

**Disclosure:** No significant relationships.

**Keywords:** neuroinflammation; inflammation; schizophrénia; Immune system

## EPV1114

### Cycloid psychoses and autoimmunity: A case report of a patient with motility psychosis and Hashimoto's thyroiditis

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**Introduction:** Psychotic episodes characterized by sudden onset of polymorphous psychotic symptoms and fast resolution have been a subject of interest of many psychiatrists throughout the History. Controversies about the diagnostic criteria and nomenclature of cycloid psychoses persist nowadays, what has hampered its study. In last years, several reports associating this disease with autoimmune pathologies have been published, revealing a possible association between them.

**Objectives:** To contribute to the knowledge of cycloid psychoses, reporting a case of motility psychoses and exploring its possible association with autoimmune diseases.

**Methods:** Case report and literature review.

**Results:** A 48-years-old woman presents a history of eleven admissions at the Psychiatry nursery in the last nineteen years, due to psychotic episodes. Usually, these episodes follow a default in psychopharmacological therapeutic, and are characterized by rapid onset of psychomotor agitation, with prominent nonpurposeful exuberant movements, incoherent speech, mood oscillations and polythematic delusion. Between these decompensations, she recover her normal functioning, being medicated with lithium and an antipsychotic. During one of her admissions, at 2015, she developed fever and a stuporous state. The magnetic resonance and lumbar puncture were normal, the electroencephalogram revealed generalized lentification. Autoimmunity investigation evidenced positive antithyroid antibodies (with normal thyroid function) and the echography validated the diagnosis of Hashimoto's thyroiditis.

**Conclusions:** This case report reveals a possible relationship between cycloid psychoses and Hashimoto's thyroiditis. We need to share more knowledge to understand if it represents a comorbidity or a pathogenic process with the same etiology, what will influence the treatment of these patients.

**Disclosure:** No significant relationships.

**Keywords:** cycloid psychosis; Hashimoto's thyroiditis; autoimmunity

## EPV1115

### Conversion or inflammation?

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**Introduction:** Autoimmune encephalitis are inflammatory diseases of the CNS mediated by antibodies that attack neurotransmitter receptors or proteins on the surface of neurons, usually in the limbic system. The clinic is different according to the antineuronal Ac involved.

**Objectives:** To make a correct differential diagnosis between autoimmune encephalitis and primary psychiatric pathologies that may be similar in symptoms through a complete study of the patient including anamnesis, physical examination, imaging tests, cerebrospinal fluid and serum studies.

**Methods:** Description of a clinical case. A 31-year-old female patient, with no previous history of interest, was brought to the emergency department for a suspected seizure. The previous days she had presented emotional lability, difficulty in concentration and reading, blurred vision, confusion and hemicranial headache. Two days later she returned to the emergency room for insomnia, dysarthria, difficulty in reading, comprehension, naming, and excessive rumination of her problems. Incoherent and repetitive language. The Emergency service requested to rule out a conversive disorder.

**Results:** Neuropsychiatric manifestations (anxiety, depression, behavioral disturbances, insomnia, memory deficits, psychomotor agitation, mania, auditory and visual hallucinations, delusions) are the first symptom in 70% of autoimmune encephalitis due to anti-NMDA antibodies and usually respond poorly to psychiatric treatment, making the treatment of the primary cause necessary for the remission of these symptoms.

**Conclusions:** Given their increasing recognition and prevalence, autoimmune causes should always be taken into account in behavioral changes, cognitive or consciousness impairment of subacute installation, especially in young patients and once infectious, metabolic and vascular causes have been ruled out with an appropriate complementary study.

**Disclosure:** No significant relationships.

**Keywords:** conversive disorder; Encephalitis; autoimmune; differential diagnosis

## Psychopathology

## EPV1116

### Children's externalizing and internalizing symptoms and their involvement in decision-making

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**Introduction:** The involvement of children in decision making processes was shown to have beneficial effects on their cognitive, emotional, and social development. However, no research focused on its association with child's psychopathology.

**Objectives:** Our research aimed to explore the relationships between children's externalizing and internalizing symptoms and their involvement in decision making in a dimensional approach.

