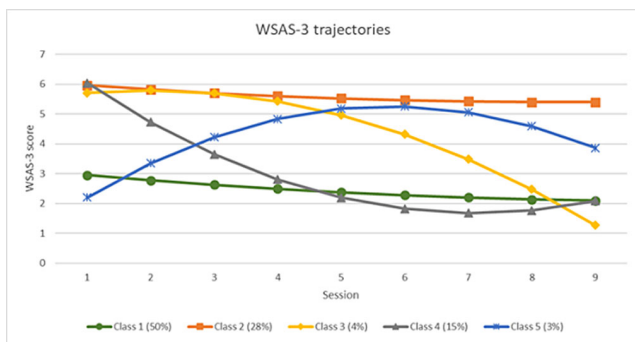


Image:**Image 2:**

Conclusions: Changes in social functioning impairment are associated with psychological treatment outcomes in students, suggesting that these changes may be associated with treatment effectiveness or recovery experiences. Future research should look to establish whether a causal link exists to understand if additional benefit for students can be gained through integrating social support within psychological treatment.

Disclosure of Interest: None Declared

EPV0864**Case Analysis of a Patient with Functional Pathological Crying**

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Introduction: Functional pathological crying is a complex psychic phenomenon which poses both diagnostic and management challenges to the psychiatrist and psychotherapist. Apart from treatment with medications when clinically indicated, psychodynamic psychotherapy can be useful to understand the aetiology and to address these psychological issues faced by patients.

Objectives: In this case report, psychodynamic psychotherapeutic techniques are employed to examine and manage functional pathological crying.

Ms L was a 33-year-old Chinese single woman who presented with mixed depressive and anxiety symptoms associated with frequent severe bouts of wailing. She had a history of parental neglect and childhood sexual abuse. Following psychiatric assessment, she was diagnosed with Mixed Depressive and Anxiety Disorder, and Borderline Personality Disorder. She was treated with Sertraline 50mg every morning and was referred for psychodynamic therapy.

Methods: Building trust and rapport with Ms L was crucial so that the therapeutic relationship could be utilized as a vehicle for change through earned attachments. Helping her appreciate how present experiences reflect conflicts from her past and addressing her defence mechanisms with the aims of expression of emotions, exploring her wishes and fantasies to access unconscious conflicts were important. These build greater self-awareness which helped her to develop the capacity for emotional self-regulation, bringing about an increase in her level of adaptation to stressors.

Results: During the early phase of therapy, Ms L would be wailing throughout most of the therapy hour. As therapeutic rapport and trust were established, she began to open up about her abuse for us to explore her conflicts and complex emotions associated with it. The key themes that emerged were her chronic low self-esteem with fears of authorities and abandonment, the tendency to take up a defended regressive helpless child-like position whenever feelings related to the abuse were rekindled, as well as the manifestation of these complicated psychic experiences in the form of a complex wailing phenomenon.

The functional pathological crying was a mixture of an expression of her challenging conflictual painful feelings, symbolic expression of her cry for help, repressive and regressive child-like emotional states as well as having a defensive function to avoid coming in touch with painful feelings.

Through therapy, Ms L was able to make better sense of her wailing, develop the capacity for emotional self-regulation by adopting a healthier adult position in responding to difficult feelings when triggered, learning to forgive herself and others, assume better self-care and improved relationships with others.

Conclusions: Through psychodynamic psychotherapy, complex functional pathological crying can be better understood and managed to bring about intra-psychic and interpersonal functional improvements.

Disclosure of Interest: None Declared

EPV0865**Family intervention in schizophrenia: A case report**

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Introduction: Schizophrenia is a chronic mental illness that has a lifetime prevalence worldwide of about 1% regardless of culture, social class and race. This implies that it affects a large number of

families. Family therapy has been used for years as a promising approach to intervene with people suffering from such pathology. It has been shown that families with a high level of hostility, critical comments and over-involvement are related to a higher number of relapses in the family member diagnosed with schizophrenia.

