

Methods: This was a prospective study among patients with SCZ, SCA and BD according to DSM-5 criteria. Patients, from the “C” psychiatry department of Hedi Chaker University Hospital in Sfax, were assessed during both acute and remission phases in their illness. The acute phase (T0) assessment was made in drug-free patients from June 2016 to July 2018. As for the remission phase (T1), it was made between November 2019 and March 2020. Blood tests were performed in the Laboratory of Biochemistry at Habib Bourguiba University Hospital in Sfax. Clinical and biological parameters of patients were compared with those of healthy controls. Biological assessment consisted mainly in Aspartate Aminotransferase (AST), Alanine Aminotransferase (ALT) and Albumine.

Results: Thirty patients were included in our study. Their mean age was 35.83 ± 12.24 years and they were all males. They suffered from SCZ in 33.33% of cases, from SCA in 26.66% of cases and from BD in 40% of cases. Psychoactive substance use was common among 80% of patients. In the remission phase, 90% were polymedicated with use of antipsychotics in 83% of cases and mood stabilisers in 53% of cases. Table 1 shows the evolution of the studied liver function markers in our patients.

Table 1: evolution of some liver function markers in patients

Markers		T0	T1	p
AST (UI/L)	Patients	33,22 ± 23,18	19,34 ± 4,97	<0,001
	Controls	22,27±6,91	<0,05 ^{e,b}	
ALT (UI/L)	Patients	19,59 ± 13,2	13,17 ± 11,39	0,003
	Controls	20,63±11,08	<0,05 ^{e,a,b}	
Albumine (g/l)	Patients	42,35±4,86	47,79±3,18	<0,001
	Controls	46,19±3,95	>0,05	

^a: significant difference between patients with SCZ (T1) and controls; ^b: significant difference between patients with BD (T1) and controls; ^e: significant difference between patients (T1) and controls

Conclusions: Our results showed an improvement of liver function in patients with SCZ and BD after treatment. This suggests that liver function alterations are due to these diseases rather than the medication.

Disclosure of Interest: None Declared

EPV0633

INTRACRANIAL HEMORRHAGE IN A PATIENT WITH DEPRESSIVE ANXIETY DISORDER. ABOUT A CASE.

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Introduction: We present the case of a 69-year-old patient who went to the emergency department due to an episode of

aggressiveness and behavioral alteration, presenting irritability and nervousness, of about 2 days of evolution according to her family member. Given that the patient had previously presented chronic behavioral disorders and had previously been followed up in psychiatric consultations, psychiatry was notified after an initial evaluation by the emergency physician.

Objectives: Somatic personal history: NAMC. HTA. Not DM, not DL. Former smoker of 20 cigarettes/day. Recurrent intracranial hemorrhage secondary to amyloid angiopathy and suspected amyloid vasculitis. Last admission to the neurology service in June 2022, also presenting symptomatic epileptic seizures and secondary behavioral alterations. Mastocytosis. Post-traumatic vertebral fracture. Non-anticoagulated paroxysmal atrial fibrillation. Surgical: Left ear surgery. appendectomy. Hysterectomy + oophorectomy. Personal psychiatric history: In follow-up since May 2021 referred from neurology for emotional lability, episodes of anger and fear. Diagnosed with anxiety-depressive disorder secondary to a medical illness.

Current psychiatric treatment: Oxcarbazepine 800mg 0-0-1, trazodone 100mg 0-0-1, aripiprazole 10mg 1-0-0.

Methods: Current illness: The patient goes to the emergency room brought by her husband. During the interview she minimizes her aggressive behaviors or even does not remember them. She is disoriented in time, with very striking memory failures. Her husband comments verbal aggressiveness if he contradicts her in something, sometimes even presenting physical aggressiveness with her relatives. They report that in the last psychiatric consultation a little over 1 month ago, aripiprazole was withdrawn due to an increased risk of cardiovascular events.

After the examination of the patient, she was referred back to the emergency department for a new assessment and to rule out the organicity of the current condition, given that the patient had cardiovascular risk factors, due to the suspicion of a new episode of intracranial hemorrhage.

Results: sychopathological examination: Vigil, conscious, disoriented in time, partially in space. Collaborative, calm during the interview. Coherent, structured speech, with obvious memory failures. Labile, irritable mood. Verbal and physical heteroaggressiveness at home, not during the interview. No structured or planned autolytic ideation at this time. Appetite and sleep preserved.

Conclusions: An urgent head CT was requested, with the result of a small intraparenchymal bleeding in the left frontal location, and she was admitted to the neurology department, with a diagnosis at discharge of: small left frontal haematoma, suspected amyloid vasculitis, and secondary behavioral alteration (vascular dementia).

