

complex treatment in conditions of University clinic, physical and psychological rehabilitation, cognitive training and VNS included.

**Objectives:** We studied the features of clinical and psychopathological manifestations of cognitive impairments in patients suffering from epilepsy.

**Methods:** The study was attended by 100 patients (35 men and 65 women) who were inpatient care. The following psychodiagnostic techniques were used: the Toronto Cognitive Assessment TorCA, the test of 10 words of Luria, the MOCA test, the Münsterberg test, the quality of life scale, the Hamilton scale of depression and anxiety.

**Results:** MCI was observed in 88 % patients, dementia in 12 % (50 % - mild dementia, in 24 % - moderate dementia and in 16% - severe dementia). We used non-pharmacological rehabilitation methods for correction of cognitive impairment in epileptic patients with MCI and mild dementia during 3 months. Improving of cognitive function was observed in 48 % patients, stable level of cognitive function - in 36 %, progressing of cognitive impairment - in 16 % patients with epilepsy.

**Conclusions:** The results of the conducted research indicate the need for further study of the features of cognitive disorders in pharmacologically treatment resistant epilepsy and implementation of training aimed at improving cognitive function and preventing the progression of cognitive impairment in complex treatment of those patients.

**Keywords:** cognitive impairment; Epilepsy; university clinic; Rehabilitation

## EPP0271

### Early changes in brain structure, functional connectivity and neuropsychiatric symptoms after HCV infection cure with direct-acting antivirals

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**Introduction:** Hepatitis C virus (HCV) infection is known to be associated with neuropsychiatric manifestations as part of the disease. Previous neuroimaging studies showed brain connectivity dysfunction among HCV-infected patients

**Objectives:** To assess, by MR in resting state, the potential structural and connectivity changes before (BL) and after HCV eradication (FU12) with direct-acting antivirals (DAA), along with clinical parameters.

**Methods:** Twenty-one HCV-patients, aged ≤55 years, without psychiatric history, nor advanced liver disease, and eligible for DAA, and 25 healthy controls were included. Evaluations were performed at BL

and FU12. Brain volume and local gyrification index (LGI) were assessed in MR-T1, and functional connectivity by seed-based analysis (left insula). Depression (MADRS/PHQ9) and neurotoxicity symptomatology (NRS) were assessed. We compared patients between BL/FU12, and controls by means of paired/independent T-test analysis.

**Results:** Sustained virological response was obtained in all patients (100%). Depressive and neurotoxicity symptomatology improved after cure (p<0.01). HCV-patients showed a reduced volume in a right latero-occipital area compared to controls (CWP<0.005) in both BL and FU12. This difference was smaller between FU12 and controls. LGI was higher in FU12-HCV compared to BL-HCV. fMRI connectivity showed a high association between insula and occipital/parietal territories in patients than controls, being higher among BL-HCV and controls. Differences were limited to occipital areas among FU12-HCV and controls.

**Conclusions:** Neuropsychiatric symptomatology improved after cure. Left insula is altered among HCV-patients in structured and connectivity (mainly occipital areas). After cure differences with controls were reduced, suggesting a partial restoration of brain connectivity.

**Keywords:** Hepatitis C virus (HCV); functional connectivity; Neuropsychiatric symptoms

## EPP0272

### Psychiatric symptoms in huntington's disease

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**Introduction:** Huntington's disease (HD) is an autosomal dominant neurodegenerative disorder, that typically manifests in adulthood, clinically characterized by progressive motor, cognitive and psychiatric/behavioural symptoms. Psychiatric symptoms are common in HD. The presentation of these symptoms is highly variable, and their course does not correlate with motor or cognitive disease progression. Psychiatric symptoms often precede motor onset by many years.

**Objectives:** The authors intend to review the literature the most frequent psychiatric disorders in patients with HD.

**Methods:** Non-systematic review of the literature.

**Results:** Psychiatric symptoms have been a core feature of HD. Pre-symptomatic HD patients exhibit a greater prevalence of psychiatric symptoms, particularly affective disorders. These symptoms are presenting symptoms of HD in up to half of all people. In symptomatic HD patients, it is estimated that up to 73–98% of patients will have a major psychiatric disorder or psychiatric symptoms. Psychiatric manifestations in HD include depression, irritability, apathy, anxiety, mania, perseverations, obsessions and psychosis. Cognitive changes include progressive deficits in attention, learning, executive and sensory functions, resulting in dementia. Depression, diagnosed in half of patients with HD, is the most common and earliest symptoms prior to the motor onset. There are likely multiple causes of the psychiatric symptoms, with underlying factors including a combination of neurobiological, cognitive, psychological, social and environmental factors.

**Conclusions:** Patients with HD have high psychiatric comorbidity, that causes significant functional impairment and affect quality of