

Methods: The study adopted the cross-sectional study design with the approach of purposeful sampling. Hospitalised patients with chronic schizophrenia in a psychiatric hospital in central Taiwan were enrolled through the advertising posters, and a total of 300 persons were finally included after screening with inclusion/exclusion criteria. Both subjective and objective data were collected by questionnaires which were developed and performed by the research

team, and descriptive and inferential statistical analyses were performed with SPSS, version 25. Statistical significance was set at the 5% level.
Results: The definition of constipation was defined as receiving any laxative agent during the study period, and the point prevalence rate of constipation in the chronic schizophrenic inpatients was 74.7%. Three factors were found relevant with constipation with statistical significance. The combined use of first-generation and second-generation antipsychotic medications (OR=3.28 95% CI:1.14-9.46) was regarded as detrimental factors while both increased education years (OR=0.92, 95% CI: 0.87-0.97) and more exercises (more attendance to the twice-a-day self-initiated aerobic exercises) (OR=0.47, 95% CI: 0.23-0.97) were found protective.
Conclusions: The point prevalence rate of constipation was much higher than other similar studies locally or internationally, but, however, such result also faithfully revealed the fact that constipation is literally a ubiquitous health problem among the chronic schizophrenic inpatients. The researchers suggested that performing health education on constipation, enhancing the extent of aerobic exercises and promoting health behaviours for positive cycle, and discussing with the prescribing physicians to simplify the use of antipsychotic agents may mitigate the risk of constipation.

Disclosure of Interest: None Declared

EPV1836

A first case association of Lambert-Eaton Myasthenic Syndrome and First Episode Psychosis: a case report

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Introduction: Lambert-Eaton Myasthenic Syndrome is an autoimmune neuromuscular junction disorder characterized by proximal weakness, autonomic dysfunction, and areflexia associated with antibodies against voltage-gated calcium channels. Psychotic symptoms can take place in many auto-immune neurological disorders, but their occurrence in myasthenic syndromes has rarely been observed.
Objectives: We report a case of a 21-year-old female with primary autoimmune Lambert-Eaton Myasthenic Syndrome due to anti-voltage-gated calcium channels antibodies subtype P/Q, who developed psychotic symptoms three years after motor symptom onset.
Methods: The patient attended regular psychiatric follow-ups over three years.
Results: With monthly administration, these psychotic symptoms improved after every cycle of intravenous immunoglobulin therapy. The patient displayed partial insight into the mental symptoms. Different causes of reversible psychosis were excluded, such as autoimmune encephalitis and paraneoplastic syndrome, though the patient tested positive for the anti-voltage-gated calcium channels antibodies subtype P/Q. Owing to muscle strength worsening and psychotic episodes, the patient was put on several treatments, including one admission to a Neurology unit. The patient then experienced psychotic exacerbation, leading to treatment with olanzapine at 20 mg/day. Psychotic symptoms persisted but were less severe, with greater intensity at night. After two years, the patient's condition showed significant improvement, with olanzapine increased to 25 mg/day.
Conclusions: This is, to our knowledge, the first described case of psychotic symptoms associated with Lambert-Eaton Myasthenic Syndrome. We speculate that voltage-gated calcium channel antibodies could have a role in developing mental symptoms. However, further hypotheses are discussed. Although the patient had received corticosteroid therapy before symptom onset, the timing and dosage make corticosteroid-induced psychosis unlikely. A primary psychotic disorder, such as schizophrenia, is considered improbable due to the atypical nature of the psychotic symptoms. This case underscores the need for further research on the neurobiological mechanisms linking VGCC antibodies to psychiatric symptoms.

Disclosure of Interest: None Declared

EPV1837

Cognitive Functions in Schizophrenic Patients: A Case-Control Tunisian Study

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Introduction: Cognitive impairments in schizophrenic patients are present from the first psychotic episode and remain relatively stable over time. These cognitive impairments primarily affect memory, attention, executive functions, and social cognition.
Objectives: The aim of this study was to assess cognitive functions in schizophrenic patients by comparing them to healthy controls.
Methods: Methods: We conducted a cross-sectional, descriptive, and analytical case-control study. It included 15 schizophrenic patients and 15 healthy controls. The study was carried out at the Psychiatry « c » Department outpatient unit at Hedi Chaker University Hospital in Sfax, Tunisia. Both cases and controls underwent interviews to answer predefined questionnaires. We used the Screen For Cognitive Impairment in Psychiatry (SCIP) scale in its literary Arabic version for the assessment of cognitive functions.
Results: The average scores for the total SCIP (ST) and its five subscales (Verbal Learning Test-Immediate (VLT-I), working memory (WMT), verbal fluency (VFT), verbal learning-Test-delayed (VLT-D), and processing speed Test (PST)) were 37.40, 12.87, 14.27, 3.93, 2.47, and 3.93, respectively, for the cases, and 47.27, 15, 18.13, 5.40, 4.33, and 4.40, respectively, for the controls. The cases had significantly lower total SCIP scores than the controls (p=0.05), specifically in the WMT (p=0.02) and VLT-D (p=0.01) subscales. There was no significant difference between the two groups in the VLT-I (p=0.241), VFT (p= 0.202), and PST (p=0.598) subscales.
Conclusions: This study found that cognitive deficits in schizophrenic patients primarily involved impairments in working

memory and verbal learning-delayed recall. Early screening for cognitive impairments in these patients should be systematic to specify the deficits and to hasten the integration in the neurocognitive training programs.

Disclosure of Interest: None Declared

EPV1838

Study of the relationship between cognitive deficits and sociodemographic, clinical and therapeutic factors in patients with schizophrenia

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Introduction: Cognitive deficits are a fundamental characteristic of schizophrenia, similar to positive and negative symptoms. They lead to significant disability due to their impact on various domains of life.
Objectives: This study aimed to study the relationship between cognitive impairment and sociodemographic, clinical, and therapeutic factors in patients with schizophrenia.
Methods: This study was carried out in the Psychiatry « c » Department at Hedi Chaker University Hospital in Sfax, Tunisia, involving 15 patients with schizophrenia. We used the Screen For Cognitive Impairment in Psychiatry (SCIP) in its literary Arabic version to assess cognitive functions. Data were analyzed using SPSS version 20.0 software.
Results: The mean age of the patients was 40 ± 12.72 years. Among the participants, 80% (n=12) were single. Seven cases (46.7%) had not exceeded primary education. The mean age of illness onset was 27.8 years, and the mean duration of illness was 13.7 years. Five patients (33.3%) had a family history of psychiatric disorders. All patients were receiving antipsychotics (AP), and 13.2% of them were on Haloperidol decanoate (HD). The mean scores for the total SCIP (ST) and its five subscales (verbal learning test-immediate (VLT-I), working memory test (WMT), verbal fluency test (VFT), verbal learning test-delayed (VLT-D), and processing speed test (PST)) were 37.40, 12.87, 14.27, 3.93, 2.47, and 3.93, respectively. A negative correlation was found between age and performance on the ST, WMT, and PST (r values: -0.515, -0.629, -0.615, respectively). Regarding marital status, VLT-I scores were better in single patients ($p=0.007$). Our study revealed that the low level of education was significantly correlated with several cognitive tests measured by the SCIP, including the ST, VLT-I, WMT, VFT, and PST. Mean scores for ST, VLT-I, WMT, VFT and PST were significantly lower in patients with illness onset after age 40 ($p<0.05$). The WMT score was significantly lower in patients with an illness duration exceeding 5 years and in patients with a family history of psychiatric disorders (p values: 0.05; 0.021). The PST score was significantly lower in patients on HD ($p=0.038$).
Conclusions: Sociodemographic, clinical, and therapeutic factors harm the cognitive abilities of patients with schizophrenia. Thus, it is essential to carry out neurocognitive assessments during the follow-up of these patients, taking into account factors likely to predict cognitive impairment.

Disclosure of Interest: None Declared

EPV1839

First episode of psychosis and transition to schizophrenia: the role of polypharmacy

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Introduction: The early stages after the onset of a first episode of psychosis (FEP) are crucial for the long-term outcome of the disease. Good outcome can be expected in <50% of patients, but three-quarters of all patients who experience a remission from a first episode of psychosis will have a recurrence of psychotic symptoms within a year of treatment discontinuation. Relapse prevention is key to preventing disease progression and further deterioration. Considerable number of patients experiencing a first episode of psychosis, will eventually transition to a diagnosis of Schizophrenia, so maintenance treatment should be the preferred option even in stable patients after a first episode of psychosis to remain in recovery. There is scarce information about differential effectiveness of antipsycotics in the long term. In such an atmosphere, the idea of polypharmacy with antipsychotics arises and may gain more supporters. Despite its obsolence, and unclear therapeutic benefits, as well as significant health risks, polypharmacy with antipsychotics is relatively common. This practice, due to unwanted effects, can lead to the arbitrary discontinuation of medication, and the consequent relapse of psychosis.
Objectives: To determine the association of transition to schiyophrenia after the first episode of psychosis with a monotherapeutic or polypharmacy approach to the use of antipsychotics.
Methods: A retrospective analysis of all hospitalized patients (87 patients, 65.5% were women), diagnosed with first episode of psychosis during a five-year period was conducted. The rate of relapse, and conversion to schizophrenia was analyzed in relation to the therapeutic approach (monotherapy vs polypharmacy with antipsychotics), within one year after the end of hospitalization due to the first episode of psychosis.
Results: 35.6% (31) of the subjects were treated with monotherapy. 25% (8) of them relapsed within a one-year period. 64.4% (56) of patients were treated with polypharmacy. 55.2% (48) of patients were treated with two antipsychotics, and 9.2% (8) with three. 75% (24) of subjects treated with polypharmacy had a relapse of psychosis within a year after discharge. There is a statistically significant difference between the groups of patients ($p< 0.05$).
Conclusions: A significantly higher rate of relapse, and conversion to schizophrenia within a year after the end of hospitalization due to the first psychotic episode exists in subjects who were treated with two or more antipsychotics compared to subjects treated with monotherapy. The practice of polypharmacy with antipsychotics should remain reserved for individual, specially selected patients.

Disclosure of Interest: None Declared

EPV1842

Management of antipsychotic-induced tardive dyskinesia with calcium channel blockers and botulinum toxin: a case report

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Introduction: Tardive dyskinesia (TD) is an iatrogenic disorder characterized by a range of movement abnormalities, described as irregular, stereotyped, and choreiform caused by exposure to antipsychotics. This condition can lead to significant or disabling symptoms that affect quality of life. However, the exact mechanism underlying TD remains unclear. Pharmacotherapy of TD includes cholinergic drugs, benzodiazepines, antioxidants, amantadine, propanolol, botulinum toxin, whereas the non-pharmacotherapy approach includes modified electroconvulsive therapy and deep brain stimulation. We successfully treated a chronic schizophrenia patient with comorbid TD using Aripiprazole and botulinum toxin after trying calcium channel blockers in association with Aripiprazole and vitamin E.
Objectives: To determine the effects of calcium channel blocker drugs (Amlodipine) for treatment of neuroleptic-induced tardive dyskinesia in people with schizophrenia, and the efficiency of botulinum toxin in treating induced tardive dyskinesia.
Methods: Through a case report and a literature review, our work aims to study antipsychotics induced tardive dyskinesia and its pharmacotherapy especially the use of calcium channel blocker and botulinum toxin in association with Aripiprazole.
Results: A 22 years male, diagnosed with schizophrenia since the age of 16 years, with one hospitalization. The evolution of his disease was marked by the development of a tardive dyskinesia, cervical and brachial movements disorders with rapid worsening in few months, the patient was treated with olanzapine oral administration. During his follows-up, his tardive dyskinesia disn't resolve despite switching the incriminated antipsychotic to Aripiprazole , lowering the dose since he was on complete remission. we added benzodiazepines and vitamin E to his treatment , before trying the calcium channel blocker for two months, with no improvement , on the contrary a worsening was noted using the Unified Dyskinesia Rating Scale . The aggravation of the movements was a reason for the patient attempted suicide , after this late incident we chose to try the botulinum toxin injections. His tardive dyskinesia was spectacularly improved within the fisrt injections.
Conclusions: Antipsychotic drugs are known to cause a variety of adverse effects, including tardive dyskinesia. Hence the importance of knowing the pharmacotherapy and non-pharmaco- therapy to manage this effect, through this case report where it tardive dyskinesia got treated after using botilinum toxin injections with a spectacular improvement in its Unified Dyskinesia Rating Scale. In our case , we had no response after adding calcium channel blocker .The effects of calcium channel blockers for antipsychotic-induced tardive dyskinesia are unknown, and it use is still limited.

Disclosure of Interest: None Declared

EPV1842

Treatment Strategies in Managing Negative Symptoms in Schizophrenia

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Introduction: Negative symptoms pose a significant challenge for the treatment and management of schizophrenia. They refer to the loss or diminishment of normal emotional and behavioural functions, which profoundly impact one's quality of life and socio-occupational outcomes. They are often persistent and difficult to treat.
Objectives: To explore and assess different treatment strategies for addressing negative symptoms of schizophrenia, including pharmacological, psychosocial, and non-invasive neurostimulation interventions. The goal is to provide an overview of current evidence and recommendations for enhancing the quality of life and functional outcomes in individuals with schizophrenia.
Methods: We conducted a review of the extant literature to determine treatment strategies for negative symptoms in schizophrenia. We incorporated findings from randomised controlled studies, meta-analyses and systematic reviews.
Results: We have identified several treatment strategies for negative symptoms in schizophrenia. The literature indicates that second generation antipsychotics such as Cariprazine and Amisulpride are associated with better functional outcomes with lower cognitive impairment. Adding on an anti-depressant, particularly to first-generation antipsychotics, has demonstrated positive effects. Psychosocial interventions including Cognitive Remediation (CR), Social Skills Training (SST) and exercise programs also alleviate negative symptoms. Additionally, non-invasive neurostimulation intervention such as rTMS applied to the left dorsolateral prefrontal cortex (DLPFC) has shown encouraging results in reducing negative symptoms.
Conclusions: The findings highlight the important of comprehensive and holistic treatment approach integrating both pharmacotherapy and non-pharmacotherapy strategies to address the heterogeneity of negative symptoms. There is a need for further research into personalised treatments that address individual symptom profiles.

Disclosure of Interest: None Declared

EPV1843

The influence of self-esteem and therapeutic alliance on psychotic symptom severity

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Introduction: The therapeutic alliance (TA) is increasingly acknowledged as a fundamental quality of care indicator. Numerous guidelines advocate TA awareness in practice, but lack specifics on building a strong TA. Yet, previous studies have found independent associations between levels of self-esteem, the quality of TA and severity of clinical symptoms in people with schizophrenia and other psychotic disorders. It suggests that the TA possibly mediates the relationship between self-esteem and psychotic symptoms. The present study therefore examined the relationships between these three factors in people with psychotic disorders.

Objectives: Investigating the mediating effect of TA on the relationship between self-esteem and psychotic symptom severity.

Methods: The short forms of the *Self-Esteem Rating Scale* and the *Working Alliance Inventory*, respectively, were used to assess self-esteem and TA. Psychotic symptoms were evaluated using the *Positive and Negative Syndrome Scale*. Linear regression models were applied, followed by a mediation-model when appropriate.

Results: A higher self-esteem significantly predicted less severe psychotic symptoms (B = -.312; β = -.46, p <.001) and better TA (B = .123, β = .255, p = .009). There was no significant relation between TA and psychotic symptom severity (B = -.161; β = -0.109, p = .289), therefore no mediation-analysis was performed.

Conclusions: We found no association between TA and psychotic symptoms, which may be explained by the mild psychotic symptoms and overall high satisfaction scores on TA in our chronic sample. Another factor might be that current measurements assume a one-on-one relationship between a client and a professional, while nowadays multiple professionals are involved. We recommend re-evaluating the definition and assessment of the TA within chronic psychiatric populations. Our study results also offer practical guidelines for clinicians to improve their quality of care, such as the recommendation to focus on enhancing self-esteem in people with psychosis.

Disclosure of Interest: None Declared

EPV1844

Augmenting clozapine with other antipsychotics: results from two nationwide cohorts

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Introduction: A large proportion of patients with schizophrenia do not have a sufficient response even to clozapine. Very little is known if any pharmacological augmentation treatment can improve the long-term outcome of these patients.

Objectives: We studied the comparative effectiveness of oral risperidone, olanzapine, quetiapine, and aripiprazole augmentation of clozapine treatment on the risk of hospitalization due to psychotic episode as a marker for severe relapse among patients with schizophrenia.

Methods: In this population-based study, patients with schizophrenia or schizoaffective disorder using clozapine were included from Finnish (years 1996-2017) and Swedish (years 2006-2021) nationwide registers of inpatients care, specialized outpatient care, sickness absence, and disability pension. The risk of hospitalization associated with periods of antipsychotic augmentation vs. clozapine monotherapy (expressed as adjusted hazard ratio, aHR) was assessed by a within-individual design, using each individual as his/her own control, and analyzed with stratified Cox models. The two national cohorts were first analyzed separately, and then results were combined using a random-effect meta-analysis. Secondary outcomes were somatic hospitalization and composite outcome of psychosis/ somatic hospitalization.

Results: In the meta-analysis of 23,206 clozapine users, medium dose (9-16.5 mg/day) aripiprazole augmentation was associated with the lowest risk of relapse among patients with low-dose (< 180 mg/day) (meta-analysis aHR 0.67, 95% CI 0.46-0.97, p=0.03), medium-dose (180-330 mg) (0.79, 0.70-0.91, p= 0.0006), and high-dose (>330 mg) clozapine (0.68, 0.62-0.75, p<0.0001), compared with the same clozapine dose as monotherapy. Augmentation with higher dose of aripiprazole or with other antipsychotics was associated with less favorable outcome. Only aripiprazole augmentations were associated with decreased risk of psychosis/somatic hospitalization, and the lowest risk was observed for medium-dose aripiprazole plus high-dose clozapine (0.70, 0.58-0.84, p=0.0001). Medium-dose aripiprazole plus high-dose clozapine was not associated with the risk of somatic hospitalization (0.66, 0.30-1.44, p=0.29), when compared with clozapine monotherapy in the same dose category.

Conclusions: This meta-analysis of two nation-wide cohorts totaling over 23,000 clozapine using patients indicates that 10-15 mg/day aripiprazole augmentation of clozapine treatment is associated with about 20-30% decreased risk of relapse compared with clozapine monotherapy periods within the same individuals.

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EPV1846

Attitudes of patients with psychotic disorders towards psychoactive substances

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Introduction: Understanding patient attitudes toward psychoactive substances is essential for improving treatment outcomes in psychotic disorders. Substance use complicates these disorders, worsening symptoms and hindering recovery. Despite known risks, many individuals with psychotic disorders engage in substance use influenced by various factors. The debate over the legalization, decriminalization, and normalization of psychoactive substances, including marijuana and psychedelics, is growing. Legalization removes legal restrictions, decriminalization reduces penalties, and normalization involves societal acceptance of these substances. Alcohol, a culturally embedded substance, is also highly harmful despite its legal status. Recently, there has been increased interest in cannabis for therapeutic use, though its role in psychotic disorders remains contentious. While some evidence suggests the benefits of cannabidiol (CBD), excessive use of high-THC cannabis may elevate the risk of psychosis or exacerbate symptoms.
Objectives: To examine the attitudes and perceptions of patients with psychotic disorders toward alcohol, marijuana, and psychedelics, and to assess the prevalence of psychoactive substance use among individuals with psychotic disorders.
Methods: For this descriptive study, data were collected from September 2023 to September 2024 through a questionnaire distributed to patients during their hospitalization at the University Hospital of Split in the Psychiatry Department. Inclusion criteria included adult patients with ICD diagnoses from F20-F29 who agreed to participate in the study; exclusion criteria included patients with F21 (unless they also have F23) and those who declined to participate.
Results: This study examined the attitudes and behaviors of 62 patients with psychotic disorders regarding alcohol and psychoactive substance use. The sample consisted of 37 men (59.7%) and 25 women (40.3%). Alcohol consumption was reported by 34 respondents (54%) in socially acceptable quantities, while 7 respondents (11.3%) admitted to combining alcohol with medications. Additionally, 8 respondents (12.9%) reported using other psychoactive drugs. Regarding perceptions, 6 respondents (9.7%) believed that marijuana helps their health, and an equal number expressed a similar belief about psychedelics.
Conclusions: Despite therapeutic cooperation, many patients continue to consume alcohol due to its availability and social acceptance. Some patients use marijuana, believing that it improves their mental state, while others use psychedelics; however, fewer patients engage with these substances compared to alcohol. These findings reveal significant variability in substance use and perceptions among patients with psychotic disorders, highlighting the need for further investigation into the factors influencing these behaviors to develop effective treatment strategies and support systems tailored to this population.

Disclosure of Interest: None Declared

EPV1847

Public perception towards marriage involving individuals with schizophrenia and its relationship with affirming attitudes among the general population

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Introduction: The perception of marriage involving individuals with schizophrenia remains critical in understanding the broader societal attitudes towards mental illness. Stigma and misconceptions often shape public views. Few studies have been conducted on this subject and the perceptions regarding this topic have not been thoroughly investigated.
Objectives: This study aimed to explore perceptions of the general public regarding marriage in individuals with schizophrenia and to assess the relationships between these perceptions and affirming attitudes.
Methods: A cross sectional study was conducted via an online survey. It included a detailed description of clinical symptoms and outcomes of schizophrenia. Thirteen open-ended questions, adopted from the study of Kumar et al., 2019, and assessing various aspects of marriage in individuals with schizophrenia were asked.
A battery for measurement of affirming attitudes about mental illness was used, comprising the Empowerment scale(ES) to assess people's beliefs about the social worth of people with mental illness, the Recovery scale (RS) to evaluate people's beliefs about potential of recovery from serious mental illness and the self-discrimination scale (SDS) to assess people's expectations about a person with mental illness successfully pursuing his life goals.
Results: A total of 304 participants took part in the study, most of whom were between 20 and 30 years old, 80,9 were women. Additionally, 23.35% mentioned living with someone diagnosed with a psychiatric disorder. Results revealed that the majority of participants held reservations about marriage for individuals with schizophrenia. Over 50% believed that marriage neither cures nor improves symptoms, and more than 60% were reluctant to marry someone with schizophrenia or agreed to a marriage match involving a schizophrenic person. However, 53% agreed that individuals with schizophrenia have the right to make their own decisions about marriage, though concerns remain regarding their ability to manage family responsibilities. Regarding perceptions of schizophrenia, individuals who believed that marriage is not a cure for the illness and those who stated they would never consider marrying someone with schizophrenia exhibited significantly higher RS scores (p=.009 and p<10^-3, respectively). Participants who disagreed with the fact that individuals with schizophrenia have the right to marry showed significantly higher RS (p=.023), ES (p=.03), and SDS (p=.033) scores.
Conclusions: This study highlights the ongoing challenge of stigma towards individuals with schizophrenia, particularly about their perceived suitability for marriage. While there are encouraging signs of changing attitudes, broader efforts are needed to foster a more inclusive and supportive societal perspective on mental health and marriage.

Disclosure of Interest: None Declared

EPV1848

Public Perceptions of Marriage Among Individuals with Bipolar Disorder Versus Schizophrenia: A Comparative Analysis

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Introduction: Marriage is widely regarded as an important part of social life, providing emotional support and stability. However, public perceptions of marriages involving individuals with psychiatric conditions like schizophrenia and bipolar disorder are not well understood. Stigma likely plays a crucial role in shaping these perceptions and affects societal attitudes toward such unions.
Objectives: This study aimed to explore and compare public perceptions of marriage in individuals with schizophrenia and in individuals with bipolar disorder, and to examine how these views affect their marital prospects.
Methods: A cross-sectional survey was conducted using an online form to gather data from the general population. It covered socio-demographic and clinical variables, as well as detailed descriptions of schizophrenia and bipolar disorder symptoms and outcomes. The survey also included questions on public attitudes toward marriage involving individuals with schizophrenia and bipolar disorder. Participants answered 13 questions about the right of individuals with these conditions to marry, their capacity to maintain a stable relationship, and whether they would personally consider or recommend marrying someone with these disorders. This study was inspired by the article of Kumar et al., 2019).
Results: The study involved 304 participants, mostly young adults, with 246 being women. Around 35.6% had a family history of psychiatric illness, and 23.35% lived with someone with a psychiatric disorder. The findings revealed significant differences in public perceptions of marriage for individuals with schizophrenia versus bipolar disorder. Participants were more strongly opposed to marriage as a cure, especially for schizophrenia ($p<10^{-3}$), and more had never considered finding a partner for someone with schizophrenia compared to bipolar disorder ($p<10^{-3}$). Reluctance to marry someone with schizophrenia was also significantly higher, even if compatibility was present ($p<10^{-3}$).
Regarding bipolar disorder, concerns about marriage exacerbating symptoms were more prevalent compared to schizophrenia ($p=0.001$). Despite these concerns, the stigma around marriage with individuals affected by bipolar disorder appeared less severe, as indicated by participants' greater openness toward the possibility of such a union in individuals with schizophrenia ($p<10^{-3}$).
Conclusions: Results emphasize the need for targeted awareness and educational initiatives to address misunderstandings and support the marriage goals of individuals with mental health conditions. Future studies should examine the factors shaping these perceptions and develop approaches to promote a more inclusive perspective on marriage and mental health, tackling stigma and challenging widespread stereotypes.

Disclosure of Interest: None Declared

EPV1849

General population's perceptions regarding marriage in patients with schizophrenia

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Introduction: Public perceptions of mental illness, particularly in the context of marriage, are shaped by a myriad of factors, including cultural beliefs, media representations, and personal experiences. These perceptions often involve misconceptions and negative stereotypes leading to social stigma and discrimination. For individuals with schizophrenia, stigma can result in significant challenges in forming and maintaining marital relationships.
Objectives: To explore these perceptions we performed a qualitative analysis of public attitudes toward marriage in individuals with schizophrenia. By examining these perceptions, we aimed to identify common themes, misconceptions, and areas where public education might be most effective.
Methods: A cross-sectional study was conducted among general population. A survey was proposed via social networks. It included, additionally to socio-demographic and clinical variables, a detailed description of clinical symptoms and outcomes of schizophrenia along with open-ended questions assessing the perceptions of potential benefits and disbenefits of being an intimate partner of an individual with schizophrenia. Answers were arranged and the commonly reported themes in public opinion were identified.
Results: A total of 304 participants majoritively aged between 20 and 30 years old were included, 80.9% among them were women. The most of them were graduated from university. Family psychiatric history was reported by 35.6% of the participants and 23.35% of them stated that they were living with a person with a psychiatric disorder. About 87% of the participants admitted that they had seen a psychiatrist at least once in their lives. Responses regarding potential disbenefits of being married to a patient with schizophrenia included 8 themes, the most representative ones were 1) the fear of dealing with the exacerbations (16.4%); 2) the risk of being attacked physically (10.9); 3) the impossibility of maintaining a stable relationship (10.9%); 4) the lack of communication (6.6%); and 5) the risk of separation (5.6%). Other themes included concerns about 6) dealing with an irresponsible partner (4.6%); 7) the risk of suicide and 8) the possibility of transmitting the pathology to descendants (2.3%).
About 23% of the participants stated that they were willing to get married with a schizophrenic patient in order to help him survive his illness.
Conclusions: This study has shed light on the complex and multifaceted perceptions held by the general population regarding marriage with a schizophrenic person. However, the study also revealed a glimmer of hope in the form of empathy and a growing recognition of the need for accurate information and support. As public awareness of mental health issues continues to rise, there is potential to challenge and change these negative perceptions.

Disclosure of Interest: None Declared

EPV1850

Effect of Semaglutide versus placebo on prediabetes, psychotic symptoms, and quality of life (HISTORI): A randomized clinical trial among patients with schizophrenia

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Introduction: Individuals diagnosed with schizophrenia experience a 2- to 3-fold higher mortality rate compared to the general population, with cardiovascular disease being the primary cause. On average, they lose about 15 years of potential life. Additionally, up to 15% of individuals with schizophrenia develop type 2 diabetes, further exacerbating their health challenges.
Objectives: This study aimed to evaluate the efficacy of Semaglutide, a glucagon-like peptide-1 receptor agonist, as an adjunctive treatment to antipsychotic therapy in patients with schizophrenia spectrum disorders, prediabetes and overweight.
Methods: We conducted an investigator-initiated, randomized, placebo-controlled, double-blind trial across two clinical sites in Denmark. Out of 402 possible eligible participants, 154 were enrolled. Participants were receiving second-generation antipsychotic treatment, were overweight or obese, and had prediabetes (HbA1c 39-47 mmol/mol). Data collection spanned from January 1, 2022, to May 1, 2024. The primary outcome measure was changes in HbA1c, with secondary outcomes including psychotic symptoms, quality of life, BMI, and cardiometabolic parameters. A prespecified statistical analysis plan was registered with ClinicalTrials.gov prior to unblinding the treatment arms.
The trial is spear-headed by Odense University Hospital with recruitment from community psychiatry settings in the Region of Southern Denmark and Region Zealand.
Results: The last patient visit was May 1, 2024 and unblinding occurred primo September 2024. Results will be analyzed in Q4, 2024 and primary and secondary results presented at the conference.
Conclusions: Semaglutide holds potential as a novel therapeutic option for individuals with schizophrenia who experience prediabetes and antipsychotic-induced weight gain.

Disclosure of Interest: None Declared

EPV1851

Reward processing in schizophrenia: a pilot fMRI study for examining delusions using the monetary incentive delay task

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Introduction: Schizophrenia is a severe psychiatric disorder characterized by positive (delusions and hallucinations), negative and disorganization symptoms. According to the influential dopamine hypothesis, positive symptoms of schizophrenia are linked to increased dopamine transmission in subcortical regions, particularly the striatum. Kapur's aberrant salience theory further suggests that hyperdopaminergia leads to increased and disorganized reward prediction error signalling, leading to the misattribution of significance to irrelevant stimuli, which contributes to the development of delusions. Negative symptoms have been argued to reflect reduced reward prediction error signalling.
Objectives: To design an optimized monetary incentive delay (MID) task for use in fMRI studies of schizophrenia patients. For this, a pilot study was conducted in order to test the effects of monetary incentives on task performance in schizophrenia patients and healthy controls.
Methods: Nine healthy controls and seven patients with DSM-5 schizophrenia completed the MID task, including a training and test phase. This task evaluates reward processing by presenting cues that predict either rewarding or non-rewarding outcomes before a target that requires a speeded response. We investigated the effect of these cues on task performance (accuracy and reaction times) through a repeated measures ANOVA that compared rewarding and non-rewarding cues with a between-subjects factor for diagnosis.
Results: The patients with schizophrenia exhibited slower RT and lower accuracy compared to healthy controls (main effect of group, RT $p = 0.008$, accuracy $p = 0.047$). There was also a significant main effect of condition, with better accuracy and shorter RT in the rewarded condition in both the patients and controls (accuracy $p = 0.01$, RT $p = 0.003$). However, there was no significant group*-condition interaction. Both the patients and the controls showed significant improvements in task performance when rewards were offered, compared to when no rewards were provided.
Conclusions: Our MID task shows expected performance effects in patients with schizophrenia, producing effects comparable to those observed in healthy controls. This MID task design is therefore suitable for examining and understanding symptom profiles associated with reward processing, such as delusions and negative symptoms.

Disclosure of Interest: None Declared

EPV1853

Utility of Computational Models in Predicting the Efficacy of Stem Cell Therapy for Schizophrenia – Insights from a Systematic Review and Meta-Analysis

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Introduction: Schizophrenia is a disorder associated with significant morbidity, largely due to poor treatment outcomes with existing interventions. Emerging evidence demonstrates that stem cell therapy using either patient-derived induced pluripotent stem cells (iPSCs) or mesenchymal stem cells (MSCs), may offer an effective alternative for treating schizophrenia by promoting the restoration of excitatory interneurons. However, given the variability in the therapeutic potential of iPSCs and MSCs, adopting a progressive computational approach to predict the clinical outcomes of these therapies might be an effective strategy.

Objectives: The objective was to evaluate the efficacy of stem cell therapy in schizophrenia and to explore the role of computational models in predicting the outcomes of this therapy.

Methods: We conducted a systematic search of clinical trials and studies published (since 2015) in PubMed, SCOPUS, and EMBASE. The review included all randomized controlled trials involving iPSC or MSCs-based interventions and studies that incorporated computational models to predict outcomes. A total of 22 studies including 1436 individuals were included in the review. Meta-analytic methods were used to calculate pooled effect sizes on cognitive outcomes and reduction or improvement in negative symptoms was recorded using standardized mean difference (SMD) and risk ratios (RR).

Results: This involved 979 patients with schizophrenia from four studies that met quality review criteria, revealing that MSC-based therapies using positive controls significantly improved negative symptoms with a standardized mean difference (SMD) of 0.52 (95% CI, 0.32–0.73; $P < 0.001$). Improvements in cognition, especially in the domains of memory and executive function, were significant in treated groups using iPSCs (SMD = 0.61, 95% CI, 0.40–0.82; $P < 0.0001$). The predictive models that classified interneuron (PV and SST) restoration in terms of sensitivity (83.4%) and specificity (78.2%) enhanced the ability to predict responder treatment effects. Ultimately, computational modeling reduced predictive variance in therapeutic efficacy by 18.7% ($p = 0.006$).

Conclusions: Our meta-analysis revealed that stem cell therapies, particularly MSCs and iPSCs, significantly improved both negative and cognitive symptoms associated with schizophrenia. Additionally, predictive models using computational methods were found to accurately predict the therapeutic outcomes for intervention treatments based on the resting patient subgroups that received interneuron restorations. We conclude that stem-cell-based therapies especially when used alongside computational models have tremendous potential to provide precise and personalized psychiatric care.

Disclosure of Interest: None Declared

EPV1856

Development of a Novel Task to Assess Fast and Slow Thinking in Schizophrenia

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Introduction: Delusions in schizophrenia have been theoretically linked to probabilistic reasoning bias ('jumping to conclusions', JTC), although experimental support has been mixed (Garety *et al* BJP 2013; 203 327-333). Ward and Garety (Schiz Res 2019; 203 80-87) recently proposed a reformulation of the theory in terms of Kahneman's concepts of 'fast' and 'slow' thinking. This proposes that decision-making involves two cognitive processes: a fast, heuristic-based approach which is prone to errors, and a slow, deliberate process that carefully evaluates all the relevant evidence. According to this view, an overreliance on fast thinking and/or reduced engagement of slow thinking underlies the initial development of delusional interpretations of everyday events and also makes them harder to be corrected.

Objectives: Our aim was to develop a novel task to investigate the fast and slow thinking hypothesis of delusions in patients with schizophrenia, for use in behavioural and functional imaging studies. As a preliminary step, we tested this task on healthy participants.

Methods: A battery of 137 experimental questions (where fast thinking leads to incorrect answers) was generated from multiple sources, including examples of the base rate and conjunction fallacies, the cognitive reflection test (CRT), trick questions, and syllogisms. Example questions included: If it takes 5 machines 5 minutes to make 5 widgets, how long would it take 100 machines to make 100 widgets? [Correct answer = 5 minutes; intuitive answer = 100 minutes; category: cognitive reflection] A farmer had 15 sheep and all but 8 died. How many are left? [intuitive answer: 7; correct answer: 8, category: trick question]. 137 control questions (where both fast and slow thinking give the correct answer) were adapted from the experimental questions. The questions were administered online to 176 healthy volunteers using PsychoPy software, with 15 experimental and 15 control questions randomly assigned to each participant.

Results: The sample had a mean age of 40.3 years (range 17-77 years); 55.1% were female and 65.9% had a university education. Correct answers to experimental questions were markedly fewer than answers to control questions in all categories (overall $p < 0.001$). Response latency for the experimental questions was slightly higher than for the control questions, apart from in one category (CRT) (overall $p = 0.004$).

Conclusions: Results from a large sample of healthy participants indicate that a battery of questions can be feasibly developed to reliably detect fast thinking.

Disclosure of Interest: None Declared

EPV1858

Correlates of adherence to antipsychotic Medications in Patients with Schizophrenia and Bipolar Disorders

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Introduction: The World Health Organization defines non-adherence to treatment as "a situation where an individual's medication-taking behavior diverges from the agreed recommendations of healthcare professionals". Individuals with psychiatric disorders frequently encounter challenges in adhering to their prescribed treatments, which is due amon other factors to a lack of insight. The non-adherence can lead to increased relapse rates, diminished treatment efficacy over time, and adverse effects on both the individual and the broader community.
Objectives: This study's objectives were towfold : (1) to investigate medication adherence among patients with schizophrenia and bipolar disorders under antipsychotics, and (2) to identify various factors associated with non-adherence to antipsychotic treatments.
Methods: A cross-sectional study was conducted at Razi Hospital, Tunisia, between December 2023 and January 2024. Were included patients who attended the outpatient clinic during the study period, who were in remission for at least one month and who were receiving antipsychotic medication. The Brief Adherence Rating Scale, the Positive and Negative Syndrome Scale and the Glasgow Antipsychotic Side-effects Scale were administered to all patients.
Results: The study included 35 male patients with a mean age of 39 years ± 11 years. Schizophrenia was diagnosed in 86% (N=30) of the participants. Of these, 49% were prescribed first-generation antipsychotics (N=17), while 51% (N=18) were prescribed second-generation antipsychotics. More than half of the patients (63%) demonstrated non-adherence to their treatment regimen. Among these, 65% exhibited moderate to severe lack of insight into their illness, and 66% had not received psychoeducation about their condition. A significant association was found between non-adherence and moderate to severe lack of insight (p=0.000, OR=4, 95% CI [1.4-10]), lack of psychoeducation for the patient (p=0.02, OR=2, 95% CI [1-4.3]), and lack of psychoeducation for the caregiver (p=0.05, OR=1.7, 95% CI [0.9-3.2]). Binary logistic regression analysis indicated that lack of insight (p=0.01, OR=3.6) remained a significant risk factor for non-adherence.
Conclusions: This study underscores significant association between lack of insight and non-adherence to antipsychotic medications. Enhancing insight through early psychoeducational interventions could potentially improve medication adherence and positively influence long-term clinical and functional outcomes for patients.

Disclosure of Interest: None Declared

EPV1859

Validation of EPICOG-SCH Screening Battery in First Episode Psychosis: Cohort Study to Follow up Cognition and Functionality

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Introduction: The Epidemiological Study of Cognitive Impairment in Schizophrenia (EPICOG-SCH) is a brief battery to screen for cognitive impact of schizophrenia in outpatient settings. The EPICOG-SCH includes well-known subtests available worldwide that cover key cognitive domains demonstrated to be related to a variety of functional outcomes. Novel composite scores are modelled to predict patient's functionality in daily life at short, mid and long term.
Objectives: We want to progress in the elaboration of specific algorithms first episodes of schizophrenia at different follow up periods by modelling cognitive performance to predict short, mid and long term functionality.
Methods: Data for the present investigation were obtained from an the epidemiological and three-year longitudinal intervention program of first-episode psychosis (PAFIP) conducted at the outpatient clinic and the inpatient unit at the University Hospital Marques de Valdecilla, Spain. The cohort is composed by 167 patients with a diagnose of Schizophrenia and 160 healthy controls recruited between February 2001 to February 2014. For all analyses, a subset of measures was selected corresponding to the EPICOG-SCH domains with the Rey Auditory Verbal Learning Test (RAVLT) task ifor Logical Memory. Functional outcomes were measured by the Disability Assessment Scale (DAS) and the General Assessment for Function (GAF) scales. Functional measurements were conducted regarding premorbid, baseline set at clinical stabilization and 1, 3 year follow-up, and cognitive assessments where conducted at baseline and 1, 3 years of follow up.
Results: A cohort of 122 patients and 114 Controls completed the study with a 3-year follow up were included in the analysis. Changes across evaluations is tested in patients and controls. A regression analysis including the different EPICOG-SCH subtests at baseline as predictors of functionality at the different time points to explore the best predictive algorithms at 1 and 3 years of patient's functionality in daily life following a first-episode.
Conclusions: The EPICOG-SCH brief battery is modelled to be a useful first to screen for the cognitive impact of schizophrenia in daily functionality daily life. This research work will validate the composite scores for a context of use of first-episodes schizophrenia and follow up. To date it has not been described an efficient and straightforward way for clinicians working with schizophrenia to

transfer quantitative information about patient cognitive profile into real life. The EPICOG-SCH global composite score provides valuable information to clinicians which can facilitate disease management, drawing a roadmap for cognitive rehabilitation, and planning of supportive resources from the community and health care system.

Disclosure of Interest: None Declared

Sexual Medicine and Mental Health

EPV1861

Breaking the silence: Understanding the impact of sexual violence on mental health in Tunisia

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Introduction: Sexual violence is considered to be one of the most traumatic, pervasive, and common human rights violations. In Tunisia, there is limited research about this issue.
Objectives: The present study aims to explore the relationship between sexual violence and mental health in Tunisia, with a focus on understanding the prevalence and types of mental health problems experienced by victims, as well as different factors related to it.
Methods: This is a descriptive cross-sectional study that took place over six months from September 2022 to March 2023. Data collection was carried out using an online self-administered questionnaire distributed online. It is composed of 24 questions with "restricted" answers in the form of propositions. Each participant was invited to fill out the sociodemographic and clinical data form, the Harvard trauma questionnaire and the Hopkins symptoms questionnaire.
Results: 86.1% of our participants reported that they were subjected to a form of sexual aggression. Including 95.5% female, 4% male, and 0.5% non-binary. The median reported age of the first sexual aggression was 14 years. Our study found no significant correlation between age and trauma outcomes. Participants who reported sexual aggression were more likely to have scores above the cutoff for both the Harvard PTSD score and the Hopkins Symptoms Checklist scores. No statistically significant difference was found in the comparison of scores across genders. Participants with a past medical psychiatric history had a significantly higher average Harvard PTSD score as well as Hopkins symptoms checklist scores compared to those without this history. 35.5% of our participants chose not to disclose their traumatic experience to anyone. Notably, 34% of disclosures were made to friends and 22% to family members. The study found no statistically significant difference in the scores for post-traumatic stress disorder (PTSD), anxiety, or depression between participants who disclosed the assault and those who kept it a secret. The aggressor's identity is mostly unknown (34.7%). Higher scores were reported by those who identified their partner as the aggressor. Our participants reported that they were victims of more than one episode of sexual assault in 67.3% of cases, with a mean age of revictimization of 19 years. A lower age of first sexual aggression was a significant risk factor for subsequent revictimization. 3.8% of our participants took legal action against their aggressor, and they had significantly higher average scores on all measured items and total scores. 30.8% of our participants seek psychiatric help. And the main reason for that would be a lack of awareness and knowledge.
Conclusions: The cultural context of Tunisia, intricately woven into the fabric of our study, emphasizes the need for targeted and culturally sensitive approaches to addressing the aftermath of sexual violence.

Disclosure of Interest: None Declared

EPV1862

Impact of Pornography Consumption on Sexual Self-Esteem in Tunisian Women

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Introduction: The consumption of pornographic products is a phenomenon that continues to increase considerably, especially among young people. It is encouraged by easier access to the Internet. On the other hand the concept of sexual self-esteem is a relatively new and little explored subject in the literature. It has emerged across a range of areas such as weight, sexual trauma and physical satisfaction.
Objectives: The aim of our study is to evaluate the impact of pornography consumption on sexual self-esteem in a population of Tunisian women and to determine the associated factors influencing this relationship.
Methods: This is a cross-sectional, descriptive, and analytical study conducted among 107 Tunisian women.
Data were collected using an anonymous self-questionnaire in French, using Google Forms, distributed across various Facebook platforms. It explored sociodemographic data, medical history and sexual health characteristics, sexual behavior, and pornography consumption along with its impact.
For the evaluation of sexual self-esteem, we used the "Sexual Self-Esteem Inventory for Women - Short Form" (SSEI-W-SF) in French language. (Hannier, S et al. Translation and validation study of the French version of the "SSEI-W-SF". Sexologies. 2022;31.)
Results: The majority of women (76%) are aged between 18 and 30 years, primarily from urban backgrounds (89%), professionally active (81%). In terms of marital status, 43% are single. Most women (60%) have no psychiatric history, 25% are being treated for anxiety disorders, and 20% for mood disorders. More than a quarter (28%) reported experiencing sexual abuse. Regarding sexual education, majority of women (94%) consider its learning essential, although only 11% received structured education at school. Consequently, 80% of women indicated that their main source of sexual education was online. In the studied population, 60% of women reported consuming pornography, primarily in the form of videos (79%). The evaluation of sexual self-esteem using the SSEI-W-SF revealed an average total score of 61.66, ranging from 26 to 82, with a median of 63 and a standard deviation of 10.887. Women with the lowest scores were particularly affected in terms of adaptability and control. We observed a significant correlation between pornography consumption and the absence of sexual

education during childhood (p = 0.009). Women who deemed sexual education essential showed lower consumption of pornography (p = 0.027).
Regarding sexual self-esteem, no statistically significant correlation was found between sexual self-esteem and pornography consumption, either for the global sexual self-esteem score (p = 0.809) or for the five spheres of sexual self-esteem assessed separately.
Conclusions: In conclusion, the influence of pornography on sexual self-esteem warrants careful examination, requiring a balanced perspective that addresses both its positive and negative effects on individuals' well-being.

Disclosure of Interest: None Declared

EPV1863

Sexual Dysfunction in Female Medical Residents: The Influence of Dispositional Mindfulness

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Introduction: Dispositional mindfulness (DM), also known as Trait mindfulness, refers to the inherent ability to focus on and sustain attention on present-moment experiences with an open and nonjudgmental attitude. Recent research has increasingly highlighted the positive impact of DM on mental health.
Objectives: To evaluate the association between DM and sexual dysfunction (SD) among female medical residents.
Methods: A cross-sectional online survey, designed using Google Forms, was distributed on social media platforms. We included married and sexually active medical residents. Female Sexual Function Index (FSFI) was used to evaluate female sexual dysfunction. We used the Mindfulness Attention Awareness Scale (M.A.A.S.) to measure the frequency of open and receptive attention and awareness of ongoing events and experiences and the Spielberger State-Trait Anxiety Inventory (STAI-Y-T) to assess anxiety traits.
Results: Sixty-five medical residents with an average age of 29.43 ± 1.95 years completed the online questionnaire. The average age at first sexual intercourse was 25.15 ± 2.34 years and the average frequency of sexual intercourse was 6.61 ± 4.18 times per month.
The mean scores for the M.A.A.S and STAI-Y-T were 26.25 ±5.61 and 45.85 ±9.36 respectively.
The anxiety assessment using the STAI-Y-T scale showed that 30 residents (46.4%) had moderate anxiety, and 8 (12.3%) had high to very high anxiety levels.
The mean total FSFI score was 26.25 ± 5.61 and SD was noted in 49.2% of the cases.
A positive correlation was found between the level of MAAS and the total FSFI score (p=0.003; r=0.35),"Desire" dimension (p=0.02; r=0.28), "Lubrication" domain (p=0.004; r=0.35), and the "Satisfaction" (p=0.006; r=0.33)
Anxiety levels were negatively correlated with the total FSFI score ($p<10^{-3}$; r=-0.42), the "Desire" dimension (p=0.008; r=-0.32), "Arousal" dimension (p=0.003; r=-0.36), "Lubrication" domain (p=0.002; r=-0.37) and "Satisfaction" domain (p=0.002; r=-0.38).
Conclusions: The results of this study revealed relatively high prevalence rates of SD among medical residents and highlighted several vulnerability factors. Therefore, several measures should be implemented to prevent and determine the factors correlated with SD.

