

the photographs, a circle (Go stimuli) or a square (NoGo stimuli) was presented.

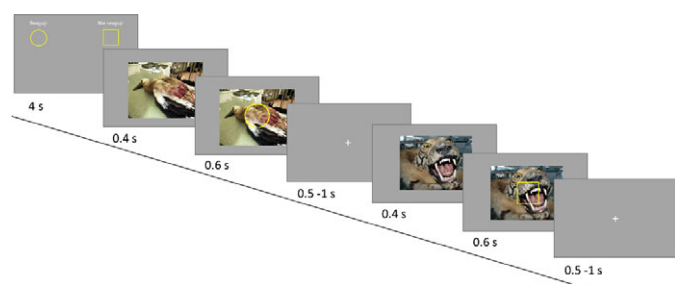


Fig. 1. Schematic illustration of the negative NoGo block. Participants were instructed to react to a yellow circle and to withdraw their reaction when presented with a yellow square

Results: We found that HC and CSA- had slower reaction time in negative compared to neutral condition (regardless of the block type), while CSA+ did not. Consequently, HC and CSA- showed increased activation in the right dorsolateral prefrontal cortex (DLPFC) in negative compared to the neutral condition, what was not observed in CSA+.

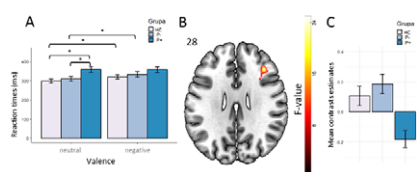


Fig 2. Graphical representation of the results. A) Reaction times for Go stimuli in neutral and negative blocks; * $p < 0.05$. B) Region of a significant between-group difference, in DLPFC, for contrast (Negative NoGo + negative Go) > (Neutral NoGo + Neutral Go) ($p < 0.001$, FWEC $p < 0.05$). C) Mean contrast estimates extracted from a 3mm sphere around the peak in DLPFC for illustrative purposes.

Conclusions: DLPFC is crucial for cognitive control, however, the activity of this region is modulated by emotional valence. Reduced engagement of dlPFC in CSA+ in negative condition (irrespective of the task instructions), suggest that negative emotions in CSA+ disrupt also other aspects of cognitive control, rather than inhibition specifically.

Keywords: Pedophilia; child sexual offending; emotion; cognition

EPP0812

Executive functions and theory of mind across age: The role of cognitive flexibility in perspective-taking skill

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Introduction: Research has demonstrated that greater cognitive flexibility and perspective taking skills are associated with positive outcomes throughout the lifespan. Cognitive flexibility is a core component of executive function allowing us to control goal-directed behaviour and to face new and unexpected conditions in the environment. Perspective-taking or Theory of Mind (ToM)

refers to the capacity to make inferences about and represent others' point of view, mental states and intentions.

Objectives: The aim of this study was to assess age-related effects on executive functions and the role of cognitive flexibility in perspective-taking skills.

Methods: Two age groups (34-44 years and 45-55 years) were compared on a task-switching paradigm the MATeM neuropsychological software (Maria Grazia Inzaghi, 2019) and all participants completed the Edinburgh Handedness Inventory (Oldfield, 1971), the IRI Interpersonal Reactivity Index (Davis, 1980), the RMET Reading the Mind in the Eyes (Baron-Cohen, 2001) and the BIDR-6 Balanced Inventory of Desirable Responding (Paulhus, 1991).

Results: suggested that increased age was associated with decreased set-shifting, perspective-taking, mindreading abilities and increased tendency to give overly positive answers (socially desirable responding). Furthermore, participants with reduced cognitive flexibility (higher switch cost) were less able to attribute mental states to others and to appreciate another person's point of view.

Conclusions: It can be argued that readiness to appropriately adjust one's behaviour according to a changing environment is related to flexibly shift between conflicting psychological perspectives. Future research include training studies which would further our understanding of these relationships and allow more effective cognitive and social interventions.

Keywords: Executive functions; theory of mind; cognitive flexibility

EPP0813

Neuron-specific enolase during the therapy in patients with alcohol use disorder and mood disorders

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Introduction: Studies of the pathophysiology of mental disorders indicate the involvement of neurobiological processes, including the release of neurospecific proteins in biological substances.

Objectives: The purpose of this study was to research the level of neuron-specific enolase in patients with alcohol use disorder and mood disorders during the therapy.

