

Conclusions: It is important to know the cultural traits to which the patients we treat in consultation belong, and how the disease can affect their lives, and a simple diagnosis can be a source of greater anxiety.

Disclosure of Interest: None Declared

EPV0082

Functional Neurological Disorder and the Risk of Social Detachment

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doi: 10.1192/j.eurpsy.2023.1439

Introduction: Functional Neurological Disorder (FND) is associated with altered social-emotional cognition. Social isolation is a recognized complication of FND and is a perpetuating factor for this condition. Limited data is available on the severity and determinants of social isolation and detachment in FND.

Objectives: To assess the prevalence, severity and determinants of social detachment in patients with FND.

Methods: This is a study of 32 consecutive referrals to a specialist FND service for adults.

We analyzed the study subjects' scores on the Social Detachment PAI trait subscale. High social detachment scores on this subscale are recognized to occur in socially isolated people and those with difficulty interpreting the normal emotional nuances of interpersonal behaviour.

We evaluated the correlation between scores on the Social Detachment subscale and the symptomatological pattern of FND. Subsequently, patients were classified into two groups: those who subjectively evaluated their symptoms as visible (primarily those with Functional motor FND and Non-epileptic Attack Disorder) and those who subjectively evaluate their symptoms as not significantly visible (predominantly sensory FND).

We evaluated the correlation between subjective sense of symptom visibility, demographic and comorbidity variables on one hand and social detachment on the other hand.

We examined the correlation between the social detachment scores and difficulties interpreting emotional expressions as detected on the Perception of Emotions Test (POET).

Results: In a normative standardization population sample the 90th percentile *T* score of the PAI Social Detachment Subscale was 54. In the study sample of patients with FND the mean score was high, exceeding the 90th percentile at 59 ($p < 0.05$).

In terms of comorbidity, we identified a high-risk ratio of social detachment in patients with FND who also have a concurrent diagnosis of Somatization Disorder (Risk ratio = 4.1; 95% CI, 1.6 to 10).

There was no statistically significant correlation between patients' demographic variables and Social Detachment score, nor was there a statistically significant correlation between the phenomenology and the visibility of Functional Neurological Disorder (motor, sensory, cogniform, non-epileptic attack disorder or mixed) and social detachment.

We found no correlation between subjects' scores on the Perception of Emotions Test and their scores on Social Detachment.

Conclusions: Social detachment is a significant feature of FND, particularly in those with a concurrent diagnosis of somatization disorder. Rehabilitation focused on restoring social function may be an essential intervention. Social detachment in this population may not be related to understanding nuances of emotional expression, nor is it related to the visibility of FND symptoms. Further research is needed to understand social cognitive processes in FND, specially when associated with somatization disorder.

Disclosure of Interest: None Declared

EPV0083

Age, gender, and the fear of getting Alzheimer's disease

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doi: 10.1192/j.eurpsy.2023.1440

Introduction: Alzheimer's Disease is the most frequent cause of dementia, accounting for approximately 60% of cases. It is characterized by an accumulation of beta amyloid and tau protein in the brain, resulting in the loss of normal brain tissue and cognitive decline, including loss of memory and language. Prior studies have found that this is one of the most feared disorders, possibly because of the associated cognitive decline, our poor ability to prevent and treat the disorder, and its poor prognosis. Prior studies have found different results regarding the importance of age and gender on level of fear.

Objectives: We wanted to study the fear of obtaining Alzheimer's disorder in a Norwegian sample and to examine the importance of age and gender.

Methods: The Fear of Alzheimer's Disease Scale (FADS, French et al, *Geriatr Psych* 2011;27:521-8) was translated into Norwegian for this study, following standard procedures. The questionnaire has 30 items, each responded to on a 5-point likert scale with responses ranging from 'never' to 'always'. The total maximum score was 120 points. Links to the questionnaire were posted on Facebook. Respondents were directed to a site for anonymous and untraceable participation. SPSS version 24 was used for statistical analyses. Non-parametrical tests, including the Mann-Whitney U-test, were used to study between-group differences (age below 50/others, male/female).

Results: The FADS score was significantly higher ($U=5113$, $Z=-2.236$, $p=0.025$) in the respondents below 50 years (60.00) than in the others (54.93). The FADS score was not significantly different ($U=7513$, $Z=1.673$, $p=0.094$) between men (56.12) and women (59.67).

Conclusions: We found that the level of fear, on average, was quite high. Those below 50 years were significantly more fearful of the disorder than the older respondents. This might seem counter-intuitive, as the disorder is much more common in older people. However, emotional regulation and fear of illness may improve with age (Carstensen et al. *Psychol Aging* 2011;26:21-33), which might explain our finding. There was no significant gender-related difference in fear of getting Alzheimer's Disease, which is interesting given that 2/3 of those suffering from the disorder are women.