**Methods:** A community sample of 318 parents (64.2% mothers, mean age: 39.48 years SD=5.82) filled out an online questionnaire including the Decision-Making Involvement Scale (DMIS) assessing the parent's and child's behaviour in decision-making processes and the Strength and Difficulties Questionnaire (SDQ). Linear regression analyses were conducted for exploring multivariate associations of DMIS Parent and Child subscales with child's psychopathology and prosocial behaviour, controlling for child's gender and age.

**Results:** With SDQ Internalizing problems subscale as dependent, linear regression analysis did not result in a significant model. In a significant model explaining 21.2% of the variance of the dependent variable, SDQ Externalizing problems score were significantly related to child's age and gender, and to both Child and Parent subscales of the DMIS. When choosing SDQ Prosocial behaviour subscale as dependent, child's gender and DMIS Child subscale were significantly associated to the dependent variables, accounting for 12.2% of the variance.

**Conclusions:** Our results suggest that children's involvement in decisions may be related to less externalizing symptoms and higher levels of prosocial skills. However, longitudinal research is needed to uncover the direction of the relationship and underlying mechanisms.

**Disclosure:** No significant relationships.

**Keywords:** decision-making; externalizing and internalizing symptoms; child and youth; participation

## EPV1117

### Religious End-World delusion: psychopathological types

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**Introduction:** Diagnostics of End-World delusion with religious content (EWDRC) is relevant due to its insufficient exploration, difficulty in differential diagnostics and social danger of the delusional behavior.

**Objectives:** To develop a typology based on psychopathological and phenomenological features.

**Methods:** Sixty patients with EWDRC were examined. Psychopathological and statistical methods were applied.

**Results:** Study of EWDRC found heterogeneity of clinical appearances. Two different types were identified: apocalyptic and eschatological. **The apocalyptic type** (51 patients, 85%) was characterized by prevalence of End-World ideas in an acute sensual delusion. Due to heterogeneity of delusion's dynamics two subtypes were identified: - Subtype 1 (31 patients, 61%) was characterized with long period of development (changes in the stages) of different delusion's types: delusion of perception, importance, staging, and the antagonistic one. Psychotic symptoms were quickly reduced with antipsychotic therapy. - Subtype 2 (20 patients, 39%) was charac-

terized with rapid development of delusion's stages up to oneiro-catatonic states which were hardly jugulated. **Eschatological type** (9 patients, 15%) was characterized by the systematized interpretive delusion with individual interpretation of apocalyptic signs. These states evolved within mixed forms of schizophrenia.

**Conclusions:** The analysis of EWDRC revealed the apocalyptic type's acute course. Patients with the apocalyptic type have a premonition of upcoming End-World, and feel themselves engaged in it. The eschatological type is based on the systematized interpretive End-World delusion with "confirmations" found in everyday life. The results showed the high risk of the delusional behavior in patients with EWDRC which requires careful approach to the diagnostics and treatment of these conditions.

**Disclosure:** No significant relationships.

**Keywords:** religious delusion; End-World delusion; delusional behavior; schizofrenia

## EPV1118

### Shame and psychopathology. Its role in the genesis and perpetuation of different disorders

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**Introduction:** Shame is a profound negative emotion that can sometimes be covered up by guilt and remain undiagnosed. Shame and guilt have been described as self-conscious and moral emotions as they both involve self-evaluation and lay a role in facilitating moral conduct. They derive from the notion of responsibility, but some authors suggest that while guilt focuses only on the act at hand shame focuses on the one executing it. The self is the object.

**Objectives:** To review the literature on shame and its role in different disorders both as a causing agent and as a perpetuating agent

**Methods:** Non-systematic review of the literature with selection of scientific articles published in the past 20 years; by searching Pubmed and Medscape databases using the combination of MeSH descriptors. The following MeSH terms were used: "shame", "psychopathology".

**Results:** Since shame globally decreases self-esteem and is an awareness of personal flaws it can lead to the feelings of helplessness and the development or worsening of mental disorders. As such it is no wonder to find shame being studied in many different forms, more and less structured with important connections being made with social anxiety, eating disorders, dysmorphic disorders, personality disorders and bereavement.

**Conclusions:** Shame's role, independently from guilt can have an impact on both the genesis and perpetuation of mental disorders. Its study can uncover missing links between different types of experiences and the pathological reactions that may subsequently follow.

**Disclosure:** No significant relationships.

**Keywords:** Psychopathology; Disorders; shame