

Methods: In this study, we describe the case of a patient with disorder of self-experience. We have conducted a systematic review of the descriptions published to date, regarding this case.

Results: We present the case of a 21-year-old patient who had gone to the emergency services three times for somatic pathology (described as dysesthetic and algic sensations in the throat, stomach and testicles).

In the psychopathological exploration, a delusional narrative is observed, as he refers that these sensations are being provoked by external people, with the aim of harming him.

The patient reports that these people are causing an increase in salivation in his salivary glands, for which he spits repeatedly.

He explains that these people can control his organs using an influencing machine, which in this case consists of a microchip implanted at the retroauricular area, from which they give orders and insult him at the same time.

In this case, a good symptom response was achieved with intramuscular Aripiprazole.

Conclusions: In the experiences of passivity, the patient experiences one event as if it were not his, but inserted into his self from the outside.

In the case of somatic passivity, there is a belief that there are external influences acting on the body. In this case, there was probably a kinesthetic hallucination coupled with an experience of passivity.

Similar to other published cases, this patient complained of being controlled and impaired by some form of contemporary technology. Delusions of control are often associated with delusional explanations about how thought or body can be controlled, in this case, through a microchip.

Disclosure of Interest: None Declared

EPV0820

Case report: Diagnostic challenges in early onset Alzheimer's disease

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Introduction: According to World Alzheimer Report 2021, more than 55 million of people in the world suffer from dementia. And although age is the strongest known risk factor for dementia, dementia does not exclusively affect older people. Early onset dementia is defined as the onset of symptoms before the age of 65 years. Considering that people with early onset dementia are in the most productive period of their life and often exposed to stress, when the symptoms of depression or psychosis can appear linked to other psychiatric diagnose it is hard to think of dementia when it is in early stage.

Objectives: We present a case of a woman at age of 55, mother of one child, widow, with secondary school degree, employed as textile worker.

She was already on psychiatric treatment for five years diagnosed at first as Mixed anxiety and depressive disorder and after that as Major depressive disorder, single episode, severe with psychotic features. Her past treatment include Sertraline up to 100mg per day or Escitalopram up to 10mg per day and Olanzapine up to 10mg per day. But her condition was worsening progressive with cognitive decline and during serial stressful events in the family (the death of her husband and severe corona virus infection of her son).

At present time she was hospitalized with psychotic symptoms, confusion, paranoid ideas and hallucinations, dysfunctional in everyday activities.

Methods: The neuropsychological testing showed global reduction in cognitive-behavior status. The results of extended laboratory tests were in normal range. Brain MRI showed global cortical reduction with more specified atrophy in fronto-temporal lobes bilateral. SPECT analysis showed significant hypoperfusion in both hemispheres in frontal, parietal and temporal lobes. Cerebrospinal fluid examination showed decreased level of beta-amyloid-42 (281,6 pq/ml).

Results: The results confirmed the diagnose of dementia with early onset, but because of advanced stadium and insufficient family history it was not possible to make clinical diagnose of the type. Diagnose in the end of hospitalization was: Early onset dementia, M. Alzheimer frontal variant.

Conclusions: With the presented case we suggest that the clinicians need to be very careful in the cases of psychosis treated independently and explore the possibility that psychosis can be a symptom of Alzheimer disease. Our case suggest that we should consider the possibility of early onset AD in middle-aged patients whose first symptoms are depressive with psychotic features. In this respect, psychiatris need to consider proper completion of AD diagnostic protocol including biomarkers analysis.

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EPV0821

A clinical case of anosognosia in a CADASIL disease.

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Introduction: CADASIL (Cerebral Autosomal Dominant Arteriopathy with Subcortical Infarcts and Leukoencephalopathy) is a cerebrovascular disease, tht appears in 1.98/100,000. It's caused by a mutation of the Notch3 gene and is characterized by accumulation of granular osmiophilic material in the middle layer of the small and median sized cerebral arteries.

Sypmtoms are migraine, recurrent cerebral ischemic episodes, dementia, neuropsychiatric disorders (anosognosia, character disorders, apathy and cognitive impairment). It usually appears between 30-60 years, although there is an important variability. There is no curative treatment, only palliative.

Objectives: Clinical review of anosognosia and its presence in CADASIL disease.

Methods: Clinical case and literatura review.

