

EPV1122

Specifics of Kandinsky–Clérambault syndrome with religious delusion of possession in schizophrenia

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Introduction: Kandinsky–Clérambault syndrome with religious delusion of possession (KSRDP) in schizophrenia is insufficiently explored phenomenon. The syndrome characterized by significant severity of clinical state, high social risks and resistance to psychopharmacotherapy and requires the close attention.

Objectives: To analyze psychopathological specifics of KSRDP and to identify the prognosis, dynamics of schizophrenia with KSRDP.

Methods: Thirty four patients (18 women; 16 men; the average age $28 \pm 9,5$ years) with schizophrenia (F20.0, F20.01, F20.02 according to ICD-10) were examined by psychopathological, psychometrical and statistical methods

Results: The specifics of the syndrome is delusional belief in possession by demonic or divine ‘*spiritual being*’, invaded within the body. This possession is interpreted by patients as the totality of mind, body and soul control; and in several cases – as the appearance of a new identity. According to the “classical” Kandinsky–Clérambault syndrome, KSRDP accompanied by extensive psychic automatisms (ideational, cenestopathic, kinaesthetic), haptic and olfactory pseudo-hallucinations. Furthermore the specific hallucinations for KSRDP (*Hallucinationen der Gemeingefühlsempfindung* by von Krafft-Ebing, R.) are observed, which based on sensory-spatial imaginary sensations, with a clear localization in the field of a visceral sensitivity (as a material object with a certain shape, consistency, size, and weight).

Conclusions: In contrast with “classical” paranoid syndrome of Kandinsky–Clérambault when negative effect is usually perceived by patients as external influence, KSRDP is characterized by delusional idea of ‘*spiritual being*’s invasion inside the body, mind and soul to control the whole human’s existence. Patients with KSRDP require specific treatment and management due to the religious content of delusion.

Disclosure: No significant relationships.

Keywords: Kandinsky–Clérambault syndrome; schizophrénia; religious delusion; delusion of possession

EPV1121

Capgras and Fregoli delusions - a case report

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Introduction: Capgras and Fregoli delusions are psychotic complex conditions that integrate a larger group of Delusional

Misidentification Syndromes (DMS), where the patient misidentifies people, places or objects.

Objectives: Review of the literature and exposure of a case report of a first psychotic episode with DMS.

Methods: Case report and a nonsystematic review through databases. With the keywords: Capgras; Fregoli; DMS.

Results: This case presents a caucasian male, 34-year-old, with no personal or family history of psychiatric pathology. He was taken to the emergency service, due to behavior disorder with verbal aggressiveness to his mother. During the psychiatric emergency he was restless, with accelerated speech and presented Capgras and Fregoli delusion. He believed that his mother had been replaced by an imposter and that the doctor was actually his childhood friend disguised, all with the intention of harming him. The patient was hospitalized, analytical and brain scan show no abnormally. Improvement in symptoms was been seen when a long-term injectable antipsychotic was started. The diagnosis was Bipolar type I disorder.

Conclusions: DSM are more frequent than previously considered, they often occur in association with psychiatric or neurological disorders. Case reports like this one helps to clarify the association between DMS and psychiatric disorders. Given the high incidence of DMS, it is essential to recognize them, carry out an early treatment and be alert to other psychopathological or neurological symptoms that may coexist.

Disclosure: No significant relationships.

Keywords: Delusional Misidentification Syndromes; Capgras delusion; Fregoli delusion

EPV1122

Early Maladaptive Schemas among call center staff in the Rabat Sale Kenitra region, Morocco

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Introduction: It is important to know the prevalence of the Early Maladaptive Schemas (EMS) in such population.

Objectives: The study of Early Maladaptive Schemas among call center staff in the Rabat Sale Kenitra region and possible socio-economics factors that may influence them.

Methods: The study involved 121 call center’s employees in the Rabat Sale Kenitra region. They responded to an informative questionnaire and to the SPI 26, with 26 items, including 13 early maladaptive schemas.

