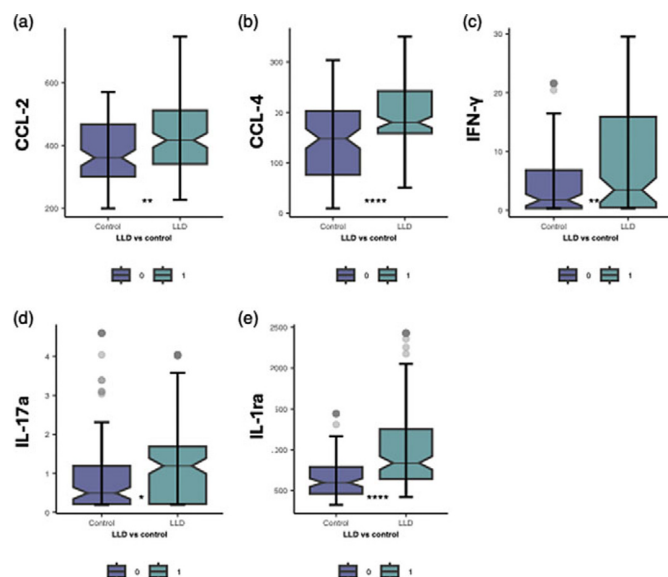


fully adjusted models; age of onset and number of previous episodes were not significant predictors of dementia at follow-up.

**Image 1:**



**Fig.1** Boxplots illustrating differences in concentrations of 5 plasma inflammatory markers between participants with LLD (n=136) and controls (n=103): (a)CCL-2; (b) CCL-4; (c) IFN- $\gamma$ ; (d) IL-17a; (e) IL-1ra. These 5 inflammatory markers emerged as significantly higher in LLD compared to control group after full adjustment for covariates.

\*\*\*p<0.001; \*\*p<0.001; \*p<0.05

**Conclusions:** This study demonstrated an increase in plasma inflammatory markers in LLD but did not find evidence they could predict dementia at follow-up.

**Disclosure of Interest:** None Declared

## EPP215

### Anxiety and depression among patients with age-related macular degeneration

S. V. Kuzmina<sup>1\*</sup> and D. A. Yakovlev<sup>1</sup>

<sup>1</sup>Psychiatry and medical psychology, Kazan State Medical University, Kazan, Russian Federation

\*Corresponding author.

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**Introduction:** AMD is currently the main cause of deterioration in the quality of life, disability and blindness in people over the age of 50 in economically developed countries, the presence of symptoms of anxiety and/or depression may be a risk factor for the development and exacerbation of ophthalmological diseases, a risk factor for an unfavorable prognosis of the disease and one of the factors contributing to a decrease in the patient's compliance and motivation for ophthalmological treatment

**Objectives:** The aim was to study the prevalence of symptoms of anxiety and depression in patients with age-related macular degeneration and determine its impact on quality of life.

**Methods:** A continuous sampling method was used to examine 24 patients (9 men and 15 women, aged from 41 to 87 years, the

average age in the group was  $69.7 \pm 10.8$  years) with an established diagnosis of AMD, who were undergoing inpatient treatment at the Cheboksary branch of the FSAU NMIC MNTC Eye Microsurgery. Academician S.N. Fedorova" Ministry of Health of Russia, HADS, The Spielberger anxiety Questionnaire, SF-36, The results of the examination of the mental state were compared with the indicators of visual acuity

**Results:** Clinically significant severity of depression symptoms was found in 4.2% of patients, mild manifestations of depression were found in 8.3%, 79.2% demonstrated moderate reactive anxiety; 12.5% of the subjects had a low level of reactive anxiety. 81.7 % of the respondents were subject to moderate and high personal anxiety. men were more prone to manifestations of both reactive (88.9% of men and 73.3% of women, respectively) and personal anxiety (100% of men and 86.7% of women, respectively), higher incidence of depression among women than among men. Patients with lower visual acuity tended to give a lower assessment of their physical health.

