

Also, the association between somatic disorders and BD can be an interesting lead in elucidating the etiopathogenesis of BD.

**Disclosure:** No significant relationships.

**Keywords:** bipolar disorder; comorbidity in bipolar disorder; myasthenia; auto-immune disorder

## EPV0254

### The Wabanaki Approach to Treating Opiate Use Disorder among Indigenous North Americans

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**Introduction:** Addictions are prominent among indigenous people in North America in relation to historical and contemporary trauma.

**Objectives:** We describe the approach emerging in our services for the five indigenous tribes of Maine (the Wabanaki Confederacy) for culturally sensitive treatment of opiate use disorder.

**Methods:** In our auto-ethnographic approach, we introduce or re-introduce participants to cultural beliefs, values, and methods for treating addictions, inclusive of narrative methods (storytelling) which receive greater acceptance by indigenous and marginalized peoples. Indigenous philosophy states that we see the world using the stories that we have absorbed or constructed to explain our perceptions. Using substances is a story that is connected to poverty and adverse childhood events. We create new stories to develop a sense of agency, the sense that one's actions can make a difference in one's life.

**Results:** We present the lessons learned and the results of our using this approach with a tribal population in Maine. Some key concepts include (1) reframing the person's self-story about being addicted within a threat-power-meaning network, (2) working with stories about the spirit of the addiction and the consequences of ingesting spirit-laden substances without knowing their songs and protocols, (3) constructing future-self-narratives that explore right relationships and meaningful conduct, (4) constructing stories about the intergenerational transmission of addictions and exploring the question of "whom will be the recipient of your addiction?"

**Conclusions:** We come to understand that the client sets their goals and defines what recovery means for them, which is the heart of a harm reduction approach.

**Disclosure:** No significant relationships.

**Keywords:** Indigenous people; cultural healing; opiate use disorder; harm reduction

## EPV0255

### Laterality disorder and its association with an axial hypotonia and body spatial integration impairments may involve slowness and attention disorder: A case series of patients

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**Introduction:** Lateralization is a complex process that evolves during the development of the child leading to the organization of the functional dominance with a body side. However, laterality is poorly examined.

**Objectives:** The aim of this study was to explore the features of patients with a laterality disorder evidenced by a non-dominance affirmed of the handedness.

**Methods:** A retrospective review of 25 cases of patients (15 children of 8-9 years and 10 adults of 26-42 years old) presenting a laterality disorder. All patients were assessed with the standardized assessment of neuropsychomotor functions battery (NP-MOT).It enables physical assessment of muscular tone of limbs and axial tone (trunk), laterality (tonic, spontaneous gestural, psychosocial handedness, and usual with objects for hand, foot, and eye), body spatial integration (in relation to self, imitation, objects and map), auditory attention, and others motor functions.

**Results:** The study findings revealed poor level of the dominant laterality for all the patients (< 2DS) regarding the proximal tonic laterality (elbows) and the psychosocial subtests of mimed gestures (tending to ambidexterity). In addition, it was found a hypotonic trunk and difficulties in body spatial integration and in asymmetrical bimanual tasks with slowness and failures, similar dexterity performance right/left.Strong correlations between all these features and the personal history match the difficulties to focus a long time an attention holding posture without to move, and associated to a fatigability.

**Conclusions:** A deep standardized examination of the laterality and tone may explain some components of the behavior in relation with hemispheric dominance impairment.

**Disclosure:** No significant relationships.

**Keywords:** attention disorder; Laterality dominance; trunk hypotonia; body spatial integration impairments

## EPV0256

### Cannabis use and cognitive impairment in schizophrenia

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**Introduction:** Neurocognitive deficits amongst patients with schizophrenia are considered one of schizophrenia's central features. These deficits appear to be present from the first episode of psychosis (FEP) and certain cognitive impairments could be components of a genetic vulnerability to schizophrenia. Regarding research on cannabis and cognition in schizophrenia, different studies have assessed neurocognitive functions: memory, attention/vigilance, processing speed, verbal learning, executive functions, and verbal fluency.

**Objectives:** The aim is to do a review of recent findings concerning the association of cannabis use with cognition in schizophrenia.

**Methods:** A literature review was conducted using the PubMed search database.

**Results:** Patients with schizophrenia and concomitant cannabis use are associated with worse performance in immediate verbal learning, and in some studies with worse working memory performance. There is an improvement of verbal memory when they cease the cannabis' consumption. Regarding attention capacity and memory types assessed, the results are controversial. In FEP, heavy cannabis use during the previous year correlates with slower processing speed. Also, FEP-patients with cannabis use but no family history of psychosis perform worse in executive functions, while those with a family history of psychosis perform better.

