

**Methods:** Through collaborative efforts, the region achieved notable advancements, including the creation of referral criteria from PHC to psychiatry services, structuring inter-service referrals, reactivation of Community Mental Health Teams, and establishment of a "Physician's Bank." Noteworthy was the elimination of a waiting list of over 1,000 patients and the development of quality assessment and performance indicators. The construction of a courtyard for involuntarily hospitalized patients and the creation of an emergency room on Faial Island further exemplified the tangible improvements in patient care and system efficiency. Training programs were extensively implemented across various professional groups, enhancing the capacity for mental health care delivery at all levels.

**Results:** The integration efforts underscored the value of cross-sector collaboration, stakeholder engagement, and the adaptation of models like the SURE framework and COM-B theory to address the multifaceted barriers to mental health care integration. Key facilitators included the development of guidelines, training, and clinical supervision, alongside innovative approaches to public health interventions.

**Conclusions:** The transformative work in the Azores exemplifies how integrated care models, supported by strategic collaborations and policy reforms, can significantly enhance mental health service delivery in geographically isolated regions. It underscores the importance of systemic approaches to training, infrastructure development, and stakeholder engagement in achieving sustainable improvements in mental health care.

**Disclosure of Interest:** None Declared

## Obsessive-Compulsive Disorder

### EPP426

#### The role of TMS in the clinical trajectory of patients with resistant Obsessive Compulsive Disorder Systematic Review

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#### Introduction:

- Obsessive- Compulsive Disorder (OCD) is a neuropsychiatric illness affecting 2-3% of the United States population during their lifetime. It is a highly prevalent chronic disorder, often refractory to treatment, an understanding of the pathophysiology of OCD is crucial to optimize treatment. The most common comorbid diagnosis is major depressive disorder (MDD). In 2018, the US Food and Drug Administration cleared the treatment of resistant OCD with high frequency deep repetitive transcranial magnetic stimulation (dTMS) over the dorsomedial prefrontal and anterior cingulate cortices (DMPFC-ACC) with the H7 coil based on the efficacious results of a multi-center study. Compare to H7 coil, H1 coil which is approved for the treatment of resistant MDD, targets and stimulate the left prefrontal cortex more than the medial and right prefrontal cortices.
- Carmi L, Tendler A, Rodrigues da Silva D,

**Objectives:** To assess the effect of TMS in patients with refractory OCD

**Methods:** We conducted literature review search on treatment-specific for OCD on four databases, i.e google scholar, PubMed, PsycINFO and Mount Sinai's Levy Library.

**Results:** The meta-analysis combined the results of individual randomized controlled trials (RCTs) to evaluate the effectiveness of repetitive transcranial magnetic stimulations (rTMS) on obsessive-compulsive disorder (OCD). It showed that rTMS were moderately effective in reducing OCD symptom severity (studies indicated a medium-sized effect, Hedges'  $g = 0.59-0.65$ ) and a threefold augmentation of treatment effects as compared with sham conditions. Studies also reported a marked heterogeneity in treatment response, which appeared to be particularly seen in patients with comorbid depression. Clinical improvement in depression was associated with greater reductions in OCD symptoms.

Certain rTMS protocols, including low-frequency stimulation (LF-rTMS) over the dorsolateral prefrontal cortex (DLPFC) and supplementary motor area (SMA), consistently showed more effects. Longer session durations and targeted stimulation of non-DLPFC regions, such as the orbitofrontal cortex and pre-SMA, were also associated with more positive outcomes.

But there are limitations - These studies were small, heterogeneous, and prone to publication bias, and few studies reported serious side effects, though some protocols especially those using high-frequency stimulation yielded higher rates of adverse effects.

**Conclusions:** To conclude, rTMS use as a new therapy for treatment-resistant OCD, particularly OCD comorbid with depression, is promising. However, due to study design inconsistencies and limited statistical power in individual trials, the quality of evidence is currently low. Studies using this approach need further improvement and more evidence to refine stimulation parameters better, increase our understanding of the underlying mechanisms, and confirm sustained efficacy.

**Disclosure of Interest:** None Declared

## Eating Disorders

### EPP427

#### Clinical correlates of plasma ghrelin and LEAP-2 concentrations in Eating Disorders and Obesity

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**Introduction:** Hormones such as ghrelin and the recent described human liver expressed antimicrobial peptide-2 (LEAP-2) play a pivotal role in regulating food intake and energy metabolism. In this

context, their aberrant functioning has been suggested as a mechanism underlying the pathophysiology of eating disorders (ED) and obesity. Considering the high comorbidity between binge spectrum disorders (BSD) and obesity, whether this dysfunction could be a potential shared neurobiological mechanism remained underexplored.