**Conclusions:** The results demonstrated a high prevalence of personality and reactive anxiety among patients with age-related macular degeneration. At the same time, persons with higher acuity vision was more prone to anxiety, which may probably be due to incomplete adaptation to pathology in the early stages of AMD development. A tendency was found to have a worse assessment of their physical well-being among older patients with lower visual acuity.

This study has a limitation due to the small sample of patients at the time of analysis, which dictates the need for further study of this issue.

**Disclosure of Interest:** None Declared

## Others

## EPP216

### Mind Games: When Neurosyphilis and Borderline Personality Disorder Collide – A Diagnostic Puzzle

A. G. Buciu<sup>1\*</sup>, A. D. Gurfinkel Zevallos<sup>1</sup> and M. Hadjikyriakou<sup>2</sup>

<sup>1</sup>Psychiatry, University of Miami/ Jackson Health System and

<sup>2</sup>Psychiatry and Behavioral Sciences, Bruce W. Carter Department of Veterans Affairs Medical Center, Miami, United States

\*Corresponding author.

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**Introduction:** Historically, syphilis has been known as “the Great Imitator” due to its heterogeneous clinical manifestations. Though its incidence decreased with the widespread use of penicillin, recent data suggest a resurgence, particularly among those experiencing delays in treatment. This resurgence creates diagnostic challenges, especially when patients have coexisting psychiatric conditions like Borderline Personality Disorder (BPD).

**Objectives:** This report explores the psychiatric and cognitive manifestations of neurosyphilis in patients with preexisting personality disorders. The primary objective is to highlight how neurosyphilis complicates psychiatric diagnosis and care and to emphasize the need for early detection and intervention.

**Methods:** A thorough literature review was conducted using PubMed database covering studies published from 2000 to 2023. Keywords included “neurosyphilis,” “borderline personality disorder,” “psychiatric symptoms,” “syphilis resurgence,” and “cognitive impairment.”

Additionally, the case of a 35-year-old female with BPD who developed neurosyphilis is presented, demonstrating the complexities in distinguishing between overlapping psychiatric symptoms. The case also emphasizes the importance of comprehensive care.

**Results:** The psychiatric symptoms of neurosyphilis, such as impulsivity, mood instability, and cognitive dysfunction, significantly overlap with those of BPD, complicating diagnosis and treatment. Literature indicates that neurosyphilis occurs in 0.5% to 2% of untreated syphilis cases. Common psychiatric manifestations of neurosyphilis—such as irritability, cognitive decline, and affective dysregulation—are often misattributed to underlying psychiatric disorders, leading to delays in proper treatment. In the case of the 35-year-old patient, her longstanding BPD symptoms, including emotional instability and impulsivity, worsened with the progression of neurosyphilis. Cognitive testing revealed mild impairment, which was consistent with the cognitive decline seen in neurosyphilis, further complicating the clinical picture.

**Conclusions:** This case underscores the critical need for timely syphilis screening, particularly for individuals with a history of untreated or inadequately treated infections. Early diagnosis and treatment of neurosyphilis can significantly improve cognitive and psychiatric outcomes while promoting overall wellness. Routine sexually transmitted disease screenings, especially in psychiatric populations, can prevent severe neuropsychiatric complications and support holistic well-being. Given the global resurgence of syphilis, a proactive approach to sexual health is essential in fostering both mental and physical health.

**Disclosure of Interest:** None Declared

## EPP217

### Neuropsychiatric Symptoms in Huntington's Disease: A Case Report on Manic and Psychotic Features Huntington's disease (HD)

S. Buyo Lagares<sup>1\*</sup>, A. Picallo Vieito<sup>1</sup>, M. Grueiro Cao<sup>1</sup>, M. Pardal Iglesias<sup>1</sup>, A. Lagoa Pena<sup>1</sup>, C. Ramil López<sup>1</sup>, C. Ovies Fernández<sup>1</sup>, A. Parada Barcia<sup>1</sup>, P. Piñeiro Magro<sup>1</sup>, L. González Pereira<sup>1</sup>, J. Ricoy Chaín<sup>1</sup> and R. Prieto Pérez<sup>1</sup>

<sup>1</sup>Hospital A Coruña, A Coruña, Spain

\*Corresponding author.