Objectives: The objectives are to examine whether systemic interventions could help to decrease the emotion expressed in these family members and thus decrease the number of relapses of patients as an alternative to pharmacological treatment.

Methods: A case report and a literature review on the impact of family therapy in patients with a diagnosis of schizophrenia. The search strategy included keywords such as “family intervention”, “schizophrenia” and “systemic therapy”. Selection criteria included randomized controlled trials (RCTs) and meta-analyses published between 2010 and 2021. Studies focused on the impact of family intervention on symptom management, relapse prevention and general functioning were included.

Results: The findings consistently demonstrated the effectiveness of family intervention in improving outcomes for people with schizophrenia. These interventions generally involved psychoeducation, communication skills training, problem-solving techniques, and emotional support for family members. Results showed significant reductions in symptom severity, decreased relapse rates, improved adherence to pharmacological treatment, and better overall functioning among people who received family intervention compared with those who received only standard care. In addition, family intervention was associated with reduced caregiver burden, improved family communication, as well as increased knowledge about schizophrenia and its management.

Conclusions: Family intervention has become a valuable adjunctive treatment for people with schizophrenia. The findings of this review highlight its positive impact on symptom management, relapse prevention, and overall functioning. Family intervention offers a holistic approach that recognizes the importance of involving and supporting the family system in the treatment process. This intervention provides families with the tools and resources necessary to effectively cope with the challenges associated with schizophrenia and promotes a supportive and nurturing environment for the individual. Future research should focus on long-term outcomes and implementation of the family intervention in routine clinical practice.

Disclosure of Interest: None Declared

EPV0867

Combination of CBT and rTMS: what are the advantages?

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Introduction: Obsessive-Compulsive Disorder (OCD) and Major Depressive Disorder (MDD) are among the ten most disabling disorders, yet only 30-40% of people with the condition seek

specialist care (WHO). Considered a relatively new tool in the treatment of OCD and MDD, repetitive transcranial magnetic stimulation (rTMS) was first used by our team 1 year ago. Based on current literature cognitive behavioural therapy (CBT) is effective in 60% of OCD cases, with MDD also having a good response rate of 50-60%. The efficacy of SSRI's has been demonstrated, but side effects can have a negative impact on adherence in the long term. Prolonged use of certain drugs has adverse reactions that lead specifically to memory impairment, which compromises suitability for psychotherapy. The same problem applies to the use of electroconvulsive therapy (ECT) in a major depressive episode.

Objectives: Our aim was to study the efficacy of combining rTMS with CBT, to gather clinical experience on how these two different methods work in practice when combined.

Methods: Patients diagnosed with therapy resistant MDD received rTMS treatment using 50Hz theta burst over 10 sessions. Therapy resistant OCD patients were treated by a 15 sessions rTMS using 1Hz single pulse. These rTMS sessions were combined with CBT, of which we would like to highlight two cases: one of them is a 34 years old woman, who has wide range of sexual, checking and contamination-related OCD symptoms and only received SSRI treatment so far. The other one is a 29 years old man, who suffers from religious obsessions, cleaning compulsions and other repetitive behaviours.

Results: The positive effects of rTMS treatment on working memory functions, attentional capacity and cooperative skills without significant additive effects suggest exciting possibilities for combining the two treatments, thus the combined treatment has been tested in clinical practice. In our own patient care, an important experience was that patients were committed to the therapy, felt safe and, unlike with medications, did not have to worry about side effects. While medication and ECT can make psychotherapy more difficult in the long term - mainly because of memory problems - rTMS facilitates it. Patients appreciate that we approach their problems in a complex way, and they perceive that the combination of the two very different methods reflects professionalism. Our poster attempts to present the experience of combining rTMS and CBT from the therapist's perspective through two case studies.

Conclusions: Based on our experiences it is an effective approach to combine rTMS with CBT in therapy resistant MDD and OCD patients. In the light of these results the revision of the existing guidelines are considerable.

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EPV0868

Family systemic therapy: intervention in autism spectrum disorder

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