Image 2:

Table 2. Summary of the hierarchical regression analyses for variables predicting drive for size, appearance intolerance, and functional impairment among men who engage in recreational sports activities

		Muscle dysmorphic disorder subscales								
		Drive for size			Appearance intolerance			Functional impairment		
Steps	Variables	B	Std. Error	Beta	B	Std. Error	Beta	B	Std. Error	Beta
Step 1	Age	-.108	.023	-.305***	-.047	.019	-.160*	-.024	.020	-.086
	BMI	-.372	.087	-.279***	.470	.073	.427***	.004	.077	.004
	ΔR^2		.207***			.179***			.007	
	F		25.73***			21.47***			.72	
Step 2	Age	-.091	.023	-.257***	-.017	.017	-.057	-.012	.020	-.043
	BMI	-.362	.085	-.271***	.481	.062	.438***	.006	.075	.006
	Self-esteem	-.138	.074	-.169	-.154	.054	-.229**	-.028	.066	-.044
	Self-compassion	-.498	.662	-.068	-1.865	.482	-.307***	-1.120	.587	-.193
	ΔR^2		.047**			.238***			.050**	
	F		16.63***			34.86***			2.94**	
Step 3	Age	-.092	.023	-.258***	-.017	.017	-.057	-.017	.017	-.061
	BMI	-.358	.085	-.268***	.482	.062	.438***	.045	.063	.042
	Self-esteem	-.138	.074	-.170	-.154	.054	-.229**	-.034	.055	-.053
	Self-compassion	-.528	.663	-.072	-1.872	.484	-.309***	-1.389	.488	-.239**
	Exercise identity	.180	.238	.047	.042	.174	.013	1.654	.175	.549***
	ΔR^2		.002			.000			.297***	
	F		13.39***			27.77***			21.22***	

*p<.05; **p<.01; ***p<.001

Conclusions: *Conclusion*: This study highlights the distinct biopsychosocial mechanisms underlying MDD dimensions, emphasizing the need for dimension-specific theoretical and practical approaches. These insights may contribute to the refinement of theoretical models and inform targeted prevention and treatment strategies.

Disclosure of Interest: None Declared

EPV939

Cariprazine in Obsessive–Compulsive Disorder: A Three-Case Series

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Introduction: Obsessive–Compulsive Disorder (OCD) is a chronic and often treatment-resistant condition that significantly affects functioning and quality of life. OCD affects an estimated 1–2% of the general population in Europe. Patients with OCD experience persistent, unwanted thoughts (obsessions) and/or repetitive behaviors or rituals (compulsions), which frequently cause significant distress and impairment in daily life. . Despite the efficacy of serotonin reuptake inhibitors (SRIs), a group of patients show only partial response, requiring augmentation strategies. Cariprazine, a dopamine D3/D2 receptor partial agonist with preferential D3 affinity, has been shown to improve motivational and cognitive symptoms in schizophrenia and depression. Its potential role in OCD treatment remains under investigation.
Objectives: Presentation of three clinical cases of patients with OCD who were treated with cariprazine as an augmentation strategy to SSRIs.
Methods: Case Descriptions:

- one female 24 years old with OCD diagnosis, previous treatment with Sertraline, Quetiapine and current treatment with Sertraline 200mg Cariprazine 3 mg for 4 months and an outcome of improvement in depressive and anxiety symptoms, reduction in frequency and intensity of obsessions.
- one male 50 years old with OCD diagnosis, previous treatment with Sertraline, Fluoxetine, Paroxetine, Aripiprazole and current treatment Paroxetine 30mg, Cariprazine 3mg for 5 months and an outcome of reduction of anxiety symptoms and obsessions and mild sexual dysfunction.
- one male 36 geras old with OCD, previous treatment with Escitalopram, Fluoxetine, Olanzapine, Aripiprazole and current treatment with Fluoxetine 60mg, Cariprazine 4,5mg for 12 months and an outcome of marked reduction of stress and health related obsessions.

Results: All three patients showed clinically meaningful improvement in obsessive–compulsive and anxiety symptoms, as well as overall functioning. A statistically significant reduction in Y-BOCS scores was observed in all three cases after the initiation of cariprazine treatment. Cariprazine was well tolerated: only one patient reported mild sexual dysfunction. No extrapyramidal or metabolic adverse effects were observed.
Discussion: These cases suggest that cariprazine may be an effective augmentation option for patients with OCD who show inadequate response to SSRIs or other augmentation strategies. The improvement in cognitive symptoms observed in these cases may relate to cariprazine's D3-preferring pharmacodynamic profile.
Conclusions: Cariprazine appears to be a promising adjunctive treatment for OCD, particularly in patients with residual anxiety, depressive, or motivational symptoms. Its favorable tolerability profile and potential benefits on cognitive and affective domains make it a candidate for further research.

