

anxiety, 16% had symptoms of anxiety. The average rate of quality of life among all examined people was 67.5 out of 100.

Conclusions: The results of the conducted research indicate the need for further study of the features of the comorbid pathology in epilepsy and development and implementation pharmacological and nonpharmacological methods for treatments of epilepsy.

Keywords: Epilepsy; Cognitive disorders; Affective disorders

EPP0806

¡ I see presenters in my house !

M. Queipo De Llano*, E. Rodríguez Vázquez, C. Capella Meseguer, J. Gonçalves Cerejeira, I. Santos Carrasco, G. Guerra Valera, A. Gonzaga Ramírez, C. Vallecillo Adame, C. De Andrés Lobo and T. Jiménez Aparicio

Psiquiatría, hospital clinico universitario de Valladolid, VALLADOLID, Spain

*Corresponding author.

doi: 10.1192/j.eurpsy.2021.1100

Introduction: Charles Bonnet syndrome (CBS) is characterized by the presence of visual hallucinations, generally complex, which occurs in patients with alterations in the visual pathway. The majority of affected patients are elderly. It appears in 15% of people with visual loss, predominantly in the 80-year-old female gender.

Objectives: To present a clinical case of a patient with visual hallucinations and a possible diagnosis of Charles Bonnet syndrome. Highlight the importance of an adequate differential diagnosis.

Methods: Bibliographic review of the treatment and diagnosis of CBS, from articles published in the last 5 years in Pubmed.

Results: Woman, 80 years old. No ophthalmological history except those associated with advanced age. She goes to the emergency room due to the presence of visual hallucinosis, in the form of "television presenters" of whom she makes partial criticism, being aware most of the time of their unreality. Hallucinations are not accompanied by anxiety or significant affective repercussions. Discarded delirium, intoxication by substances or drugs that cause the condition. Currently under follow-up to rule out other causes.

Conclusions: The diagnosis of SCB requires a multidisciplinary approach between neurologists, psychiatrists and ophthalmologists in order to avoid erroneous diagnoses. The differential diagnosis should be made with pathologies such as Lewy body dementia, Parkinson's disease, delirium, substance intoxication, migraine aura, and metabolic encephalopathy, among others. It is important to involve the family in the treatment of the syndrome to reinforce the recognition of the unreality of these hallucinations in the patients. Antipsychotic treatment can be effective only if the condition is extremely distressing.

Keywords: Ophthalmologists; Charles Bonnet; visual hallucinations; visual pathway

EPP0808

Catatonia in patients with dementia

S. Khouadja^{1*}, C. Ben Taleb¹, R. Melki², S. Younes¹ and L. Zarrouk¹

¹Psychiatry, University Hospital Of Mahdia., Mahdia, Tunisia and

²Psychiatry, University Hospital Of Mahdia, Mahdia, Tunisia

*Corresponding author.

doi: 10.1192/j.eurpsy.2021.1101

Introduction: Catatonia has been reported with almost all types of dementia but it remains under-diagnosed.

Objectives: Describe the characteristics of catatonia in patients with dementia and the efficiency of early management.

Methods: We review a case of a young patient admitted in our psychiatric department for catatonia and after efficient treatment, assessment revealed a dementia.

Results: A 49-year-old male treated with classic antipsychotic drug for an acute psychotic episode at age of 35 years. Three years later, the patient was admitted for behavioral disorders with delirium and confusion. The patient was treated with high-doses of antipsychotic drugs with vasodilator treatment. Currently, ten years later, he was hospitalized in a stuporous state with food refusal, sustained posture and worsening of his overall situation. At the mental assessment, the patient was motionless, mute and rigid with frozen facial expression and gaze stare. Negativity and opposition were obvious against any solicitation. Moreover, the physical examination has shown a worsening of the overall state of health, weight loss and walking difficulties. After symptomatic treatment of catatonia with benzodiazepine, the assessment revealed an aphasia-apraxo-agnosic syndrome with memory dysfunctions such as amnesia with false recognition and executive dysfunction as well as limitations in intellectual abilities. A brain scan revealed cortical and subcortical atrophy predominant in the bilateral fronto-temporo-parietal region associated with ventricular system expansion. The diagnosis of Alzheimer's disease was made. Following atypical antipsychotic treatment combined with benzodiazepine, there was release of inhibition.