Disclosure of Interest: None Declared

EPV1864

Female Sexual Dysfunction in Medical Residents: Relationships with sociodemographic and clinical Factors

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Introduction: Female sexual dysfunction (SD)has gained attention in recent years. Multiple factors contribute to women's sexual vulnerability, including neurobiological, sociocultural, psychological, and interpersonal factors.
Objectives: To assess the prevalence of SD and to determine sociodemographic and clinical factors related to this dysfunction.
Methods: We conducted a cross-sectional and descriptive study including married and sexually active female medical residents from different specialties.Data were collected using a self-questionnaire published by GOOGLE FORMS. The questionnaire included sociodemographic characteristics, substance use, marital life information, professional data, and information related to sexual life. Female Sexual Function Index (FSFI) was used to assess female sexual dysfunction.
Results: A total of 65 medical residents completed the online questionnaire. Four residents (6.20%) considered the work environment to be unfavorable, 3.1% were smokers and 55.4% had children. The average frequency of sexual intercourse was 6.61 ± 4.18 times per month. Nine participants (13.8%) reported having sexual intercourse under partner pressure. Sexual dysfunction was observed in 49.2% of the cases. The factors correlated with the total FSFI score were an unfavorable work environment (p=0.02), smoking (p=0.007) and high frequency of sexual activities (p=0.02; r=0.28).The factors correlated with the "Desire" dimension were: sexual intercourse under partner pressure (p=0.002) and high frequency of sexual activities (p=0.001; r=0.41).The factors correlated with the "Arousal" dimension were: an unfavorable work environment (p=0.01) and psychiatric history (p=0.05).The "Lubrication" domain was associated with an unfavorable work environment (p=0.006) and smoking (p=0.02). The "Satisfaction" domain was associated smoking (p=0.004), sexual intercourse under partner pressure (p=0.03) and high frequency of sexual activities (p=0.003; r=0.36). The "Orgasm" domain was inversely correlated with age (p=0.04; r=-2.47), and it was associated with a high frequency of sexual activities (p=0.04; r=0.24). The "Pain" domain was correlated with the presence of children (p=0.02).
Conclusions: The findings underscore the impact of various sociodemographic and clinical factors on sexual health and well-being. Addressing these underlying factors is essential for improving their sexual health and overall quality of life.

Disclosure of Interest: None Declared

EPV1865

Sexual Harassment Among Medical residents and interns in Sfax: Psychological Impact

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Introduction: Sexual harassment (SH) is a pervasive issue, particularly in workplace environments. The medical field, especially in hospitals, is not immune to this issue with medical residents and interns often being disproportionately affected. SH can have profound psychological, emotional, and physical consequences, which can impair professional performance and well-being.
Objectives: To assess the psychological impact of SH among medical residents and interns working in hospitals in Sfax Tunisia.
Methods: We conducted a cross-sectional and descriptive study involving medical residents and interns working in hospitals in Sfax. Data were collected using an anonymous self-questionnaire. This questionnaire was published on social media during January and February 2024. It included sociodemographic characteristics, medical history, psychoactive substance use, professional data, and experiences related SH. The Depression Anxiety Stress Scale (DASS-21) was used to assess the psychological distress of the participants.
Results: We collected 141 responses, of which 19.9% declined to participate in this study.
Finally, a total of 113 participants, with sex ratio (M/F) of 0.54, were recruited. The average age was 27.92 years. In our population, 20.4% were interns. Among the participants, 68.1% were single, 91.2% were from urban backgrounds.
Among the participants, 41.6% reported experiencing sexual harassment during their practice at the hospitals in Sfax. Verbal harassment was the most common form reported as sexual harassment (43,3%). The assessment of the DASS21 questionnaire showed, that 17 participants had a moderate overall score (15%) and seven participants had a severe overall score (6.2%). In our study, the overall DASS scores ($p<0.001$), as well as the Depression ($p<0.001$), Anxiety ($p<0.001$), and Stress ($p=0.002$) sub-scores, were significantly higher among participants who were victims of harassment.
Conclusions: The findings underscore the urgent need for implementing preventive measures in hospital settings, providing support for victims, and raising awareness about SH and its consequences.

Disclosure of Interest: None Declared

EPV1866

Sexual Harassment in the Hospital: Insights from Medical residents and interns in Sfax Tunisia

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Introduction: Sexual harassment (SH) is defined as any form of pressure aimed at obtaining a sexual act, for the benefit of the perpetrator or a third party. Despite movements aimed at combating sexual harassment, it remains a complex and concerning reality, particularly in the workplace. Unfortunately, the hospital environment is not spared from this issue. Medical residents and interns seem to be the population most affected by the SH.
Objectives: To estimate the prevalence of SH among medical residents and interns.
To describe the profile of SH's victims and examine their perceptions regarding sexual education.
Methods: We conducted a cross-sectional and descriptive study involving medical residents and interns working in hospitals in Sfax. Data were collected using an anonymous self-questionnaire. This questionnaire was published on social media during January and February 2024. It included sociodemographic characteristics, psychiatric and medical history, psychoactive substance use, professional data, information related to sexual life and experiences related SH.
Results: We received 141 responses, of which 19.9% declined to participate in this study. Ultimately, 113 participants, with an average age of 27.92 years, were included in the final analysis. The sex ratio (M/F) was equal to 0.54. In our population, 20.4% were interns. Among the participants, 68.1% were single, 91.2% were from urban origine and 12.4% had psychiatric follow history for anxiety disorders, depression, obsessive-compulsive disorder, and bipolar disorder (n= 8, 2, 2, and 1, respectively).
Among the participants, 41.6% reported experiencing sexual harassment during their practice at the hospitals in Sfax. The most common form reported as harassment was verbal harassment (43,3%). The majority of SH perpetrators were male (87.2%), and 27.6% were senior physicians. According to our study, 8.5% of the SH perpetrators were sanctioned for their actions, and 80.5% of SH victims believed that the perpetrators had continued to exhibit such behavior.
Regarding sexual education, 80.5% of participants thought that it was necessary in school curriculums, with thirty-seven participants believing they had received adequate sexual education.
Conclusions: This study highlighted the high prevalence of sexual harassment among medical trainees in Sfax. These results serve as an urgent call to the development of effective strategies to prevent sexual harassment in hospital environments and highlight the importance of raising awareness among staff about available legal protections.

Disclosure of Interest: None Declared

EPV1867

Sexual Harassment Among Medical residents and interns in Sfax: Impact and correlated factors

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Introduction: Despite global movements to combat Sexual harassment (SH), it continues to affect individuals in various professions, with medical residents and interns being particularly vulnerable.

Objectives: To explore the prevalence of SH among medical trainees in Sfax, Tunisia.
To evaluate the consequences of SH on this group and factors related to SH.
Methods: We conducted a cross-sectional and descriptive study involving medical residents and interns working in hospitals in Sfax. Data were collected using an anonymous self-questionnaire. This questionnaire was published on social media during January and February 2024. It included sociodemographic characteristics, psychiatric and medical history, psychoactive substance use, professional data, information related to sexual life and experiences related SH.
Results: We collected 141 responses, of which 19.9% declined to participate in this study.
Finally, a total of 113 participants, with an average age of 27.92 years, were recruited. The sex ratio (M/F) was equal to 0.54. In our population, 20.4% were interns. Among the participants, 68.1% were single, 91.2% were from urban backgrounds and 12.4% had psychiatric follow-up. Among the participants, 41.6% reported experiencing sexual harassment during their practice at the hospitals in Sfax. The most common form self-reported as harassment was verbal harassment (43.3%).
In our study, most victims of sexual harassment (SH) tried to ignore (36.2%) and avoid (34%) the harasser. Some participants noted that they were afraid of career repercussions.
Regarding the consequences of SH, sleep disorders and the feeling of burnout were the most frequently reported medical effects, with a prevalence of 10.6% in both cases. Additionally, the onset or increase in tobacco consumption (8%) was the most commonly reported addictive consequence.
On a sexual level, 16 participants (14.2%) reported experiencing negative impacts on their sexuality. Sexual desire disorders (8.8%) were the most frequently reported sexual consequences, followed by a decrease in sexual satisfaction (2.7%).
In our survey, SH was statistically more prevalent among female participants ($p < 0.001$) and among participants with a low or middle socioeconomic status ($p = 0.036$).
Conclusions: These results highlight the urgent need for hospitals to implement preventive measures, support victims, and promote a safer working environment for medical trainees.

Disclosure of Interest: None Declared

EPV1868

Mental health status among physiotherapists. A cross-sectional study in Tunisia

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Introduction: In the high-stress world of healthcare, the intertwined relationship mental health and the life quality is pivotal. Prioritizing healthcare professionals' mental health and nurturing a positive safety climate are essential to enhancing overall job satisfaction.
Objectives: Evaluate the mental health status of the physiotherapists.
Methods: his is a cross-sectional study among Physiotherapists (PTs) working in the city of Sousse. A self-administrated questionnaire was distributed either manually or via e-mail to collect information about the personal and occupational history of participants. The mentel health was assesed by the the mental component score (MCS-12) of the the Short Form Survey SF-12.
Results: A total of 93 questionnaires were collected. The PTs were 35±8 years old on average. Women made up 65.6% of the PTs. Sixty-six (71.7%) and sixty-two (67.4%) did not provide any medical or surgical history respectively and the majority of the population (54.5%) had a normal BMI. Among all respondents, nineteen (20.4%) PTs were regular smokers and an alcoholic beverage was consumed by 14 (15.7%) PTs. The sport was the common hobby of PTs (53.8%). In this group of PTs, 37 (40.2%) worked in the public sector, and 55 (59.8%) worked in the private sector. The mean seniority was 11.9±7.8 years and the average workweek for the population was 42.42 hours. The mean MCS-12 score was 43.94 (9.05 SD). The findings showed that 35 PTs (37.6%) had MCS-12 scores below the standard value. Male PTs showed slightly higher MCS-12 means than female PTs with a modest difference between PTs working in the public and private sectors. PTs who had more than 15 years of work experience scored the lowest MCS-12 mean 41.40 (SD 9.94) which is a score underneath the reference value indicating in this case low mental health functioning among PTs.
Conclusions: This study showed that Tunisian PTs had low mental health statuts highlighting the need for approaches to improve interventions that effectively enhance well-being, retention, and sustainability of practitioners, and thus the care delivered, in the healthcare system

Disclosure of Interest: None Declared

EPV1869

Prevalence and factors associated with erectile dysfunction in hemodialysis patients: cross-sectional study

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Introduction: Hemodialysis, although crucial for maintaining the survival of patients suffering from end-stage renal disease, can have severe repercussions on patients' overall quality of life and sexuality.
Objectives: To determine the prevalence and factors associated with sexual dysfunction in hemodialysis patients.
Methods: This is a multicenter, descriptive, cross-sectional study with analytical aims, conducted at 3 hemodialysis units (the Mahmoud El Matri Hospital in Ariana, the El Manzah private hemodialysis center and the El Omrane polyclinic) over a 5-month period (August-December 2023). Patients' sexual dysfunction was assessed using the IIEF5 scale.

Results: Our study population comprised 73 patients. Patient ages ranged from 25 to 86 years, with a median age of 56.87 years. Twenty-eight subjects (38.4%) were between 56 and 70 years of age. Sixty patients (82.2%) were married, with 68 living with relatives. Regarding anamnestic data, organic comorbidity was found in all patients with diabetes in 67.1% and arterial hypertension in 50.7% of cases. The median duration of hemodialysis was 48 months. The frequency of hemodialysis sessions was 3 per week in 69 patients (94.5%).
Erectile dysfunction was diagnosed in 64 patients, corresponding to a prevalence of 87.7%. The dysfunction was mild in 24.7% of cases, moderate in 45.2% and severe in 17.8%.
Erectile dysfunction was significantly correlated with age over 55 with an adjusted OR = 2.43 and the presence of diabetes with an adjusted OR = 1.5.
Conclusions: The prevalence of erectile dysfunction is high in hemodialysis patients. A systematic sexological approach is needed to ensure early and appropriate management.

Disclosure of Interest: None Declared

EPV1870

Study on the Sexuality of Tunisian Women with Systemic Lupus Erythematosus

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Introduction: Systemic Lupus Erythematosus (SLE) is a systemic disease that can significantly impact women's lives. Female sexual function is one of the underestimated areas, and few studies have focused on sexual dysfunctions in women with SLE.
Objectives: To study the sexuality of patients with SLE, the factors associated with it, and the relationship with the disease activity stage.
Methods: A descriptive and analytical cross-sectional study was conducted with 38 patients with SLE followed in the internal medicine department at Hedi Chaker University Hospital, Sfax, over a period of 3 months from September to November 2023. We used:
A socio-demographic and clinical data sheet, and the SLEDAI scale for assessing disease activity criteria.
The Female Sexual Function Index (FSFI) scale to study sexuality over the past 4 weeks.
Results: The average age of the patients was 46.63 ± 10.21 years. Among them, 36 were married, and 44.7% had medical-surgical history.
The average age at SLE diagnosis was 37.11, with an average disease duration of 8.95 years. The mean SLEDAI score was 3.63. Absent to moderate activity was present in 92.1% of cases, and high activity in 7.9%.
Photosensitivity was noted in 36.8%, joint involvement in 63.2%, and anemia in 52.6%. Among the patients, 86.8% were on corticosteroids and 26.3% on immunosuppressants.
The average age of onset for sexual difficulties (SD) was 37.28 years, with an average delay of 3.05 years from disease onset.
According to FSFI: the mean score was 58.38 ± 23.412 [2 - 93]. A decrease in overall sexuality was noted in 44.7%, desire in 63.2%, satisfaction in 57.9%, arousal in 52.6%, and lubrication in 39.5%.
The factors correlated with different FSFI domains were:Desire: associated with medical-surgical history (P=0.001), photosensitivity (P=0.028), and anemia (P=0.003). Sexual satisfaction: associated with medical-surgical history (P=0.011), joint involvement (P=0.034). Arousal: associated with medical-surgical history (P=0.01) and anemia (P=0.004).
There were no statistically significant correlations between the disease activity stage and the different FSFI domains. However, the onset of SD was shortened if use of corticosteroid (P=0.005) or immunosuppressive treatment (P=0.038).
Conclusions: Our results indicate that SLE can impair sexuality in various domains, especially if associated pathologies are present. Therefore, special attention should be given to the sexual function of patients with lupus.

Disclosure of Interest: None Declared

EPV1871

Erectile Dysfunction in Tunisian Veterans: Clinical and Psychological Insights

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Introduction: Erectile dysfunction (ED) is a multifactorial condition affecting a significant propotion of men worldwide, impacting their mental well-being, life quality and interpersonal relationships. Often associated with various underlying factors, ED manifests differently in each individual, yet there is a limited understanding of the unique profiles of specific populations, such as military veterans, who may face distinct physical, psychological and social challenges contributing to the condition.
Objectives: This study aimed to explore the clinical profile, demographic factors, and associated comorbidities of Tunisian military veterans affected by ED.
Methods: A cross-sectional descriptive survey was conducted between September and November 2024 on Tunisian veterans seeking consult, using a data file and 2 self-report scales:
The Hospital Anxiety and Depression (HAD) scale, consisting of two subscales: Anxiety (A) and Depression (D), dividing patients into: normal[0-7], borderline case[8-10], an abnormal level of anxiety or depression[11-21].
The IIEF-5 (International Index of Erectile Function 5) to evaluate ED with six categories: [1-4]: uninterpretable, [5-7]: severe, [8-11]: moderate, [12-16]: mild to moderate, [17-21]: mild and [22-25]: no ED.
Results: The study enrolled 28 veterans diagnosed with ED, with an average age of 40 [25-61] years. Most (78.6%) were married while 17.9% were single and 3.6% were divorced.
Smoking was prevalent in 82.1% and 21.4% reported alcohol consumption, with 83.3% drinking occasionally and 16.6% drinking regularly. None reported using cannabis or other illicit drugs.
Regarding medical history, 39.3% had medical health conditions including varicocele, diabetes, combined arterial hypertension and diabetes, myocardial infarction and other health issues.
Psychiatric follow-up was reported by 85.7% of the individuals.
Anxiety symptoms were present in 89.3% of participants with 3.6% classified as borderline cases. Depressive symptoms were reported by 67.9% with 21.4% categorized as borderline symptoms.

Notably, 64.3% of the veterans experienced both anxiety and depressive symptoms and were taking antidepressants, while only one veteran exhibited neither. The remaining had either anxiety or depressive symptoms.
In terms of ED severity, 46.4% had mild to moderate ED, followed by 28.6% with mild ED, 17.9% with severe ED and 7.1% with moderate ED.
Only 14.3% reported using sexual enhancers.
Conclusions: This study provides valuable insights into the unique profile of ED among Tunisian veterans, revealing a high prevalence of psychological comorbidities, particularly anxiety and depression, alongside physical health issues. The interconnection of these factors highlights the importance of a holistic approach adressing both psychological and physical aspects of ED. These results call for further research into the specific challenges faced by veterans for a more personalized and effective interventions.

Disclosure of Interest: None Declared

EPV1873

Transition regret and detransition: what went wrong?

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Introduction: The phenomena of regret and detransition in individuals undergoing *gender-affirming treatments* raise significant medical and bioethical challenges for professionals working in this area.
Objectives: This work aimed to gather the most current evidence regarding the approach to the issues of regret and detransition, characterizing the main factors involved and reflecting on possible prevention strategies.
Methods: A literature review was conducted through research on PubMed, using the keywords "gender dysphoria," "regret," and "detransition". Only articles in English were included. Additional bibliography was selected by consulting the references of the initially included articles.
Results: Regret and detransition are distinct concepts. In fact, there can be regret without detransition and detransition without regret, with the narratives and experiences of these individuals being very diverse. Detransition may be motivated by external or internal factors, depending on whether transgender identity is preserved or lost. Originally thought to be rare, it has been challenging to assess the actual prevalence of these phenomena, whose increase is expected in the future. In an effort to counter this trend, the literature emphasizes the importance of a multidisciplinary and comprehensive approach to individuals with gender dysphoria, based on effective and assertive communication, ensuring responsible and informed decision-making. Regular follow-up combined with psychosocial support throughout the entire transition process is also crucial. Therapeutic approach should be individualized and integrated into a continuing care plan, grounded in an empathetic and non-judgmental attitude.
Conclusions: Regret and detransition are not necessarily synonymous with medical error. Considering the complex spectrum of experiences involving these phenomena, a comprehensive approach that allows for an integrated view of each person and their needs is essential. Further research and development of guidelines regarding the approach and support for this group of individuals are needed.

Disclosure of Interest: None Declared

EPV1874

Irreversible antidepressant-induced sexual dysfunction: what do we know so far?

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Introduction: Serotonergic antidepressants, particularly Selective Serotonin Reuptake Inhibitors (SSRIs), have been known to cause relevant sexual adverse effects, which were originally thought to disappear after treatment course. In later years, an emergent condition concerning the persistence of sexual impairment following SSRI discontinuation has gathered increasing social and scientific interest. Post-SSRI sexual dysfunction (PSSD) is still underrecognized and understudied.
Objectives: Our aim was to gather available evidence regarding the pathophysiological mechanisms and contributing factors to PSSD, as well as current management options.
Methods: A literature review was conducted using PubMed, through research of the following MESH terms: "Selective Serotonin Reuptake Inhibitors", "Antidepressive Agents", "Sexual Dysfunction, Physiological" and "Sexual Dysfunctions, Psychological". Only papers published in English were included.
Results: PSSD has been described as an iatrogenic condition whose symptoms could persist indefinitely. Despite clinical heterogeneity and lack of robust literature surrounding PSSD, there is growing evidence of this concern. In order to diagnose PSSD, sexual dysfunction due to reemergence of depressive illness must be ruled out. Accurate incidence and prevalence rates of this condition are unknown, though it appears to be a rare phenomenon. Several potential etiological explanations for PSSD have been proposed. Some have highlighted a dysregulation in serotonergic activity induced by SSRIs, while others have tested the role of neuroregulatory agents and bioelectric circuits. Another theory involves a possible link between PSSD and other post-discontinuation syndromes. In contrast, some authors have theorized that sexual impairment induced by a long course of SSRIs could induce a negative conditioning effect towards sexual activity in some patients. Despite abovementioned hypotheses, sexual dysfunction is usually complex in nature and thus multifactorial. There is no established treatment to PSSD. Pharmacological and psychotherapeutic approaches have been tested and proposed to ameliorate symptoms of PSSD, but further investigation is warranted.
Conclusions: PSSD is a heterogenous and idiosyncratic syndrome that needs further characterization. It remains unclear why only certain individuals develop PSSD and treatment options are limited. Current evidence is still incipient and insufficient to justify adjusting current SSRI prescription patterns. However, clinicians must be aware of this condition and should monitor and address

these issues with patients. Future research should provide further insights into underlying pathophysiological mechanisms, which in turn could help acknowledge possible preventive and therapeutic interventions.

Disclosure of Interest: None Declared

EPV1875

Erectile Dysfunction in Patients with Mental Disorders: Challenges in Diagnosis and Intervention from a Family Medicine Perspective

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Introduction: In Spain, erectile dysfunction (ED) affects around 19% of men aged 25 to 70, with higher prevalence in older age groups. Family doctors are key for early ED detection, yet it is often underdiagnosed due to limited sexual health training and poor communication. Many patients hesitate to discuss sexual issues, and short consultation times worsen this problem. Early diagnosis is crucial for effective intervention, improving both quality of life and health outcomes.
Objectives: To evaluate the effects of chronic diseases and medications on ED and identify commonly used treatments.
Methods: This retrospective review focused on patients with late-diagnosed ED. We assessed the delay in reporting symptoms and contributing factors such as embarrassment and consultation constraints. The study also explored the impact of chronic conditions like diabetes and hypertension, and the role of psychotropic medications. Data were gathered from the Sexology Patient Database at Vallirana Primary Care Centre (CAP), covering 255 sexual dysfunction cases. The review aimed to understand diagnostic delays and the influence of chronic conditions and medications on ED.
Results: Of 255 sexual dysfunction diagnoses, 193 were ED, making up 75.69%. The average patient age was about 62, with an average delay of 1.95 years before seeking help. ED comorbidities included Cardiovascular and Metabolic Diseases: 33.3%, Musculoskeletal and Articular Diseases: 31.25%, Psychiatric and Sleep Disorders: 29.2%, Digestive Diseases: 20.83%, Respiratory Diseases: 18.75%, Urogenital Disorders: 18.75%, Dermatological Disorders: 12.5%, Neurological Disorders: 10.42%, Endocrine Disorders: 8.33%, and Harmful Habits: 8.33%. Common medications were Antihypertensives: 16.7%, SSRIs: 14.6%, Proton Pump Inhibitors: 12.5%, Benzodiazepines: 10.4%, Antidiabetics: 10.4%, Statins and Fibrates: 10.4%, Bronchodilators and Inhaled Corticosteroids: 10.4%, Antiplatelets: 8.3%, and Other Medications.
Conclusions: The high ED prevalence of 75.69% underscores major issues with timely diagnosis. The average 1.95-year delay highlights barriers to early treatment. Chronic conditions, especially cardiovascular and metabolic disorders, are closely linked to ED. The presence of psychiatric and sleep disorders indicates a complex interaction with sexual dysfunction. The variety of medications used, particularly antihypertensives and SSRIs, necessitates careful management to avoid adverse effects. Family doctors are crucial for diagnosing, managing ED, and referring to specialists. However, time limitations and lack of sexology training often result in underdiagnosis. Enhancing awareness can improve early detection and management, leading to better patient outcomes and timely specialist care.

Disclosure of Interest: None Declared

EPV1877

Gender dysphoria and psychosis - symptom or comorbidity?

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Introduction: Gender dysphoria (GD) refers to the marked incongruity between the experience of one's gender and the sex at birth. Psychiatric illness is one of the major negative prognostic features for the outcome of GD. In particular, much controversy exists regarding whether individuals with psychotic symptoms should receive gender affirmative treatment.
Objectives: The present review aims to provide an overview of the current literature of the occurrence of gender dysphoria symptoms during psychotic episodes and identify challenges in differential diagnosis and treatment and offering recommendations to overcome them.
Methods: Articles published on the last five years were searched on Medline, PubMed, Web of Science and Springer Link using the following keywords: gender identity, psychosis, gender dysphoria.
Results: Delusions about one's physical appearance and the desire to change the body can be observed in patients with schizophrenia or other psychotic disorders. Therefore, the differential diagnosis is critical for therapeutic planning and effort is required to carry out the necessary diagnostics when articulation of gender dysphoric feelings coincides with the onset of psychosis. It is crucial to evaluate the chronology and dynamics of the individual symptoms, their constancy, patient's criticism, and response to antipsychotic treatment.
Conclusions: Some presentations of GD can be created by life experience in individuals who have underlying mental or neurophysiological abnormalities. The experiences of practitioners indicate that coincidence of schizophrenia and gender identity disorder is possible, that is why the differential diagnosis needs time, careful observation, examination and cooperation of psychiatrist and sexologist.
This review addresses the significance of understanding each patient's individual circumstances, focusing specifically on proper physician training and direct patient care.

Disclosure of Interest: None Declared

EPV1878

Pedophilic Disorder and Suicide Risk: Understanding the Intersection

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Introduction: Pedophilic disorder is characterised by a sustained, focused, and intense pattern of sexual arousal involving prepubertal children. In addition, the individual must have acted on these thoughts, fantasies or urges or be markedly distressed by them (ICD - 11).
Beyond its obvious ethical and legal implications, this disorder is often associated with substantial mental health comorbidities, including depression, anxiety, and substance abuse. One particularly alarming yet understudied aspect is the elevated risk of suicidal ideation and behavior among individuals diagnosed with pedophilic disorder. The intersection between pedophilic disorder and suicide risk is critical to understand, as it can inform the development of more effective intervention strategies and support systems.
Objectives: The present review aims to explore the intersection between pedophilic disorder and suicide risk, shedding light on the psychological factors that contribute to suicidal ideation and behavior among individuals with this disorder, including those who have never sexually engaged with children.
Methods: PubMed, Web of Science and Google Scholar were searched using the following keywords "pedophilic disorder", "suicide risk", "suicidal ideation", and "stigma". Articles published within the last decade were included.
Results: The review showed several risk factors, perhaps the most significant being the psychosocial effects of the intense stigma, social isolation, and internalized shame. Other risk factors are prior mental health treatment, weaker attraction to adult women, history of sexual abuse, young age, less education, and additionally, the lack of access to appropriate mental health services.
The relationship between these individuals' emotional distress and their likelihood of sexually engaging with a child is not known, but there is evidence that impulse control is compromised by negative affect. Moreover, literature posits that stigma raises the risk of sexual activity with children via disturbances in emotional, social, cognitive, and health service utilization domains.
Conclusions: It is evident that this population faces unique challenges that require specialized attention and addressing this intersection necessitates a comprehensive approach.
Strategies aimed at reducing stigma, promoting social support, enhancing access to mental health services and fostering supportive environments have the potential to mitigate suicidal risk factors and enhance overall well-being. Furthermore, efforts to destigmatize help-seeking behaviors and improve access to confidential and non-judgmental support services are crucial in reducing the incidence of suicide and promote mental health among this population.

Disclosure of Interest: None Declared

EPV1879

Experiencing sexuality in the perinatal period: what are the challenges?

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Introduction: The perinatal period, encompassing pregnancy and the first postpartum year, is a transformative phase in a woman's life. It involves profound physical, psychological, social, and emotional changes that can significantly impact sexual experiences.
Objectives: The purpose of this work is to address the challenges of experiencing sexuality during the perinatal period.
Methods: Evidence-based review, through research conducted on PubMed and selection of the most relevant studies, published in the last decade, using the keywords: "Sexuality" and "Perinatal period".
Results: Hormonal fluctuations, physical discomfort, and body image changes during pregnancy can significantly affect sexual desire and satisfaction. By the third trimester, between 83 to 100% of first-time mothers report a decrease in sexual activity. Recent studies indicate that this trend continues into the first postpartum year, with over 60% reporting decreased sexual activity. Postpartum challenges, such as physical recovery, breastfeeding, and fatigue further complicate sexual intimacy. The anticipation of parenthood and shifts in relationship dynamics also play a significant role. Societal pressures and cultural norms regarding sexuality in the perinatal period can influence personal experiences and expectations, and contribute to communication barriers between partners regarding sexual needs and concerns.
Conclusions: The perinatal period presents unique challenges to sexual health and intimacy. A holistic perinatal care, incorporating comprehensive sexual health education and promoting open communication between partners are crucial for addressing these challenges effectively.

Disclosure of Interest: None Declared

EPV1880

The unspoken aspect of dementia care: sexuality

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Introduction: Sexuality, although an essential component of human health, remains a controversial topic, shrouded in stigma, particularly in the context of dementia, where the expression of sexuality presents unique challenges.
Objectives: The main objective of this work is to address the complexity of the biopsychosocial components of sexuality in patients with dementia, promoting a change in medical perspective and social attitudes.

Methods: Evidence-based review, through research conducted on PubMed and selection of the most relevant studies on this topic, published in the last decade, using the keywords: "Sexuality" and "Dementia".
Results: Cognitive impairment can affect the frequency and satisfaction with sexual activity. Most studies focuses exclusively on the biological (and dysfunctional) component of sexuality, devaluing the challenges and barriers to the expression of this sexuality. The deterioration of cognitive processes, with emphasis on the involvement of the prefrontal cortex, can influence the ability to make decisions, setting boundaries and providing consent. Inappropriate sexual behaviors, such as disinhibition and hypersexuality, have an incidence of 7-25% in patients with dementia, and may require intervention psychopharmacological. These vulnerabilities result in an enormous challenge in terms of establishing a balance between autonomy and safety of these patients, sometimes resulting in neglect of sexual health in treatment environments.
Conclusions: A comprehensive understanding of the sexuality of older adults with dementia is essential to improve the quality of life and clinical care of this population, highlighting the importance of accurate education and inclusive sexual orientation, creating safe spaces for dementia patients to explore and express their sexuality.

Disclosure of Interest: None Declared

EPV1881

Paraphilic disorders: from the past to the current perspective – a review of the state of the art

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Introduction: Sexuality is a central aspect of human life, encompassing its complexities and diversities. In the field of Psychiatry, Paraphilic Disorders remain a subject of ongoing controversy, including debates over the definition of paraphilia itself.
Objectives: The present work aims to present a review of the current state of the art regarding the evolution of Paraphilic Disorders, analyzing the evidence that supports this diagnosis, and promote the importance of evolution, understanding and non-stigmatization of sexualities.
Methods: Evidence-based review, using a PubMed research and selection of the most relevant studies on this topic, published in the last decade.
Results: An evolution was evident in the classification systems, where initially a pathologization of non-normative sexual practices predominated. Homosexuality and masturbation were understood as diseases, and as such susceptible medical and social control.
In DSM III, the concept of paraphilia, sexual arousal outside normal activity patterns, was introduced in an attempt to reduce stigmatization. But only in DSM V was the distinction made between Paraphilia and Paraphilic Disorder, the latter as causing suffering or dysfunction to the individual or others. This distinction marked a change in paradigm.
Conclusions: The definition and categorization of Paraphilic Disorders in the main classification systems has been influenced by changes in sexual and social norms over time, highlighting their influence on the recognition and treatment of paraphilias.
The view of human sexuality continues to be deeply marked by heteronormativity and reproduction as a social and cultural model, causing sexual practices outside this standard to be labeled as pathological. These diagnoses tend to focus on specific behaviors rather than considering the complexity of each person's sexual experiences, and to be based on prejudices and stereotypes rather than robust scientific evidence.

Disclosure of Interest: None Declared

EPV1882

Patient with Undifferentiated Schizophrenia and Gender Incongruence, a Case Report

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Introduction: We represent a case report of a female patient with schizophrenia and gender identity disorder, shedding light on the complexity of her medical condition. The patient gave the informed consent for anonymous presentation of her case.
Objectives: We want to highlight the unique vulnerability of schizophrenia patients with comorbid gender identity issues. The diagnostic and treatment processes of these patients should be insightful, careful and interdisciplinary.
Methods: Descriptive report of a case report based on the regular examination of the patient, review of patients clinical file and a non-systematic literate review.
Results: The 23-year-old female patient, diagnosed with undifferentiated schizophrenia at the age of 18, has been receiving regular one-monthly therapy with aripiprazole long-acting injection since 2019. The psychosis has been in stable remission since 2019. Due to comorbid mixed anxiety and depressive disorder, she was receiving sertraline. In 2021, the patient identified as a transgender male. He was admitted to outpatient clinic for sexual health, where he was diagnosed with gender identity disorder. In February 2023, the patient started receiving testosterone transdermal gel due to the recommendation letter of the Slovenian interdisciplinary team for gender identity confirmation. Three months later, he reported insomnia and strong intrapsychic tension; intense hands tremor was also observed. He was voluntarily admitted to the psychiatric clinic due to suspected psychotic symptoms.
Conclusions: Before prescribing hormone therapy to the patient in our case, the psychotic background of his desire for gender reassignement was excluded by multidisciplinary team. Due to suspected relaps of schizophrenia, which appeared three months after the patient had started receiving testosterone treatment, the Slovenian interdisciplinary team for gender identity confirmation reconsidered the patient's case and decided to temporarly discontinue his testosterone hormone therapy. The patient continues with his psychiatric treatment.
It is important to notice that exacerbation of psychotic symptoms in the course of schizophrenia may prevent implementation of various stages of treatment of gender dysphoria. Hormonal pharmacotherapy can affect the patients emotional state. The use of pharmacological and surgical methods used for gender reassignment should be precluded in the case of current psychotic process. Treatment of

gender dysphoria should be conducted in accordance with current version of the World Professional Association of Transgender Health standards.

Disclosure of Interest: None Declared

EPV1884

Assessment of Women's Sexual Function and Contributing Factors in Tunisia

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Introduction: Sexual function is essential to women's health, impacting psychological well-being and relationships. In Tunisia, cultural norms may influence how sexual dysfunction is reported and perceived. This study examines the prevalence of sexual dysfunction and its psychological consequences.
Objectives: To evaluate sexual function in Tunisian women and assess its correlation with psychological distress.
Methods: This cross-sectional descriptive study was conducted in March 2023 with 80 Tunisian women, aged 24-50, using a self-administered online questionnaire. Data collection involved the Female Sexual Function Index (FSFI) to assess sexual dysfunction and the Depression Anxiety and Stress Scale (DASS-21) for psychological well-being. Key sociodemographic variables, including marital status, number of children, and socio environmental context were also collected.
Results: We gathered data from 80 women out of 500 distributed questionnaires (16%).
Participants had a mean age of 33.35 years. A majority (63.7%) had children, and 93.8% resided in urban areas. Notably, the majority of women who responded to the questionnaire (74%) were married.
Among the study population, the median FSFI score was 23.65, with 61.3% scoring below the threshold of 26.55, indicating sexual dysfunction. For married women (n=59), the mean FSFI score was 23.7 ± 7.9. The detailed FSFI scores for the entire population and married women are presented in Table I, indicating that the most affected domains of sexual function were excitation and desire. Severe depression, anxiety, and stress were reported by 6.3%, 12.5%, and 6.3% of participants, respectively.
Sexual dysfunction was significantly associated with depression (p=0.02). However, no statistically significant associations were found between anxiety, stress, and sexual dysfunction.
Table I: FSFI Scores among the Study Population

FSFI Domain	Overall Score Mean ± SD	Married Women Score Mean ± SD
Desire	**3.5 ± 1.31**	**3.7 ± 1.10**
Excitation	**3.8 ± 2.10**	**4.1 ± 1.56**
Lubrification	**3.6 ± 2.12**	**4.4 ± 1.48**
Orgasm	**3.38 ± 2.12**	**4.2 ± 1.80**
Satisfaction	**3.38 ± 2.26**	**4.2 ± 1.80**
Pain	**2.5 ± 1.51**	**3.0 ± 1.10**
Total FSFI	**19.79 ± 10.66**	**23.7 ± 7.9**

Conclusions: The study shows a high prevalence of sexual dysfunction among Tunisian women, tied to psychological distress, mainly depression. Enhancing sexual health and mental well-being is key to improving overall quality of life and addressing marital issues. Future research should explore culturally sensitive interventions to enhance sexual health and support women's mental well-being.

Disclosure of Interest: None Declared

EPV1885

Sexual Life in the Postpartum Period of Tunisian Women Following Episiotomy

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Introduction: The postpartum period can significantly affect sexual life, particularly for women who have undergone an episiotomy. This study examines the impact of episiotomy on sexual activity during the postpartum period.
Objectives: To evaluate the sexual life of Tunisian women following episiotomy in the postpartum period.
Methods: We conducted a prospective cohort study at the Gynecology and Obstetrics Department of Farhat Hached University Hospital in Sousse. The study included women who delivered vaginally with an episiotomy in 2020. Data were collected from medical records and delivery reports. Nine months postpartum, participants were contacted by phone to complete a questionnaire assessing their experiences with episiotomy and sexual satisfaction.
Results: The final sample comprised 66 women with a mean age of 27 ± 2.8 years (range: 20-34 years).
Regarding sexual function, 84% of women were very or moderately satisfied with their sexual life before pregnancy, and 74% were satisfied during pregnancy. Most women resumed sexual activity between 7 and 8 weeks postpartum (78%), with 22% resuming before 8 weeks. Compared to pre-birth satisfaction, 54% of women reported no change in sexual satisfaction after childbirth, while 29% reported a decrease and 17% an increase.
Sexual satisfaction was statistically related to the mode of delivery, with 55% of women who had forceps delivery being dissatisfied or equally satisfied as dissatisfied (p=0.01).
Factors affecting postpartum sexual activity included fear of pain (32%), fear of another pregnancy (13%), perceived loss of body desirability (37%), body changes (31%), and excessive fatigue (24%).
Conclusions: This study demonstrates that episiotomy can have a notable impact on postpartum sexual life. Several factors, including the type of suture used during delivery and the mode of delivery, influence women's sexual satisfaction. These findings underline the importance of considering both physical and emotional aspects of postpartum recovery to improve the overall sexual health and well-being of women after childbirth.

Disclosure of Interest: None Declared

EPV1886

Exploring Sexual Well-being in Infertile Couples: A Gender Perspective

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Introduction: Infertility can have a profound impact on couples, causing emotional distress and negatively affecting sexual well-being. In Tunisia, it contributes to over 20% of divorce cases due to relationship strain. Despite its significance, research on the influence of infertility on sexual experiences, particularly gender differences, remains limited.
Objectives: This study aims to evaluate the effects of infertility on sexual health of Tunisian infertile couples and to compare these effects between men and women.
Methods: We conducted a cross-sectional study involving sexually active infertile couples who had been under follow-up for at least one year at a specialized Assisted Reproductive Technology center in Tunis. Each participant completed closed-ended questions regarding their sexual experiences following the infertility diagnosis, including the frequency of sexual intercourse, preferred types of sexual activities, sexual positions believed to enhance conception, and overall sexual rhythm. The Arizona Sexual Experiences Scale (ASEX) was used in Arabic to assess sexual function.
Results: A total of 60 infertile couples participated in the study. The average age of women was 35.07 ± 4 years while the average age of men 41.1 ± 6 years. Regarding sexual intercourse frequency, 35% of women (n=21) and 27% of men (n=16) reported a decrease, with no significant gender difference (p=0.426).
Infertility did not significantly alter preferences for sexual practices, as 78% of women (n=47) and 85% of men (n=51) reported no changes. Vaginal penetration was the predominant activity for both sexes (100%), while mutual masturbation was engaged in by 68% of women and 72% of men. Oral sex was reported by 57% of women and 53% of men, with no significant gender differences (p>0.05).
In terms of sexual positions, 48% of women and 50% of men favored specific positions to enhance conception, with no significant differences (p=0.995). However, 48% of women and 64% of men adhered to a calendar-based rhythm, with women perceiving this regimen as more detrimental to spontaneity (p=0.038 and p=0.041).
Sexual dysfunctions were significantly more common in women, with a prevalence of 28% compared to only 5% in men. Desire disorders were the most commonly reported sexual dysfunction for both genders. Women exhibited significantly higher rates of physical and psychological arousal problems, as well as orgasmic disorders (p<0.05).
Conclusions: Screening for sexual dysfunction in infertile couples is essential not only for improving sexual health but also for providing tailored psychological support that considers gender differences. By identifying and addressing these issues, healthcare providers can enhance the overall well-being of couples dealing with infertility challenges.

Disclosure of Interest: None Declared

EPV1887

Sexual and reproductive dysfunctions induced by chronic manganese exposure: Roles of neuroaffective and olfactory impairments

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Introduction: Reproduction in mammals relies on complex interactions involving the genital and olfactory systems, which can be influenced by environmental factors, such as manganese (Mn). Although essential for survival, Mn is potentially toxic over long periods, potentially affecting sexual and reproductive behaviors.
Objectives: This study aims to assess the long-term effects of Mn exposure on sexual and reproductive functions in male Wistar rats, focusing on Mn-induced neuroaffective and olfactory dysfunctions.
Methods: Male Wistar rats received intraperitoneal injections of Mn at doses of 6 mg/kg, 25 mg/kg, and 30 mg/kg for 12 weeks. Each experimental group consisted of one Mn-intoxicated male and four non-intoxicated females. After six days of cohabitation, the females were isolated to evaluate fertility outcomes. The study also monitored weight changes and conducted behavioral assessments for anxiety, depression, and olfactory functions in males.
Results: Higher Mn doses (25 mg/kg and 30 mg/kg) resulted in significant behavioral changes in males, including anxiety, depression, and olfactory dysfunctions, which were associated with decreased reproductive success. Specifically, pregnancy rates were 33% (4 out of 12) at 25 mg/kg and zero at 30 mg/kg. In contrast, males treated with 6 mg/kg Mn exhibited no significant neuroaffective or olfactory impairments, maintaining fertility rates comparable to those of the control groups.
Conclusions: Chronic Mn exposure adversely affects sexual behavior and reproductive success in male Wistar rats, probably due to olfactory and neuroaffective disruptions. Further research is recommended to elucidate the mechanisms underlying these effects.

Disclosure of Interest: None Declared

EPV1888

Psychosocial and relational resilience during the COVID-19 pandemic: Evaluating sexual health and coping strategies in intimate relationships

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Introduction: The COVID-19 pandemic has significantly altered daily life and affected the sexual dynamics of couples across various contexts. Enforced lockdowns and pervasive social isolation, coupled with heightened anxiety associated with the pandemic, have profoundly affected mental health and intimate relationships, affecting sexual satisfaction among couples. This narrative review examines the psychosocial effects of these changes on couples' sexuality, focusing on the challenges and coping strategies adopted by couples to mitigate the adverse effects and enhance intimate relationship quality.
Objectives: This review systematically analyzes the psychosocial impacts of the pandemic on couples' sexuality, using post-2020 literature to better understand these dynamics and enhance psychosexual support.
Methods: An extensive literature review was conducted across PubMed, Scopus, and Google Scholar, focusing on keywords such as "COVID-19," "sexual health," "intimacy," "divorce," and "coping strategies." Ten high-quality studies published after 2020 were selected based on their methodological rigor and relevance to couples' dynamics. These studies include a mix of quantitative and qualitative research and systematic reviews, providing a broad yet detailed perspective on the topic.
Results: The findings reveal that the pandemic has significantly diminished couples' sexual desire and relationship satisfaction. Notable psychosocial effects include increased anxiety, stress, depression, and relational conflicts. Modifications in sexual frequency and quality were noted, yet many couples have adopted effective coping strategies such as enhanced communication, couples therapy, shared stress management activities, and the utilization of online psychological support resources, which have helped strengthen relationships during the pandemic.
Conclusions: The pandemic has profoundly influenced couples' sexual and relational health, introducing psychosocial stressors. Despite these challenges, the resilience displayed by couples through diverse coping strategies highlights their adaptive capacity. This review emphasizes the need for mental health professionals to integrate targeted interventions to support couples' well-being and prepare them for potential future crises.

Disclosure of Interest: None Declared

EPV1889

Sexual habits and chemsex use in a monographic consultation for sexually transmitted infections (STI)

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Introduction: The use of recreational drugs for sexual intercourse (*chemsex*) is a widespread practice in certain subgroups of the population in recent years. There is documentation of chemsex in men who have sex with men (MSM) but less data on its use in other populations (men who have sex with women, women, transgender women, transgender men) and its effects on mental health.
Objectives: Evaluate the use of chemsex in the population attended in a sexually transmitted infection (STI) consultation.
Methods: To evaluate the use of chemsex in the population attended in a sexually transmitted infection (STI) consultation, a survey was carried out on all patients who attended the STI consultation of the U. Ramón y Cajal Hospital between January and April 2022. The degree of anxiety and depression was assessed using the HADS scale.
Results: A total of 148 surveys were distributed, with 82 being completed. Among those surveyed, 56% had used drugs at some time in their lives, the vast majority of times associated with sexual relations. The most consumed drugs were alcohol, cannabis and poppers. There were no differences between MSM and non-MSM in this consumption (p= 0.073), but there were in the substances consumed: MSM consumed more gamma hydroxy-butyrate acid (GHB/GBL) (p= 0.031), mephedrone (p= 0.031) and poppers (p= 0.019). Using the HADS Scale, 34 patients suffered from anxious (41%) and 11 depressive symptoms (13%), with no significant differences between MSM and non-MSM.
Conclusions: *Chemsex* is a frequent phenomenon among patients attending in an STI consultation, both in the MSM and non-MSM population. It negatively impacts mental health, being associated with anxiety and depression. It is necessary to improve information to reduce drug use in this context.

Disclosure of Interest: None Declared

EPV1891

Navigating sexual health concerns in the medical profession: A Tunisian perspective

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Introduction: Sexual functioning is an essential aspect of human existence. Sexual dysfunctions are prevalent and negatively affect the quality of life in the general population. Little attention has been paid to the sexual function of health workers.
Objectives: The aim of our work was to evaluate sexual dysfunction among Tunisian doctors and to determine associated underlying factors.
Methods: A cross-sectional study was conducted online, from January to March 2024, via a pre-established questionnaire. Tunisian doctors, who had finished their medical studies, working in the public or private sector and who agreed to anonymously respond to the questionnaire were included. Sociodemographic, economic, clinical data and those related to the medical profession were collected. Sexual function was evaluated with the Arizona Sexual Experience Scale (ASEX).
Results: A total of 80 individuals had fully responded to the questionnaire. The mean age of participants was 36.81 ± 7.49 years and 68,7 % (n=55) of them were male. Ninety five percent (n=76) were married and 77.5 % (n=62) had children. The mean working hours per week was 34.32 ± 5.32. A regular physical activity was practiced by 35 % (n=28) of individuals. The mean monthly income

was 3592.5 ± 596 Tunisian Dinars. The results of the ASEX showed that 23,8 % (n=19) of participants, 23,6 % (n=13) of male participants and 24 % of female (n=6) participants had sexual dysfunction. Ten per cent of individuals (n=8) have previously consulted a sexologist. Longer working hours, lower monthly income, less physical exercise were significantly associated with increased risk for sexual dysfunction.

Conclusions: Sexual dysfunctions seem to be common among Tunisian doctors. Knowledge about their sexual functioning is important to promote their physical and mental health and to improve the care delivered.

Disclosure of Interest: None Declared

EPV1892

Sleep Health Disparities in Depression: The Role of Sexual Orientation, Education, and Ethnicit

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Introduction: This study explores sleep health disparities among adults with depressive episodes, focusing specifically on sexual and gender minorities (SGM). Given the high prevalence of sleep disturbances in this population, we aim to understand the influence of sexual orientation, alongside sociodemographic factors, on sleep health.

