Conclusions: The present results suggest that anodal tDCS over the left DLPFC may be effective in alleviating negative symptoms, reducing general psychopathology severity, and acutely enhancing complex attention functions and working memory in recent-onset SZ.

Disclosure of Interest: None Declared

EPV1086

Neuropsychiatric manifestations of Brain Sagging Syndrome. Case report and Literature review

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Introduction: The presentation of psychotic symptoms in adults requires a global medical assessment, especially in cases of atypical presentations or if warning signs are present. The presence of cognitive symptoms and behavioral changes requires screening for various neurological diseases.
Objectives: Underline the importance of neurological evaluation in atypical psychotic conditions with cognitive and behavioral symptoms. Describe Brain Sagging Dementia as a possible etiology of these conditions.
Methods: Presentation of clinical case and bibliographic review.
Results: The clinical case of a 59-year-old female patient brought to the emergency department for psychiatric evaluation due to behavioral alterations is described. During the evaluation, paranoid symptoms were detected, with marked suspicion towards her family, which led to her admission for psychiatric hospitalization. During observation, the clinical history was completed, revealing marked changes in behavior, apathy, perseveration, and decreased functionality for more than five years. Neuropsychological tests were performed, where cognitive and visuospatial alterations were evident. A consultation with the neurology service was requested, who initially considered the diagnosis of behavioral-variant frontotemporal dementia.
Given the history of orthostatic headaches secondary to cerebrospinal fluid hypotension due to a dorsal fistula, a new brain MRI was performed, which found evidence of cerebrospinal fluid hypotension without frontotemporal atrophy. Given all the clinical and radiological findings, a possible diagnosis of Brain Sagging Dementia was considered.
Brain Sagging Dementia is a rare syndrome caused by spontaneous intracranial hypotension (SIH), which mimics the behavioral clinical findings of frontotemporal dementia (bvFTD), excluding it due to the absence of frontotemporal atrophy. It is insidious in nature, with gradual cognitive and behavioral alterations.
The first-line treatment is an epidural blood patch, with partial resolution of symptoms in up to 81% of cases and complete resolution in up to 67%.
In this case presented, the patient is awaiting evaluation by neurosurgery.
Conclusions: In case of suspected neurological origin of psychiatric symptoms, a complete evaluation is essential with special attention to potentially reversible causes.
It is important to keep in mind the neuropsychiatric manifestations that can occur in dementia and other neurology conditions, to avoid delaying a correct diagnosis. These include behavioral alterations, psychotic symptoms, eating disorders, as well as affective disorders ranging from apathy and depression to expansiveness with signs of disinhibition.
Brain sagging dementia is a reversible condition with symptoms of bvFTD, whose early diagnosis and treatment significantly improve the medical prognosis.

Disclosure of Interest: None Declared

EPV1087

Impact of Cannabis Use on Overall Brain Volume in first episode psychosis Patients

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Introduction: Neuroimaging studies show that schizophrenia is linked to reduced grey and white matter volumes and increased cerebrospinal fluid. Cannabis use, a widely known risk factor for psychosis, is associated with poorer clinical outcomes, although the mechanisms underlying this association remain unknown.
Objectives: This study aims to explore the effect of cannabis use on brain volumes in individuals with a first episode of psychosis, comparing users and non-users.
Methods: A cross-sectional study with 207 participants was conducted at the Cantabria Early Psychosis Intervention Program (ITPCan) in Santander, Spain, from January 2020 to July 2024. Clinical, sociodemographic, and cannabis use data were collected. Structural magnetic resonance imaging (sMRI) scans were obtained using a Philips 3.0T MRI machine with T1-weighted sequences. Voxel-based morphometry (VBM) analysis was conducted using the CAT12 toolbox to assess relative volume measures of white matter (WM), gray matter (GM), and cerebrospinal fluid (CSF), accounting for individual differences.Statistical analyses were performed by SPSS 23.0, with a significance of 0.05, including mean comparisons and multivariate analysis of covariance controlling for age, sex, and educational level.
Results: Out of the total sample, 106 patients underwent sMRI, including 44 men and 62 women, with an average age of 36.9 years. In terms of education, 47.2% had achieved basic level, while 52.8% had higher education. Regarding cannabis-related variables, 28 participants (26.5%) were identified as users; the average age of initiation was 17.1 years, with consumption occurring around 6.5 days per week and 6. 7 joints per day.
Non-user group showed slightly higher mean CSF and WM volumes compared to users (CSF=18.65 vs. 17.56; WM=36.49 vs.35.99), but these differences did not reach statistical significance ($p= 0.154$; $p = 0.265$). In contrast, cannabis users showed a significantly greater relative mean GM volume (46.37 vs. 45.12, $p = 0.037$).

