

Results: We presented the clinical case of a 68-year-old man, who was diagnosed with CADASIL after a stroke 3 years earlier. In his family, his brother was diagnosed also with CADASIL. The patient had previously presented disturbances in impulse control (hyper- orality) and important executive failures. He currently presented anosognosia, deficits in verbal memory, spatial perception and executive functions, in addition to behavioral alterations and apathy. Due to these deficits he was prohibited from certain activities (driving, hunting).

The patient was not aware of these deficits and because of his “no knowledge of his illness”, he disagreed with these prohibitions, so he showed rage and anger at the impotence of not understanding why certain actions are prohibited.

In the consultation, mnemonic errors and in naming objects were also objectified, for which it was recommended to carry out cognitive stimulation on a daily basis. In addition, he presented failures of sphincter incontinence, especially of urine and occasionally also of the anal sphincter. He had previously had episodes of myoclonus or fasciculations.

A genetic study by massive sequencing confirmed the heterozygous presence of the pathogenic variant c.1819C>T p.(Arg607Cys) in the NOTCH3 gene, a CADASIL disease.

Conclusions: The anosognosia that many patients with CADASIL disease present constitutes a problem because it contributes to the delay in consultation and, therefore, the delay in the adequate diagnostic approach, therapeutic possibilities and family genetic counseling. Due in part to anosognosia, CADASIL is considered an underdiagnosed entity. Due to the lack of awareness and the consequent lack of recognition of the deficit, these people are often seen as stubborn and difficult to deal with by people in their immediate environment.

In addition, there is general difficulty in the rehabilitation process, since patients do not think the necessity to be treated. This can generate frustration and despair both in their relatives and in the health personnel.

For all these reasons, both in anosognosia and in CADASIL disease, adequate psychological support is needed for both those affected and their families.

Disclosure of Interest: None Declared

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Psychopathological characterization of modern-type depression in subjects with Internet Gaming Disorder

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Introduction: In recent years, more evidence is emerging in favor of a new form of depression, aka “Modern-Type Depression” (MTD). It has also been theorized that MTD may have multiple relationships with other psychiatric disorders, including techno-addictions.

Objectives: Our study aims at clinically characterizing subjects with MTD in a sample of individuals affected with Internet Gaming Disorder (IGD).

Methods: 1,157 subjects were recruited from a sample of Italian young people (aged 18-35), and selected only if they declared to be

video game players (48.6%, n=542). Video game players filled out the 22-item Tarumi’s Modern-Type Depression Trait Scale (TACS-22), Motives for Online Gaming Questionnaire (MOGQ), Internet Gaming Disorder Scale-Short-Form (IGDS9-SF), Problematic Online Gaming Questionnaire (POGQ), Multidimensional State Boredom Scale (MSBS), Symptom Checklist-90 (SCL-90). Subjects were classified as IGD+/IGD- and MTD+/MTD-. Descriptive analysis, Mann-Whitney’s U-test for independent data and Chi-square tests were carried out.

Results: 60.5% (n=328) of the sample were male. 21.7% (n=118) were positive to MTD. MTD subjects reported significantly higher scores at IGDS9-SF (p<0.001), POGQ (p<0.001), MOGQ (p=0.003), MSBS (p<0.001). Significant higher scores were found at the MOGQ subscales “reality avoidance” (p<0.001), “coping” (p=0.001), and “fantasy” (p<0.001) and at the SCL-90 subscales “interpersonal sensitivity” (p<0.001), “phobic anxiety” (p<0.001), and “psychoticism” (p<0.001).

Conclusions: MTD displayed a strong association with technopathies, particularly IGD. Therefore, further studies should evaluate whether MTD could represent a predictor to IGD onset and/or maintenance and adequately address this aspect from a preventive and treatment perspective.

Disclosure of Interest: None Declared

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Assessment of Theory of Mind in Psychopathology: a Scoping Review

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Introduction: Theory of Mind (ToM) is defined as the cognitive ability that infers other’s mental states (Premack & Woodruff. *J Behav Brain Sci* 1978; 1 515-526). The interest in the study of ToM distinguishing its affective and cognitive components has been growing. Its study in psychopathology has been evolved from its original studies in autism spectrum disorders (ASD), schizophrenia (SCZ) and borderline personality disorder (BPD), to other mental disorders like major depressive disorder (MDD), bipolar disorder (BP), anorexia nervosa (AN) and social anxiety disorder (SAD).

Objectives: 1) review the most commonly used instruments for ToM assessment; 2) to compile the evidence on ToM deficits across mental disorders. For both objectives, target disorders are previously mentioned.

Methods: The search was carried out on the PubMed, PsycInfo and Scopus databases, using the terms “Theory of mind”,