

### W0031

#### The role of Effortful Control and Executive Attention in Mood Disorders

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In the first part of the talk I will show that using a computational approach, namely the Drift Diffusion Model, the efficiency of executive attention (EA) is associated with effortful control, the self-regulatory aspect of temperament in a sample of  $n=427$  healthy subjects. Then I will demonstrate how, applying the same model, EA measured through the same conflict resolution task predicts longitudinally a sooner relapse in a sample of  $n=64$  subjects with bipolar and depressive disorders. Lastly I will discuss how EA is associated with obsessive compulsive symptoms in the same clinical population and how they interact in predicting the course of illness. Altogether these results suggest that there is an association between self-reported effortful control and EA and that treatments targeting executive functions could be crucial in preventing relapses in subjects with mood disorders experiencing obsessive compulsive-symptoms.

**Disclosure:** No significant relationships.

**Keywords:** Depression; computational psychiatry; bipolar disorder; Effortful Control

### W0029

#### The role of Effortful Control in Psychopathology Amongst Older Psychiatric Patients

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**Background and aim:** Based upon a person-centred approach, there is a growing interest in neurobiological transdiagnostic factors, such as reactive temperament (Behavioral Inhibition (BIS) and Behavioral Activation Systems (BAS)) and regulatory processes (Effortful Control (EC)). Three temperament-based personality types (Resilient, Undercontrolled and Overcontrolled type (RUO)) have been replicated in adolescents and younger adults with several clinical problems; with the resilient type (highest scores on EC) consistently showing less psychological symptoms. However, these RUO types have not been studied yet in older adults with mental disorders. Therefore, the current study investigates (1) whether these RUO types can be replicated based on the aforementioned reactive and regulative temperamental factors in

older inpatients and (2) whether a higher EC is related to the presence of less psychopathology. **Methods:** The EC, BIS/BAS, SCL-90-R and ADP-IV questionnaires were administered to 96 older patients ( $\leq 60$  years) admitted to a psychiatric hospital. **Results:** Cluster analysis resulted in a solution of three atypical types: a Resilient type (low BIS, mean BAS, high EC), a Dysregulated type (high BIS, high BAS, low EC) and an "Apathic" type (mean BIS, low BAS, mean EC). Comparison of means revealed that the Resilient type has the highest scores on EC and shows less clinical symptoms and maladaptive personality traits. **Discussion:** Of the 3 RUO types, only the Resilient type was fully replicated in older psychiatric patients. Strengthening EC might be useful as an additional therapy in order to reduce clinical symptoms, possibly leading to a better treatment outcome.

**Disclosure:** No significant relationships.

**Keywords:** Transdiagnostic; temperament-based personality types; reactive temperament; regulative temperament

#### Psychopathology of Patients with Intellectual Disability and Comorbid Psychiatric Disorders

### W0030

#### Differences of Psychopathology of Psychiatric Disorders in Adult Patients with Intellectual Disability

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Intellectual disability is a mental disorder which appears during the developmental period in childhood and continues life-long. It is characterized by intellectual deficits on the one side and maladaptive social functioning on the other. The intellectual deficits include problems in abstract and logic thinking, problem solving, reasoning, learning from experience and judging. The deficits in adaptive functioning appear in problems in social communication and participation as well as in mental overload phenomena caused by daily life activities. This overload often results in psychopathological features and psychosocial reactions which are usually observed in Burn-out-Syndromes as e.g. general exhaustion (depletion of primarily reduced mental resources), additional reduced efficacy (accompanied by feelings of insufficiency and poor self-esteem), and most typically feelings alienation (towards intrinsically familiar situations, towards relatives and friends and at least also against oneself) typically accompanied by irritability and dysphoria. Treatment programs therefore should not only focus on intellectual deficits but should include also the multiple sufferings from psychopathological phenomena and psychosocial effects of such daily life overload syndromes.

**Disclosure:** No significant relationships.

**Keywords:** phenomenology; Psychopathology; daily life overload syndrome