

**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 ( $r_s = 0.366$ ,  $p < 0.01$ ); 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.

**Disclosure of Interest:** None Declared

## 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)

assessing the effects of doxycycline monotherapy on 480 subjects, as well as five observational studies exploring the use of doxycycline with first-line anti-epileptic drugs (AEDs) on 640 subjects.

#### Seizure frequency reduction

Doxycycline administration on its own reduced seizure frequency by 30% relative to the placebo (relative risk [RR] = 0.70, 95% confidence interval [CI] = 0.60 to 0.85,  $p < .001$ ), whereas, added to AEDs, reduced seizure frequency by 45% (RR = 0.552, 95% CI = 0.42 to 0.73,  $p < 0.001$ ;  $I^2 = 22\%$ , considered low heterogeneity).

#### Lower severity of symptoms

The overall results suggest improvements in motor functions and cognitive assessments of -0.82 (standardized mean difference, 95% CI = -1.12 to -0.52,  $p < .001$ ), which may indicate an improvement in motor symptoms.

#### AED add-on and impact on quality of life

Doxycycline with AED smear resulted in a reduction in seizure frequency of 45% (SMD = -0.68, 95% CI = -0.94 to -0.42,  $p < .001$ ) and a statistically significant improvement in quality of life of approximately 25% ( $p < 0.01$ ); effect estimates presented moderate heterogeneity ( $I^2 = 45\%$ ).

**Conclusions:** Doxycycline has potential for extended use since our findings support a safe and potentially beneficial intervention in nodding syndrome. Our study may serve as a useful guide for the use of antibiotics in other neuropathologies with inflammatory elements.

**Disclosure of Interest:** None Declared

## Pain

### EPV1336

#### Postpartum Depression, Pain Catastrophizing, and Coping Strategies in Early Postpartum Women

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**Introduction:** The postnatal period is a time of great vulnerability in terms of mental health, with depression being one of the most common complications. This condition can significantly affect how women perceive and process the pain and stress associated with childbirth. Pain experienced during pregnancy and postpartum is linked to psychological distress, often influenced by pain catastrophizing a cognitive tendency to dwell on, magnify, or feel helpless in the face of pain. To manage these challenges, many women rely on coping mechanisms to navigate the significant stressors of this period.

**Objectives:** The aim of this study is to explore the relationship between postpartum depression, pain catastrophizing, and coping mechanisms in the postnatal period.

**Methods:** We conducted a cross-sectional descriptive and analytical study targeting women in their first week postpartum who had been admitted to the gynaecology-obstetrics department of the Hedi Chaker University Hospital in Sfax, Tunisia. The study was conducted over a three-month period (October, November and December 2023). We used the Tunisian Arabic version of the

Edinburgh Postnatal Depression Scale (EPDS). Pain catastrophizing was assessed using the pain catastrophizing scale (PCS). We used the French version of the coping scale Ways of coping checklist revised (WCC) to evaluate coping strategies.

**Results:** The study included 220 postpartum women with a mean age of  $31.1 \pm 6.6$ . Psychiatric history was recorded in 5.5% of participants, predominantly bipolar disorders (4.1%). Medical or surgical history was reported by 14.1% of women. Among the participants, 28.6% were primiparous, and 71.4% were multiparous. A history of child loss was noted in 4.5% of cases. Spontaneous labor occurred in 65.5% of women, while 17.7% underwent induced labor. Vaginal deliveries were performed in 56.4% of cases, with forceps used in 8.2%. Postpartum recovery was uncomplicated for 86.4% of participants, while complications occurred in 13.6% of cases. Postnatal care was provided by family members for 55% of women. Postpartum depression was observed in 20.9% of participants. The average score of Pain Catastrophizing Scale (PCS) was  $24 \pm 11$ , and problem-focused coping was the most frequently employed strategy, with a mean score of  $26.51 \pm 6.3$ .

Women with postpartum depression had significantly higher PCS scores ( $p < 0.001$ ). Emotion-focused coping was the predominant strategy used by this group ( $p = 0.003$ ). Conversely, women without postpartum depression were more likely to use problem-focused coping ( $p < 0.001$ ) and social support-based coping ( $p = 0.011$ ).

**Conclusions:** This study reveals that postpartum depression is associated with higher pain catastrophizing and a greater use of emotion-focused coping. In contrast, women without depression tended to use problem-focused and social support-based coping, suggesting that these strategies may help mitigate postpartum psychological distress.

**Disclosure of Interest:** None Declared

### EPV1337

#### Psychosis and Spinal Chronic Pain – Our experience

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**Introduction:** Most common pain in psychosis is headache. On the second place are spinal syndromes. Often patients have chronic spinal pain, and the treatment of neuropathic component is difficult because polymedication and possible drug interaction.

**Objectives:** The aim of our study was the intersection of the state of therapy and therapeutic response in patients with spinal chronic pain and psychosis.

**Methods:** This cross-sectional study includes 25 patients treated at the Department for woman chronic psychosis in the SPH “Slavoljub Bakalovic” in Vršac during their hospitalization. The covered period was from April 1<sup>st</sup> to August 31<sup>st</sup> 2024.

**Results:** During our research, 60 female patients with psychosis were treated at our department, and 25 (41.67%) had spinal chronic pain. The average age of the patients was 60 years (41-75), and the duration of symptoms was from 6 months to 11 years (average 2 years and 2 months). Localization was mainly in the area of the lower back (12), cervicobrachialgia (7), lumboschialgia (5) and only in the lower extremities (1). According to the type of pain,