

EPV0620

Grapheme-Color Synesthesia and enhanced Working Memory for the materials that induce synesthetic experiences

M. Ayobi and E. Molchanova*

¹Psychology, American University of Central Asia, Bishkek, Kyrgyzstan

*Corresponding author.

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Introduction: This study investigated the influence of synesthetic experiences on working memory and hypothesized that Grapheme-Colour Synaesthesia causes enhanced working memory for the materials in the congruent condition.

Objectives: The current study uses the existing experiments conducted within the field of Synaesthesia as a basis in order to find out whether synaesthesia influences working memory for the letters, words, and days of the week that elicit synesthetic experiences

Methods: Experimental research design was used to identify the extent of the causal relationship between Synaesthetic and non-Synesthetic experiences and enhanced working memory in both Synesthetes and non-Synesthetes. A short screening questionnaire, Stroop task, and N-back task was used to measure the relationship between the two variables for quantitative measurement. (Radvansky, 2011), This study uses materials such as Stroop task and n-back task from Robinson's (2015) work, Radvansky's (2011), and Terhune et al. (2013) work. However, certain changes in the methodology of the current study makes it easier and efficient to conduct this study with a different population.

Results: Grapheme-Color synesthetes (Mean= 1276.682 milliseconds) appear to take less amount of time in responding correctly to the incongruent stimulus in the Stroop Task than non-Synesthetes (Mean= 1487.89 milliseconds). Secondly, Grapheme-Color Synesthetes (Mean=1170.929 milliseconds) have a significant difference in accuracy of responding in the congruent condition of the Stroop Task with the non-Synesthetes (Mean= 1491.159 milliseconds). Further evidence from the N-back Task also demonstrated a significant relationship between the variables in both incongruent and congruent conditions; Grapheme-Color Synesthetes (Mean= 2621.390 milliseconds) showed a significant difference in correctly responding to the nonmatching stimulus in N-back Task with Non-Synesthetes (Mean= 2854.351 milliseconds). Similarly, Grapheme-Color Synesthetes (Mean=1330.130 milliseconds) showed a large difference in responding correctly to the matching stimulus in the N-back Task with Non-Synesthetes (Mean= 2301.071 milliseconds). Grapheme-Color Synesthetes were faster in responding correctly than non-Synesthetes in all conditions.

Conclusions: Regardless of what have been concluded as a result of the current study, it is difficult to reach at any conclusions taking into account the oppositions about working memory of Grapheme-Color Synesthetes in different studies. Therefore, the data suggest that future studies should further test the capacity of working memory in Grapheme-Color Synesthetes.

Disclosure of Interest: None Declared

EPV0621

Psychiatric Symptoms & Misdiagnosis Of Frontotemporal Dementia: A Case Report

G. Özmen* and D. Göverti

¹Erenkoy Training and Research Hospital for Psychiatry and Neurological Diseases Hospital, Istanbul, Türkiye

*Corresponding author.

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Introduction: Frontotemporal dementia (FTD) is the second most common type of dementia seen between 45-65 years of age and affects the frontal and/or temporal lobes. FTD is clinically characterized by progressively the change in behavior, personality, and language dysfunctions.

Clinical features of FTD include restlessness, disinhibition, apathy, blunted affect, avolition, social withdrawal, impulsiveness, and loss of executive function. Most patients with FTD act as socially inappropriate behaviors, not talking much, compulsive-like acts, poor insight, and psychiatric features including hallucinations and paranoid delusions. According to symptoms, the diagnosis of FTD may be confused with depression, mania, or schizophrenia.

Objectives: In this case report, we wanted to draw attention that FTD should be considered in the differential diagnosis of late-onset psychosis.

Methods: A 53-year-old female, married, uneducated, and not having children patient has applied to our clinic with complaints, that started a year ago, about social withdrawal, activity, decreased sense of purpose, neglecting personal hygiene, not eating well, and acting inappropriately and impulsively.

The patient reported that she was walking out of the house for hours, having profanity speeches, and forgetfulness.

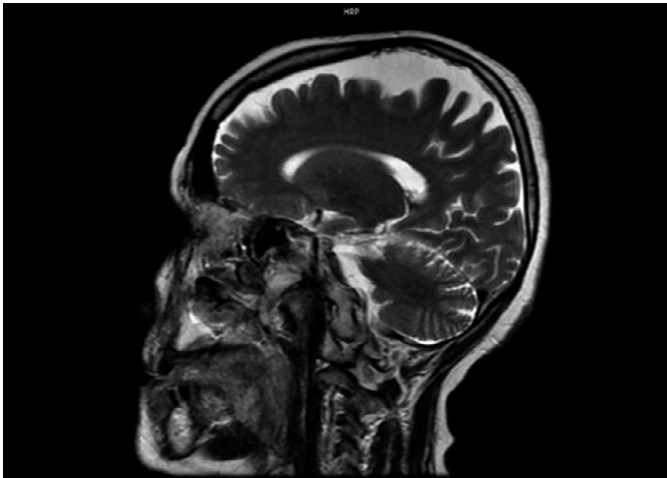
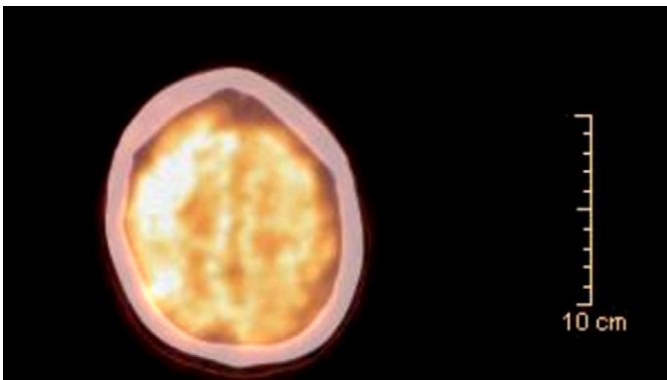
She was admitted to the psychiatry hospital a year ago and discharged with a diagnosis of bipolar disorder.