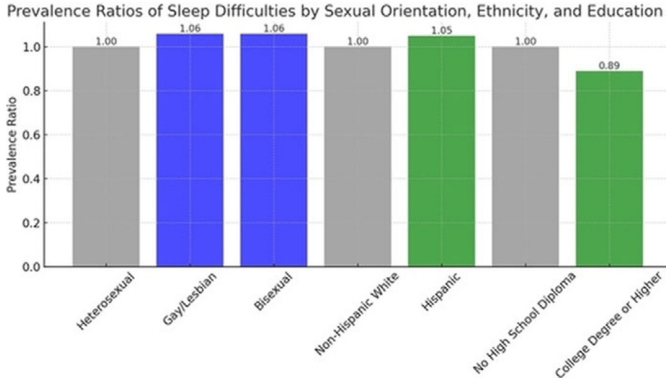
Objectives:

- To determine the prevalence of sleep difficulties among sexual minorities with depressive episodes.
- To assess how sociodemographic factors, including education and ethnicity, relate to sleep health in this population.

Methods: Using data from the 2020-2021 National Survey on Drug Use and Health (NSDUH), we analyzed a sample of 15,244 individuals who experienced depressive episodes. The study employed weighted estimates to accommodate the survey's multistage sampling design. Descriptive statistics were used to assess the prevalence of various factors, including tobacco and nicotine use, age, gender, ethnicity, income, marital status, and education. To evaluate the relationships between these factors and sleep difficulties, we utilized generalized linear models with Poisson distribution and log-link function to estimate adjusted prevalence ratios for each covariate.

Results: The study identified notable disparities in sleep health among individuals with depressive episodes based on sexual orientation and sociodemographic factors. Gay/lesbian individuals and bisexual individuals were both found to have a higher likelihood of reporting sleep difficulties compared to heterosexuals, with an increased prevalence of 1.06 times ($p = 0.038$ for gay/lesbian and $p = 0.009$ for bisexual). Educational attainment appeared to play a significant protective role; those with a college degree or higher were 0.89 times less likely to report sleep difficulties than individuals without a high school diploma ($p < 0.001$). Additionally, ethnicity influenced sleep health, with Hispanic individuals being 1.05 times more likely to report sleep issues than non-Hispanic Whites ($p = 0.015$).

Image 1:



Conclusions: The findings emphasize the presence of sleep health disparities among sexual and gender minorities experiencing depressive episodes. Gay/lesbian and bisexual individuals face a higher risk of sleep difficulties, highlighting the need for mental health interventions that are sensitive to sexual orientation. The protective effect of higher educational attainment suggests that enhancing access to education and related resources may improve sleep health outcomes. The increased prevalence of sleep difficulties among Hispanic individuals points to the need for culturally tailored approaches in mental health care. Addressing these disparities through individualized and culturally sensitive therapeutic strategies can contribute to better sleep health and overall well-being for these populations, underlining the importance of integrated, comprehensive care in managing depressive disorders.

Disclosure of Interest: None Declared

EPV1893

Antiepileptic drugs and sexual dysfunction in patients with epilepsy

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Introduction: Epilepsy is a common disease that is mostly treated with antiepileptic drugs (AEDs). The sexual dysfunction (SD) side effects related to the use of AEDs have not received sufficient attention.

Objectives: The aims of this study were to assess the prevalence of SD and to study the role played by the AEDs among patients with epilepsy.

Methods: A cross-sectional and analytic study was conducted from September to December 2023, among patients with epilepsy follow up in the neurology outpatients of the University Hospital in Gabes (Tunisia), received AEDs, married for at least six months and sexually active. We collected the therapeutics data including type and number of prescribed AEDs and medication adherence, using pre-established form. SD was measured using the Arizona Sexual Experience Scale (ASEX) questionnaire.

Results: Forty-five patients were enrolled (68.9% male and 31.1% female). The average age was 46.76 years (SD=12.39). The majority of patients had a low socio-economic status (64.4%). Carbamazepine and phenobarbital were the most commonly AEDs prescribed (57.8% and 53.3% respectively), especially as monotherapy (62.3%). Poor medication adherence was observed in 13 patients (28.9%). The frequency of SD among patients, based on ASEX questionnaire, was 44.4%. The factors associated with SD included carbamazepine and phenobarbital prescription (p=0.036 and p=0.045 respectively), double or multiple drug therapies (p=0.006) and poor medication adherence (p=0.033).
Conclusions: SD is very common in patients with epilepsy. This seems to be related to AEDs such as using of carbamazepine and phenobarbital, polytherapy and poor medication adherence.

Disclosure of Interest: None Declared

EPV1894

The sexual behavior of Tunisian adults during Ramadan: an opinion survey

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Introduction: The month of Ramadan, a sacred period in the Islamic calendar, is a time of fasting, prayer, and reflection for millions of Muslims worldwide. While the effects of fasting on physical and mental health have been extensively studied, there has been little focus on its specific impact on sexual life, particularly in the Tunisian context.
Objectives: The aim of our research was to study the opinions of Tunisians regarding their sexual behavior during the month of Ramadan.
Methods: This was a retrospective, descriptive, and comparative study conducted through an online survey among Tunisian adults. Data collection was carried out via a self-administered online questionnaire during Ramadan 2024, from March 21 to April 4, 2024. Two reminders were sent and the anonymity of the responses was guaranteed.
Results: Our study included 130 Tunisian adults with a mean age of 28.69 years. The majority of our population resided in urban areas (98.5%), 43.8% were single where 29.2% were in a relationship and both genders were equally represented (53.1% female, 46.9% male). The majority of participants identified as heterosexual (89.2%). During Ramadan, 78.5% of participants fasted, and 77.7% believed sexual activity was permissible during this period. Overall, 44.6% of participants felt that fasting had a negative impact on sexual behavior, 30.7% on sexual desire, and 26% on sexual performance. More than 70% reported that fasting influenced their sexual behavior, primarily in a negative way (44.6%). Among those who perceived an impact (n=93), changes were mostly noted in the timing (77.7%) and frequency of sexual activities (75.5%). Furthermore, 72.3% of participants reported that fasting influenced their sexual desire, with 40.9% perceiving this influence positively. Behavioral factors were identified as the most common cause of these changes (52.1%), followed by religious reasons (27.7%) and societal factors (11.7%). Significant gender differences were observed, with women being more affected by religious factors (p=0.02), while men were more influenced by behavioral factors (p=0.03). Women also reported a significantly greater impact on the frequency of sexual activity compared to men (p=0.012) and perceived a more significant negative impact of fasting on sexual performance compared to men (p=0.06).
Conclusions: Our study indicates that Ramadan fasting significantly affects the sexual lives of Tunisians, driven by sociocultural, religious, and physiological factors. This highlights the need for culturally sensitive sexual education and targeted health policies to ensure accessible and inclusive care during Ramadan.

Disclosure of Interest: None Declared

EPV1895

Prevalence and knowledge of gender dysphoria among young medical trainees

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Introduction: Gender dysphoria (GD) is a rare entity which involves significant distress experienced by an individual due to a perceived discrepancy between his gender identity and his sex assigned at birth. In the current literature, there is little research on medical students' knowledge and attitudes towards this entity.
Objectives: The objectives of our study were to estimate the prevalence of gender dysphoria within young medical trainees and to explore their knowledge and beliefs about this entity.
Methods: It was a cross-sectional and descriptive study, carried out on GOOGLE FORMS in the period of time from October 1, 2023, to January 31, 2024, and relating to a population of Tunisian young medical trainees. We used a questionnaire including an information sheet and the gender identity/gender dysphoria questionnaire for adolescents and adults (GIDYQ-AA).
Results: Our study involved 111 participants with a sex ratio (M/F) of 0.56. Their median age was 28 years.
The overall prevalence of gender dysphoria was 0.9%. It was 2.5% among participants assigned male at birth (95% CI=[0.06%–13.2%]) and 0% among those assigned female at birth.
Among the participants, 21.6% had received training on GD or sexual identity disorders during their medical education while 3.6% of reported being aware of specialized services for the management and support of GD.
Four-fifths of the participants (80.2%) believed that the development of GD would be due to organic factors, while 70.3% described the contribution of socio-cultural factors and 58.6% attributed it to early family interactions.
More than a third of the participants (40.6%) considered GD as an entity related to sexual development disorders, 28.8% equated it with a symptom of a more general mental pathology, while 30.6% regarded it as a distinct entity.
Regarding the suffering associated with GD, it was attributed to the internal experience of gender incongruence by 42.3% of the participants, social stigma in 29.8% of cases, and to psychiatric

pathology by 27.9% of the participants. GD was mentioned as a risk factor for suicide by 84.7% of the participants.
Conclusions: Our study revealed a low prevalence of GD among young medical trainees, similar to that observed in the general population, which could be explained by reluctance and fear of stigma in our society where sexuality remains a taboo subject. The knowledge of young doctors about this issue, still insufficient, could be improved through sexuality training dedicated to specialists, as well as through the teaching of sexology during the medical education.

Disclosure of Interest: None Declared

EPV1896

« Transsexualism » or « gender dysphoria » : what impact on psychological well-being ?

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Introduction: Gender dysphoria is the feeling of discomfort or distress that might occur in people whose gender identity differs from their sex assigned at birth or sex-related physical characteristics. Individuals with gender dysphoria frequently face social as well as psychoaffective difficulties that can impede their well-being and quality of life.
Objectives: The aim of this study were to assess the impact of gender dysphoria among young medical trainees on their psychological health in terms of stress, anxiety and depression.
Methods: A cross-sectional, descriptive, and analytical study was conducted with a Tunisian population of young medical trainees, during the period of time from October 1, 2023, to January 31, 2024. Data were collected using a questionnaire created with GOOGLE FORMS including an information sheet and two psychometric assessment tools : the Depression, Anxiety, and Stress Scale (DASS-21) and the gender identity/gender dysphoria questionnaire for adolescents and adults (GIDYQ-AA) asssessing subjective, somatic, social, and sociolegal aspects.
Results: A total of 111 participants took part in this study. Their median age was 28 years. They were single in 56.6% of cases, with a male-to-female ratio of 0.56.
The prevalence of depression, anxiety, and stress was 53.2%, 59.5%, and 34.2%, respectively.
Median scores of depresssion, anxiety and stress were 10 (IQR = [2–18]), 8 (IQR =[4–14]) and 10 (IQR =[6–20]), respectively.
The overall median score on the GIDYQ-AA scale was 4.85 (IQR = [4.77–5.0]). The social dimension had the lowest median score at 4.88 (IQR=[4.55–5.0]) while the median score of the subjective dimension was 4.92 (IQR=[4.69-5.0]). Somatic and socio-legal median scores were 5.0 (IQR=[5.0–5.0]).
The score for the subjective dimension of the GIDYQ-AA was negatively correlated with anxiety (p=0.04) and stress (p=0.04) scores.
Conclusions: The psychological vulnerability of young medical trainees may be exacerbated by intrapsychic conflicts which may be related to their gender identity. It is essential to identify and consider the psychological factors associated with gender dysphoria in the care pathway of these individuals, through appropriate psychiatric evaluation and support in order to better guide therapeutic decisions regarding sex reassignment.

Disclosure of Interest: None Declared

EPV1897

Persistent sexual arousal syndrome and schizoaffective disorder: a case report

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Introduction: Persistent sexual arousal syndrome (PSAS) is characterized by unwanted and distressing genital sensations that persist for long time periods without concurrent sexual desire or fantasies. The aetiology of this remains largely enigmatic although it is likely that the condition has a diverse set of neurological, vascular, pharmacological, and psychological precipitants.
Objectives: To analyze the case of a woman with schizoaffective disorder (severe depressive decompensation) and a comorbid PSAS.
Methods: We study the clinical case of a 47-year-old patient who was admitted to the acute care unit due to a major depressive condition with psychotic symptoms in the context of a schizoaffective disorder after partial abandonment and erratic taking of the medication she was previously taking.
Before the admission, the patient was hypomimic, perplexed, with psychomotor inhibition, bradypsychia, thought blockages, sadness, emotional lability, apathy, anhedonia, paranoidism, phenomena of reading and thought control, self-referentiality, delusional ideas of harm and auditory pseudohallucinations in the form of voices that urge her to harm herself. In addition, the patient presented several "sexual" crises that appeared paroxysmal throughout the day, consisting of episodes of sexual hyperarousal in the absence of desire, experienced with intense guilt. Initially, a differential diagnosis was made through an extensive history and organic screening, and she was finally diagnosed with a comorbid PSAS.
Results: Complementary tests (complete blood, urine and imaging tests) were normal.
At the pharmacological level, several strategies were used that were ineffective: paliperidone up to 18mg/day that had to be withdrawn due to intolerable extrapyramidal effects, olanzapine up to 15mg/day with high sleepiness and finally caripracin up to 12mg/day with good tolerance and efficacy. Stabilizing treatment (valproic acid 1000mg/day with optimal blood levels (99.3 microgr/mL)) were added. However, after a month and a half of admission and given the little improvement of the depressive symptoms, even having added an SSRI for 2 weeks at full doses, it was decided together with the patient and her family to start Electroconvulsive Therapy (ECT) sessions. The patient received 12 sessions of bitemporal ECT with onset of response from the 6th session, with a complete remission of the sexual crisis and depressive symptoms.
Conclusions: To our knowledge, Yero et al., reported the first two cases of patients with concomitant PSAS and bipolar disorder treated with ECT. It is important to understand how sexual symptoms differ in PSAS and bipolar disorder. Remission of the mood

episode could have been accompanied by resolution of the sexual symptoms. Although ECT was successful, the mechanism of action in treating PSAS is unknown, and it is premature to suggest that it should be recommended as a first line treatment of PSAS.

Disclosure of Interest: None Declared

EPV1898

Strong Bodies, Stronger Bonds: The Intersection of Strength Training Intensity and Sexual Pleasure

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Introduction: Strength training has long been linked to several physical and mental health advantages, ranging from increased muscle strength and endurance to higher mood and self-esteem. However, the potential link between strength training intensity and sexual satisfaction is a relatively unexplored area of research.
Objectives: This study's objective is to evaluate the potential relationship between the intensity of strength training and an individual's degree of sexual satisfaction among people who exercise at the gym in Tunisia.
Methods: This is a cross-sectional study, conducted from February to March 2024. Participants were recruited online through social media platforms (Tunisian facebook groups and fitness forums) using a posted survey link. We've included respondents who are 18 years of age or older who have been active in strength training with a gym membership for 1 month or more. The respondents were required to answer a questionnaire that included socio-demographic data and to provide strength training intensity related details (sessions frequency, duration, perceived overall intensity using likert scale)
Sexual satisfaction was measured using the Sexual Satisfaction Index (SSI), validated psychometric tool developed by Leth-Nissen et al. in 2021. The sum score of the SSI can range from 0 to 36. A higher sum score indicates a higher level of sexual satisfaction.
Results: The total number of participants was 72, with 86% being male. The majority of responders (n=65, 90.2%) indicated that they performed strength training exercises at least three times per week, with an average session length of 45 minutes. In terms of strength training intensity, 38.8% (n= 28) of participants reported high-intensity sessions, 48.6% (n=35) moderate-intensity sessions, and the remaining participants reported low-intensity sessions.
Analysis of the Sexual Satisfaction Index scores revealed a mean score of 23.6 (SD = 6.2), indicating that individuals had moderate to high sexual satisfaction. A significant association was found between strength training intensity and sexual satisfaction scores ($r = 0.42$, $p < 0.01$), indicating that higher intensity exercises are associated with higher sexual satisfaction.
Conclusions: Our findings aim to shed light on the link between fitness habits and sexual well-being, emphasising the potential value of including exercise interventions in talks about sexual health and satisfaction. The findings could indicate that the benefits of strength training go beyond physical fitness, potentially contributing to improved overall well-being. More research is needed to delve deeper into the underlying mechanisms causing this link and to investigate its broader implications for overall health and quality of life.

Disclosure of Interest: None Declared

EPV1899

The Impact of Metacognitive Beliefs on Sexual Functions and Satisfaction in Vaginismus

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Introduction: Vaginismus is characterized by phobic avoidance, involuntary pelvic muscle contraction, anticipation, fear, and experience of pain during vaginal penetration. In addition to anxiety and fear, vaginismus-specific cognitive and metacognitive beliefs are thought to play a role in the etiology of vaginismus. Impaired sexual functions and decreased sexual satisfaction in women with vaginismus are claimed to be associated with anxiety and depressive symptoms. However, in clinical practice, it is observed that women who do not exhibit anxiety and depressive symptoms also experience sexual dysfunction and reduced sexual satisfaction, but it is noteworthy that the causes of this deterioration have not been sufficiently investigated.
Objectives: The purpose of this study is to assess the impact of metacognitive beliefs on sexual functions and satisfaction in women with vaginismus.
Methods: A total of 64 women with vaginismus and 30 healthy controls were examined through Sociodemographic Data Form (including age, education status, duration of marriage, etc), Beck Depression Inventory (BDI), Beck Anxiety Inventory (BAI), Arizona Sexual Experiences Scale (ASEX), Golombok-Rust Inventory of Sexual Satisfaction (GRISS), and Metacognition Questionnaire-30 (MCQ-30).
Results: The mean ASEX, GRISS, and MCQ-30 scores were significantly higher in the vaginismus group than the healthy controls. No significant difference were found between groups in terms of BDI and BAI scores. Hierarchical Regression Analysis revealed that 13% of ASEX total scores in the vaginismus group were predicted by BDI and BAI scores ($F=4.59$, $p< 0.05$), and the predictability increased significantly to 32% by the addition of MCQ-30 scores to the model ($F=3.79$, $p<0.01$). However, GRISS-Total scores were not statistically significantly predicted by BDI and BAI scores ($F=1.76$, $p>0.05$), but the predictability of variance increased significantly to %26 ($F=2.87$, $p<0.05$) with the addition of MCQ-30 scores to the model. Moreover, the metacognitive dimension of uncontrollability and danger of thoughts, and cognitive self-consciousness were found to be significant factors in predicting both ASEX ($b=0.52$, $p=0.004$ and $b=-0.49$, $p=0.003$, respectively) and GRISS ($b=0.58$, $p=0.002$ and $b=-0.40$, $p=0.017$, respectively) scores in vaginismus.
Conclusions: The current findings of the study indicate that metacognitive beliefs, especially dimensions of uncontrollability and danger of thoughts and cognitive self-consciousness, predict sexual

functioning and sexual satisfaction in women with vaginismus. Understanding the metacognitive characteristics accompanying vaginismus and including metacognitive interventions in sexual therapy for both cognitive self-consciousness and negative beliefs about the uncontrollability of thoughts and danger, may result in increased treatment success, improved sexual functioning, and sexual satisfaction in women with vaginismus.

Disclosure of Interest: None Declared

EPV1900

Divergent Desires: Sexual Expression in ASD and ADHD Individuals

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Introduction: Autism Spectrum Disorder (ASD) and Attention-Deficit/Hyperactivity Disorder (ADHD) can both impact psychosexual functioning.
ASD individuals may struggle with appropriate sexual interactions due to challenges in social communication, understanding social norms, and sensory sensitivities. Restricted and repetitive behaviors may also lead to a focus on specific sexualized behaviors.
ADHD-related symptoms may impact psychosexual functioning. Impulsivity can lead to risky sexual behavior, while inattention may increase the risk of sexual dysfunction. Additionally, prescribed ADHD medication has been found to disrupt sexual functioning.
Objectives: Our aim is to better understand the psychosexual profile of neurodivergent individuals.
Methods: A narrative review was carried out using various databases, including PubMed.
Results: Literature suggests a higher prevalence of sexual ambivalence, as well as increased homosexual, bisexual, and asexual tendencies among ASD-individuals. They may also exhibit more inappropriate sexual behavior, which can put them at risk of legal consequences.
Research suggests that ADHD-individuals may have a higher frequency of homosexual experiences and females with ADHD report greater ambivalence about their gender identity. ADHD is associated with risky sexual behaviors, but ADHD-medications may have a protective effect against early pregnancy and STIs.
Conclusions: The literature suggests that individuals with ADHD and/or ASD can lead to different psychosexual functioning compared to neurotypical peers.
Further research is needed to understand the contributing factors.

Disclosure of Interest: None Declared

EPV1901

Make sex great again! - Prevalence and Treatment Options for Postcoital Dysphoria

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Introduction: Postcoital dysphoria (PCD) refers to feelings of sadness, anxiety, or irritability following sexual intercourse, even when it is consensual and satisfying. These emotions can last from minutes to hours and affect both genders.
Historically, sex was mainly viewed as a means of reproduction, with pleasure often regarded as secondary. However, during the sexual revolution of the 1960s and 70s, perceptions shifted, recognizing sex as a source of pleasure and emotional connection. Today, despite a focus on mutual satisfaction, some individuals still experience post-sexual distress, highlighting the complexity of human sexuality. As a source of important distress, PCD calls for exploration of therapeutical agents.
Objectives: To examine the prevalence of postcoital dysphoria (PCD) and explore potential therapeutic agents.
Methods: A non-systematic literature review using the keywords "postcoital", "dysphoria" and "tristesse" limited to articles published in English from the PubMed®/MEDLINE® database.
Results: Seven relevant studies were identified regarding postcoital dysphoria (PCD). In a study of 1,208 males, 40% reported experiencing PCT at least once, with 20% experiencing symptoms in the past month, and 3–4% regularly. PCT was linked to psychological distress, childhood sexual abuse, and sexual dysfunctions.
Among women, a UK survey of female twins found that 3.7% reported recent PCT symptoms, while 7.7% had long-term symptoms. Another study indicated that nearly 50% of female university students experienced PCT at least once, with no correlation found between PCT and relationship intimacy.
In the LGBTQIA+ population, a survey of 172 adults revealed PCD prevalence of 42% among men attracted to men and 81% among bisexual/fluid individuals. Significant correlations were observed between sex life satisfaction and PCD in this group. Regarding treatment, one single case report described a patient without psychiatric comorbidities treated successfully with escitalopram (10 mg), with symptomatic relief.
Conclusions: The reviewed studies highlight the prevalence and factors contributing to postcoital dysphoria (PCD) across diverse populations. Among men, up to 40% experience PCD at least once, with contributing psychosocial factors. In women, PCT prevalence varies, with no clear link to relationship intimacy. In the LGBTQIA + community, PCD is notably high, affecting 42% of MSM and 81% of bisexual/fluid individuals, with sexual dissatisfaction and perceived discrimination as key correlates. Treatment options remain unexplored, with only one case report showing positive results using escitalopram. These findings suggest PCD is a complex conditions influenced by psychological, sexual, and societal factors. More research is needed to understand the underlying mechanisms and explore effective treatments, particularly for minority populations and those without psychiatric comorbidities.

Disclosure of Interest: None Declared

EPV1903

Mental and Sexual Health Challenges Among Sexual Minority Individuals

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Introduction: Sexual minority individuals face unique challenges in mental and sexual health, emotion regulation, and well-being. Although understanding the complex dynamics among these variables in the context of diverse sexual orientations and gender identities is crucial to supporting and tailoring comprehensive interventions, limited research has investigated their overlapping relationships and intersections.
Objectives: The current study aims to examine the connections between mental health, sexual health, emotion regulation, and well-being among sexual minority and heterosexual individuals in Israel. The main purpose was to provide a comprehensive understanding of the unique challenges sexual minority individuals face.
Methods: The study included 465 participants, 324 (70%) were identified as heterosexual individuals and 119 (26%) as sexual minority individuals. Various variables were assessed using an online anonymous questionnaire, including mental health (anxiety, depression, suicide ideation, substance use disorder), sexual health (sex-related distress, problematic pornography use, compulsive sexual behavior disorder), emotion-regulation, and well-being. Between-group differences were analyzed using Mann-Whitney U tests. Network analysis was conducted to examine the centrality and edges of relationships between variables within each group.
Results: Significant differences were found between the heterosexual and sexual minority groups across the measured variables. Sexual minority individuals reported higher levels of psychopathology, lower sexual health, as well as lower levels of emotion regulation and well-being compared to heterosexual individuals. Network analysis revealed that the number of diagnosed psychopathologies and depression were central nodes in the sexual minority group, while sexual functioning played a central role in the heterosexual group. The sexual minority group's network showed less stability, suggesting distinct subpopulations within this group.
Conclusions: This study contributes to understanding the unique mental and sexual challenges sexual minority individuals face and the intersections between mental health, sexual health, emotion regulation, and well-being. These findings highlight the importance for mental health professionals to acknowledge and address these connections, emphasizing the need for tailored psychosocial interventions that integrate sexual health.

Disclosure of Interest: None Declared

EPV1907

The Impact of Personality Traits on Mental Stress and Stigmatization in HIV+ Cases

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Introduction: HIV (Human Immunodeficiency Virus) is a virus that damages the immune system, weakening the body's ability to defend against infections and certain types of cancer. If left untreated, HIV can progress to an advanced stage known as AIDS (Acquired Immunodeficiency Syndrome). HIV can be transmitted through blood, sexual contact, from mother to child during childbirth, or through breastfeeding. Today, with antiretroviral treatments, it is possible for individuals living with HIV to lead healthy and long lives. In addition to health issues, HIV-positive individuals face mental stress and societal stigmatization. Their personality traits play a significant role in determining the level of mental stress they experience and their ability to cope with stigma. We have developed a survey for HIV-positive individuals addressing these aspects.
Objectives: This study, aimed to observe how HIV-positive individuals cope with societal stigmatization and the mental stress they experience based on their personality types, as well as the connection between these factors.
Methods: The study's survey was prepared using the open-source platform 'Google Forms' and will be administered in person. The tests used in this study are widely accessible and have been validated for reliability and validity in Turkey. Specifically, we utilized the Enneagram, the HIV Stigma Scale developed by Berger and colleagues, and the Hospital Anxiety and Depression Scale developed by Zigmond and Snaith. The study has no commercial purpose. The analysis was conducted on a total of 63 respondents, consisting of 45 men and 18 women.
Results: In the study, data were collected from 63 individuals, 71.4% of whom were male (n=45) and 28.6% female (n=18). The average age of participants was 39.69 years (range 20-77). It was observed that individuals with primary education were the most stigmatized, while those with middle school education experienced the least stigmatization. The most common personality type among both men and women was Type 2 (the helper). According to the data, participants had an average stigma score of 94.9.
Conclusions: The study did not find a significant relationship between age and stigmatization, nor between gender and stigmatization. Personality types that perceived the highest levels of stigmatization were Type 2 and Type 8, with average scores of 108. Conversely, the personality type that perceived the lowest levels of stigmatization was Type 5, with an average score of 74. These findings highlight that certain personality types may be more susceptible to experiencing or perceiving stigmatization, while others may experience it less. Further research could explore the underlying factors influencing these perceptions and their implications for support and intervention strategies.

Disclosure of Interest: None Declared

Sleep Disorders and Stress

EPV1909

Association between Anxiety and Depression with Sleep Quality among Iraqi Polypharmacy Older Adults: A Cross-Sectional Study

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Introduction: Many definitions have been proposed for polypharmacy, but the most common is the concurrent use of five or more medications. It is a growing concern among older adults and is associated with numerous adverse effects and drug-drug interactions. Beyond its impact on physical health, research suggests that polypharmacy may also affect mental health, which could potentially be linked to poor sleep quality.

Objectives: The current study objective is to investigate the sleep quality of polypharmacy older adults and its association with depression and anxiety in this population.
Methods: A cross-sectional study was conducted in Iraq from June to August 2024. A total of 245 participants were selected from internal medicine wards in hospitals and private clinics. All participants were aged 50 years or older and had been taking five or more medications for at least 90 days. The study questionnaire comprised three main sections: demographic data, the Patient Health Questionnaire-4 (PHQ-4), and the Pittsburgh Sleep Quality Index (PSQI). A PSQI score greater than 5 was used to identify poor sleepers. The association between poor sleep and other factors was assessed by using chi-squared tests and binary logistic regression.
Results: The sample consisted of 245 polypharmacy patients, with a mean age of 61.5 ± 12.4 years. Of the participants, 150 (61%) were female and 95 (39%) were male. Anxiety was observed in 95 (38.8%) participants, depression in 96 (39.2%), and poor sleep quality in 189 (77.1%). The study found significant associations between both anxiety (OR = 3.4 [95% CI: 1.55-7.57], p = 0.002)and depressive symptoms (OR = 2.43 [95% CI: 1.15-5.15], p = 0.020) with poor sleep quality.
Conclusions: Our study suggests that Iraqi polypharmacy older adults suffer from poor sleep quality, with depression and anxiety potentially exacerbating this issue. The findings suggest that mental health support is necessary for older adults with polypharmacy.

Disclosure of Interest: None Declared

EPV1910

Sleep disorders and stress in children and adolescents with ASD

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Introduction: Sleep disorders are very common in children with neurodevelopmental disorders such as autism. Poor sleep can have detrimental effects on cognitive processes, attention, memory, language, and regulation of mood and behavior. Many people with autism have difficulty correctly processing sensory information that reaches them from both the environment and their own body. Depending on how the person with autism perceives the sensations, these can impact on sleep, causing nighttime awakenings or poor sleep conciliation. It is vitally important to evaluate nighttime rest and have knowledge of appropriate tools to improve sleep in patients with ASD.
Objectives: In this work we aim to evaluate, in a child-youth population diagnosed with ASD who have been admitted to our ASD Day Hospital during the year 2024, the prevalence of sleep disorders and their characteristics. As well as generating strategies to improve sleep conciliation and factors to take into account or avoid that may be affecting our patients.
Methods: A review is carried out of the clinical history of patients admitted to the TEA Day Hospital during the year 2024. Sleep problems are analyzed, as well as their relationship with stress. Results and measures to improve the quality of night rest in these patients are presented.
Results: From January to September 2024, a total of 26 patients with autism have been treated at the ASD Day Hospital of the University Hospital of Mutua Terrasa, in the following programs: intensive, eating problems and low functionality. Of these, 32% were women, with an average age of 11.64 and an average stay of 40 days.
More than half of the patients had sleep problems, where the majority had more than one. Among the most frequent: difficulties falling asleep (12), maintenance insomnia (8), frequent awakenings (4), night terrors (6), and the need for the presence of parents and/or sensory interventions to be able to fall asleep (12).
The main interventions carried out have consisted of: establishing adequate sleeping habits, avoiding naps, avoiding highly stimulating activities, feeling tired beforehand, adapting environmental conditions to the needs of the child and giving proprioceptive information before sleeping.
Among the most commonly used drugs we found atypical antipsychotics: olanzapine, risperidone. Some antidepressants: mirtazapine and occasionally benzodiazepines. The vast majority of children took melatonin.
Conclusions: Sleep disorders are highly prevalent in patients with ASD, but correct intervention can improve comorbid symptoms such as anxiety, stress and discomfort, which are largely related to poor sleep.
Sensory-perceptive interventions are essential to improve nighttime rest in children with ASD

Disclosure of Interest: None Declared

EPV1911

Daytime Sleepiness Among Healthcare Workers Following SARS-CoV-2 Infection

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Introduction: COVID-19 infections had a variety of symptoms, including a range of sleep disorders such as daytime sleepiness.
Objectives: The objective of the study was to determine the frequency and persistence of daytime Sleepiness among HCWs post-COVID-19 and analysis of related risk factors.
Methods: A prospective descriptive study was conducted over six months (January-July 2022) among HCWs at Charles-Nicolle Hospital in Tunis who contracted COVID-19. Daytime sleepiness was evaluated at three intervals: during the infection (T0), at three months, and at six months post-infection, using the Epworth Sleepiness Scale (ESS) in its French version. Anxiety and depressive symptoms were assessed with the Hospital Anxiety and Depression Scale (HAD) to examine their association with sleep disturbances.
Results: The study included 155 HCWs, with an average age of 40.2 ± 10.3 years and an average work seniority of 14,1 ± 10 years. The assessment of anxiety-depressive disorders in the study population using the HAD scale showed that anxiety symptoms were certain in 27.3% of the personnel, while depressive symptoms were certain in 21.4% of cases. Additionally, 48.1% of participants showed no

signs of anxiety, with 24.7% exhibiting doubtful symptoms. For depression, 59.1% had no symptoms, and 19.4% presented with doubtful symptomatology.
àAt baseline (T0), 47.1% of healthcare workers reported normal levels of sleepiness, 16.8% had moderate sleepiness, and 36.1% experienced abnormal sleepiness. By three months, these levels shifted, with 20.6% reporting normal sleepiness, 21.9% reporting moderate sleepiness, and 11.6% experiencing abnormal sleepiness. At six months, 7.7% reported normal sleepiness, 3.9% had moderate sleepiness, and 6.5% continued to experience abnormal sleepiness. Factors significantly associated with prolonged daytime sleepiness included obesity ($p = 0.005$), thrombophilia ($p = 0.004$), non-medical professional category ($p = 0.019$), hospitalization requiring oxygen therapy ($p < 10^{-3}$), and the death of a close relative due to COVID-19 ($p = 0.016$). Anxiety and/or depression, as assessed by the HAD scale, were also significantly associated with persistent sleepiness ($p = 0.03$).
Conclusions: Persistent daytime sleepiness among HCWs post-COVID-19 infection highlights the need for targeted interventions focused on sleep quality and mental health support, which could enhance well-being and facilitate their occupational reintegration.

Disclosure of Interest: None Declared

EPV1912

Insomnia Among Healthcare Workers Following SARS-CoV-2 Infection

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Introduction: COVID-19 infections had a variety of symptoms, including a range of sleep disorders such as insomnia.
Objectives: The objective of the study was to assess the prevalence of insomnia among healthcare workers (HCWs) following COVID-19 infection and to identify factors associated with its persistence over time.
Methods: This prospective descriptive study was conducted at Charles-Nicolle Hospital in Tunis, monitoring HCWs infected with COVID-19 over a six-month period (January-July 2022). Insomnia severity was evaluated at infection onset (T0), at three months, and at six months post-infection, using the Insomnia Severity Index (ISI) in its French version. The presence of anxiety and depression was assessed via the Hospital Anxiety and Depression Scale (HAD) to determine potential associations.
Results: The study included 155 healthcare workers, with an average age of 40.2 ± 10.3 years and an average work tenure of 14,1 ± 10 years. At baseline (J0), 42.5% of participants reported no insomnia, 21.3% had mild sub-clinical insomnia, 31% had moderate clinical insomnia, and 5.2% experienced severe clinical insomnia. At three months, the rates shifted, with 11.6% reporting no insomnia, 35.5% experiencing mild sub-clinical insomnia, and 7.1% having moderate clinical insomnia. By six months, 7.7% had no insomnia, 6.5% reported mild sub-clinical insomnia, and 3.9% continued to experience moderate clinical insomnia. Factors significantly associated with insomnia included a history of discopathy ($p < 10^{-3}$), hospitalization ($p < 10^{-3}$), and the death of a close relative due to COVID-19 ($p = 0.012$). Additionally, significant associations were found between persistent insomnia and anxiety and/or depression ($p = 0.03$).
Conclusions: Persistent insomnia post-COVID-19 infection in HCWs underscores the importance of integrating mental health and sleep quality interventions into healthcare protocols to improve overall well-being and aid in their professional recovery.

Disclosure of Interest: None Declared

EPV1913

From childhood physical and emotional abuse to self-harm: the mediating effect of sleep disorders among a sample of male prisoners

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Introduction: According to literature, the link between childhood trauma and mental health disorders is well-established. However, focusing on the mechanisms explaining this pathway remains insufficiently studied mainly among incarcerated population.
Objectives: The current study aimed to assess the mediation effect of sleep disorders in the path from childhood physical neglect and emotional abuse to suicide and self harm behaviors among male prisoners.
Methods: We conducted a cross sectional study among incarcerated males in Mahdia prison on April 2023. The participation was anonymous, voluntary and the measurement tool was self-administrated. Illiterate participants were interviewed by investigator doctors. We assessed physical and emotional abuse using items from the validated Arabic version of the World Health Organization ACE questionnaire. Self-directed violent behaviors were subdivided into suicidal behaviours and self harm. The Hospital Anxiety and Depression Scale and The Pittsburgh sleep quality index were also used.
Results: A total of 540 prisoners were recruited with a response rate of 74.6%. Their mean age was 33.75± 10.89 years. Among participants, 73% reported emotional abuse and 39.2% had experienced physical neglect during their childhood. In the six previous months, 35% of them had suicidal thoughts and 45.9% were engaged in self-harm. Anxiety and depression were screened among 83.2% and 79.6% of them respectively. During incarceration, 88.4% of prisoners reported sleep disorders.
After adjusting for anxiety and depression, we found that physical neglect and emotional abuse predict self harm behaviors through sleep disorders among male prisoners (%mediated= 28.5% and 15% respectively, $p< 0.001$).
Conclusions: Our study emphasize the need for preventing and screening childhood trauma and implementing mental health approaches in jail in order to deal with sleep disorders and to prevent suicidal behaviors among prisoners.

Disclosure of Interest: None Declared

EPV1914

Management of insomnia evaluated by the Psychiatry Interconsultation in a patient with a comorbid medical condition

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Introduction: Insomnia, affecting about one-third of adults and worsening with age, impacts individual's health, social life, and occupational functioning. Therefore, untreated insomnia can lead to depression. Although it can appear as an independent symptom, it most often presents as a comorbid disorder.
This paper discusses the case of a 71-year-old man with acute necrotizing pancreatitis and history of multiple admissions for recurrent abdominal pain, was assessed by Psychiatry for a possible adaptive disorder. He was diagnosed with persistent insomnia linked to his medical condition and secondary low mood. Sleep hygiene and various medications were recommended but proved ineffective. Eventually, an orexin antagonist, daridorexant, was prescribed.
Objectives: The aim of this work is to orient, within the wide range of psychopharmacology available for the treatment of insomnia, the effectiveness and advantages of the use of daridorexant in patients with comorbid medical pathology.
Methods: To evaluate the efficacy of the drug in improving the quantity and quality of sleep, and the diurnal impact of insomnia, the Athens scale, consisting of 8 items, was used. It has been completed with a sleep diary that provides specific information on sleep. The results obtained were compared with those published by means of a literature search in PubMed.
Permission is requested from the patient to present this case anonymously.
Results: After 30 days of treatment with daridorexant, the Athens Scale score decreased, with a perceived improvement in nocturnal rest (quantity and quality of sleep) and daytime impact of insomnia, with good tolerance and no side effects.
Conclusions: The pharmacological treatment of insomnia has undergone important advances in the last two decades. The treatment of insomnia is multidisciplinary and will depend on its etiology. There seems to be no single, first-choice pharmacological treatment for insomnia, which is why the options are varied and wide-ranging. The management of this disorder seeks two fundamental objectives: to improve the quality of sleep and to improve daytime symptoms. Both are improved in this patient with the help of daridorexant. The review of the available literature supports the observed case, being daridorexant a safe and effective option for the treatment of insomnia. It is worth mentioning that in Spain, daridorexant has been approved in September 2023, so the clinical experience at present is scarce.
In our patient the drug has been well tolerated, with no reported side effects or variations in analytical parameters. With respect to insomnia, anxious and negative expectations regarding sleep, concern about the potential consequences of not sleeping enough or not sleeping well have decreased and, in short, the quality of sleep, functionality during the day, and even mood have improved in general terms.

Disclosure of Interest: None Declared

EPV1915

Treatment of persistent insomnia in patients with benzodiazepine addiction: a case report

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Introduction: The diagnosis of persistent insomnia according to DSM-5 and ICD 11 is based on clinical criteria, specially in relation to dissatisfaction with the quantity/quality of sleep and the discomfort or impairment of social and occupational functioning that it generates. On the other hand, in 2023, Spain has positioned itself as the world leader in the consumption of benzodiazepines.
We present the case of a 62-year-old man admitted to neurosurgery for a cerebrospinal fluid fistula and evaluated by the liaison psychiatry for persistent insomnia. The patient was abusing benzodiazepines to improve his night's rest. Different drugs are prescribed to improve sleep and avoid abusive consumption of benzodiazepines such as trazodone, quetiapine, clotiapine, gabapentin with little or no improvement of insomnia. Finally, a dual orexin receptor antagonist, daridorexant, is prescribed and its effectiveness is evaluated.
Objectives: The aim of this work is to evaluate the effectiveness of daridorexant in persistent insomnia, as well as to assess the possibility of its use in benzodiazepine addiction for hypnotic purposes.
Methods: The Oviedo Sleep Questionnaire (COS), which is a structured and hetero-applied instrument, was administered to facilitate the diagnosis and monitoring of sleep pre and post treatment.
A literature search was carried out in PubMed and the conclusions found in the literature were compared with the clinical case presented.
Permission is requested from the patient to present this case anonymously.
Results: After 30 days of treatment with daridorexant, the COS score decreased, and improvement was also observed in the anamnesis, without verbalizing complaints that could be interpreted as side effects.
Regarding lorazepam consumption, this could be gradually reduced until its withdrawal.
Conclusions: Daridorexant is a drug that may be effective in resolving persistent insomnia in patients addicted to benzodiazepines for hypnotic purposes.
The review of the available literature suggests that daridorexant is a safe and effective option for the treatment of persistent insomnia. This has been fulfilled in our patient, given that he has not reported side effects, that the analytical parameters have not changed since its introduction and that it has improved in general terms the quality of sleep and functionality during the day. On the other hand, since the hypnotic purpose of lorazepam was replaced by daridorexant, the former could be withdrawn, which opens the door to the possibility that we are dealing with a drug that reduces the consumption of benzodiazepines.

It should be borne in mind that in Spain daridorexant was recently approved in September 2023, with not much experience in practice.

Disclosure of Interest: None Declared

EPV1916

Relationships Between Fatigue, Aggressiveness, Insomnia, and Sleep Quality Among Nurses

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Introduction: Nurses often face situations where they must deal with aggression from patients or even coworkers. This challenge can have negative consequences for both medical staff and patients.
Objectives: The aim of this study is to examine the relationship between the level of aggression, the severity of fatigue, and the occurrence of sleep disorders among nursing staff.
Methods: The study was conducted in Szczecin and was survey-based, involving 241 nurses working in surgical wards, medical wards, outpatient clinics, and the emergency department. The following tools were used to collect data: a custom survey, the Fatigue Severity Scale (FSS), the Athens Insomnia Scale (AIS), the Buss-Perry Aggression Questionnaire (BPAQ), and the Pittsburgh Sleep Quality Index (PSQI).
Results: It was found that a greater tendency toward overall aggression, verbal aggression, and higher levels of anger and hostility were associated with more severe insomnia problems ($p<0.05$). Data analysis showed statistically significant correlations ($p<0.05$) between overall, physical, and verbal aggression, as well as hostility (based on BPAQ) and sleep quality (based on PSQI). A statistically significant positive correlation ($p<0.05$) was also found between fatigue levels (FSS) and sleep quality (PSQI) — the higher the level of fatigue, the worse the sleep quality.
Table 1. Comparison of results according to BPAQ and AIS, PSQI

Examined Traits	AIS		PSQI	
	r	p	r	p
BPAQ: Total Aggression	0,297	<0,001	0,227	<0,001
BPAQ: Verbal Aggression	0,143	0,026	0,147	0,022
BPAQ: Anger	0,202	0,002	0,118	0,068
BPAQ: Hostility	0,353	0,001	0,317	<0,001

Conclusions: There is a link between aggression levels, fatigue, and sleep disorders. Individuals with stronger tendencies toward aggression were more likely to experience insomnia and sleep problems. Those with higher levels of fatigue also experienced more frequent insomnia and sleep disturbances. Preventive and therapeutic measures are necessary to improve the health of nursing staff.

Disclosure of Interest: None Declared

EPV1917

Defenestration in the Context of Adult Parasomnia: Diagnostic Challenges and Clinical Considerations

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doi: 10.1192/j.eurpsy.2025.2331

Introduction: Abnormal motor and behavioral phenomena during sleep are part of a broader category of sleep behaviour disorder, which may manifest during different stages—either during sleep, wakefulness, or the transitions between these states. Such occurrences are particularly prevalent during early childhood, affecting approximately 15-20% of pediatric populations, while about 4% of adults experience similar events. These sleep disturbances are generally categorized into simple behaviors or more complex behaviors.
Objectives: This case report describes a clinical presentation involving defenestration in the context of parasomnia, with initial concerns about a possible suicide attempt. The objective is to highlight the diagnostic challenges in such cases and emphasize the importance of distinguishing between parasomnia-related behavior and intentional self-harm.
Methods: The patient is a 24-year-old male, born in the US, and currently living in Barcelona as part of a study exchange program. He has been consuming 1SCU of cannabis daily since adolescence. He denies any personal or family psychiatric history but reports experiencing episodes of sleepwalking during his childhood and teenage years.
On presentation, the patient sustained multiple traumatic injuries following an accidental fall from a second-floor window. The event was witnessed by neighbors, who alerted emergency services. The patient has no memories of the event and denies suicidal intent. In the hours preceding the incident, the patient consumed approximately 2SDE of alcohol, but he denies the use of any other substances at the time. Additional testing, including CT of the brain and EEG, revealed no significant abnormalities.
Results: This case presents a diagnostic dilemma, as initial suspicions pointed toward a possible suicide attempt. However, the patient's history of sleepwalking, especially during childhood, suggests a parasomnia-related etiology. It is crucial to differentiate between childhood-onset sleepwalking, which is often linked to genetic and developmental factors, and sleepwalking that persists or re-emerges in adulthood, which is more strongly associated with psychopathological factors. The persistence of parasomnias in adults may indicate an underlying psychiatric condition.
Conclusions: This case underscores the complexities in diagnosing parasomnias, particularly when severe and potentially dangerous behaviors are involved. While the patient's history of sleepwalking and lack of psychiatry history suggest a parasomnia-related etiology, the persistence of such behaviors into adulthood warrants careful evaluation for underlying psychopathological factors. Early recognition and accurate diagnosis are paramount to providing effective care and preventing recurrence of such episodes. This case highlights the importance of a multidisciplinary approach, integrating neurology and psychiatry to offer tailored interventions.

Disclosure of Interest: None Declared

EPV1921

Regular Exercise Influences Sleep Patterns in Depressed Individuals

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doi: 10.1192/j.eurpsy.2025.2332

Introduction: Physical activity has been associated with improved sleep health, yet the specific impact on individuals with depressive disorders remains underexplored. This study aims to investigate the relationship between regular physical exercise and sleep duration in individuals diagnosed with a depressive disorder, utilizing data from the Behavioral Risk Factor Surveillance System (BRFSS). Understanding this relationship could inform integrative approaches to managing depressive symptoms and improving overall sleep health in this population.

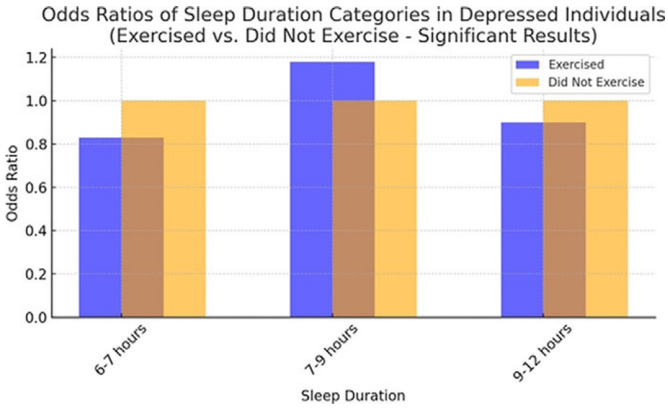
Objectives:

- To analyze the impact of regular physical exercise on sleep duration among individuals with a depressive disorder.
- To assess the potential role of physical exercise in mitigating inadequate and prolonged sleep patterns within this population.

