

patient discontinued the treatment due to feeling “euphoric”, subsequently experiencing depression and manic episodes – the initial diagnosis was rapid cycling BD. The treatment was changed to sodium valproate (up to 1500 mg/day) and aripiprazole (up to 10 mg/day), however extremely rare adverse medication effects (nosebleeds, diarrhea with blood admixture, “high-frequency sounds”) were reported. Throughout valproate treatment, the patient experienced persistent diarrhea. During hospitalization for treatment adjustment lithium carbonate was introduced at a starting dose of 900 mg/day, maintaining blood lithium levels between 0.4 mmol/l and 0.49 mmol/l. Later the dose was adjusted and a therapeutic lithium blood level was reached with 1575 mg/day of lithium carbonate. Additionally, risperidone was prescribed, however, the patient experienced an uncommon adverse reaction – nasal congestion. Subsequently, amisulpride was introduced, which provoked severe anxiety and fear, resulting in medication discontinuation. During the latest outpatient visit, fluoxetine was added to the treatment due to observed depressive symptoms. Throughout the treatment, the patient episodically intermittently starved, had persistent distressing thoughts about weight and was diagnosed with AAN. While planning further treatment it was hypothesized that comorbid AAN might affect drug metabolism and the patient was referred to a specialized inpatient facility for eating disorder management.

Conclusions: This case report highlights the complexity of psychiatric disorders and the importance of monitoring and adjusting treatment based on patient response and side effects. Additionally, it emphasizes comorbid conditions significance in influencing the primary disorder’s dynamics as well as the metabolism and effectiveness of psychiatric medications.

Disclosure of Interest: None Declared

EPP0659

Cancer Survivors in Delaware: Impact of Comorbidity

S. Gupta

Delaware State University, Dover, United States
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Introduction: Delaware’s recent longevity and aging trends predict a continual increase in the number of cancer survivors. As the cancer survivors live longer and age, the prevalence of comorbid chronic conditions tends to increase. Dual burden of cancer and comorbid chronic conditions can have significant and wide-ranging ramifications for cancer survivors. Comorbidity potentially affects the development, stage at diagnosis, treatment options, recurrence and long-term survival of people with cancer. Detailed delineation of Delaware adult cancer survivors including an exploration of comorbidity is critical.

Objectives: The primary objective was to characterize selected chronic conditions among Delaware adults with cancer in order to present: (i) disparities amongst cancer survivors by select socio-demographic and survivorship characteristics, and (ii) compare the prevalence of chronic conditions among cancer survivors and adult Delawareans without a cancer diagnosis.

Methods: Combined data (2018, 2020 and 2021) for Delaware were obtained from the Behavioral Risk Factor Surveillance System. The final data set included 927 Delawareans with at least one type of

cancer (excluding skin cancers other than melanoma) and 11,917 participants without a cancer diagnosis. Descriptive statistics examined sociodemographic characteristics and chronic conditions in Delawareans with and without a cancer diagnosis.

Results: Amongst adult Delawareans, 5.1% (CI: 4.6–5.5) were cancer survivors. Across the state, the majority of cancer survivors (76.8%) reported having only one cancer diagnosis. In this sample of Delaware cancer survivors, 83.5% identified as White. Majority were female (57.4%), aged 65 or older (58.9%), had some college or more education (63.7%), and with an income of \$50,000 or more (51.1%). Arthritis (46.3%), diabetes (21.5%), depression (18.7%), asthma (14.1%), chronic obstructive pulmonary disease (13.7%) angina (11.9%) and heart attack (11.6%) were the most prevalent comorbid conditions. Prevalence of certain chronic conditions was 2-3 times higher among cancer survivors. Nearly 23% reported not receiving instructions regarding cancer follow-up-care.

Conclusions: Cancer survivors have unique concerns. Results aim to facilitate targeted interventions aimed at coordinated managed care among cancer survivors in Delaware. This study bolsters the ongoing public health effort towards the Healthy People 2030 goal of increasing the proportion of cancer survivors.

Disclosure of Interest: None Declared

Consultation Liaison Psychiatry and Psychosomatics

EPP0660

Alexithymia, emotion regulation and autistic traits in Familial adenomatous polyposis

A. Vieira*, F. Martins and A. S. Machado

Psychiatry, Centro Hospitalar Universitário de São João, Porto, Portugal

*Corresponding author.

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Introduction: Familial adenomatous polyposis (FAP) is a condition characterised by multiple polyps inside the colon or rectum, leading to colorectal cancer in all patients who do not perform prophylactic colectomy and a higher risk of cancer in other organs. Nevertheless, it has been reported that 14-48% of patients do not comply with regular endoscopic surveillance, which seems to be related to the lower levels of emotional distress observed in these patients. Also, APC gene polymorphisms have been described as being related to neurodevelopmental disorders, such as autism.

Objectives: To study the prevalence of alexithymia, autistic traits and emotion regulation strategies in patients with FAP.

Methods: We conducted a cross-sectional study of patients with a genetic or clinical FAP diagnosis and assessed for alexithymia, autistic traits and emotion regulation using psychometric tests - Toronto Alexithymia Scale - 20 items (TAS-20), Autism-Spectrum Quotient Test (AQ) and Emotion Regulation Questionnaire (ERQ), respectively. The control group were patients with Lynch Syndrome. Statistical analysis was performed using SPSS vs.26.

Results: We recruited a total of 20 patients (10 with FAP vs 10 with Lynch Syndrome). Nine patients were male (45%) versus 11 female (55%). The mean age was 53,35 years (SD 18,4). Half the sample presented a low educational level (equal or inferior to 4th grade).

