

The overall prevalence of alexithymia was 65%, with an 80% prevalence in FAP patients and 50% in Lynch Syndrome. TAS-20 total score was higher in FAP patients (69,0 vs 60,7; $p=0,68$). Externally-oriented thinking subscale score was statistically higher in FAP patients ($p=0,024$).

The overall prevalence of autistic traits was 25%, and the mean AQ score was higher in FAP (23,4; SD 4.97) compared to Lynch Syndrome patients (20,2; SD 5.57), but there were no statistically significant differences between the diagnoses ($p=0,192$).

A moderate positive correlation exists between Total AQ and Total TAS ($r=0.51$; $p=0.020$).

Concerning the scores obtained on the ERQ scale, most participants (14; 70%) use Expressive Suppression as a regulation strategy. Patients with Lynch Syndrome had higher scores than those with FAP, both in the Cognitive Reappraisal (4.22; SD 1.58 vs 4.28; SD 0.90) and Expressive Suppression (4.58; SD 1.08 vs 5.15; SD 1.03) domains.

The average AQ score for patients who mostly use expressive suppression is significantly higher than for those who use cognitive reappraisal (23.86 (3.63) vs 17.00 (6.6); $p=0.039$).

Conclusions: The preliminary results of this study point to high levels of alexithymia and autistic traits in this population, and a higher tendency to regulate emotions by expressive suppression.

The main limitation of the study was the small sample size, which reduced the power of the study to find statistically significant differences. Also, in future studies, a different control group should be considered.

Disclosure of Interest: None Declared

EPP0661

Forearm bisection task suggests an alteration in Body Schema in patients with Motor Conversion Disorders (Functional Movement Disorders)

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Introduction: Motor Conversion Disorders (also called Functional Movement Disorders, FMD) are a group of neuropsychiatric conditions characterized by neurological symptoms of altered voluntary motor function that cannot be explained by typical neurological diseases or other medical conditions. In the last decade, several hypotheses have been formulated with respect to their pathophysiology, and a major line of research, trying to integrate psychological, cognitive, and neurobiological factors, focused on the subjective experience that patients feel of their own bodies. However, no study has, so far, directly investigated their Body Schema (the implicit sensorimotor representation of one's own body) and its plasticity.

Objectives: To investigate the Body Schema in patients with FMD through a paradigm specifically designed to assess their perceived body metrics, through a spatial estimation of body parts length, and to compare their results with the ones obtain on a group of healthy control subjects (HC)

Methods: 10 patients with FMD and 11 HC underwent the Forearm Bisection Task, aimed at assessing perceived body metrics, which consists in asking the subject, blindfolded, to repeatedly point at the perceived middle point of their dominant forearm with the index finger of their contralateral hand, and a psychometric assessment for anxiety, depression, alexithymia, and tendency to dissociation.

Results: FMD patients bisected their forearm more proximally (with an increased shift towards their elbow equal to 7.5%) with respect to HC; average bisection point was positively associated with anxiety levels in the whole sample, and with the tendency to dissociation in the FMD group.

Conclusions: FMD patients seem to perceive their forearm as shorter than HC do, which might suggest an alteration of their Body Schema. The Body Schema can go through short- and long-term plastic changes in the life course, mainly related to the use of each body segment; we speculate that, despite FMD being a disorder of functional nature, characterized by variability and fluctuations in symptomatology, the lack of sense of agency over a body part might be interpreted by the nervous system as disuse and hence influence the Body Schema, as deficits of organic aetiology do.

Disclosure of Interest: None Declared

EPP0662

Socio-demographic characteristics and pharmacological treatment options in patients with delirium

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Introduction: Delirium is common in hospital settings, with approximately 3% to 45% of older patients in hospitals developing delirium during their stay. Among the elderly and those with severe or advanced medical conditions, the reported percentage of patients with delirium is over 56%. The three motor subtypes of delirium are hyperactive, hypoactive, and mixed. Another way to characterize delirium is based on whether it is reversible, irreversible, or terminal.

Objectives: Identifying appropriate pharmacological treatment options among antipsychotics and their correlation with various precipitating and predisposing factors in the in-hospital context

Methods: This was a retrospective, cross-sectional, observational study that utilized a database created by the psychiatry department at the National Medical Center 20 de Noviembre, with data collected from April 2021 to April 2022. The database contains anonymized administrative and clinical data of patients who were

seen in the psychiatry department for the diagnosis of any type of delirium, using the CAM scale for classification. The database includes records and data of hospitalized patients, encompassing all specialties at this medical center