Disclosure of Interest: None Declared

EPV0634

Cyst of Septum Pellucidum in mental disorders: Schizophrenia and Mental Retardation: Two case reports

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Introduction: A septum pellucidum cyst is defined as a fluid collection between the lateral ventricles whose walls have a lateral

curvature and are separated by 10 mm or more. Most of these cysts are benign and their clinical significance should be considered as a neurodevelopmental anomaly that may contribute to neuropsychiatric abnormalities. It is often of incidental finding, of little clinical significance. However, an association between this developmental anomaly and a mental disorder, such as schizophrenia and/or intellectual disability, has been reported

Objectives: The objective of this study is to discuss the relationship between the septum pellucidum cyst and mental disorders, especially schizophrenia and intellectual disability.

Methods: We report in this study two clinical cases, diagnosed with schizophrenia comorbid with intellectual disability and in whom brain imaging has objectified a cyst of the septum pellucidum

Results: multiple cases reports of patients with Schizophrenia and/or mental retardation revealed, on brain imaging, significant abnormalities in midline brain regions such as Septum Pellucidum. It is suggested that CSP, particularly if large, should be considered a developmental anomaly that may contribute to neuropsychiatric abnormalities.

Conclusions: Whether the CSP may serve as a risk factor for psychosis or is only a reflection of neuroanatomical changes in individuals with chronic psychotic disorders remains ambiguous. More studies and case reports will be needed to establish the veritable association of CSP and neuropsychiatric disorders in the future, and perhaps to acknowledge the CSP as an early marker and predictor of psychosis.

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EPV0635

New neurological viewpoints of psychiatric syndromes

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Introduction: We research new neurological viewpoints of psychiatric syndromes in social cohesion regarding, especially the problematic of limbic system and amygdala in adults. Nowadays, the number of the problematic use of internet is higher than before the COVID-19 pandemic. The development of the digital techniques is impulsive, which can be the main reason of most neurological dysfunctions and the change of the social communication.

Objectives: In this presentation, we review studies investigating the relationship among the new digital techniques, limbic system and development of psychiatric syndromes. We attempt to provide a summary of new theories and the areas currently being researched around the topic. Another aim of our research is to present the change of the social communication and emotion regulation, which are risk factors of problematic use of internet and behavioral addictive disorders. These appear in different ways in rehabilitation and social inclusion in Europe.

Methods: In order to learn about recent international results, we conducted a literature search in 4 databases (PubMed , Medline , Web of Science, Google Scholar) using keywords (amygdala, psychiatric syndromes, adults, emotion regulation, problematic use of internet, social cohesion) over the past 5 years. From the obtained

results, the English empirical journal articles were used to prepare the literature review.

Results: The frequency of co-occurrence of amygdala dysfunction, problematic use of internet and behavioral addictive disorders are correlated. The studies examined the presence of symptoms of impulsivity and dopamine level of the brain primarily through cross-sectional studies. The social cohesion and inclusion regarding types are different in the regions of Europe.

Conclusions: The dysfunctions of limbic system regulation cause maladaptive emotion regulation and are risk factors and make the person vulnerable to the development of psychiatric symptoms, problematic use of internet and behavioral addictive disorders. The differences of regions and areas in Europe with the new neurological viewpoints in psychiatric disorders can help with rehabilitation in the social cohesion regarding. These changes are particularly pronounced during adolescence, when the demand for self regulation across a variety of emotional and social situations may be the greatest.

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EPV0636

The science of feeling and emotion: From past to present

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Introduction: As the founder of modern psychology as a discipline Wilhelm Wundt came up with the theory of tridimensional feeling (Wundt. Grundriss der Psychologie 1922; Leipzig), which has evolved over time with different theories and is thought to be essential for human survival. A feeling is the conscious awareness of the emotion itself. Feelings are personal and biographical, emotions are social, and affects are impersonal.

Objectives: We intend to understand how emotions can be explained through theories since the beginning of the modern psychology.

Methods: We performed a review of the published literature on the subject using Pubmed. We conducted a search using 'feeling', 'emotion' and 'affect' as keywords.

Results: Although there are many theories on emotions they conclude that for centuries emotions have various functions and they help us survive. In order to explain this we can make use of biopsychosocial perspectives. The history of study of feeling began with Wundt's theory of tridimensional feeling and later on different theories such as structuralism, functionalism, evolutionary perspective, behaviorism and nowadays most famous theory neuropsychanalysis were proposed. Affect can be described as the individual's ability to participate in stimuli, events, memories and thoughts with an emotional response, on the other hand feelings are the subjective complements of sensations but do not originate necessarily from a sense organ. Moreover, emotion is the reflection of a feeling.

Conclusions: Based on our research, we conclude that for almost over a century there are still theories being developed on feelings and in this matter biopsychosocial perspective has a critical role on its advancement. Are emotions just telltale signs of homeostasis, as Damasio points out? (Damasio & Carvalho. Nat. Rev. Neurosci