

EPP0663

Qualitative description of work of a psychotherapy group in the context of COVID pandemic.

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Introduction: COVID pandemic very much influenced therapeutic organisation of psychiatric care. This also applies to our hospital. Especially therapeutic activities in stationary wards.

Objectives: We would like to show changes occurring in psychotherapy group of the patients with psychotic disorder in the stationary ward in core of pandemic.

Methods: I would like to present a qualitative description of psychotherapy group in the context of COVID. The group is designed for patients with experience of psychosis, grounded in psychodynamic school and has a long tradition at an acute admission in stationary psychiatric department.

Results: During the pandemic there were epidemiological constraints. From six members of personnel in the basic assumptions, we reduced to minimum. So from two co-therapists, reflecting team and an observer, we ended leading the group every second time with one of the therapists. Despite of our efforts to maintain a continuous group, the group was closed for more than half a year and then reactivated based on old rules and roots, but less consistent memory of group members. During this most strict reduction of personnel, which would never have been accepted apart from the pandemic restrictions appeared a few interesting phenomenon. One of them was - twin groups. With the colleague we lead the group every second time. The group shows us a similar picture twice.

Conclusions: As we understand, twin groups is a way to try to keep this group together in its already damaged setting. For the moment the abstract submission group is continuing to work within its present arrangement.

Disclosure: No significant relationships.

Keywords: Psychosis; stationary psychiatric department; Psychotherapy; COVID pandemic

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Successful mentalizing in schizophrenia is associated with specific recruitment of ventromedial prefrontal cortex and precuneus

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Introduction: Patients with schizophrenia have difficulties in cognitive and affective mentalizing which is manifested by excessive ('overmentalizing') or defective ('undermentalizing') attribution of mental states. As most of the tests does not differentiate between

'overmentalizing' and 'undermentalizing', it is not yet clear how are these deficits reflected in mentalizing network in schizophrenia.

Objectives: Investigate how is cognitive and affective 'overmentalizing' and 'undermentalizing' reflected in mentalizing network in schizophrenia.

Methods: We recruited 30 schizophrenia patients and 30 healthy controls who underwent fMRI session while they completed 'Social situations assessment task' consisting of 90 stories with 30 questions on affective, 30 on cognitive mental states and 30 control memory questions and 4 possible answers: no mentalizing, undermentalizing, appropriate mentalizing, overmentalizing (for control condition 1 correct and 3 incorrect).

Results: On a behavioral level, we found increased no mentalizing and undermentalizing and decreased mentalizing in patients, but no difference in overmentalizing between groups. For fMRI results, patients showed lesser recruitment of dorsomedial prefrontal cortex and temporal poles (with right superior temporal sulcus) only during appropriate mentalizing in both affective and cognitive conditions. However, ventromedial prefrontal cortex and precuneus showed increased pattern of activation across all mentalizing levels in healthy controls compared to schizophrenia, but suppressed activation in appropriate cognitive mentalizing corresponding to the level of a schizophrenia group.

Conclusions: Schizophrenia patients show different pattern of mentalizing compared to healthy control that can be associated with specific activity mentalizing brain network.

Disclosure: No significant relationships.

Keywords: schizophrenia; social cognition; fMRI; mentalizing

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Vascular risk factors affect different brain regions in people with Alzheimer's disease

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Introduction: Vascular risk factors including hypertension, diabetes and dyslipidaemia promote diverse pathological mechanisms in the brain leading to cerebral hypoperfusion and ultimately cognitive decline in people. Medial temporal, medial frontal and anterior cingulate atrophy has been closely associated with diabetes and medial temporal lobe atrophy is associated with hypertension in people with Alzheimer's disease (AD).

Objectives: To assess if hypertension, diabetes and dyslipidaemia have differential effects on different brain locations using brain imaging in people with AD.

Methods: The current study is based on [¹⁸F] fluorodeoxyglucose-positron emission tomography (FDG-PET) data of 970 participants from two large Phase III multi-centre clinical trials of a novel tau aggregation inhibitor drug Leuco-Methylthioninium (LMTX) meeting research criteria for mild to moderate AD. Vascular risk

factor data including hypertension, diabetes and dyslipidaemia were collected and quantification of FDG PET hypo-metabolism was done by calculating Standardized Uptake Value Ratio(SUVr).

