

strengthened stereotypes and behavior strategies in past experiences.

Results The binary syndrome structure (set of symptoms of destroyed neuropsychological HMF and abnormal neuropsychological factor itself) allows us to define two strategies of neuropsychological rehabilitation programs. The first strategy involves choice as a “target” of the most destroyed mental function. The second strategy could be directed to the rehabilitation of abnormal neuropsychological factor that should be accompanied by the rehabilitation of several systemic interrelated mental functions. Recourse to past knowledge, interests and emotionally important topics is assisting and supporting the rehabilitation processes.

Conclusions Use of both strategies ensures targeted restoration of cognitive functions within Vygotsky-Luria approach.

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EV341

The relationship between language deficit, severity and structure of cognitive decline and BPSD in patients with dementia and MCI

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Introduction Comprehensive language testing shows a strong relationship between overall severity of cognitive decline and language deficit. Moreover, the language performance can be affected also by neuropsychiatric symptoms of dementia.

Aim To detect the language deficits in sentence comprehension in patients with MCI and dementia and to determine the relationship between them, the severity and the structure of cognitive impairment and independently between them and BPSD.

Method In the sample of 46 cognitively declined patients (MCI and dementia, majority of them with Alzheimer's disease), we evaluated the severity and the structure of cognitive impairment by means of MoCA instrument, language deficits by our own sentence comprehension test and BPSD by means of NPI-Q.

Results The average performance in the sentence comprehension test was about 90% of normal in the group of MCI patients, about 75% in mild, about 60% in moderate and only about 20% in the group of severe dementias. According to individual cognitive domains, their impact on language performance was different. We found a strong correlation between the overall severity of BPSD and the language performance, too.

Conclusion At earlier stages of cognitive disorders/dementias, the language specific test should be used to discover comprehension deficits, because at the simple level of word the language skills are preserved. BPSD are also associated with language deficits even when the severity of dementia is controlled for. Identification of these communication disturbances can help to detect cognitive decline earlier and to start preserving treatment in time.

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EV342

Dementia due to HIV infection: Case report

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Introduction The majority of HIV infected patients exhibit central nervous system disorders. The most severe is dementia, which is the most common cause of non-traumatic dementia in young patients. It may affect the progression of the disease, compromising the adherence of treatment and increasing the mortality rate.

Objectives Report of a clinical case of dementia due to HIV infection in a 33-year-old male patient, admitted in the Acute Inpatient Unit of the Psychiatry and Mental Health Department in Baixo Vouga Hospital Centre.

Methods The results were gathered based on the clinical history of the patient, his objective exam, diagnostic exams and family information and from medical research included on PubMed and Google Scholar platforms.

Results The patient presented evident cognitive deterioration with memory loss, attention and concentration deficits, apathy, indifference, psychomotor retardation and behavioral changes in the past few weeks, with a significant impact in his life. The patient did supplementary diagnostic tests, which showed progressive multifocal leukoencephalopathy and global and diffuse cortical atrophy involving the fronto-temporal regions and a neuropsychological assessment whose results confirmed a moderate cognitive deficit. During the hospitalization there was a positive stabilization of behavior with antiretroviral therapy and antipsychotics.

Conclusion The lack of knowledge about the factors that predispose dementia in HIV patients is a relevant limitation nowadays. The clinical effectiveness of antiretroviral therapy has improved in recent years with a reduction in the prevalence of HIV dementia, which now is estimated at 10%.

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EV344

The effects of alexithymia in the recognition of dynamic emotional faces

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Introduction Alexithymia is a multifactorial personality trait observed in several mental disorders, especially those with poor social functioning. Although it has been proposed that difficulties in interpersonal interactions in highly alexithymic individuals may stem from their reduced ability to express and recognize facial expressions, this still remains controversial.

Aim In everyday life, faces displaying emotions are dynamic, although most studies have relied on static stimuli. The aim of this study was to investigate whether individuals with high levels of alexithymia differed from a control group in the categorization of emotional faces presented in a dynamic way. Given the highly

dynamic nature of facial displays in real life, we used morphed videos depicting faces varying 1% from neutral to angry, disgust or happy faces, with a video presentation of 35 seconds.

