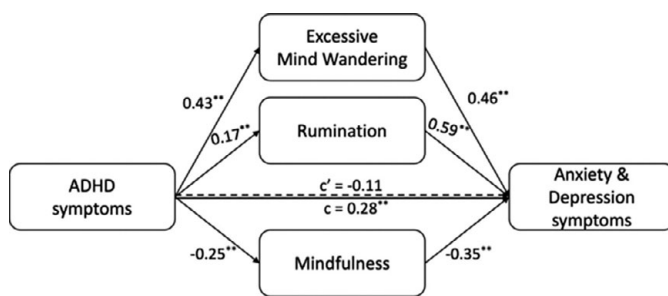


Image:

Conclusions: Adults with ADHD have distressing mentation patterns which worsened their anxiety and depression. Mindfulness-based cognitive behavioral therapy modalities may help improve excessive mind wandering and rumination in ADHD. Our findings should be warranted in future studies of functional brain connectivity patterns that may serve as a mentation endophenotypes in ADHD.

Disclosure of Interest: None Declared

O0107

Study of mentalizing ability in borderline personality disorder: relationship with impulsivity

A. Galvez-Merlin^{1,2}, P. de la Higuera-Gonzalez^{2,3*}, J. M. Lopez-Villatoro^{1,2}, A. de la Torre-Luque^{1,4}, M. Diaz-Marsa^{1,2} and J. L. Carrasco^{1,4}

¹Department of Legal Medicine, Psychiatry and Pathology, Faculty of Medicine, Universidad Complutense de Madrid; ²Health Research Institute, Hospital Clínico San Carlos (IdISSC); ³Department of Personality, Assessment and Clinical Psychology, Universidad Complutense de Madrid and ⁴Biomedical Research Networking Consortium for Mental Health (CIBERSAM), Madrid, Spain

*Corresponding author.

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Introduction: Borderline personality disorder (BPD) is a severe mental disorder characterized by affective, behavioral and relational instability, along with interpersonal hypersensitivity and unstable affective relationships (APA 2013). Poor interpersonal functioning could be associated with critical deficits in the ability to mentalize in these patients, together with high levels of impulsivity. Although most studies have described hypermentalization deficits among BPD patients (Bora Psychol Med 2021;51 2541-2551), existing literature is still scarce on this aspect, as well as its relationship with the impulsive behavior.

Objectives: 1) to assess specific mentalizing deficits in BPD compared to healthy controls in a complex ecological mentalization task; 2) evaluate the relationship between mentalization and impulsivity in BPD.

Methods: 63 patients diagnosed with borderline personality disorder and 31 control subjects were studied using the Movie for the Assessment of Social Cognition -MASC- (Dziobek et al. J Autism Dev Disord 2006; 36 623-636) and the Barratt Impulsivity Scale -BIS-11- (Patton et al. J Clin Psychol 1995; 51 768-774), as

well as other sociodemographic and clinical factors. The clinical research study was approved by the Clinical Research Ethics Committee of the Hospital Clínico San Carlos (Madrid, Spain).

Results: The results showed significant differences in the scores related to correct mentalization, hypomentalization, and non-mentalizing responses between patients and controls, with BPD patients showing worse performance. A significant negative relationship was also observed between impulsivity scores and correct mentalizing responses in BPD patients.

Conclusions: The results showed a deficit in the ability to mentalize in BPD patients, compared to control subjects, characterized by a hypomentalization and an absence of mentalization. Likewise, this deficit in mentalization ability was related to greater impulsive behavior in patients. These results would be consistent with the hyperarousal hypothesis in BPD, which would reduce inhibitory control, causing mentalization deficits (Euler et al. J Pers Disord. 2021; 35 177-193). Future studies will try to associate specific impulsive behaviors associated with the characteristics of hypomentalization and absence of mentalization observed in our results.

Disclosure of Interest: None Declared

O0108

A comparison between two rTMS protocols as augmentation strategies in patients with treatment-resistant depression

L. Larini^{1*}, M. Castiglioni¹, E. Piccoli¹, C. Scarpa¹, M. Renne¹, S. Torriero¹, M. Bosi¹, B. Benatti¹, A. Varinelli¹, M. Vismara¹ and B. Dell'Osso^{1,2,3}

¹Psychiatry 2 Unit, Luigi Sacco Hospital; ²“Aldo Ravelli” Center for Nanotechnology and Neurostimulation, University of Milan, Milan, Italy and ³Department of Psychiatry and Behavioral Sciences, Stanford University, Stanford, United States

*Corresponding author.

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Introduction: Repetitive transcranial magnetic stimulation (rTMS) is an evidence-based treatment and rTMS protocols have been included in international guidelines for patients with treatment-resistant depression (TRD). The daily administration of standard rTMS protocols, typically over several weeks, could be a limiting factor (e.g., time off from work, commuting issues). To intensify the antidepressant response and to reduce the number of stimulation days, it has been proposed that increasing the number of rTMS sessions performed per day could be more effective and help to reduce the burden for patients and clinicians. Although there is much interest in accelerated TMS protocols, little is known about their efficacy and tolerability, and the literature on the topic is still scarce.

