and memory and no deficits. Evidence for correlation between subjective and objective symtpoms 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 assocation 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.

Disclosure of Interest: None Declared

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±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.

Disclosure of Interest: None Declared

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±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

0.242 (χ2=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.

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EPV0468

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±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 intropunitive 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 intropunitive frustration reactions and lesser use of extrapunitive frustration reactions.

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EPV0469

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,