Brain MRI showed atrophy of frontal and anterior temporal structures bilaterally. PET scan demonstrated left frontal, parietal, and temporal hypo perfusion of the brain.

In our clinical observation, she had apathy, inappropriate jokes, lack of eye contact, flat affect, lack of gesturing when communicating, unable to respond to questions, and visual hallucinations.

Results: Due to the similarity of the clinical resemblance of BPAD and FTD, the diagnosis of FTD can be confusing. In this case, amnesia and sudden onset of the symptoms with rapid destruction may help the diagnosis of FTD.

Psychosis symptoms in our clinical observation also suggested the diagnosis of psychosis. However, its atypical course and early-onset psychosis symptoms brought us closer to organic pathology. Investigations of structural and functional brain imaging may help support the diagnosis.

Image:**Image 2:**

Conclusions: Psychiatric symptoms in FTD may cause misdiagnosis. Organic pathologies should be kept in mind, especially in late and sudden onset symptoms.

Disclosure of Interest: None Declared

EPV0622**WHAT IS MORE DANGEROUS- SUICIDALITY IN EPILEPSY OR EPILEPSY AS A DISEASE? _A REVIEW**

H. Arshad^{1*}, K. Hussain², M. Khalid³, F. Arain⁴, A. R. Khan⁵ and A. Arshad¹

¹Psychiatry, Jinnah Sindh medical university, Karachi; ²Medicine, Aziz Bhatti Shaheed Teaching Hospital, Gujrat; ³Psychiatry, Allama Iqbal Medical College, Lahore, Pakistan; ⁴Psychiatry, Rutgers New Jersey School of Medicine, New Jersey and ⁵Psychiatry, Carilion Clinic Virginia Tech, Virginia, United States

*Corresponding author.

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Introduction: Epilepsy is a neurologic condition characterized by spontaneous jerky body movements. It is a chronic morbid condition

mostly diagnosed during childhood. Patients are maintained on long-term medications to prevent recurrent seizures that can damage the brain. Medications used for the management of epilepsy have several side effects and require proper monitoring. Patients with epilepsy are at increased risk of psychiatric comorbidities.

Objectives: Our aim is to find factors responsible for causing suicidality in patients with epilepsy.

Methods: A review was conducted using Pubmed database with the search terms [epilepsy] OR [neurological conditions] OR [suicide] OR [suicidal attempt] OR [suicidal ideation] OR [depression] OR [psychiatric diseases] OR [mood disorders] OR [anxiety] OR [sleeplessness] which yielded around 800 articles. The number was later reduced to be centered around the main area of interest and produced around 40 articles.

Results: Results show that many contributing factors play an unavoidable role in promoting suicidal ideation that can lead to suicidal attempts in epilepsy. The stigma associated with epilepsy leads to social isolation, lack of opportunities, financial constraints, and impact on close relationships which can be the reasons for depression. According to the review, the foremost contributing factor is the underlying social, emotional, and economic condition of epilepsy patients. Depression and anxiety are the most prevalent psychiatric comorbidities in epileptic patients. Epileptic patients who develop psychiatric ailments show decreased adherence to medications that further worsen the problem.

Conclusions: Though, this area in neurology has started getting attention for further research and guidelines. But efforts are still inadequate for this to be put into clinical practice. More desperate actions needed to be taken for proper diagnosis and management of suicidal ideations by proper use of assessment tools so that timely actions are planned. This is a highly demanding area due to the impact of depressive symptoms on the prognosis of the chronic neurologic condition.

Keywords: Suicidality; Epilepsy; neurology.

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EPV0623**The environmental and social stress perception in autism spectrum disorder – focusing on stress coping mechanisms and gastrointestinal manifestations**

I. M. Balmus^{1,2*}, M. A. Robea², R. Lefter³, A. Ciobica⁴, L. Gorgan⁴, C. Stanciu^{3,5} and A. Trifan⁵

¹Department of Exact Sciences and Natural Sciences, Institute of Interdisciplinary Research; ²Doctoral School of Biology, Faculty of Biology, Alexandru Ioan Cuza University of Iasi; ³Center of Biomedical Research, Romanian Academy, Iasi Branch; ⁴Department of Biology, Faculty of Biology, Alexandru Ioan Cuza University of Iasi and ⁵Department of Gastroenterology, Faculty of Medicine, Gr. T. Popa University of Medicine and Pharmacy, Iasi, Romania

*Corresponding author.

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Introduction: Autism spectrum disorder (ASD) is currently defined as persistent deficits in social communication and social interaction additional to repetitive behavioural patterns, and restrictive interests or activities. Several studies suggested that ASD is accompanied by defective perception and altered response to the environmental factors, including environmental and social