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Introduction: Corticosteroids are integral in treating various medical conditions across multiple specialties. However, they are known to induce psychiatric adverse effects, ranging from subtle mood changes and memory deficits to psychosis.
Objectives: This review aims to explore the current literature on these effects, identifying risk factors and strategies for early intervention.
Methods: A non-systematized literature review was carried out on PubMed and Google Scholar. The following words were searched: ("corticosteroids" OR "steroids" OR "glucocorticoids") AND ("psychiatry symptoms" OR "psychosis" OR "mood" OR "memory").
Results: Despite being recognized for their strong anti-inflammatory and immune-suppressing effects across various medical conditions, corticosteroid therapies frequently come with neuropsychiatric complications, the understanding of which is still limited. Although symptoms usually emerge within 3 to 4 days after starting corticosteroid treatment, they can manifest at any point, even after the therapy has been completed or stopped. Dosage is a significant risk factor, with high doses increasing the likelihood of psychosis. Depression is more prevalent among women. Additional risk factors include past psychiatric history, compromised blood-brain barrier, and hypoalbuminemia. However, some instances show beneficial outcomes, such as alleviation of depressive symptoms without triggering mania and improvements in cognitive function.
Conclusions: Early diagnosis and awareness are crucial in managing corticosteroid-induced psychiatric symptoms. Initial steps should involve tapering or discontinuing corticosteroids, supplemented by psychotropic medications if necessary.

Disclosure of Interest: None Declared

EPV1295

Prevalence of body dysmorphic disorder in the aesthetic medicine practice: a systematic review

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Introduction: Body dysmorphic disorder (BDD) consists of preoccupation with one or more perceived defects or flaws in physical appearance that are not observable or appear slight to others, and which cause a great social deterioration. Its prevalence in aesthetic medicine is around 10 percent, and it is higher in women.
Objectives: The overall objective of this systematic review is to gather integrated evidence to ascertain the prevalence of body dysmorphic disorder in an aesthetic medicine practice and its association with satisfaction with the results of the derived interventions.
Methods: An initial search of ScienceDirect, PubMed, PsycInfo, Cochrane, and CINAHL was conducted. In addition, scientific journal publications, book articles and clinical guidelines were used. The search terms were: "body image", "eating disorder", and "aesthetic medicine". The search included results from January 2000 to January 2023, in Spanish and English.
Results: The total number of participants in all studies was 3004. 42.86% of the studies were conducted between 2000 and 2009, while the rest were conducted from 2010 onwards. It has been observed that most patients with BDD seek non-psychiatric treatment for their perceived appearance defects. The result after an aesthetic intervention is that in most patients with BDD there is no improvement in the concern for the perceived body image defect, and they present greater dissatisfaction. A high number of patients with BDD are being overlooked in aesthetic medicine practice who should receive a combined medical and psychological intervention.
Conclusions: It is necessary to create protocols for an early diagnosis of body dysmorphic disorder in the aesthetic medicine practice which include a comprehensive approach.

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EPV1296

Advances in Catatonia: Diagnostic Breakthroughs, Neuroimaging Insights, and Emerging Treatments

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Introduction: Catatonia is a neuropsychiatric syndrome characterized by motor, behavioral, and autonomic disturbances, frequently associated with psychiatric disorders such as schizophrenia and mood disorders, but also manifesting in medical conditions like autoimmune encephalitis and epilepsy. Despite its prevalence, catatonia remains underdiagnosed and undertreated. Recent advances in neuroimaging, diagnostic frameworks, and therapeutic interventions have enhanced our understanding of the syndrome, contributing to improved clinical outcomes.
Objectives: This abstract synthesizes recent developments in the diagnosis and treatment of catatonia based on research conducted from 2020 to 2024.
Methods: A systematic review of the literature published between 2020 and 2024 was performed using databases such as PubMed and Google Scholar. The search strategy included the terms "catatonia," "diagnosis," "treatment," and "neuroimaging." Relevant studies, case reports, and reviews focusing on diagnostic innovations, neuroimaging techniques, and therapeutic advances were included.
Results: Advances in neuroimaging, particularly functional MRI, have revealed abnormalities in the frontoparietal cortex, basal ganglia, and cerebellum, offering insights into the neurobiological mechanisms underlying catatonia. Resting-state fMRI studies have demonstrated altered functional connectivity in these regions, facilitating differentiation between catatonia and other movement disorders. Diagnostic tools such as the Bush-Francis Catatonia Rating Scale (BFCRS) remain integral to clinical assessment.

