

Objectives: The aim is to do a review of recent findings concerning the association of cannabis use with cognition in schizophrenia.

Methods: A literature review was conducted using the PubMed search database.

Results: Patients with schizophrenia and concomitant cannabis use are associated with worse performance in immediate verbal learning, and in some studies with worse working memory performance. There is an improvement of verbal memory when they cease the cannabis' consumption. Regarding attention capacity and memory types assessed, the results are controversial. In FEP, heavy cannabis use during the previous year correlates with slower processing speed. Also, FEP-patients with cannabis use but no family history of psychosis perform worse in executive functions, while those with a family history of psychosis perform better.

Conclusions: The studies of psychosis, cannabis and cognition differ in relevant aspects, which might be connected to the result variability. Therefore, before solid conclusions can be reached, it is important to carry out longitudinal studies to understand the changes in the cognitive variables, which can depend on the pattern of cannabis' use (concurrent or prior to the FEP). Possible confounding variables that might be present should be acknowledged.

Disclosure: No significant relationships.

Keywords: cognitive impairment; schizophrénia; Cannabis use

EPV0257

Depression and other correlates of adult Attention Deficit Hyperactivity Disorder (ADHD) symptoms among Hungarian university students

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Introduction: Attention Deficit Hyperactivity Disorder (ADHD) is a neurodevelopmental disorder characterized by symptoms of inattention, hyperactivity, and/or impulsivity. It is one of the most common disabilities in college populations and comorbidity with depression is frequently reported.

Objectives: The aim of the study is to shed light on depression as comorbidity and other intrapersonal correlates of ADHD in young adults.

Methods: Participants were Hungarian university students (N=420; M=24.5, SD=5.0 years). Criteria of the ADHD group were based on the Adult ADHD Self Report Scale V.1.1 (ASRS-V.1.1) screening tool. The participants filled in the Beck's Depression Inventory, the Hyperfocus Scale, Flow State Scale, Academic Persistence Scale, Satisfaction With Life Scale, General Self-Efficacy Scale, and the Connor-Davidson Resilience Scale.

Results: We found that in the group of students who had ADHD symptoms, depression score was significantly ($p < .001$) higher (M=18.38, SD=5.87) than the control group's scores (M=14.56, SD=4.45). Frequency of severe depression was 13.4% (moderate: 33.5%) while in the control group: 1.6% and 17.6% respectively. Participants reporting ADHD symptoms (N=164, 39%) also

reported lower levels of resilience (M=23.40, SD=6.96), relative to their non-ADHD peers (M=27.69, SD=6.48). Significant differences were found in the areas of self-efficacy, depression, flow and hyperfocus as well, and ADHD symptoms contributed to lower level of life satisfaction ($\beta = -0.24$, $p < .001$).

Conclusions: Our findings suggest that university students reporting symptoms of ADHD may be assisted with strategies that are focused on increasing protective factors (i.e., resilience, self-efficacy, flow) to prevent depression and improve their life satisfaction and quality of life.

Disclosure: No significant relationships.

Keywords: adhd; Depression; resilience; life satisfaction

EPV0258

Alexithymia In Multiple Sclerosis: Relationship With Depression

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Introduction: Alexithymia, the lack of words to express emotions, is a common problem in multiple sclerosis (MS) patients.

Objectives: To investigate the prevalence of alexithymia in patients with MS and to evaluate the factors related to it, including depression.

Methods: We conducted a cross-sectional, descriptive and analytical study, which took place in the neurology department in Sfax (Tunisia). It involved MS outpatients in remission phase. Data collection was done using a form exploring sociodemographic, clinical and radiological characteristics. We used the Expanded Disability Status Scale (EDSS) to evaluate neurological impairments, the Toronto Alexithymia Scale (TAS-20) to assess alexithymia, and the Hospital Anxiety and Depression Scale (HADS) to assess depressive symptoms.

Results: Our study included 93 patients. They were married in 57% of cases. The total number of relapses ranged from 1 to 30, with a median of 5. The EDSS score ranged from 0 to 8. A temporal lesion on brain imaging was found in 29% of cases. MS patients had alexithymia in 58.1% of cases and depression in 26.9% of cases. Alexithymia was more frequent in unmarried patients ($p = 0.028$). Among clinical and radiological factors, the number of relapses was higher ($p = 0.035$), and temporal lesion was more frequent in alexithymic patients ($p = 0.045$). In this study, alexithymic patients were more depressed ($p < 10^{-3}$).

Conclusions: According to our results, depression and alexithymia were found to be significantly inter-related in MS. Future longitudinal studies might better clarify the nature of this relationship in MS patients.

Disclosure: No significant relationships.

Keywords: multiple sclerosis; Depression; alexithymia