Results: 121 subjects were interviewed, 48.78% (n=59) men and 51.24% (n=62) women, a minimum age of 22 years, a maximum age of 60 years and an average of 31.74 7.93. Through the examination of the EMS’s results in adulthood, we note a decreasing ranking of active shemas according to the rate of participants: the EMS Unrelenting standards is active in 80.02% of our sample, the EMS Mistrust in 61,2%, the EMS Insufficient self-control in 47.9%, the EMS Abandonment in 47.1%, the EMS Insufficient self-control in 41.3%, the EMS Emotional inhibition in 38.8%, the EMS Vulnerability to harm or illness in 33.1%, the EMS Dependence in 31.4%, the EMS Self-sacrifice in 27,3%, the EMS Social Isolation in

19%, the EMS Emotional deprivation in 10.7%, the EMS failure in 8.3% and the EMS Enmeshment in 7.4%.

Conclusions: By comparing the rates of EMS in childhood and adulthood, it emerges that only the EMS Abandonment, Dependence and Insufficient self-control showed a disinensification, increasing successively from adulthood to childhood as follow :from 69.4% to 47.1% , from 52,9% to 31.4% and from 59.5% to 47.9%.

Disclosure: No significant relationships.

Keywords: Morocco; Early maladaptive schemas; call centers; employees

EPV1123

Individual differences in the experience of meta-mood and internalizing psychopathology

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Introduction: Emotional competencies such as attention to emotion and emotional clarity have been extensively studied in the literature. Depending on the context, their role shows different patterns of association with emotion regulation and psychopathological states.

Objectives: In the current study, we aim to understand when and how attention to emotion and emotional clarity are related to the co-occurrence of anxiety and depression.

Methods: Data were collected on attention to emotion, emotional clarity, anxiety, and depression. A sample of 258 adolescents aged 12 to 18 years ($M = 14.6$, $SD = 1.7$, 54.5% girls) was examined to investigate the moderating role of attention to emotion and emotional clarity on the relationship between anxiety and depression after controlling for age, gender, and socioeconomic status.

Results: showed that high levels of attention to emotion and low levels of emotional clarity were associated with increased risk for anxiety and depression. Balanced levels of attention to emotion and emotional clarity were also associated with increased risk for anxiety and depression. However, low levels of attention to emotion and high levels of emotional clarity showed no statistically significant association with the occurrence of anxiety and depression.

Conclusions: Overall, this positive imbalance of low attention to emotion and high emotional clarity appears to be the most favorable emotional states for coping with internalizing problems, suggesting less harmful effects of attention to emotion.

Disclosure: No significant relationships.

Keywords: Anxiety; comorbidity; emotional self-awareness; Depression

EPV1124

The phenomenology of motivation

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Introduction: The concept of motivation pervades our professional and personal lives. Motivation is almost impossible to be observed directly, it is a construct for the interpretation of a behaviour that “calls the attention”.

Objectives: This work reviews the current available data on the phenomenological description of motivation and the abnormalities of motivation.

Methods: Non-systematic review of the literature with selection of scientific articles published in the past 10 years; by searching Pubmed and Medscape databases using the combination of MeSH descriptors. The following MeSH terms were used: “motivation”, “psychopathology”, “phenomenology”.

Results: Abnormalities in motivation may involve diminution or exacerbation. Anhedonia is the absence of pleasure in relation to usually pleasurable activities, it occurs in depression and schizophrenia where the pleasurable intrinsic motivation that acts as incentive for behaviour may be lost. In mania it may be increased so that mundane activities become unduly fascinating and rewarding.

Conclusions: Countless theories have been proposed to explain human motivation but each sheds light on specific aspects of motivation, neglecting others. This diversity creates confusion because most theories have areas of conceptual overlap and disagreement. To facilitate the development of studies, an agreement should be achieved on an operational definition of motivation.

Disclosure: No significant relationships.

Keywords: motivation; phenomenology; Psychopathology

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Comparing the role of neuronal versus non-neuronal cells in the pathophysiology of delirium: a systematic review.

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Introduction: Delirium is a condition which impacts nearly half of older adults during hospital admission. It presents with a wide range of neuropsychiatric symptoms leading to increased morbidity and mortality. Despite this, specialised knowledge and ownership of the condition remain unclear.

Objectives: To compare evidence surrounding the roles of neuronal and non-neuronal cells in the overall pathophysiology of delirium and consider the impact this could have in practice.

Methods: Using PRISMA systematic review guidelines, five medical research databases were screened for papers discussing the role of neuronal and/or non-neuronal cells in the pathophysiology of delirium between 2011 and 2021.

Results: Fifteen papers which met the inclusion criteria were then categorised into discussing neuronal (n=2), non-neuronal (n=4) or both (n=9) types of cells' roles in the pathophysiology of delirium. Delirium was often caused by a homeostatic imbalance secondary