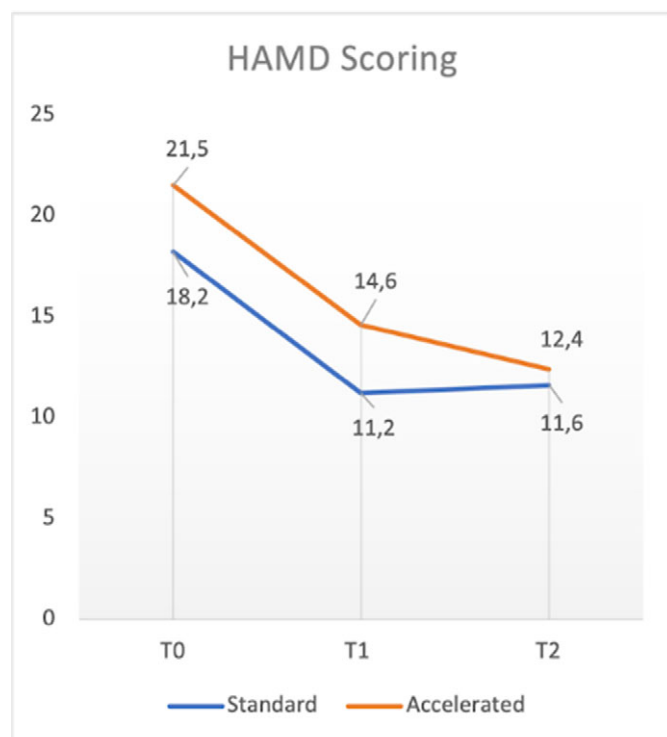
Objectives: To compare the efficacy and tolerability of two rTMS protocols (standard vs. accelerated) as augmentative strategies in patients with TRD.

Methods: In the present ongoing, open-label, trial 14 patients meeting DSM-5 criteria for major depressive episode (either unipolar or bipolar), classified as partial responders or non-responders to adequate pharmacological treatment, were randomized to receive either standard (one session per day, five days a week, for

four weeks; $n=7$) or accelerated (two sessions per day, five days a week, for two weeks; $n=6$) rTMS treatment protocols. In both cases, rTMS was performed on the left dorsolateral prefrontal cortex, high frequency (10 Hz) at 120% of the motor threshold, 3000 pulses per sessions. Primary outcome measures included HAM-D, MADRS, and CGI-S scores at baseline (T0), at the end of rTMS treatment (T1), and after 1 month (T2), as well as tolerability based on adverse effects. Paired Samples *t*-Test for continuous variables was used to compare psychometric scales at each timepoint, while *t*-Test was used to compare differences between the two groups.

Results: With respect to total sample, in terms of primary outcome measures a significant reduction of HAM-D, MADRS and CGI-S total scores between T0 and T1 ($t: 3.01, p<0.05$; $t: 1.692, p<0.05$; $t: 3.207, p<0.05$ respectively), T1 and T2 ($t: 3.264, p<0.05$; $t: 2.669, p<0.05$; $t: 0.85, p=0.437$ respectively) and T0 and T2 ($t: 5.669, p<0.05$; $t: 4.711, p<0.05$; $t: 2.551, p<0.05$ respectively) was found. No significant differences in terms of efficacy were found between the two groups. One patient dropped-out for reasons not related to rTMS treatment. Mild and transient headache during the stimulation was the only side effect reported (4 patients).

Image:



Conclusions: Consistently with previous literature studies, our preliminary results supported the evidence of comparable efficacy and tolerability between accelerated and standard rTMS protocols. In the future, larger, blinded, and controlled trials might support these conclusions and further address treatment parameters of novel accelerated rTMS protocols.

Disclosure of Interest: None Declared

O0109

EMDR as a treatment option for conditions other than PTSD

H. Abrebak*, F. Z. Chamsi, A. Essafi, A. Taqui, S. Radi and A. El ammouri

Psychiatric department, faculty of medicine of tangier, Tangier, Morocco

*Corresponding author.

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Introduction: Eye movement desensitization and reprocessing (EMDR) is a psychotherapeutic approach that has been shown to be effective in the treatment of post-traumatic stress disorder (PTSD). The technique is known to facilitate the reprocessing of maladaptive memories thought to be at the heart of this pathology. Strong evidence shows that traumatic events can contribute to the onset of serious mental disorders and can worsen their prognosis. Therefore, research on EMDR therapy has increased beyond PTSD and several studies have analyzed the effect of this therapy in other mental health conditions such as psychosis, bipolar disorder, depression, anxiety disorders, substance use disorders and chronic pain.

Objectives: The objective of this systematic review is to summarize the most important results of available studies conducted in this area.

Methods: We performed a systematic literature search among PubMed, ScienceDirect and Scopus. Studies included work published up to 2021

The search was performed automatically by title in each database and included the keywords “EMDR”, “Eye Movement Desensitization and Reprocessing” excluding those focusing on trauma and PTSD

Results: Studies are still sparse in these comorbid conditions, but available evidence suggests that EMDR therapy improves trauma-associated symptoms and has a minor effect on primary disorders by achieving partial symptomatic improvement. A positive effect has been reported in many pathological situations, including addictions, somatoform disorders, sexual dysfunctions, eating disorders, adult personality disorders, mood disorders, severe stress reaction, anxiety disorders, pain, neurodegenerative disorders, mental disorders of childhood and adolescence and sleep.

Conclusions: Despite a generally positive view of EMDR as an alternative treatment option, more methodologically rigorous studies are needed.

Disclosure of Interest: None Declared

O0110

Methylation changes in association with early life stress and trauma-focused psychotherapy in treatment-resistant depression

R. Carvalho Silva¹, C. Hohoff², P. Martini¹, M. Bortolomasi³, R. Bazzanella³, V. Menesello⁴, M. Gennarelli^{1,4}, B. T. Baune^{2,5,6} and A. Minelli^{1,4*}

¹Department of Molecular and Translational Medicine, University of Brescia, Brescia, Italy; ²Department of Psychiatry, University of Münster, Münster, Germany; ³Psychiatric Hospital “Villa Santa Chiara”, Verona; ⁴Genetics Unit, IRCCS Istituto Centro San