Conclusions: Catatonia is a severe neuropsychiatric syndrome with an excellent prognosis if recognized and treated without delay.

Keywords: Catatonia; psychiatry; dementia; Alzheimer

EPP0809

Pedophilic sex offender show reduced activation in the right dlpc during integration of emotion and cognition – preliminary results

J. Szczypiński^{1,2*}, M. Wypych², A. Michalska¹, A. Krasowska¹, M. Kopera¹, H. Suszek³, A. Marchewka², A. Jakubczyk¹ and M. Wojnar¹

¹Department Of Psychiatry, Medical University of Warsaw, Warszawa, Poland; ²Laboratory Of Brain Imaging, Nencki Institute of Experimental Biology, Warszawa, Poland and ³Faculty Of Psychology, University of Warsaw, Warszawa, Poland

*Corresponding author.

doi: 10.1192/j.eurpsy.2021.1102

Introduction: The pedophilic disorder is characterized by a sexual preference for children and leads to child sexual abuse (CSA) in half of the patients. Studies showed that pedophiles with a history of CSA (CSA+) are inferior, in inhibitory control, to those without (CSA-). **Objectives:** Inhibitory control may be influenced by negative affectivity, which was shown to be a state factor facilitating sexual abuse. Nevertheless, it is not known if distress influence CSA+ and CSA- equally.

Methods: We recruited three groups of participants: healthy controls (HC) CSA+ and CSA- who performed an emotional Go-NoGo block task. The task was design specifically to correspond to a situation in which an individual is opposed by a negative life event. In each trial, participants were presented with photographs, either of neutral or negative valence, which did not require reaction. After

the photographs, a circle (Go stimuli) or a square (NoGo stimuli) was presented.

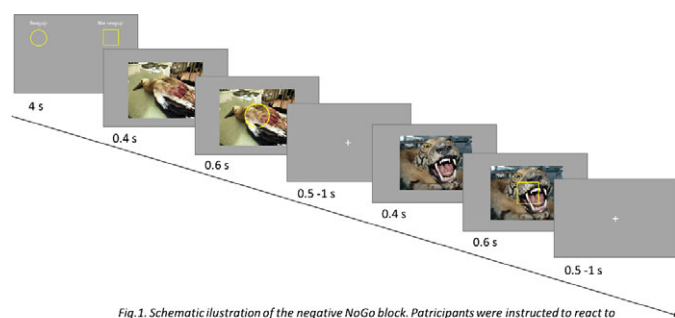


Fig. 1. Schematic illustration of the negative NoGo block. Participants were instructed to react to a yellow circle and to withdrawal their reaction when presented with a yellow square

Results: We found that HC and CSA- had slower reaction time in negative compared to neutral condition (regardless of the block type), while CSA+ did not. Consequently, HC and CSA- showed increased activation in the right dorsolateral prefrontal cortex (DLPFC) in negative compared to the neutral condition, what was not observed in CSA+.

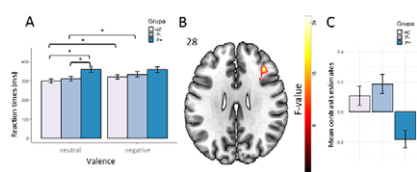


Fig 2. Graphical representation of the results. A) Reaction times for Go stimuli in neutral and negative blocks; * $p < 0.05$. B) Region of a significant between-group difference, in DLPFC, for contrast (Negative NoGo + negative Go) > (Neutral NoGo + Neutral Go) ($p < 0.001$, FWEC $p < 0.05$). C) Mean contrast estimates extracted from a 3mm sphere around the peak in DLPFC for illustrative purposes.

