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.

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