Disclosure of Interest: None Declared

EPV941

The Relationship Between Executive Dysfunction and Thought–Action Fusion in Obsessive–Compulsive Disorder

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Introduction: Obsessive–compulsive disorder (OCD) involves intrusive thoughts (obsessions) and rituals (compulsions) performed to reduce distress. Recent studies highlight the role of executive dysfunction in sustaining obsessive–compulsive symptoms. Another

key cognitive bias is thought–action fusion (TAF), where simply having a thought is regarded as equivalent to carrying it out. Although both executive dysfunction and thought–action fusion are recognized as important features of OCD, their relationship remains underexplored.
Objectives: This study aimed to examine the relationship between executive dysfunction and thought–action fusion in adults diagnosed with obsessive-compulsive disorder.
Methods: The study included 81 participants: 27 adults with an ICD-11 diagnosis of OCD (M = 29.9, SD = 7.87) and 54 controls without psychiatric history (M = 20.7, SD = 2.44). Instruments included the Yale–Brown Obsessive Compulsive Scale (CY-BOCS), Stroop Test, Thought–Action Fusion Scale–Revised (TAFS-R), and the Executive Skills Questionnaire–Adult Version (ESQ–A). Data were analyzed using Pearson correlations and multivariate analysis of covariance (MANCOVA) in Jamovi.
Results: The study tested whether dimensions of thought–action fusion (moral, likelihood-other, likelihood-self) mediated the relationship between executive dysfunction and obsessive–compulsive symptoms. The analysis revealed a significant main effect of group membership on executive function scores, $F(13, 63) = 37.238$, $p < .001$, $\eta^2 = .885$. Regarding the TAF dimensions, moral TAF and TAF likelihood-other were not significant predictors, whereas TAF likelihood-self (fusion regarding one's own thoughts) was statistically significant, $V = .3105$, $F(13, 63) = 2.183$, $p = .021$, $\eta^2 = .311$. Higher endorsement of TAF likelihood-self was linked to poorer metacognition, reduced flexibility, and impaired inhibition. Group differences remained significant for attention ($F(1, 75) = 11.747$, $p < .001$), planning ($F(1, 75) = 9.158$, $p = .003$), flexibility ($F(1, 75) = 8.365$, $p = .005$), and Stroop performance ($F(1, 75) = 365.871$, $p < .001$). These findings suggest that biased appraisals of one's own thoughts as dangerous or morally significant may contribute to executive dysfunction in OCD, particularly in domains of flexibility and inhibition.
Conclusions: The findings suggest that executive dysfunction in OCD cannot be explained solely by symptom severity but is closely linked to maladaptive cognitive biases, particularly thought–action fusion of one's own thoughts. Biased appraisals of personal intrusive thoughts appear to exacerbate deficits in metacognition, cognitive flexibility, and inhibitory control. This suggests that targeting both executive processes and cognitive distortions may be essential in developing more effective interventions for OCD. Future research should explore their role in treatment response.

Disclosure of Interest: None Declared

EPV944

Unmasking The Self – A Case of Body Dysmorphic Disorder

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Introduction: Body dysmorphic disorder (BDD) stands at the intersection of psychiatry and the silent language of the body, where the mirror reflects not reality but an unrelenting distortion. Patients often perceive themselves as disfigured or abnormal and sometimes have perceptions that brush into quasi-persecutory experiences, blurring the boundary with psychotic disorders. This sense of disfiguration can become magnified into an intolerable flaw, challenging clinicians to distinguish structural reality from psychopathological amplification.
Objectives: Describe the case of a patient with an overwhelming preoccupation with mandibular retrognathism, who resorted to wearing a mask to hide what he perceived as unbearable deformity. Moreover, explore the diagnostic limbo between BDD and potential primary psychotic disorder.
Methods: Comprehensive psychiatric assessment, including family interviews and detailed mental state evaluation, with particular attention to the patient's persecutory-like ideation—specifically, his conviction that others were staring at or commenting on his mandibular appearance. Diagnostic formulation carefully weighed BDD against the possibility of psychosis-spectrum pathology.
Results: Initially, the patient arrived persistently wearing a mask, symbolizing self-protection and self-image issues. He exhibited depressed mood, anhedonia, restricted affect, and rigid attribution of blame toward his mother for his perceived mandibular retrognathism. Psychotic phenomena, including persecutory ideation and possibly auditory-verbal due to inappropriate head turns and facial expressions, could not be excluded. Family engagement illuminated premorbid personality traits, mannerisms and the evolution of the symptoms.
Conclusions: This case underscores the fragile threshold between BDD and psychotic-spectrum pathology, where distorted reflections of self manifest in both behavior and interpersonal relationships. Recognising such overlap is vital, as treatment relies on a multimodal intervention, integrating psychotherapy, pharmacotherapy, and family support are essential. The mask, rather than offering relief, symbolised the split between external concealment and internal torment.

Disclosure of Interest: None Declared

EPV945

Obsessive-compulsive disorders as a result of traumatic brain injuries in middle age people

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Introduction: Introduction- Traumatic brain injury neuropsychiatric results are important causes of morbidity. Among of theme are the obsessive-compulsive disorders (OCD).
Objectives: Aim-Aim of this study is to present cases with obsessive-compulsive disorders as a result of traumatic brain injuries in middle age people
Methods: Material-Methods-10 patients are presented.7 males (70%) and 3 females (30%) Range of age between 50-65 years old. All of theme (10-100%) were evaluated, with clinical and radiological exam(ct,mri) plus diagnostic tests for Obsessive-compulsive disorders
Results: Results-Good results in 8 cases (80%) and moderate in 2 (20%). Collaboration between various medical disciplines is essential in order to achive optimal results and clarify the theory,the etiology, and treatment effectiveness.

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