B), likely being a prerequisite for managing the requirements of the Game-of-Dice Task, enabling him to suppress impulsive acts.
Conclusions: Calcifications in Urbach-Wiethe disease take place progressively- possibly underpinned by genetic and gender variables; this can subsequently allow psychosocial-social factors (such as education and socialization) and biological factors (compensatory neuroplasticity) to retard and diminish the development of socio-emotional and cognitive deteriorations,
Given that select lesions to the human amygdala are exceedingly rare, longitudinal studies of patients with the UWD provide key evidence about how slowly progressive, developmental changes of the amygdala modulate vulnerability to socio-cognitive-emotional impairments and psychopathology.

Disclosure of Interest: None Declared

EPP1022

The pathogenesis of formal thought disorder – towards an integrative view

E. Dornelles* and D. Telles-Correia

CLINICA UNIVERSITÁRIA DE PSIQUIATRIA E PSICOLOGIA MÉDICA, FACULDADE MEDICINA UNIVERSIDADE DE LISBOA, Lisboa, Portugal
*Corresponding author.
doi: 10.1192/j.eurpsy.2023.1296

Introduction: Formal Thought Disorder (FTD) is a cluster of symptoms and signs, and can be summarized as a multidimensional construct, reflecting idiosyncrasies in thought, language, and communication in general. The inquiry into its etiology is complicated by the ambiguity of the construct itself, and many theories regarding its pathogenesis have been put forward. Two main neurocognitive models, however, have been garnering attention in mainstream FTD research: the "dyssemantic" and the "dysexecutive" hypotheses. These concepts have been classically pitted out against each other as mutually exclusive, but recent studies have proposed a more integrative view.
Objectives: In this presentation, we aim to explore the two main models for explaining FTD pathogenesis, and to show how an integrative model which accounts for both the dyssemantic and dysexecutive deficits seen in patients with FTD might be better at explaining its etiology.
Methods: We conducted a systematic review of the available literature according the PRISMA 2020 statement. We began by researching the Pubmed and Cochrane databases using the following search string: ((“Formal thought disorder*”[Title/Abstract]) AND (dysexecutive[Title/Abstract])) OR ((“Formal thought disorder*”[Title/Abstract]) AND (dyssemantic[Title/Abstract])) OR ((“Formal thought disorder*”[Title/Abstract]) AND (pathogenesis[Title/Abstract])) OR ((“Formal thought disorder*”[Title/Abstract]) AND (etiology[Title/Abstract])). 20 articles were retrieved, along with 2 ongoing trials. We screen for a total of 12 included articles. We also included 17 articles from citation searching, resulting in a final count of 29 included articles. We then summarized the main findings.
Results: Two influential hypotheses explaining the neurocognitive pathogenesis of different FTD symptom are the "dyssemantic" and "dysexecutive" hypotheses. The "dyssemantic" model emphasizes abnormalities in language-processing related brain regions and functional networks. Some studies suggest that the dysfunctions might involve higher-order semantics and the syntactic component. The "dysexecutive" hypothesis suggests that impaired planning and monitoring might lead to poorly formulated or prone-to-error speech. Recent studies, however, have suggested that FTD might be related to a combination of both executive dysfunction and impaired semantic processing, which would then combine in different proportions and yield the different FTD manifestations.
Conclusions: While disfunctions in both semantic and executive cognitive faculties have been independently explored as potential explanations for the pathogenesis of FTD, a more integrative picture has surfaced in recent research. It proposes that FTD might actually be the reflections of a combination of different proportions of disfunctions in the executive and/or linguistic processes. More research is needed, with better defined FTD dimensions, in order to further explore this model.

Disclosure of Interest: None Declared

EPP1023

The mediating role of the boredom and loneliness dimensions in the development of Problematic Internet Use

G. Longo*, L. Orsolini and U. Volpe

University Psychiatric Clinic, Department of Clinical Neuroscience/ DIMSC, Università Politecnica delle Marche, Ancona, Italy
*Corresponding author.
doi: 10.1192/j.eurpsy.2023.1297

Introduction: During the last decade, a growing digitalization allowed to implement technologies in daily life activities. Conversely, the increased use of technologies in general population, particularly in youths, facilitated the emergence of new web-based psychopathologies, including Pathological Internet use (PIU).
Objectives: Our study aims at investigating the relationship between PIU and boredom as well as loneliness dimensions in youths, by also focusing on the association with the main psychopathological symptomatology (i.e., depression, anxiety and stress).
Methods: A nationwide population-based cross-sectional case-control study was conducted by recruiting a sample of Italian young adults (aged 18-24), using a snowball sampling strategy. After data cleaning, only 1,643 participants were selected for analysis based on age and classified according to the presence/absence of PIU/non-PIU. Linear regression analyses as well as Pearson correlation analyses were conducted to check for possible associations and correlations between PIU and stress/anxiety/depression. Subsequently, mediation analyses regarding boredom and loneliness were conducted on these relationships.
Results: Participants were predominantly females (68.7%; n = 1,129). The mean age was 21.8 years (SD = 1.7), particularly ranging 20-24 years-old (88.5%; n = 1454). Around 41.7% (n = 685) of the sample declared previous psychological issues without a history of professional support (psychological and/or psychiatric), while 32.7% (n = 538) stated that they had an overt mental disorder and were currently receiving professional support. Mediation analysis demonstrated that both boredom and loneliness act as mediators in the association between PIU and depression.

Conclusions: Further studies are needed to evaluate how boredom and loneliness dimensions could be managed in order to alleviate the emergence of PIU in youths with clinically relevant depressive symptomatology.