**Objectives:** To analyze plasma ghrelin and liver expressed antimicrobial peptide-2 (LEAP-2) concentrations in fasting among individuals with obesity (OB), with and without an eating disorder (ED), and compare them with a group of healthy controls (HC). Besides, to assess associations between these concentrations, psychopathological variables, and body mass index (BMI) in the clinical sample with OB.

**Methods:** The sample comprised 162 adult women (67 OB-ED, 35 OB+ED, and 62 HC). Peripheral blood samples, eating psychopathology, trait impulsivity, food addiction (FA), fat mass, and BMI were collected. The between-group comparisons were performed using analyses of covariance (ANCOVA), adjusting for age and fat mass, and the link between variables was evaluated through correlation and path analyses.

**Results:** Individuals with OB (with and without an ED) showed lower significant ghrelin concentrations than HC ( $p < .001$ ). The OB+ED group reported significantly higher eating psychopathology, trait impulsivity, and FA than the OB-ED and HC groups. In the OB+ED group, LEAP-2 concentrations positively correlated with BMI, fat mass, novelty seeking, and FA scores. The path analysis showed that higher LEAP-2 levels and FA scores were linked to more severe eating psychopathology.

**Conclusions:** The results suggest an interplay between biological and clinical factors that contribute to delineate vulnerability pathways in ED and OB, which could help fit more tailored therapeutic approaches.

**Disclosure of Interest:** None Declared

## EPP429

### Involuntary Treatment in Patients with Eating Disorders

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**Introduction:** Eating disorders, in particular Anorexia Nervosa (AN), are serious psychiatric disorders with a chronic course and high levels of disability and mortality. These disorders are characterized by a misrepresentation of body image and intense fear of putting on weight, leading to cognitive distortions related to food and weight control, as well as dysfunctional behaviors aimed at weight loss.

**Objectives:** The aims of this paper are to provide a summary of the current literature concerning involuntary treatment in patients with eating disorders and to assess whether there is a difference in terms of baseline characteristics and treatment outcomes between patients treated both voluntarily or involuntarily.

**Methods:** Relevant articles were identified by searching the following terms: “treatment refusal”, “involuntary/compulsory/coercive/forced treatment/admission”, “eating disorders”, “anorexia nervosa”, “bulimia nervosa”. Research was restricted to articles

concerning humans and published between 2014 and 2024 in English.

**Results:** The treatment of eating disorders consists in a combination of weight control/weight gain methods and psychotherapy, as well as the treatment of organic complications associated with starvation and low body weight.

Involuntary treatment is usually intended for patients having worse baseline conditions. Factors associated with increased involuntary treatment utilization were female sex, lower age, psychiatric comorbidities, more severe disease with lower weight at admission and a longer course.

Concerning short term outcomes, the involuntary treatment can be life saving and half of these patients accept the treatment in 2 weeks time. Studies show that the involuntary treatment did not have a significant negative impact in the doctor-patient therapeutic relation. In terms of long term outcomes, patients treated involuntarily had similar outcomes to those treated voluntarily, having better outcomes in some domains, including menstruation, number of admissions and functionality.

**Conclusions:** The denial of the illness and lack of insight in AN raise practical and ethical questions relating to the autonomy of the patient and the responsibility of the family and health care practitioners. The involuntary treatment of eating disorders is a complex area and further research including quantitative and qualitative studies is needed.

**Disclosure of Interest:** None Declared

## Obsessive-Compulsive Disorder

### EPP430

#### Subjective well-being in individuals with obsessive compulsive disorder: an exploratory study

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**Introduction:** Subjective well-being (SWB), defined as the way people think and feel about their lives, is often used to evaluate happiness. Separated into three components—positive affect, negative affect, and life satisfaction—SWB has been indirectly related to psychiatric symptoms and disorders. However, the relationship between SWB and obsessive-compulsive disorder (OCD) remains relatively unknown.

**Objectives:** To determine whether SWB components correlate with the clinical features of OCD.

**Methods:** This was a cross-sectional study evaluating 68 individuals with OCD. Sociodemographic data were collected, treatment histories were taken, and validated instruments were applied (Y-BOCS, Dimensional Y-BOCS, USP-Sensory Phenomena Scale, BDI-II, BAI, Positive and Negative Affect Schedule (PANAS), and Satisfaction with Life Scale (SWLS)).

**Results:** All three SWB components showed inverse correlations with the severity of depressive/anxiety symptoms and total OCD symptom scores. Life satisfaction and positive affect showed inverse