

0.242 ($\chi^2=1.871$, $p=0.171$, CFI=0.947, RMSEA=0.176). Patients that use more mature defenses are more likely to give need-persistent reactions to frustration, hence, they have better adherence to treatment.

Conclusions: Thus, the results of our study demonstrate that defense maturity can be used as a predictor of the adherence to treatment in patients with cardiovascular diseases due to its role in determining the type of frustration reactions. More mature defenses allow patients to be more flexible in their reaction to the illness and its limitations that leads to higher adherence to treatment.

Disclosure of Interest: None Declared

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Psychological factors of adherence to treatment in patients with cardiovascular diseases

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Introduction: Cardiovascular diseases are one of the leading causes of death worldwide. Adherence to treatment is considered to be a key determinant of the effectiveness of therapy. Patient's personality and other psychological characteristics play a regulating role in health behaviour but there is still no consistent evidence on their connection to the adherence to treatment.

Objectives: The study aimed to determine the role of psychological factors regarding the adherence to treatment in patients with cardiovascular diseases.

Methods: Adherence was measured using the Questionnaire for Comprehensive Assessment of Treatment Adherence (Nikolayev *et al.* Clinical Pharmacology and Therapy 2018, 1 74-78). To provide a complex assessment of psychological factors we used the Short Health Anxiety Inventory (Salkovskis *et al.* Psychological Medicine 2002, 32 843-853; Pervichko, Shishkova. National Psychological Journal 2022, 2), the HEXACO Personality Inventory (Ashton, Lee. Personality and Social Psychology Review 2007, 11 150-166; Egorova *et al.* Issues of Psychology 2019, 5 33-49), the Defense Mechanisms Rating Scales (DMRS-SR-30; Di Giuseppe *et al.* Front. Psychiatry 2020, 11:870), and the Picture Frustration Test (Rosenzweig, Journal of Personality 1945, 14 3-23). 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: Patients with cardiovascular diseases mostly demonstrated middle level of the adherence to treatment ($61.17 \pm 18.53\%$), twelve (30%) participants were defined as low-adherent, nine (22.5%) were high-adherent. The component of health anxiety known as vigilance to bodily sensations was found to be positively associated with the adherence to treatment ($r=0.316$, $p=0.047$). Conscientiousness was the only personality trait to demonstrate significant positive associations with the adherence ($r=0.378$, $p=0.023$). More interestingly, adherence to treatment appears to be positively associated with need-persistent and intro-punitive frustration reactions ($r=0.428$, $p=0.013$; $r=0.459$, $p=0.007$) and negatively associated

with extrapunitive frustration reactions ($r=-0.409$, $p=0.004$). Assessment of defense mechanisms reveals positive associations between overall defense maturity and adherence to treatment ($r=0.388$, $p=0.021$), indicating that low-adherent patients are more inclined to use less mature defenses.

Conclusions: Thus, adherence to treatment in patients with cardiovascular diseases is associated with greater vigilance to bodily sensations, conscientiousness, defense maturity, use of need-persistent and intro-punitive frustration reactions and lesser use of extrapunitive frustration reactions.

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A Diagnostic Challenge: Korsakoff Syndrome Misdiagnosed as Hepatic Encephalopathy

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Introduction: The abrupt occurrence of neuropsychiatric symptoms in patients with alcohol-related cirrhosis requires detailed evaluation not only for hepatic encephalopathy but also for other etiologies like Wernicke-Korsakoff Syndrome. In this case, we present a patient with alcohol-related cirrhosis who was initially admitted to gastroenterology unit with a preliminary diagnosis of hepatic encephalopathy but was ultimately diagnosed with Korsakoff Syndrome.

Objectives: This case highlights the critical need for comprehensive neuropsychiatric assessment in patients with alcohol-related cirrhosis and offers a review of the current literature on the definition and clinical presentation of confabulation.

Methods: Description of a clinical case and literature review

Results: 45-year-old male with a history of alcohol-related cirrhosis was admitted to gastroenterology unit with symptoms suggestive of hepatic encephalopathy. On hospital day two, he was consulted to consultation-liaison psychiatry unit with the complaints of sleep disturbances and meaningless talking. In his story; over the past 3 months, he was talking about unrealistic events, having anger outbursts and disrupted sleep cycle, although his total sleep duration remained normal. Aside from grandiosity, mild irritability and disruptions in thought content, there were no signs of manic episode, such as euphoria, distractibility or reduced sleep. In mental state examination, he was alert, oriented in time, place and person, displaying normal psychomotor activity, speech, and impulsivity with euthymic mood. Neurological examination revealed no signs of Wernicke encephalopathy, such as nystagmus, ataxia or confusion. Subsequent psychiatric evaluations revealed fluctuations in narrative, lack of insight, mild memory impairment, and grandiose thought content suggestive of momentary confabulation, all indicative of Korsakoff Syndrome. He was transferred to the psychiatry inpatient unit and treatment with amisulpride at 200 mg daily and thiamin at 300 mg per day were initiated. Following treatment, there was a gradual improvement in aggression; however, no significant enhancement in confabulations or memory function was observed.

Conclusions: To our knowledge, this is the first case report of Korsakoff Syndrome presenting with a preliminary diagnosis of hepatic encephalopathy. The neuropsychiatric components of hepatic encephalopathy can manifest with a variety of symptoms,