

complex treatment in conditions of University clinic, physical and psychological rehabilitation, cognitive training and VNS included.

Objectives: We studied the features of clinical and psychopathological manifestations of cognitive impairments in patients suffering from epilepsy.

Methods: The study was attended by 100 patients (35 men and 65 women) who were inpatient care. The following psychodiagnostic techniques were used: the Toronto Cognitive Assessment TorCA, the test of 10 words of Luria, the MOCA test, the Münsterberg test, the quality of life scale, the Hamilton scale of depression and anxiety.

Results: MCI was observed in 88 % patients, dementia in 12 % (50 % - mild dementia, in 24 % - moderate dementia and in 16 % - severe dementia). We used non-pharmacological rehabilitation methods for correction of cognitive impairment in epileptic patients with MCI and mild dementia during 3 months. Improving of cognitive function was observed in 48 % patients, stable level of cognitive function - in 36 %, progressing of cognitive impairment - in 16 % patients with epilepsy.

Conclusions: The results of the conducted research indicate the need for further study of the features of cognitive disorders in pharmacologically treatment resistant epilepsy and implementation of training aimed at improving cognitive function and preventing the progression of cognitive impairment in complex treatment of those patients.

Keywords: cognitive impairment; Epilepsy; university clinic; Rehabilitation

EPP0271

Early changes in brain structure, functional connectivity and neuropsychiatric symptoms after HCV infection cure with direct-acting antivirals

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Introduction: Hepatitis C virus (HCV) infection is known to be associated with neuropsychiatric manifestations as part of the disease. Previous neuroimaging studies showed brain connectivity dysfunction among HCV-infected patients

Objectives: To assess, by MR in resting state, the potential structural and connectivity changes before (BL) and after HCV eradication (FU12) with direct-acting antivirals (DAA), along with clinical parameters.

Methods: Twenty-one HCV-patients, aged ≤55 years, without psychiatric history, nor advanced liver disease, and eligible for DAA, and 25 healthy controls were included. Evaluations were performed at BL

and FU12. Brain volume and local gyrification index (LGI) were assessed in MR-T1, and functional connectivity by seed-based analysis (left insula). Depression (MADRS/PHQ9) and neurotoxicity symptomatology (NRS) were assessed. We compared patients between BL/FU12, and controls by means of paired/independent T-test analysis.

Results: Sustained virological response was obtained in all patients (100%). Depressive and neurotoxicity symptomatology improved after cure ($p < 0.01$). HCV-patients showed a reduced volume in a right latero-occipital area compared to controls (CWP < 0.005) in both BL and FU12. This difference was smaller between FU12 and controls. LGI was higher in FU12-HCV compared to BL-HCV. fMRI connectivity showed a high association between insula and occipital/parietal territories in patients than controls, being higher among BL-HCV and controls. Differences were limited to occipital areas among FU12-HCV and controls.

Conclusions: Neuropsychiatric symptomatology improved after cure. Left insula is altered among HCV-patients in structured and connectivity (mainly occipital areas). After cure differences with controls were reduced, suggesting a partial restoration of brain connectivity.

Keywords: Hepatitis C virus (HCV); functional connectivity; Neuropsychiatric symptoms

EPP0272

Psychiatric symptoms in huntington's disease

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Introduction: Huntington's disease (HD) is an autosomal dominant neurodegenerative disorder, that typically manifests in adulthood, clinically characterized by progressive motor, cognitive and psychiatric/behavioural symptoms. Psychiatric symptoms are common in HD. The presentation of these symptoms is highly variable, and their course does not correlate with motor or cognitive disease progression. Psychiatric symptoms often precede motor onset by many years.

Objectives: The authors intend to review the literature the most frequent psychiatric disorders in patients with HD.

Methods: Non-systematic review of the literature.

Results: Psychiatric symptoms have been a core feature of HD. Pre-symptomatic HD patients exhibit a greater prevalence of psychiatric symptoms, particularly affective disorders. These symptoms are presenting symptoms of HD in up to half of all people. In symptomatic HD patients, it is estimated that up to 73–98% of patients will have a major psychiatric disorder or psychiatric symptoms. Psychiatric manifestations in HD include depression, irritability, apathy, anxiety, mania, perseverations, obsessions and psychosis. Cognitive changes include progressive deficits in attention, learning, executive and sensory functions, resulting in dementia. Depression, diagnosed in half of patients with HD, is the most common and earliest symptoms prior to the motor onset. There are likely multiple causes of the psychiatric symptoms, with underlying factors including a combination of neurobiological, cognitive, psychological, social and environmental factors.