Methods: Data from the BRFSS for the years 2013, 2014, 2016, 2018, 2020, and 2022 were analyzed to explore the relationship between physical exercise and sleep duration in individuals with depressive disorders. The study included 518,214 participants who reported having a depressive disorder. Of these, 342,276 (weighted 68.5%) reported engaging in physical exercise within the past 30 days. Sleep duration was categorized, and regression analysis was used to assess the association between recent physical exercise and sleep duration.

Results: The analysis indicated that individuals with a depressive disorder who engaged in physical exercise in the past 30 days were less likely to experience inadequate sleep (6-7 hours, Odds Ratio [OR] = 0.83, $p < 0.05$) and more likely to achieve adequate sleep (7-9 hours, OR = 1.18, $p < 0.001$) compared to those who did not exercise. They were slightly less likely to have prolonged sleep (9-12 hours, OR = 0.9, $p < 0.05$). No significant associations were found for very inadequate sleep (<6 hours, OR = 1.34) and very prolonged sleep (>12 hours, OR = 0.6) with physical exercise ($p > 0.05$).

Image 1:



Conclusions: Regular physical exercise appears to be associated with better sleep outcomes in individuals with depressive disorders, particularly in promoting adequate sleep duration (7-9 hours). Exercise was linked to a reduced likelihood of inadequate sleep (6-7 hours) and a slight decrease in prolonged sleep (9-12 hours). However, no significant associations were found for very short (<6 hours) or very prolonged (>12 hours) sleep durations. These findings highlight the potential role of physical exercise in managing sleep health within this population. Incorporating regular physical activity into treatment plans for depression may improve sleep quality and contribute to better overall health outcomes. Further research is needed to understand the mechanisms and long-term effects of exercise on sleep patterns in those with depressive disorders.

Disclosure of Interest: None Declared

EPV1922

Better Sleep, Better Care: Streamlining Obstructive Sleep Apnea Screening in Psychiatric Outpatients

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doi: 10.1192/j.eurpsy.2025.2333

Introduction: Obstructive Sleep Apnea (OSA) significantly complicates psychiatric conditions, yet its systematic screening within psychiatric settings is not common. We present a unique collaborative initiative within a tertiary care psychiatric hospital in South Bronx, USA, with approximately 3000 outpatients. We aim to bridge this gap by implementing a comprehensive OSA screening and referral process to improve patient outcomes.

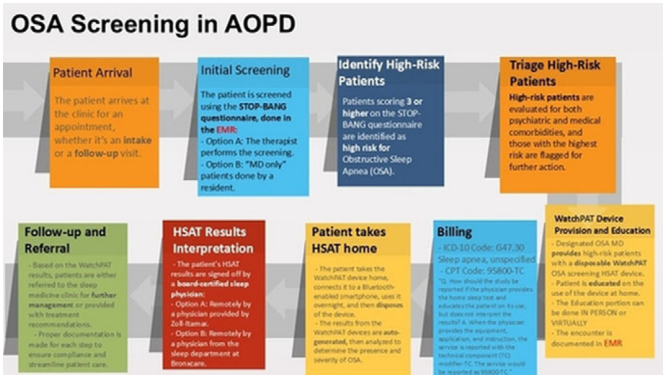
Objectives:

- Implement a standardized Obstructive Sleep Apnea screening in psychiatric outpatient care.
- Enhance collaboration between psychiatry and sleep medicine for integrated care.
- Address compliance barriers by offering at-home sleep diagnostic options.

Methods: Starting in April 2024, patients in the Adult Outpatient Psychiatry Department are being screened for Obstructive Sleep Apnea using the STOP-Bang questionnaire, with this process ending in October 2024. High-risk patients identified through screening will receive WatchPAT Home Sleep Apnea Testing devices, with distribution and testing to be completed by December 2024. Data collected will include the number of patients screened, proportion identified as high-risk, HSAT completion rates, diagnostic outcomes, and subsequent referrals to sleep medicine services.

Results: The STOP-Bang questionnaire has been successfully integrated into routine clinical assessments for psychiatric outpatients, and the screening phase will conclude in October 2024. Preliminary data shows that a substantial number of patients were identified as high risk for Obstructive Sleep Apnea. The distribution of WatchPAT Home Sleep Apnea Testing devices to these high-risk individuals is underway and will be completed by December 2024. Initial results indicate effective triaging of patients and a high rate of compliance with at-home sleep testing. Detailed findings, including the exact number of patients screened, high-risk identification rates, HSAT completion rates, and diagnostic outcomes, will be presented upon project completion.

Image 1:



Conclusions: Early findings from this Quality Improvement project suggest that integrating Obstructive Sleep Apnea screening into psychiatric outpatient care is feasible and beneficial. By identifying at-risk patients and providing accessible, at-home diagnostic tools, we aim to enhance patient care and address the underdiagnosed issue of sleep disturbances in psychiatric populations. The project demonstrates the potential for a streamlined, interdisciplinary approach to improve outcomes and set a scalable model for comprehensive patient management in similar settings. Further analysis will focus on the impact of this intervention on psychiatric care and overall patient health outcomes.

Disclosure of Interest: None Declared

EPV1923

Narcolepsy and the Risk of Pregnancy Complications: Based on a Nationwide Healthcare System Database in South Korea

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Introduction: Narcolepsy is known as an autoimmune disease which altered metabolic functions. It is believed that narcolepsy makes more pregnancy complications. However clinical evidence in narcolepsy patients, especially in pregnant women, is limited.
Objectives: We aim to find out whether there is relationship between narcolepsy and pregnancy complications.
Methods: We examined data from the South Korean nationwide health insurance claims database from 2010 to 2019. Out study included women narcolepsy patients who gave birth, and age- and sex- matched controls without narcolepsy. We estimated the odds ratio of narcolepsy with pregnancy complications and control group with pregnancy complications using multivariate logistic regression analysis.
Results: Our study included 1,836 women with narcolepsy who gave birth and 28,796 women who gave birth without narcolepsy. We found that women with narcolepsy have a slightly high risk of preterm birth (OR, 1.191; 95% CI, 1.034-1.372). Patients with narcolepsy were at a significantly lower risk of spontaneous abortion, caesarean and gestational diabetes (OR, 0.763; 0.682-0.854, OR, 0.679; 95% CI, 0.560-0.824 and OR, 0.656; 95% CI, 0.556-0.774, respectively).
Conclusions: This study is the first study about pregnancy complications in narcolepsy patients in South Korea. We found that preterm birth happened more in the patient with narcolepsy during pregnancy. But patient had lower risk of spontaneous abortion, caesarean, gestational diabetes compared to heath control group. These findings suggest that narcolepsy is not a definite risk factor for pregnancy complications. Further research is needed to investigate the reasons why narcolepsy patients had lower risk of spontaneous abortion, caesarean, gestational diabetes compared to health control.

Disclosure of Interest: None Declared

EPV1928

Sleep phenotypes and mental disorders: analysis of causality with two-sample Mendelian randomization

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doi: 10.1192/j.eurpsy.2025.2335

Introduction: Sleep health is s an essential aspect of a healthy lifestyle, and sleep problems are prevalent among individuals with mental disorders. However, this relationship appears complex to explore with classic observational studies, due to bidirectional effects and residual confounding. Additionally, the different measures of sleep quality and the diversity of mental disorders make comprehensive assessment challenging.
Objectives: In the current study, we aimed at investigating the causal relationship between six sleep factors, derived from twelve indicators, and thirteen mental disorders. Specifically, we examined the impact on Alzheimer disease, attention-deficit and hyperactivity disorder (ADHD), anorexia nervosa, anxiety disorder, autism spectrum disorder, alcohol use disorder, bipolar disorder (BD), cannabis use disorder (CUD), major depressive disorder, obsessive-compulsive disorder, post-traumatic stress disorder, suicide attempt, and schizophrenia (SZ).
Methods: Using Genomic Structural Equation Modeling, we estimated genome-wide associations for six sleep factors in the UK Biobank. Next, we examined bidirectional causal relationships with mental disorders in the Psychiatric Genomics Consortium, using Two-sample Mendelian Randomization (MR). Results are presented as inverse-variance weighted betas (B) with 95% confidence intervals (95%CI), representing log-odds for sleep-to-mental disorder causality (forward MR) and linear regression coefficients for mental disorder-to-sleep causality (backward MR).
Results: Our investigation confirmed previous evidence of a six-factor model of sleep, comprising alertness (AF), circadian preference (CPF), efficiency, duration (DF), regularity, and insomnia (IF). MR analyses showed bidirectional causal relationship between IF and ADHD (B:0.747[95%CI:0.392;1.10] and B:0.029[95% CI:0.020;0.040] for forward and backward, respectively). Unidirectional causal effects were found for BD on AF (B:-0.113[95%CI:-0.153;-0.072]), SZ on AF (B:-0.057[95%CI:-0.077;-0.037]), BD on

CPF (B:-0.066[95%CI:-0.104;-0.027]), CPF on ADHD (B:-0.074 [95%CI:-0.113;-0.035]), BD on DF (B:0.038[95%CI:0.026;0.050]), SZ on DF (B:0.022[95%CI:0.016;0.029]), IF on CUD (B:0.764[95% CI:0.130;1.40]), and IF on SZ (B:-0.504[95%CI:-0.802;-0.206]).
Conclusions: This study provide evidence that mental disorders negatively affect sleep quality rather than vice versa. These findings highlight the need to improve detection of sleep problems in mental health care settings and support efforts to identify intervention targets to improve sleep health among individuals with mental disorders.

Disclosure of Interest: None Declared

EPV1929

Sleep quality and academic performance among medical students

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Introduction: Medical studies place significant academic pressure and high stress levels on students resulting in changes in their sleep patterns.and their academic performance, which are two keys of professional success. A hypothesis regarding a potential link between these two entitities could be proposed.
Objectives: The objective of our study was to assess sleep quality and academic performance in a sample of students from the Faculty of Medicine of Sfax, Tunisia, as well as the link between these two entities.
Methods: It was a cross-sectional, descriptive and analytical study, conducted using GOOGLE FORMS during February and March 2024, involving a sample of students from the Faculty of Medicine in Sfax, Tunisia. We used a questionnaire including an information sheet and two psychometric tests : the Pittsburgh Sleep Quality Index (PSQI) aiming to assess sleep quality over the past month and the Study Management and Academic Results Test (SMART) allowing the assessment of students' attitudes towards their studies and academic performance based on four dimensions : "Academic Competence", "Test Competence", "Time Management" and "Strategic Studying".
Results: Our study involved 154 participants with a sex ratio (M/F) of 0.54 and a median age of 22 years (IQR = [20 – 23 years]).
The median PSQI score was 6 (IQR = [3 – 9]). Using a threshold value of 5, we found that 86 students had poor sleep, resulting in a prevalence of 55.8%.
Median scores of the four dimensions were 3.4 (IQR = [3 – 3.8]) for the "Academic Competence", 2.8 (IQR = [2.2 – 3.2]) for the "Test Competence", 2.4 (IQR = [2 – 3]) for the "Time Management" and 3.2 (IQR = [2 .8 – 3.6]) for the "Strategic Studying".
By conducting a bivariate analysis, we found that "Academic Competence" and "Time Management" dimensions were significantly better among students with good sleep quality. In contrast, the dimensions "Test Competence" and "Strategic Studying" were not statistically associated with sleep quality (Table 1).

Table 1: Associations between the sleep quality and the Study Management and Academic Results Test dimensions

	Academic Competence	Test Competence	Time Management	Strategic Studying
Sleep quality				
Good	3.6 (3.2 – 4)	2.8 (2.4 – 3.3)	2.6 (2.2 – 3)	3.2 (2.8 – 3.6)
Poor	3.4 (2.8 – 3.6)	2.8 (2.2 – 3.2)	2.4 (1.8 – 2.8)	3.2 (2.8 – 3.6)
p	**0.01**	0.5	**0.02**	0.7

Conclusions: Our study revealed that more than half of the medical students suffer from poor sleep quality. The analysis of academic performance revealed that the most affected dimensions were the test competence and the time managemement. The lack of sleep among these students had detrimental consequences on their academic performance. Therefore, it is important to encourage good sleep hygiene to enhance both well-being and academic performance in medical students. Additionally, providing balanced study resources, offering therapy and counseling services, and promoting stress management strategies are key to optimizing academic success.

Disclosure of Interest: None Declared

EPV1930

Investigating the Relationship Between Sleep Quality and Sociodemographic, Lifestyle, and Psychological Factors in Bosnian Young Adults

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Introduction: Sleep quality is a critical component of overall well-being, yet it is influenced by a variety of factors, including sociodemographic characteristics, lifestyle habits, and psychological conditions. Despite its importance, research on sleep quality among Bosnian young adults is scarce, making this study particularly valuable in filling that gap.
Objectives: This study aimed to investigate the relationship between sleep quality, as measured by the Pittsburgh Sleep Quality Index (PSQI), and a range of sociodemographic, lifestyle, and psychological factors in a sample of Bosnian young adults.
Methods: A total of 283 Bosnian young adults were enrolled in the study through convenience sampling. The study assessed sociodemographic factors (age, gender, education level, religion, employment, residential area, marital status, income level), lifestyle factors (use of electronic devices before bedtime, daytime napping habits, exercise level, smoking, alcohol consumption, drug abuse, caffeine intake, diet, exposure to natural light, consistent sleep schedule), and psychological factors (mindfulness measured by the Five Facet Mindfulness Questionnaire (FFMQ), and stress,

depression, and anxiety measured by the Depression Anxiety Stress Scales (DASS-21)). Descriptive statistics, correlation analysis, and multiple linear regression were used to analyze the data.
Results: The findings indicate that sleep quality is significantly predicted by several factors. Negative predictors of sleep quality included the Observe facet of mindfulness and maintaining a balanced diet. Conversely, positive predictors that were associated with poorer sleep quality included higher levels of stress, smoking, and the use of electronic devices before bedtime.
Conclusions: The study highlights the complex interplay between sociodemographic, lifestyle, and psychological factors in determining sleep quality among Bosnian young adults. These findings underscore the need for targeted interventions that address these specific factors to improve sleep quality in this population.

Disclosure of Interest: None Declared

EPV1932

Association between night-shift work and sleep quality among nurses

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Introduction: Night-shift work significantly impacts sleep quality among nurses, leading to various adverse health outcomes.
Objectives: This study aimed to assess the link between night-shift work and sleep quality among nurses.
Methods: The study was conducted with a sample of nurses in university hospitals of Sfax. Two groups of staff were defined based on their work schedule: the first group(G1) consisted of those working day shifts, either a regular morning schedule or alternating between morning and afternoon shifts, while the second group (G2) included those working night shifts, either fixed night shifts or alternating between morning, afternoon, and night shifts. Data collection was carried out using an anonymous self-questionnaire developed via an online interface hosted on Google Forms. Sleep disorders were screened using the validated Arabic version of the Pittsburgh Sleep Quality Index (PSQI).
Results: The study population consisted of 114 nurses, with 37 nurses in G1 and 77 in G2. The average age of the workers was 33.8 years ± 7 years with extremes of 23 and 55 years. The average duration of night work was 5.9 years ± 4.64 years, ranging from a minimum of 1 year to a maximum of 25 years. The overall PSQI scale score was on average 6.86 ± 3.2. Based on this scale, 62% were classified as poor sleepers. In bivariate analysis, night-shift work was associated with a bad sleeper profile (p= 0.027, OR=2.44, IC95% [1.09-5;46]). However, day-shift work protected from the bad sleeper profile (p=0.04, OR=0.4, IC95% [0.18-0.91]).
Conclusions: The study highlights the negative association between night-shift work and sleep quality among nurses. it is essential for healthcare organizations to implement strategies that address the unique challenges faced by night-shift nurses, such as promoting better sleep hygiene and providing support resources.

Disclosure of Interest: None Declared

EPV1933

Stress induced by perceived radiological risk among imaging department staff

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Introduction: Healthcare-workers in medical imaging departments face a variety of professional challenges, including radiological risk, biomechanical constraints, and heavy workload. These cumulative constraints make the staff of these departments particularly vulnerable to stress.
Objectives: The aim of this study was to evaluate perceived stress among radiology technicians and evaluate its associated factors.
Methods: A cross-sectional study was conducted among the staff of a medical imaging department in Sfax in April 2024 during periodic visits. The Perceived-Stress-Scale-10 (PSS-10) questionnaire was used to assess perceived stress. Radiation safety training level (TL), Radiation risk level (RL) and radiation protection level (PL) were auto-evaluated on a scale of 0 to 10.
Results: Our population consisted of 32 paramedical staff, 80% of whom were radiology technicians. The median age was 37 with an interquartile range (IQR) [36; 43]. The sex ratio was 0.28. The median seniority in the job was 5.5 years IQR [4; 8]. The median TL, RL and PL were 3 IQR [2; 5], 6 IQR [5; 7] and 5 IQR [3; 6] respectively. The mean PSS-10 score was 19.3±4.9. In bivariate analysis, the PSS-10 score was inversely correlated with TL (r=-0.622; p=0.001), RL (r=-0.248; p=0.213) and correlated with PL (r=0.458; p=0.016).
Conclusions: Periodic visits in occupational medicine are an opportunity to detect perceived stress in this population and to strengthen their knowledge about radiation protection in order to ensure a healthier and safer working environment.

Disclosure of Interest: None Declared

EPV1934

A designathon to co-create a sleep health communication package in adolescents

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Introduction: Sleep is essential for one's physical, emotional, and social well-being. Healthy sleep is particularly important for adolescents, individuals who undergo drastic developmental changes, making them susceptible to psychiatric disorders. Education and sleep health promotion to the public are urgently needed to improve population sleep health (Lim *et al.* Lancet Public Health

2023; 8 e820-e826). One novel way to improve sleep health communication is to engage adolescents with lived experiences of sleep disturbances in the development of sleep health innovations.
Objectives: The designathon is a participatory innovation context that brings individuals to co-create communication packages to address a specific challenge within a short period. We aimed to present the process of crowdsourcing designathon to create sleep health communication packages for adolescents and the products produced in the event.
Methods: The designathon was a two-day event held at a university building in Hong Kong. Adolescents were recruited from a summer programme about sleep and psychology and sorted into groups with a balance of educational backgrounds. A judging panel that included experts in sleep and mental health and a youth representative evaluated the communication packages. The products were scored based on content, accuracy, visuals, innovation, and delivery.
Results: A total of 13 participants participated in the designathon. About 61.5% (n=8) of participants reported poor sleep quality. All three groups successfully created a sleep health communication package consisting of a poster, a leaflet, and a slideshow during the 2-day designathon event. One finalist was selected. The finalist package was a comprehensive package comprising psychoeducation and action elements to promote napping in school to address insufficient sleep and psychological health, and was described as structured, interesting, and informative although some information may be too technical to layperson based on judges' comments.
Conclusions: Designathon is a novel and successful strategy to engage the community to co-create sleep health communication package for adolescents. It is promising to utilise crowdsourcing designathon to increase access to sleep educational information and improve knowledge in the public. Future studies are needed to evaluate the feasibility, impact, and implementation of the products.

Disclosure of Interest: None Declared

EPV1935

Implementing group CBT-Insomnia in mental health and addictions services in London: initial results

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Introduction: Chronic insomnia is prevalent in secondary care mental health populations and is associated with emotional distress, interpersonal impairment and reduced quality of life. In addition, it contributes to the aetiology of major mental health conditions and substance use. CBT for insomnia (CBTi) is a well-established evidence-based treatment approach for chronic insomnia and is recommended as the first-line treatment for adults in the UK by National Institute for Health and Care Excellence (NICE). Despite this, CBTi is not accessible for most secondary care mental health patients and therefore few benefit from this intervention.
Objectives: To examine the feasibility and effectiveness of a 6-week group CBTi programme for people using secondary care mental health and addictions services with chronic insomnia, using a case series design.
Methods: Each participant underwent an initial screening assessment to evaluate their suitability for the programme, the nature and impact of their sleep problem, and exclude other causes of insomnia. Self-reported measures of insomnia, personality functioning and depression were examined pre- and post-intervention using the Pittsburgh Sleep Quality Index (PSQI), Level of Personality Functioning Scale (LPFS) and Patient Health Questionnaire-9 (PHQ-9) respectively. PSQI was also re-assessed at 3-months' follow-up.
Results: Of 42 people referred to the service (26 from mental health and 16 from addictions services), 25 attended baseline assessment, 19 started the group and 12 completed sessions. The most common primary diagnoses were Alcohol Use Disorder (n=8), Treatment Resistant Depression (n=5), Bipolar Affective Disorder (n=3) and Personality Disorder (n=3). There were 9 men and 16 women. The severity of sleep disturbance was high with a cohort average PSQI of 15.4 (s.d. 2.7, range 12-20). Additionally, the level of personality functioning was high (mean 31.0, s.d. 7.6 range 13-45) as well as depressive symptoms (PHQ-9 cohort mean 18.0, s.d. 5.5, range 7-26).
Among the completers, cohort mean PSQI score decreased from 14.1 to 12.0 (p=0.12). Of 10 patients with 3-month follow-up data, there was a relative reduction of 20.3% from baseline, to a cohort mean PSQI score of 11.5 (p=0.16). At 3-months other facets of sleep quality like total sleep time had improved in the cohort by 45 minutes, and onset latency reduced by 35 minutes. Post-group there were also reductions in cohort mean LPFS scores by a relative 10.3% (31.4 at baseline to 28.3 post-group, and in cohort mean PHQ-9 by 14.8% (16.4 to 13.8).
Conclusions: Group CBTi is a potentially scalable and feasible intervention that effectively treats chronic insomnia, depression and personality dysfunction in secondary care mental health and addictions populations. Further research should focus on replicating these findings in larger cohorts, and examine factors associated with uptake and completion of CBTi.

Disclosure of Interest: None Declared

EPV1936

Quantifying Stress and Relaxation: The New Measure of Heart Rate Variability as a Precise Biomarker Beyond Beats

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Introduction: The basis of this study is established on the unreliability of conventional heart rate variability metrics. The complex physiology of stress and the relaxed state cannot be drawn sufficiently, because the conventional heart rate variability metrics, presented by the established professional medical literatures, are

dependent on the changes in the heart rate and thus cannot provide reliable data.
Objectives: We introduced a novel, heart rate independent variability parameter, which is the normalized variability, and we contrasted it with the consensus-based parameters (RMSSD: root mean square of successive differences between normal heartbeats; SDNN: standard deviation of normal-to-normal interbeat intervals).
Methods: We tested the normalized variability parameter in two studies. During the first study, the work-related stress among professionals in the frontlines of healthcare was reduced during the work-shift via either heart rate variability-biofeedback training or through achieving a relaxed state by allowing the subjects of the test during breaks to relax in their own usual manner. Consequently, the sample of Study 1 was categorized into the heart rate variability biofeedback group (N = 21) and the habitual recreation group (N = 21). Comparatively, Study 2 was concluded on healthy students, where the subject sample consisted of N = 9 participants. In this case, stress response was triggered by one of two laboratory stress induction methods. This meant the application of either the Socially Evaluated Cold Pressor Test (SECPT) or, a novel stress induction procedure, the Socially Evaluated Stroop Test (SEST). Furthermore, we used the Kolmogorov-Smirnov test to compare the distribution of heart rate variability parameters, mean heart rate, logRMSSD, logSDNN, and normalized variability before, during, and after the stress-inducing and the stress-alleviating interventions.
Results: According to our results, on the one hand, logRMSSD and logSDNN did not change significantly throughout the stress alleviation and stress inducing states; on the other hand, the distribution of normalized variability significantly changed during and after both stress decreasing methods ($p \leq 0.01$) and between the period that preceded recreation and during the process of habitual recreation itself ($p = 0.03$). Normalized variability during and after the SECPT ($p = 0.05$) significantly changed as well; however, the heart rate did not change significantly under and during the test.
Conclusions: Normalized variability, a heart rate variability parameter that is independent of the heart rate of the patient, can be considered a sensitive stress indicator and suitable for investigating the complexity of the functions of the vegetative nervous system without the confounding effect of the heart rate.

Disclosure of Interest: None Declared

EPV1937

Different chronotypes are associated with different metabolomics profiles-results from the UK biobank

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Introduction: Individuals with an evening chronotype (i.e., a behavioral phenotype related to a preference for eveningness) commonly display metabolic alterations that predispose to cardiovascular disease and worse cardiometabolic health. While lifestyle habits may partly explain the adverse cardiometabolic findings, underlying independent biological mechanisms may also confer higher risk. However, metabolomics signatures associated with chronotype remain to be determined.
Objectives: This study aimed to use nuclear magnetic resonance (NMR) metabolomics and phenotype data from the UK Biobank to characterize the metabolomics signatures of different chronotypes.
Methods: The population included approximately 245,000 participants with plasma metabolomics and questionnaire data on chronotype, both collected at the first assessment (2006-2010). The levels of 237 metabolites were compared in individuals with morning vs. more morning than evening vs. more evening than morning vs. evening chronotype via univariable and multivariable linear regression models adjusted by fasting time, age, sex, body mass index, economic status, physical activity and smoking status. The False Discovery Rate was applied to account for multiple testing. This research has been conducted using the UK Biobank Resource under application number 99811.
Results: In unadjusted models, compared to morning types, individuals with more evening (163/237 metabolites, median estimate 0.01 SD) and definitely evening (203/237, -0.01 SD) chronotypes had significantly different profiles, suggestive of higher cardiometabolic risk (higher levels of the inflammation marker glycoprotein acetyls, of triglycerides and lipids in Very-Low-Density-Lipoproteins (VLDL), but lower levels of fatty acid unsaturation and of lipids in High-Density-Lipoproteins (HDL)). On the contrary, more morning than evening types had opposite profiles. After adjustments, the risky profiles of evening and intermediate-evening types attenuated partly, especially with respect to fatty acids. However, irrespective of adjustments, evening types had metabolic profiles characterized by less HDL and more VLDL lipoproteins than morning types, while HDL levels appeared less affected in intermediate-evening types. In adjusted models, intermediate-morning types had similar profiles as morning types.
Conclusions: Total or partial preference to eveningness was associated with a metabolic profile suggestive of higher cardiovascular risk. While these associations were partly explained by sociodemographic and lifestyle characteristics, several markers suggestive of higher cardiometabolic risks appeared intrinsic to the chronotype, and more evident in the evening types. Lifestyle habits may induce an even more favorable metabolic profile in intermediate-morning compared to pure morning types.

Disclosure of Interest: None Declared

EPV1938

Sleep Disorders in Multiple Sclerosis Patients Following Diagnosis: Prevalence, Contributing Factors

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Introduction: Sleep disorders are commonly reported among patients diagnosed with multiple sclerosis (MS), particularly in

the period following the disclosure of the diagnosis. The combination of psychological stress and the chronic nature of the disease contributes to significant sleep disturbances. Understanding the prevalence, causes, and implications of these disorders is crucial for improving patient care.
Objectives: The aim of this study is to evaluate the prevalence and characteristics of sleep disorders in MS patients following the announcement of the diagnosis and to explore the contributing factors, including psychological and physical symptoms.
Methods: A descriptive and analytical cross-sectional study was conducted from March 1, 2023, to January 30, 2024, involving patients diagnosed with multiple sclerosis (MS)who were observed in the neurology department at Habib Bourguiba University Hospital in Sfax. We evaluated sleep disorders using the **insomnia severity index scale** which included 7 items to investigate sleep disturbance.
Results: A total of 100 patients, with a mean age of 38 years ± 10 years, were included, with a strong majority of women (73%). No psychiatric history was noted. The median disease duration was 7.38 years (3-10.75). Among our patients, 64(64%) had attained a university level of education. In addition, 40(40%) were married, and 60 (60%) were single, divorced, or widowed.
The median Insomnia Severity Index was 5 (1-10.75). More than half of our patients (62%) did not suffer from insomnia. However, 9% had a mild subclinical form of insomnia, 10% had moderate clinical insomnia, and 19% suffered from severe clinical insomnia. Primary education level was correlated significantly with mild sleep disorders n=33.3 (33.3%), (p=0.044). On the other hand, those with a higher education level showed a lower prevalence of mild sleep disorders n=22.2(22.2%) (p=0.01). However, a lower prevalence of severe sleep disorders was noted among married individuals (10.5% p=0.004), while a higher frequency was observed in divorced individuals (15.8%, p=0.). Only refusal of the diagnosis upon its initial announcement was significantly associated with severe sleep disorders (63.2%, p=0.012).
Conclusions: Addressing sleep disorders in MS patients requires a holistic approach that incorporates both psychological and symptom management strategies. Early interventions targeting anxiety, depression, and physical discomfort are essential for improving sleep quality and overall well-being in this patient population. Further research is needed to develop tailored therapeutic approaches that address the unique challenges faced by MS patient's post-diagnosis.

Disclosure of Interest: None Declared

EPP259

Relationship between sleep disorders and impairments in the language development process in cases of ASD

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Introduction: Autism Spectrum Disorder is characterized by persistent deficits in communication and social interaction in multiple contexts, including deficits in social reciprocity, in nonverbal communication behaviors used for social interaction and in skills to develop, maintain and understand relationships,in addition to repetitive patterns of activity. Individuals with Autism Spectrum Disorder (ASD) present a wide variety of cognitive profiles, with levels of symptom severity that differ between those with the same diagnosis. In language development, there are individual differences, both in the acquisition process and in speed and quality. Sleep is an important parameter for child development and its relevance has been associated with healthy physical, cognitive and behavioral development, as well as cognitive functions in children and adolescents. Researchers estimate that between 40% and 80% of children with ASD have sleep disorders.
Objectives: To relate sleep disorders frequently present in cases of ASD to delays in language development in children with ASD.
Methods: The research was approved by the USP ethics committee. To investigate sleep disorders, the Cognitive Speech Therapy Protocol aimed at ASD was used, an accessible and understandable instrument for parents or guardians. To identify language disorders, the ADL2 Language Development Assessment was used. 40 parents and/or guardians of children with ASD, aged between 2 and 12 years, participated in the research. A logistic regression analysis was performed to evaluate the relationship between sleep disturbances and language delay in children with ASD. The sample included 32 children, 28 of whom reported sleep disorders and all of whom had language delays
Results: The results showed that children with sleep disorders are 2.3 times more likely to have delays in receptive and/or expressive language compared to those without sleep disorders. This association is statistically significant, indicating that sleep disorders are a relevant risk factor for language delays in children with ASD.
Conclusions: Sleep disorders can impact the development of expressive language in several ways, such as by reducing the time available for language and interaction practices or by direct effects on cognitive and neurological processes. Therefore, sleep quality should be considered an important factor to be addressed to improve both receptive and expressive language in children with ASD. Therefore, sleep quality should be considered an important factor to be addressed to improve both receptive and expressive language in children with ASD.

Disclosure of Interest: None Declared

Suicidology and Suicide Prevention

EPV1940

Epidemiology of patients with suicidal intent in the emergency department at the University Hospital of Salamanca

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Introduction: Suicide represents a serious public health problem. Suicidal gestures make up a significant proportion of the psychiatric emergencies treated in Emergency Services.
Objectives: The study aimed to identify which of the total emergency visits were related to suicidal ideation or suicide attempts, and to analyze the epidemiology of these patients in terms of age and gender.

Methods: A retrospective, observational study was conducted by collecting and analyzing data from July 2024 in the Emergency Department of the Clinical Hospital of Salamanca.
Results: Out of a total of 201 patients treated by on-call psychiatry in the Emergency Department, 64 patients (31.8%) presented suicidal ideation or suicide attempts. Of these, 43 were women (67%) and 21 were men (33%). By age group, among the women, 5 were under 18 years old, 11 were between 18 and 35 years old, 16 were between 36 and 55 years old, and 11 were over 55 years old. Among the men, 1 was under 18 years old, 7 were between 18 and 35 years old, 8 were between 36 and 55 years old, and 5 were over 55 years old.
Conclusions: Regarding the profile of patients with suicidal behavior, there is a higher presence of women with suicidal tendencies, as reported in the literature and other studies. No clear relationship was observed between age ranges and suicide attempts. It is important to note that the sample size is not statistically significant to determine representativeness.

Disclosure of Interest: None Declared

EPV1941

Mentalizing and suicide reattempt: a 12-months follow-up study

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Introduction: Hypomentalizing may contribute to heightened social withdrawal and it has been related with an increased risk of and suicide attempt (SA). Although certain studies have identified a relationship between hypomentalizing and suicidal behavior, research on follow-up remains limited.
Objectives: This study aims to examine the relationship between suicide reattempt and the progression of mentalizing within 12-months.
Methods: Our study included a cohort of 1,374 patients who committed a SA. We conducted assessments at the baseline and at a 12-months follow-up. We measured mentalizing using the RFQ-8, and evaluations of suicidal ideation and behavior employing the CSRSS. Demographics, clinical characteristics, and mentalizing were subjected to comparative analysis using the T-student and Chi-square tests.
Results: A total of 310 participants committed a suicide reattempt in the follow-up period. Our results showed that reattempt group were significantly younger, more presence of female gender, suicidal ideation and planning, more previous SA, and higher hypomentalizing means.
Image 1:

Table 1. Mean comparison of socio-demographic, clinical information related to suicidality, and mentalizing in of suicide reattempt for the entire sample (N=1374).

	New Suicide Attempt			
	No N=1064	Yes N=310	p value	Effect size
Demographics				
Age, mean (SD)	41.47 (16.11)	38.91 (13.86)	**.011**	0.170 [a]
Female sex, N (%)	734 (68.9)	232 (74.8)	**.047**	0.054 [b]
Educational years, mean (SD)	11.72 (3.92)	12.06 (3.67)	.166	0.089 [a]
Married, N (%)	234 (21.9)	70 (22.5)	.956	0.001 [b]
Employed, N (%)	422 (39.6)	125 (40.3)	.858	0.005 [b]
Clinical Information				
Follow-up Suicidal Ideation, N (%)	191 (35.4)	91 (59.0)	**≤.001**	0.201 [b]
Follow-up Suicidal Planning, N (%)	50 (9.2)	51 (33.1)	**≤.001**	0.281 [b]
Follow-up Number of Reattempts, mean (SD)	-	2.23 (2.73)	-	-
Number of Lifetime Suicide Attempts, mean (SD)	2.84 (4.50)	5.06 (8.14)	**≤.001**	0.351 [a]
Baseline RFQ-8, mean (SD)	4.55 (1.30)	4.80 (1.28)	**0.003**	0.193 [a]
Follow-up RFQ-8, mean (SD)	4.15 (1.31)	4.81 (1.23)	**≤0.001**	**0.519** [a]

Bold font indicates significant level (p<0.05), standard deviation (SD), number of participants (N), proportion in percentages (%) from each group total. Missing data for: Married= 34; Employed= 7; Follow-up suicide ideation and planning= 680; Number of follow-up suicide attempts= 33; Number of lifetime suicide attempts= 6; Baseline RFQ-8= 12; Follow-up RFQ-8= 818; [a] d-Cohen's; [b] V-Cramers.

Conclusions: Social cognition may play a crucial role in the suicide reattempt risk. Future research on the association between social cognition and suicidal behavior could help elucidate the associated factors and identify potential therapeutic actions.

Disclosure of Interest: None Declared

EPV1942

Prevalence of Suicide-Related Consultations in Relation to the Total Number of Emergency Visits Attended by the Psychiatry Service at the University Hospital of Salamanca in 2023

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Introduction: Suicide is a significant public health issue, and its study has been approached from various perspectives. This work focuses on analyzing consultations related to suicide attended by the Psychiatry Service at the University Hospital of Salamanca during 2023. Suicide is defined as an intentional act with a fatal outcome, and its prevention is considered a priority in mental health.

Objectives: General Objective: To assess the prevalence of suicide-related consultations within the total psychiatric emergencies attended in 2023.

Specific Objectives:

1. To identify demographic and temporal patterns in suicide-related consultations.
2. To compare the prevalence of suicide-related consultations with other types of psychiatric emergencies attended during the same period.

Methods: The study is observational and retrospective, based on the analysis of psychiatric emergency records from 2023. Demographic variables such as gender and age were analyzed, as well as the cause of the consultations, classified as "suicide-related" or "other psychiatric causes." Statistical tools were used to identify significant patterns and relationships.

Results:

1. **Gender distribution:** 55.2% of the patients were women, and 44.8% were men.
2. **Age distribution:** Most consultations involved adults (74.4%), followed by older adults (16.7%) and minors (8.9%).
3. **Cause of the consultation:** 36.15% of the cases were related to suicidal behavior, while 63.85% were due to other psychiatric emergencies.
4. **Temporal pattern:** There was an increase in consultations during the autumn months, particularly in September and November.

Conclusions: The study reveals that over one-third of psychiatric emergency consultations were related to suicide, underscoring the need to enhance prevention strategies and early intervention. The results also show significant differences by gender and age, as well as seasonal patterns that may be linked to emotional and social factors. The findings emphasize the importance of identifying specific risk factors associated with gender and age, as well as reinforcing the training of emergency personnel to effectively intervene in cases of suicidal behavior. Moreover, attention should be given to months with higher incidence of suicide-related consultations, such as the autumn season.

Disclosure of Interest: None Declared

EPV1943

A Suicide Attempt Multicomponent Intervention Treatment (SAMIT Program): Study Protocol for a Multicentric Randomised Controlled Trial

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Introduction: Suicide has become a first-order public health concern, especially following the negative impact of COVID-19 on the mental health of the general population. Few studies analysed the effects of early psychotherapeutic interventions on subjects who have attempted suicide (SA), and even fewer have focused on those hospitalized in non-psychiatric units after a medically serious suicide attempt (MSSA).

Objectives: The main aim of this study is to describe the protocol designed to evaluate the effectiveness of individual psychological treatment for patients hospitalized after an MSSA. The secondary objectives of the study are: 1) to evaluate the impact on quality of life and other psychosocial variables of patients with a recent MSSA who receive early psychological intervention; 2) to analyse the biological, psychological, and clinical impact of early psychotherapeutic treatment on subjects hospitalized after an MSSA.

Methods: An experimental, controlled, and randomized trial will be conducted with patients over 16 years of age admitted to two general hospitals. The case intervention group will enrol for 8-sessions of individual psychotherapy, Suicide Attempts Multicomponent Intervention Treatment (SAMIT), combining Dialectical Behaviour Therapy (DBT), Mentalization-Based Therapy (MBT), and Narrative approach. In contrast, the control group will receive a treatment-as-usual intervention (TAU). Longitudinal assessment will be conducted at baseline (before treatment), post-treatment, and 3, 6, and 12 months after. The main outcome variable will be re-attempting suicide during follow-up.

Results: Results from the interim analysis will be presented at the congress. We are in the recruitment and data-gathering phase.

Conclusions: Some psychotherapeutic interventions, usually implemented in outpatient, have proven to be effective in preventing suicidal behaviours. Early intervention, combining powerful components of main treatments focused on suicidal behaviour can prevent future SA in patients hospitalized after an MSSA. Moreover, assessment of the biological, clinical, and psychometric impact of this new intervention on patients during the first year after the attempt may help understand some of the multi-level factors associated with the effectiveness of psychotherapeutic interventions in MSSAs. The prevalence of high suicide rates requires the design of effective psychological interventions for their prevention, and also in order to design new pharmacological and psychological treatments.

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EPV1945

Difficulties of describing suicide statistics in an international environment: The example of Luxembourg

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Introduction: Suicide is a major public health issue and different metrics have been put into place in order to compare suicide rates and adapt prevention strategies to local contexts. Two numbers often cited are the number of suicides in a given country in a given year and the rate of suicides per 100.000 people in this country.
As straightforward as those two indicators may seem, they may nevertheless be subject to considerable caveats in specific national contexts. As an example, we will outline the case of Luxembourg.
Luxembourg is a high-income European Union member state and benefits greatly of its multilinguality and close ties to its neighboring countries. Although other European countries also have considerable populations of foreign nationals working in, but not residing in their country, the Luxembourgish context is unique for its proportions: For a population shy of 680.000, there are about 200.000 foreign workers that cross the boarder every day.
Those frontalier-workers, as they are called, might however die by suicide in both their country of residence as well as in Luxembourg. Moreover, the Luxembourgish health care system offers considerable opportunities for patients to be treated in neighboring countries.
Those patients also might die by suicide abroad, thus not being counted into the Luxembourgish statistics.
Objectives: To investigate the influence of a considerable foreign commuters demographic as well as of treatment of Luxembourgish nationals in boardering countries on the number of suicides reported for Luxembourg and its suicide rate.
Methods: Analysis of data by the Ministery of Health (Ministère de la Santé et de la Sécurité sociale), the National Statistics Insitute (Institut national de la statistique et des études économiques du Grand-Duché de Luxembourg) as well as the National Health Fund (Caisse Nationale de Santé)
Results: Different figures are reported for suicide cases, which cannot easily be converted into one another:
One counts the number of suicides taking place in the territory of Luxembourg, an other one describes the causes of death for Luxembourgers who died outside of the country.
Although a considerable demographic, no data exists on the proportion of frontalier-workers among suicide victims in Luxembourg.
Conclusions: The study of suicide rates in Luxembourg highlights how a seemingly simple metric can prompt researchers to reconsider what exactly they aim to measure, enabling them to better design targeted prevention strategies for groups at higher risk.

Disclosure of Interest: None Declared

EPV1946

Relationship between Psychological Pain and Social Cognition with the risk of suicidal behavior in depressed patients in remission: a pilot study

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Introduction: Suicide is a major public health problem. Psychological Pain (Psychache) and Social Cognition (SC) may have potential clinical significance. The aim of this study is to determine whether they are clinically relevant in patients with a history of suicide attempts and Major Depression (MD) in remission.
Objectives:
1.- To investigate the severity of Psychache in patients with MD who have attempted suicide.
2.- To identify changes in SC associated with an increased risk of suicidal behavior.
3.- To identify clinical subgroups of patients according to the SC and Psychache typology.
Methods: A controlled cross-sectional observational study is being conducted comparing two groups assessed with a clinical diagnostic interview and a psychological assessment including measures of SC and Psychache: 1) 60 patients with a history of suicide attempts (more than 6 months prior to the study), diagnosed with MD (DSM-5) at the time of their last attempt, and in remission when evaluated (HRDS<15). 2) 60 age/gender matched healthy case controls.
Results: Preliminary results from a group of 23 patients matched with 23 healthy controls:
1.- Psychache: a) Patients vs. Controls: Patients, despite being in remission of depression, have a higher level of Psychache than controls ($p<0.001$). b) Patients: The level of current Psychache is significantly lower than at the time of the suicide attempt ($p<0.001$). c) The level of current Psychache correlates significantly with the depression severity (HDRS) ($r=0.77$). This correlation is significant in the patient group ($p<0.001$) but not in the control group. d) The results obtained on the Total Psychache Scale do not differ from those obtained on the Unbearable Psychache subscale.
2.- Social Cognition: Overall scores on two of the Social Cognition measures (RMET and Hitting Task) were not significantly different between the patient and control groups. In the case of the MASC test, the global scores of the group of patients (with a history of suicide attempts) are significantly lower than those of the control group ($p<0.05$).

Table 1

	CONTROLS	PATIENTS	P-value
Psychache Total	Mean14.7 SD (2.88)	31.3 (14.0)	<0.001
Subtest Unbearable	3.0 (0)	6.3 (3.70)	<0.001
RME (SC)	26.0 (3.02)	23.8 (3.76)	0.062
Hitting (SC)	8.7 (1.14)	8.6 (0.99)	0.424
MASC Total (SC)	31.1 (3.92)	28.3 (4.78)	<0.05

Conclusions: a) Patients with stable depression and a history of suicide risk maintain a significant level of Psychache, which is higher than in the control group. b) The use of the Unbearable Psychache subscale -with only 3 items- discriminate clearly between the patient (suicide attempters) and the control groups: its use in primary care should be considered. c) Differences between patients and controls in SC were not significant in two of the three scales used, but were significant in one (MASC). This should be confirmed and analyzed in the full sample.

Disclosure of Interest: None Declared

EPV1948

Management of serious autolytic attempt in the Emergency Room

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Introduction: Every year, 726,000 people take their own lives and many more attempt it. Suicides can occur at any age and were the third most common cause of death in people aged 15 to 29 worldwide in 2021.
Objectives: Presentation of a clinical case.
Methods: We analyze the case of a 17-year-old patient who came to the ED after ingesting sodium hypochlorite with self-lytic intent. She says that, being accompanied by a friend, she begins to hear "a voice, which is my own voice, telling me to kill myself." With a pretext, he enters the kitchen and overeats. She says that, although she was induced by "the voice," she thinks that "if I continue like this all my life, it would be better to die." She discusses it with her brother and her friend, who inform her mother.
She is the youngest of three brothers. He resides with his mother and her partner, parents divorced at 11 years old. He is in 4th ESO, with poor performance. Pregnancy, childbirth and maturation milestones within normality. Four years ago he began to experience behavioral alterations in the family environment characterized by drug abuse reactive to family arguments. These ingestions are becoming more frequent and for anxiolytic purposes, requiring attention in the ED. Throughout evolution, the attitude has become increasingly regressive, with demands for attention to which the family responds by reinforcing them. He has had several hospital admissions. On current treatment with olanzapine 5 mg/24h, fluoxetine 20 mg/24h and tranxilium 5 mg/8h.
Results: Analysis with blood count, basic biochemistry, arterial blood gases, SO and toxic substances in urine; without significant alterations.
Gastroscopy: Esophagus: Mucosa, distensibility and peristalsis without alterations. Esophago-gastric junction 36 cm from the dental arch with competent cardia at the level. Stomach: isolated antral areas of circumscribed erythema. Centered and permeable pylorus. Duodenum: Bulb and second portion without alterations. Psychopathological examination: COC. Regressive, character traits in the foreground. No alterations in psychomotor skills. Attentive, without memory errors. Discourse with an infantilized tone, spontaneous, fluid and coherent, structured, focused on feelings of vital failure. Referred hypothymia, without apathy or hypohedonia. Referred anxiety, not evidenced. Active autolytic ideation, without criticism, manifesting intentionality of repetition. Low tolerance for frustration with impulsive responses. Preserved appetite. Hypersomnia. Preserved reality judgment. Partial awareness of illness.
Conclusions: Suicidal behavior should never be considered a call for attention but rather for help. In the intervention we must not blame and reconnect the minor with the family. We must talk openly about the circumstances in which it occurred, facilitating emotional expression. We must guarantee the safety of the minor, open dialogue between parent-child and provide support from parents.

Disclosure of Interest: None Declared

EPV1949

Suicidal Attempts in Psychiatric Patients admitted to "Xhavit Gjata" Hospital, Albania: A 2-year Retrospective Descriptive Study

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Introduction: Suicide represents one of the most discussed mental health issues in the world today and health challenges for the future. The burden of suicide is calculated in very high numbers (720.000 people per year) ranking it among the most frequent causes of death (World Health Organization. Suicide. WHO Fact Sheet. 2024 https://www.who.int/news-room/fact-sheets/detail/suicide). In the context of patients hospitalized in psychiatric services, the incidence of suicide attempts is particularly high, representing a major challenge for mental health professionals and the health care system.
Objectives: This study aims to analyze the socio-demographic and clinical factors influencing suicide attempts in a sample of psychiatric patients in Albania and looks for statistically significant relationships between them.
Methods: A retrospective study was conducted on 138 psychiatric patients admitted after a suicide attempt and data from August 2022 to July 2024 were obtained. Socio-demographic and clinical data were collected and analyzed. The relationship between these variables were explored. A total of 28 different demographic, clinical and behavioral variables were sampled and pooled with the help of statistical software.
Results: From the data it was found that suicide attempts were more frequent among women with a woman/man ratio of 1.42:1, age 25-44 years and among unemployed persons during the working age. It was more frequent in urban areas, with an uban / rural ratio of 2.85:1. The education level most frequent was primary (8-years of education) in 44.2% of the cases. Our data showed that 86.2% of cases did not live alone, which can be explained by the traditional Albanian family structure. However, only 28.3% of cases had good family support. Suicide attempts were most common in summer. The most frequent discharge diagnosis was a mood disorder in 69.6% of the cases, while a co-diagnosis was present in only 22.5% of cases. 59.1% were hospitalized for a first attempt. The attempt was reported as premeditated in 64.5% of cases, with prior preparation in 21.7% of cases and without asking for help in 62.3% of cases. There is a significant relationship ($p<0.05$) between the

diagnosis and seeking help. A significant relationship was found between compliance and first or repeated attempts and also between diagnosis and first or repeated attempts. The most frequently used type of attempted suicidal method was the use of medications in 41.3% of cases.
Conclusions: The pattern presented in the study group in relation to the characteristics of patients who commit suicide attempts, is close to the patterns presented by similar studies. Differences and non-correlations are atributed to local factors. Identification of suicide behaviors pave the way for treatment and assistance for anyone considering suicide. Further research is needed to examine outpatient and community samples.