Results: Hypertension, diabetes and dyslipidaemia were found to have differential effects on brain locations in people with AD. When people with hypertension, diabetes and dyslipidaemia were compared to those without, mean SUVr was increased significantly in both left and right parietal and occipital lobes and decreased in left and right anterior cingulate gyri in hypertensives. SUVr was significantly higher in both left and right temporal lobes in diabetics and lower in both left and right anterior cingulate gyri in people with dyslipidaemia.

Conclusions: Vascular risk factors including hypertension, diabetes and dyslipidaemia have differential effects on different brain regions, measured using SUVr analysis of FDG-PET.

Disclosure: The FDG-PET data was taken from participants of two large phase III clinical trials sponsored by TauRx Therapeutics (Singapore). TauRx Therapeutics has contributed towards my studentship during my PhD but the data related to drug used in the clinical trial

Keywords: brain imaging; Vascular risk factors; [18F] fluorodeoxyglucose- positron emission tomography (FDG-PET); Alzheimer's disease

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The role of social intelligence and creativity as personal resources for coping with uncertainty during primary career self-determination in late adolescence

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Introduction: Social intelligence (SI) and creativity (Cr) are resources to develop adaptive coping strategies and positive emotions that can help combat feelings of fragility and vulnerability caused by uncertainty during primary career self-determination as the developmental task in late adolescence.

Objectives: The aim of the study was to compare SI and Cr of students with high and low level of tolerance for uncertainty (TU) during two last years in the middle school.

Methods: Participants were 200 students (15-17 years old). The level of TU was estimated by Budner's scale (Kornilova, 2010). Social intelligence was assessed by O'Sullivan & Guilford's Tests, creativity was measured by CAP. In addition, we estimate career adapt-abilities applied to present and prospective future career decisions.

Results: Two contrast clusters based on TU level were analysed. The level of SI and Cr were various within each group. There appears to be an association between TU and career adapt-abilities (at $r \sim .37$, $p < .05$). Mostly female students with low level of TU and above average scores on SI and Cr demonstrate the effective coping strategy dealing with stress (at $r \sim .45$, $p < .01$) emotionally focus on nearest professional future, seek social support. Coping strategy of

students with high TU, SI and Cr is focusing on nearest and distant professional future, on task-oriented content and the social status of the future profession. They are open to new career experience and flexibility in the use of future professional skills (at $r \sim .56$, $p < .001$).

Conclusions: Employing their SI and Cr give new opportunities to understand and prevent the development of stress and provide age-specific support to prospective students during primary career self-determination.

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Keywords: adolescence; Stress; social intelligence; creativity

EPP0666

Streptococcal infections, autoimmunity, and innate immune system in adult ADHD: A preliminary study

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Introduction: High rate of streptococcus-like infections and related titers has been found in adult ADHD patients. No studies have expressively investigated innate immune system in ADHD patients.

Objectives: To evaluate the relationship between streptococcal infections, autoimmunity and innate immune system in adult ADHD patients.

Methods: The study sample consisted of adult DSM-5 ADHD outpatients referring to the adult ADHD center of "San Luigi Gonzaga" University Hospital and non-clinical adult controls recruited among general population (screened using Adult ADHD Self-Report Scale - ASRS-v.1). All titers were determined in patients' plasma by specific microwell ELISA kits, whereas genetic polymorphisms were determined by PCR methodology. We compared anti-streptolysin O (ASO), anti-deoxyribonuclease B (anti-DNase B), and anti-basal ganglia antibodies (ABGA) titers of patients with those of controls. Data about history of previous streptococcus/streptococcus-like infections were collected by ad-hoc form. Furthermore, to investigate the susceptibility to Gram+-borne infections of adult ADHD patients, due to innate immune system impairment, we also evaluated the polymorphism of Toll-like receptors 2, 4, and 9.

Results: Although ADHD patients did not show higher rate of both previous infections (52.7% vs. 66.7%, $p=.678$) and ASO titers (18.2% vs. 0.0%, $p=.577$), they had really higher levels of anti-DNase B (85.5% vs. 16.7%, $p=.001$) and ABGA titers (78.2% vs. 33.3%, $p=.036$). Genetic analysis did not underline differences in polymorphism compared to general population (GENOME browser).

Conclusions: The high association between previous streptococcal infections, basal ganglia autoimmunity among ADHD patients was confirmed. TLR polymorphism does not seem to be involved in this type of vulnerability.

Disclosure: No significant relationships.