Her relatives have also observed and reported these challenges. The patient mentions feeling a sticky sensation on her hands when she sees sweets and experiences a compulsion to wash her hands when this sensation occurs. Her symptoms are consistent with the classical symptoms of obsessive-compulsive disorder, including obsessions (persistent thoughts about sweets and associated anger) and compulsions (the need to wash her hands). The diagnosis was made by Dr. Ece Ilgın.She has been started on fluvoxamine 50 mg/day, which will be titrated. She will return for a follow-up appointment at the clinic in one month.
Conclusions: The symptoms of obsessive-compulsive disorder in patient N.C. include obsessions related to sweets, fruits, a sense of 'stickiness' that cannot be clearly identified, and avoidance obsessions linked to these. These symptoms significantly impact the patient's quality of life and family relationships. It is believed that a combination of psychotherapy and pharmacotherapy will be effective in alleviating the patient's symptoms and improving their quality of life.

Disclosure of Interest: None Declared

EPV1112

Relationship obsessive compulsive disorder: The hidden struggle in romantic relationships

A. Karmous[1], H. Ktari[2]*, H. Ghabi[3], A. Hajri[1], E. Khelifa[1], A. Maamri[1] and H. Zalila[1]

[1]Emergency and outpatient department, Razi hospital, Manouba; [2]Psychiatry department, Tahar Maamouri hospital, Nabeul and [3]Department G, Razi hospital, Manouba, Tunisia
*Corresponding author.
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Introduction: Obsessive-compulsive disorder (OCD) is a psychiatric disorder that presents a wide variety of clinical features and obsessional themes. A particular form of OCD has received growing attention from researchers and clinicians. Called relationship OCD (ROCD), this form concerns obsessive-compulsive symptoms arising around the romantic relationship and the partner.
Objectives: The aim of this work was to explore ROCD through a case report and a systematic review.
Methods: We report the case of a patient who visited the outpatient department of the Razi hospital (Tunisia) for obsessive thoughts evolving over 11 months. Moreover, a systematic review was conducted. PubMed via Medline, Google Scholar and Semantic Scholar were used as search engines. The keywords used were « Relationship obsessive compulsive disorder » or « ROCD » or « Relationship centered obsessive compulsive symptoms » or « Partner focused obsessive compulsive symptoms ». The publication period of the articles searched was from inception to December 2023. The language of the articles searched was either English or French.
Results: Mr M.A, 25 years old, was in a relationship with a girl since two years. He was repeatedly wondering if he was in the right relationship and if he would be happier with another girl. He often sought reassurance from his friends and visualized photos of his girlfriend to ensure his feelings for her and to reduce these thoughts. The diagnosis of ROCD had been made. Cognitive behavior therapy sessions were carried out with the patient, with a clear decrease in obsessive thoughts and compulsive behaviors of checking and seeking reassurance.
The systematic review performed identified a total of 14 studies that were included in the final analysis. The mean age of patients was 30 years, with extremes of 19 and 84 years. In all the reviewed studies, ROCD symptoms were assessed using the "ROCD Inventory" and the "Partner-Focused Obsessive-Compulsive Inventory". Study results suggest that obsessive symptoms linked to romantic relationships negatively affect the functioning of patients. Several cognitive distortions have been identified such as perfectionism and intolerance of uncertainty. Cognitive-behavioral therapy was the most used therapy in ROCD with a better understanding of one's feelings and an improved decision-making ability.
Conclusions: ROCD is a particular form of OCD that impacts on interpersonal relationships, particularly romantic or marital ones. A better understanding of this pathology by therapists would enable partners to overcome challenges and maintain healthy and fulfilling relationships.

Disclosure of Interest: None Declared

EPV1113

Trait and State Differences in OCD Patients with Comorbid Mood Disorders: A Comparative Analysis of Demographic and Clinical Scales

S. Y. Lee[1]* and C. H. K. Park[1]

[1]Asan medical center, Seoul, Korea, Republic Of
*Corresponding author.
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Introduction: Obsessive-compulsive disorder (OCD) is a chronic condition that frequently co-occurs with mood disorders such as major depressive disorder (MDD) and bipolar disorder (BD), complicating both prognosis and treatment. The presence of MDD or BD in OCD patients is associated with more complex clinical presentations and worse outcomes.
Objectives: Despite the high prevalence of these comorbidities, few studies have thoroughly compared the traits and states of OCD patients with comorbid mood disorders. This study aims to explore the differences in traits and states among OCD patients with comorbid mood disorders, including MDD, bipolar disorder I (BD1), and bipolar disorder II (BD2).
Methods: The study included 114 OCD patients: 21 without mood disorders, 32 with MDD, 47 with BD2, and 14 with BD1. Demographic variables such as family history of psychiatric disorders and history of pharmacological treatment for OCD were analyzed. Participants were evaluated using standardized tools such as the Patient Health Questionnaire-9 (PHQ-9), Generalized Anxiety Disorder-7 (GAD-7), Temperament Evaluation of Memphis, Pisa, Paris, and San Diego Autoquestionnaire (TEMPS-A), Obsessive-Compulsive Inventory (OCI), Depressive Symptom Inventory Suicidality Subscale (DSI-SS). Statistical analyses including one-way analysis of variance (ANOVA) and chi-squared tests were conducted to identify significant differences between groups.
Results: Patients with comorbid bipolar disorder (BD), particularly those with BD1, had a significantly higher prevalence of psychiatric family history (85.7%, $p = .031$). Pharmacological treatment for OCD was less frequent in patients with BD, with the lowest rate in the BD2 group (61.7%, $p = .008$). Compared to patients without mood disorders or those with MDD, OCD patients with BD showed higher scores in several temperament dimensions, including cyclothymic temperament ($p < .001$), depressive temperament ($p = .007$),

