

Methods: Comprehensive presentation of patient's case and review of systematic literature using database, in regards to connective tissue disorders and psychiatric conditions.

Results: A 42-year-old female patient, diagnosed with anxiety disorder 7 years prior, who has shown no remission and has experienced multiple hospital admissions over the past year due to various psychotic and depressive episodes, presented to our hospital with complaints that a "sorcerer" had cast spells on her. She reported delusions of mystical and somatic nature, describing that as a result of these spells, supernatural entities had caused her teeth to shrink, her skull to shift, the brightness in her eyes to diminish, her internal organs to decay and her physical presence to fade away. Additionally, she expressed paranoid-persecutory delusions that these entities would ultimately lead to her death. Treatment history included multiple SSRIs, antipsychotics and 6 sessions of TMS therapy, all with limited response. Her family history revealed that her father had died by suicide and her siblings were also diagnosed with depression/anxiety disorders.

The patient was admitted with a preliminary diagnosis of psychotic depression. Physical examination findings included hyperflexibility and hyperlaxity, suggestive of EDS. As the patient was at increased theoretical risk for complications; several consultations were requested to assess fitness for treatment prior to ECT. Based on these evaluations, ECT was deemed safe to proceed. Bifrontal ECT was successfully administered, resulting in marked improvement in the patient's psychotic symptoms.

Conclusions: Even delusions are remarkably indicative for psychosis, it is crucial to recognize the underlying medical conditions may contribute to its onset and/or exacerbation. Psychiatric evaluations should be performed during EDS patients' routine follow-ups. Additionally, as is already shown in other case reports, administration of ECT in patients with EDS should be considered. However, further research is required to understand the eligibility of ECT on connective tissue disorders also to expand our repertoire in the treatment.

Disclosure of Interest: None Declared

EPV1661

Electroconvulsive therapy in patients with cranial metal implants

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Introduction: Electroconvulsive therapy (ECT) is a widely recognized and effective treatment for severe psychiatric conditions, including major depressive disorder, treatment-resistant depression, and some psychotic disorders. Although ECT is highly effective, administering it to patients with cranial metal implants—such as plates, screws, clips, or electrodes—presents potential safety challenges. Metal implants, particularly those made of ferromagnetic materials, may interact with the electrical currents in ECT, which can lead to heating, shifting of the implant, or other adverse effects, thereby raising safety concerns.

Objectives: To review the safety and clinical considerations of electroconvulsive therapy in patients with cranial metal implants. This literature search aims to identify evidence on risks, contraindications, and guidelines to support safe and effective treatment in this population.

Methods: We conducted a literature search on PubMed to investigate the application of ECT in patients with cranial metal implants. The search included keywords "electroconvulsive therapy" and "ECT" combined with the terms "cranial metal implants," "head metal implants," and "metallic skull plate" interchangeably. We included only case reports. We used this approach to gather relevant studies addressing the safety, efficacy, and considerations of electroconvulsive therapy in individuals with metal implants in or near the skull.

Results: The literature search identified 11 case reports documenting the successful administration of ECT in patients with cranial metal implants. Across these cases, ECT was performed without adverse events related to the implants, and treatment outcomes were reported as effective in managing psychiatric symptoms. Most reports emphasized careful planning and individualized assessment to minimize risks, particularly regarding implant location and material composition. Safety measures included conducting pre-treatment imaging to evaluate implant positioning.

Conclusions: The connection between cranial metal implants and ECT necessitates careful consideration of safety protocols to prevent potentially hazardous interactions. While metals such as titanium are generally not problematic for this therapy, it is essential to consider the type of metal, its location, and its magnetic properties before applying this technique. Our clinical experience also shows positive outcomes in patients with cranial metal implants, demonstrating safe and effective administration with proper evaluation and precautions. Further research and establishing safety guidelines will be crucial for optimizing treatment and minimizing risks for patients with metal implants.

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Psychotherapy

EPV1663

Interpersonal Psychotherapy (IPT) for Eating Disorders: A Literature Review

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Introduction: Interpersonal Psychotherapy (IPT) has been recognized as an effective treatment for various eating disorders, particularly Binge Eating Disorder (BED) and Bulimia Nervosa (BN). IPT focuses on addressing interpersonal difficulties, such as role transitions, interpersonal disputes, and social deficits, which are common in individuals with eating disorders. While evidence supports its use for BED and BN, its effectiveness for Anorexia Nervosa (AN) remains limited. Group-based IPT has also shown promise by targeting interpersonal deficits that perpetuate disordered eating behaviors.

Objectives: This literature review aims to evaluate the efficacy of IPT in treating eating disorders, with a focus on BED and BN. Additionally,

it explores the role of interpersonal deficits as a central focus of IPT and compares the outcomes of individual and group-based IPT formats.