Disclosure of Interest: None Declared

EPV1950

Assessing suicidality assessments in physician assisted death applications: Do they filter out traditional suicidality?

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Introduction: Physician Assisted Death (PAD) has been legalized or decriminalized in over a dozen jurisdictions around the world, and many other jurisdictions are considering assisted dying laws. Most jurisdictions only allow PAD in terminal conditions while a minority allow PAD outside end-of-life situations, with a small number allowing PAD for sole mental illness conditions. A key element in assessments of PAD requests is whether those assessments can filter out traditional suicidality, for which suicide prevention is provided, from other motivations for assisted death, for which PAD may be provided.
Objectives:
1. To recognize the range of factors that may motivate assisted dying requests.
2. To understand the factors that inform assisted dying assessments, specifically how the assessments attempt to identify suicidality.
3. To appreciate the degree of certainty or uncertainty that assisted dying assessments actually identify suicidality in different patient populations.

Methods: This presentation briefly reviews evidence related to motivations leading to assisted dying requests in different populations, and then focuses on reviewing guidelines PAD assessors use to attempt to identify traditional suicidality, and to distinguish that from other motivations leading to PAD requests. These guidelines are compared to established evidence and factors related to suicide risk and suicide prevention.
Results:
1. Different factors motivate different populations to seek assisted death, with those making PAD requests in terminal situations frequently seeking PAD in efforts to preserve dignity, and those seeking PAD outside terminal conditions or for sole mental illness citing feeling a burden, or an accumulation of multiple life stressors, as fueling their PAD requests.
2. Most of the factors presented in guidance on distinguishing and separating suicidality from PAD requests equally apply to traditionally suicidal individuals and to those requesting PAD.
3. Evidence shows that the few distinguishing factors used to attempt to separate suicidality from PAD requests, specifically impulsivity and acting on one's own, do not actually filter out suicidality.

Conclusions: While a key goal of physician assisted death assessments is to identify and separate traditionally suicidal individuals from those seeking and receiving assisted death, current assessment techniques are unable to filter out suicidal individuals in an unknown number of cases.

Disclosure of Interest: None Declared

EPV1952

ARSUIC Protocol: results in suicide prevention at a Mental Health Community Center

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Introduction: Suicide has a growing importance as a mental health problem, being now the first cause of not-natural death at Spain. Developing suicide prevention strategies is a prioritary goal at mental health care. In our community, ARSUIC protocol was developed as a way to provide specialized preferent care to people with suicide attempts.
Objectives:
- Measure results of ARSUIC protocol at suicide attempts prevention.
- Study level of satisfaction of patients assisted at ARSUIC protocol.

Methods: A qualitative ad-hoc phone interview has been made to patients atended at ARSUIC protocol of our community mental health center, in order to measure their level of satisfaction. Descriptive cuantification of new suicide attempts, visits to Emergency Service and incomings at Psychiatry Hospitalization in the last 6 months has been performed, using clinical history data.
Results: Global level of satisfaction is high at the most of the sample, mainly because of the preferent attendance and the improvement it implies in the therapeutic bond. Indicators of relapse reflect global good evolution at the most of the sample.
Conclusions: Preferent attendance reveals as a proper way to improve clinical care and prevention at people with suicide attempts. Strategies to maintain that kind of frequent attendance along the main risk period of relapse are in develope (group therapy, etc.).

Disclosure of Interest: None Declared

EPV1953

Assessing the completeness of suicidal poisoning surveillance systems in Northwest Morocco: A capture-recapture method

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Introduction: Suicidal poisoning represents a significant yet frequently underreported public health concern, particularly in regions where surveillance systems fail to fully capture the scope of the issue.
Objectives: This study aims to bridge this critical gap by estimating the total number of intentional poisoning cases and evaluating the completeness of the national toxicovigilance system in the Tanger-Tétouan-Al Hoceima region of northwest Morocco.
Methods: This study analyzed data from suicidal poisoning cases recorded over a three-year period in the Tanger-Tétouan-Al Hoceima region. We sourced data from the Moroccan Poison Control Center (MPCC) and hospital registers in the region. The two-source capture-recapture method was employed to evaluate the completeness of the poisoning surveillance system.
Results: A total of 824 suicidal poisoning cases were identified after removing duplicates, with 578 cases reported by MPCC and 286 cases from hospital records. Forty duplicates were found between the two sources. The capture-recapture method estimated a total of 4,133 cases (95% CI: 3,548-4,718), revealing that an additional 3,309 cases were not captured by the two data sources. The completeness of the surveillance was estimated at 13.98% for MPCC data and at 6.92% for hospital records.
Conclusions: Despite the presence of a toxicovigilance system in Morocco, significant deficiencies remain in its completeness. There is an urgent need to enhance this system by promoting greater awareness among healthcare professionals regarding the critical importance of spontaneous reporting of intentional poisoning cases.

Disclosure of Interest: None Declared

EPV1954

Exacerbation of suicidal risks among women during the COVID-19 crisis: Insights into epidemiological trends and intervention strategies

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Introduction: The COVID-19 pandemic has significantly impacted mental health globally, disproportionately affecting women. The widespread repercussions highlight the necessity to delve into the factors exacerbating these impacts and tailor effective mitigation strategies to the unique challenges faced by women.
Objectives: This study aims to identify and delineate specific risk factors that have escalated suicidal behaviors among women during the COVID-19 pandemic and to suggest targeted prevention strategies that address these identified factors.
Methods: Employing a narrative review approach and adhering to the PRISMA guidelines, this study systematically examined literature from **PubMed** and **Scopus** on the impact of the COVID-19 pandemic on women's suicide rates. This review focused on studies published between January 2020 and December 2024 that explored the pandemic's effects on women's mental health.
Results: The findings indicate a profound deterioration in mental health among women during the pandemic, characterized by a spike in depression, anxiety, post-traumatic stress disorder, and suicidal behaviors. The impact was notably severe among women facing unstable living conditions, single mothers, and those experiencing domestic violence. Social isolation emerged as a critical factor exacerbating these conditions, particularly pronounced among young women and those from socioeconomically disadvantaged backgrounds. The literature also underscores a significant increase in suicide attempts, with these groups most profoundly impacted.
Conclusions: This review confirms that the pandemic has exacerbated various risk factors associated with suicidal behaviors in women, particularly due to increased domestic violence, economic instability, and increased caregiving burdens, underscoring the critical need for tailored prevention strategies that specifically address women's unique challenges. These should include measures to protect women from domestic violence, enhance access to mental health services, and increase economic support to buffer the adverse effects of health crises on women's mental health.

Disclosure of Interest: None Declared

EPV1955

Systematic review of Acceptance and Commitment Therapy in suicide prevention in adults. Current perspective

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Introduction: Suicidal behavior is a public health problem in which the entire society must commit to implementing all available strategies to prevent it (Tighe et al., 2018), as more than 800,000 people die worldwide each year (Pedrola-Pons et al., 2024).
Objectives: The objective is to determine the efficacy of ACT in reducing suicidal behaviors through a systematic review.
Methods: A systematic review was conducted following the PRISMA 2020 methodology, searching the Cochrane, EMBASE, PubMed, PubPsych, and MEDLINE databases for scientific literature published between 2013 and March 31, 2024, using the keywords: "suicidal behavior" and "acceptance and commitment therapy" in Spanish and English. After applying inclusion and exclusion criteria, 7 studies were finally included in the systematic review.
Results: After conducting the search, 7 studies were included, among which were 1 meta-analysis of randomized controlled trials, a systematic review and meta-analysis, two randomized clinical trials, a systematic review of 5 studies, a program analysis, and an

effectiveness study. The review showed a significant reduction in suicidal behavior in patients who received ACT (Calati et al., 2024). A relationship was observed between increased psychological flexibility and decreased suicidal ideation (Macri et al., 2024). The efficacy of ACT was comparable or superior to other interventions in some of the studies included in the review (Kumpula et al., 2019).
Conclusions: ACT shows promising results in reducing suicidal behaviors. However, more studies with long-term follow-up are needed to confirm its efficacy.
More studies with larger sample sizes and longer participant follow-up are needed to establish the long-term efficacy of ACT in reducing suicidal behavior.

Disclosure of Interest: None Declared

EPV1957

Intent to Die and Suicide Attempts: Exploring Clinical and Circumstantial Correlates

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Introduction: Intent to die is a crucial factor in assessing the risk of suicide attempts, which is difficult to measure.
Objectives: This study examined the characteristics of suicide attempters based on intent to die and aimed to investigate whether clinical and circumstantial evidence can support the assessment of the intent to die.
Methods: A total of 3486 suicide attempters who visited emergency department were divided into two groups: intent to die(n=1085, 31.1%) and no intent to die(n=2401, 68.9%). Demographic variables, clinical characteristics, and factors related to suicide attempt between the two groups were analyzed.
Results: Suicide attempters who reported an intent to die were older (46.7 ± 21.7 vs. 40.5 ± 19.3, t=8.460, $p < 0.001$), had a higher proportion of males (41.1% vs. 33.4%, $\chi2=19.174$, $p < 0.001$), were more likely to be unemployed (60.6% vs. 51.0%, $\chi2=26.954$, $p < 0.001$), had lower socioeconomic status (34.1% vs. 23.4%, $\chi2=44.365$, $p < 0.001$), and experienced more severe depression (76.6% vs. 49.6%, $\chi2=230.442$, $p < 0.001$), intense emotions (92.9% vs. 80.0%, $\chi2=91.138$, $p < 0.001$), agitation (45.5% vs. 40.4%, $\chi2=7.734$, $p < 0.01$), and hopelessness/helplessness (86.1% vs. 60.7%, $\chi2=221.980$, $p < 0.001$) compared to those who did not report an intent to die. Moreover, suicide attempters who reported an intent to die showed more repetitive/intense/continuous suicide ideation (79.8% vs. 42.8%, $\chi2=410.830$, $p < 0.001$), a higher rate of multiple attempts (46.5% vs. 41.1%, $\chi2=8.637$, $p < 0.005$), higher medical risk of death (3.6 ± 1.3 vs. 3.0 ± 1.1, t=15.633, $p < 0.001$), a higher total risk score (9.5 ± 2.2 vs. 8.3 ± 2.0, t=25.596, $p < 0.001$), and a lower total rescue score (12.1 ± 2.0 vs. 12.7 ± 1.9, t=8.649, $p < 0.001$) compared to those who did not report an intent to die. Some circumstantial factors such as planned attempts (19.4% vs. 2.3%, $\chi2=307.079$, $p < 0.001$), presence of suicide notes (21.3% vs. 9.8%, $\chi2=83.625$, $p < 0.001$), absence of regret (75.1% vs. 51.2%, $\chi2=174.849$, $p < 0.001$), and high lethality of suicide methods (18.0% vs. 9.2%, $\chi2=56.161$, $p < 0.001$) showed statistical significant differences, but some proportions of suicide attempters who did not report an intent to die also exhibited these circumstantial factors.
Conclusions: The present study suggests that suicide attempters who reported an intent to die tend to have more severe psychopathologies and serious suicide attempts related to direct factors than suicide attempters who did not report an intent to die.

Disclosure of Interest: None Declared

EPV1958

The unmet needs in suicide prevention among nursing staff

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Introduction: Nurses can play a critical role in suicide prevention, especially in hospital settings. The management of patients at risk of suicide requires specific nursing skills, including early recognition of warning signs and knowledge of preventive and protective strategies. Knowing risk factors and recognizing warning signs for suicide should be part of the professional background of any nurse training programs.
Objectives: In this study we aimed to investigate nurses's comfort, confidence and competence related to preventing suicide with a view to identify correct preventive strategies regarding the nursing management of patients at risk of suicide.
Methods: Our study presents the preliminary descriptive findings from an online survey in nursing staff working in different areas (medical, surgical, critical and emergency) in the Puglia Region. The survey aimed to assess the current knowledge, attitudes, behaviors and training needs of nurses regarding suicide prevention. 84 nurses working in the Puglia Region filled out the questionnaire.
Results: Data highlighted that the majority of participants (81%) recognized the significant role of the nurses in the management of a patient at risk for suicide but only 14.3% believed they had specific training on patients at risk of suicide. 50% of them stated they do not have adequate preparation regarding the possible preventive strategies in suicidal patient. 57.1% of interviewed reported that they had never become aware of protocols or guidelines on the prevention and management of hospitalized patients at risk of suicide. Only 14.3% of those interviewed are satisfied with adequate training on suicidal risk factors in hospitalized patients and even only 7.1% state that they have never received adequate training on possible nursing interventions for the prevention of suicidal risk. Although endorsed suicide prevention guidelines in the health institution where they work, 57.1% responded that they have never viewed them and only 38.9% partially.
Conclusions: Our study highlighted the need to implement specific training programs for nurses on the management of patients at risk of suicide.

Disclosure of Interest: None Declared

EPV1959

"Second victim" as a psychiatrist: a cross-sectional survey about consequences of patient suicide on European early careers psychiatrists and psychiatric trainees

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Introduction: Suicide involves not only patients but also families and communities, causing long-lasting effects on those who "survive". The term "second victim" is used to define people who experience significant distress after a patient suicide (PS). For mental health professionals, PS could be considered an "occupational hazard".

Objectives: To assess the impact of patient death on psychiatric trainees and early career psychiatrists (ECPs), comparing PS to other causes of death.

Methods: Participants completed a socio-demographic section and a section about the experience of PS. Impact of event scale–revised version (IES-R) based on the last 7 days and the 7 days after the most recent patient death, Suicide Knowledge and Skills Questionnaire (SKSQ), the Impact of a Patient's Suicide on Professional and Personal Lives Scale and the Maslach Burnout Inventory (MBI) were administered.

Results: 110 subjects were recruited from 23 European and 1 Asian countries. The mean age was 31.9 (SD=4.7). Most were trainees (66.4%, n=73), worked in a psychiatric ward (61.8%, n=68), and in general adult psychiatry (83.6%, n=92). Patient death was experienced by 51.8 % (n=57) of the participants. 17.3% (n=19) experienced a PS, 12.7% (n=14) experienced multiple PS, 13.6% (n=15) had patients who died both by suicide and other medical conditions, and 8.2% (n=9) had patients who died from other medical conditions. The most reported feelings were sadness, regret, guilt, helplessness and frustration. Among participants who experienced at least one PS, 89.7% (n=35) developed symptoms. The most common were increased awareness of risk (40.4%; n=19), low mood (34.0%; n=16), anxiety (32.6%; n=15) and lack of concentration (26.1%; n=12). 6.5% (n=3) experienced suicidal thoughts/passive death wishes, and 6.5% (n=3) received individual psychotherapy treatment for their symptomatology. Having experienced a patient loss influenced clinical practice in 33.3% (n=19) of the sample, with 10.5% (n=6) reporting the affliction of the ability to carry out clinical duties. 12.7% (n=14) considered changing careers, 10.5% (n=6) took sick leave, 57.8% (n=33) received helpful support from colleagues. However, 52.3% (n=30) felt they needed additional support. According to the total score of IES-R scored on the 7 days after the most recent patient death, 22.9% (n=11) of the sample who experienced at least one PS had a score indicating a risk of PTSD, compared to 22.2% (n=2) of participants who experienced other type of patient death. No difference in all scales was observed in those experienced PS rather than any other kind of patient death ($p>0.05$).

Conclusions: Our results confirm that PS affects the mental health of ECPs and psychiatric trainees, and impacts their daily lives. A larger sample should be collected to strengthen our results and better characterize the impact of these events.

Disclosure of Interest: None Declared

EPV1960

Beyond Self-Report: Addressing Suicide Risk in Personal Narrative Crisis

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Introduction: Effective suicide risk assessment remains a significant challenge in psychiatric care, particularly when dealing with patients undergoing acute crises. This case study highlights the limitations of current assessment practices and underscores the need for a more nuanced understanding of suicide risk, particularly through the lens of personal narrative crisis and Suicide Crisis Syndrome (SCS).

Objectives: The objective of this study is to describe a clinical case involving a patient with Suicide Crisis Syndrome (SCS), which emerged from a fundamental alteration in his personal life narrative. Additionally, this study reflects on the existing clinical gap due to the lack of consensual or homogeneous approaches for detecting suicide risk in psychiatric patients experiencing a crisis.

Methods: Methodology: A detailed review of the clinical process and hetero-anamnesis was conducted. The case explores the concept of SCS—an acute mental state that precedes a genuine suicide attempt.

Results: The patient, a 45-year-old single male with no children, had a biographical history marked by traumatic events during military service and the loss of a child in combat at age 30. For years, he exhibited symptoms consistent with Post-Traumatic Stress Disorder (PTSD), which he managed effectively through meditation and martial arts, resulting in total symptom remission for over a decade. However, following complex cardiac surgery two years ago, he experienced a significant loss of functionality and autonomy, leading to the abandonment of his martial arts practice and lifelong profession as a rehabilitation therapist. This change had profound emotional, behavioral, and socio-economic impacts, resulting in depressive symptoms. During psychiatric evaluation, the patient exhibited affective dysregulation, marked hopelessness, a sense of loss of meaning, feelings of non-belonging, social defeat, and difficulty adjusting unrealistic goals to his current situation. Although he denied active suicidal ideation, he reported intrusive thoughts of death.

Conclusions: Conclusion and Implications: The assessment of self-reported suicidal ideation is often unreliable. There is an urgent

need to adopt more comprehensive approaches that focus on the personal narrative crisis and SCS, as current evidence suggests that SCS is a strong predictor of actual suicidal behavior within 1-2 months after discharge.

Disclosure of Interest: None Declared

EPV1962

Suicidal Ideation Among College Students: cross-sectional study

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Introduction: Suicidal ideation, encompassing thoughts, planning, and the desire for death, is a critical facet of the suicidal process, potentially leading to suicide attempts and completion. Understanding its prevalence and severity among college students is vital for preventive interventions.

Objectives: Our study aimed to estimate the prevalence and severity of suicidal ideation among college students.

Methods: We conducted a cross-sectional and analytical study among students from various faculties in Sfax between October 2022 and January 2023. Student recruitment occurred electronically through a Google Forms questionnaire, emphasizing anonymity and the study's scientific purpose. We utilized the Suicidal Ideation Attributes Scale (French Version) (SIDAS-FR) to identify and assess the severity of suicidal ideation.

Results: Our sample comprised 149 students, predominantly female (83,20%), with an average age of 26 years. Among them, 78,5% were single, and 81,9% lived with their families. Nearly half of the students were from the Sfax Faculty of Medicine, and 64,4% were in their 3rd cycle of education. The mean total score on the SIDAS scale was 1,21 +/- 3,84. Suicidal ideation was reported by 11,4% of participants, with 5,36% indicating moderate to high severity. Factors associated with suicidal ideation included psychiatric disorders (p=0,00), alcohol consumption (p=0,033), psychotropic medication use (p=0,001), and unsatisfactory intrafamily communication (p=0,036).

Conclusions: Suicidal ideation, a concerning issue, particularly among young people, demands focused attention in public health efforts. Understanding the associated factors is pivotal for prevention strategies, emphasizing the importance of mental health support and effective communication within families.

Disclosure of Interest: None Declared

EPV1963

Associated factors of suicide attempt among patients with major depressive disorder in Vietnam

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Introduction: Suicide attempt is a person's suicidal behavior that does not result in death and may or may not result in injury. Understanding the factors associated with suicide attempts in patients with major depressive disorder is important to predicting future suicide attempts.

Objectives: To identify the associated factors with suicide attempts in patients with MDD at the University Medicine Center in Vietnam.

Methods: This cross-sectional analytical study was conducted in the psychiatry clinic of the University Medical Center of Ho Chi Minh City, Vietnam, from March to October 2023. Individuals aged 18 and more diagnosed with major depressive disorder as per DSM-5 TR were included. Exclusion criteria were current psychosis, severe intellectual disabilities, and acute medical illnesses.

Participants were interviewed using a questionnaire including sociodemographic criteria, clinical information, and the Hamilton Depression Rating Scale (HDRS).

Results: We collected 151 participants. The average age of participants was 41.3±15.5 years, and they were predominantly female (78.8%) and living in urban areas (62.9%). Nearly four fifths (79.5%) of patients are currently in severe depression. The prevalence of suicide attempts in the lifetime and past 3-months were 7.9% and 5.3% respectively.

In univariate logistic regression analysis of sociodemographic factors and clinical features of depression associated with suicidal attempt among individuals with major depressive disorder, we found that young age (OR=0,91; p=0,004), single status (OR=0,09; p=0,002), early onset of illness (OR=0,91; 95% CI 0,85-0,97), and severe depression as measured by the total HDRS score (OR= 1,19; 95% CI 1,06-1,34). In particular, the risk of a suicide attempt was 72 times higher in patients with a history of self-harm (OR=72,22; 95% CI 13,71-380,49). There was no association between gender, area, education level, cohabitation status and employment status with lifetime prevalence of suicide attempts. After adjusting for covariates using a multivariable logistic regression model, only the severity of depressive episode and history of self-harm remained significantly associated with suicide attempts.

Conclusions: Suicide attempts were significantly high among patients of major depressive disorder in Vietnam. The severity of depression and previous self-harm was significantly associated with it. There is a need for more research and a better understanding of the associated factor with suicide attempts in this population which in turn could lead to the development and implementation of effective preventive interventions.

Disclosure of Interest: None Declared

EPV1964

Collaboration Between Nursing, Psycology and Psychiatry in an Intensive Outpatient Program for Suicidal Ideation

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Introduction: The collaboration between nursing, psychology, and psychiatry is essential for delivering comprehensive and effective mental health care. A multidisciplinary approach ensures that patients receive holistic support where everyone is aligned on the patient's needs, treatment progress, and level of risk, and drawing on the unique skills and expertise of each discipline. Without proper coordination, there is a higher risk of gaps in care, conflicting interventions, or misunderstandings that could negatively impact the patient's safety and well-being.
Objectives: To highlight the importance of collaborative work between nursing, psychology, and psychiatry within the context of an acute, short-term, intensive outpatient program for suicidal ideation, such as PRISURE, is essential. For patients at high risk of suicide, particularly those experiencing acute symptoms, a combined multidisciplinary approach is critical to providing effective and timely care.
Methods: The program distinguishes between two types of interventions: an intensive program and a regular program, both offering a couple months long intervention but differing in the frequency of visits. The entire team meets weekly to assess new cases and discuss patients within the intensive program. An additional meeting is held to coordinate care for patients in the regular program between nursing and psychiatry. Regular multidisciplinary meetings are key to ensuring a coherent and unified approach across both programs. Appointment schedules are carefully coordinated to minimize the time between consultations, ensuring continuous and consistent follow-up for patients. The program also coordinates with regular mental health out-patient clinics within the public health system, to garantee a good transition of care.
Results: During these collaborative meetings, each specialist shared their assessments and observations on the patient's progress, enabling the team to develop a unified therapeutic plan. Any changes in symptoms or new events are promptly communicated among all treating professionals, allowing for a rapid and coordinated multidisciplinary response. The diverse perspectives of each team member contribute to a more nuanced and comprehensive understanding of the patient's needs and treatment.
Conclusions: In summary, the collaboration between nursing, psicology and psychiatry creates a synergistic approach that is essential for delivering high-quality, patient-centered mental health care, particularly for those experiencing suicidal ideation.

Disclosure of Interest: None Declared

EPV1965

The association between use of benzodiazepines and risk of suicide: A systematic review

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Introduction: Benzodiazepines are widely prescribed for the management of common mental health disorders. Although a direct relationship between benzodiazepines and suicide risk reduction has not been described, they can be an adequate choice to palliate anxiety and insomnia in patients with suicidal ideation. This is of special interest considering that both anxiety and insomnia are risk factors for suicidal behaviours themselves (May and Klonsky. Clin Psychol: Science and Practice. 2016; 23 5–20)(Park *et al.* J Psychiatr Res. 2020; 131 1-8). Nonetheless, paradoxically, there is a rising concern regarding an increase in suicide risk associated to benzodiazepine use, as some recent evidence seems to suggest (Dodds. Prim Care Companion CNS Disord 2017; 2;19)(McCall *et al.* Am J Psychiatry 2017; 1;174 18-25). Clarifying this potential association can help guide clinical decision-making to promote suicide prevention.
Objectives: To review the currently available evidence regarding the relationship between the use of benzodiazepines for common mental disorders and subsequent suicide, suicidal behaviours and self-injurious behaviours.
Methods: A systematic review of the literature was conducted using a combination of search terms related to "suicide" and "benzodiazepine" to assess publications from inception to February 2024 in 3 different databases (Scopus, PsychInfo, MEDLINE). Eligibility criteria included experimental, observational studies and previous systematic reviews while excluding conference proceedings, case reports/series, editorials, opinion papers and letters. Studies involving individuals with severe psychiatric disorders, dementia or personality disorder were also excluded. Risk of bias was assessed in RCTs with the RoB 2 tool while EPHPP Assessment Tool 2010 was applied for other study types.
Results: A total of 2090 titles and abstracts were screened; 19 papers were reviewed for inclusion and 8 were included in this review for data extraction. Most of the included publications consisted of observational studies. Results tended to indicate a higher risk of suicide, suicidal behaviour and/or self-injurious behaviours in relation to benzodiazepine use although data was contradictory and affected by confounding.
Conclusions: Evidence seems to suggest a positive relationship between benzodiazepines and suicide, suicidal behaviour and/or self-injurious behaviours although, due to the predominant observational study designs and the presence of unadjusted confounding, these results must be extrapolated with care and no causality can be inferred. An interesting approach for future research to palliate such limitations could be Target Trial Emulation (Hernán and Robins. Am J Epidemiol 2016; 15;183(8) 758-64), which has already been adopted to guide decision-making in absence of randomized trials in many fields of medicine.

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EPV1966

Depression symptom profile in a nationally-representative cohort of older adults: Relationships with suicide-related outcomes

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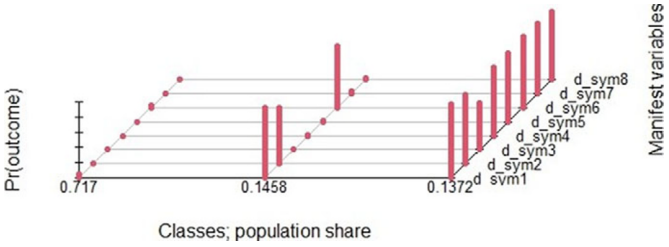
Introduction: Depression among older adults is a significant public health issue that often goes underrecognized, despite its profound impact on their quality of life and mental well-being. With advancing age, many individuals encounter challenges such as loneliness, chronic illness, and bereavement, which heighten their vulnerability to depressive symptoms. These symptoms are not only detrimental to overall health but are also strongly associated with an increased risk of suicidal behaviours. Although these suicidal behaviours are preventable, much research should be done to disentangle development pathways in older adults.

Objectives: The aim of this research is to identify the symptomatic profiles of depression in the elderly population and to relate this profile to suicidal outcomes.

Methods: We utilized data from the "*Edad con Salud*" cohort study, a longitudinal household survey conducted on a nationally representative sample in Spain (aged 18+ years). Participants who could not be personally interviewed and those under 50 years old were excluded, resulting in a final sample of 3,533 participants (54.31% female, age = 66.42(10.27)). Suicidal behaviours and depressive symptoms were assessed using the Composite International Diagnostic Interview (CIDI 3.0). A Latent Class Analysis (LCA) was performed at base level to identify participant profiles based on 8 depressive symptoms. We followed this with a survival analysis to assess differences between profiles in the progression of suicidal ideation and attempts in the different waves. Finally, Cox regression was used to examine the impact of sociodemographic and clinical covariates on suicidal behaviours.

Results: The three-cluster model provided the best fit. The first class (72.52%) included most participants without depressive symptoms; the second class (13.67%) included participants with three symptoms (depressive mood, diminished interest or pleasure and fatigue); and the third class (13.81%) included participants with all eight symptoms (see Image 1). Survival analysis revealed significant differences between the groups over time for both suicidal ideation (χ^2=1332, $p < .01$) and suicide attempts (χ^2=215, $p < .01$), with the third group having the highest number of cases. Cox regression indicated that suicidal ideation was associated with the second (*HR* = 5.38) and third classes (*HR* = 59.8), age (*HR* = 0.97), and loneliness (*HR* = 0.91), among other variables. Suicide attempts were associated with the second (*HR* = 6.08) and third classes (*HR* = 25.3), age (*HR* = 0.92), and loneliness (*HR* = 1.02).

Image 1:



Conclusions: Participants with depressive symptoms, even at a subclinical level, have an increased risk of suicidal behaviours, especially when other risk factors such as loneliness are present.

Disclosure of Interest: None Declared

EPV1967

Shifting Perspectives: The Importance of Assessing Suicide Risk in Medically Ill Patients Without Psychiatric History

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Introduction: Chronic medical conditions are increasingly recognized as significant contributors to suicide risk, especially in patients without prior psychiatric diagnoses (Østergaard *et al.* JAMA Psychiatry 2024). This case examines the psychiatric impact in a 65-year-old male admitted to general surgery for abdominal pain, who subsequently underwent an ileocolectomy for suspected gastrointestinal malignancy.

Objectives: To explore the psychiatric impact of medical morbidity on suicide risk, emphasizing recent findings suggesting heightened attention for patients without a psychiatric history.

Methods: The patient, with no prior psychiatric history, was observed by liaison psychiatry after verbalizing suicide ideation

without intent or plan. The ideation was associated with worsening mood, particularly over the past week. Emotional distress escalated after perceived medical setbacks and was compounded by familial dynamics, particularly the wife's expressed anxiety. A diagnosis of adjustment disorder with depressive symptoms was considered, with initial treatment involving mirtazapine and psychosocial support.

Results: The case reflects evidence supporting the idea that suicide risk may follow a dose-response pattern based on the disability burden in patients without prior psychiatric history (Østergaard *et al*. JAMA Psychiatry 2024). This suggests clinicians may need to be particularly vigilant in medically ill patients without a psychiatric background, as their suicide risk may increase as disability burdens mount – contrary to the understandable and maybe more intuitive focus on those with established psychiatric diagnoses.

Conclusions: This case highlights the importance of thorough suicide risk evaluation in patients without psychiatric histories, particularly following a major medical diagnosis. While suicide risk remains high in psychiatric patients, clinicians must be equally or even more vigilant with medically ill patients without psychiatric histories. Psychiatric care should be integrated early, with attention to the timing of suicide risk, the disability burden, and psychosocial stressors. This highlights the need for careful monitoring and early intervention, particularly in the acute phase following medical complications, where risk evaluation may be more nuanced.

Disclosure of Interest: None Declared

EPV1969

An online forum for psychiatric patients: Sexual life and self-harm

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Introduction: The significance of intimate life in a person's personal and social experience cannot be overstated. This aspect is intricately woven into the clinical and internal picture of intentional (suicidal or non-suicidal) self-harm (SX), making it a crucial area of study.

Objectives: Study of position on the issue of sexual problems and SX among participants of an open forum.

Methods: We conducted interviews with forty participants (90% women) with a mean age of 27 (range 17-43) years, using an original semi-structured questionnaire. This approach allowed us to delve into the issue of sexual problems and SX among participants of an open forum.

Results: Ten thousand people were interested in the survey during two months of posting on the site, but < 0.5% participated. All questions were answered by 95%. The sample comprised young women, like most of our online polls. For almost 70% of respondents, issues of sexual life are burning and pressing questions, but only ¼ discuss «this» with a psychiatrist and only in terms of drug side effects. During routine visits, the doctors were not interested in the sexual life of about 80% of patients; ¾ of the women were not interviewed about the menstrual cycle or (all men) about erections or galactorrhea. Only ¼ of doctors are interested in the intent of SX. >70% indicate that forced abstinence «worsens» their mental state (makes them irritable), >¾ of singles and ½ family people masturbated 1-3 times a week («to feel alive»). >½ of married women are afraid of pregnancy, but refuse birth control as «harmful». >80% of family problems were associated with apathy and irritability and are considered the main obstacle to regular sex. > ½ report «habitual» weakness, lack of interests (including sexual), and suicidal thoughts for more than three months. <½ respondents link treatment to impotence and frigidity. ½ had SX experience (indistinguishable from suicide attempts) due to the loss of a loved one during their life. Patients considered SX to be a «natural» reaction to shame and mental pain and allowed repetition in a similar situation. Doctors do not regularly assess a patient's risk of suicide.

Conclusions: The findings of this study underscore the need to bring sex and SX topics into the focus of routine psychiatric practice. The passive role of psychiatrists in clarifying patients' problems that influence treatment adherence, well-being, and undertreatment of depression is a significant issue that needs to be addressed. The survey highlights two subtopics of greatest interest to patients: indestructible sex drive and micro social problems as 'reasons' for depression and SX. The 'gray zone' of therapeutic contact and satisfaction with care is an area that warrants further exploration.

Disclosure of Interest: None Declared

EPV1972

Progress in the Implementation of the secondary risk of suicide prevention program: a descriptive study at 12-month follow-up

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Introduction: Suicide is one of the leading causes of preventable death.

The PRISURE program is developed with a series of objectives and actions aligned with the Mental Health Strategy of the

National Health System - (Spain), Strategic Plan for Mental Health and Addictions of the Community of Madrid 2022-2024 and the Prevention Plan suicide in the community of Madrid 2022-2026, based on the experience of the suicide risk prevention program developed between 2014 and 2023 at the Retiro Mental Health Center (CSM) of the Institute of Psychiatry and Mental Health of the General University Hospital Gregorio Marañón.

Objectives: Presentation of a secondary suicide prevention program in the Community of Madrid with 10 years of implementation and reinforcement of the therapeutic team in the last year.

Treatment outcomes, assessment of patients' suicide risk progression during follow-up, referral to patient discharge, and outcome indicators in the past year are measured.

Methods: Description of the functioning of the PRISURE program and descriptive study of sociodemographic and clinical characteristics, suicidal crises, evolution and discharge referrals, of all patients treated in PRISURE. The program's performance indicators, as well as its results, are evaluated over one year from its implementation.

Results: Sociodemographic and clinical characteristics are analyzed, including psychometric evaluation at baseline, 3, 6, 9, and 12 months after referral to PRISURE from August/2023 to August/2024. The suicide risk profile, treatment adherence, program implementation indicators and initial results are evaluated.

Conclusions: PRISURE is a comprehensive care process that includes the prevention, intervention and postvention of suicidal behavior.

It includes interventions indicated for the prevention of suicidal behavior aimed at people in whom relevant signs or symptoms that anticipate the development of a mental disorder, or biological or psychological markers that indicate a high suicidal risk, have been identified.

PRISURE encompasses a set of activities aimed at early detection and indicated prevention, support and care of suicidal behavior, as well as research and promotion of mental health.

Disclosure of Interest: None Declared

EPV1973

Hyperfrequent use and suicidal behavior in hospital psychiatric emergency services

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Introduction: One of the great challenges for Mental Health Services is dealing with users who repeatedly use the facilities. This phenomenon, beyond representing an increase in the economic cost and in terms of human resources, generates high levels of frustration and dissatisfaction, both in professionals and in the consultants themselves. These users have been called "hyperfrequent users". Users can frequent different services, including the Emergency service. The phenomenon of hyperfrequent use can lead to an inappropriate use of the Emergency services and gives rise to substantial costs for the health system, as well as a decrease in the efficiency of the service.

Objectives: The objective of our work is to describe those factors associated with the hyper-frequent use of Mental Health Hospital Emergency Services by users who engage in suicidal behavior.

Methods: A descriptive, observational study was carried out. The population included all users of the Hospital Emergency Department treated by the Mental Health Service in one year who consulted for suicidal behaviour (self-harming ideas, suicidal attempts or self-harm). Patients who consulted on 4 or more occasions in the hospital psychiatric emergency departments for consultations related to suicidal behaviour were considered as frequent users.

Results: 860 consultations were attended to, corresponding to 546 users who consulted in the psychiatric hospital emergency departments for suicidal behaviour (self-harming ideas, suicidal attempts or self-harm). Of these users, 314 consulted on more than one occasion. Taking as a frequent user >=4 consultations, we have 14 users in one year. Regarding sex, the female sex stands out 86% over the male sex 14%. One user is considered a great frequent user, attending on 17 occasions. The most frequent reasons for suicidal consultation among frequent users are consultations for self-harm ideation (33%) and self-harm attempts (60%) and self-harm (7%). Anxiety and alcohol consumption are the most frequent comorbid diagnoses among frequent users. By sex, self-harm behavior stands out in both women and men and self-harm is more frequent in women. Regarding discharge after assessment, referrals to a community mental health specialist stand out in 45% after consultation and 28% of frequent users required hospital admission after care for suicidal behavior.

Conclusions: In our work, it is observed that the profile of frequent users with suicidal behavior is adult women who consult for self-harm attempts in their majority. These hyper-frequent users continue to demand attention from the health network devices, so knowing their needs would help to improve health care and use resources more efficiently and effectively for these users who engage in suicidal behavior.

Disclosure of Interest: None Declared

EPV1974

Suicide attempt during a dissociative fugue: additional challenges in assessing self-harm risk

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Introduction: Suicide attempts during dissociative fugue states pose distinct challenges in assessing self-harm risk. Dissociative fugue is characterized by sudden, unplanned travel away from familiar surroundings, coupled with amnesia for personal identity and significant changes in behavior. This case report describes a 31-year-old male who attempted suicide during a dissociative fugue episode.

Objectives: To present a case of a suicide attempt during a dissociative fugue state, highlighting the unique challenges in assessing self-harm risk, and examining the role of substance use and prior psychological trauma in influencing patient behavior.

Methods: This case report describes a single patient. The methodology involves a comprehensive examination of the patient's clinical presentation, including diagnostic work-up, treatment adjustments, and outcomes.
Results: A 31-year-old male was admitted to the emergency department after intentionally ingesting 25 diazepam tablets. Eight months earlier, he had survived a suicide attempt via carbon monoxide poisoning, also during a dissociative fugue state. These fugue episodes were marked by sudden, unplanned disappearances, memory loss, significant behavioral changes, and temporary loss of personal identity. The latest episode followed an emotional conflict with friends, leading to a three-day disappearance, during which the patient traveled to various locations, frequented pubs, and slept in his vehicle. He attempted suicide on the final day by overdose. Medical assessments, including physical and neurological exams, blood tests, and cranial computed tomography (CT) scans, showed no abnormalities. The patient admitted to using alcohol and cocaine, but urine toxicology revealed no other substances. During psychiatric evaluation, he denied any current or past suicidal ideation and exhibited no psychotic or manic symptoms. He reported mild affective decline over recent months and a complex life history, but did not meet the DSM-5 criteria for post-traumatic stress disorder (PTSD).
Conclusions: The key diagnostic challenge in this case is distinguishing between substance intoxication and dissociative fugue. Although the patient was intoxicated with alcohol and cocaine during parts of the episode, intoxication was not consistent throughout the entire period. Moreover, the onset of symptoms was abrupt and triggered by an emotional conflict. Given the patient's history of dissociative fugue and the nature of the current symptoms, dissociative fugue remains the most plausible diagnosis. This case highlights the complexity of managing self-harm risk in patients with dissociative symptoms, where suicide attempts complicate the development of effective safety plans and pose significant challenges to intervention strategies.

Disclosure of Interest: None Declared

EPP526

The Effectiveness of Dialectical Behavior Therapy (DBT) in Reducing Suicidal Tendencies (ST) in Adolescents with Bipolar Disorder

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Introduction: Suicidal tendencies are among the most common problems faced by adolescents who encounter difficulties, issues, or challenges affecting various aspects of their psychological and social lives, often leading to high suicide rates. Bipolar disorder, various depressive disorders, substance abuse disorders, psychosis, and eating disorders are among the most common leading causes of suicide and suicidal tendencies among adolescents. Dialectical Behavior Therapy (DBT) is an integrative therapy employing a combination of techniques. DBT aims to assess the individual's ability to regulate emotions, manage relationships effectively, tolerate distress, reduce maladaptive responses, and decrease impulsive and self-destructive behaviors.
Objectives: The current study aims to investigate the effect of using Dialectical Behavior Therapy (DBT) techniques in reducing suicidal tendencies (ST) among adolescents of both genders who suffer from bipolar disorder. Additionally, to verify the sustained effectiveness of these techniques in reducing suicide risk among adolescents.
Methods: A one-group experimental design was used. The study sample consisted of a (31) adolescents with high or moderate levels of suicidal tendencies who were diagnosed with bipolar disorder. Initially, the Bipolar Disorder Scale was used to identify adolescents exhibiting symptoms of the disorder for more than 6 months. This was followed by administering the Suicidal Tendencies Scale. Individuals with high or moderate suicidal tendencies scores on this scale were selected to participate in the study. They then underwent 23 sessions of psychotherapy based on DBT. After the completion of the therapy program, the Suicidal Tendencies Scale was administered again, and a third administration took place two months after the completion of the program. The research tools included a DBT-based therapy program consisting of 23 sessions, with an average of 3 sessions per week, each lasting 45-60 minutes.
Results: The results indicated a significant improvement among adolescents after the completion of the program. Participants reported benefiting from the program, expressing reduced feelings of despair and increased hope and optimism about life. The adolescents' scores on the Suicidal Tendencies Scale decreased after the program ended compared to their scores before the program. Additionally, their scores remained lower two months after the program ended compared to their pre-program scores. This indicates a positive impact of the counseling program in reducing suicidal tendencies among adolescents, as well as the sustained effectiveness of the program.
Conclusions: Dialectical Behavior Therapy (DBT) is effective in reducing suicidal tendencies and can be applied effectively to a range of other psychological disorders. It is essential to manage suicidal tendencies among adolescents to help decrease suicide rates.

Disclosure of Interest: None Declared

Training in Psychiatry

EPV1976

Impact of Psychiatry Clinical Internship on Medical Students' Specialty Choice

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Introduction: Medical students often harbor entrenched and somewhat negative views towards psychiatry, which can impact their interest in pursuing this specialty and pose challenges to recruitment efforts.
Objectives: To assess whether exposure to clinical placements in psychiatry can positively shift medical students' perceptions and influence their career decisions towards this field.
Methods: This study employed a "before/after" longitudinal design over an eight-month period involving 5th-year medical students who were starting their 4-week psychiatric rotation. Evaluations were carried out at the beginning and end of the internship using a comprehensive questionnaire that covered sociodemographic

details, clinical exposure, and students' career inclinations towards psychiatry. The questionnaire also explored various reasons influencing their specialty choice, aiming to identify shifts in perspective directly attributable to their internship experience.
Results: A total of 41 students (n=41) participated in the study. There was a notable positive shift in attitudes towards psychiatry observed at the conclusion of the internship. At the start of the rotation, only 29% of students considered choosing psychiatry as a potential career path. By the end of the internship, this figure had increased to 49%. This substantial increase underscores the transformative potential of direct, immersive experiences in altering career considerations among medical students.
Conclusions: Consistent with the literature, the results of this study demonstrate the positive impact that clinical placements in psychiatry can have on medical students' attitudes towards the specialty and their subsequent choice of it as a career path. This improvement highlights the critical role that such internships play not only in enhancing educational outcomes but also in shaping the future workforce in psychiatry. It is evident that integrating robust psychiatric placements into medical training programs is essential for nurturing an informed, motivated, and committed next generation of psychiatrists. Our findings support the continued advocacy for and expansion of these experiential learning opportunities within medical curricula to foster a deeper understanding and appreciation of psychiatry.

Disclosure of Interest: None Declared

EPV1977

Docimologic analysis of child psychiatry examination

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Introduction: Docimology is the science that assesses the quality of tests and items, based on different indices and coefficients.
Objectives: The purpose of our study was to perform a docimological analysis, based on docimological indices, of the items and exams of Child psychiatry of psychiatry certificates porposed for the students of the Third Year of the Second Cycle of Medical Studies in the Faculty of Medicine of Tunis.
Methods: We carried out a retrospective and descriptive study. We have included the scores of main sessions' psychiatry certificate exam of six academic years (2016-2017 to 2021- 2022). We did not include the scores of this certificate obtained at the control sessions during the period of our study. We carried out a global docimological analysis of the psychiatry exam, of the child psychiatry exam and its items.
Results: We included a total of 2780 exam scripts spread over 12 main sessions. We found an annual pass rate of 96.7% in the psychiatry certificate and 85.3% in the discipline of child psychiatry. The study of the internal homogeneity of the psychiatric tests showed that the Alpha index of Cronbach varied between 0.64 and 0.82 with an average index of 0.74 which corresponds to an internal homogeneity at least acceptable. We found that the maximum scores obtained in the discipline of child psychiatry varied from 16.5 to 19.75 out of 20. The average rate of students, who passed the psychiatry certificate test without passing the discipline child psychiatry, was 11.9%. The questions were easy in 51.7% (62 questions) ans have at least good discrimination in 31.7%. We found also that 25 questions (65,7%) were "ideal".
Conclusions: Child psychiatry examination in the Faculty of Medicine of Tunis meets globally the docimologic recommendations. This is the first step to build up a bank of items regularly enriched with "ideal" questions with metric qualities known in advance.

Disclosure of Interest: None Declared

EPV1978

Improving External Rotations in Psychiatry Residency Programs: A Mixed-Methods Analysis

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Introduction: External rotations allow psychiatry residents to gain exposure to different clinical settings and practices. However, the availability and quality of these rotations vary significantly across training units. This study evaluates residents' experiences with external rotations and identifies areas for improvement.
Objectives: To assess the time allocated for external rotations in different training units and explore residents' suggestions for improving these rotations.
Methods: A cross-sectional survey was distributed to psychiatry residents in Spain. Quantitative data regarding the total time allowed for external rotations was collected, and qualitative responses were analyzed to identify recurring themes for improvement.
Results: A total of 109 responses were analyzed. Quantitatively, 60% of residents reported being allowed 1 to 3 months for external rotations, while 25% stated they had more than 3 months. Only 15% indicated that external rotations were not offered in their unit. Qualitative analysis revealed that the main areas for improvement included more flexibility in choosing rotation locations (40%), better financial support for rotations outside of the home institution (35%), and greater clarity in the application process for external rotations (25%).

Rotation Time Allowed	Percentage (%)
1 to 3 months	60
More than 3 months	25
No external rotations offered	15

Theme	Percentage (%)
Flexibility in location choice	40
Financial support	35
Clarity in application process	25

Conclusions: The majority of psychiatry residents are allocated 1 to 3 months for external rotations, but many see room for improvement in terms of flexibility, financial support, and clarity in the application process. Enhancing these aspects could make external rotations more accessible and beneficial for residents.