hyperthymic temperament (p = .006), anxious temperament (p < .001), and irritable temperament (p < .001). These patients also exhibited more severe depressive symptoms (p < .001), higher anxiety levels (p < .001), and greater suicidality (p = .002). Obsessive-compulsive symptoms, particularly neutralizing behaviors (p = .010), ordering behaviors (p < .001), and hoarding behaviors (p < .001), were more pronounced in the BD groups.
Conclusions: OCD patients with comorbid BD show distinct clinical profiles compared to those with MDD. They have a stronger genetic predisposition to psychiatric disorders and are less likely to receive pharmacological treatment for OCD. These patients also experience more severe depressive symptoms, anxiety, and obsessive-compulsive traits, complicating treatment. The findings highlight the need for comprehensive evaluations and personalized treatment plans for OCD patients with mood disorder comorbidities.

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EPV1116

Impact of romantic love on obsessive-compulsive disorder phenotypes

D. Marazziti[1], R. Gurrieri[2], N. Schulz Bizzozzero Crivelli[1]*, M. Gambini[1], A. Arone[1], S. Palermo[1] and L. F. D. C. Fontenelle[3]

[1]Department of Clinical and Experimental Medicine; [2]Department of Surgical-Medical and Molecular Pathology and Critical Care Medicine, University of Pisa, Pisa, Italy and [3]Institute of Psychiatry of Federal University of Rio de Janeiro, Rio de Janeiro, Brazil
*Corresponding author.
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Introduction: In recent years, multiple observational studies have been conducted to investigate the hypothesis of a correlation between romantic love (RL) and the phenotypic expression of obsessive-compulsive disorder (OCD).
Objectives: Our study aimed to evaluate the impact of RL on the clinical expression of OCD. Attention was specifically focused on investigating the onset of two OCD phenotypes with distinct characteristics, based on whether the subjects were at the onset of a romantic relationship or had experienced a romantic break-up, also considering the possible correlations with different clinical aspects and socio-demographic variables.
Methods: Our sample includes a total of 212 subjects with OCD recruited among outpatients at the University Psychiatric Clinic of Pisa, Italy, and the Federal University of Rio de Janeiro, Brazil. The following instruments were employed for psychometric assessments: the Structured Clinical Interview for DSM-5 (SCID-5), the Yale OCD Natural History Questionnaire, and the Yale-Brown Obsessive-Compulsive Scale (Y-BOCS). The study participants were then divided into two groups (love-precipitated [LP-OCD] and break-up OCD [BU-OCD]) according to the romantic factor that was deemed responsible for the onset of OCD. An appropriate statistical analysis was applied.
Results: The average age of onset of OCD was significantly different between the two groups, which may reflect a vulnerability of the brain's maturational stages in young individuals who are at risk for OCD. A trend towards three types of obsessions and compulsions (aggression, sexual/religious and symmetry, ordering, and rearrangement) in the BU-OCD group emerged, which may reflect some normal features of a romantic relationship. However, total Y-BOCS obsessions and compulsions subscale scores were similar, indicating an overall severe clinical picture.
Conclusions: Despite some limitations, our results suggest that different stages of RL might influence some characteristics of OCD, namely age at onset and some specific dimensions, but would not appear to interfere with the overall severity of the disorder. These results should encourage further research on the topic to learn more about the characteristics of these individuals and to better understand how the most natural experience of humankind, that is love, may represent a vulnerability factor towards the onset and some features of OCD, similarly to other mental disorders, where the evidence is currently strongest.

Disclosure of Interest: None Declared

EPV1117

Blurred Boundaries Between Obsessive and Psychotic Symptoms: A Case Report

F. Mayor Sanabria[1,1]*, C. Regueiro Martín-Albo[1], M. Fernández Fariña[1], E. Expósito Durán[1], M. D. P. Paz Otero[1], J. Sánchez Rodriguez[1] and B. Serván Rendón-Luna[1]

[1]Instituto de Psiquiatría y Salud Mental, Hospital Clínico San Carlos, Madrid, Spain
*Corresponding author.
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Introduction: Obsessive-Compulsive Disorder (OCD) and psychotic disorders are traditionally considered distinct entities; however, there is increasing evidence of a spectrum where these conditions overlap. In some cases, OCD presents with poor insight, leading to obsessive thoughts and behaviors that resemble psychotic features. These "schizo-obsessive" phenomena challenge standard diagnostic categories and suggest a continuum between OCD and psychosis, necessitating a more integrated approach to diagnosis and treatment.
We report the case of a 69-year-old male evaluated in the emergency department for severe obsessive symptoms, including intrusive images and compulsive behaviors, accompanied by low insight and depressive symptoms, such as suicidal ideation. Initial management with selective serotonin reuptake inhibitors (SSRIs) led to only partial improvement, highlighting the complexity of distinguishing obsessive from psychotic symptomatology and supporting the concept of a continuum between OCD and psychosis.
Objectives:
1) To describe the clinical presentation and management of a patient with OCD and psychotic features.
2) To review the evidence regarding the clinical characteristics and management of the schizo-obsessive spectrum.

Methods: A review of the patient's clinical history, psychiatric assessments, and treatment responses was conducted. A literature review was also performed to provide an overview of OCD with low insight and schizo-obsessive phenomena.
Results: The schizo-obsessive spectrum concept suggests an overlap between obsessive-compulsive symptoms and psychotic features, particularly when insight is impaired. In OCD with poor insight, obsessions can lose their typical egodystonic quality and appear more like delusions. This challenges traditional diagnostic boundaries and indicates a continuum between OCD and psychosis, where insight fluctuates and symptoms may shift from obsessive to delusional states. Clinical management is complex;