

pivotal tool in refining diagnostic accuracy, complementing both psychiatric and neurological perspectives, and enabling therapeutic strategies to improve patients' quality of life.

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EPV1070

Depression as the main manifestation of central pontine myelinolysis : A case report

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Introduction: Centropontine myelinolysis (CPM) is an acute demyelinating neurological disorder that primarily affects the central bridge and is frequently associated with rapid correction of hyponatremia. Common clinical manifestations of CPM include spastic quadriparesis, dysarthria, pseudobulbar palsy and encephalopathy of varying degrees. In addition, CPM could be accompanied by neuropsychiatric manifestations, such as personality changes, thymic symptoms, acute psychosis, paranoia, hallucinations or catatonia, usually associated with additional brain damage, described as extrapontine myelinolysis (EPM).

Objectives: Study the nature of comorbidity between CPM and mood disorders, particularly depression.

Methods: We present the case of a patient hospitalized in the psychiatry department B of the Hedi Chaker hospital in Sfax in July 2024. He was been admitted at the request of a third party for behavioral disorders such as agitation and refusal of treatment.

Results: This is Mr. S.BH aged 68, with a psychiatric family history of follow-up for unspecified psychiatric disorders in a niece. He has no psychiatric history, but has a somatic history, unmonitored high blood pressure as well as chronic constipation causing hyponatremia, which was quickly corrected 1 month ago. The latter was responsible for CPM objectified on the brain MRI requested by a free practice neurologist who consulted him for agitation. Our patient is married. He has been retired for a few months and previously worked as a farmer for 35 years. According to the family, the history of his illness dates back to March 2024, following professional stressors when he began to present multiple somatic complaints, with anorexia and weight loss as well as a tendency towards isolation. Since June 2024, following the CPM, he believed that the police wanted to harm him. As a result, he became anxious and agitated. At the interview: Slowed down on the psychomotor level, the contact was superficial, the mood was sad, his speech was provoked, poor and conveyed in a low voice verbalizing anhedonia, he presents congestive disorders and he refuses treatment and diet at the beginning. The patient obtained a score of 12 on < the Geriatric Depression Scale GDS >> and a score of 12 on < the mini-mental state examination MMSE >>.

Conclusions: This case demonstrates that depression might represent the main manifestation of CPM, especially in the early stages of the disease, which should be taken into consideration when evaluating patients with acute abnormalities of sodium metabolism.

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EPV1071

The Mediating Role of Cortical Atrophy on the Relationship between the Resilience Index and Cognitive Function: Findings from the Healthy Brain Initiative

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Introduction: Background: Lifestyle factors are linked to differences in brain aging and risk for Alzheimer's disease, underscored by concepts like 'cognitive reserve' and 'brain maintenance'. The Resilience Index (RI), a composite of 6 factors (cognitive reserve, physical and cognitive activities, social engagement, diet, and mindfulness) provides such a holistic measure.

Objectives: This study aims to examine the association of RI scores with cognitive function and assess the mediating role of cortical atrophy.

Methods: Baseline data from 113 participants (aged 45+, 68% female) from the Healthy Brain Initiative were included. Life course resilience was estimated with the RI, cognitive performance with Cognivue®, and brain health using a machine learning derived Cortical Atrophy Score (CAS). Mediation analysis probed the relationship between RI, cognitive outcomes, and cortical atrophy.

Results: In age and sex adjusted models, the RI was significantly associated with CAS ($\beta = -0.25$, $p = 0.006$) and Cognivue® scores ($\beta = 0.32$, $p < 0.001$). The RI-Cognivue® association was partially mediated by CAS ($\beta = 0.07$; 95% CI [0.02, 0.14]).

Conclusions: Findings revealed that the collective effect of early and late-life lifestyle resilience factors on cognition are partially explained by their association with less brain atrophy. These findings underscore the value of comprehensive lifestyle assessments in understanding the risk and progression of cognitive decline and Alzheimer's disease in an aging population.

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EPV1072

Specific learning difficulties and intelligence in children with RASopathies. The Grey Matter project

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