**Methods:** Data were collected from January to July 2021 via a Google form. Participants included 35 Russian university students in humanities and 59 HIV-positive patients. Self-regulation styles were measured using V.I. Morosanova's "Style of Self-Regulation of Behaviour" questionnaire, and quality of life was assessed with the WHOQOL-BREF, adapted for Russian respondents.
**Results:** In the group of students positive correlations of physical and psychological well-being with programming ($r_s = 0.405$, $p < 0.05$); self-perception — with programming ($r_s = 0.522$, $p < 0.01$), evaluation of results ($r_s = 0.586$, $p < 0.01$) and general level of self-regulation ($r_s = 0.389$, $p < 0.05$); microsocial support — with evaluation of results ($r_s = 0.336$, $p < 0.05$) were found. In the patient group, physical and psychological well-being were associated with outcome evaluation ($r_s = 0.343$, $p < 0.01$); self-image — with modelling ($r_s = 0.605$, $p < 0.01$), outcome evaluation ($r_s = 0.467$, $p < 0. 01$), flexibility ($r_s = 0.444$, $p < 0.01$) and overall level of self-regulation ($r_s = 0.439$, $p < 0.01$); microsocial support — with modelling ($_s = 0.366$, $p < 0.01$); social well-being — with modelling ($r_s = 0.442$, $p < 0.01$) and flexibility ($r_s = 0.346$, $p < 0.01$).
**Conclusions:** The study found that self-perception was the most frequently correlated factor with self-regulatory behaviour in both students and HIV-positive group, indicating that satisfaction with life, sense of purpose, and emotional stability contribute to self-regulation even in challenging conditions. However, social well-being was a unique influencing factor for people living with HIV, highlighting a dependency on material and societal conditions that was less pronounced in student's group. This suggests that HIV patients are more sensitive to social and environmental stability, whereas students rely more on internal self-regulatory mechanisms for adaptation.

**Disclosure of Interest:** None Declared

## EPV1331

## Catatonic syndrome: origin, diagnosis, treatment and iatrogenesis. Case report

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**Introduction:** The catatonic syndrome is a heterogeneous syndrome that manifests with a variety of symptoms, whose management is not clearly predefined despite being a clinically diagnosable entity. It is a frequently underdiagnosed and undertreated condition that can lead to the death of the patient, and which originates from a large number of psychiatric and organic pathologies.
**Objectives:** To present a case highlighting the most significant and representative findings typically observed in catatonic syndrome, as well as to highlight the most relevant data regarding the origin, diagnosis and treatment of this entity.
**Methods:** This case report describes a single patient. The methodology includes a detailed study of the symptoms manifested by the patient and the main guidelines for therapeutic management.
**Results:** In this poster, the case of a 24-year-old man who comes to the emergency room with what appears to be catatonic syndrome is presented. The most notable symptoms include mutism with occasional echolalia, facial echomimia, apragmatic and disorganized behavior with a tendency toward inhibition, flexibilitas cerea, and antigravity postures. It was decided to administer high doses of benzodiazepines and subsequently electroconvulsive therapy since one of the most frequently seen evidence in catatonic syndrome is dysfunction in the dopaminergic pathway. The patient presented complications of this treatment such as bronchoaspiration. At the same time, multiple complementary diagnostic tests were performed such as blood tests, brain CT, brain MRI, electroencephalogram, and lumbar puncture, all of them without significant findings. Later, the episode reversed and a psychotic picture with predominance of auditory hallucinations was seen, which progressively improved over weeks with a regimen of antipsychotics (injectable aripiprazole and oral olanzapine).
**Conclusions:** It is therefore concluded that it would be beneficial for it to be more widely represented in treatment guidelines and clinical trials, which would lead to easier and faster clinical decision-making. In other words, it is concluded that early and effective detection and intervention are of vital importance in the management of the catatonic syndrome under study.

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## EPV1332

## A systematic review assessing the efficacy of doxycycline as adjunct therapy for nodding syndrome

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**Introduction:** The rare epileptic seizure syndrome nodding is endemic among African adolescents. While the etiology remains poorly understood, its mechanistic hypothesis suggests a neuroinflammatory disorder that could benefit from mapping Doxycycline as a treatment option. Here, we assess the use of Doxycycline as either monotherapy or adjunct therapy for epilepsy prophylaxis, with a particular emphasis on its intervention for nodding syndrome.
**Objectives:** The primary objective of this study is to assess the safety and efficacy of Doxycycline for treating nodding syndrome. Also to comment on the likely use of Doxycycline as a form of adjunct therapy when paired with other antiepileptic drugs as a means to optimize the management efforts of nodding syndrome.
**Methods:** Our analysis included randomized controlled trials and observational studies which were sorted and assessed in accordance to PRISMA guidelines through a systematic search of the literature using all electronic databases, including PubMed, Google Scholar, Scopus, and Cochrane. The search terms included Doxycycline and nodding syndrome. The systematic set of extraction data were limited to studies that included a confirmed adolescent population exhibiting probable symptoms of nodding syndrome with Doxycycline as the primary intervention. Effect sizes will be measured with a random-effects model, and heterogeneity will be calculated with $I^2$ statistics.
**Results:** Nine studies in total involving 1,120 subjects were analyzed, that included four randomized controlled trials (RCTs)