Conclusions: DLPFC is crucial for cognitive control, however, the activity of this region is modulated by emotional valence. Reduced engagement of dlPFC in CSA+ in negative condition (irrespective of the task instructions), suggest that negative emotions in CSA+ disrupt also other aspects of cognitive control, rather than inhibition specifically.

Keywords: Pedophilia; child sexual offending; emotion; cognition

EPP0812

Executive functions and theory of mind across age: The role of cognitive flexibility in perspective-taking skill

D. Galletta^{1*}, A.I. Califano² and A. Santoro¹

¹Department Of Head-neck Care Unit Of Psychiatry And Psychology “federico Ii” University Hospital Naples, “Federico II” University Hospital Naples, Italy, Naples, Italy and ²Sanitary Pole, LA FILANDA LARS, SARNO, Italy

*Corresponding author.

doi: 10.1192/j.eurpsy.2021.1103

Introduction: Research has demonstrated that greater cognitive flexibility and perspective taking skills are associated with positive outcomes throughout the lifespan. Cognitive flexibility is a core component of executive function allowing us to control goal-directed behaviour and to face new and unexpected conditions in the environment. Perspective-taking or Theory of Mind (ToM)

refers to the capacity to make inferences about and represent others' point of view, mental states and intentions.

Objectives: The aim of this study was to assess age-related effects on executive functions and the role of cognitive flexibility in perspective-taking skills.

Methods: Two age groups (34-44 years and 45-55 years) were compared on a task-switching paradigm the MATeM neuropsychological software (Maria Grazia Inzaghi, 2019) and all participants completed the Edinburgh Handedness Inventory (Oldfield, 1971), the IRI Interpersonal Reactivity Index (Davis, 1980), the RMET Reading the Mind in the Eyes (Baron-Cohen, 2001) and the BIDR-6 Balanced Inventory of Desirable Responding (Paulhus, 1991).

Results: suggested that increased age was associated with decreased set-shifting, perspective-taking, mindreading abilities and increased tendency to give overly positive answers (socially desirable responding). Furthermore, participants with reduced cognitive flexibility (higher switch cost) were less able to attribute mental states to others and to appreciate another person's point of view.

Conclusions: It can be argued that readiness to appropriately adjust one's behaviour according to a changing environment is related to flexibly shift between conflicting psychological perspectives. Future research include training studies which would further our understanding of these relationships and allow more effective cognitive and social interventions.

Keywords: Executive functions; theory of mind; cognitive flexibility

EPP0813

Neuron-specific enolase during the therapy in patients with alcohol use disorder and mood disorders

L. Levchuk^{1*}, O. Roshchina², G. Simutkin², N. Bokhan³ and S. Ivanova¹

¹Laboratory Of Molecular Genetics And Biochemistry, Mental Health Research Institute, Tomsk National Research Medical Center of the Russian Academy of Sciences, Tomsk, Russian Federation; ²The Department Of Depressive States, Mental Health Research Institute, Tomsk National Research Medical Center of the Russian Academy of Sciences, Tomsk, Russian Federation and ³The Department Of Addictive States, Mental Health Research Institute, Tomsk National Research Medical Center of the Russian Academy of Sciences, Tomsk, Russian Federation

*Corresponding author.

doi: 10.1192/j.eurpsy.2021.1104

Introduction: Studies of the pathophysiology of mental disorders indicate the involvement of neurobiological processes, including the release of neurospecific proteins in biological substances.

Objectives: The purpose of this study was to research the level of neuron-specific enolase in patients with alcohol use disorder and mood disorders during the therapy.

Methods: The studied groups included patients with alcohol use disorder (AUD, F10.2, ICD-10; n=41), patients with mood disorders (MD, F32, F33, ICD-10; n=39), patients with co-morbidity of AUD and MD (n=31) and 20 healthy controls. Severity of depressive symptoms was assessed with HDRS-17 and CGI-S scales. The concentration of NSE were measured in serum by enzyme immunoassay. Participants of the study were examined with clinical scales and laboratory analysis at baseline and on the 28th day of treatment. For statistical analysis we used the SPSS software.

Results: The results of the study showed that all patients are characterized by an increased level of NSE ($p > 0.005$ compared with