Benzodiazepines, particularly lorazepam, continue to be the first-line treatment, while electroconvulsive therapy (ECT) is employed in treatment-resistant cases, especially in malignant catatonia marked by autonomic dysregulation. Emerging treatments, including NMDA receptor antagonists like memantine, have shown potential in refractory cases. Special considerations are required for populations with autism spectrum disorder (ASD) and neurodevelopmental conditions, where catatonia presents uniquely.
Conclusions: Recent findings underscore the importance of early diagnosis and timely intervention in catatonia. Advances in neuroimaging and novel therapeutic options have enhanced the management of this complex condition, opening new directions for research and clinical practice.

Disclosure of Interest: None Declared

EPV1297

The experience of Stigma on Recovery Among Parents with Serious Mental Illness: A Systematic Review

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Introduction: The parental role is often central to the recovery process. For the 70% of people with Serious Mental Illnesses (SMI) who are or will become parents, the parental role is often central to their recovery process. Although a growing number of studies focuses on recovery in parents with SMI, little is known about the experienced influence of stigma on recovery within this specific group.
Objectives: This systematic review aims to provide a deeper understanding of the interaction between various types of stigma, the parental role, and the recovery process in parents with SMI.
Methods: A systematic search was conducted in four online databases and the reference lists of included articles. Primary research studies of any design that included stigma- and recovery-related experiences among parents with SMI were included. Stigma-related experiences were categorized into six distinct types. The findings of included studies were inductively coded. Reflexive Thematic Analysis (RTA) was applied for the data-analysis.
Results: A total of 25 studies were included, all of which identified various types of stigma related to the parental role. The data analysis of the interaction between the parental role, stigma, and recovery resulted in the conceptualization of six themes: (1) Loneliness and isolation; (2) Struggling with parental identity; (3) Protecting the children; (4) Not having the same rights and chances; (5) Lost in the system and (6) Overcoming stigma.
Conclusions: Parents with SMI experience stigmatization of their condition as well as stigmatization of their parental role. Stigmatization of the parental role can have a profound impact on their recovery process, since it limits or even restricts parents from fulfilling their parental role. In order to protect their parental role and family life, parents are hesitant to disclose their SMI and ask for help. As a result, parents and their families are hindered in receiving the needed (psychiatric) support. Since the parental role is central to the recovery process for parents with SMI, it is crucial for Mental Health professionals to pay specific attention to the stigma- and recovery-related factors associated with this role.

Disclosure of Interest: None Declared

EPV1298

Communicating Bad News in Emergency Health Care: clinicians needs and perceptions - a comparative study between Portuguese and Brazilian samples

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Introduction: Communicating bad news is a common occurrence in the healthcare sector, especially in emergency services. However, it is also recognized as one of the most stressful, uncomfortable and difficult moments. Clinicians may appear cold, exhibiting depersonalized communication, or feel detached and overwhelmed due to a lack of training in communicating bad news. Therefore, it is crucial to develop their skills in communicating bad news to improve their proficiency in these challenging situations.
Objectives: The purpose of this study is to comprehend the specific needs of clinicians when delivering bad news to emergency patients, and to identify effective strategies for tailoring educational programs to the demands of emergency healthcare. Additionally, the study aims to identify differences and similarities across two geographic and cultural settings.
Methods: A group of emergency health professionals working in Portugal and Brazil were invited to participate in the study. We will collected sociodemographic data and performed a professional characterization. Participants will describe their experience and training in delivering bad news in emergency settings and preferences regarding methods and design of communication skills training. The evaluation included clinicians self-evaluate their knowledge, skills, and application of seven relevant skills (adapted from Breaking Bad News, Servotte et al 2019).
Results: We expect clinicians from emergency health units in Portugal and Brazil to identify specific strategies applied when delivering bad news, and how theoretical knowledge and previous training imbed their sense of capability. Sociodemographic and professional characteristics are probable factors influencing clinicians' self-perception of communicating bad news to emergency patients and families.
Conclusions: Breaking bad news can be challenging for clinicians due to the complexity of communication and the emotional intensity involved. This highlights the need for tailored training programs that are culturally adapted and focused on clinicians' needs and preferences. Albeit speaking the same language differences in the healthcare setting (Portugal vs. Brazil) must be considered when designing educational interventions.

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