participants underwent an individual medical consultation before the intervention and after 8 weeks of treatment, in which the Beck Anxiety Inventory (BAI) was administered to assess anxiety symptoms index. Participants received escalating oral doses of a CBD-rich cannabis extract, starting at 50 mg/day and increasing by 50 mg every two weeks, up to a maximum of 200 mg/day, when well tolerated. Otherwise, the highest well-tolerated dose was maintained until the end of the intervention, and outcomes were assessed regardless of this adjustment. Statistical analyses used paired *t*-tests or Wilcoxon signed-rank tests, with significance set at $p < 0.05$

Results: Among 65 enrolled participants (mean age = 35 ± 11.8 years; 72.3% female), 14 discontinued the treatment (6 due to intolerance, 8 due loss follow-up). Mean BAI scores decreased from 35.7 ± 8.8 to 12.2 ± 10.6, with severe anxiety falling from 74.5% to 21.6%. Intention-to-treat analysis confirmed significance (mean difference: 24.0; CI 95%: 20.4 - 27.8; $p < 0.001$).Participants using concomitant psychotropic drugs showed greater improvement (mean difference = 27 vs. 21). The most tolerated dose that complete the protocol was 200mg (n=26) followed by 150mg (n=10), 50mg (n=8) and 100mg (n=7). Common adverse effects included nausea (7), somnolence (6), diarrhea (4),mild gastrointestinal discomfort (3) and dizzines (2).

Conclusions: Short-term administration of cannabidiol markedly reduced anxiety symptoms, even among participants who did not reach the maximum 200 mg/day dose, highlighting its therapeutic potential. Despite some loss to follow-up and dose-limiting tolerability in a few cases, the overall improvement supports CBD as a promising intervention for anxiety, warranting larger controlled trials to confirm and refine these findings.

Disclosure of Interest: None Declared

EPV167

When Eating Disorders and Psychosis Collide: A Complex Clinical Case

I. M. Peso Navarro[1,2*], C. Garcia Cerdan[2], M. Ligero Argudo[2], I. Rodriguez Blanco[2], J. I. de la Iglesia Larrad[2] and R. K. Gonzalez Bolaños[2]

[1]Psiquiatría, Complejo Asistencial Universitario de Salamanca and [2]Psiquiatria, Complejo Asistencial Salamanca, Salamanca, Spain
*Corresponding author.
doi: 10.1192/j.eurpsy.2026.11231

Introduction: Eating disorders (ED) and psychotic disorders are traditionally considered distinct clinical entities. However, their co-occurrence presents significant diagnostic and therapeutic challenges. Psychotic symptoms may emerge in the context of severe malnutrition, as part of a primary psychotic disorder, or as a comorbidity that worsens prognosis. Early identification and comprehensive management are essential to reduce morbidity and improve functional outcomes.

Objectives: To describe a clinical case of co-occurring eating disorder and psychosis. To highlight the diagnostic challenges and differential considerations. To discuss therapeutic strategies and the importance of a multidisciplinary approach.

Methods: We present a detailed clinical case of an adolescent patient with restrictive eating behaviors, rapid weight loss, and the subsequent emergence of psychotic symptoms. Information was obtained from clinical interviews, medical records, standardized psychometric assessments, and multidisciplinary team evaluations.

Results: The patient initially presented with restrictive eating patterns, significant weight loss, and preoccupation with body image. During follow-up, psychotic features including paranoid delusions and auditory hallucinations emerged, complicating both diagnosis and treatment. Multiple interventions were implemented: nutritional rehabilitation, antipsychotic treatment, and family-based therapy. Partial remission of psychotic symptoms and gradual weight stabilization were achieved after several months of integrated care.

Conclusions: This case illustrates the complex interplay between eating disorders and psychosis. The overlap of symptoms may delay diagnosis and hinder effective treatment. A comprehensive, multidisciplinary approach combining medical, psychiatric, and psychosocial interventions is crucial. Awareness of this comorbidity is necessary to optimize outcomes and guide future research.

Disclosure of Interest: None Declared

EPV168

Anxiety Levels Among Cancer Patients: Age-Related Differences

B. Purev[1*], M. Dashdondog[1], P. Sarantuya[1], T. Mytav[1], J. Erdenebat[1], S. Surlegbaatar[1], B. Ganzorig[1] and U. Enkhtur[2]

[1]Department of Medical Science, Etugen University and [2]Amjilt Cyber School, Ulaanbaatar, Mongolia
*Corresponding author.
doi: 10.1192/j.eurpsy.2026.11230

Introduction: Globally, 301 million people suffer from anxiety disorders. In Mongolia, the incidence of cancer has been increasing annually in recent years. The country ranks among the highest worldwide in cancer-related mortality, with liver cancer ranking first in both incidence and mortality, and lung and cervical cancers ranking third in mortality. According to the National Cancer Center of Mongolia, 6,885 new cancer cases were registered nationwide in 2022. According to the World Health Organization (WHO), in 2020, 19.3 million people were diagnosed with cancer 9.9 million people died from the disease. By 2040, new cancer cases are expected to double in Africa and increase 1.6 times in Asia, with cancer-related deaths projected to reach 28.9 million globally. During the COVID-19 pandemic, the prevalence of anxiety disorders increased by 26% within a year. In Mongolia, liver cancer accounts for 33.2% of all newly diagnosed cancers, gastric cancer 17.2%, lung and bronchial cancer 7.6%, esophageal cancer 5%, and cervical cancer 4.6%.

Objectives: This study aims to examine whether anxiety differs among cancer patients across different age groups.

Methods: Data for the study were collected from cancer patients using a total of 14 questions, including the GAD-7 scale developed by the World Health Organization (WHO) for use by primary healthcare providers, and 7 general demographic questions.

Results: Of the 120 participants, 65.8% were female and 34.2% were male. By age group, 15.8% (n=19) were aged 25 years and under, 22.5% (n=27) were aged 26–35, 20% (n=24) were aged 36–45, 21.7% (n=26) were aged 46–55, 13.3% (n=16) were aged 56–65, and 6.7% (n=8) were aged 66 years and older. The majority of

https://doi.org/10.1192/j.eurpsy.2026.11231 Published online by Cambridge University Press