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 becouse 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, mnesic 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 neccesity 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.

Disclosure of Interest: None Declared

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",

"Mentalization" and the previously mentioned mental disorders and pertinent thesaurus. Articles in English, published since 2010 were considered. A 2-step strategy (first, article screening and full reading) was followed to select articles of interest.

Results: Reading the Mind in the Eyes (Baron-Cohen et al., J Child Psychol Psychiatry 2001; 42 241-251) and Movie for the Assessment of Social Cognition (Dziobeck et al. J Autism Dev Disord 2006; 36 623-636) were the most commonly used tasks to assess ToM. Regarding mental disorders, studies showed deficits in cognitive and affective ToM skills in ASD, SCZ, BPD, MDD and BP. Hypomentalization was mainly observed in ASD and MDD, while BPD and SCZ were featured by errors associated with hypermentalization. Studies in AN and SAD are scarce, but they mainly highlight a cognitive ToM deficit, with hypomentalization in AN and hypermentalization in ASD. In all of them, depressive symptomatology seems to be a critical moderator of ToM performance.

Conclusions: Although ToM impairments are well described for some mental disorders, more research is needed to reach solid conclusions for others. The use of different and heterogeneous ToM assessment instruments can strongly influence the results of studies. The study of ToM is essential to gain a better understanding of the diseases and to develop effective treatments targeting specific ToM deficits.

Disclosure of Interest: None Declared

EPV0824

The Green-Eyed Monster: A Brief Exploration of the Jealousy Spectrum

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Introduction: A feeling as ancient as humankind, having been documented in the Bible, represented by mythological figures and appearing as a recurrent theme in art and literature, jealousy is a complex emotion that is non-discriminatory and often associated with negative feelings ranging from insecurity, suspicion, rage, fear to humiliation. Commonly associated with romantic relationships, it typically arises when one perceives a threat, either real or imagined, from a third party in regards to possession or perceived security. Jealousy, like other aspects of the human experience, varies in its expression and intensity, ranging from an adaptive response to a potentially dangerous psychopathological symptom.

Objectives: The authors aim to describe jealousy and discuss the spectrum on which it appears, ranging from an adaptive response to a psychopathological manifestation.

Methods: A brief non-structured literature review was carried out with recourse to various databases such as *Pubmed* as well as complimentary literary sources when deemed pertinent.

Results: Described as a defensive reaction that is expressed as a cognitive, emotional and behavioural response to a perceived threat, jealousy has been discussed in various arenas of thought ranging from evolutionary psychology to philosophy to psychiatry to representation in the arts. It is a difficult term to define as it is a feeling expressed through diverse emotions and behaviours originating from various contexts as well as varying in its intensity. The

literature demonstrates that jealousy can exist as an adaptive response, with evolutionary explanations, to a psychopathological expression either as obsessive jealousy or morbid jealousy, also known as Othello's Syndrome. Each carries its own particularities in terms of expression, clinical significance and intervention. The more often described delusional jealousy, is characterized by the presence of strong, false beliefs that the partner is unfaithful, whereas obsessive jealousy, less commonly described, presents with unpleasant, ego-dystonic and irrational jealous ruminations that the partner could be unfaithful. These thoughts are often accompanied by compulsive verification of the partners' behaviour. Treatment interventions in these cases are varied and present implications in prognosis.

Conclusions: Jealousy is a complex emotional state and has been described as part of the universal human experience, with research indicating its existence across various cultures. The expression of this emotional experience as well as its potential manifestation types should be taken into consideration by the mental health practitioner when carrying out an evaluation, as treatment interventions and prognosis may vary depending on the presentation.

Disclosure of Interest: None Declared

EPV0825

Is physical activity related to a reduction in the severity of borderline personality disorder through less severe insomnia disorder?

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Introduction: Borderline personality disorder (BPD) is associated with severe suffering and insomnia disorder (ID) (Fertuck et al., 2016; Galbiati et al., 2020).

Objectives: The aim was to investigate the negative association between self-reported physical activity (PA) and the severity of BPD with ID acting as a mediator (St-Amour et al., 2021).

Methods: The role of ID within the association of PA with BPD was tested using mediation analysis with the statistical program R 4.3 (N = 120; RStudio Team, 2020).

Results:

Table 1 Mediation analysis results

	β	se	t	p	LLCI	ULCI
Effect a	0.07	0.05	1.46	0.15	-0.03	0.17
Effect b	0.41	0.09	4.60	< 0.001	0.23	0.59
Effect c	0.11	0.05	2.16	0.03	0.01	0.21
Effect c'	0.08	0.05	1.70	0.09	-0.01	0.17

Note: β = beta coefficients; se = standard error; t = t-value; p = p-value; LLCI = lower limit confidence interval; ULCI = upper limit confidence interval. Effect c': The association within the mediation analysis is not significant (β = 0.08, se = 0.05, p = 0.09). Effect a: PA is not significantly associated with ID (β = 0.07, se = 0.05, p = 0.15). Effect b and c: ID (β = 0.41, se = 0.09, p < 0.001) and PA (β = 0.11, se = 0.05, p = 0.03) are significantly associated with the severity of BPD.