

EPV0459

Mental or Metabolic?: Misdiagnosis of Wilson Disease as Primary Psychiatric Disorder in Multiple Members of a Pakistani Family

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Introduction: Wilson disease is an autosomal recessive disorder that leads to defective copper metabolism. It manifests as neurologic, hepatic and psychiatric symptoms (Benhamla et al. *Encephale* 2007; 33(6):924–32). Through a case series of three family members, we emphasize the varied presentation of Wilson disease, and the need for investigation of metabolic causes of such symptoms especially in families with a history of consanguinity.

Objectives: We aim to underscore the importance of considering metabolic causes of psychiatric symptoms, particularly when these symptoms cluster within families.

Methods: The cases are presented followed by an exploration of social context, gaps in existing literature, and suggestions for clinical practise.

Results: Case 1: A 32-year-old male previously having received diagnoses of Treatment-Resistant Schizophrenia and Obsessive Compulsive Disorder over a period of 13 years presented with cognitive decline, delusions of persecution and reference, 2nd and 3rd person auditory hallucinations, preoccupation with cleaning and a significant decline in the ability to perform activities of daily living. Despite extensive psychiatric treatment, his symptoms worsened, raising suspicion for an underlying medical condition.

Case 2: A 16-year-old male, once a bright student, presented with progressive cognitive decline, poor working memory, social withdrawal, needing assistance with ADLs and sialorrhea for 2 years. These symptoms were initially misattributed to psychological stress and academic pressure, but the lack of response to treatment and worsening neurological signs of poor coordination raised suspicion for an organic cause. His eye exam was positive for Kayser Fleischer ring and his serum ceruloplasmin was below threshold level. This prompted a similar workup for his elder brother which was positive for Wilson disease.

Case 3: The mother of the aforementioned two patients, after witnessing her younger son's decline, developed major depressive disorder with psychosis. Her symptoms started following the stress of her children's health problems and their lack of response to treatment.

Upon genetic counselling, the siblings of the first two patients revealed that they were both respectively engaged to be married to their first cousins and that their mother was adamant about these matches due to family traditions.

Conclusions: These cases underscore the need for a heightened suspicion of Wilson disease and other metabolic disorders in patients who belong to regions with high rates of consanguinity and have clustering of psychiatric disorders in their family. Further studies are needed to determine the true prevalence of Wilson

disease in Pakistan which may be relatively high due to the common practise of cousin marriages (Zimbrea et al. *Gen Hosp Psychiatry*.2014;36(1):53–62).

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EPV0460

Does Psychological Resilience Affect Sexual Satisfaction in Women with Polycystic Ovary Syndrome? A Cross-Sectional Observational Study

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Introduction: Polycystic Ovary Syndrome (PCOS) is a common endocrine disorder in women of reproductive age, characterized by hyperandrogenism, oligomenorrhea/amenorrhea, and polycystic ovary morphology. PCOS can negatively impact sexuality due to physical issues like hyperandrogenism, metabolic syndrome, and infertility, as well as the psychological burden of the disease and associated mental health issues. Psychological resilience, defined as the ability to cope with stress and recover, is known to aid in managing physical illnesses and improve treatment outcomes. Although psychological resilience and sexuality are individually studied in relation to physical and psychological problems, research on their relationship, especially in PCOS, is limited.

Objectives: This study aimed to explore the relationship between psychological resilience and sexual satisfaction in women with PCOS, comparing it with a healthy control group, and to identify factors affecting sexual satisfaction in PCOS patients.

Methods: 70 women aged 18-40 with a PCOS diagnosis and 69 healthy controls matched for age and education participated in this study. Participants underwent a psychiatric interview according to the SCID-5 and completed the Sociodemographic Data Form, Psychological Resilience Scale for Adults (RSA), Hospital Anxiety and Depression Scale (HADS), Golombok Rust Inventory of Sexual Satisfaction (GRIS), and Arizona Sexual Experiences Scale (ASEX). Blood tests requested by the gynecologist were also documented for the PCOS group.

Results: Women with PCOS exhibited lower psychological resilience than healthy controls, particularly in self perception area as shown in **Table 1**. They also reported lower sexual satisfaction with partners. No significant difference was found in masturbation frequency between the groups, nor was masturbation related to sexual satisfaction in either group. However, increased psychological resilience was associated with higher sexual satisfaction in both groups, with future perception area on the RSA significantly impacting sexual satisfaction. Examination of the relationship between RSA scores and GRIS and ASEX scores in women with PCOS is presented in **Table 2** and **Table 3**.