

including rigidity in thinking and behavior. This inflexibility often manifests as strict food routines in anorexia. Both conditions involve excessive preoccupation with control and perfection, leading to restrictive behaviors and heightened anxiety.

Objectives: To show the clinical presentation of Anorexia Nervosa and autism spectrum disorder through the presentation of two cases.

Methods: Cases presentation and literature review

Results: Case 1

A 15-year-old girl is receiving psychiatric follow-up for restrictive eating habits. She developed normally and has used sophisticated language since childhood. However, during her infancy, she did not engage in symbolic play. Academically, she performs exceptionally well. She describes herself as having a very rigid personality and struggles with understanding irony and certain social behaviors. She has few friends, viewing friendships as a waste of time. Her interests lie deeply in literature and science, and she tends to wear childish clothing. She expresses feelings of jealousy towards her younger sister and mentioned that she reduced her food intake to prevent growing taller and to achieve “thinner ankles.” As she begins psychotherapy, she shares that she finds it challenging to grasp what the psychologist means due to her tendency for literal thinking.

Case 2

The patient is a 14-year-old male from Peru, who arrived in Spain 8 months ago. Developmental milestones within the normal range. Little symbolic play and difficulty with non-verbal language. Highly ritualised behaviours and tendency to obsessions, requiring psychological intervention due to compulsion to clean in the COVID-19 pandemic. The patient was admitted to the inpatient unit for weight loss of 6 kilograms in one month, with food restriction and excessive increase in physical exercise. Selective mutism is associated with months of selective mutism, as ‘he does not speak to people who do not speak with a Peruvian accent’. Parents speak of a rigid and literal idea of ‘having to be thin in order to make friends and strong in order not to be weak’.

Both cases reflect how the rigidity and literal thinking of autistic disorder can lead to extreme behaviours such as ‘don’t eat so as not to grow up’ in the first case, or ‘don’t eat to make friends’ in the second case, lived with no flexibility

Conclusions: There is a recognized connection between ASD and AN, with studies indicating a prevalence of 20-25%. Inflexible thinking associated with ASD can negatively impact the prognosis of AN, as ASD may contribute to the chronicity of the eating disorder. Additionally, psychotherapy can present challenges, and research suggests that behavioral techniques, particularly Applied Behavior Analysis (ABA), tend to yield better outcomes for individuals with AN.

Disclosure of Interest: None Declared

EPV0704

Suicide risk and depressive symptoms in obese patients treated with GLP-1 receptor agonists

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doi: 10.1192/j.eurpsy.2025.1394

Introduction: The Atlas study, conducted in 2023, shows that the global prevalence of high body mass index (BMI) is expected to

increase significantly by 2035, both in adults (from 42% to over 54%) and in young people aged 5-19 years (from 22% to 39%). Also in 2023, the European Medicines Agency (EMA) published a statement warning about the risk of suicidal thoughts and self-harm with glucagon-like peptide-1 receptor agonists (GLP-1 RAs), including semaglutide, tirzepatide and liraglutide. The psychiatric safety of recently developed anti-obesity drugs has not been adequately studied.

Objectives: The objective of this study was to collate and evaluate the existing evidence regarding the psychiatric safety of GLP-1 RAs in individuals without major psychopathology.

Methods: A narrative literature review was carried out in the PubMed, Cochrane and Embase databases, selecting only the articles published in the last 4 years, using the following keywords: depression suicidal ideation, GLP-1 receptor agonists, semaglutide, tirzepatide, liraglutide.

Results: There is a complex relationship between body weight and depressive and anxiety disorders. Obesity can be understood as chronic low-grade inflammation of adipose tissue, and the activation of inflammatory pathways could lead to the development of depression and anxiety. Also, due to cultural norms, obesity contributes to increased body dissatisfaction and lower self-esteem, both of which are associated with depression and anxiety. All of these factors can contribute to the maintenance and worsening of anxiety and depression. In most trials, there was no evidence of an association between treatment with GLP-1 RAs and an increased risk of developing depression or suicidal thoughts/behaviour. Psychiatric adverse events were rare, occurring in only 1.2-1% of patients. Depression was the most common adverse event reported, followed by anxiety and suicidal ideation. Fatal outcomes occurred mainly in men and in people treated with liraglutide, which is associated with a higher risk of suicide than semaglutide. Taglia Pietra et al suggest that the patient population receiving GLP-1RAs compared with other diabetes pharmacotherapies is a group with a higher basal risk of developing depression, rather than a causal effect of the drugs. Recent but limited real-world evidence suggests that the use of semaglutide is associated with reduced suicidal ideation and major depression.

Conclusions: The results of our analysis suggest that GLP-1 RAs did not increase the risk of developing symptoms of depression or suicidal thoughts. However, the severity and fatal outcomes of some of these reports warrant further investigation. People with obesity should be monitored for mental health problems so that they can receive appropriate support and care.

Disclosure of Interest: None Declared

EPV0705

Parental Overcontrol and Its Role in the Development of Anorexia Nervosa: A Case Report

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doi: 10.1192/j.eurpsy.2025.1395

Introduction: Anorexia nervosa is a complex eating disorder often associated with various psychological factors, including maladaptive coping mechanisms and dysfunctional family dynamics. This case report illustrates the impact of parental overcontrol on the development and persistence of anorexia nervosa in a young female patient.