Results: A total of 139 patients were included in the study, of which 39% were female and 61% were male, with a mean age of 67 and a median age of 68 years. It was observed that the average duration of delirium symptoms, from receiving the consultation to remission, was approximately 6 days ($p < 0.005$) (OR 5.12-6.62), and the average length of hospital stay was approximately 20 days (OR 17.3-22.09). Among the patients, 50.39% were overweight, 63% had hypertension (HTA), 29% had chronic kidney injury, 24% had a history of delirium, and 73% had recent surgical interventions. Patients with diabetes mellitus had a 3.1 times higher risk, those with HTA had a 2.8 times higher risk, and those with kidney injury had a 3.8 times higher risk of having a positive CAM result. It was observed that haloperidol, used in 84% of the patients, showed the highest percentage reduction in CAM scores

Image:

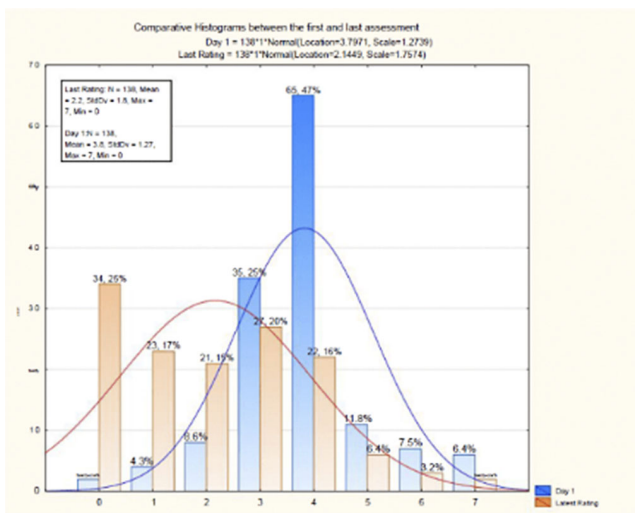
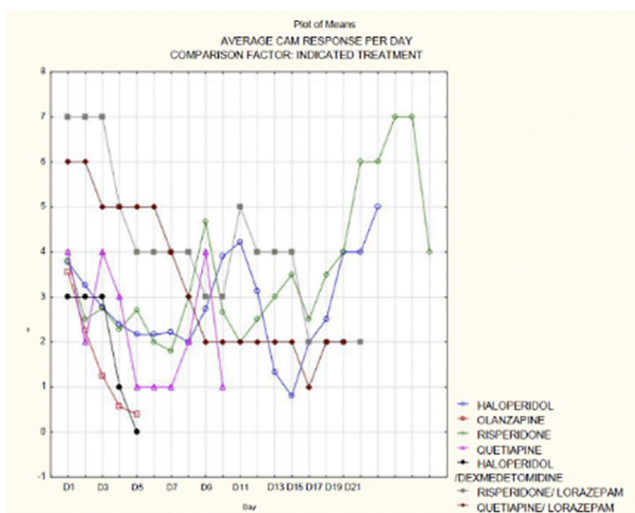


Image 2:



Conclusions: The results of this study emphasize the importance of identifying risk factors associated with delirium and implementing effective treatment for this condition. It was observed that the average duration of delirium symptoms was approximately 6 days, which is relevant for understanding the course and management of this illness. Furthermore, it was found that the average hospital stay was 20 days, underscoring the burden that delirium can place on healthcare systems.

In conclusion, this study highlights the importance of identifying risk factors and providing appropriate treatment, such as the use of haloperidol, to improve outcomes in patients with delirium.

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EPP0663

Characteristics and Management of Patients with Substance Use Disorders Referred to a Consultation-Liaison Psychiatry Service in Lebanon

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Introduction: Substance use disorders (SUDs) are a growing public health concern in the Arab world. To our knowledge, no previous study in Lebanon assessed the characteristics, management, and outcomes of patients with SUDs seen and managed by a consultation-liaison psychiatry (CLP) service.

Objectives: This study explores the characteristics and management of individuals with SUDs who were referred to the CLP service in a tertiary care center in Lebanon.

Methods: As part of the Consultation-Liaison at the American University of Beirut (CLAUB) analysis, we conducted a retrospective record review of patients referred to our CLP service between February 2019 and May 2020. We assessed differences between SUD and non-SUD consults using Chi-square analysis, Fisher's exact test, or Mann-Whitney U test, as appropriate.

Results: Of 1475 patients, 278 (18.8%) received a diagnosis of SUD. They were mostly males (73.7%) with an average age of 38.8 years. The most used substances were alcohol (60%) and cannabis (28.4%). Compared to non-SUD consults, patients with SUDs were more likely to be males (odds ratio OR=3.18, $p < 0.001$) and to get intubated during admission (OR=1.81, $p = 0.048$). Predictors of intensive care unit admission in patients with alcohol use disorder included pulmonary or endocrinological disease, benzodiazepine use disorder, and days until CLP referral.

Conclusions: The results of this study highlight the high prevalence of alcohol use among individuals with SUD referred to the CLP service. Additionally, they underscore the limited treatment avenues available in this part of the world. The institution of a comprehensive CLP service is crucial to address the unmet needs of patients with SUDs who present to a general hospital setting.

Disclosure of Interest: None Declared