

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.

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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.

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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