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**Introduction:** Huntington's disease (HD) is a hereditary neurodegenerative disorder marked by progressive declines in motor, cognitive, and psychiatric functions. This case report presents a 45-year-old female patient with HD who displayed significant manic symptoms, which later evolved into acute psychosis. Notably, her neuropsychiatric symptoms emerged months before motor deficits. This case aims to raise clinician awareness of the interplay between neuropsychiatric symptoms and HD.

**Objectives:** Analyze early neuropsychiatric manifestations, particularly manic and psychotic symptoms; highlight the importance of recognizing these symptoms before the onset of motor dysfunction; and explore the neurobiological mechanisms underlying, including neurotransmitter dysregulation and structural brain changes.

**Methods:** A comprehensive clinical evaluation was conducted for the patient. Her psychiatric history was assessed using standardized tools, including the Young Mania Rating Scale (YMRS) and the Positive and Negative Syndrome Scale (PANSS).

Neuroimaging, including computed tomography (CT), assessed structural brain changes in regions related to mood regulation and psychosis, such as the striatum and prefrontal cortex. A literature review correlated these findings with existing research on neurobiological mechanisms in HD, focusing on neurotransmitter systems and brain morphology.

**Results:** Initially, the patient exhibited manic symptoms such as elevated mood and irritability, with moderate severity noted on the YMRS. Within a month, her condition escalated to acute psychosis, featuring auditory hallucinations and paranoid delusions, as reflected by moderate PANSS scores. Neuroimaging revealed structural changes consistent with HD, including striatal atrophy and prefrontal cortex alterations. These findings supported the hypothesis of neurotransmitter dysregulation, particularly involving dopamine and serotonin.

The management plan included mood stabilizers and antipsychotics, such as valproic acid and risperidone, along with temporary benzodiazepines to manage agitation. This approach led to a significant reduction in both manic and psychotic symptoms, improving the patient's overall quality of life through integrated psychiatric care.

**Conclusions:** This case underscores the importance of recognizing early neuropsychiatric symptoms, particularly manic and psychotic features, in HD patients. The emergence of these symptoms prior to motor dysfunction calls for heightened clinician awareness, as early identification can facilitate timely interventions and enhance patient outcomes. The observed structural brain changes and neurotransmitter dysregulation suggest underlying neurobiological mechanisms, warranting further research in the broader HD population. A multidisciplinary approach is essential for effectively managing the interplay of neuropsychiatric symptoms.

**Disclosure of Interest:** None Declared

## EPP218

### Test-Retest Reliability and Informant Consensus Pilot Study of the BRIEF-A in the Non-Clinical Spanish Population

I. González Herrera<sup>1\*</sup>, R. Sandoval Rodríguez<sup>2</sup>, A. B. Calvo Calvo<sup>1</sup> and J. M. Espejo-Saavedra Roca<sup>1,3</sup>

<sup>1</sup>Personality, Assessment and Clinical Psychology Department;

<sup>2</sup>Universidad Complutense de Madrid and <sup>3</sup>Hospital Universitario 12 de Octubre, Madrid, Spain

\*Corresponding author.

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**Introduction:** Executive functions (EEFF) are different cognitive aspects that allow us to find solutions and adapt to changes. There are several traditional instruments that assess these processes, but they are difficult to generalize to the subject's real environment.

**Objectives:** To analyze the test-retest reliability of the adaptation of the BRIEF-A to the Spanish population with a non-clinical sample, as well as studying the informant consensus between the Self-report and Informant report forms that this instrument presents.

**Methods:** The questionnaire has been administered to 58 subjects from the general population (Self-report version) and 58 informants who adequately knew each subject (Informant report version) at baseline and at 4 weeks follow-up in order to study the test-retest reliability. Statistical analysis was carried out using the Pearson Correlation Coefficient to study the test-retest reliability. Self-reports