**Conclusions:** The studies of psychosis, cannabis and cognition differ in relevant aspects, which might be connected to the result variability. Therefore, before solid conclusions can be reached, it is important to carry out longitudinal studies to understand the changes in the cognitive variables, which can depend on the pattern of cannabis' use (concurrent or prior to the FEP). Possible confounding variables that might be present should be acknowledged.

**Disclosure:** No significant relationships.

**Keywords:** cognitive impairment; schizophrénia; Cannabis use

## EPV0257

### Depression and other correlates of adult Attention Deficit Hyperactivity Disorder (ADHD) symptoms among Hungarian university students

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**Introduction:** Attention Deficit Hyperactivity Disorder (ADHD) is a neurodevelopmental disorder characterized by symptoms of inattention, hyperactivity, and/or impulsivity. It is one of the most common disabilities in college populations and comorbidity with depression is frequently reported.

**Objectives:** The aim of the study is to shed light on depression as comorbidity and other intrapersonal correlates of ADHD in young adults.

**Methods:** Participants were Hungarian university students (N=420; M=24.5, SD=5.0 years). Criteria of the ADHD group were based on the Adult ADHD Self Report Scale VI.1 (ASRS-V.1.1) screening tool. The participants filled in the Beck's Depression Inventory, the Hyperfocus Scale, Flow State Scale, Academic Persistence Scale, Satisfaction With Life Scale, General Self-Efficacy Scale, and the Connor-Davidson Resilience Scale.

**Results:** We found that in the group of students who had ADHD symptoms, depression score was significantly ( $p < .001$ ) higher (M=18.38, SD=5.87) than the control group's scores (M=14.56, SD=4.45). Frequency of severe depression was 13.4% (moderate: 33.5%) while in the control group: 1.6% and 17.6% respectively. Participants reporting ADHD symptoms (N=164, 39%) also

reported lower levels of resilience (M=23.40, SD=6.96), relative to their non-ADHD peers (M=27.69, SD=6.48). Significant differences were found in the areas of self-efficacy, depression, flow and hyperfocus as well, and ADHD symptoms contributed to lower level of life satisfaction ( $\beta = -0.24$ ,  $p < .001$ ).

**Conclusions:** Our findings suggest that university students reporting symptoms of ADHD may be assisted with strategies that are focused on increasing protective factors (i.e., resilience, self-efficacy, flow) to prevent depression and improve their life satisfaction and quality of life.

**Disclosure:** No significant relationships.

**Keywords:** adhd; Depression; resilience; life satisfaction

## EPV0258

### Alexithymia In Multiple Sclerosis: Relationship With Depression

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**Introduction:** Alexithymia, the lack of words to express emotions, is a common problem in multiple sclerosis (MS) patients.

**Objectives:** To investigate the prevalence of alexithymia in patients with MS and to evaluate the factors related to it, including depression.

**Methods:** We conducted a cross-sectional, descriptive and analytical study, which took place in the neurology department in Sfax (Tunisia). It involved MS outpatients in remission phase. Data collection was done using a form exploring sociodemographic, clinical and radiological characteristics. We used the Expanded Disability Status Scale (EDSS) to evaluate neurological impairments, the Toronto Alexithymia Scale (TAS-20) to assess alexithymia, and the Hospital Anxiety and Depression Scale (HADS) to assess depressive symptoms.

**Results:** Our study included 93 patients. They were married in 57% of cases. The total number of relapses ranged from 1 to 30, with a median of 5. The EDSS score ranged from 0 to 8. A temporal lesion on brain imaging was found in 29% of cases. MS patients had alexithymia in 58.1% of cases and depression in 26.9% of cases. Alexithymia was more frequent in unmarried patients ( $p = 0.028$ ). Among clinical and radiological factors, the number of relapses was higher ( $p = 0.035$ ), and temporal lesion was more frequent in alexithymic patients ( $p = 0.045$ ). In this study, alexithymic patients were more depressed ( $p < 10^{-3}$ ).

**Conclusions:** According to our results, depression and alexithymia were found to be significantly inter-related in MS. Future longitudinal studies might better clarify the nature of this relationship in MS patients.

**Disclosure:** No significant relationships.

**Keywords:** multiple sclerosis; Depression; alexithymia