Conclusions: Increased awareness of comorbidities in individuals with ASD is important to improve clinical assessment, identification and provision of quality care.

Disclosure of Interest: None Declared

EPV393

Relationship Between Misophonia and Obsessive-Compulsive Disorder: Systematic Review and Meta-Analysis

C. Spallarossa*, C. Figini, P. Motaghilotf, P. Politi and L. Fusar Poli

Department of Brain and Behavioral Sciences, University of Pavia, Pavia, Italy
*Corresponding author.
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Introduction: Misophonia is a condition characterized by disproportionate emotional, behavioral, and physiological reactions to specific auditory and/or visual stimuli perceived as harmless by most people. Although not yet included in international diagnostic systems, misophonia has gained growing clinical and scientific interest. Its nosological ambiguity has hindered the understanding of associated psychiatric comorbidities. Among these, obsessive-compulsive disorder (OCD) is most frequently reported. The two conditions share features such as intrusive thoughts, heightened attention to specific stimuli, and avoidance behaviors. However, most individuals with misophonia do not meet full diagnostic criteria for OCD, suggesting that misophonia may represent a distinct yet partially overlapping psychopathological entity. This study systematically reviews and quantitatively analyzes the relationship between misophonia and OCD.
Objectives: To examine the co-occurrence and association between misophonia and OCD through a systematic review and meta-analysis, estimating both the pooled prevalence of OCD in misophonia and the correlation between the two conditions.
Methods: A systematic search of *Web of Science* and *PsycINFO* (January 2025) identified studies including individuals with misophonia and a comorbid psychiatric disorder diagnosed via clinical interview or validated scales. Of 464 screened records, 17 met inclusion criteria (total N = 1 193) (Image 1). Two random-effects meta-analyses were conducted: a **prevalence analysis** (k = 12) and a **correlational analysis** (k = 6). Heterogeneity (I^2) and publication bias were assessed following PRISMA guidelines.
Results: The **prevalence meta-analysis** (k = 12) showed an aggregated OCD prevalence of **9.2 %** (95 % CI 4.7–17.4) in misophonia samples, with substantial heterogeneity. The **correlational meta-analysis** (k = 6) revealed a **moderate positive correlation** (μ = 0.389, 95 % CI 0.290–0.487, $p < .001$; I^2 = 64.9 %), consistent with a reliable association across studies. The 95 % prediction interval (0.184–0.594) indicates that this link is expected in future research. No publication bias was detected, supporting the robustness of results (Images 2-3).

Image 1:

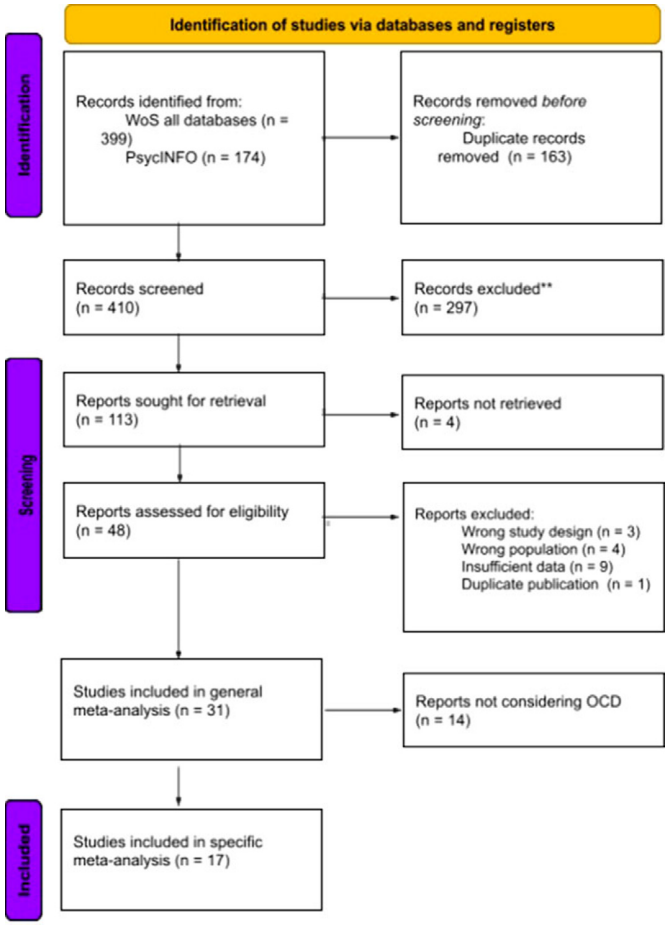


Image 2:

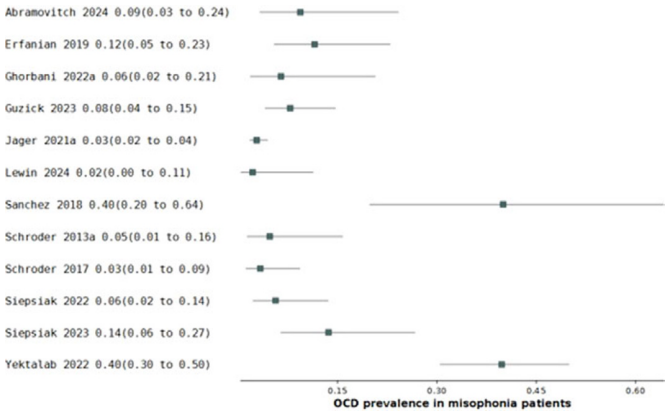
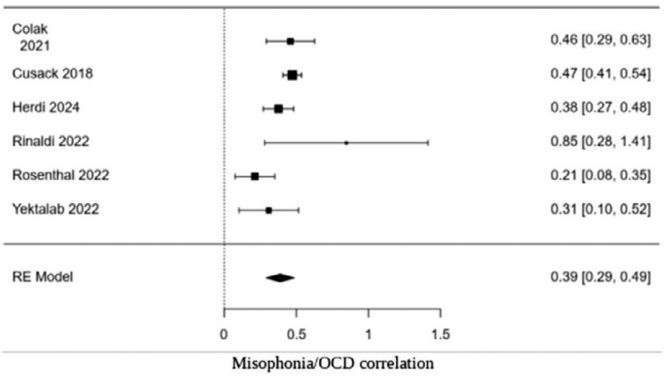