Disclosure of Interest: None Declared

EPV1979

Enhancing Autonomy and Supervision During Psychiatry Residency: A Residents' Perspective

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Introduction: The progressive acquisition of autonomy, balanced with adequate supervision, is essential during psychiatry residency. However, the adequacy of supervision and the smooth transition to autonomy remains a concern among residents. This study evaluates psychiatry residents' perceptions of the current process of acquiring autonomy from the first to fourth year of training.
Objectives: To assess the perceptions of psychiatry residents in Spain regarding the process of progressively acquiring autonomy and how supervision is managed throughout their residency.
Methods: A qualitative analysis was conducted on responses to the survey question: "What should be improved in the progressive acquisition of autonomy and supervision from R1 to R4?" Data from free-text responses were coded thematically, with common themes identified and quantified.
Results: Responses from 109 residents were analyzed. Thematic analysis revealed that 35% of residents emphasized the need for clearer and more structured feedback from supervisors, while 30% suggested more direct supervision during critical learning periods, particularly in the first two years. Additionally, 20% highlighted the inconsistency of supervision across different units, with some units providing much less oversight than others. Other suggestions included better scheduling of supervisory sessions (10%) and more frequent formal evaluations of their autonomy progression (5%).

Theme	Percentage (%)
Structured feedback	35
Increased direct supervision	30
Consistency across units	20
Better supervisory scheduling	10
Formal evaluations of autonomy	5

Conclusions: Residents identified several key areas for improvement in the process of acquiring autonomy, with a particular focus on the need for more structured feedback and increased supervision during the early years of training. Addressing these concerns may improve the overall quality of psychiatric education and resident preparedness.

Disclosure of Interest: None Declared

EPV1980

Evaluating the Need for Rotation Adjustments in Psychiatry Residency Programs: A Cross-Sectional Study

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Introduction: Psychiatry residency programs in Spain offer diverse clinical rotations to ensure comprehensive training. However, certain rotations may require adjustments in length or structure to meet the evolving educational needs of residents. This study assesses the opinions of psychiatry residents regarding which rotations should be extended, shortened, or maintained.
Objectives: To evaluate the perceived need for adjustments in rotation length across various subspecialties of psychiatry, including child and adolescent psychiatry, dual pathology, and psychotherapy, among others.
Methods: Data was collected through a national survey of psychiatry residents in Spain. Respondents were asked to indicate whether specific rotations should be lengthened, shortened, or maintained. Quantitative analysis was performed on responses for seven key rotations: child psychiatry, dual pathology, psychotherapy, research, neuropsychiatry, community psychiatry, and geropsychiatry.
Results: A total of 109 psychiatry residents participated in the survey. The most frequently requested extension was for geropsychiatry, with 57% of respondents advocating for a longer rotation, followed closely by community psychiatry (48%). In contrast, rotations in research (26%) and child psychiatry (24%) were identified as those most needing to be shortened. Most residents supported maintaining the current duration of dual pathology (86%) and neuropsychiatry (83%) rotations.

Rotation	Shorten (%)	Lengthen (%)	Maintain (%)
Child Psychiatry	24	15	64
Dual Pathology	6	11	86
Psychotherapy	10	17	80
Research	26	22	57
Neuropsychiatry	15	10	83
Community Psychiatry	3	48	55
Geropsychiatry	1	57	48

Conclusions: The results suggest a strong desire among psychiatry residents to extend rotations in geropsychiatry and community psychiatry, while shortening research and child psychiatry. These findings highlight the need for training programs to reevaluate the duration of certain rotations to better align with resident learning needs.

Disclosure of Interest: None Declared

EPV1987

Enhancing Medical Resident Confidence in Managing Anxiety and Depression on the Medical Floor Through Evidence-Based Guidelines

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Introduction: Medical and psychiatric conditions often coexist, with complex interrelationships that affect patient outcomes. Medical conditions can induce mental illness through psychological or physiological effects, while mental illness may hinder engagement in medical care due to barriers such as poor motivation and functional impairment. Anxiety and depression are among the most common psychiatric conditions encountered on medical floors, and improved management of these conditions can enhance patient outcomes and increase post-discharge follow-up.
Objectives: The objective of this project was to improve the confidence of medical professionals in treating anxiety and depression on the medical floor by establishing an evidence-based approach for identifying and managing these conditions. The guidelines developed serve as a protocol for rapid, safe interventions, improving outcomes and reducing inefficient healthcare utilization.
Methods: A survey was conducted among 18 medical residents to assess their confidence in evaluating and managing anxiety and depression, and determining when a psychiatric consult is necessary. After completing the initial survey, residents were provided with a stepwise guideline for managing anxiety and depression on the medical floor. A post-guideline survey was then conducted to assess changes in their confidence levels and understanding.
Results: Pre-intervention survey results showed 85.7% of residents were comfortable identifying anxiety, 64.3% with identifying major depressive disorder (MDD), and 71.4% with differentiating MDD from bipolar depression. However, only 64.3% felt comfortable treating anxiety, and 50% initiating treatment for MDD. Post-guideline survey results showed improvements in several areas, including 90% confidence in identifying anxiety and 70.2% in diagnosing MDD. Notably, all residents felt comfortable continuing treatment for depression, and knowledge of medication side effects increased to 100%.
Conclusions: The results suggest that medical residents on the floor showed improved confidence in evaluating and managing anxiety and depression after receiving the guideline. There was increased comfort with knowledge of medications and their side effects, although some discomfort remained in initiating treatment and titrating medications. Implementing universal screening protocols and further educational interventions, such as didactic sessions on specific medications and their side effects, can help address these gaps and enhance psychiatric care on the medical floor.

Disclosure of Interest: None Declared

EPV1988

The Benefits of Active Participation in the European Federation of Psychiatric Trainees (EFPT) for Psychiatric Trainees Across Europe

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Introduction: The European Federation of Psychiatric Trainees (EFPT) unites general adult psychiatry (GAP) and child and adolescent psychiatry (CAP) trainees' associations across Europe, fostering collaboration, education, and professional growth. Trainees across Europe can become EFPT members through their national associations (NTA). Residency can be challenging, with demanding workloads and academic pressures. Having a supportive network like EFPT can ease these difficulties by providing access to valuable resources, support, and collaboration. This abstract highlights the benefits of active participation in EFPT for GAP and CAP trainees across Europe.
Objectives: To explore the diverse benefits provided by EFPT for GAP and CAP trainees across Europe, focusing on professional development, research collaborations, and international exchanges. This abstract highlights strategies for maximizing these opportunities and overcoming the challenges of international psychiatric training.
Methods: A review of EFPT's initiatives, project descriptions, website data, and participant feedback was conducted. This analysis covered webinars, courses, research projects, clinical exchanges, and cultural experiences. Data were gathered from EFPT's resources and European trainees' feedbacks, emphasizing networking, research collaboration, and cultural exchange as key benefits for trainees.
Results: EFPT offers a broad range of benefits for GAP and CAP traineesroughout Europe, including:

- **Networking Opportunities:** Trainees can establish professional connections with peers and experienced psychiatrists from across Europe, fostering collaboration, mentorship, and knowledge sharing.
- **International Participation:** Trainees have access to international congresses, webinars, and specialized courses that enhance clinical and research skills, exposing them to diverse perspectives and practices.
- **Clinical Exchange Programs:** Through EFPT's exchange programs, trainees gain insights into different healthcare systems, broadening their understanding of child and adolescent mental health treatment across Europe and enhancing their cultural competence.
- **Cultural Enrichment:** EFPT's annual forum, including events like Cultural Night, allows trainees to engage in cultural exchange through music, food, and dance, fostering camaraderie and promoting overall well-being among young psychiatrists.

Conclusions: Active participation in EFPT offers European psychiatric trainees unique opportunities beyond traditional training, contributing to both professional growth and personal development. By encouraging involvement in EFPT, trainees can enhance their skills, broaden their networks, and foster international collaboration, ultimately strengthening the psychiatric community across Europe.

Disclosure of Interest: None Declared

EPV1989

Bridging Cultures: A Cambodian Psychiatrist's Perspective on Psychiatry and Addiction Exchange Programs in the Netherlands and South Africa

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Introduction: This knowledge exchange program was designed to enhance the clinical training of a Cambodian psychiatrist in general psychiatry and addiction care. Conducted between July 1, 2024, and August 30, 2024, the program involved immersive clinical experiences in the Netherlands and South Africa. The exchange facilitated engagement with leading mental health institutions, offering valuable insights into advanced psychiatric practices and addiction care models.
Objectives: The primary objectives of the program were to improve clinical competencies in diagnosing and managing psychiatric and addiction disorders, to gain exposure to multidisciplinary and community-based care models, and to develop cultural competence in adapting psychiatric practices to low-resource settings like Cambodia. These goals were pursued through a combination of clinical visits and participatory learning activities.
Methods: The psychiatrist participated in clinical visits and hands-on learning at Radboud University Medical Center and Pro Persona in the Netherlands, as well as Rustenburg Addiction Care in South Africa. These experiences included observing advanced treatments and participating in community-based psychiatric care programs. The program's structure combined hands-on training and multidisciplinary teamwork to provide a comprehensive learning experience.
Results: The program yielded significant improvements in the psychiatrist's ability to manage complex addiction cases and implement community-based care. Additionally, the experience fostered greater cultural competence, enabling the application of psychiatric practices suited to the Cambodian context. The collaboration also promoted potential future psychiatric training initiatives and international partnerships.
Conclusions: The knowledge exchange program was successful in enhancing the psychiatrist's clinical skills and cultural awareness. It underscored the importance of international collaboration in psychiatry and addiction care, providing a model for how mental health professionals from low-income countries can benefit from exposure to global best practices and community-based care strategies.

Disclosure of Interest: None Declared

EPV1990

Clinical Reasoning Skills in Psychiatric Education: Scenario and Question Generation with Chat-GPT

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Introduction: Case-based learning holds a crucial place in psychiatric education. Through methods such as written scenarios, video presentations, patient simulations, or observing real patients, students are expected to gain clinical reasoning skills by observing psychiatric cases.
Objectives: This study aims to generate case scenarios using ChatGPT-4 and create multiple-choice questions based on these cases.
Methods: A prompt was developed based on the literature to generate case scenarios for 12 psychiatric diagnoses, along with five related questions for each case (Figure) (Kıyak. Rev esp educ méd 2023; 4(3)). The scenarios and questions were organized into six forms, each containing two cases and ten questions.
Results: A total of 12 psychiatrists, (5.33 ± 1.31 years of practice) evaluated each form in pairs. The results of the case evaluations are presented in Table 1, and the question evaluations in Table 2.

Table 1	Form 1	Form 2	Form 3	Form 4	Form 5	Form 6	Total
	Schizophrenia/ MDD	Schizophreniform/ AN	Brief PD/ SSD	Panic/ Bipolar I	Dysthymia/ BPD	Conversion/ GAD	
The clinical scenario represents a typical case for the queried disorder.	2/2	2/2	1/2	2/2	2/2	2/2	23/24
The mental status examination findings in the case are appropriate for diagnosis.	2/2	2/2	2/2	2/2	2/2	1/2	23/24
The case scenario is well-written.	2/2	2/1	2/2	2/2	2/2	2/2	23/24
The case is of appropriate difficulty for medical students.	2/2	1/1	2/1	2/2	2/2	1/2	20/24
The case is aimed at measuring clinical reasoning skills.	2/2	2/2	2/1	2/2	1/1	2/2	21/24

Table 2	The question text is clear.	The question is clinically appropriate.	The question has only one correct answer.	The information provided is sufficient to find the correct answer.	The distractors are plausible.	The question was of appropriate difficulty for medical students.	Factual Recall/ Clinical reasoning	Total by question type
Diagnosis	23	23	22	23	23	19	16	149/168
Treatment	24	23	12	20	17	15	17	128/168
Differential diagnosis	22	17	18	16	19	15	20	127/168
Prognosis	23	22	17	21	19	14	14	130/168
Complications	21	19	17	19	13	12	14	115/168
Total by criterion	113/120	104/120	86/120	99/120	91/120	75/120	81/120	

Conclusions: The evaluation confirmed that the case scenarios were typical for the respective disorders and included appropriate mental status examinations for diagnosis (23/24). The cases were deemed suitably challenging for medical students (20/24) and effective in assessing clinical reasoning skills (21/24). However, the questions did not meet certain criteria, such as appropriate

difficulty (75/120), the presence of a single correct answer (86/120), and the plausibility of distractors (91/120). It is suggested that further work on the prompt is needed to improve the quality of the questions. While ChatGPT is suitable for generating case scenarios, the questions should be reviewed before use.

Disclosure of Interest: None Declared

EPV1991

Mental Health Themed Student Selected Components: A Strategy To Increase Recruitment Into Psychiatric Training

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Introduction: The University of Bristol Medical School, United Kingdom, has student-selected components (SSC) making up a substantial proportion of its curriculum. This practice is common among UK medical schools. SSCs can inspire interest in specialities that students may have less exposure to during undergraduate training, such as psychiatry. Psychiatry has a broad range of subspecialities and themes which can be explored in an SSC. The author supervised one such project in which a student researched and produced a series of podcasts about the science of happiness.
Objectives: To explore the use of student-selected components (SSC) in increasing exposure to psychiatry in the undergraduate curriculum
To explore the impact of student-selected components (SSC) in increasing recruitment into psychiatric training
Methods: An initial literature review was performed with the following keywords using Medline on OvidSP.
Results: Fourteen papers addressed the use of psychiatry student-selected components (SSC) in undergraduate medical education and their influence on career specialty choice.
Conclusions: Student-selected components (SSC) are an important strategy for increasing exposure to psychiatry in undergraduate medical education and recruitment into psychiatry.
Keywords: Medical undergraduate education, elective, student-selected components, special study modules, psychiatry, mental health.

Disclosure of Interest: None Declared

EPV1992

Addressing professional burnout among Ukrainian medical workers during wartime: an online intervention study

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Introduction: Professional burnout among medical workers is a significant global concern characterized by emotional exhaustion, depersonalization, and a reduced sense of personal accomplishment. In Ukraine, the ongoing war has exacerbated this issue due to additional stressors such as exposure to traumatic events, resource limitations, and constant threats to personal safety. Medical professionals are facing unprecedented challenges, including increased patient loads from wartime casualties and psychological strain from working in high-risk environments.
Objectives: Develop an online psychological training program to address professional burnout among Ukrainian medical workers during wartime, evaluate its feasibility in a conflict setting, and assess its preliminary effectiveness in reducing burnout levels and improving adaptive coping strategies.
Methods: An online training was developed by specialists from Charité University Clinic (Berlin) and Bogomolets Medical University (Kyiv) under the "SOLOMIYA" project (https://solomiya.net.ua/).
Participants: 27 medical workers from Ukraine.
Study design was mixed-methods with quantitative assessments at three time points.
Intervention was delivered online via Zoom in Ukrainian to accommodate regional participants and wartime restrictions. Total duration was 4 hours over two 2-hour sessions, including psychoeducation, practical exercises, and interactive discussions.
Data collection scales: Maslach burnout inventory, Brief COPE, Professional Self-Efficacy, WHO-5 index, participant satisfaction survey.
Results: Preliminary data from the 27 participants indicate a high level of satisfaction with the training program. The mean satisfaction score was 8.7 out of 10 (SD = 1.2), with scores ranging from 6 to 10 and a median of 9. The distribution of satisfaction scores was as follows: excellent (9–10): 59% (16 participants), very good (8): 15% (4), good (7): 19% (5), satisfactory (6): 7% (2).
These results suggest that the majority of participants found the training to be highly valuable and relevant to their needs. Participants reported that the exercises and coping strategies provided were useful for managing stress. Interactive discussions were noted as particularly helpful, demonstrating the importance of social support in reducing burnout. Due to the ongoing nature of data collection, comprehensive statistical analyses of changes in burnout levels, coping strategies, professional self-efficacy, and well-being are not yet available. However, initial observations indicate positive trends in these areas.
Conclusions: Preliminary findings show that online psychological training is feasible and well-received by Ukrainian medical workers during wartime. High satisfaction scores suggest potential benefits. While definitive conclusions on effectiveness are premature, the positive reception aligns with research on tailored interventions in high-stress environments.

Disclosure of Interest: None Declared

EPV1994

Training for Improvement of communication between patient psychiatrists and families

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Introduction: Although the collaborative partnership of the psychiatrist, patient and family is vital to recovery from a mental disorder, many patients and their family members are not satisfied with the communication with the psychiatrist. They believe that they are not actively involved in creating a treatment plan and that they do not have enough information about the diagnosis and treatment.
Objectives: Objective of the study is to improve the communication skills of young psychiatrists for collaboration with patients and their families.
Methods: Recognising the pressing need to address dissatisfaction with communication, we implemented the EUFAMI Prospect Common Ground three-way communication program, which we adapted for our study. We measured the increase in communication skills using a self-assessment questionnaire.
Participants: three groups of patients diagnosed with severe mental illness, family members, and young psychiatrists have been working in small groups separately and together in large groups.
Results: Our study's results are promising. The majority of participants expressed satisfaction with the training method. Their feedback highlighted acquiring new communication skills, which they believe will strengthen the collaborative relationship between patients, family members, and psychiatrists.
Conclusions: A training program for improving communication skills for young psychiatrists proves to be useful for improving the creation of a therapeutic relationship of cooperation with patients and their family members.

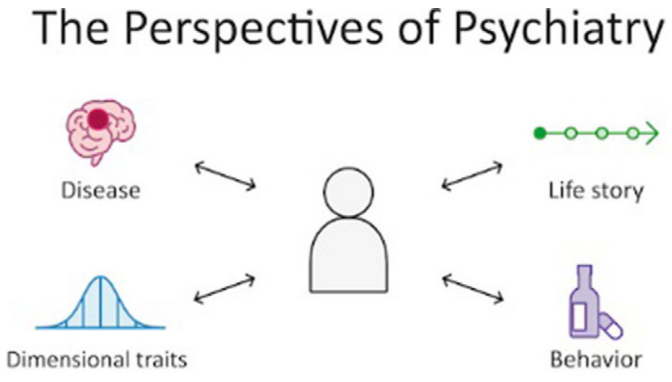
Disclosure of Interest: None Declared

EPV1997

From Around the World to Johns Hopkins: International Psychiatry Students' Learning Through 'The Perspectives of Psychiatry'

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Introduction: Whilst the DSM has streamlined research and standardized diagnoses, it faces criticism for falling short in addressing the intricate nature of psychiatric disorders. By relying on checklist-based diagnoses, it overlooks critical dimensions such as personality traits, cognitive functions, the motives driving maladaptive behaviors, and the unique narratives of individuals. In contrast, the Perspectives of Psychiatry (PoP) presents a comprehensive framework that enhances the understanding and treatment of mental health conditions. It integrates diverse origins of psychiatric disorders while emphasizing a thorough evaluation of a patient's life story. The global reach of PoP, with textbooks translated into multiple languages, has led to the creation of an international fellowship program for clinicians and students worldwide.
Objectives: The speakers will explore the PoP framework and share how this system is 1) implemented at Johns Hopkins (Baltimore, MD) in clinical practice and teaching, and 2) taught to international students with the newly established Perspectives of Psychiatry International Learners Program (PoPPIL).
Methods: Faculty from Johns Hopkins will outline how the PoP has been applied at their institution for the past 40 years, while international students from Sweden, Australia, and Ecuador will share their experiences from the PoPPIL.
Results: The PoP provides a structured and integrated framework for clinical practice and teaching. It explicates the rationale behind various treatment methods — medications, psychosocial interventions, motivational strategies, and consolation — whilst enabling patients to contribute more discerningly in their own recovery. Patients undergo a comprehensive and systematic evaluation, before this information is analyzed from each of the 4 perspectives (figure 1). This encourages clinicians to consider the patient holistically, rather than as a collection of symptoms, leading to the creation of management plans that not only addresses their psychiatric symptoms but also their social needs and personal goals. These plans can then be used to work collaboratively and effectively with other providers such as social services, general practitioners and psychologists. The framework is now part of the core curriculum for all psychiatry residents at Johns Hopkins and since 2024, international students can partake in an immersive learning experience which includes clinical observation and teaching. The PoPPIL has also facilitated grassroot global communication among medical students, junior doctors and leading experts.
Image 1:



Conclusions: Moving beyond diagnostic checklists to a framework grounded in intelligible concepts can propel advancements in psychiatry. The program at Johns Hopkins illustrates how these concepts can be effectively applied in clinical settings and shared with students from around the world.

Disclosure of Interest: None Declared

EPV2000

The Rockefeller Foundation and Evidence-based Psychiatry, 1920-1950

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Introduction: By 1920, the Rockefeller Foundation had set out to systematically improve medical education and clinical practice. This wealthy, formidable agent for change initially focused on surveying the state of medical education world-wide and then targeting individual research institutes and universities with funding aimed at improving their facilities.
Objectives: The aim was to increase understanding of how the Foundation's focus on improving medical education and practice changed over time.
Methods: The Rockefeller Foundation archive documents the philanthropic activities of the Foundation. Employing a social-history methodology, the primary sources utilised involved officer diaries, including that of Alan Gregg who directed support for medical research and education globally throughout the 1930s and 1940s. Also examined were contemporary journals such as *The British Medical Journal,* the *New England Journal of Medicine,* and *The Lancet;* contemporary newspapers such as the *New York Times*, *The Illustrated London News,* and the *Times of India,* among others. The evidence from the diaries was compared with that of journals, newspapers, and other primary sources.
Results: Initially the Foundation employed a disease-control model aimed at eradicating hookworm, malaria, and yellow fever. However, over time the Foundation changed its focus and developed a special interest in building the discipline of psychiatry. Gregg came to firmly believe that the funding of mental health research and teaching should be given the same resources as any other branch of medicine. Gregg supported initiatives to include psychiatry in standard medical school curricula and he also directed Foundation funding toward individual researchers in the field of mental health. He eventually came to serve as an advisor to the National Institute of Mental Health and the psychiatry section of the Department of Veterans Affairs.
Conclusions: The focus of the Rockefeller Foundation changed over time. Using meticulous planning, the Foundation moved from a laboratory-based, disease-eradication model to developing a deep commitment to promoting scientific psychiatry internationally.

Disclosure of Interest: None Declared

EPP730

Wellness at Work for Psychiatry Trainees in Ireland: A Pilot Quality Improvement Project

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doi: 10.1192/j.eurpsy.2025.917
Introduction: Psychiatry trainees in Ireland are categorised as Non-Consultant Hospital Doctors (NCHD). Research into the wellbeing of NCHD's has consistently highlighted difficult working conditions with the majority reporting they have been told by others they neglect their own health. The learning outcomes of the College of Psychiatrists of Ireland are majority clinical, professional and academic based with only a small focus on outcomes related to trainee wellbeing. Therefore, local and creative initiatives to support psychiatry trainee health and wellbeing are warranted.
Objectives: To conduct a needs analysis amongst psychiatry trainees in the Sligo/Leitrim Mental Health Service to inform the development of a NCHD Wellness at Work Committee and assess its impact over over a six month period from January 2024 – July 2024.
Methods: Following Clinical Director ethical approval, an anonymous online survey was shared with NCHD's through email to assess their workplace wellbeing needs. Results were collected and analysed using Microsoft Excel leading to the creation and implementation of an action plan. At the end of the period, another anonymous online survey was shared through email to assess the usefulness of the project.
Results: 16 out of 23 local NCHD's responded to the needs analysis. 88% identified 'Physical Health' as the top priority for the committee, while 75% endorsed the 'Psychosocial work Environment' and 'Mental Health and Wellbeing'. The 'Physical Work Environment' and 'Healthy Eating' were chosen by 44%.
In terms of a wellness at work development program, the most frequently requested item was 'Activities to support mental health' (69%), followed by 'Corporate Leisure Centre discounts' at 63%, 'Stress Management' and 'Exercise/physical activity classes' both at 56% and 'Access to healthy food' and 'Sports participation' options both at 50%. 'Not enough time' was identified as the greatest barrier to participation by 69% with equal variations across preferred timing of activities.
The action plan included the improvement of the physical work environment along with the arrangement of a financial planning webinar, Human Resources Coaching, Occupational Health and Health Promotion sessions. Information was shared by email on the Cycle to Work scheme and the Living Well stress reduction program along with social events including a breakfast club, provision of time and facilitites pre-trainee teaching for social interaction and a regular social dinner.
An impact assessment survey provided 12 responses from a total requested of 16 with all 12 responding indicating a positive impact. The missing 4 responses were due to trainees moving location.
Conclusions: This is, to our knowledge, the first quality improvement project to date involving the creation of an NCHD Wellness at Work Committee in Ireland.
The results will be used to inform and encourage the development of similar initiatives Deanery wide.

Disclosure of Interest: None Declared

Women, Gender and Mental Health

EPV2002

Chirps and Sentiments regarding PMS and PMDD: where does X stand?

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Introduction: The emergence of social media platforms like X has created a unique space for mental health discussions. This study aims to analyze the language and themes used in social media discussions to appreciate sentiments about PMS and PMDD by looking at a sample of the most popular tweets on platform X.
Objectives: We hypothesize that this content can provide insight into public perceptions and guide educational campaigns.
Methods: An advanced Twitter/X search for "PMS" and "PMDD" was conducted, filtering for English content. The top 100 tweets for each search term were explored through two different sentiment analysis tools which include Dr. Daniel Soper's Sentiment Analyzer Tool and Text2Data Application Programming Interface (API) Natural Language Processing (NLP) Analysis. Tweets were also analyzed using a word cloud generator to identify the most frequently used terms. Connecting words were eliminated from the final output.
Results: Negative sentiment was more prevalent than positive among the tweets for PMDD, with an overall sentiment analysis of an average of -24.3 per the Daniel Soper Sentiment Analyzer tool, suggesting a negative and serious tone. The most frequently appearing terms in these tweets were "month" (mentioned 17 times), "bad" (16), "love" (15), "feel" (14), "MAFS" (14), "support (14). Per Text2Data's API NLP analysis, the top 150 words had a negative sentiment of -0.59 with a magnitude of 1.69. Negative sentiment was more prevalent than positive among the tweets for PMS, with an overall sentiment analysis of an average of -15.2 per the Daniel Soper Sentiment Analyzer tool, suggesting a somewhat negative and serious tone. The most frequently appearing terms in these tweets were "new" (11), "price" (10), "oxford" (9), "feel" (14), "people" (9), "want" (9). Per Text2Data's API NLP analysis, the top 150 words had neutral sentiment of +0.15 with a magnitude of 1.59.
Conclusions: This study emphasizes a less negative sentiment associated with PMS compared to PMDD. It also highlights how more emotionally charged terms were used among tweets discussing PMDD compared to PMS. This may reflect public perception of the two conditions. Additionally, social media can be a way to gauge public interest and perception of medical topics.

Disclosure of Interest: None Declared

EPV2003

Navigating OCD During Pregnancy: A Case Study and Therapeutic Insights

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Introduction: Obsessive-Compulsive Disorder (OCD) during pregnancy can worsen due to hormonal changes, psychological stress, and concerns about the baby's health. It presents unique challenges for diagnosis and treatment, balancing the mother's mental health with fetal safety. This case focuses on a woman who developed OCD in her third trimester, emphasizing the challenges in managing the condition.
Objectives:
- To describe the impact and progression of OCD during pregnancy.
- To assess the effectiveness of Cognitive Behavioral Therapy (CBT) and evaluate pharmacological options.
- To analyze the risks and benefits of managing OCD therapeutically in pregnant women.

Methods: A clinical case of a 32-year-old woman at 28 weeks of gestation, with newly diagnosed OCD, is presented. Symptoms began in the second trimester with intrusive thoughts about harming her baby and compulsive checking and cleaning behaviors. The patient was treated with CBT, and SSRIs were considered due to symptom severity. Follow-up continued through pregnancy until delivery.
Results: CBT led to a significant reduction in compulsions and improved management of obsessive thoughts. However, moderate symptoms persisted, leading to consideration of SSRIs, which were ultimately avoided due to concerns about side effects. The patient's delivery was uncomplicated, and continued CBT postpartum resulted in significant improvement.
Conclusions: This case illustrates the complexity of treating OCD during pregnancy, where hormonal changes and concerns about fetal health can exacerbate symptoms. Early intervention with CBT can be effective, and treatment decisions must carefully balance maternal and fetal well-being.

Disclosure of Interest: None Declared

EPV2004

Unresolved Grief Resurfacing: managing delayed perinatal grief after subsequent birth

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Introduction: Delayed perinatal grief occurs when the grieving process for a lost baby is reactivated after the birth of a healthy child. This case presents a 39-year-old mother who, after losing her first baby at 36 weeks due to Patau syndrome, experienced delayed grief following the birth of a full-term baby two years later. Despite receiving one psychological consultation at the time of the loss, the lack of follow-up contributed to the reactivation of her grief postpartum, presenting with sadness and anxiety.
Objectives:
- To describe the process of delayed perinatal grief in a mother who lost a baby due to Patau syndrome.
- To evaluate the psychological impact of the lack of follow-up after the loss on the subsequent development of reactivated grief.
- To propose therapeutic interventions for the management of mothers experiencing delayed perinatal grief.

Methods: We present the case of a 39-year-old mother who lost a baby at 36 weeks of gestation due to Patau syndrome. Following the loss, she received a single psychological consultation with no further follow-up. Two years later, she gave birth to a healthy baby at 40 weeks, and six weeks after delivery, she was referred to psychiatry due to symptoms of profound sadness and anxiety, consistent with delayed perinatal grief. The patient was evaluated by the psychiatry team and began treatment with psychological intervention and pharmacological management when necessary.
Results: The psychiatric intervention led to a gradual improvement in symptoms of sadness and anxiety. The patient responded favorably to psychological treatment, incorporating cognitive-behavioral therapy techniques to manage grief. However, feelings of sadness persisted on dates related to the previous loss. Ongoing emotional support was crucial for the recovery process.
Conclusions: Delayed perinatal grief can reactivate after the birth of a new child, especially in cases where the original loss was not adequately followed up. Proper psychological support is essential to help mothers process their grief and prevent long-term emotional complications.

Disclosure of Interest: None Declared

EPV2005

Attachment style, dyadic adjustment and gender roles attitudes of trans men and their partners in Turkey

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Introduction: It is being thought that the presence and quality of relationships to psychosocial adjustment and well-being is important. Little is known about the romantic relationships of individuals diagnosed with gender dysphoria. In the last thirty years, attachment theory has become one of the main references for adult romantic relationship studies. Despite the importance of attributed to the attachment system for overall psychological well-being and the quality of adult relationships, little research has focused on the attachment of individuals with gender dysphoria
Objectives: The present study focuses onresearching the attachment style, dyadic adjustment and gender roles attitudes in trans men and their partners.
Methods: 60 trans men and their 50 partners are included in this study."Experiences in Close Relationships-Revised", "Gender Roles Attitude Scale","Childhood Trauma Questionnaire", "Dyadic Adjustment Scale", "Beck Depression Inventory" and "Beck AnxietyInventory" are conducted to all attendees. Also, we used data form which is included sociodemographic and family features for all participants
Results: Prevalence of insecure attachment style was found high in both groups. Regarding the correlation between attachment style and dyadic adjustment, the dyadic adjustment points in trans men with secure attachment style were found significantly higher than trans men with insecure attachment style (Table 2,p:0,006). The average relationship duration of the participants with secure attachment style was higher than the participants with insecure attachment style. It was found that both groups have egalitarian attitudes in general terms. The egalitarian attitudes subscale points of gender role attitude scale in trans men were found significantly higher than the egalitarian attitudes subscale points of gender role attitude scale in partners (p:0,025)

Image 1:

Table 1. Demographic characteristics of trans men and their partners

	Trans men (n=60)		Partner (n=50)		Statistics*	
	M ±SD	Min.-Max.	M±SD	Min.-Max.	Z	p
Age	24,82±4,98	18-41	23,16±5,24	17-36	-2,227	*0,026*
Years of education	12,51±2,67	5-17	12,6±3,49	4-17	-0,275	0,783
Relationship time(month)	30,64±32,54	1-120	28,08±30,82	1-120	-0,483	0,629

*Mann Whitney U , n: number, M: Mean, SD: Standard deviation

Image 2:

Table 2. Comparison of DAS total and subscale scores of individuals with secure and insecure attachment styles

		Secure attachment		Insecure attachment		Z	p
		M.±SD	Min.-Max.	M±SD	Min.-Max.		
Trans men (n=60)	Dyadic consensus	55,93±7,03	42-65	48,13±9,45	18-61	-3,140	***0,002***
	Dyadic Satisfaction	24,61±5,22	14-32	22,5±6,39	11-33	-1,194	0,233
	Dyadic cohesion	17,32±4,46	4-23	16,23±4,15	9-24	-1,217	0,224
	Affectional Expression	16,93±2,84	9-20	15,7±2,69	12-20	-1,781	0,075
	DAS total	114,79±14,4	76-136	102,57±16,94	56-127	-2,725	***0,006***
Partner (n=50)	Dyadic consensus	54,33±7,67	31-64	52,46±9,97	30-65	-0,302	0,763
	Dyadic Satisfaction	24,46±4,29	16-30	23,62±5,95	7-33	-0,419	0,675
	Dyadic Cohesion	17,88±3,97	10-24	17,65±5,17	6-24	-0,205	0,838
	Affectional Expression	17,25±2,29	13-20	16,23±2,75	10-20	-1,289	0,198
	DAS total	113,92±12,97	82-130	109,96±16,36	72-135	-0,671	0,502

*Fisher´s Exact test , n: number

Conclusions: The present study constitutes the first study in Turkey, which researching the attachment style, dyadic adjustment and gender roles attitudes in trans men and their partners, was analyzed. There are few studies in the literature investigating the gender roles

of trans men and their partners. In this study, insecure attachment rates were found to be high in both groups. Attachment styles and romantic relationships are fundamental components for psychosocial adjustment and well-being. For this reason, attachment styles should be made a part of the clinical evaluation of transgender people. It should be aimed to increase the sense of security of the person. Thus, clinical studies that should evaluate attachment styles as part of a standardized assessment and increase one's sense of security must be produced primarily. Therefore, individual and group psychotherapeutic work aimed at reshaping internal working models could directly or indirectly facilitate access to support groups, reinforce a more positive self-image.

Disclosure of Interest: None Declared

EPV2006

Perinatal depression and resilience in Polish women during the war-inflation crisis

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Introduction: The ongoing armed conflict in Ukraine has significantly destabilized Europe's geopolitical and economic situation, leading to a war-inflation crisis that may substantially affect the mental health of women during the perinatal period.
Objectives: Our primary objective was to investigate the prevalence of depressive symptoms and assess the role of resilience as a protective factor against anxiety and depression in Polish perinatal women during the war-inflation crisis. We analyzed the percentage of women experiencing anxiety related to childbirth and the war-economic crisis, as well as their relationship with perinatal depression. The study also aimed to identify risk factors for perinatal depression and various types of anxiety, including those related to childbirth, war, and the global situation.
Methods: 152 women participated in three online surveys – two conducted during pregnancy and one after childbirth. To evaluate mental well-being and the intensity of depressive and anxiety symptoms, we utilized the Edinburgh Postnatal Depression Scale (EPDS), Beck Depression Inventory (BDI-2), Labour Anxiety Questionnaire (LAQ), along with research team-developed questionnaires assessing anxiety related to the war (WAQ) and global situation (GSAQ). Resilience was assessed using the Resilience Measure Questionnaire (KOP-26).
Results: About 32.2% of perinatal women were diagnosed with depression based on the EPDS scale with a cutoff of ≥14. Nearly 70% scored 14 or higher on the LAQ scale, indicating a significant rise in labour-related anxiety. Additionally, 24.3% experienced high levels of anxiety due to the war, while 25% faced severe anxiety related to the global situation. The Kruskal-Wallis analysis, with resilience as the independent variable, revealed statistically significant differences in the distribution of depression ($F=28.302$; $df=2$; $p<0.001$) and global situation anxiety ($F=7.183$; $df=2$; $p<0.028$) variables between the groups. Post hoc analysis showed differences in the severity of depressive symptoms and global situation anxiety between the low and high resilience groups. The correlation heat map between psychometric scores at the start of the study is presented in Table 1.

	EPDS	LAQ	WAQ	GSAQ
EPDS				
LAQ	r=.53 p<.001			
WAQ	r=.10 p=.205	r=.21 p=.008		
GSAQ	r=.33 p<.001	r=.40 p<.001	r=.27 p=.001	

Conclusions: The prevalence of depressive disorders among women in the perinatal period may increase during crises caused by war and inflation, compared to periods of geopolitical and economic stability. This is a strong argument for improving the screening system for perinatal depression in Poland. A lower level of resilience during pregnancy may be a significant predictor of increased severity of depressive symptoms and higher levels of anxiety related to global situation among the perinatal population.

Disclosure of Interest: None Declared

EPV2007

Correlation between postpartum depression and the number of births

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Introduction: Postpartum depression is a disorder that usually occurs six weeks after birth and can last for up to a year. If postpartum depression is not diagnosed and treated, there is a risk of suicide. Postpartum depression affects 18% of mothers worldwide.
Objectives: To investigate the relationship between the prevalence of postpartum depression, the number of births, and postpartum depression.
Methods: Women who gave birth will be surveyed using the Edinburgh test specially prepared by WHO for primary health care practitioners.
Results: 41% of the women who gave birth in the study had their first birth, 28% had their second birth, 21% had their third birth, and 10% had four or more births. 2% of women who gave birth had no postpartum depression, 15% had self-managed depression, and 83% had postpartum depression. 4% of women aged 20-24 have no postpartum depression, 20% have self-managed depression, and 76% have postpartum depression. 0% of women aged 25-29 had no postpartum depression, 14.3% had self-managed depression, and 85.7% had postpartum depression. 0% of women aged 30-34 have no postpartum depression, 10% have self-managed depression, and 90% have postpartum depression. 5% of women aged 35-39 have no postpartum depression, 15% have self-managed depression, and 80% have postpartum depression. Among women aged 40-44, 0% had no postpartum depression, 0% had self-managed depression, and 100% had postpartum depression. Among women aged 45-49,

0% had no postpartum depression, 50% had self-managed depression, and 50% had postpartum depression.
Among 41 women with their first child, 2.4% did not have postpartum depression, 17.1% had self-correcting depression, and 80.5% had postpartum depression. Among 28 women with second birth, 0% did not have postpartum depression, 17.9% had self-correcting depression, and 82.1% had postpartum depression. Among 22 women with their third child, 4.5% did not have postpartum depression, 4.5% had self-correcting depression, and 90.9% had postpartum depression. Of the 9 women with four or more births, 0% did not have postpartum depression, 22.2% had self-correcting depression, and 77.8% had postpartum depression.
Conclusions: Postpartum depression is very high among the women who gave birth in the study. According to the results of the study, there is a weak positive correlation between the number of births and the stress of the mother. Stress and insomnia are strongly related. Postpartum depression and insomnia are strongly correlated in Edinburgh. Therefore, there is a need to increase the diagnosis and treatment of postpartum depression.

Disclosure of Interest: None Declared

EPV2008

Determining the level of insomnia in postpartum women, comparing their age and child's age

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Introduction: Studies have shown that postpartum women are more affected by sleep disorders than women who have not given birth. Reasons for sleep disturbances include insufficient sleep time, poor sleep quality, and postpartum depression. Having a sleep disorder has a negative effect on the formation of a close relationship between mother and child.
Objectives: To determine the level of insomnia in postpartum women and study the correlation.
Methods: The study will be conducted by women who agreed to sleep disorder detection questionnaires specially prepared by the World Health Organization for doctors in primary health care institutions. The results of the research parameters were statistically processed using Microsoft Word 2016, Microsoft Excel 2016, and SPSS 26 programs.
Results: Of the 100 women who participated in the study, 25% had no insomnia, 48% had mild sleep disorders, 27% had sleep disturbances, 23% had no stress, 42% had moderate stress, and 35% had high stress. 16% of women aged 20-24 have no insomnia, 72% have mild sleep disorders, and 12% have sleep disorders. 23.8% of women aged 25-29 have no insomnia, 47.6% have mild sleep disorders, and 28.6% have sleep disorders. 25% of women aged 30-34 have no insomnia, 40% have mild sleep disorders, and 35% have sleep disorders. 45% of women aged 35-39 have no insomnia, 20% have mild sleep disorders, and 35% have sleep disorders. 0% of women aged 40-44 have no insomnia, 70% have mild sleep disorders, and 30% have sleep disorders. 50% of women aged 45-49 have no insomnia, 25% have mild sleep disorders, and 25% have sleep disorders. 35% of women with children aged 0-3 months have no insomnia, 35% have mild sleep disorders, and 30% have sleep disorders. 15% of women with children aged 4-6 months have no insomnia, 50% have mild sleep disorders, and 35% have sleep disorders. 35% of women with children aged 7-9 months have no insomnia, 45% have mild sleep disorders, and 20% have sleep disorders. 15% of women with children aged 10 months to 1 year have no insomnia, 50% have mild sleep disorders, and 35% have sleep disorders. 25% of women with 2-year-old children have no insomnia, 60% have mild sleep disorders, and 15% have sleep disturbances.
Conclusions: As mothers age, insomnia rates increase, stress levels decrease, and postpartum depression rates increase. As children age, sleep deprivation rates decrease, stress levels decrease, and postpartum depression rates decrease. As maternal fertility increases, insomnia rates decrease, stress levels decrease, and postpartum depression rates decrease. Insomnia, stress, and postpartum depression are also affected by living conditions.

Disclosure of Interest: None Declared

EPV2009

Perceptions, Attitudes, and Challenges: Are Tunisian Medical Residents Prepared to Address Gender-Based Violence?

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Introduction: Violence against women is a worldwide critical public health issue. Despite the introduction of legal frameworks in Tunisia, there remains a need for effective medical intervention and support. Tunisian Medical residents often serve as frontline responders to cases of violence, making their training and awareness crucial in addressing this public health concern.
Objectives: This study aimed to evaluate the knowledge and attitudes of medical residents in Tunisia concerning the management of gender based violence (GBV).
Methods: A cross-sectional survey was conducted using an online questionnaire distributed via social media, completed by 85 medical residents from various specialties. The study included residents from psychiatry, family medicine, medical, and surgical specialties, providing a comprehensive overview of perceptions across disciplines.
Results: We included 85 medical residents. The preliminary results showed that 73% were aged 26 to 29 years, and 75% were women. Specialties included 38.8% in psychiatry or child psychiatry, followed by family medicine (25.9%), medical specialties (24.7%), surgical specialties (3.5%), and medico-surgical (7.1%).
Only 21.2% of residents had received specific training on managing GBV during their studies (Courses, Masterclass, brief training). Regarding prevalence, only 12.9% of participants believed that over 80% of Tunisian women had experienced violence at least once in their lifetime.
In terms of violence types, 35.5% and 17.6% were respectively unaware of economic and political violence.
For 60% of residents, psychological violence was seen as the most prevalent in Tunisia, followed by physical violence (25.9%) and significantly underestimated sexual violence (8.2%). Additionally,

78.8% identified intimate partners as the primary perpetrators of violence. Regarding reporting procedures for suspected gender-based violence cases, 60% of residents believed local authorities should be alerted. However, 48.2% were unaware of Organic Law No. 58 of August 11, 2017, concerning the elimination of violence against women.
Regarding management, only 7.1% of residents felt confident in their ability to handle cases of GBV. The main obstacles identified were a lack of specific training (84.7%), absence of institutional support (67.1%), and lack of time (18.8%). The need for ongoing training in managing GBV was expressed by 64.7% of residents, highlighting the urgent need for improved awareness and skill enhancement in this area.
Conclusions: This study reveals significant gaps in the training and knowledge of medical residents in Tunisia regarding GBV. The lack of awareness of relevant legislation and resources, along with insecurity in case management, underscores the urgent need for targeted training and institutional support to improve medical responses to this critical issue.

Disclosure of Interest: None Declared

EPV2012

Reaching the Unreachable: Effectiveness of Psycho-Education for Improving Mental Health Awareness in Women with Gynecological/Obstetrical Issues in A Low Middle-Income Country

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Introduction: This research addresses the significant mental health challenges faced by women in Pakistan, where gynecological/obstetrical issues are prevalent, and mental health awareness is often lacking due to cultural stigmatization and misconceptions. Women with conditions such as infertility, and breast and ovarian cancer are at higher risk of psychiatric disorders, and there is a clear correlation between infertility and psychological comorbidity. Cultural beliefs and regional variations further complicate the perception and understanding of mental health in Pakistan.
Objectives: The primary objective of this research is to dispel myths and misconceptions surrounding mental health by providing group psychoeducation on major psychiatric illnesses. The goal is to raise awareness and promote psychiatric and psychological help-seeking behavior among women with gynecological issues.
Methods: This study employs a quantitative approach with a quasi-experimental design. A sample of 55 married female participants from the Gynecology Department of Services Hospital Lahore, underwent pre- and post- psychoeducation assessments. Only married females seeking treatment for gynecological conditions were included, while those already diagnosed or seeking treatment for mental disorders before the onset of gynecological issues were excluded. To assess the participants' knowledge and beliefs regarding mental illnesses, a self-developed Women Mental Health Checklist was used for pre-and post-assessment. A panel of mental health experts validated the content for the checklist. Psychoeducation material was developed based on established resources, and a panel of experts examined its content validity. A pre-psychoeducation assessment was conducted, followed by psychoeducation sessions that included information about mental disorders associated with gynecological issues. Post-assessment was conducted at a one-month follow-up. SPSS 21 was used to analyze the data.
Results: The repeated measure t-test analysis revealed a statistically significant difference in post-assessment ($t(49) = 14.6$, $p = 0.00$) which indicated a strong impact of psychoeducation on post-assessment.
Conclusions: These findings highlight the importance of psychoeducation in promoting help-seeking behavior. However, it is important to understand the study limitations and that future research should explore psychoeducation's role on a broader level. This research aims to bridge the gap in mental health awareness and help-seeking behavior among women in Pakistan facing gynecological and obstetrical issues, ultimately contributing to improved mental well-being and overall quality of life.

Disclosure of Interest: None Declared

EPV2014

Depression in military wives: the particularities of an understudied population

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Introduction: Military spouses often experience separation from their husbands and the risks associated with their deployment in difficult environments. Multiple studies have focused on depression in service members, but little has been done to understand how demographic and military-specific factors affect their wives.
Objectives: The goal of our study is to describe the demographic and military characteristics specific to women with a depressive disorder diagnosis, and are or were married to service men. We also aim to identify possible correlations between the beginning and evolution of the spousal depression and those characteristics.
Methods: This was a retrospective descriptive study. Data was obtained from the medical files of military spouses followed at the psychiatry department of the military hospital in Marrakech between May 2022 and August 2023. Demographic and military-specific information unavailable in the files was collected through phone calls. Inclusion criteria were: a DSM-5 depressive disorder diagnosis, presence at follow-ups, being or having been married to a service man, an available functioning phone number. The statistical analysis was done on the software tool Jamovi® version 2.3.28.
Results: All of the 25 women who were included in our study were diagnosed with major depressive disorder (MDD). Demographic factors related to MDD were noted in most spouses: 64% had a low educational level, 84% were housewives. Concerning the military factors related to service men: we observed that in the 24% of cases where the husband was deployed or lived apart from his family, there was either no or little improvement of depressive symptoms under treatment for the wife. Only 4% of service men had been diagnosed with a psychiatric disorder (MDD) at the time of our study. 44% of our patients reported conflicts with their husbands, out of these men 54% were still active in military forces. 54% of the

patients with marital conflicts reported little to no improvement of their symptoms. 20% of women were victims of domestic violence.
Conclusions: Our findings were able to show a high percentage of demographic risk factors for MDD in the studied population. They also imply a correlation between the husband's deployment and the higher family responsibility reported by the wife in these cases, and a lack of improvement of the depressive symptoms under treatment. Although previous studies reported a correlation between the husband's history of psychiatric disorder and the wife's depression, we didn't reach the same conclusion, this could be limited by the size of our study sample, as well as possibly underdiagnosed disorders in service men. These findings suggest the need for a specific approach for this population, as well as additional support services to help prevent and improve the treatment of depressive disorders in military wives.

