

analysis shows that mental component of quality of life can play a more significant mediating role than physical alterations in determining psychiatric symptoms in patients with psoriasis. All psoriasis patients, regardless of physical changes, should be considered at risk for developing psychiatric symptoms, and direct collaboration between general practitioners, dermatologists, and psychiatrists may be able to identify the most vulnerable patients and limit the onset of severe mental disorders.

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EPV0463

Functional Neurological Disorder with functional ptosis: Clinical challenges and opportunities for learning. (Case study)

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Introduction: Functional Neurological Disorder (FND) is a well-recognised disorder that is seen by both neurology and psychiatry services. It is an unconscious disorder that may involve motor or sensory neurological symptoms, classically ascribed to underlying psychological distress, the aetiology of which can sometimes be difficult to ascertain.

Objectives: This case presented highlights several key features of FND.

Presentations can involve pain and may evolve to involve multiple locations that may not follow a neuroanatomical distribution.

There may be initial reluctance of the patient or family to accept the diagnosis.

These can be difficult cases but there is potential for improvement with multidisciplinary support.

Inclusion of the patients' perspective of going through the diagnostic process, in this case, gives a unique perspective of being a patient with this disorder,

Methods:

Results: A young female presented to the emergency department with acute onset severe right facial pain, subjective facial swelling, minor ptosis of the right eyelid and headache. Symptoms evolved over the next week to include speech disturbance, right shoulder pain, and reduced sensation in her right arm. After initial extensive negative work, it was felt that the patient most likely had a functional neurological disorder and underwent multidisciplinary treatment. The patient represented four months later after a minor fall at work with re-emergence of the right arm and facial pain associated with speech disturbance. Relapsed functional neurological disorder (FND) was diagnosed. A multidisciplinary team (MDT) approach with neurology, liaison psychiatry, speech and language therapy (SALT), physiotherapy and psychotherapy was instituted resulting in the resolution of symptoms. FND is a common disorder in which clinicians receive limited training. This case highlights a complex presentation of FND including "pseudoptosis", a rarely seen functional symptom, and how MDT input led to symptomatic

improvement. Relapse of FND is not uncommon, sometimes after minor physical or psychological stress or trauma. There is hope to improve symptoms when this happens. Our review also includes the patient's perspective of going through the FND diagnosis.

Conclusions: Functional Neurological Disorders are common and greater training in and understanding of these disorders is important.

Symptoms that are rarely functional such as ptosis, do not exclude FND.

FND can be a difficult diagnosis for patients and families to accept, but accepting the diagnosis is key to appropriate treatment and recovery

An MDT approach incorporating neurology, psychiatry, physiotherapy, psychology, speech and language therapy and occupational therapy provides the best opportunity for recovery.

Early diagnosis and multi-disciplinary treatment can aid recovery, reduce the development of further disability and reduce healthcare utilisation and costs.

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EPV0465

Defining Brain Fog - A Transdiagnostic Narrative Review

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Introduction: The term brain fog is increasingly used by patients and researchers, but is poorly-defined. Understanding the symptom is important, as it is highly-prevalent, and linked to poor quality of life, and social and occupational disability. Furthermore, it is reported in a broad and seemingly unrelated set of conditions including COVID, menopause, hypothyroidism, traumatic brain injury (TBI), chronic fatigue syndrome (CFS/ME), fibromyalgia, and systemic lupus erythematosus (SLE). Transdiagnostic similarities may indicate common mechanisms or therapeutic targets, and opportunities for translation of research findings.

Objectives: We aimed to review research characterising brain fog across diagnoses and summarise findings on phenomenology, definitions, objective cognitive measures, and neurobiological correlates. We aimed to highlight transdiagnostic commonalities and differences, and make recommendations on terminology and future research.

Methods: We conducted a narrative review of biomedical research into brain fog. We chose a non-systematic approach due to the fragmentary nature of the literature and our exploratory aims.

Results: Brain fog is associated with cognitive symptoms - predominantly difficulties with attention, memory, and language, contributing to a subjective "fog" or lack of "mental clarity". It overlaps with fatigue, and psychiatric symptoms, including anxiety, depression, and dissociation. It is chronic but often transient or variable. There are many transdiagnostic similarities, but research conducting direct comparisons is lacking. We argue that transdiagnostic commonalities in brain fog must arise at one of 3 levels - ambiguous language, common cognitive mechanisms, or common neurobiology. Neurobiological correlates appear heterogenous. Objective cognitive findings are mixed, between mild deficits in attention

and memory and no deficits. Evidence for correlation between subjective and objective symptoms is mixed. Many studies find objective deficits are mediated by associated symptoms such as fatigue, depression, or anxiety.