Conclusions: Patients with HD have high psychiatric comorbidity, that causes significant functional impairment and affect quality of

life. Thus, they require a multidisciplinary approach in the recognition and treatment of psychiatric symptoms.

Keywords: Huntington's disease; Psychiatric symptoms; Depression; psychiatric comorbidity

COVID-19 and related topics

EPP0273

Investigation of prospective effects of emotion-regulation difficulties and empathic dimensions on depressive symptoms during the COVID-19 outbreak in Poland

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Introduction: During the COVID-19 pandemic people experience higher levels of negative emotions, as well as face many negative and intense emotions felt by others. Thus, it is important to look for risk and protective factors that allow and help individuals to regulate these negative emotions and adapt to the hardships of the COVID-19 pandemic.

Objectives: The main aims of the study were to (i) test how empathic dimensions (perspective taking, empathic concern and personal distress) and emotion regulation abilities were related to intensity of depressive symptoms during the COVID-19 lockdown in Poland, as well as to (ii) check if emotion regulation difficulties and personal distress predicted slower decrease in depressive symptoms over the two months in which the number of COVID-19 cases declined in Poland.

Methods: A total of 792 participants took part in the three-wave panel study. The sample was representative of the Polish population in terms of gender, age, and place of residence. Participants completed the following online questionnaires: The Patient Health Questionnaire-9, The Difficulties in Emotion Regulation Scale Short Form, and Brief version of the Empathic Sensitivity.

Results: Significant positive correlations were found between depressive symptoms and both personal distress and emotion regulation difficulties during the lockdown. Moreover, emotion regulation difficulties were the only significant predictor of slower decrease in depressive symptoms over time during the COVID-19 pandemic.

Conclusions: It seems that interventions focused on improvement of emotion regulation abilities could be particularly beneficial in reducing depressive symptoms during the pandemic and preventing potential negative long-term outcomes.

Keywords: emotion regulation; empathy; depressive symptoms; COVID-19 pandemic

EPP0274

Illness anxiety disorder

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Introduction: The diagnosis of hypochondria has disappeared in the new classification of mental illness. About 25% of patients who were diagnosed with hypochondria now fall into the category illness anxiety disorder. This disorder constitutes a new diagnostic category in DSM5 and is included within the somatic symptom and related disorders.

Objectives: We propose to carry out a bibliographic review off the new diagnostic category of illness anxiety disorder.

Methods: We present the clinical case of a 27-year-old man in the context of the Covid19 pandemic.

Results: The illness anxiety disorder is characterized by being concerned about having or acquiring a serious illness. Somatic symptoms are not present, but if they are, they are of mild intensity. The level of concern is excessive or disproportionate if there is any disease or if there is a high risk of developing it. There is a high level of health anxiety and the individual is easily alarmed by personal health status. It is a disorder that tends to be chronic and recurrent. The exact comorbidity is still unknown. However, it is important to keep in mind that hypochondria concurs with anxiety disorders and depressive disorders. Treatment is based on the cognitive restructuring of bodily symptoms. In addition, exposure therapy and acceptance and commitment therapy are also effective. Regarding pharmacological treatment, SSRIs are useful in relation with comorbidity.

Conclusions: Illness anxiety disorder is characterized by significant attention to somatic concerns in medical places, making it very useful for primary care professionals.

Keywords: illness anxiety disorder; somatic symptom and related disorders; hypochondria

EPP0275

Psychological well-being and employment status during the COVID-19 pandemic

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Introduction: Several restrictive measures have been implemented to reduced COVID- 19 impact with unknown consequences on people daily life.

Objectives: The primary objective is to asses the psychosocial impact and employment status changes since lockdown COVID-19 measures in Chile.

Methods: Cross-sectional study was implemented using an anonymous and self-administered online questionnaire. Adult people were invited to participate through social networks between May to