Results: We presented the clinical case of a 68-year-old man, who was diagnosed with CADASIL after a stroke 3 years earlier. In his family, his brother was diagnosed also with CADASIL. The patient had previously presented disturbances in impulse control (hyper- orality) and important executive failures. He currently presented anosognosia, deficits in verbal memory, spatial perception and executive functions, in addition to behavioral alterations and apathy. Due to these deficits he was prohibited from certain activities (driving, hunting).

The patient was not aware of these deficits and because of his “no knowledge of his illness”, he disagreed with these prohibitions, so he showed rage and anger at the impotence of not understanding why certain actions are prohibited.

In the consultation, mnemonic errors and in naming objects were also objectified, for which it was recommended to carry out cognitive stimulation on a daily basis. In addition, he presented failures of sphincter incontinence, especially of urine and occasionally also of the anal sphincter. He had previously had episodes of myoclonus or fasciculations.

A genetic study by massive sequencing confirmed the heterozygous presence of the pathogenic variant c.1819C>T p.(Arg607Cys) in the NOTCH3 gene, a CADASIL disease.

Conclusions: The anosognosia that many patients with CADASIL disease present constitutes a problem because it contributes to the delay in consultation and, therefore, the delay in the adequate diagnostic approach, therapeutic possibilities and family genetic counseling. Due in part to anosognosia, CADASIL is considered an underdiagnosed entity. Due to the lack of awareness and the consequent lack of recognition of the deficit, these people are often seen as stubborn and difficult to deal with by people in their immediate environment.

In addition, there is general difficulty in the rehabilitation process, since patients do not think the necessity to be treated. This can generate frustration and despair both in their relatives and in the health personnel.

For all these reasons, both in anosognosia and in CADASIL disease, adequate psychological support is needed for both those affected and their families.

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EPV0822

Psychopathological characterization of modern-type depression in subjects with Internet Gaming Disorder

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Introduction: In recent years, more evidence is emerging in favor of a new form of depression, aka “Modern-Type Depression” (MTD). It has also been theorized that MTD may have multiple relationships with other psychiatric disorders, including techno-addictions.

Objectives: Our study aims at clinically characterizing subjects with MTD in a sample of individuals affected with Internet Gaming Disorder (IGD).

Methods: 1,157 subjects were recruited from a sample of Italian young people (aged 18-35), and selected only if they declared to be

video game players (48.6%, n=542). Video game players filled out the 22-item Tarumi’s Modern-Type Depression Trait Scale (TACS-22), Motives for Online Gaming Questionnaire (MOGQ), Internet Gaming Disorder Scale-Short-Form (IGDS9-SF), Problematic Online Gaming Questionnaire (POGQ), Multidimensional State Boredom Scale (MSBS), Symptom Checklist-90 (SCL-90). Subjects were classified as IGD+/IGD- and MTD+/MTD-. Descriptive analysis, Mann-Whitney’s U-test for independent data and Chi-square tests were carried out.

Results: 60.5% (n=328) of the sample were male. 21.7% (n=118) were positive to MTD. MTD subjects reported significantly higher scores at IGDS9-SF (p<0.001), POGQ (p<0.001), MOGQ (p=0.003), MSBS (p<0.001). Significant higher scores were found at the MOGQ subscales “reality avoidance” (p<0.001), “coping” (p=0.001), and “fantasy” (p<0.001) and at the SCL-90 subscales “interpersonal sensitivity” (p<0.001), “phobic anxiety” (p<0.001), and “psychoticism” (p<0.001).

Conclusions: MTD displayed a strong association with technopathies, particularly IGD. Therefore, further studies should evaluate whether MTD could represent a predictor to IGD onset and/or maintenance and adequately address this aspect from a preventive and treatment perspective.

Disclosure of Interest: None Declared

EPV0823

Assessment of Theory of Mind in Psychopathology: a Scoping Review

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Introduction: Theory of Mind (ToM) is defined as the cognitive ability that infers other’s mental states (Premack & Woodruff. *J Behav Brain Sci* 1978; 1 515-526). The interest in the study of ToM distinguishing its affective and cognitive components has been growing. Its study in psychopathology has been evolved from its original studies in autism spectrum disorders (ASD), schizophrenia (SCZ) and, borderline personality disorder (BPD), to other mental disorders like major depressive disorder (MDD), bipolar disorder (BP), anorexia nervosa (AN) and social anxiety disorder (SAD).

Objectives: 1) review the most commonly used instruments for ToM assessment; 2) to compile the evidence on ToM deficits across mental disorders. For both objectives, target disorders are previously mentioned.

Methods: The search was carried out on the PubMed, PsycInfo and Scopus databases, using the terms “Theory of mind”,