European Psychiatry S229

the genome. 100,000 label-swapping max(T) permutation was applied for the interaction term within each analysis.

**Results:** While no significant interaction term survived the family-wise permutation, two trends emerged. Namely, BMI seems to have positive association with rumination and its maladaptive brooding subtype only in case of GG genotype of rs13412541, otherwise no association can be detected.

**Conclusions:** Although replication is needed in larger samples, the relationship between rumination and BMI, conditional on *CTNNA2* genotype, can be important in atypical depression, thus may contribute to stratification of depressed patients.

**Disclosure:** The study was supported by the New National Excellence Program of the Ministry for Innovation and Technology from the source of the National Research, Development and Innovation Fund (ÚNKP-21-4-II-SE-1); and by 2019-2.1.7-ERA-NET-2020-00005.

**Keywords:** perseverative negative thinking; body mass index; catenin alpha 2; depressive rumination

#### **EPP0309**

### Model-based and model-free decision making in major depressive disorder after performing behavioral training

A. Bampi\*, C. Sorg and F. Brandl

Neuro-Kopf-Zentrum TU Munich, Neuropsychiatry And Neuroimaging Lab, Munich, Germany \*Corresponding author.

doi: 10.1192/j.eurpsy.2022.593

**Introduction:** In major depressive disorder (MDD), reward-based decision-making (DM) is frequently impaired: e.g. patients don't engage in pleasant activities as much as healthy subjects. Put differently, previous and expected future rewards have less reinforcing effects on DM. This study investigated two experimentally well-observable reward-based DM modes, namely model-based (based on cognitive models of the environment) and model-free (based on previous experience) DM.

**Objectives:** We hypothesized that model-based training can improve reward-based DM in patients with MDD. Answers to these questions could enhance the development of cognitive-behavioral therapeutic interventions.

Methods: 27 patients with MDD were recruited and assessed with psychometry. All patients performed the "two-step Markov decision-task" (Daw, 2011), which allows the simultaneous investigation of model-based and model-free DM via computational modelling. All subjects performed the task 4 times: at the beginning and at the end of 2 assessment days (session-interval: 4 days). Subjects were randomly allocated to an intervention group, which performed model-based training, and a control group, which performed model-free training. The main outcomes of training effect were the influence of model-based reward expectations on decisions (quantified by computational modelling parameters) and overall monetary reward-success.

**Results:** In all patients, the influence of model-based reward expectations on decisions increased after training. However, there was no significant effect of group allocation. Furthermore, patients in the intervention group did not achieve significantly higher overall monetary reward.

**Conclusions:** Results suggest that in MDD, the influence of model-based reward expectations on decisions can be improved regardless of specific training type. Future studies should investigate the effects on everyday functioning.

**Disclosure:** No significant relationships.

**Keywords:** behavioral training; decision making; model based; major depressive disorder

#### **EPP0310**

## Being a psychiatric resident during COVID times – personal experiences of Hungarian trainees

C. Asbóth<sup>1</sup>, E. Gergics<sup>2\*</sup>, S. Gurzó<sup>3</sup>, A. Herczeg<sup>4</sup>, A. Hrapcsák<sup>2</sup>, F. Kupcsik<sup>1</sup>, P. Nagy<sup>5</sup>, O. Oláh<sup>6</sup>, G. Szilvágyi<sup>5</sup>, P. Szocsics<sup>1</sup>, Z. Szűcs<sup>7</sup> and I. Bitter<sup>1</sup>

<sup>1</sup>Semmelweis University, Department Of Psychiatry And Psychotherapy, Budapest, Hungary; <sup>2</sup>Péterfy Hospital and Manninger Jenő National Institute of Traumatology, Department Of Psychiatry And Crisis Intervention, Budapest, Hungary; <sup>3</sup>Szent György University Teaching Hospital, Department Of Psychiatry, Székesfehérvár, Hungary; <sup>4</sup>Jahn Ferenc South-Pest Hospital, Department Of Psychiatry, Budapest, Hungary; <sup>5</sup>National Institute of Mental Health, Neurology and Neurosurgery, Nyírő Gyula Hospital, Budapest, Hungary; <sup>6</sup>Saint John Hospital, Family Centred Mental Health Centre, Budapest, Hungary and <sup>7</sup>Szent Borbála Hospital, Department Of Psychiatry And Addictology, Tatabánya, Hungary \*Corresponding author.

doi: 10.1192/j.eurpsy.2022.594

**Introduction:** During the COVID-19 pandemic residents of the central region of Hungary also had to adapt to several challenges such as changes of hospitals' specialty profiles and delegation of health care workers to COVID wards.

Hungarian residents have their practical training in various hospitals, while their psychiatric academic training is organised in groups.

**Objectives:** Our aim is to share our personal experiences about how our work and training have changed during the pandemic and it's effect on our patients.

Methods: Participants of the study were the authors of the poster. Responses to open questions were structured based on the following topics: competencies in internal medicine, infectious diseases and psychiatry, our collaboration with other medical disciplines, psychiatric training and attitudes towards mental health patients. Results: We worked min 2 weeks max 8 months at COVID wards and also treated COVID-19 infected psychiatric patients, thus gaining a greater experience in general medicine. In psychiatric work, acute care became prominent, communication in PPE and restricted contact with patients' relatives were particularly difficult. Our relationship with other specialists has improved, consultation became easier. Increased use and misuse of psychiatric consultation requests led to further pressure. Restrictions, stigmatisation and discrimination increased against psychiatric patients, including difficult access to care. Psychiatric training in the hospitals became limited, however seminars organized by the university continued online with our active participation.