Conclusions: We suggest researchers avoid the term brain fog in favour of clearly-defined terms where possible. While brain fog appears to refer to a broad range of phenomena, it captures a characteristic association of fatigue, cognitive and affective symptoms, and mild objective deficits across diagnoses. Brain fog appears to overlap substantially with mental fatigue. Further research is needed, including direct transdiagnostic comparisons. Measures should include high-precision cognitive batteries, as well as measures of affect (e.g., GAD / PHQ9), fatigue (e.g., FAS), and metacognition, to enable the role of non-cognitive factors to be assessed and compared across conditions.

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EPV0466

Frustration reactions as a factor of adherence to treatment in patients with cardiovascular diseases

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Introduction: Adherence to treatment plays a key role in the effectiveness of therapy of the cardiovascular diseases. Patient's personality becomes an inevitable determinant of health behaviour influencing the way the patient reacts to the illness itself. The painful sensations, the need to adapt to the disease may be the cause of frustration in patients (Heszen-Klemens. Soc Sci Med 1987, 24 (5) 409-416). Hence, it is necessary to assess how the frustration reactions are connected with the adherence to treatment.

Objectives: The aim of the research was to study the relationship between the frustration reactions and the adherence to treatment in patients with cardiovascular diseases.

Methods: The Picture Frustration Test (Rosenzweig. Journal of Personality 1945, 14 3-23) was used to assess frustration reactions of the patients. The Questionnaire for Comprehensive Assessment of Treatment Adherence was used to provide a complex evaluation of the adherence to treatment (Nikolayev, Skirdenko. Clinical Pharmacology and Therapy 2018, 1 74-78). The study was conducted from January 2024 to April 2024. The sample consisted of 42 male patients hospitalised with multiple cardiac pathology, whose average age was 49.40 ± 7.71 .

Results: The average adherence to treatment of the patients with cardiovascular diseases in our sample was $61.17 \pm 18.53\%$, with twelve (30%) participants being defined as low-adherent and nine (22.5%) as high-adherent. What concerns direction of frustration reactions, low-adherent patients were more likely to exhibit extrapunitive reactions ($H=7,760$, $p=0,021$), whereas high-adherent patients demonstrated intropunitive reactions more often ($H=6,062$, $p=0,048$). More interestingly, there were significant differences in types of frustration reactions, with need-persistent reactions being more characteristic for the high adherent-patients ($H=6,551$, $p=0,038$). Intropunitive and need-persistent frustration reactions were associated positively with the adherence to treatment ($r=0.428$, $p=0.013$; $r=0.459$, $p=0.007$).

Extrapunitive reactions were found to be negatively associated with the adherence ($r=-0.409$, $p=0.004$).

Conclusions: Our study was the first to consider the connection between the frustration reactions of the patients with cardiovascular diseases and their adherence to treatment. The results indicate that the way in which patients typically react to the frustration is connected with the way in which they handle limitations and requirements of the treatment process. When the patient is more likely to react to frustration in problem-solving manner, the chances are that their health behaviour will also lead to a sufficient adherence to treatment.

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EPV0467

Maturity of defense mechanisms as a predictor of adherence to treatment in patients with cardiovascular diseases

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Introduction: Promoting adherence to treatment is essential for increasing the effectiveness of therapy of the cardiovascular diseases. The role of defense mechanisms and frustration reactions of the cardiac patients in their adherence to treatment was not studied previously.

Objectives: The aim of the research was to study the relationship between defense maturity and adherence to treatment in patients with cardiovascular diseases.

Methods: To measure the adherence to treatment the Questionnaire for Comprehensive Assessment of Treatment Adherence was used (Nikolayev *et al.* Clinical Pharmacology and Therapy 2018, 1 74-78). Defense mechanisms were assessed using the Defense Mechanisms Rating Scales (DMRS-SR-30; Di Giuseppe *et al.* Front. Psychiatry 2020, 11:870). The Picture Frustration Test was used to assess patients' frustration reaction types (Rosenzweig. Journal of Personality 1945, 14 3-23). Structural equation modeling (path analysis method) was used for data analysis. The study was conducted from December 2022 to April 2023. The sample consisted of 42 male patients hospitalised with multiple cardiac pathology, whose average age was 49.40 ± 7.7 .

Results: The majority of the patients in our sample demonstrated middle level of the adherence to treatment, with mean score being $61.17 \pm 18.53\%$. Twelve (30%) participants were defined as low-adherent and nine (22.5%) were defined as high-adherent. Assessment of frustration reactions showed that the adherence to treatment is positively connected with intropunitive and need-persistent reactions ($r=0.428$, $p=0.013$; $r=0.459$, $p=0.007$) and negatively connected with extrapunitive reactions ($r=-0.409$, $p=0.004$). What concerns defense mechanisms, the maturity of defenses appeared to be positively connected with the adherence to treatment ($r=0.388$, $p=0.021$). Using path analysis, we found only one theoretical model to be representative of the empiric data. The model constructed reveals indirect effect of the defense maturity on the adherence to treatment, mediated by the type of frustration reaction. The paths are positive, significant and equal