Disclosure of Interest: None Declared

EPV2015

The burden of birth control: a narrative review on the mood-related side effects of hormonal contraception

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Introduction: Hormonal contraception (HC) is widely used by females worldwide. Sex hormones – oestrogen and progesterone – affect the central nervous system's function, structure, and neurotransmission, modulating emotional and behavioural responses. The use of HC, by introducing exogenous hormones and modulating the internal production of sex hormones, may be associated with mood changes and depressive symptoms. These symptoms are commonly reported by females taking HC and are one of the most frequent reasons for its discontinuation.
Objectives: To explore the relationship between HC and depressive symptoms in females of reproductive age, with a focus on clinical implications.
Methods: A narrative literature review was conducted using the *PubMed*® database with the search query: "(Hormonal Contraception) AND ((Mood) OR (depression))". Studies published in the last 20 years were included.
Results: Recent studies have shown an association between HC use and depression. The relationship between HC and mood changes is complex and influenced by various factors, including the type of HC, dosage, patients' psychiatric history, and psychosocial factors. The link between HC and depression seems to be related to the dosage and type of progestogen. Also, the use of progestins with androgenic activity, such as levonorgestrel, may carry a higher risk of deleterious mood changes. Adolescent females, those with a personal or family history of mood disorders, females with premenstrual dysphoric disorder or premenstrual syndrome, and those who have experienced adverse mood effects with previous use of HC are more predisposed to developing depressive symptoms related to HC. HC is also associated with sexual dysfunction and an increased risk of suicide and suicide attempt. On the other hand, continuous use of HC may provide relief from depressive symptoms in females with premenstrual dysphoric disorder by stabilising fluctuations in hormone levels. Limited evidence suggests that HC use among females with depressive or bipolar disorders is not associated with a worse clinical course compared to the use of non-hormonal methods.
Conclusions: The mechanism underlying how HC influences mood remains poorly understood. In clinical practice, the effects of HC on mood seem to be most relevant in selected subsets of females. Most females using HC demonstrate no effect or a beneficial effect on mood, with a low incidence of adverse effects. The risk of adverse mood effects should not preclude the prescription of HC. Mental health risk factors, as well as any newly present or ongoing mental health symptoms, should be considered when initiating and reviewing HC in the management and treatment of female patients.

Disclosure of Interest: None Declared

EPV2016

The self-image of a mother in women with experience of miscarriage

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Introduction: In the modern world, the problem of infertility is becoming more significant. In particular, the number of women with experience of miscarriage is increasing. Problems with pregnancy, frustration of the desire to become a mother influence the formation of a woman's motherhood and self-image as a mother, which can lead to intrapersonal problems of a woman and to a distortion of care practices and child-parent relations in relation to the future child.
Objectives: To study the features of the self-image as a mother in women with experience of miscarriage.
Methods: A pilot study was conducted. Two methods were used in this study: "Unfinished sentences" (Sachs-Levy, mod. A.G. Dolgikh, 2018), method of semantic differential (spaces proposed by A.G. Dolgikh, 2018).
The study sample consists of 3 groups: 30 women with experience of miscarriage for medical reasons aged 25 to 35 years; 30 women aged 25 to 30 years who have no experience of pregnancy; 30 women raising children under the age of five.
Results: The results of attitudes peculiarities psychodiagnostic study towards motherhood in women using the "Unfinished Sentences" technique demonstrate that generally more expressed positive attitude towards motherhood in general and attitude towards themselves as a future mother for the group of women with experience of miscarriage compared to other groups of women.
The self-image as a mother using the semantic differential method showed that the semantic universals of this image for both the entire sample and for a group of women with miscarriage experience are adjectives "reliability", "caring", "tenderness".
The self-image as a mother semantic profiles comparative analysis revealed significant differences in the indicators of this image among the study groups. Women with the experience of miscarriage characterized themselves as more warm, more soft, more caring and more harmonious ($p<0.05$) compared with women from other groups. They also perceive the image of themselves as a future

mother as lighter, more reliable, more anxious and more affectionate than women without experience of pregnancy and motherhood ($p<0.05$).
Conclusions: Women experienced miscarriage are characterized by more idealized ideas about motherhood probably due to problems with pregnancy and frustration of the desire to become a mother.

Disclosure of Interest: None Declared

EPV2017

Navigating the Hormonal Labyrinth: Understanding the Impact of Menstrual Cycle Dynamics on ADHD Symptoms

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Introduction: Attention-deficit/hyperactivity disorder (ADHD) is a prevalent neurodevelopmental disorder characterized by significant sex differences in symptomatology, prevalence rates, and associated developmental challenges. Research indicates that these disparities are not merely superficial but are rooted in complex biological, psychological, and social factors. Despite the growing recognition of these differences, the underlying etiological mechanisms remain inadequately explored.
Objectives: This study aims to propose a framework addressing hormonal fluctuations in females with ADHD, emphasizing the cyclical nature of ovarian hormones and their impact on executive functioning and behavioral regulation. We hypothesize that hormonal changes exacerbate ADHD symptoms during specific menstrual cycle phases, ultimately enhancing our understanding of sex differences in ADHD and informing future research and treatment strategies.
Methods: We conducted a literature review to synthesize studies on estrogen levels, executive function, and ADHD symptoms. Our focus was on the role of estradiol (E2) in cognitive functions, particularly in the prefrontal cortex, and the effects of cyclical hormonal changes on behavior and cognition in females with ADHD during adolescence and the menstrual cycle.
Results: Evidence suggests that estrogen is crucial for cognitive control, with fluctuations in hormone levels impacting mental performance in women. Notably, ADHD symptoms are more likely to manifest during periods of rapid estrogen decline, particularly within the menstrual cycle. These hormonal decreases correlate with reduced executive function and self-regulation at two critical phases: increased risk-taking behaviors during the mid-cycle (periovulatory phase) and heightened avoidance and negative emotions in the perimenstrual phase. Research indicates that drops in estradiol (E2) can lead to significant increases in inattention and hyperactivity-impulsivity symptoms, especially in young adult women with high impulsivity traits. Additionally, the organizational effects of puberty may interact with hormonal changes, particularly in females with advanced limbic system development, increasing the risk of emotional dysregulation and impulsive behavior. Changes in the limbic system, essential for emotional processing and memory, further underscore the importance of considering individual sensitivity to hormonal variations.
Conclusions: This framework emphasizes the importance of hormonal influences in diagnosing and treating ADHD in females. By recognizing the relationship between hormonal fluctuations and ADHD symptoms, particularly via the Multiple Hormone Sensitivity Theory, we advocate for a tailored treatment approach. Future research should focus on longitudinal studies to deepen understanding and develop targeted interventions, thereby improving ADHD management and quality of life for females.

Disclosure of Interest: None Declared

EPV2019

Prevalence and predictors of generalized anxiety disorder in women during the postpartum period

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Introduction: Up to 10% of women experience severe anxiety symptoms during pregnancy and the postpartum period, which are often underdiagnosed and undertreated, leading to negative outcomes for both mother and child.
Objectives: This observational study aims to assess: 1) the prevalence of Generalized Anxiety Disorder (GAD) in the postpartum period, and 2) identify its predictors.
Methods: All women attending the Gynecology and Obstetrics Department at "L. Vanvitelli" University Hospital were invited to participate in the study. Women who provided consent were assessed within three days after delivery using a specifically designed form for sociodemographic and clinical data collection, the Labor and Delivery Questionnaire (LDQ) for obstetric and gynecological information, and the Italian versions of the following assessment tools: Edinburgh Postnatal Depression Scale (EPDS) and the Generalized Anxiety Disorder 7-item scale (GAD-7). A GAD-7 score of ≥10 was used as the cutoff for moderate to severe Generalized Anxiety Disorder.
Results: A sample of 110 women with a mean age of 30.74 (±5.67) years, predominantly Caucasian (91.8%), was recruited. Of these, 18.8% (n = 20) had GAD-7 scores indicating a diagnosis of Generalized Anxiety Disorder. Compared to women without GAD, those with GAD were significantly more likely to be unemployed or face difficulty finding work ($p < 0.05$), have a family history of anxiety disorders ($p < 0.05$), have other children ($p < 0.05$), experience conflicts with their parents ($p < 0.001$), and score higher on the EPDS ($p < 0.001$). Logistic regression analysis showed a higher likelihood of having GAD among younger women (OR: – 0.029; $p < 0.05$), those with a positive family history of anxiety disorders (OR: 0.63; $p < 0.05$), and those with higher EPDS scores (OR: 0.044; $p < 0.001$).
Conclusions: The study highlights that age, employment status, and a family history of anxiety disorders may be significant predictors of GAD in peripartum period. Further studies with larger samples are necessary to confirm these findings; however, collaboration between psychiatrists, gynecologists, and obstetricians is recommended to identify women at risk of developing GAD early

on, facilitating timely and appropriate diagnosis and treatment, and reducing the risks to the mental health of both mother and child.

Disclosure of Interest: None Declared

EPV2020

A Systematic Review of Interventions to Promoting Psychosocial Well-Being and Empowerment of Women victim of gender violence

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Introduction: Gender-based violence (GBV), defined as violence directed at an individual based on their gender, encompasses a range of harmful behaviors, including physical, psychological, and sexual abuse, often perpetrated by intimate partners. In this context psychosocial well-being is often severely compromised (Choden et al., 2022), and is essential interventions that can help women rebuild their sense of self, foster resilience, and improve overall mental health. Empowerment, in the context of GBV, involves not only psychological, emotional and cognitive processes in which the person is able to think positively about themselves and their abilities and master individual and social aspects of their life, but also social and relational processes, since violence occurs in relationships with others (Amirroud et al., 2022), and therefore, empowerment allows women to assert their rights, build confidence, and engage actively in social and economic activities (Malhotra & Schuler, 2005).
Objectives: This systematic literature review (SLR), based on the PRISMA 2020 guidelines, aims to provide an updated overview of interventions designed to promote psychosocial well-being and/or empowerment (PWE) among women who are victims of gender-based violence, with the goal of informing future intervention projects.
Methods: Data collection was conducted through the SCOPUS and Web of Science databases, focusing on studies published between 2018 and January 15, 2024, in English. The inclusion and exclusion criteria were based on the PICO framework: (P) women affected by gender-based violence, (I) interventions to enhance PWE, (C) comparison between initial and final intervention phases, and (O) assessed outcomes related to PWE. thirteen studies were included.
Results: The primary intervention components were counseling, health education, mindfulness and relaxation practices and expressive therapies. Experimental studies reported significant improvements in mood, reductions in depressive symptoms, anxiety, and stress levels. Empowerment components were less frequently addressed, they also showed positive outcomes, including increases in self-esteem and self-efficacy. Overall, EG demonstrated superior results across nearly all assessed variables compared to CG. The most effective interventions were those incorporating mindfulness and relaxation, counseling techniques, and expressive strategies. Key limitations of the included studies involved methodological quality, sample size, and representativeness, as well as the potential for response bias.
Conclusions: This SLR offers an original contribution by advocating for evidence-based practice and providing valuable insights for healthcare professionals, policymakers, and researchers engaged in the integrative health care of women impacted by gender-based violence.

Disclosure of Interest: None Declared

EPV2021

The importance of close follow-up in the postpartum period. Manic episode after childbirth in a patient with bipolar disorder. A case report

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Introduction: Bipolar disorder is a serious mental disorder that requires follow-up and pharmacological treatment for the patient to function properly. It is known that stressful events can generate decompensation in these patients. Pregnancy and postpartum are moments of high vulnerability for women with bipolar disorder, being essential their immediate follow-up and treatment in case of decompensation. In these cases it is essential to ensure an adequate bond with the baby.
Objectives: To present a case of a patient with a diagnosis of bipolar disorder, who in both pregnancies has a manic episode after delivery.
Methods: Case presentation and literature review.
Results: The patient is a 37-year-old woman who comes to the emergency department for manic symptoms. Her psychiatric history includes a diagnosis of bipolar disorder in 2022 after an admission for a manic episode two months after the birth of her first child. She is currently under active follow-up by psychiatry and a perinatal group intervention program. She lives with her husband and two-year-old son. During pregnancy she received lithium without decompensation. When she came to the emergency room, she was on lithium 400 mg every 8 hours and olanzapine 10 mg prescribed 4 weeks ago by her psychiatrist, who had noticed the decompensation, which she stopped a week ago on her own.
In the examination, he shows an accelerated speech with verbose and uninhibited contact. She says that 5 days ago she began to present the idea that she was a threat to her children, with increasing anguish. She began with a decrease in the hours of sleep and suddenly refers that the idea of having to travel to Bali appeared, since "it is her favorite place in the world". Without considering the price and without informing her husband, she left her home and arrived in Bali, where she incurred high expenses. When she arrived there, she reported meeting a friend who helped her to return to her country and informed her family.
Conclusions: Pregnancy and postpartum are moments of high vulnerability and emotional intensity for any woman. It is known that for patients with mental disorders, this vital moment may involve a risk of decompensation of their mental disorder, compromising their health, and may have negative repercussions on the bonding with their baby and the style of attachment they build with it. It is essential to train professionals in pharmacological treatments allowed during pregnancy, postpartum and lactation, as well as to facilitate close follow-up programs for these patients in order to reduce the risk of decompensation as much as possible.

Disclosure of Interest: None Declared

EPV2022

Peripartum administration of esketamine: a way to prevent postpartum depression?

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Introduction: Postpartum depression (PPD) is one of the most prevalent mental disorders, with the potential to precipitate complications in childbearing. The estimated prevalence of PPD ranges from 7% to 13% in developed countries and exceeds 20% in underdeveloped countries. Near 20% of women presenting with symptoms of PPD experience suicidal ideation. Prompt detection and management of this patient group is of particular importance. The use of esketamine has shown to reduce the incidence of PPD in previous studies, but its widespread use has been hampered by its side effects and the need for hospitalisation.
Objectives: We aimed to review the available literature on the efficacy and safety of peripartum esketamine use.
Methods: A narrative literature review was carried out in the PubMed, Cochrane and Embase databases, selecting only the articles published in the last 10 years, using the following keywords: pregnancy, esketamine, postpartum depression.
Results: After childbirth 6 week is a high-risk period for PPD, specially the first week. The incidence of PPD is higher in C/S than in normal births. Compared with pregnant women who underwent C/S without the use of esketamine, those who used esketamine in the perioperative period had a 48% reduced risk of developing postpartum depression and a 1.43 point reduction in the Edinburgh Postnatal Depression Scale (EPDS). The optimal dose of esketamine for PPD is unknown; most studies consider high doses above 0.5 mg/kg and low doses inferior. These favourable effects were observed at both short and long-term follow-up and in low and high doses. Compared to intranasal esketamine, intravenous esketamine has a higher bioavailability and is more convenient to dose control. Route of administration and dose of esketamine did not affect the prophylactic effect of esketamine on PPD, but they differ in their adverse effect profiles. The incidence of immediate adverse reactions to intraoperative pumped esketamine is extremely high, particularly during the intraoperative period when more patients receiving esketamine developed neurological or psychiatric symptoms (97.7%). Other common immediate intraoperative maternal adverse events were nausea and vomiting, dizziness and hallucinations, but had no significant effect on postoperative adverse. Adverse reactions to esketamine are usually transient and are more common when single intravenous injection is used (continuous infusion is preferable), with faster and higher doses.
Conclusions: PPD has potentially serious consequences for mothers and their children, and there is an urgent need for safe, effective and accessible treatments. As the use of esketamine has progressed, concerns have arisen about adverse effects, particularly long-term efficacy, addiction and suicide risk. Current evidence suggests that although it may have a good preventive effect, a long research trail is needed to prove and confirm the efficacy and safety of esketamine.

Disclosure of Interest: None Declared

EPV2023

Mothers of infants and toddlers: basic markers of psychological well-being and their correlation with optimism

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Introduction: Psychological well-being of women during the first years of their maternity is essential for both them and their families. However in the same time mothers of infants and toddlers face a lot of challenges in fulfilling their role so their well-being should be closely monitored.
Objectives: The research aimed to study the basic markers of the psychological well-being of mothers with little children, such as depressive tendencies, anxiety, optimism and aggression.
Methods: To measure depressive tendencies the Beck Depression Inventory (as adapted by N.V. Tarabrina) was used. Anxiety levels were assessed using the State-Trait Anxiety Inventory by C. Spielberger (as adapted by Yu.L. Khanin). Life Orientation Test (as adapted by T.O. Gordeeva *et al*) was used to assess respondents' optimism levels and Bass-Perry Aggression Questionnaire was used to assess the aggression factors (as adapted by S.N. Enikolopov and Tsybul'skii N.P.). Spearman's rank correlation coefficient was used for data analysis. The research was conducted from September 2023 to August 2024. The sample consisted of 253 mothers and 31 fathers (as the control group) with children of three years old and less.
Results: Our sample demonstrated comparably high levels of anxiety and average levels the aggression factors and optimism for women as set out in the table below (mean scores shown) (table 1).
Table 1. Comparative analysis of psychological well-being in women and men.

	State anxiety	*Trait anxiety*	*Anger*	*Hostility*	*Physical aggression*	*Optimism*
Women	48± 24.53%	49± 23.48%	20± 26.97%	21± 31.53%	20± 32.22%	17± 32.70%
Men	41± 30.58%	42± 27.12%	17± 26.97%	19± 31.53%	22± 32.22%	17± 32.70%

Results of 73 women (29%) show expressive depressive tendencies and results of 67 women (27%) show severe depression tendencies (using the cut-off points proposed by Andriushchenko A.V. and his colleagues (Andriushchenko *et al.* Zh Nev rol Psikhiatr Im S S Korsakova 2003; 103(5) 11–18), being 12 points for the expressed depressive tendencies and 20 points for the severe depressive tendencies). Only results of 2 men from the control group (7%) show expressive depressive tendencies and results of 3 men (10%) show severe depression tendencies. Negative correlations of the optimism levels of mothers to the depressive tendencies (r=-0.342, p=0.003) and hostility (r=-0.259, p=0.027) levels were discovered.
Conclusions: Thus, the results of our study indicate that the depression and anxiety levels of mothers of infants and toddlers are comparably high, while the aggression and optimism indicators stay on average levels. The study also shows negative correlations of the optimism level of mothers with the depression tendencies and the hostility level.

Disclosure of Interest: None Declared

EPV2024

Etiology of eating disorders: creation of a new model using standardised nursing language

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Introduction: Eating disorders (EDS) have become in recent decades an important focus of interest for basic and clinical research due to the increase in prevalence and incidence observed and, therefore, the evident need to prevent and provide a therapeutic response to situations that affect important sectors of the population. Normal eating behavior and its pathological deviations can only be understood if they are studied under the biopsychosocial approach, since, attending only to the eating aspect, we are ignoring a series of determining factors in the development of this process. Within these factors, important changes have been observed in recent times in relation to the demographic profile, going from being a disease studied predominantly in women, to extending to men and non-binary people or with other sexual and/or gender options.
Objectives: The aim of this study is to propose a new model for the representation of Eating Disorders (EDS) using nursing care languages, which allows us to approach the description of people affected by this pathology and their environment, implementing the perspective of gender, and that facilitates the realization of better diagnoses.
Methods: A systematic bibliographic review on EDS was carried out using databases from the different areas involved. The information was ordered and summarized in tables and concept maps. Next, a comparison was made between the traditional EDS model, described using medical language, and the new model proposed by the nursing discipline, where all the information previously obtained is codified in languages proposed by the North American Nursing Diagnosis Association (NANDA) and the Nursing Development Foundation (FUDEN) in the manual on Standardized Nursing Knowledge (CENES).
Results: The results obtained indicate that, after coding and organizing the existing information through nursing languages, the diagnostic view can be broadened by incorporating a greater number of variables to carry out a more complete approach to EDs. This would make it possible to propose a new conceptual model of these disorders, addressing them not only as a disease, but as a product of the failure of a healthy individualization that leads people who suffer from them to not carry out their self-care adequately, exerting on their person a act of anti-self care.
Conclusions: The energetic representation of care, characteristic of nursing, could be useful in care practice, so that the description of the phenomenology of care for each individual could be established, and it would also provide a series of action algorithms that would favor its implementation for health prevention.

Disclosure of Interest: None Declared

EPV2025

Challenges of alcohol use during pregnancy: maternal and fetal implications

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Introduction: In recent years, there has been an increase in alcohol consumption among women. Given that a significant percentage (1 in 3) of pregnancies are unplanned, fetal exposure to alcohol is inevitable in some.
Objectives: The main objective of this work is to present a review of the current state of the art regarding the impact of alcohol use during pregnancy.
Methods: Evidence-based review, using a search on PubMed and selection of the most relevant studies on this topic, published in the last decade.
Results: Although the international consensus recommends total abstinence from alcohol consumption during pregnancy, its global prevalence is 9,8%, with the highest percentage found in Europe (25,2%), which constitutes an important public health problem. Contrary to expectations, a recent study highlights that women who continue to consume alcohol during pregnancy were more likely to be older and have a higher socioeconomic status and educational level. Alcohol consumption during pregnancy is associated with high rates of maternal and child morbidity and mortality, with serious social, personal and family consequences. Prenatal alcohol exposure is the leading preventable cause of birth defects and neurodevelopmental disorders. The psychopharmacological treatment of alcohol use disorder during pregnancy is a challenge, given the limited evidence.
Conclusions: The main guidelines recommend total alcohol abstinence as no safe amount to consume has been identified. Stopping alcohol consumption during pregnancy is the only effective way to eliminate the risk of complications associated with this substance. A focus on early prevention and identification is essential, as well as, when necessary, referral for specialized treatment.

Disclosure of Interest: None Declared

EPV2026

What predicts willingness to engage in consensual non-monogamous relationships? A study among Italian emerging adults

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Introduction: Consensual non-monogamous relationships (CNM) are characterized by a diversity of approaches to intimate

relationships, diverging from the traditional monogamous model and exploring new possibilities. CNM relationships include forms such as polyamory, open relationships, and swinging. There are no official and systematic epidemiological data on CNM relationships in Italy; however, these relationships have recently gained more visibility due to social media, support groups, and open discussions about relationship diversity that are slowly emerging in a country whose culture is traditionally influenced by Catholicism and conservative social norms.
Objectives: Most research focuses on discrimination against individuals involved in CNM, while the factors underlying people's engagement in such relationships are overlooked. This study aims to investigate predictors of willingness to engage and actual engagement in CNM among Italian emerging adults. Specifically, based on the Theory of Planned Behavior (Ajzen, 1991), we examined the role of perceived social norms and perceived behavioral control, as well as other predictors already tested in previous research.
Methods: Participants completed an online questionnaire examining factors such as gender, sexual orientation, willingness to engage in CNM relationships (WECNM; Moors et al., 2015; 6 items), avoidant and anxious attachment style (ECR-S; Wei et al., 2007; 12 items), erotophilia (ATP; Johnson et al., 2015; 5 items), social norms (PSN; custom scale, 4 items), perceived behavioral control in CNM relationships (PBC; custom scale, 2 items). Data were analyzed using SPSS, applying multiple linear regression.
Results: The sample consists of 667 emerging adults (M_{age} = 23.29; age range: 18 – 30) with diverse sexual orientations and gender identities. Of these, 535 participants are involved in monogamous relationships, 65 in polyamorous, and 67 in open relationships. In line with our hypotheses, results show that social norms, perceived behavioral control, non-heterosexual orientation, and cisgender male identity are significant predictors of both the willingness to engage in and the commitment to consensual non-monogamous relationships. Avoidant attachment style, as well as erotophilia, predict the predisposition but not the actual commitment to CNM.
Conclusions: The results contribute to a deeper understanding of CNM relationships in the Italian context by identifying some individual and social factors related to openness and involvement in CNM relationships. This provides preliminary evidence of the utility of the Theory of Planned Behavior in understanding this type of relationship. Moreover, the significant number of individuals involved or interested underscores the importance of considering relationship diversity in future research and social policies, with the aim of promoting greater acceptance and inclusion.

Disclosure of Interest: None Declared

EPV2027

Nutrition and functional compounds of traditional foods in migrant women with schizophrenia: A systematic review

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Introduction: Several studies have reported that high fruit and vegetable consumption is associated with increased life expectancy. In migrant populations, lifestyle habits are modified in the process of acculturation.
Objectives: Our aim was to review the diversity/functional compounds of food groups in Latin American, African, Asian and European cultures. In a second step, we aimed to review the dietary patterns for migrant women with schizophrenia.
Methods: A two-stage systematic review was conducted using the PubMed and ClinicalTrials.gov databases (2004-2024). The first part included studies reporting information on food and nutrients in adult populations from the nationalities with the highest prevalence of women with schizophrenia attending the Mútua Terrassa Functional Unit for Women with Schizophrenia (Dominican Republic, Venezuela, Ecuador, Morocco, Senegal, Romania and Pakistan). In a second part papers focused on food consumption among migrant women with schizophrenia.
Results: A total of 87 studies were included from a total of 21,306 records screened. First part: (1) Latin America (n=32). Outcomes: food choice trajectories for dietary acculturation, barriers and facilitators for fruit and vegetable consumption (antioxidant effects of polyphenols), fruit/tubers/legumes traditionally consumed. (2) Africa (n=25). Regular consumption of oils, changes in medications during the holy month of Ramadan, anti-inflammatory effects of species. (3) Europe (n=17). Antioxidant properties of phenolics in mushrooms, and polyphenols in berries. (4) Asia (n=13). Women more vegetables, fruit and fish. Second part: Dietary intake of vitamin C, niacin, and folate reduced in schizophrenia. Few studies in women with schizophrenia.
Conclusions: Nutritional intervention programmes for migrant women with schizophrenia should pay attention to biocultural heritage and traditional antioxidant/anti-inflammatory foods.

Disclosure of Interest: None Declared

EPV2028

Unveiling the Mary Wollstonecraft's Self: A Psychoanalytic Reading of "Mary: A Fiction"

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Introduction: We can learn a great deal about the power of writing to vanquish the worst forms of psychological trauma by looking closely at Mary Wollstonecraft in the second half of the eighteenth century. Mary Wollstonecraft wrote a Vindication of the Rights of Woman (1792), which is considered by many to be the most important work in feminist thought. Her literary impact went far beyond this foundational work. With the publication of Wollstonecraft's first semi-fictional autobiography, *Mary: A Fiction* (1787), we can see how her personal life did not follow conventional rules either. Her dedication to individual freedom and social progress was not limited to women. Her own personal life history

significantly shaped her influential stance on women's equality. She was a pioneering advocate for women's equal treatment to men.
Objectives: This presentation aims to explore how 'the author,' Mary, coped with her own life traumas by going beyond the era of her time. By examining her real-life reflections of her fictional characteristics through the lens of psychoanalytic formulations, we seek to gain deeper insights into her inner self and coping mechanisms.
Methods: We critically analyzed *Mary: A Fiction* from a psychoanalytical and literary perspective. By connecting each real-life trauma with its fictional retelling, we uncover Mary's liberation.
Results: Self-analysis refers to Freud's exploration and examination of his own psyche, emotions, thoughts, and behaviors in order to gain insight into the unconscious processes that influenced his behavior. In *Mary: A Fiction*, Mary Wollstonecraft wrote her autobiography as a way of her 'self-analysis' in order to erase her family's repression of her ego. In this work, she explores a solitary and challenging self-analytical journey to address the erasure of her identity enforced by her family's adherence to her mother's martyrdom to the role of women. Through this process, she constructs a narrative of anger and righteousness to replace the previously "unspeakable" narrative of submission. In his *Memoirs of Mary Wollstonecraft*, Mary's husband, William Godwin, locates the sadomasochism of her parents', Elizabeth and Edward John's patriarchal marriage, as foundational. In response to this trauma, Mary kills off her brother, mother, and father in the first seven chapters of *Mary: A Fiction*. Once her family is erased, so is their erasure of her. Mary can cast off her guilt and give herself the tools to "work through" the traumas of : her tyrannical, abusive, favored brother; the blows of her alcoholic father, and her family's adherence to her mother's martyrdom. These were the traumatic cornerstones for Mary's pain and repressed rage.
Conclusions: Writing a fictional biography based on one's own life story is a remarkable example of how unresolved conflicts in real life can be reprocessed and lead to eventual healing, similar to the work done in psychoanalysis.

Disclosure of Interest: None Declared

EPV2029

Sexual violence among Tunisian women and marital satisfaction: which association?

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Introduction: Domestic violence is a scourge that continues to spread, destroying family ties and increasing the prevalence of divorce in our Arab-Muslim societies. In our culture, women often find it hard to disclose domestic violence in general, but what about sexual violence? It's the most under-reported form of violence in Tunisia. However, few studies have focused on sexual violence in the Tunisian context, or on the psychological repercussions of this form of violence.
Objectives: To determine the prevalence and describe the different forms of sexual violence perpetrated by husbands against their wives and to evaluate marital satisfaction and its relation with sexual violence.
Methods: This is a descriptive and analytical cross-sectional study of 122 married women who consulted for medical expertise following domestic violence.
An anonymous survey was asked to these ladies. It included a section for collecting socio-demographic and clinical data on the woman and her partner, and a section for assessing the various forms of sexual violence.
We used the Azrin scale to evaluate marital satisfaction.
Results: One hundred and twenty-two women victims of domestic violence were included in our study. Their average age was 35.66 years, it oscillates between 18 and 64 years. A family history of domestic violence was found in 32.8% of women (N=40). The battered family member was the mother in 41.5% of cases.
A history of childhood sexual abuse was found in 14.8% of women (N=18).
Half of the women (53.3%; n=65) were victims of sexual violence. Different types of sexual violence were reported with decreasing prevalence: forced intercourse (36.1%), unwanted intercourse (15.6%), unusual type of intercourse (31.1%) and pain during intercourse (4.9%).
Seventy-one percent (N=87) had poor marital satisfaction. On multivariate analysis using binary logistic regression, we found that sexual violence: an unusual type of relationship (p=0.04; OR=4.62) and the presence of psychological distress (p=0.04; OR=2.63) were independent factors associated with poor marital satisfaction.
Conclusions: Our study suggests that more attention should be provided to women victims of domestic violence in order to detect any form of sexual violence and provide them with the necessary psychological support.

Disclosure of Interest: None Declared

EPV2030

Navigating Infertility: How Tunisian Men and Women Cope Differently

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Introduction: Infertility is a significant source of emotional stress for couples worldwide. In Tunisia, it affects approximately 15 to 20% of couples of reproductive age. Studies indicate that women experience higher rates of depression (35% vs. 15%) and anxiety (52% vs. 28%) compared to men, largely due to cultural pressures. For these reasons, understanding these gender differences in coping mechanisms is essential.
Objectives: To analyze the coping styles of infertile couples and identify gender differences in coping mechanisms to inform tailored psychological support.
Methods: We conducted a cross-sectional study involving couples undergoing infertility treatment at a specialized Assisted

Reproductive Technology center inTunis. The participants provided information related to socio-demographic data. Coping strategies were assessed using the Brief Cope scale administred in the Tunisian dialect. These strategies were classified into three categories: problem-focused, emotion-focused, and avoidant coping.
Results: A total of 60 infertile couples participated in the study. The average age of men was 41.1±6 years, while the average age of women was 35.07±4 years. Among them, 68% resided in urban areas, and 73% were from a middle socioeconomic background. Educationally, 47% of women held a university degree, compared to 17% of men. Approximately half of the women were unemployed, while 52% of men were employed.
Problem-focused coping emerged as the most frequently utilized strategy (5.93±1.02), followed by emotion-focused coping (5.32 ±0.82) and avoidant coping (3.95±0.70).
Women significantly employed problem-focused and emotion-focused strategies more than men ($p=0.017$; $p<0.01$). They also scored higher in emotional support, expression of feelings, active coping, planning, and religious coping ($p<0.05$; $p=0.01$). Conversely, men displayed a greater inclination towards acceptance, distraction, and substance use.
Conclusions: In conclusion, addressing gender-specific coping strategies is essential for providing effective psychological support to infertile couples. Healthcare professionals should promote problem-focused coping to help couples actively manage their challenges.

Disclosure of Interest: None Declared

EPV2031

Home treatment in acute postpartum psychosis: a case report

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Introduction: Postpartum (or puerperal) psychosis is a severe mental health condition about which there is little literature, which recommends measures to prevent separation between mother and baby in the acute crises, such as home treatment. However, there is a lack of published experiences on the subject. Here we present the case of a 36-years-old woman with this diagnosis successfully treated under a home treatment, and with history of one previous hospital admission in a conventional inpatient psychiatric care unit for the same diagnosis.
Objectives: To show the specific advantages of home treatment over conventional hospitalization in acute conditions that are particularly difficult for the family environment, like the postpartum psychosis.
Methods: A case report is presented alongside a qualitative analysis of the perceived experience, based on a brief semi-structured interview with the patient.
Results: The patient's own comparative experience shows less interference in the development of mother-child care and greater satisfaction under the home treatment model.
Conclusions: This case helps to support home treatment as a better way of acute management of postpartum psychosis, compared to conventional hospitalization, and invites to further research on the topic.

Disclosure of Interest: None Declared

EPV2032

Late-Onset Puerperal Psychosis: A Case Report and Challenges in Treatment Decisions

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Introduction: The perinatal period is a vulnerable time for women, with specific risk factors for mental health issues. Puerperal psychosis typically presents within the first month postpartum, although the perinatal period extends through the first year after delivery. This condition is understudied, and its nature and pathophysiology remain subjects of debate.
Objectives: To describe a case of late-onset puerperal psychosis, highlighting the challenges in decision-making regarding medical approach.
Methods: A clinical case report and a non-systematic review of the literature.
Results: A 39-year-old woman was brought to the Emergency Unit by her relatives due to paranoid delusions that her partner and in-laws were attempting to poison her. She had previously sought mental health care only once, as an adolescent, for anxiety symptoms following her parents' divorce. She is the mother of a 5-year-old child and a 10-month-old infant, with no reported complications during pregnancy or delivery.
The patient reported experiencing strange occurrences over the preceding 10 days, beginning during a family vacation when she became suspicious of the food and the organization of meals. She believed her in-laws were poisoning her and expressed concern about transmitting poison to her infant through breast milk. Upon returning home, these fears intensified, extending to suspicions that her husband, mother, and sister were involved. She had drastically reduced her food intake the prior days before consulting, her appearance was malnourished and disheveled.
Further psychopathological exploration revealed delusional beliefs centered on being poisoned and potentially poisoning her baby through breastfeeding. These delusions were accompanied by confusion, perplexity, and heightened anxiety. She denied experiencing hallucinations and had no thoughts of harm toward herself or others.
Low-dose olanzapine treatment was initiated and outpatient management was initially chosen to minimize disruption to her role as a mother, in accordance with the patient's preference and the presence of family support. However, hospitalization ultimately became necessary, resulting in complete resolution of psychotic symptoms after 14 days, with olanzapine titrated to a higher dose (20 mg per day).
Conclusions: Puerperal psychosis is a complex condition with potentially severe consequences for both maternal and infant health, including disruptions in mother-child bonding. This case underscores the need for further research and resource allocation in this area. Specifically, the development of more psychiatric mother-

baby units could help prevent unnecessary separations, promote bonding, and provide opportunities for early parenting interventions.

Disclosure of Interest: None Declared

EPV2033

Mental health approach to premenstrual dysphoric syndrome: case series

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Introduction: Six clinical cases of patients with premenstrual dysphoric syndrome treated in Mental Health with SSRIs are presented.

Objectives: The aim is to briefly review the pharmacological approach to premenstrual dysphoric syndrome through the presentation of a series of cases.

Methods: Six cases of female patients are presented, with a mean age of 35.4 years, two of whom were nulliparous. All of them had no history of mental health problems. They had regular cycles and had no relevant medical or gynecological history. They reported that for the last three years they had been more irritable, emotionally labile, feeling apathetic and sad, with difficulties in concentration and a feeling of loss of self-control, which made interpersonal relationships difficult, especially at work.

The patients denied that they had previously experienced these symptoms throughout their lives.

Analyses were carried out, with estrogen and progesterone levels, without obtaining significant alterations.

The MADRS and HAMILTON scales were administered to all of them on the 14th day of the cycle, as well as on the 5th day of the cycle. A mean of 9.2 was obtained on the MADRS on the 5th day of the cycle, compared to 15.6 on the 14th day, while the HAMILTON obtained a score of null-mild anxiety on the 5th day and moderate anxiety on the 14th day.

Results: After this comparison, treatment with fluoxetine at a dose of 20mg DMD was started only from the day of ovulation to menstruation, withdrawing this treatment for the rest of the cycle. Again, both scales were compared and the results obtained were more similar on the 5th and 14th day of the cycle.

Conclusions: To avoid hormonal treatment and thus the moderate side effects it presents, premenstrual dysphoric syndrome can be treated by taking SSRIs at low doses, only for 15 days of the cycle.

Disclosure of Interest: None Declared

EPV2036

Subjective anxiety and depression in a sample of pregnant women with panic disorder

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Introduction: Panic disorder and depression during pregnancy are significant mental health concerns that can adversely affect both maternal and fetal well-being. Prompt recognition and management of these conditions through early screening are essential, not only for maternal health but also for the neuropsychological development of the child.

Objectives: This study aims to assess anxiety and depression in pregnant women diagnosed with panic disorder, utilizing both objective and subjective measurement tools while integrating patient perspectives.

Methods: The study included pregnant women with a confirmed diagnosis of panic disorder, evaluated in an outpatient setting (N=40). The participants were divided into three groups: (1) those with panic disorder (42.5%), (2) panic disorder with agoraphobia (20.0%), and (3) panic disorder with depression (37.5%). Objective measures such as the Hamilton Depression Rating Scale (HAM-D) and the Hamilton Anxiety Rating Scale (HAM-A) were used, along with self-reported scales, including the Hospital Anxiety and Depression Scale (HADS-A/HADS-D). Statistical methods, including descriptive analyses, the Student's t-test, One-way ANOVA, and multiple linear regression, were employed. Ethical approval was obtained for the study.

Results: Most participants were in their first pregnancy (77.5%) and had no prior psychiatric history (75%). Depression scores, measured by HADS-D ($F(2, 37) = 6.05$, $p = .005$, $\omega = .20$) and HAM-D ($F(2, 37) = 5.71$, $p = .007$, $\omega = .19$), were significantly higher in patients with depression compared to those with panic disorder, with or without agoraphobia. Higher gestational age was also associated with increased self-reported depression ($p = .002$, $R^2 = .324$, $F(6) = 2.632$, $p = .034$). Anxiety, as measured by the HADS-A scale, was significantly higher in the panic disorder group ($F(2, 37) = 71.12$, $p < .01$, $\omega = .78$) than in the agoraphobia and depression groups. No significant differences were found between the groups on the HAM-A scale ($p > .05$).

Conclusions: Proper identification of anxiety and depression during pregnancy is essential, as these conditions can negatively affect maternal functioning and quality of life. Moreover, they may hinder the mother's ability to care for her infant postnatally. Utilizing both objective and subjective tools to assess anxiety and depression can improve diagnostic accuracy. Recognizing depression as a distinct domain in cases of anxiety disorder during pregnancy is also crucial for targeted intervention.

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EPV2038

Assessing Personality Traits in Transfemales: A Comparative Analysis with Gender-Affirming Males and Females Using a Binary Logistic Regression Model

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Introduction: Transgender healthcare has increasingly gained importance, particularly in understanding how individuals align with their affirmed gender in various physiological and sociological aspects. Transfemales, individuals assigned male at birth who transition to female, represent a group that is less studied in gender research. There remains uncertainty regarding the degree of similarity transfemales exhibit to cisgender males or females post-transition. This study aims to address this by using a binary logistic regression model to compare transfemales with gender-affirming males and females.
Objectives: The primary objective of this study is to determine whether transfemales are more similar to gender-affirming males or gender-affirming females. Using a binary logistic regression model previously validated on a cohort of transmales, we aim to categorize transfemales based on personality traits.
Methods: A binary logistic regression model, initially developed to distinguish between gender-affirming males and females, was applied to a dataset that included transfemales. The model was trained using characteristics of cisgender males, females and transgender participants. The dataset included 108 gender-affirming males, 260 gender-affirming females, 142 transmales and 20 transfemales, ages 15-25, from Europe. The primary outcome was the classification of transfemales into the male or female categories according to personality trait assessment, using the regression function trained on the gender-affirming cohort.
Results: The binary logistic regression model categorized the vast majority of transfemales as females, with a classification accuracy close to that of gender-affirming females being categorized as female. Specifically, **85%** of transfemales were classified as female, which is slightly lower than the **93%** classification accuracy for gender-affirming females but significantly higher than the **34%** classification accuracy for gender-affirming males being categorized as female. Detailed results are presented in the attached table.

Group	Number of Participants	Classified as Female (%)
Gender-Affirming Males	37	34%
Gender-Affirming Females	242	93%
Transfemales	20	85%

Conclusions: The results suggest that transfemales are more similar to gender-affirming females than to gender-affirming males in their personality traits based on the binary logistic regression model. However, caution must be exercised when interpreting these findings due to the limited sample size of transfemales (n = 20). Furthermore, the predictive accuracy of the model was modest, highlighting the need for further research with larger and more diverse datasets. These findings contribute to the understanding of gender identity and its alignment with personality traits, yet emphasize the complexity of such classifications in transgender populations.

Disclosure of Interest: None Declared

EPV2041

PROMP study: Effects of antidepressants during pregnancy, a retrospective cohort (2006-2018)

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Introduction: Limited research has been done regarding antidepressant use during pregnancy. Current insights show that a higher daily-dose equivalent of maternal SRI during pregnancy is associated with lower birthweight. Additionally, also large-scale registry studies show that prenatal antidepressant exposure is associated with small decreases of pregnancy duration and birthweight, and a higher risk for preterm birth, decreased birthweight, neonatal hospitalization and postnatal neonatal withdrawal symptoms. In these studies, no differences were found regarding PPHN (Persistent Pulmonary Hypertension of the Newborn) and congenital abnormalities. Thus far, research has been done on a general population level. This study is aimed at a specific high risk population group, which makes this study much more relevant for clinical practice.
Objectives: Gain insight into the effects of antidepressants during pregnancy and how they are prescribed. Specifically, the effects on birthweight and pregnancy duration, and whether the antidepressants are prescribed according to the daily-dose equivalent and are prescribed on-label.
Methods: This is a retrospective clinical cohort consisting of women who between 2006 and 2018 gave birth in the Erasmus MC University Hospital, because of a medical or psychiatric referral. All women were treated by the multidisciplinary pregnancy and psychiatry outpatient clinic in the Erasmus MC, were diagnosed with a DMS diagnosis, and for this specific study were selected for antidepressant use. Birth weights were categorized against the Dutch Perined birth registry. We estimated the association of pregnancy duration with the daily-dose equivalent.
Results: Of the 1372 births from mothers with a DSM diagnosis, 323 unique births were selected for antidepressant use during pregnancy. No effects were found regarding birthweight and pregnancy duration. There was a non-significant effect on birthweight: Kruskall-Wallis test statistic (3): 0,962, with a p-value of 0,810. And a non-significant effect on pregnancy duration using linear regression: standardized beta: -0,028, with a p-value of 0,654. The antidepressants, which included SSRIs, SNRIs, and TCAs, were described off-label in 26% of the cases. As a whole, the antidepressants were prescribed lower than the daily-dose equivalent, with a total average of 0.69.
Conclusions: The fact that no effects were found on the use of antidepressants in women with a DSM-diagnosis on birthweight and pregnancy duration, is a reassuring finding. Certainly when taking into account the previous studies, that showed lower birthweights and higher risk for pre-term birth when using antidepressants during pregnancy. This might affect how antidepressants will be prescribed for pregnant women in the future. It is however remarkable, that antidepressants aren't always prescribed on-label, and not always according to the recommended daily-dose.

Disclosure of Interest: None Declared

EPV2042

Variations in the evaluation of the Edinburgh Postnatal Depression Scale in different psychotic states and language versions

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Introduction: Patients with postpartum depression may have an increased risk of developing schizophrenia or bipolar affective psychosis. Conversely, women with schizophrenia may have a higher risk of developing depression during the perinatal period, which could be screened using the EPDS. The presence of cutoff effects complicates the statistical analysis of the Edinburgh Postnatal Depression Scale (EPDS). Sensitivity and specificity, two key parameters, cannot be treated as independent variables in such cases. To improve the precision of EPDS evaluations across different populations, versions with multiple cutoff points are preferable. While linear regression correlations may produce statistically significant results, they can be misleading when nonlinear relationships are present. In these instances, alternative statistical methods are recommended, such as hierarchical (Bayesian) models, bivariate (random effects) models assuming normal distribution, and joint modeling of sensitivity and specificity. Additionally, models with multiple cutoff values for sensitivity and specificity are particularly useful.
Objectives: This study aims to review the literature and assess the validity of the EPDS in its various language versions and across different psychotic states.
Methods: The literature data on the EPDS, across different language versions and psychotic states, was statistically analyzed, focusing on specificity, sensitivity, and the influence of cutoff thresholds.
Results: The analysis of 42 pairs of sensitivity and specificity data using linear regression showed a statistically significant moderate negative correlation (Pearson's $r = -0.4342$, $p = 0.0018$). Visual aids such as the histogram and Q-Q plot indicated the absence of normal distribution, confirmed by formal normality tests. The normality test results were as follows: Kolmogorov-Smirnov: $D(84) = 0.135$, $p<0.001$; Shapiro-Wilk: $W = 0.817$, $p<0.001$.
Conclusions: The Kruskal–Wallis one-way ANOVA test revealed statistically significant differences among the three variables (sensitivity, specificity, and cutoff threshold), with a test statistic of $H(2) = 79.647$, $p<0.001$. The Receiver Operating Characteristic (ROC) curve is widely regarded as the most reliable tool for representing the relationship between sensitivity, specificity, and cutoff thresholds across different language versions of the EPDS. These variations account for cultural and national characteristics, which play a significant role in the scale's overall validity.

Disclosure of Interest: None Declared

EPV2043

Investigating the experience of transgender inmates: a systematic review of qualitative studies

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Introduction: Research on transgender issues has significantly advanced in recent years, yet transgender individuals in correctional facilities (CF) remain an overlooked and vulnerable population. Transgender inmates (TGI) within CF face intersectional and systemic challenges, particularly concerning housing placement, access to gender-affirming treatments, and mental health support.
Objectives: This systematic review of qualitative studies aims to explore the experience of TGI in CF.
Methods: Medline, Embase, Scopus, PsychInfo, and CINAHL were searched for studies on TGI in CF published until 31 December 2023. Qualitative studies capturing the voices of TGI detained in CF at the time of data collection were eligible for inclusion. Two independent reviewers extracted key constructs (researcher interpretations) and narratives (participant voices), categorizing them into labels and analytical themes. Intensity (I) and frequency (F) were calculated for each theme as the proportion of labels and studies associated with that theme, respectively. Following a socio-constructivist approach, a meta-synthesis was performed to create a new conceptual framework capturing the subjective experiences of TGI in CF. The study was registered with PROSPERO, CRD42023456340.
Results: From 641 studies initially identified, 33 full texts were analyzed, leading to a selection of 13 qualitative studies of TGI in CF. Ten main themes emerged, based on 537 coded labels: (1) feelings and identity (F:92.3%, I:29.1%); (2) mental and physical violence (F:84.6%, I:12.5%); (3) social issues and connections (F:76.9%, I:11.0%); (4) housing (F:76.9%, I:10.2%); (5) mental and physical health (F:61.5%, I:8.8%); (6) discrimination (F:53.8%; I:6.9%); (7) therapy (F:46.1%, I:6.2%); (8) definition and language (F:38.4%, I:11.6%); (9) coming out (F:38.4%, I:2.6%); (10) expectations (F:15.3%, I:1.3%). These findings inform the proposed Safety Model, a new framework for understanding TGI experiences in CF.
Conclusions: CF, as a total institution, with binary and heteronormative characteristics, often fails to ensure the safety of TGI. This review underscores incarceration as a significant social determinant of health for TGI. A comprehensive policy reform and targeted staff training should be promoted to foster inclusive and supportive correctional environments and improve the safety and health of TGI.