Method Sixty participants (27 males and 33 females) were divided into high (HA) and low levels of alexithymia (LA) by using the Toronto Alexithymia Scale (TAS-20). Participants were instructed to watch the face change from neutral to an emotion and to press a keyboard as soon as they could categorize an emotion expressed in the face.

Results The results revealed an interaction between alexithymia and emotion showing that HA, compared to LA, were more inaccurate at categorizing angry faces.

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EV345

Neuro-Behçet's psychiatric symptoms

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Neuro-Behçet (NB) results from inflammatory peri-vasculitis affecting the central nervous system. Non-specific neurological and psychiatric symptoms are rarely the first presentation and may difficult or delay diagnosis and treatment.

We review, based on a case study and published literature, the psychiatric symptoms of NB when no clear evidence of neurologic disease activity is present.

We present the case of a female patient, who was diagnosed NB at age 23 for recurrent meningo-encephalitis, that showed progressive behavioral changes, with increased impulsivity, disinhibition, hostility and self-neglect.

Raised in a dysfunctional family, she ran away from home at 16, abandoned her studies, started abusing cannabinoids and showed an erratic life course.

In 2015, because of increasing psychiatric symptoms, she was admitted to hospital and a complete neuropsychological evaluation showed that she had a significant decline from an above average premorbid cognitive function, specifically related to memory deficits. CT and MRI didn't show typical signs of active disease. However, a SPECT scan showed hypo-perfusion of the frontal cortex compatible with the patient's symptoms.

It is difficult to assess NB's activity as brain inflammation is only observed after structural changes are present. In this case the SPECT correlated well with psychiatric symptoms. The differential diagnosis includes organic pathology with psychiatric symptoms, psychiatric disease, personality disorders and substance abuse.

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EV347

Inconsistent decline of executive functions in patients with early and late Huntington's disease

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Background Huntington's disease (HD) is characterized by executive dysfunctions like problems with planning, accuracy, inhibition and impulsivity. During the course of the disease executive function worsens with ongoing pathological changes in the basal ganglia.

However, it is not clear whether cognitive dysfunction develops gradually or not during the course of the disease.

Methods We assessed the development of executive dysfunction in 23 patients with early HD and 29 patients with late HD on the Tower of London (ToL) for the number of solved problems, planning time and number of breaks.

Results HD patients showed a linear decrease of accuracy (as assessed by number of solved problems) during the course of the disease. Controls scored significantly higher than early stage HD patients and early stage HD patients scored significantly higher than late stage HD patients. In planning time and number of breaks a non-linear decrease was found.

Conclusion Executive dysfunctions in HD are not alone connected to degenerative changes in the striatum as they do not develop gradually and linear during the course of the disease. Obviously, executive function could not be seen as a single component, but as a combination of different abilities, which show a non-linear and non-parallel decline.

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EV348

Neuropsychiatric manifestations of vitamin B12 and folate deficiencies: Data from an inpatient psychiatric department

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Introduction The prevalence of vitamin B12 and folate deficiency is significant in the psychiatric population. These deficiencies may be associated with varied neuropsychiatric signs and symptoms, caused by different pathophysiological mechanisms.

Objectives Characterize the main neuropsychiatric signs and symptoms associated with vitamin B12 and folate deficiencies. Evaluate the prevalence of these vitamins deficiencies in an acute inpatient psychiatric department, dedicated to Affective Disorders.

Aims To review the clinical significance of vitamin B12 and folate deficiencies in psychiatric disorders and reflect on the importance of routine screening in mental health care.

Material and methods Observational, retrospective and descriptive study, with analysis of clinical and blood tests data concerning the total number of inpatient episodes in 2015. Non-systematic review of the scientific literature.

Results A small case series of the patients that had folate or B12 deficiency detected is presented. The prevalence of vitamin B12 and folate deficiencies found in our study is in accordance with the data found in the literature.

Conclusions Vitamin B12 and folate deficiencies should be considered in the approach to the psychiatric patient as its neuropsychiatric manifestations are varied, can be severe, and may constitute a potentially treatable cause of mental disorder. Our data shows that folate and B12 deficiencies are significant in inpatients and we believe it justifies routine screening at admission.

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