The overall prevalence of alexithymia was 65%, with an 80% prevalence in FAP patients and 50% in Lynch Syndrome. TAS-20 total score was higher in FAP patients (69,0 vs 60,7; $p=0,68$). Externally-oriented thinking subscale score was statistically higher in FAP patients ($p=0,024$).

The overall prevalence of autistic traits was 25%, and the mean AQ score was higher in FAP (23,4; SD 4.97) compared to Lynch Syndrome patients (20,2; SD 5.57), but there were no statistically significant differences between the diagnoses ($p=0,192$).

A moderate positive correlation exists between Total AQ and Total TAS ($r=0.51$; $p=0.020$).

Concerning the scores obtained on the ERQ scale, most participants (14; 70%) use Expressive Suppression as a regulation strategy. Patients with Lynch Syndrome had higher scores than those with FAP, both in the Cognitive Reappraisal (4.22; SD 1.58 vs 4.28; SD 0.90) and Expressive Suppression (4.58; SD 1.08 vs 5.15; SD 1.03) domains.

The average AQ score for patients who mostly use expressive suppression is significantly higher than for those who use cognitive reappraisal (23.86 (3.63) vs 17.00 (6.6); $p=0.039$).

Conclusions: The preliminary results of this study point to high levels of alexithymia and autistic traits in this population, and a higher tendency to regulate emotions by expressive suppression.

The main limitation of the study was the small sample size, which reduced the power of the study to find statistically significant differences. Also, in future studies, a different control group should be considered.

Disclosure of Interest: None Declared

EPP0661

Forearm bisection task suggests an alteration in Body Schema in patients with Motor Conversion Disorders (Functional Movement Disorders)

V. Nistico^{1,2,3}, N. Ilia¹, F. Conte², G. Brogna¹, C. Sanguineti¹, F. Lombardi¹, S. Scaravaggi¹, L. Mangiaterra¹, R. Tedesco⁴, O. Gambini^{1,3,5}, A. Priori^{1,3}, A. Maravita² and B. Demartini^{1,3,5*}

¹Health Science Department, University of Milan; ²Department of Psychology, University of Milan Bicocca; ³Aldo Ravelli Research Center for Neurotechnology and Experimental Brain Therapeutics, University of Milan, Milan; ⁴Unità di Psichiatria SPDC, Ospedale Civile di Legnano, ASST Ovest Milanese, Legnano and ⁵UO Psichiatria 51 e 52, ASST Santi Paolo e Carlo, Presidio San Paolo, Milan, Italy

*Corresponding author.

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Introduction: Motor Conversion Disorders (also called Functional Movement Disorders, FMD) are a group of neuropsychiatric conditions characterized by neurological symptoms of altered voluntary motor function that cannot be explained by typical neurological diseases or other medical conditions. In the last decade, several hypotheses have been formulated with respect to their pathophysiology, and a major line of research, trying to integrate psychological, cognitive, and neurobiological factors, focused on the subjective experience that patients feel of their own bodies. However, no study has, so far, directly investigated their Body Schema (the implicit sensorimotor representation of one's own body) and its plasticity.

Objectives: To investigate the Body Schema in patients with FMD through a paradigm specifically designed to assess their perceived body metrics, through a spatial estimation of body parts length, and to compare their results with the ones obtain on a group of healthy control subjects (HC)

Methods: 10 patients with FMD and 11 HC underwent the Forearm Bisection Task, aimed at assessing perceived body metrics, which consists in asking the subject, blindfolded, to repeatedly point at the perceived middle point of their dominant forearm with the index finger of their contralateral hand, and a psychometric assessment for anxiety, depression, alexithymia, and tendency to dissociation.

Results: FMD patients bisected their forearm more proximally (with an increased shift towards their elbow equal to 7.5%) with respect to HC; average bisection point was positively associated with anxiety levels in the whole sample, and with the tendency to dissociation in the FMD group.

Conclusions: FMD patients seem to perceive their forearm as shorter than HC do, which might suggest an alteration of their Body Schema. The Body Schema can go through short- and long-term plastic changes in the life course, mainly related to the use of each body segment; we speculate that, despite FMD being a disorder of functional nature, characterized by variability and fluctuations in symptomatology, the lack of sense of agency over a body part might be interpreted by the nervous system as disuse and hence influence the Body Schema, as deficits of organic aetiology do.

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EPP0662

Socio-demographic characteristics and pharmacological treatment options in patients with delirium

F. J. Cruz Aviña^{1*}, A. Salazar Rodriguez¹, D. N. M. Sanchez¹, E. A. C. Martinez¹, L. C. Rocha Reza², S. V. Nuñez Pichardo¹, H. A. Barranco Rogel¹, M. G. Ochoa Madrigal¹ and O. Meneses Luna¹

¹Psychiatry, psychology and neuro psychology, Centro Médico Nacional 20 de noviembre and ²Psychiatry, Hospital Psiquiatrico Fray Bernardino Alvarez, Mexico City, Mexico

*Corresponding author.

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Introduction: Delirium is common in hospital settings, with approximately 3% to 45% of older patients in hospitals developing delirium during their stay. Among the elderly and those with severe or advanced medical conditions, the reported percentage of patients with delirium is over 56%. The three motor subtypes of delirium are hyperactive, hypoactive, and mixed. Another way to characterize delirium is based on whether it is reversible, irreversible, or terminal.

Objectives: Identifying appropriate pharmacological treatment options among antipsychotics and their correlation with various precipitating and predisposing factors in the in-hospital context

Methods: This was a retrospective, cross-sectional, observational study that utilized a database created by the psychiatry department at the National Medical Center 20 de Noviembre, with data collected from April 2021 to April 2022. The database contains anonymized administrative and clinical data of patients who were