Disclosure of Interest: None Declared

EPV2044

Perinatal grief, emergency evaluations: about a case

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Introduction: Perinatal grief is the process that occurs after the loss of a baby, either during pregnancy or during the period immediately before or after childbirth (up to a year). In recent years, the increase in specific training and development of programs focused on perinatal mental health has facilitated the creation of specific action protocols. The case of a 38-year-old woman who suffers a gestational loss during the third month of pregnancy is explored. The presence of personal and family antecedents that suppose risk factors for the adequate elaboration of the duel, raise doubts about the handling of the case.
Objectives: This work has several objectives, including reviewing the published literature on perinatal bereavement in an emergency situation and, on the other hand, presenting a case.
Methods: A bibliographic search has been carried out in the main sources of medical information such as pubmed, uptodate as well as in national and international journals. Likewise, the knowledge and clinical experience of the team has been reviewed in order to expose its own experience in this field, defining specific interventions as well as results.
Results: On evaluation, the patient was conscious and oriented to person, time, and space. Approachable and cooperative. Overall calm, although with intermittent crying. Low mood reactive to vital situation, without apathy, apathy, or anhedonia. No previous episodes of hypomania or mania. Not another major affective clinic. Fluid and coherent speech, formally well constructed without glimpse alterations in the course or content of thought. She denied sensory- perceptual alterations, without showing a listening attitude, or suspicion or any other psychotic or dissociative symptoms. She denied ideas of self-harm, death or self-harm, presenting an adequate request for help and coherent and realistic future plans. Altered biological rhythms with insomnia of three days of mixed pattern evolution, preserved appetite. Judgment of reality preserved.
The grief reaction is an experience that must be normalized after the loss of a loved one. However, given the risk factors presented by the patient, preventive management is established in the face of possible complicated perinatal grief. A new appointment is established in less than 10 days to reassess the case with the perinatal mental health team.
Conclusions: Perinatal mental health is an area of knowledge that could provide assistance to mothers, fathers and family systems plunged into a crisis of perinatal grief.
Prevention in situations of possible complicated perinatal mourning is no less important than treatment when the disorder is already established.

Disclosure of Interest: None Declared

EPV2045

"Girls Questionnaire for Autism Spectrum Condition" as a screening protocol - pilot study

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Introduction: Currently, we see an increase in the identification and diagnosis of girls with Autism Spectrum Disorder (ASD) over the years, but where are these girls, now adult women, in the Brazilian population? There are barriers that delay and prevent early diagnosis and intervention in women with ASD, such as active attempts to camouflage or mask the signs of ASD in challenges related to social situations. It is known that people with ASD have high rates of depression, self-harm, and suicidal thoughts, which are exacerbated by difficulties in accessing treatment, professional, and family support. In this sense, obtaining the correct diagnosis and treatment for women with ASD is a challenge, as the measures developed and validated are primarily based on male samples and may not be sensitive to the female autism phenotype. With this in mind, the use of screening protocols is a tool that could minimize these impacts, improve quality of life, and drastically change the referral pathways for adult women with ASD.
Objectives: To present the results of the use of the Girls Questionnaire for Autism Spectrum Condition (GQ-ASC) protocol.
Methods: The screening questionnaire, Girls Questionnaire for Autism Spectrum Condition (GQ-ASC), developed by Brown et al., 2020, was used. In this study, a freely translated version was used, as there is no cross-cultural adaptation to Brazilian Portuguese. The questionnaire was sent via an online form, where participants who accepted the Informed Consent Form had access to the GQ-ASC. The study was approved by the Research Ethics Committee under protocol 65890317.9.0000.0065. The questionnaire consists of 21 items, assessed on a 4-point Likert scale (1=Strongly Disagree, 2=Disagree, 3=Agree, 4=Strongly Agree) that evaluate specific clinical characteristics of ASD presentation in adult females across five dimensions: imagination and play, camouflage, sensory sensitivity, socialization, and interests. At the end, the scores are summed, with a total score above 56 indicating a high level of autistic traits, with 80% sensitivity in the author's studies.
Results: 31 women with self-reported ASD diagnoses responded to the questionnaire. The average age was 24.09 years, 80.64% identified as white, 61.29% reported incomplete higher education, and 22.58% postgraduate education, 25.80% identified as bisexual, and 25.80% as heterosexual. For the GQ-ASC questionnaire, 83.87% of the participants scored above 56, with an average final score of 64.12 and a standard deviation of 7.95.
Conclusions: The results of the pilot study demonstrated that the final score of the GQ-ASC corroborates the self-reported diagnosis of ASD in adult women. The GQ-ASC can be considered a screening tool for this population, requiring cross-cultural adaptation to Brazilian Portuguese and validation so that more research and refinement of this tool can improve the quality of life for these women.

Disclosure of Interest: None Declared

EPV2046

Marriage Reluctance Among Tunisian Women: Myth or Reality?

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Introduction: In recent years, Tunisia has observed a notable decrease in marriage rates, with a 36% drop in marriage contracts. This decline has been linked to post-independence reforms, modernization, the influence of tourism, media, foreign languages, rapid communication, and international migration, which have transformed values and behaviors related to marriage and family. However, it remains to be determined if the reluctance of women toward marriage is the primary cause of the decrease in marriage rates, or if other factors, such as socioeconomic conditions and male migration, are also contributing to this decline.
Objectives: To determine if women are reluctant to marry.
Methods: A cross-sectional study was conducted with Tunisian women using a questionnaire distributed via Google Forms and social media.
Results: The study included 138 women with 121 women being not married at the time of the study. Only not married women were part of the study. The age range of the participants was from 20 to 40 years with a majority in the age range between 20 and 25 years. The majority of the participants had a university-level education (88%), came from an urban background, were active (99%); 64% were employed, 28% were university students and 7% were high school students. Interest in a serious relationship and openness to marriage was expressed by 65% of the women. 30% of women who are open to marry, reported that they are unable to find a suitable partner. Among the cases, 1.3% women were homosexual, and the lack of same-sex marriage legislation in our country was the reason they had not yet married. Additionally, 1.3% of the women admitted to having a disability or deformity, which they perceived as a challenge for a potential partner. In 16% of cases, the women expressed that economic difficulties are the reason, as they and their partners are unable to cover the costs of the wedding ceremony. However, 31% of these women reported that they are not affected by social pressure regarding marriage.
Conclusions: The study indicates that reluctance to marry among Tunisian women is influenced by multiple factors rather than being a single cause. While 65% of participants expressed interest in serious relationships or marriage, challenges such as difficulty finding a suitable partner, economic constraints, lack of same-sex marriage legislation and personal disabilities or deformities contribute to the observed decrease in marriage rates. However, some women remain unaffected by social pressure. This suggests that the decline in marriage rates is a multifaceted issue, involving a combination of personal, economic, and legislative factors rather than a singular reluctance to marry.

Disclosure of Interest: None Declared

EPV2048

Mental disorders in the peripartum period: A review

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Introduction: Perinatal mental illness refers to all psychiatric disorders that occur during pregnancy and up to one year after childbirth. For a long time, pregnancy was believed to be a protective factor for women, representing a period of emotional well-being. However, research has shown that pregnancy does not shield women from the onset or persistence of psychiatric disorders. Instead, it poses a risk factor. The mother's mental state directly influences the cognitive, emotional, behavioral, and physical development of the child. Mothers experiencing mental health issues during this critical period may struggle with bonding with the baby, and these difficulties might persist even after the resolution of the triggering mental disorder. Hence, early diagnosis and treatment are crucial.
Objectives: The objective of this study is to review the available evidence on mental disorders in the peripartum period, focusing on the most common ones (postpartum blues, postpartum depression, and postpartum psychosis). Additionally, we will discuss data regarding the most severe consequences, such as maternal suicide and filicide.
Methods: A systematic literature review was conducted, analyzing documents published in various scientific journals with online publications.
Results: The prevalence is high; depending on the studies, between 15-20% of women experience some form of treatable pathology during pregnancy and postpartum. We will discuss postpartum blues, postpartum depression, and postpartum psychosis. Postpartum blues are characterized by transient mood disturbances (spontaneous relief within 2-3 weeks) occurring between the first day and the third week postpartum. Symptoms include emotional lability, episodes of crying, sadness, anxiety, irritability, fatigue, and mild depressive mood. Postpartum depression is a clinical syndrome characterized by moderate to severe depressive symptoms lasting longer than postpartum blues and significantly impacting family life. It begins within the first 4 weeks after childbirth, although some studies date it between 6-7 weeks postpartum. Prevalence ranges from 5-15%. The term postpartum psychosis refers to an acute psychotic episode starting between 4-6 weeks after childbirth. Its prevalence in the general population is 0.1-0.2%, rising to 20-25% in individuals with personal or family history of affective disorders.
Conclusions: Perinatal mental disorders are a public health problem with high prevalence, associated with complications in maternal health, pregnancy, neonatal outcomes, mother-infant bonding, and neonatal neurodevelopment. The perinatal period increases the risk of relapses in women with severe mental disorders and the onset of mental disorders.

Disclosure of Interest: None Declared

EPV2050

Adaptation Study of the Genital Appearance Satisfaction Scale into Turkish

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Introduction: As a result of dissatisfaction with genital appearance, even the most intimate genital organs have become open to change, leading to the emergence of female genital cosmetic surgery (FGCS). Although there is known to be a significant increase in the number of women seeking these procedures, the psychosocial aspects and motivations of women undergoing these procedures are not fully understood. It is believed that satisfaction with genital appearance is related to body satisfaction, self-esteem and the importance placed on appearance. Many women are known to have negative perceptions regarding their genital organs.
Objectives: Given the lack of research on the subject in our country and the need to better understand women's perceptions of their own genital appearance, the primary aim of this study is to examine the validity and reliability of the Genital Appearance Satisfaction Scale in Turkish women. In this context, it is planned to conduct the Turkish adaptation of the "Genital Appearance Satisfaction Scale" in order to identify the factors contributing to the development of genital appearance dissatisfaction in women and to determine the current state of the issue.
Methods: The research is a descriptive, methodological and cross-sectional study. The population consists of women aged 18-65 and data were collected through a web-based survey. First, the scale was translated from English to Turkish and after evaluation by experts, it was back-translated. The translations were compared and presented for expert opinion. The scale was created by applying content validity. To test the clarity of the items, a pilot study was conducted and the final version of the scale was formed. The data obtained from the research were analyzed using SPSS 24 with descriptive statistics, analyses required for psychometric standardization (item correlations, factor analysis, internal consistency coefficient, etc.), comparison and correlation statistics. The construct validity of the scale was tested using confirmatory factor analysis with the AMOS program. The test-retest measurements of the scale were tested with a paired t-test and correlation analysis.
Results: A reliability analysis was applied to the scale, and the Cronbach's Alpha coefficient was found to be 0.83. The Cronbach's Alpha values for the subscales were calculated as follows: 0.88 for the "Genital Appearance" subscale, 0.85 for the "Impact of Genital Satisfaction on Daily Life" subscale, and 0.85 for the "Impact of Genital Satisfaction on Sexual Life" subscale.
Conclusions: The fit indices calculated via confirmatory factor analysis showed that the scale is acceptably compatible with the previously identified factor structure. When the standardized coefficients were examined, it was found that the factor loadings were high, standard error values were low and t-values were significant. These results confirmed the construct validity of the previously identified factor structure.

Disclosure of Interest: None Declared

EPV2051

The Relationship Between Internalized Homophobia, Social Anxiety, and Psychological Resilience in Lesbian, Gay and Bisexual Individuals

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Introduction: Lesbian, gay, and bisexual (LGB) individuals with high psychological resilience are less likely to experience minority stress and mental health issues. This study will investigate the role of psychological resilience in the relationship between internalized homophobia and social anxiety among LGB individuals.
Objectives: LGB individuals experience higher levels of social anxiety compared to heterosexual individuals. This is due to internalized homophobia, a result of minority stress. Psychological resilience is a significant factor that determines LGB individuals' ability to cope with these challenges. This study aims to determine the levels of internalized homophobia, social anxiety, and psychological resilience in LGB individuals and to examine the relationships between these concepts. Additionally, the study will investigate the mediating role of psychological resilience in the impact of sociodemographic and clinical characteristics of LGB individuals on internalized homophobia and social anxiety.
Methods: The study used a cross-sectional design to survey 131 LGB individuals. Participants were recruited through snowball and purposive sampling. Data was collected using sociodemographic and clinical questionnaires, the Internalized Homophobia Scale, Liebowitz Social Anxiety Scale, and Adult Resilience Scale.
Results: Gay individuals exhibited significantly higher levels of psychological resilience and lower levels of social anxiety compared to lesbian and bisexual individuals. Factors such as younger age, lower socioeconomic status, unemployment, female gender, suicide attempts, seeking psychological support and partial disclosure of sexual orientation were associated with higher levels of social anxiety. A negative correlation was found between levels of social anxiety and psychological resilience. Additionally, a negative correlation was observed between the social resources subscale of psychological resilience and levels of internalized homophobia. Structural style, social resources, and social competence subscales of social anxiety and psychological resilience were found to be significant predictors of internalized homophobia.
Conclusions: This study provides a deeper understanding of the psychological challenges faced by LGB individuals and the underlying factors contributing to these challenges. It particularly focuses on the complex relationships between internalized homophobia, social anxiety, and psychological resilience. Attending to internalized homophobia and social anxiety in the assessment of LGB individuals is crucial for preventing mental health issues and enhancing psychological resilience. These findings may contribute to the development of more effective psychological support programs for LGB individuals.

Disclosure of Interest: None Declared

EPV2052

Traumatic Childbirth Experience and Postnatal Post-traumatic Stress Disorder

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Introduction: Although childbirth represents a positive experience for most mothers and fathers, it can also be potentially traumatic when it endangers the life of the mother or the baby. In more severe cases, it can even develop into Post-Traumatic Stress Disorder (PTSD) postpartum. Studies indicate birth-related PTSD impacts around 17% of postpartum parents. This condition includes intrusive symptoms, hyperactivation, avoidance behaviors, and negative changes in mood and cognition, significantly impacting the mother-baby bond and the family's well-being.
Objectives: The authors pretend to raise awareness of postpartum PTSD.
Methods: The authors did a non-systematic review of the current literature.
Results: The etiology of postpartum PTSD is multifactorial and results from the combination of pre-birth risk factors (depression during pregnancy, fear of childbirth, medical complications during pregnancy, history of trauma or sexual abuse, history of mental disorders), factors during childbirth (subjectively experienced negative childbirth, obstetric complications, and severe maternal morbidity), and postpartum factors (postpartum depression, maternal complications after childbirth, or maladaptive coping mechanisms). The risk factors related to childbirth appear to be independent of neonatal complications, with the latter constituting an additional stressor factor. Psychological trauma during childbirth and postpartum PTSD, despite having a significant impact on families, are often not recognized in maternity services, hindering timely intervention. Currently, there are no recommended treatments to prevent or mitigate postpartum PTSD. However, there is some evidence of the benefits of prenatal and postnatal interventions, such as early identification of risk factors for postpartum PTSD and postnatal counseling.
Conclusions: The studies suggests that women should be assessed for negative traumatic birth experiences and PTSD, to allow targeted observation for psychopathologies and therapeutic interventions. Further research is needed with larger sample sizes, validated and reliable clinical interviews to assess PTSD.

Disclosure of Interest: None Declared

EPV2053

The Effects of War and Trauma on Attitudes Toward Restorative Justice for Sexual Offenses

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Introduction: On October 7, 2023, a Hamas terror attack targeted both Jewish and Arab Israelis. The unprecedented scale of the event resulted in over 1,400 deaths and numerous kidnappings, leading to the ongoing Hamas-Israel war. The attacks also exposed a wide range of sexual violence, which was broadcasted or witnessed by family members (Association of Rape Crisis Centers in Israel, 2024; UN SRSG-SVC, 2024). This event has exacerbated collective trauma and anxiety, influencing various societal issues, including public attitudes toward justice, particularly sexual offenses (Feingold et al., 2024).
Objectives: This study aims to explore how exposure to a war characterized by violent crimes affects public support for restorative justice (RJ) processes, particularly in sexual offenses, and whether the collective trauma has led to a decline in the belief that sexual offenders can be rehabilitated.
Methods: The research surveyed 339 Israeli participants at two points: before the war and during its early weeks. The study employed quantitative analyses to measure attitudes toward offender rehabilitation and support for RJ. A paired t-test was conducted to assess changes over time, and correlation analyses examined the relationship between the perceived malleability of offenders and support for RJ.
Results: The findings revealed a significant decline during the war in the belief that sexual offenders can be rehabilitated ($t(51) = 2.67$, $p < .01$). This belief was correlated to reduced support for RJ (rp = .45, $p < .001$). The exposure to sexual violence during the war, combined with widespread testimonies highlighting its brutality, likely contributed to a shift in public attitudes. The attacks served to instill terror and dehumanize the victims, reinforcing the public's resistance to perceived "lenient" justice alternatives such as RJ.
Conclusions: In addition to the well-known effects of trauma, the study highlights the profound influence of collective trauma on public attitudes toward justice, particularly in sexual offenses. Exposure to extreme violence, during a war characterized by violent crimes creates significant barriers to the acceptance of RJ. While RJ can potentially provide healing avenues for survivors of sexual offenses (Klar-Chalamish & Peleg-Koriat, 2021) the widespread trauma and public anxiety pose significant barriers to its acceptance.

Disclosure of Interest: None Declared

EPV2054

Evaluating breastfeeding among active Tunisian mothers

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Introduction: Breastfeeding is an important determinant of both mother and child healths regarding its physical and psychological benefits. Working mothers usually consider the work as a barrier to breastfeeding, thus this population needs a particular attention to enhance their breastfeeeding rate.
Objectives: Determining the prevalence of breastfeeding among active women in Tunisia and evaluating their perceptions and their practices towards this process.
Methods: We have conducted a descriptive and cross sectional study. Data were collected during one week through an online questionnaire designed by Google Forms and distributed via Social

media. It had included active women who had a child aged between 6 months and 5 years. Exclusive breastfeeding (EBF) is feeding the baby only breast milk (not any other foods or liquids).
Results: A total of 51 active mothers had participated with a mea age of 32.4±3.8 years. A proportion of 47.1% worked in healthcare facilities. Nineteen participants were doctors. All the participants had experienced breastfeeding with a mean duration of 12.7 ±7.5 months [ranging from 2 to 25 months]. The mean duration of EBF was 3.1±2.0 months [ranging from 0 to 6 months]. A percentage of 64.7% had experienced mixed feeding. Regarding breastfeeding perceptions, 92.2% of women always believe that breastmilk was the right option to feed their babies. Tweenty two (43.1%) always believe that they could successfuly breastfeed their child and sixteen (31.4%) consider that they was usually sure that they were able to balance between work and breastfeeding. Participants mothers had returned to their job within a mean of 12.7 ±7.5 months [ranging from 2 to 25 months]. After returning to work, 56.9% of participants consider that breastfeeding represented a big challenge. EBF was negatively associated to the number of working hours /week (p=0.026).
Conclusions: The participation of women in the labor force makes the continuation of breastfeeding a challenging option. Thus, promoting and supporting breastfeeding in the workplace are essential and have the potential to ameliorate babies and mothers lives, and to positively affect the employees productivity and well-being.

Disclosure of Interest: None Declared

EPV2055

Women, Gender, and Mental Health: Analysis of a Case of Multiple Psychiatric Diagnoses and Gender Conditioning

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Introduction: Gender significantly impacts the diagnosis and treatment of mental disorders. This case shows how being a woman, alongside trauma and violence exposure, shaped a patient's diagnoses over time, affecting recovery, and culminating in a late-stage lung cancer diagnosis.
Objectives: Analyze how experiences of violence, trauma, and social stigmatization shaped the diagnostic path of a female patient with schizophrenia, multiple hospitalizations, and a fatal outcome, with delayed lung cancer diagnosis despite recurrent emergency visits for respiratory issues.
Methods: We reviewed the clinical course of a 55-year-old woman with schizophrenia. She was admitted to a psychiatric care unit from November 2000 until 2017. In her final years, she was treated for respiratory issues that eventually led to a diagnosis of lung cancer with vertebral metastasis. The late diagnosis underscores the impact of her psychiatric history on care quality.
Results:
Violence and Trauma:
- The patient experienced early-life violence: parental abandonment, her mother's suicide, and her own suicide attempts.
- In later years, she faced recurrent respiratory issues overlooked due to her psychiatric background.

Gender Conditioning:
- Perceived as "emotional" and "exaggerating," physical symptoms were minimized, delaying the advanced lung cancer diagnosis.
- Respiratory difficulties were dismissed as secondary to mental health, resulting in a delayed cancer diagnosis.

Social Context:
- Lack of social support and healthcare barriers led to the progressive decline in her physical and mental health.
- Lung cancer with vertebral metastasis was diagnosed after multiple admissions, highlighting how her psychiatric condition delayed the oncological diagnosis.

Diagnostic Evolution:
- After 17 years in a psychiatric facility for schizophrenia, she developed respiratory symptoms that were inadequately explored, leading to a delayed lung cancer diagnosis, followed by her passing after palliative care.

Conclusions: This case highlights the need to consider gender-based biases in diagnosing women with mental health conditions. Her psychiatric history and gender contributed to the downplaying of her symptoms, delaying the crucial lung cancer diagnosis. Gender and mental health stigma can cause serious healthcare delays. A gender-sensitive approach is essential to ensure timely, thorough medical evaluations for women. Integrated mental and physical health care can prevent delays in diagnosis and improve outcomes for women with psychiatric disorders.

Disclosure of Interest: None Declared

EPV2056

Gender differences regarding problematic smartphone use, mediating by mental well-being, emotional regulation, and social anxiety in young adult sample

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Introduction: Research underlay various results concerning the differences focusing on gender in smartphone use and mental issues. Some find no difference, but assessing mental factors reveals the influence of social interactivity, low emotional understanding, and perceived social support variations according to problematic smartphone use.
Objectives: Our research aims to investigate problematic smartphone use, mental well-being, emotional regulation, and social anxiety as a function of gender to explore specific ways of functioning in the addiction process.
Methods: The study participants were 400 young adults, of whom 104 were men (26%), 293 were women (73.2%), and three individuals (0.8%) were of another gender. The mean age of the participants was 25.9 years (SD 10.9). Registered answers refer to demographic data (gender, age, smartphone usage habits) as well

as psychological measures: a Smartphone Application-Based Addiction Scale (SABAS), a Mental Health Continuum Scale (MHC), an Assessing Emotions Scale (AES), and Fear of Negative Perception Questionnaire (FNPQ).
Results: The results showed that gender showed significant differences in the mediating factors that affect problematic smartphone use. In the mediation model, gender relates significantly related to time spent with smartphones (p=.001) and fear of negative perception (p=.001). The statistical mediation model highlighted the gender-depending significant role of the mediating factors (time of use per day, MHC, AES, FNPQ) in problematic smartphone use.
Conclusions: Our research highlights gender differences in excessive smartphone use, such as higher social anxiety, which is a higher predisposing factor in women than in men. Gender is a significant indirect determinant of problematic smartphone use.

Disclosure of Interest: None Declared

EPV2057

A 5-year Retrospective Study of Women with Postpartum Psychiatric Disorders Hospitalized in the Clinical Hospital of Psychiatry, Chisinau, Republic of Moldova

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Introduction: The postpartum period is critical for the onset of mood disorders. Three primary postpartum affective disorders are recognized: baby blues, postpartum depression, and postpartum psychosis, each differing in prevalence, presentation, and treatment. Obstetric factors like primiparity, complications during pregnancy and birth, Cesarean sections, and preterm births are associated with increased neuropsychiatric risks during the puerperium.
Objectives: This study analyzes the demographic, clinical, and obstetric factors linked to postpartum psychiatric disorders and case management in women hospitalized at the Hospital of Psychiatry in Chisinau, Moldova, over a five-year period.
Methods: A longitudinal, retrospective study was conducted, reviewing medical records of 35 women hospitalized between 2019 and 2024. A literature review was also performed to identify relevant obstetric and clinical risk factors.
Results: Patients ranged from 20 to 41 years old, with an average age of 29.8 years ±1,5 years. Out of reviewed cases, 42.9% were from urban areas, 25.7% had a family history of psychiatric illness, and 54.3% developed postpartum psychosis after their first birth, suggesting primiparity as a key risk factor. Psychosis onset ranged from three days to two months postpartum in 45.7% of cases, with 37.1% showing symptoms within the first two weeks. Comorbidities included cardiovascular diseases (20.0%), digestive disorders (14.3%), renal issues (8.6%), and autoimmune conditions (2.9%). Severe mental and behavioral disorders (F53.1) were diagnosed in 74.3% of cases, while 25.7% had milder forms (F53.0). First-time hospitalizations accounted for 88.6%, but 48.6% had prior hospitalizations, with later diagnoses evolving into paranoid schizophrenia, schizotypal disorder, and recurrent depression. Psychological consultation was provided in 48.6% of cases, using tools like PHQ-9, TAG, MMPI, BDI. Treatment varied significantly, with antipsychotics, antidepressants, and benzodiazepines prescribed, yet no standardized protocol was followed.
Conclusions: Primiparity is a significant risk factor for postpartum psychiatric disorders, with early onset often occurring within the first two weeks. This underscores the critical need for prompt recognition and intervention. Comorbid disorders add complexity to patient management. The variability in pharmacological and nonpharmacological treatment highlights a gap in evaluation and case management, potentially delaying timely diagnosis and treatment and it emphasizes the need for consistent and standardized guidelines. The evolving nature of diagnoses, reinforces the importance of ongoing monitoring, psychoeducation, and psychological support throughout the postpartum period.

Disclosure of Interest: None Declared

EPV2058

Assessment of psychological well-being among female medical residents in Tunisia

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Introduction: Medical residents encounter high work demands, significant responsibilities, and a strong commitment to their roles. Female residents, in particular, face unique challenges that can affect their emotional and mental well-being. Emotional intelligence (EI), resilience, and mental health disorders are critical factors influencing their performance and job satisfaction.
Objectives: This study aims to assess and evaluate these factors among female medical residents in Tunisian hospitals.
Methods: We conducted a cross-sectional study involving female medical residents undergoing training in Tunisian hospitals. Data were collected anonymously through a questionnaire-based survey using Google Forms between October 2023 and January 2024. Participants completed a sociodemographic questionnaire, followed by four scales : the Trait Emotional Intelligence Questionnaire-Short Form (TEIQue-SF), which assesses global trait EI, the Brief Resilience Scale (BRS), the Perceived Stress Scale-4 (PSS-4) to measure stress levels, and the Patient Health Questionnaire-4 (PHQ-4) to assess levels of depression and anxiety. An additional question was included to evaluate job satisfaction on a scale ranging from 0 to 10.

Results: ur study included 95 female participants. The mean age was 27.14 ±1.29 years, with the majority (95.8%) being under 30. Most participants were single (78.9%), and only 6.3% were smokers. The mean resilience score was 3±0.75, while the total EI score averaged 4.52±0.67. The mean scores for the PSS-4 and the PHQ-4 were 7.54±2.47 and 4.19±2.89, respectively. The mean work satisfaction level was 6.19±1.75.
Univariate analysis showed that higher resilience and EI levels were more common among non-smokers ($p = 0.045$ and $p = 0.02$). Furthermore, greater work satisfaction was significantly associated with lower stress ($p = 0.000$, $r = -0.482$), anxiety and depression ($p = 0.000$, $r = -0.42$), and higher resilience ($p = 0.000$, $r = 0.359$) and EI ($p = 0.000$, $r = 0.444$).
Conclusions: Our study highlights the importance of addressing emotional intelligence, resilience, and mental health disordes among female medical residents to enhance their overall well-being and job satisfaction. Targeted interventions are essential to support their mental health and optimize their performance in demanding roles.

Disclosure of Interest: None Declared

EPV2059

Psychological problems and mental disorders in female victims of domestic violence

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Introduction: Domestic violence against women has increasingly been recognized nationally and internationally as a serious problem. Violence against women is a troubling phenomenon in Russia. Meanwhile, domestic abuse against women often results in severe psychological and mental health problems, including but not limited to depression, anxiety, and post-traumatic stress disorder.
Objectives: The main aim of the study was to find out the psychological and psychiatric consequences of intrafamily violence against women.
Methods: A cohort of 18 females turned to psychologists and psychiatrists and was examined. Details of background, as well as psychological and mental problems, were extracted. Each item was assessed with the help of descriptive statistics.
Results: Research has been carried out on the basis of psychological and psychiatric assessment of women who had a long history of violence by their husbands or partners, including sexual violence and maltreatment. Clinical assessment has revealed depression, anxiety, and adaptation disorders, accompanied by acute and chronic somatic diseases, low self-esteem, post-traumatic stress disorder, and drug abuse.
Conclusions: The research shows the high social and clinical significance of the consequences of abuse against women and also the necessity of domestic violence prevention by legal provisions and multidisciplinary research with the participation of psychiatrists, psychologists, and specialists in the fields of primary healthcare, education, and social protection.

Disclosure of Interest: None Declared

EPV2060

Moroccan women and tattoos: characteristics, perception and stigmatization

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Introduction: Tattooing is a mode of bodily expression that belongs to both tradition and modernity. This form of expression is rich in variant and variable meanings for women in general, and women with psychiatric disorders in particular. Their popularity and prevalence are increasing rapidly, particularly among young people. However, despite this expansion, the social perception of tattoos, particularly among women, remains a complex and often stigmatized subject. Hence the interest in knowing the characteristics of tattoos among women in Morocco, the different perceptions of the latter as well as the correlation of tattooing with psychiatric disorders.
Objectives: To study the characteristics, meaning and perception of tattoos among Moroccan women, past and present. In an attempt to better understand the potential health implications of this mode of expression and its correlation with mental health.
Methods: A descriptive cross-sectional study was carried out among women of different profiles. Data were collected using a form sent online and distributed in paper form. The form collected socio-demographic data, descriptive characteristics of the tattoos and the women's mental health status. Statistical analysis was performed using Jamovi 2.3.
Results: Our results focused on the socio-demographic characteristics of our population, it was carried out on 52 women, 57.7% of whom were aged between 25 and 40, 62% of our sample were single and the majority(92%) had a level of education higher than the baccalaureate. Also, almost 30% were unemployed. ours study results focused essentially on the tattoo characteristics, summarized in Image 1 . Image 2 shows the results concerning the psychiatric history of our population.

Image 1:

Prevalence	N=52(100%)
Number of tattoos	
1	22(42%)
2-5	24(47%)
>5	6(11%)
Age of first tattoo	
<18 years	8(16%)
18-22	16(30%)
22-25	18(35%)
>25 years	10(19%)
Size of tattoos	
Small<5cm	32(61,5%)
5-15cm	16(30,8%)
Big >15cm	4(7,7%)
Motivation(s) for tattooing	
Individuality	38,5%
Coping mechanism	16(30,8%)
Sexuality	0(0%)
After a life event	46,2%
Couple life	4(7,7%)
Other	6(11,5%)
Feelings towards tattoos	
Regret	6 (11,5%)
Neutral	26(50%)
Proud	18(34,6%)
Other	2(3,9%)
Desire to remove	
Yes	5(15,4%)
No	47(84,6%)

Image 2:

Prevalence	N=52(100%)
History of psychiatric consultation	
Yes	22(42,3%)
No	30(57,7%)
Psychiatric diagnosis	
Yes	8(15,4%)
Bipolar disorder	2(3,8%)
Depression	2(3,8%)
Anxiety disorder	1(1,9%)
Substance use disorder	1(1,9%)
Borderline personality	2(3,8%)
Psychiatric medication	5(9,6%)

Conclusions: Tattooing is a means of expression and a form of body modification, rich in cultural and personal significance, with a dual affiliation to tradition and modernity. It is highly prevalent among women, and has implications for both mental and physical health.

Disclosure of Interest: None Declared

EPV2061

Factors affecting psychological distress or quality of life, and association between psychological distress and quality of life in Korean infertile women

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Introduction: Infertile patients are more likely to experience psychiatric illnesses than fertile patients, therefore it is important to have early intervention for psychiatric illnesses in infertile patients.
Objectives: This study aimed to determine the clinical factors affecting psychological distress and quality of life (QoL), and investigate the association between psychological distress and QoL in infertile women.
Methods: This was a prospective cohort study of 100 infertile women who voluntarily agreed to participate at their first visit from November 2018 to May 2019. Psychological distress and QoL were evaluated using the 2 questionnaires (SCREENIVF and FertiQoL) specifically designed for infertility.
Results: The prevalence screening positive for anxiety and depression risk were 42% and 29%, respectively. The number of miscarriage and *in vitro* fertilization (IVF) treatments were significantly associated with helplessness risk factor. Furthermore, women with 2 or more IVF treatments had lower emotional, and mind/body QoL domain scores than women with less than 2 IVF treatments. Regarding the association between the levels of psychological distress and QoL in infertile women, the largest association was observed between helplessness risk factor and mind/body QoL domain (r=-0.795, $p < 0.001$). Patients with more risk factors for psychological distress had the worse emotional, and mind/body QoL domain scores.
Conclusions: The levels of psychological distress were significantly associated with QoL in infertile women. These psychologically vulnerable infertile women may receive psychological evaluations and interventions from various angles with conventional treatments for infertility.

Disclosure of Interest: None Declared

EPV2062

Attentional skills following traumatic brain injuries in elite female athletes

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Introduction: Traumatic brain injuries are serious traumatic situations
Objectives: Aim of this study was to evaluate the attentional skills in cases with traumatic brain injuries, in elite female athlete
Methods: 3 female elite athletes (1 basket ball player, 1 runner and 1 ping pong player) were participated in this study, 60 days more or little less after cervical spine injuries. Range of age 25-35 years and mean age 29.
We used specific performance tests, letter cancellation exam, naming trials and iq tests.
Results: All of them(3,100%) reported deficits in all areas of attention function and also cognitive and emotional status.2 of them (66%) reported also difficulty in complex task activities, especially when time limits were imposed.
Conclusions: All these exams are good and efficient tools in order to evaluate this kind of patients.

Disclosure of Interest: None Declared

EPV2064

Women, Gender and Mental Health: What factors help mentally ill birth mothers navigate Child Welfare Services during the perinatal period?

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Introduction: Women, Gender and Mental Health: What factors help mentally ill birth mothers navigate Child Welfare Services during the perinatal period?
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Background: Mental Illness is common in the perinatal period. Given the dependency of infants, additional factors such as lack of support, family violence and comorbid drug use may place the infant at significant physical and psychological harm. Anecdotal information suggests that many of these women do not receive adequate support during the perinatal period. However, the factors that predict and protect families, enabling them to stay together and function in a "good enough "manner, remain unclear.
Objectives: Aims: To review the current literature examining protective service involvement in the women who present with mental illness in the perinatal period.
Methods: A systematized review of the literature was conducted through a comprehensive search of databases for psychosocial and medical research (MEDLINE, PsycINFO, Embase, Emcare, Cochrane Library) and a targeted search of the grey literature to select the relevant studies that meet the inclusion criteria. Original papers were included if they were written in English and published before September 1, 2022. Sixteen studies were selected for inclusion.
Results: Protective and predictive factors that help mentally ill mothers to continue as primary caregivers will be presented. The factors that determine risks for child protective involvement and child removal in mothers with mental illness are also discussed.
Conclusions: The results of this research will provide recommendations on how to deliver sensitive perinatal mental health care for mothers already involved with the Child Welfare Services, aiming to minimize child removal.

Disclosure of Interest: None Declared

EPP342

Anxiety and depression in women cycling naturally and taking oral contraceptives – a daily diary study

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Introduction: While the literature is inconsistent about the link between anxiety and oral contraceptives (OC) (Beltz FIN 2022; 67) the link between depression and OC is recognized in women who started taking OC during adolescence (Skovlund *et al.* JAMA Psychiatry 2016; 73). The review by Beltz gives many indications on how to conduct studies on these topics in a more reliable manner as there are a lot of variables to consider, such as assessing the exact phases of the menstrual cycle, comparing the active and inactive phases of OC or considering the types of OC. Other limitations described in the review are a lack of longitudinal studies and small sample sizes. The present study tried to take into account as many of these variables as possible.
Objectives: Our study aimed to understand the differences between women taking OC and naturally cycling (NC) women regarding their daily levels of anxiety, depression, protective factors (self-esteem and daily satisfaction with life), perseverative cognition (worry and perseverative thinking) and stress.
Methods: 89 women (48 – OC; 41 – NC) participated in a daily diary study in which they completed an online diary for 15 days divided into 3 phases of the menstrual cycle: menstruation, follicular and luteal. The women using OC were further classified according to the androgenicity of their OC: androgenic progestins are derived from testosterone while anti-androgenic progestins block androgen receptors (Raudrant & Rabe Drugs 2003; 63).
Results: There were no differences between groups in daily levels of anxiety, perseverative cognition, and stress. However, anti-androgenic OC users had higher levels of daily depression than NC women in all the phases of the menstrual cycle while androgenic OC users had higher levels of depression than NC women in the menses and follicular phases. Both groups of women taking OC had lower levels of daily self-esteem than NC women in all phases of the menstrual cycle. Androgenic OC users had higher daily satisfaction with life than anti-androgenic OC users in two phases.
Conclusions: Our study found differences between groups in daily levels of depression and protective factors linked with it, namely self-esteem and satisfaction with life. Overall, OC users had higher levels of depression and lower levels of self-esteem than NC women. However androgenic OC users had higher daily satisfaction with life than anti-androgenic OC users. We believe that our study has contributed to the literature by conducting a longitudinal assessment of anxiety and depression on a daily level by comparing NC

women and OC users during multiple phases of the menstrual cycle and taking into account the differences between androgenic and anti-androgenic OC. Future studies could explore the link between depression and its protective factors in women taking OC.

Disclosure of Interest: None Declared

Obsessive-Compulsive Disorder

EPV2067

Obsessive-Compulsive Disorder: Neurocognitive Links with Impulsivity and Inhibitory Control

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Introduction: Obsessive-compulsive disorder (OCD) and attention-deficit/hyperactivity disorder (ADHD) share overlapping neurobiological and neurocognitive profiles, particularly in domains such as impulsivity, compulsivity and inhibitory control. Recent research has explored these commonalities, as well as the differences in brain structure, neural circuits, and cognitive impairments.
Objectives: The aim of this review is to synthesize findings about the neurocognitive and neurobiological profiles of OCD and ADHD.
Methods: A literature search was conducted on PubMed in September 2024 using the following terms: "OCD" AND "ADHD," "OCD" AND "attention-deficit/hyperactivity disorder," "obsessive-compulsive disorder" AND "ADHD," and "obsessive-compulsive disorder" AND "attention-deficit/hyperactivity disorder." Only systematic reviews and meta-analyses were included, with no year or language restrictions. Seven articles met the scope of this review.
Results: On one hand, the selected studies indicate that both OCD and ADHD exhibit significant deficits in inhibitory control, as measured in the Stop Signal Task and antisaccade task. These findings are corroborated by neuroimaging abnormalities in brain regions implicated in inhibition, that includes the frontostriatal circuits. Studies also suggest that compulsivity may stem from dysfunctional glutamatergic transmission in frontostriatal circuits. On the other hand, though structural analyses reveal a shared pattern of brain alterations in OCD, major depressive disorder, bipolar disorder, and schizophrenia, ADHD appears to have different morphometric properties. Furthermore, electrophysiological studies also demonstrate contrasting patterns of error detection between the disorders: increased error-related negativity (ERN) in OCD and reduced ERN in ADHD.
Conclusions: OCD and ADHD share common neurobiological and neurocognitive traits, yet distinct differences in brain structure and neurocognitive processing also emerge. This review highlights the importance of transdiagnostic approaches, which may facilitate the development of more targeted treatments for patients with overlapping neuropsychiatric conditions. Further research is necessary to understand the full extent of these shared and unique characteristics, in order to inform more refined diagnostic criteria and therapies.

Disclosure of Interest: None Declared

Old Age Psychiatry

EPV2068

Evaluation of a Psychiatry of Later Life Consult Liaison Integration Initiative

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Introduction: Older people's complex healthcare needs require the development of integrated mental and physical health services. The College of Psychiatrists of Ireland's Faculty of Psychiatry of Old Age (POA) is in the process of drafting a position statement on the integration of POA with other services for older people such as the Integrated Care Program for Older People (ICPOP). ICPOP provides geriatric multi-disciplinary treatment in the community. In January 2024, the Clare Psychiatry of Later Life (POLL) team set up a novel consult liaison (CL) service with our local colleagues ICPOP colleagues.
Objectives: The authors aim to describe a novel model of care for our newly developed ICPOP CL service. It may be of interest to other POLL teams who wish to expand their CL service to include their local ICPOP services or other community services. We also evaluated: referral patterns to the Clare POLL CL service, the number of referrals from the ICPOP CL service in its first six months, and key patient characteristics of ICPOP CL referrals compared to inpatient CL referrals.
Methods: The model of care for our novel ICPOP CL clinic is described in detail. Patients were discussed at integrated multidisciplinary meetings. Cases brought by ICPOP for discussion with POLL could result in advice, a consult in a designated ICPOP CL clinic, or a referral for joint care. Joint teaching sessions were also arranged.
Results: 71.25 % (n=57, n=80) of referrals from Ennis General were for POLL CL. Conversely, CL referrals made up 21.43 % (n=81, n=378) of referrals to the Clare POLL service overall. ICPOP CL referrals made up 31.58% (n=18, n=57) of the POLL CL referrals over six months and made up 10% (n=18, n=180) of overall referrals to the Clare POLL service for the same period. Of these 18 ICPOP CL referrals, only four (22.22%) required joint care. Seven patients were referred by POLL to ICPOP for joint care over the same period. Patient characteristics were summarized by table 1.

Image 1:

Table 1. Clare POLL Consult Liaison Referrals

	Referrals	Inpatient CL	ICPOP CL	Overall
		n =63 (78%)	*n=18 (22%)*	*n=81 (100%)*
Gender	Female	35 (56)	16 (89)	51 (63)
Age	65-70	4 (6)	0 (0)	4 (5)
	70-80	18 (29)	6 (33)	24 (30)
	80-90	33 (52)	11 (61)	44 (54)
	90+	8 (13)	1 (6)	9 (11)
Psychiatric History	Nil Reported	26 (41)	11 (61)	37 (46)
	Treated by GP only	16 (26)	3 (17)	19 (23)
	Previously known to CMHT	21 (33)	4 (22)	25 (31)
Reason for referral	Agitation/confusion	26 (41)	0 (0)	26 (32)
	Low mood/anxiety	24 (38)	10 (56)	34 (42)
	Psychotic symptoms	6 (10)	0 (0)	6 (7)
	Dementia/MCI diagnosis	4 (6)	5 (28)	9 (11)
	BPSD	1 (2)	3 (16)	4 (5)
	Other	2 (3)		2 (3)
Diagnosis on review	Delirium	34 (54)	0 (0)	34 (42)
	Dementia	7 (11)	3 (17)	10 (12)
	BPSD	1 (2)	4 (22)	5 (6)
	Depression	1 (2)	4 (22)	5 (6)
	Anxiety Disorder	2 (3)	2 (11)	4 (5)
	Adjustment	7 (11)	3 (17)	10 (12)
	Psychosis	0 (0)	0 (0)	0 (0)
	Other	3 (5)	2 (11)	5 (6)
	Not assessed	8 (13)	0 (0)	8 (10)
POLL follow-up required		23 (37)	4 (22)	27 (33)

Table 1: CL=consult Liaison, POLL=Psychiatry of Later Life, ICPOP=Integrated Care for Older People Service, BPSD= Behavioural and Psychological Symptoms of Dementia.

Conclusions: The authors present a service integration initiative between a local POLL and ICPOP service, which they believe was mutually beneficial to both services and the patients they serve. The characteristics of patients referred to POLL from the new integration with ICPOP resemble other community referrals, as opposed to inpatient CL referrals.

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COVID-19 and Related Topics

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The relation between perception of vulnerability, stress, depression and anxiety in public health threats

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Introduction: Several authors have demonstrated that COVID-19 pandemic was characterized by feelings of fear, anxiety and insecurity (Wang *et al.*, Int JERPH 2020; 17, 1729) Emotions and affective states as nervous, apprehension, despair, preoccupation was also studied (de Sousa *et al.*, *PSYCH* 2024; *6*(1), 163-176). Therefore, affective but also cognitive factors were important to the perception of the pandemic threat and its impact. In accordance, it seems important to understand if the perception of each one vulnerability to COVID-19 is related with the development of high levels of stress, depression and anxiety symptoms.
Objectives: The main goal of this study was to evaluate the relation between the perception of vulnerability, stress, depression and anxiety in public health threats, as COVID 19.
Methods: This study followed a cross-sectional design and its sample consisted of 600 participants, distributed between two countries (N_{Brasil}=300; $N_{Portugal}$=300). The instrument used to assess the three dimensions: stress, anxiety, and depression, with seven items each were the Depression Anxiety Stress Scale 21-item version (DASS-21) (Lovibond & Lovibond; BHV, 1995; 33, 335-43) presented in a four-point response scale (0-Not applied to me; 3- Applied to me most of the time). To assess the perception of vulnerability to COVID-19 a 5 item Likert Scale were used (1-Not vulnerable; 5-Extremely vulnerable). The protocol was developed online, presenting the objectives of the study, and ensuring the anonymity and confidentiality of data. A non-probabilistic sampling technique of convenience and snowball were used. The data was collected in 2023 and referred to COVID-19.
Results: The results suggest that perception of vulnerability to COVID-19 are very similar in both countries (M_{Brazil}= 3.20, DP_{Brazil}= .98 ; $M_{Portugal}$= 3.13, $DP_{Portugal}$=.91). The values in Brazil of stress (M=7.40), depression (M=5.73) and anxiety (M=4.01) are higher compared to Portugal, with the following values of stress (M=4.07), depression (M=2.62) and anxiety (M=1.6). The perception of vulnerability is related with the three dimensions studied (stress, anxiety and depression) in both countries, with the following values in Brasil: Stress (r=.341; p< .01); depression (r=.270; p<.01) and anxiety (r=.316; p<.01). In Portugal the values of correlation were: Stress (r=.284; p< .01); depression (r=.252; p<.01) and anxiety (r=.350; p<.01). These results emphasized that relation between the perception of vulnerability and anxiety presented higher levels in both countries.
Conclusions: In conclusion, our study have shown significative relations between the perception of vulnerability to COVID-19 with levels of stress, depression and anxiety in the countries studied. Therefore, our data emphasized the relevance to study the perception of vulnerability in public health events to better manage and prevent psychopathological symptoms.

Disclosure of Interest: None Declared