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25th European Congress of Psychiatry ePoster viewing part 1

e-Poster viewing: anxiety disorders and somatoform disorders

EV0001

Cross cultural aspects of OCD in Islam and clinical practice

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Introduction Religious obsessions and compulsive acts compromise approximately two thirds of all obsessive compulsive disorder symptomatology in Muslim patients. Imam's mosque is consulted before a psychiatrist.

Objectives To explore the Islamic jurist's views and methods in dealing with obsessions and compulsions.

Aims Introduction of guidelines for managing OCD in some Muslim patients.

Methods We began studying the different opinions of scholars in defining obsessive compulsive behaviour focusing on the tight criteria required by the Maliki Jurists to consider the individual being obsessed. This was followed by a thorough review of other Islamic doctrines.

Results The jurisprudential therapeutic approach includes:

- obsessions are satanic whispers not originating from the self, which is equivalent to "It is not me but my OCD" in modern cognitive behavioural approach;
- diverting attention from the obsessive thought rather than engaging with it;
- not to respond to the obsessional thought (response prevention);
- listing of religious permits;
- focusing attention on acts of worship;
- thought stopping.

At the end we added various jurisprudential rules to be remembered by patients such as certainty does not fade with scepticism, no defiles by doubt, there are no doubts for a man with excessive doubts.

Conclusion Exposure and response prevention techniques are deeply rooted in Islamic jurisprudence and are practised with conviction by OCD Muslim patients. We produced specific guidelines that could be used by clinical psychologists and other mental health professionals in dealing with OCD patients to ensure their engagement in therapy.

Disclosure of interest The author has not supplied his declaration of competing interest.

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EV0002

Treatment of maternal antenatal depression

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Introduction World statistical data show that a large number of mothers suffer from antenatal or postnatal depression and that it is linked with difficulties in personal and emotional development in child.

Aim To present the importance of treatment of antenatal depression.

Material and methods We present is a 32-year-old woman man, with completed high level of education, married, mother of one child, pregnant in first trimester, who suffered of depression several years ago. Diagnosis was made in line with the ICD 10 (F33), and the following diagnostic instruments were used: HAMA, HAMD, clinical interview.

We present is a 32-year-old woman man, with completed high level of education, married, mother of one child, pregnant in first trimester, severe depression with depressive mood, weight lost, insomnia, agitation, suicidal thoughts.

She was treated in the day hospital of our clinic with SSRI antidepressants, individual and group psychotherapy.

Results During the day hospital stay patient was treated with pharmacologic agents (SSRI anti-depressants – tbl. Sertraline), which showed a great success, that is reduction in the depression, sleep improvement, normal gain weight and regular pregnancy and baby birth with APGAR score 9/9.

Discussion Literature shows that antenatal depression is associated with poor mother self-care during pregnancy including poor visit of antenatal clinics, substance misuse, low birth weight, preterm delivery and significant intellectual and emotional deficits in children whose mothers were suffered of antenatal or postnatal depression.

Conclusion Treatment of antenatal or postnatal depression is very important for mothers' mental health and for the normal develops of child also.

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