Methods: A review of peer-reviewed studies, clinical trials, and meta-analyses published between 2000 and 2024 was conducted. The review assessed the effectiveness of IPT in reducing disordered eating behaviors, improving interpersonal functioning, and maintaining long-term treatment gains. Studies on both individual and group IPT formats were included, with a focus on binge eating reduction, interpersonal relationship improvements, and relapse prevention.

Results: The literature consistently shows that IPT is effective in reducing binge eating behaviors and improving interpersonal relationships in individuals with BED. Group IPT, in particular, has been shown to effectively address interpersonal deficits, providing social support and improving interpersonal skills, which contributes to sustained treatment outcomes. IPT has demonstrated comparable short-term efficacy to Cognitive Behavioral Therapy (CBT), with studies indicating superior long-term maintenance of treatment effects. However, evidence for IPT's use in AN remains sparse.

Conclusions: IPT is a promising treatment for eating disorders, particularly for individuals with BED and BN who exhibit significant interpersonal deficits. Group IPT appears to be especially effective in addressing these interpersonal issues, providing long-term benefits. While CBT remains the most widely used therapy, IPT offers a valuable alternative, particularly for individuals who do not respond to CBT. Future research should focus on exploring IPT's mechanisms and expanding its application to other eating disorders, including AN, where evidence is currently lacking.

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EPV1664

Integration of Ego-States Therapy into a Day Clinic Approach for Addictive Disorders: A Case Report

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Introduction: The relationship between childhood traumatic experiences and substance use disorders (SUD) has been the subject of considerable discussion in the literature. The development of efficacious therapeutic models for the treatment of these comorbidities remains an ongoing area of research. In particular, trauma-related disorders accompanied by dissociative changes and SUD may be effectively treated with ego-states therapy, which employs a combination of psychoanalytic and hypnoanalytic methods with other systemic approaches.

Objectives: The objective of this presentation is to illustrate a case study from an interdisciplinary day clinic that employs an integrated approach to the treatment of substance use disorders (SUD) and other comorbidities. Furthermore, we will propose an innovative naturalistic method for addressing complex phenomenological manifestations of trauma-related disorders in individuals with SUD.

Methods: In this presentation, we will introduce a psychotherapeutic method from a day clinic in Lower Saxony, Germany, through a comprehensive case study.

Results: Case:

A 40-year-old woman was referred to the day clinic following a period of ward treatment following the death of her father. This period led to an increase in her cannabis consumption and a concomitant increase in depressive symptoms. In her history, she revealed that her elder sister had committed suicide when the patient was in primary school. Consequently, she was tasked as a child with the responsibility of handling all bureaucratic matters with her parents, as she was the only member of her family who could speak German due to their migration background.

During the psychotherapeutic treatment, various ego states were identified and addressed through a combination of psychoanalytic, systemic-milieu therapeutic, and family therapeutic interventions. Particular attention was paid to those aspects that had been functional during childhood but were now manifesting in a destructive manner. The adult ego-states were activated to bring those processes into conscious awareness and promote psychological stabilization. By the end of the 6-week day clinic process, cannabis levels were no longer detected in the urine, and a significant reduction in depressive symptoms was observed.

Conclusions: Complex phenomenological presentations require multidisciplinary, holistic, and integrative therapeutic approaches. Further evidence-based evaluations are necessary to optimize treatment outcomes for such cases.

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EPV1665

Cognitive Behavioral Therapy for Obsessive-Compulsive Disorder with Comorbid Schizophrenia: A Case Report

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Introduction: In the general population, the lifetime prevalence rates for obsessive-compulsive disorder (OCD) range between 1.9% and 3.3%. In patients with schizophrenia, the prevalence rates of OCD range between 7.8% and 26%. Accurate diagnosis has prognostic and treatment implications. The empirical basis regarding the optimal treatment for comorbid OCD in patients with schizophrenia is almost nonexistent.

Objectives: We report a successful treatment course of intensive CBT for a patient with OCD comorbid with schizophrenia and reflect on the difficulties in the management and treatment of these cases.

Methods: We describe a case report in which OCD emerged gradually after the remission of positive symptoms of schizophrenia. The CBT involved psychoeducation, case formulation, cognitive restructuring, and exposure and response prevention.

Results: The case is a 24-year-old male, single, with no comorbid somatic diseases. He was admitted to our psychiatric ward for self-muttering activity and delusion of thought broadcasting from the past year. A diagnosis of schizophrenia was made. We started risperidone gradually titrated to 6 mg/day. During his follow-up period, he reported having repetitive and intrusive thoughts of blasphemous nature despite well-controlled psychotic symptoms. He acknowledged these thoughts as originating in his own mind but was unable to stop them on his own accord. He also reported obsessions related to contamination and disgust. This led to