Image 3:



Conclusions: Current evidence supports a significant, though variable, association between misophonia and OCD, with an average correlation of moderate strength. These results reinforce the hypothesis of **shared psychopathological mechanisms**, possibly involving cognitive-perceptual rigidity and emotional hyperreactivity. Clinically, obsessive-compulsive symptoms may worsen misophonia and its impact on daily life. Nevertheless, **misophonia presents a unique symptom profile, suggesting it constitutes an independent though related disorder**. Further studies with standardized diagnostic criteria and larger samples are needed to refine its classification and guide targeted interventions.

Disclosure of Interest: None Declared

EPV395

Effects of Zolpidem on Sleep Quality and Quality of Life in Stroke Patients with Comorbid Depression

A. Starcevic

Neuroanatomy, University of Belgrade, Belgrade, Serbia
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Introduction: Post-stroke insomnia and depression are prevalent, negatively impacting rehabilitation and quality of life (QoL). Zolpidem, a non-benzodiazepine hypnotic, is commonly used for insomnia but its effects in stroke patients with comorbid depression remain underexplored.
Objectives: This study investigates the efficacy and safety of zolpidem in improving sleep quality and QoL in this population.
Methods: In a randomized, double-blind, placebo-controlled trial, 60 post-acute ischemic stroke patients, both genders, (aged 45–75 years) with DSM-5 diagnosed insomnia and comorbid depression were assigned to receive either zolpidem (10 mg) or placebo nightly for 4 weeks. Sleep quality was assessed using the Pittsburgh Sleep Quality Index (PSQI) and Insomnia Severity Index (ISI). QoL was evaluated using the Short Form Health Survey (SF-36). Secondary outcomes included depression severity (Hamilton Depression Rating Scale, HAM-D) and adverse events. Assessments were conducted at baseline and after four weeks.
Results: Zolpidem significantly improved sleep quality compared to placebo, with a mean PSQI score reduction of 4.8 ± 1.2 vs. 1.9 ± 0.8 ($p < 0.001$) and ISI score reduction of 6.2 ± 1.5 vs. 2.3 ± 1.0 ($p < 0.01$). SF-36 scores showed greater improvement in physical ($p = 0.02$) and mental ($p = 0.01$) QoL domains in the zolpidem group. HAM-D scores decreased significantly in the zolpidem group ($p = 0.03$), suggesting a potential indirect effect on depression. Side effects (dizziness, daytime drowsiness) were mild and occurred in 10% of the zolpidem group vs. 5% of the placebo group, with no serious side effects reported.
Conclusions: Zolpidem is effective in improving sleep quality and QoL in stroke patients with comorbid depression, with a favorable safety profile. These findings support its potential as a therapeutic option in this population, warranting further investigation into long-term effects and optimal dosing strategies.
Keywords: Zolpidem, insomnia, stroke, depression, quality of life, sleep quality

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EPV397

Case-study: Patient with autism spectrum disorder and catatonia

P. Terziivanova[1,2]

[1]University Hospital for Neurology and Psychiatry "Sveti Naum" and [2]Medical University Sofia, Sofia, Bulgaria
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Introduction: Autism spectrum disorder (ASD) is a neurodevelopmental disorder with two key features – impaired social communication, and repetitive and restricted patterns of behaviours and interests. Catatonia has been recognized as a comorbid syndrome in 12-17 % of patients with ASD according to two prevalence studies. Autistic catatonia reflects psychomotor activity, speech, and responses to stimuli. ASD and Catatonia share a common pathophysiology - reduced GABA receptor functioning and altered D2/D3 receptor signaling in the basal ganglia.
Objectives: A 23-year-old male with ASD is referred to an outpatient service due to changes in his psychomotor activity observed by his relatives. For the past four months, his movements had become slower, and he had difficulties in initiating and completing movements. His relatives described him as passive and "somehow more withdrawn than usual".
Methods: We used medical history, clinical observation, and Bush-Francis Catatonia Rating Scale (BFCRS), 23-item version.
Results: All major developmental milestones were met. At the age of four, the patient communicated only with girls when the teachers were not in the room. He expressed symptoms of echolalia, repetitive speech, and selective mutism. When the patient was 10 years old, "his introversion and social withdrawal" became more significant. At the age of 11, he was clinically assessed with the Autistic Diagnostic Observation Schedule, Second Edition (ADOS-2), and his diagnosis was evaluated as ASD. He had a medical history of verbal hallucinations and aggressive behaviour at the age of 20. That condition was considered part of ASD and was treated with Risperidone for three weeks. The medical treatment with Risperidone was discontinued due to side effects – Parkinson like syndrome. At the age of 23, his movements slowed down, and his gait changed, resembling Parkinsonism. During the clinical interview, the patient spoke quietly, maintaining a mask-like facial expression. He resisted the clinician`s attempts to move his hands. The patient met clinical diagnostic criteria for Catatonia (BFCRS = 32).