However, these differences did not reach statistical significance after adjusting for age, sex, and education.
Conclusions: Cannabis use is associated with greater GM volumes among individual with a first episode of psychosis. However, these differences did not remain significant after adjusting for age sex and education. GM differences could largely be attributed to the age disparity between both groups, with cannabis users being significantly younger than non-users (27 vs. 40.8 years).
Further research into the underlying mechanisms and long-term studies are needed to provide a clearer understanding of how cannabis use affects brain structure over time.

Disclosure of Interest: None Declared

EPV1088

Urinary nighttime and first morning cortisol levels in patients with Prolonged Grief Disorder (PGD) and healthy controls: early outcomes

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Introduction: Prolonged Grief Disorder (PGD) has been recently included in the "Trauma and Stressor-Related Disorders" chapter of the latest edition of the DSM (DSM-5-TR), being fully acknowledged among mental disorders. PGD extend the period of acute grief and increase the risk for a wide range of health impairments. The availability of biomarkers for mental disorders is thought to be crucial in the development of precision psychiatry. The hypothalamus-pituitary-adrenal (HPA) axis activity and cortisol reactivity have frequently been investigated in mental disorders. Data on neurobiology of PGD is lacking. Some studies found that PGD might be associated with increased HPA axis activity and impaired autonomic nervous system regulation.
Objectives: Aim of the present study was to examine the levels of cortisol excreted in urine during the night and first morning and to assess any differences and specificity of HPA axis functioning in a group of individuals with PGD and in one of healthy controls.
Methods: Thirthy-three subjects, comprising 16 subjects diagnosed with PGD (PGD group) and 17 controls (CTL group), were recruited at the Psychiatric Clinic of the University of Pisa (Pisa, Italy). Psychometric assessments included: the Structured Clinical Interview for Mental Disorders-Clinician Version (SCID-5-CV), the Inventory of Complicated Grief (ICG) and the Impact of Events Scale-Revised (IES-R). Enrolled subjects, previously informed on collection procedures, delivered urine samples to the health care providers the same day of the clinical evaluation. Urine cortisol levels were measured by indirect enzyme-linked immunosorbent assays (ELISAs). Analyses were carried out at the Department of Pharmacy of the University of Pisa. Between-groups differences were performed by the non-parametric Mann-Whitney (MW). A p-value <.05 was considered statistically significant.
Results: Descriptive results showed a higher variability (SDs and interquartile ranges) of urinary cortisol levels (total
μg) in the PGD group in respect to the CTL one; by inferential statistics, MW comparisons showed significantly higher urinary cortisol levels in PGD group vs CTL one (p< .05).
Conclusions: Results report that PGD patients had impaired cortisol outputs with respect to control subjects, suggesting a different pattern of production of the hormone during the night and the sleep-wake shift. If this prelimary data will be confirmed in wider samples, there will be a need to understand whether the increased cortisol profile reported in PGD may be due to increased production of the hormone at night (sleep alterations), to an increased peak on awakening (hyperarousal) or both conditions. Such findings might help to define more accurate patient-tailored therapeutic interventions.

Disclosure of Interest: None Declared

EPV1089

Investigating the Role of the Locus Coeruleus Noradrenergic System in Cognitive Function in Amnestic Mild Cognitive Impairment: An fMRI Study

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Introduction: The Locus Coeruleus (LC), the first brain region affected by TAU aggregates in Alzheimer's disease (AD), is the primary source of noradrenaline (NA). Given the importance of NA in cognitive functions, noradrenergic interventions may benefit patients with AD pathology.
Objectives: This study aims (i) to examine memory delay and related fMRI activations in brainstem and midbrain regions in healthy aging and amnestic mild cognitive impairment (aMCI); and (ii) to explore the impact of atomoxetine on memory delay and inhibitory control in aMCI.
Methods: For aim (i), event-related fMRI was used. Fifty-three subjects (28 healthy older adults and 25 with aMCI) completed an incidental recognition memory task with emotional and neutral images. Memory tests were administered four hours later, brain BOLD fMRI activations for remembered versus not remembered images were assessed. For aim (ii), seven participants attended the lab over four days. On visit 1, they received either a placebo or atomoxetine, followed by a stop signal task and an incidental memory task. On visit 2, they completed a recognition memory