**Conclusions:** During the pandemic we gained greater experience in general medicine. Psychiatric care and our training was negatively affected, however the latter was mitigated by online seminars.

Disclosure: No significant relationships.

Keywords: residency training; psychiatry; personal experiences;

Covid-19

#### EPP0311

# Personality tests across settings, considering language proficiency and literacy

R. Steyn and T. Ndofirepi\*

University of South Africa, Graduate School Of Business Leadership, Midrand, South Africa

\*Corresponding author. doi: 10.1192/j.eurpsy.2022.595

**Introduction:** Generic psychometric instruments are frequently used in psychiatric practice. When a respondent provides an affirmative reply to two contrasting items in such a questionnaire (e.g. "I am reserved" and "I am outgoing"), serious questions need to be asked about the respondent, the instrument, and the interaction between the two.

**Objectives:** The research aims to identify reasons which could explain the contradictory answers provided by respondents to a well-established, and seemingly psychometrically sound instrument.

**Methods:** World Values Survey data, collected in South Africa (N = 3 531), were analysed, focusing on the personality survey, where contrasting response to matching items were identified. Exploratory factor analyses were used to inspect the factorial structure of the instrument across groups, after which measurement invariance tests were done.

**Results:** The theorised factorial structure of the personality survey did not mirror the structure in the South African sample. This was demonstrated in the inspection-report, as well as in the tests of measurement invariance. However, in some groups, specifically those who were well-versed in English and possessed higher levels of education, the structures were replaceable.

Conclusions: The assumption that well-established instruments are valid in settings different to the one where they were initially developed, should be questioned, and such instruments should not be used unless thoroughly tested. This presentation exposes the extent of measurement non-invariance when using an instrument in a foreign setting and shows how this can be detected and addressed. Those working with foreign individuals or conducting cross-cultural research should be particularly aware of these threats to validity.

**Disclosure:** No significant relationships.

**Keywords:** personality; measurement invariance; cross-cultural research; language proficiency

### Child and Adolescent Psychiatry 03

### **EPP0313**

### Psychofarmacological approach for Binge- eating disorders.

V. Muñoz Martinez<sup>1,2</sup>\*, L. Beato-Fernández<sup>3</sup> and E. Segura-Escobar<sup>1</sup>

<sup>1</sup>Hospital General Universitario de Ciudad Real, Adolescents Inpatient Unit., Ciudad Real, Spain; <sup>2</sup>Hospital General Universitario de Ciudad Real, Adolescente Inpatient Unit., Ciudad Real, Spain and <sup>3</sup>Hospital General Universitario de Ciudad Real, Chief Of Psychiatry, Ciudad Real, Spain

\*Corresponding author. doi: 10.1192/j.eurpsy.2022.596

**Introduction:** Binge-eating disorder (BED), is one of the most common eating disorder. Treatment aims to reduce binge-eating frequency and disordered eating-related cognitions, improve metabolic health and weight, and regulate mood (in patients with coexisting depression or anxiety)

**Objectives:** The aim of this study was to examine the efficacy of lisdexamfetamine dimesylate in a simple of 50 women with a binge eating disorder diagnosis compare with selective serotonin reuptake inhibitor

**Methods:** Two groups were made, one with lisdexamfetamine and the other with selective serotonin reuptake inhibitor (fluoxetine). 20 women were in each group (total n=40). The doses depend of the binge symptoms and rates were from 30 to 70md/day for lisdexamfetamine and for fluoxetine the doses were from 20 to 60mg/day. **Results:** Binge behaviors decreased with a 50mg/day dose of lisdexamfetamine. The 70mg/day doses present also less binge behaviors but also more adverse events. The 30mg/day doses did not decrease binge-eating behaviors.

Conclusions: Lisdexamfetamine is the first pharmacological agent to receive FDA approval for use in adults with moderate to severe binge eating disorder. This study supports further assessment of lisdexamfetamine as a treatment option for decreasing binge eating behavior and also symptoms associated such as anxiety and obsessive and compulsive features in adults.Increased efficacy with increasing dosages of lisdexamfetamine suggests a dose-response relationship until 50mg/day. Women with a dose of 50mg/day of lisdexamfetamine report less adverse event, more adherence to treatment and improve their eating behaviors.

**Disclosure:** No significant relationships.

**Keywords:** binge eating disorder; Lisdexanfetamine; Fluoxetine; eating disorder

### **EPP0314**

# Clinical phenotypes of autism spectrum disorders and epilepsy comorbidity

T. Skrypnyk

SI «Research Institute of Psychiatry Ministry Of Health Of Ukraine», Department Of Mental Disoders Of Children And Adolescents, Kyiv, Ukraine

doi: 10.1192/j.eurpsy.2022.597

**Introduction:** ASD with epileptic seizures (ES) and/or specific epileptic activity on EEG (EEG SEA) and repetitive movements and vocalizations (RMV) can be determined by different variants of genetic polymorphism or by different variants of gene expression, determined by different influences.

**Objectives:** To study the features of the clinical phenotype of ASD in preschool and school-age children with ES, EEG SEA and RMV. **Methods:** : The study group was divided 116 children aged 2-10 years with ASD into three subgroups: subgroup A - 23 children with