

hallmarks of HD. Anti-psychotic drug olanzapine, which has minor side-effects on EPS, was found to be highly effective on our HD patients, alleviating the behavioral and psychiatric symptoms of the disease.

**Conclusions:** In conclusion, HD should be one of the differential diagnoses if patients with psychiatric complaints have accompanying neurological findings such as movement disorders and impaired memory, and great attention should be paid to the extra-pyramidal system (EPS) sensitivity of the chosen treatment regime when treating the HD patients,

**Keywords:** Huntington's Disease; bipolar disorder; Depression; Movement Disorder

### EPP0797

#### A surface-based morphometry study of risk and resilience markers associated with supramarginal thickness in schizophrenia

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**Introduction:** Conventional structural neuroimaging methods can identify changes in cortical thickness but cannot relate these changes to specific cortical layers due to a lack of sensitivity. However, several indirect measures sensitive to changes specifically occurring in supragranular cortical layers were developed recently ([github.com/kwagstyl/schizophrenia\\_gyral\\_sulcal](https://github.com/kwagstyl/schizophrenia_gyral_sulcal)).

**Objectives:** The aim was to assess the ability of these novel measures to detect cortical layers thickness characteristics potentially associated with risk or resilience to developing schizophrenia.

**Methods:** 43 first-episode schizophrenia (FES) male patients, 29 non-converted individuals at ultra-high risk of psychosis (ncUHR, mean follow-up period – 6.5 years), and 43 matched healthy controls (HC) underwent structural MRI at 3T Philips scanner. Images were processed via FreeSurfer and MATLAB to derive two markers specific to supragranular thickness change: gyral-sulcal thickness differences (GSTD) and gyral-sulcal intrinsic curvature differences on pial surface (GSCD).

**Results:** GSCD measures were increased in temporal, parietal and occipital cortices, whereas both GSTD and GSCD were increased in the right frontal cortex in FES compared to HC. No GSTD or GSCD were changed in ncUHR compared to HC, and GSCD was decreased in the frontal cortex compared to FES.

**Conclusions:** Our findings from the indirect measures indicate a potential predominance of supragranular thinning in FES and suggest that a supragranular thinning in the right frontal lobe might be associated with precipitating risk and/or illness effects of schizophrenia. At the same time, no clear supragranular markers directly associated with resilience or risk mechanisms were identified. The work was supported by RFBR grant 20-013-00748.

**Keywords:** schizophrenia; Supragranular thinning; Ultra-high risk of psychosis; Risk and resilience

### EPP0800

#### Neuropsychiatric symptoms as first manifestation of olfactory groove meningioma - importance of neuroimaging evaluation

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**Introduction:** Neuropsychiatric symptoms may be the first and only manifestation of brain tumours, while classic neurological symptoms and signs may be minimal or absent at first. These patients will often receive psychiatric treatments for prolonged periods before correct diagnosis.

**Objectives:** To report the case of a patient with olfactory groove meningioma presenting with neuropsychiatric symptoms as a basis for discussion.

**Methods:** Retrospective review of clinical notes, neuroimaging results and house photos. Literature review.

**Results:** A 66-year-old woman was brought by police to the psychiatric emergency department Her neighbours had notified authorities of a bad smell, and police found the house was loaded with garbage. The patients reported depressive symptoms in the last 6 months, including apathy, anhedonia, social isolation, decreased appetite and insomnia; loss of basic skills such as cooking or cleaning; she also reported dizziness and two episodes of urinary and faecal incontinence in public. The patient had a history of being medicated for depression between 2000 and 2006. Currently she was taking only alprazolam 1 mg daily. During evaluation she was conscious, oriented and cooperative, with evident hypomimia, psychomotor inhibition and indifferent attitude. Cranial nerve function was preserved except for anosmia. Cranial CT and MRI showed a solid extra-axial tumour of 5.2x3.5x4.9 centimetres compatible with meningioma of the olfactory groove, and she was referred to Neurosurgery for surgical intervention.

