

Conclusions: It is important to know the cultural traits to which the patients we treat in consultation belong, and how the disease can affect their lives, and a simple diagnosis can be a source of greater anxiety.

Disclosure of Interest: None Declared

EPV0082

Functional Neurological Disorder and the Risk of Social Detachment

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Introduction: Functional Neurological Disorder (FND) is associated with altered social-emotional cognition. Social isolation is a recognized complication of FND and is a perpetuating factor for this condition. Limited data is available on the severity and determinants of social isolation and detachment in FND.

Objectives: To assess the prevalence, severity and determinants of social detachment in patients with FND.

Methods: This is a study of 32 consecutive referrals to a specialist FND service for adults.

We analyzed the study subjects' scores on the Social Detachment PAI trait subscale. High social detachment scores on this subscale are recognized to occur in socially isolated people and those with difficulty interpreting the normal emotional nuances of interpersonal behaviour.

We evaluated the correlation between scores on the Social Detachment subscale and the symptomatological pattern of FND. Subsequently, patients were classified into two groups: those who subjectively evaluated their symptoms as visible (primarily those with Functional motor FND and Non-epileptic Attack Disorder) and those who subjectively evaluate their symptoms as not significantly visible (predominantly sensory FND).

We evaluated the correlation between subjective sense of symptom visibility, demographic and comorbidity variables on one hand and social detachment on the other hand.

We examined the correlation between the social detachment scores and difficulties interpreting emotional expressions as detected on the Perception of Emotions Test (POET).

Results: In a normative standardization population sample the 90th percentile *T* score of the PAI Social Detachment Subscale was 54. In the study sample of patients with FND the mean score was high, exceeding the 90th percentile at 59 ($p < 0.05$).

In terms of comorbidity, we identified a high-risk ratio of social detachment in patients with FND who also have a concurrent diagnosis of Somatization Disorder (Risk ratio = 4.1; 95% CI, 1.6 to 10).

There was no statistically significant correlation between patients' demographic variables and Social Detachment score, nor was there a statistically significant correlation between the phenomenology and the visibility of Functional Neurological Disorder (motor, sensory, cogniform, non-epileptic attack disorder or mixed) and social detachment.

We found no correlation between subjects' scores on the Perception of Emotions Test and their scores on Social Detachment.

Conclusions: Social detachment is a significant feature of FND, particularly in those with a concurrent diagnosis of somatization disorder. Rehabilitation focused on restoring social function may be an essential intervention. Social detachment in this population may not be related to understanding nuances of emotional expression, nor is it related to the visibility of FND symptoms. Further research is needed to understand social cognitive processes in FND, specially when associated with somatization disorder.

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EPV0083

Age, gender, and the fear of getting Alzheimer's disease

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Introduction: Alzheimer's Disease is the most frequent cause of dementia, accounting for approximately 60% of cases. It is characterized by an accumulation of beta amyloid and tau protein in the brain, resulting in the loss of normal brain tissue and cognitive decline, including loss of memory and language. Prior studies have found that this is one of the most feared disorders, possibly because of the associated cognitive decline, our poor ability to prevent and treat the disorder, and its poor prognosis. Prior studies have found different results regarding the importance of age and gender on level of fear.

Objectives: We wanted to study the fear of obtaining Alzheimer's disorder in a Norwegian sample and to examine the importance of age and gender.

Methods: The Fear of Alzheimer's Disease Scale (FADS, French et al, *Geriatr Psych* 2011;27:521-8) was translated into Norwegian for this study, following standard procedures. The questionnaire has 30 items, each responded to on a 5-point likert scale with responses ranging from 'never' to 'always'. The total maximum score was 120 points. Links to the questionnaire were posted on Facebook. Respondents were directed to a site for anonymous and untraceable participation. SPSS version 24 was used for statistical analyses. Non-parametrical tests, including the Mann-Whitney U-test, were used to study between-group differences (age below 50/others, male/female).

Results: The FADS score was significantly higher ($U=5113$, $Z=-2.236$, $p=0.025$) in the respondents below 50 years (60.00) than in the others (54.93). The FADS score was not significantly different ($U=7513$, $Z=1.673$, $p=0.094$) between men (56.12) and women (59.67).

Conclusions: We found that the level of fear, on average, was quite high. Those below 50 years were significantly more fearful of the disorder than the older respondents. This might seem counter-intuitive, as the disorder is much more common in older people. However, emotional regulation and fear of illness may improve with age (Carstensen et al. *Psychol Aging* 2011;26:21-33), which might explain our finding. There was no significant gender-related difference in fear of getting Alzheimer's Disease, which is interesting given that 2/3 of those suffering from the disorder are women.

The study was based on a questionnaire posted online, which might have resulted in a bias in participation. Further studies are needed to confirm our findings.