Disclosure of Interest: None Declared

EPP1024

Is even a probable premenstrual dysphoric disorder diagnosis associated with more severe anxio-depressive symptoms and lower well-being? A preliminary cross-sectional exploratory study

I. Kovács[1]*, B. Pataki[2], B. L. Kis[3] and S. Kálmán[1,4]

[1]Department of Psychiatry, Albert Szent-Györgyi Medical School, University of Szeged, Szeged; [2]Institute of Psychology, Károli Gáspár University of the Reformed Church in Hungary, Budapest; [3]Albert Szent-Györgyi Medical School, University of Szeged and [4]Department of Behavioral Sciences, Albert Szent-Györgyi Medical School, University of Szeged, Szeged, Hungary
*Corresponding author.
doi: 10.1192/j.eurpsy.2023.1298

Introduction: Premenstrual dysphoric disorder (PMDD) is a newly introduced category in the 5th version of the Diagnostic and Statistical Manual of Mental Disorders (DSM-5) and is highly underdiagnosed worldwide, despite its strong connections to anxiodepressive symptom severity and perceived well-being.
Objectives: Firstly in Hungary, our aim was to: (a)assess whether even a probable PMDD diagnosis is associated with elevated levels of depressive and anxiety symptoms, and decreased perception of well-being on an adult women sample; (b)to evaluate whether women with a probable PMDD diagnosis report greater fluctuation of their affect during the different phases of their menstrual cycle; (c)to examine whether the elevated levels of anxiodepressive symptoms and lower well-being increase the statistical likelihood of having a probable PMDD diagnosis.
Methods: An online test battery was designed to examine probable PMDD diagnosis, severity of anxiodepressive symptoms and well-being. 393 adult women were screened for eligibility in the study (exclusion criteria involved: irregular cycle; use of hormonal contraceptives), from which 112 were included in the final analyses. DSM-5-Based Screening Tool for Women's Perceptions of Premenstrual Symptoms, Beck's Depression Inventory, Spielberger's State Anxiety Inventory, and the WHO-5 Well-Being Index were assessed.
Results: Based on the DSM-5-Based Screening Tool, the sample was divided into 1)women with probable PMDD diagnosis (PMDD group,n=67) and 2)women without probable PMDD (nonPMDD group,n=45). Menstruation cycles were sorted into menstrual, from-menstruation-to-ovulation, early luteal and late luteal phases. The PMDD group exhibited significantly higher depressive ($F(1;56,2)=19.394$, $p\leq0.001$) and anxiety ($F(1;35,6)=17.714$, $p\leq0.001$) symptom severity and lower scores of well-being ($F(1;44,3)=4.288$,$p=0.0442$) compared to the nonPMDD group regardless of which menstrual cycle they were in. Binomial logistic regression model was used to test whether higher anxiodepressive symptoms and lower scores of well-being increase the likelihood of having PMDD: the model was significant ($\chi2(2)=27.287$,$p\leq0.001$), and it explained 29.2% of the variance in PMDD. Elevated levels of anxiety (B=0.058, S.E.=0.022, Wald$\chi2(1)=7.142$, $p=0.008$,OR=1.060) and depressive (B=0.085,S.E.=0.031,Wald$\chi2(1)=7.480$,$p=0.006$, OR=1.089) symptoms increased significantly the likelihood of having a probable PMDD diagnosis.
Conclusions: Women with even a probable PMDD diagnosis exhibited significantly elevated levels of anxiodepressive symptoms and lower scores of well-being regardless of which menstrual phase they were assessed in compared to women without meeting the criteria of the PMDD screening tool. These preliminary results underscore the need for prospective clinical studies of differences in affective symptoms exhibited in PMDD.

Disclosure of Interest: None Declared

EPP1025

The role of personality and psychopathology in people with migraines

I. GEORGIADIS[1]*, K. FOUNTAS[2], F. MALLI[3], E. DRAGIOTI[4] and M. GOUVA[5]

[1]1st Neurosurgical Department, Iaso Thessalias Private Hospital; [2]Department of Neurosurgery, Faculty of Medicine, University of Thessaly; [3]Respiratory Disorders Laboratory, Faculty of Nursing, University of Thessaly, Larissa; [4]Laboratory of Psychology of Patients, Families & Health Professionals, University of Ioannina – School of Health Sciences and [5]Laboratory of Psychology of Patients, Families & Health Professionals, University of Ioannina-School of Health Sciences, Ioannina, Greece
*Corresponding author.
doi: 10.1192/j.eurpsy.2023.1299

Introduction: Several studies have shown that the relationship between migraine and psychological factors is significant, but few have evaluated the relationship between these psychological factors and patients' social life.
Objectives: Exploring the role of personality and psychopathology in people with migraines.
Methods: The sample consisted of 180 people, more specifically 140 people from the general population and 40 people who have been diagnosed with migraine and receiving treatment for migraine, who completed the following questionnaires voluntarily and anonymously: a) Migraine Experience Questionnaire and Headache Impact Test-6 (HIT-6), b) Eysenck Personality Questionnaire, c) Symtom Checklist 90-R (SCL-90) and socio-demographic and self-reported questionnaire.
Results: Patients scored higher somatization rates (10.21 ± 8.08), phobic anxiety (3.00 ± 4.45), neuroticism (4.09 ± 1.37), than people from the general population who scored lower somatization rates (14.63 ± 3.12), Phobic anxiety (5.28 ± 1.89), Neuroticism (6.53 ± 2.12), with a statistically significant difference between them ($p = 0.001$), ($p = 0.002$), ($p = 0.000$), respectively.
Conclusions: Patients with symptoms of migraine show statistically higher rates of somatization, phobic anxiety, neuroticism and further study is considered necessary.

Disclosure of Interest: None Declared