

EPV0358

Exploring the legacy of Ibn Imrân's Treatise on melancholia in contemporary psychiatry

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Introduction: Melancholia is a concept deeply intertwined with the history of mood disorders in psychiatry. Ishâq Ibn Imrân, a prominent Arab-Muslim physician of the 12th century, contributed significantly to the understanding of melancholia in his era, its. His treatise is the oldest surviving work entirely dedicated to melancholia, making it a pivotal milestone in the history of psychiatry. It is noteworthy that Ibn Imrân's work has often been overlooked in Western psychiatry. This oversight highlights the enduring relevance of his insights within the context of modern psychiatry.

Objectives: The objective of this study is to assess the clinical and therapeutic aspects delineated by Ibn Imrân in his treatise on melancholia for their contemporary accuracy and relevance within the field of modern psychiatry.

Methods: The review method for the Ishâq Ibn Imrân treatise involves a detailed analysis of the original Arabic text and its French translation by Adel Omrani and Radhi Jazi from the Tunisian Academy of Sciences, Letters, and Arts Beit el Hekma. This includes studying the content, structure, and historical context, as well as comparing the Arabic and French versions for accuracy.

Results: The treatise is divided into two parts to clinical examination and treatment. While some of the terminology may differ from contemporary classifications, the core observations resonate with modern psychiatric knowledge. The clinical form is described as sadness, loss of pleasure, social withdrawal, dark thoughts, and loss of interest, along with somatic manifestations: sleep disturbances such as onset insomnia or hypersomnia, as well as weight loss. Additionally, perceptual disturbances, including elementary visual hallucinations (black silhouettes), are mentioned. Regarding etiologies, perinatal factors are mentioned in the treatise ("mood of the uterus"), along with six postnatal acquired causes that must be balanced in an individual: movement and rest, sleep and wakefulness, food and drink, depletion and retention, ambient air and location and psychological torment. A seasonal pattern is described, with an association between melancholia and autumn. Several clinical forms are described, with the most prominent being catatonia compared to epilepsy, in its two agitated and inhibited forms. The second part of his treatise is dedicated to treatment, focusing on individualized approaches such as talk therapy, music therapy, and dietary interventions. Ibn Imrân also describes mental strategies to correct false beliefs. For the pharmacological treatment, specific herbs have been used via oral, nasal, or intra-rectal.

Conclusions: In conclusion, Ishâq Ibn Imrân's treatise on melancholia represents a timeless cornerstone in the history of psychiatry. This historical treasure serves as a reminder of the enduring quest to understand and alleviate the complexities of mental health.

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EPV0359

Grief in modern multicultural Europe – a way out of “disenfranchisement”

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Introduction: The recent addition to both ICD-11 and DSM-V of “Prolonged Grief Disorder” “PGD” raises questions regarding the complexity of the clinical manifestations and the nuances of “normal/abnormal” grief. The lack of consensus in diagnosing emphasizes grief as a non-homogeneous process highly dependent on cultural nuances and the proportion of losses.

Objectives: Provide an open discourse on (PGD) emphasizing its multicultural aspects in the diagnosis, and debate whether it reinforces mental health stigma by “pathologizing” grief in today's multicultural society.

Methods: Non-systematic review of literature using key words “Grief”, “Prolonged Grief Disorder”, “Multicultural aspects of Grief”, “Major Depressive Disorder” and “Disenfranchised Grief”, on the platforms PubMed, Medline, Google Scholar, “European Commission”, “International Migration Outlook 2022” and “Pordata”.

Results: Literature has not clearly provided a universal definition of grief, grief processes or the threshold of abnormality. Grief lasting longer than expected is often equated to Major Depressive Episodes, given symptomatic similarities. Migration, war and the pandemic have played a significant role in how people currently grieve. Evidence showed that in 2021 alone there was a 22% increase in the permanent immigrant population. Moreover, the top five nationalities applying for first time asylum in the EU (2022) were: Syrian, Afghan, Venezuelan, Turkish, Colombian, and as of September 2022, 5 million Ukrainian refugees were registered. These figures are not neglectable and show the multiculturalism of today's EU population. However, the development of transcultural psychometric tools accessing grief has not been uniform, lacking consistency in validating various transcultural factors. On the other hand, actively diagnosing “Prolonged Grief Disorder” has shown helpful to clinicians in recognizing the debilitating effects of some pernicious grief responses and quickly providing the necessary help.

Conclusions: Diagnosing “PGD” might lead to “psychiatrization” and “medicalization” of normative emotional processes, given different cultural backgrounds, especially due to the absence of universally applicable tools validating transcultural factors. Consequently, an inadequate consideration of context leaves patients feeling invalidated, non-supported and disenfranchised. A culturally sensitive approach is crucial, focusing on individual differences for effective grief intervention and support.

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