Disclosure of Interest: None Declared

EPV0084

The Relationship between Systolic Blood Pressure with Anxiety and Depression in Family Caregiver of Hemodialysis Patients at Soehadi Prijonegoro Regional Public Hospital: A Cross-Sectional Study

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Introduction: The global toll of chronic kidney disease (CKD) is significantly rising and unevenly distributed. In Indonesia, CKD is primarily managed by hemodialysis (HD) because limited resources rule out the possibility of renal transplantation. HD patients are commonly accompanied by caregivers but most studies show neglected the physical and mental health of caregivers.

Objectives: This work aims to know the relationship between anxiety and depression with systolic blood pressure (SBP) in HD caregivers at Soehadi Prijonegoro Regional Public Hospital.

Methods: A cross-sectional study design was conducted to assess the population. This research took place in Soehadi Prijonegoro Regional Public Hospital Sragen Indonesia, at the Hemodialysis department in November 2022, with 31 participants. We assessed their SBP using a sphygmomanometer, and then we interviewed the caregivers using Hamilton Depression Rating Scale (HAM-D or HDRS) and Hamilton Anxiety Rating Scale (HAM-A).

Results: We found that 38,8% of caregivers have hypertension with SBP above 140 mmHg. Around 93.5% and 6.5% of caregivers were found to be mild and mild-moderate anxious. Also, 22.6% were found to have mild depression, while the rest showed the normal result. There is a relationship between SBP and anxiety ($p=0.037$), while depression is not ($p=0.302$). However, there is a strong relationship between anxiety and depression ($p<0.05$), with a correlation coefficient of 0.69.

Conclusions: One-third of the caregivers were found to have hypertension, which is significantly related to anxiety. Furthermore, depression could occur in a patient with anxiety. Thus, caregivers need to maintain their physical and mental health.

Disclosure of Interest: None Declared

EPV0085

Senescence as a manifestation of Mirror Autoprosopometamorphopsia

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Introduction: Obligate autoscopical mirror hallucinations of senescence have not heretofore been described.

Objectives: To reveal that perception of looking older in the mirror may be the manifestation of Mirror Autoprosopometamorphopsia.

Methods: A 37 year old right handed female, with schizoaffective disorder, bipolar subtype She described that when she would gaze at herself in the mirror, she would not see her current face, but rather the visage of an “old person”. This would recur whenever she would directly look at herself in the mirror, and would avoid glancing at any mirrors because she was fearful of looking at her transform senescent countenance. She realised it was not another person but rather herself in the future, having become her geriatric self.

Results: Abnormalities in Physical Examination: Mental Status Examination: Hypervocal, grandiose with expansive affect, poor insight and judgment. Recalls 3 out of 4 objects in 3 minutes and all 4 with reinforcement. Proverb testing: correct abstraction. Neuropsychiatric Testing: The Patient Health Questionnaire 9:7 (mild depression). Other: Magnetic Resonance Imaging/ Magnetic Resonance Angiography of Brain with Infusion: Normal.

Conclusions: Autoscopical mirror hallucinations appearing only when embedded in a mirror are obligate autoscopical mirror hallucinations and suggest occipital and parietal lobe dysfunction (Virk, 2018). The inability to recognize the perception of another image or another person replacing the individual looking in the mirror, while defined as a mirror sign, may also be viewed as “a capgras syndrome for the mirror image” (Feinberg, 2005). Distortion of one’s own face only when viewed in a mirror is autoprosopometamorphopsia. With such distortion, this may be a misidentification of one’s own image. This phenomenon is classified as a form of delusional misidentification syndrome with inability to recognise one’s image in the mirror (Postal, 2005). Autoprosopometamorphopsia, obligate to mirror reflection, but metamorphosed to enhance perceived senescence, has not been specifically localized. Possibly a single lesion in the non dominant inferior parietal lobe may have caused this phenomenon. Somatoparaphrenia with somatosensory illusions involving body image are seen with parietal lobe dysfunction (Nightingale, 1982). In the general population, an individual’s focus on a mild facial imperfection often is associated with a negative view of their image. Exaggeration of this to involve the entire face, with projection of imperfection of aging, may be a somatic manifestation of such negative self image. It is possible that such senescent autoprosopometamorphopsia may be prevalent, to a lesser degree, in the general population and may be a nidus for younger people seeking cosmetic and plastic surgical intervention of the face.

Disclosure of Interest: None Declared

EPV0086

Bluetooth Hyperosmia: Chemosensory Variant of Delusional Somatic Symptom Disorder

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Introduction: Subjective hyperosmia, as a manifestation of belief of exposure to Bluetooth transmission, with testing demonstrating the absence of true hyperosmia, has not heretofore been described.