

Conclusions: Our results suggest that anxiety disorders are prevalent in postnatal period. Healthcare professionals should be aware that women with insomnia in third trimester may have an increased risk of postnatal anxiety disorders.

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Diagnosis and therapeutic challenges in the exploration of cyberchondria

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Introduction: Cyberchondria is usually defined by health-related worries and repeated searches on the Internet for data on health conditions, although this behavior is associated with significant discomfort, distress, or anxiety. However, no consensus on a definition exists, and the nosography of this disorder is still uncertain, as it is not recognized by any of the currently available classifications of mental disorders. Still, cyberchondria has been associated with a negative impact on the quality of life and comorbid anxiety-depressive clinical manifestations (Ambrosini et al. *Heliyon* 2022;8 (5) e09437), thus highlighting the need for early detection and treatment of this disorder.

Objectives: This review aimed to assess the data supporting the diagnosis and therapeutic management of cyberchondria and to identify areas for further research in this field.

Methods: The review included three databases (Google Scholar, PubMed, and EMBASE), explored from their inception to June 2024, for papers published in English using the keywords “cyberchondria,” and “diagnosis,” “clinical scales,” or “treatment.”

Results: According to data extracted from 34 primary and secondary sources, health anxiety (HA) was positively correlated with seeking online information about health and with cyberchondria. Studies exploring the overlap between HA and cyberchondria have found the two conditions were distinct on multiple measures, including functional impairment and healthcare resources use. The construct of cyberchondria has several dimensions, such as “compulsion,” “distress,” “excessiveness,” “reassurance,” “mistrust,” “illness-related Internet use,” and “metacognitive beliefs,” which are explored by specific structured methods. Two questionnaires have been created for this purpose, i.e., the Cyberchondria Severity Scale (CSS) (McElroy & Shevlin *J Anxiety Disord* 2014;28(2) 259-65) and the Online Health-related Beliefs and Behaviours Inventory (Singh & Brown *Anx Stress Coping* 2014;27(5) 542-54). Prevention should target Internet users’ expectations (avoiding self-diagnosis, verifying data on the Internet with a health specialist, and searching for low-quality information on unofficial sites). Group cognitive-behavior therapy delivered by the Internet was associated with favorable results, based on the CSS scores, but there is a need for further, larger group studies to confirm these observations.

Conclusions: Cyberchondria still needs extensive explorations to be defined as a nosographic stable condition, although dimensions of this concept have begun to be explored in a systematic manner,

and studies investigating psychotherapeutic approaches for this disorder have been initiated. Due to the continually increasing access of the general population to medical data online, the exploration of HA and cyberchondria is expected to attract more interest from mental health specialists in the near future.

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Psychotherapeutic approaches to illness anxiety disorder

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Introduction: Hypochondriasis was included in DSM-III up to DSM-IV TR in the category of „somatoform disorders,” and ICD-10 concurred with this classification. However, in the last editions of the DSM (i.e., 5 and 5TR), this entity has been transformed into „illness anxiety disorder” (IAD) based on its main clinical feature- the fear of having or contracting a serious disease, although no medical evidence to support such an assumption exists. ICD-11 preserves the term „hypochondriasis” but places it between „obsessive-compulsive or related disorders.” Approaching patients with hypochondria or IAD is reputedly difficult due to the difficulty of maintaining a therapeutic relationship, the sensitivity of these patients to medical data that deny their assumptions of being somatically ill, and their tendency to continuously search the information that validates their belief about their own health.

Objectives: To conduct a literature search to assess the efficacy of psychotherapeutic interventions for patients with IAD.

Methods: This review included three databases (Google Scholar, PubMed, and Web of Science/Clarivate) that were searched from their inception until June 2024 for papers published in English corresponding to the keywords “hypochondriasis,” or illness anxiety disorder,” and “psychotherapy*.”

Results: Cognitive-behavioral therapy (CBT) was used successfully in case reports of IAD when integrated into case management. In a clinical trial, CBT plus fluoxetine led to better results than either intervention alone after 24 weeks. Systematic reviews and meta-analyses showed CBT, cognitive therapy, behavioral therapy and behavioral stress management may significantly reduce hypochondriacal symptoms versus waiting list. The therapeutic approach for IAD was focused on restructuring the catastrophic anticipations, exposure to feared stimuli, and learning relaxation techniques, replacing avoidance and reassurance-seeking with adaptive coping skills and problem-solving techniques. Mindfulness-oriented therapy, group therapies, and acceptance and commitment therapies have also been explored in this population, but the level of quality is low.

Conclusions: CBT remains the only psychotherapy that proved efficacious for patients with IAD, but most of the data retrieved is derived from case reports and small trials. Changes in the terminology