Methods: The studied groups included patients with alcohol use disorder (AUD, F10.2, ICD-10; n=41), patients with mood disorders (MD, F32, F33, ICD-10; n=39), patients with co-morbidity of AUD and MD (n=31) and 20 healthy controls. Severity of depressive symptoms was assessed with HDRS-17 and CGI-S scales. The concentration of NSE were measured in serum by enzyme immunoassay. Participants of the study were examined with clinical scales and laboratory analysis at baseline and on the 28th day of treatment. For statistical analysis we used the SPSS software.

Results: The results of the study showed that all patients are characterized by an increased level of NSE ($p > 0.005$ compared with

control). Patients with AUD characterized by changes in the concentration of NSE during therapy ($p > 0.005$ compared with patients after therapy). In patients with MD revealed correlation between the level of NSE on the 28th day of antidepressive therapy and the HDRS-17 score before treatment ($r = 0,421$; $p = 0,018$). In patients with co-morbidity correlation between the level of NSE and the CGI-S score before therapy was found ($r = -0,537$; $p = 0,001$).

Conclusions: The revealed correlations indicate the relationship between the severity of depressive symptoms and the level of NSE. Disclosure statement: This study was supported by the Russian Science Foundation, grant No. 19-15-00023.

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Keywords: mood disorders; neuron-specific enolase; alcohol use disorder

EPP0814

The limits of medical recovery of post stroke patients suffering of different types of neoplasia

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Introduction: A stroke represents a major cause of the disability of an adult with various biological, physiological and social implications. Excluding the characteristic neurological pathology, a series of complications may follow and if they are neglected they might compromise the success of medical rehab and the reintegration of the patient back into society. Recent studies have demonstrated that there is a higher rate of incidence of cancer among the survivors of a stroke in comparison with the general population.

Objectives: The correlation between strokes and oncological disease.

Methods: We have effectuated a prospective study of 6 months at the Neurology Section of Emergency Hospital "Saint Andrei", Galati, in which we've included a total number of 50 patients who were over 60 years old. In this timeline we've analyzed the correlation between strokes and the comorbidities of the patient and the influence of these over the plan of medical rehab and the period of recovery after the stroke.

Results: Over these 6 months, of all 468 patients having suffered strokes, 50 of these had been secondarily diagnosed with neurocognitive disorders. 56% of them were male and 44% were female, 37% from rural areas and 63% from the urban areas.

Conclusions: The category of neurocognitive disorders includes the group of disorders in which the principal clinical deficit is located at the cognitive functions level and is usually acquired, not representing a disorder of development.

Keywords: stroke; Neoplasia; recovery

EPP0815

The (ANTI)psychotic paradox: Lewy body dementia

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Introduction: Lewy Body Dementia (LBD) is the second more common progressive dementia caused by the deposition of proteins at the neocortical level, producing motor and psychotic symptoms (parkinsonism and visual hallucinations) which typically get worse with antipsychotics.

Objectives: Find the best antipsychotic treatment in a real patient with LBD balancing control of motor and psychotic symptoms.

Methods: A clinical trial about a real case based on an updated bibliographical review. Received a 70 years old man with more than ten years LBD diagnosis, treated with clozapine (25mg / 12h). According to his wife (principal keeper), it stills a paranoid speech with fluctuant delusional ideas conditioned by visual hallucinations, predominantly in the evening, with no amelioration in four years clozapine treatment, adding a progressive parkinsonism impairment despite neurological drugs (carbidopa:levodopa). Doing a bibliographical review, we found a 2019 article (with 3 Systematic review/Metanalysis and 3 Clinical Practice Guidance, including in NICE), where point olanzapine 5mg well effective but worse tolerated and light up quetiapine as choice that should be considered (no doses specified).

Results: One month later of therapeutic trial following the review in our clinical case, changing clozapine for quetiapine (50mg / 12h), we found an improvement of motor control and a reduction of psychotic manifestation that allows a less disruptive behavior in our patient, also objectified by his principal keeper.

Conclusions: While bibliography doesn't point a specific dose drug guide for antipsychotic treatment in LBD, in our clinical trial we detected a better control of symptoms using low dose quetiapine, nevertheless more studies are needed.

Keywords: psychosis; antipsychotic; dementia; Lewy

EPP0816

Impact of non-farmacological methods on improvement cognitive function in epilepsy

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Introduction: The quality of life of patients with epilepsy, their social activity and functioning depends not only on the presence of epileptic seizures, but also on the level of cognitive decline.

Objectives: The object of our study is impact of non-pharmacological methods on cognitive functions, decreasing of which deteriorates social activity in patients with epilepsy.