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

S. Ben Aissa[1]*, N. Chaima[1], R. Khouloud[1], L. Amine[1] and M. Wahid[1]

[1]Psychiatry D, Razi Hospital, Mannouba, Tunisia
*Corresponding author.
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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

J. P. Carrasco Picazo[1]*, J. Esteve[2], C. Conde-Pumpido[2] and B. Herraiz[2]

[1]Hospital Provincial Castellón, Castellón and [2]Hospital Clínico Universitario de Valencia, Valencia, Spain
*Corresponding author.
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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

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