

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.

Disclosure of Interest: None Declared

EPV0185

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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EPV0186

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

and conceptualization of hypochondriasis/IAD may negatively interfere with the possibility of selecting homogenous groups for clinical studies.

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EPP006

Emotional awareness and expression therapy vs cognitive behavioural therapy in patients with chronic pain: Systematic review and Meta Analysis

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Introduction: Emotional awareness and expression therapy (EAET) is a newer approach that focuses on identifying and expressing repressed emotions. While cognitive behavioural therapy (CBT) has ample evidence supporting its efficacy, the benefits provided by EAET are still unknown.

Objectives: We aimed to compare the efficacy of EAET versus CBT in treating chronic pain and stress-related conditions.

Methods: We systematically searched PubMed, Embase, Cochrane and Web of Science databases for randomized controlled trials (RCTs) comparing EAET with CBT in patients with chronic pain. Statistical analysis was performed using Review Manager 8.1.1 (Cochrane Collaboration). Heterogeneity was assessed by I^2 . We pooled mean differences (MD) with 95% confidence intervals (CI). Reduction in pain severity was assessed using brief pain inventory (BPI), anxiety by PROMIS anxiety short form 7a, sleep disturbances by PROMIS sleep disturbances short form 8a and satisfaction with life by NIH toolbox general life satisfaction fixed form B.

Results: Three RCTs reporting data on 333 patients were included. Among them, 173 (52%) received EAET and 160 (48%) received CBT. Follow-up ranged from 3 to 6 months. The mean age of patients between studies ranged from 48 to 75 years. EAET significantly reduced pain severity (MD -0.93 points; 95% CI -1.63 to -0.23; $p=0.009$; $I^2=81\%$) compared with CBT. There were no differences in anxiety (MD -1.62 points; 95% CI -4.30 to 1.05; $p=0.23$; $I^2=91\%$), Sleep disturbance (MD -0.21 points; 95% CI -0.55 to 0.12; $p=0.22$; $I^2=55\%$) and satisfaction with life (MD 0.71 points; 95% CI -0.24 to 1.65; $p=0.14$; $I^2=94\%$).

Conclusions: In patients with chronic pain, EAET was associated with a greater reduction in pain severity compared with CBT.

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Bipolar Disorders

EPV0188

Assessment of suicide risk in stabilized bipolar patients

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Introduction: Suicide risk is a significant concern in bipolar disorder, with a notably higher rate of suicidal behaviors compared to the general population. Stabilized bipolar patients, while in remission, remain at risk due to the chronic nature of the illness and its associated mood dysregulation.

Objectives: This study aims to evaluate the prevalence and characteristics of suicide risk in a sample of stabilized bipolar patients.

Methods: We approached 107 stabilized bipolar patients attending the psychiatry outpatient unit at the Hedi Chaker University Hospital in Sfax. Ninety-three patients agreed to participate in the study. We collected their sociodemographic and clinical data. Suicide risk was assessed using the Mini International Neuropsychiatric Interview (MINI).

Results: The mean age of the participants was 41.49 ± 12.33 years, with a predominance of males (72%). Among the patients, 58.1% were married, 47.3% were unemployed, and 44.1% reported low income. Medical comorbidities were reported by 35.5% of patients, while 11.8% had psychiatric comorbidities in addition to bipolar disorder.

Lifestyle factors revealed that 49.5% of the participants were smokers, 11.8% consumed alcohol, and 2.2% used cannabis.

Most of the patients were diagnosed with type I BD (74.2%), and 18 patients (19.4%) had a history of attempted suicide.

At the time of the study, 19.4% of the patients were assessed as being at risk of suicide with 17.2% presenting low risk and 2.2% exhibiting moderate risk.

Conclusions: This study reveals that a significant portion of stabilized bipolar patients remain at risk for suicide, with nearly one in five participants showing some level of suicide risk despite their clinical stabilization. While most were categorized as low risk, the findings underscore the necessity for continuous suicide risk assessments and preventive strategies, even during periods of mood stability.

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EPV0190

Early detection of pediatric bipolar disorders: a systematic review and meta-analysis

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Introduction: Bipolar disorders (BD) are among the most impairing of pediatric psychiatric disorders. Even though BD symptoms may begin in adolescence, they are frequently not diagnosed until adulthood. BD screening tests could aid diagnostic assessment in paediatric populations and are supported by The International Society for Paediatric Bipolar Disorders Task Force and empirical evidence.