

corresponding to a LE, among others, but without the previously known immunological antibodies.

Results: According to the literature, the diverse subsyndromes of LE can be subsumed under the two main categories of “paraneoplastic” and “non-paraneoplastic”. In addition to the acute and subacute courses, there is increasing evidence for chronic, slowly progressive courses, which expand the spectrum of potentially treatable dementia syndromes. Understanding and knowledge of the broad, clinical syndrome of LE have increased dramatically in recent years. Both nosological classification through differentiated diagnosis and specific therapeutic protocols have become increasingly developed and established. Nevertheless, there are rare clinical cases with a clinical phenotype and radiological findings that correspond to LE, but are both non-paraneoplastic in origin and seronegative with respect to the previously known immunological typing by autoantibodies. This gray area of nosological entity represents a diagnostic and therapeutic challenge.

Conclusions: The authors would like to point out the importance of an adequate diagnosis of the forms of LE that have been nosologically classified so far and are partly well treatable. Limbic encephalitis is an important differential diagnosis in dementia, especially in young patients with atypical courses. There is a need for further research regarding better diagnosis and therapy of the so far immunologically unidentifiable forms of clinical LE.

Literature:

Bazir Ahmad et al., Practical Neurology 2011

Guidelines of the German Neurological Society (DGN), 2008

Leyppoldt et al., Akt Neurol 2012

Prüss et al., Neurology 2012

Disclosure of Interest: None Declared

EPV0797

Investigation of cytokine imbalance in schizophrenia, assessment of the possible role of serum cytokine levels in predicting treatment response, prognosis and psychotic relapses

K. Bodnár*, L. Hermán, R. I. Zsigmond and J. Réthelyi

Department of Psychiatry and Psychotherapy, Semmelweis University, 1085, Hungary

*Corresponding author.

doi: 10.1192/j.eurpsy.2024.1425

Introduction: Schizophrenia, a multisystem chronic psychiatric disorder of unknown etiology, is associated with several immune dysfunctions, including abnormal levels of circulating cytokines. Existing evidence shows a potential causative role for cytokines in schizophrenia symptom development. Furthermore, disease duration, symptom severity, aggressive behavior, and cognitive deficits are correlated with levels of certain cytokines. Despite the development of new antipsychotics, the negative and cognitive symptoms of schizophrenia often do not respond adequately to pharmacotherapy.

Objectives: Research questions and hypotheses: 1. Can there be a cytokine or cytokines among the different cytokine levels detected in schizophrenia that can be used as biomarkers of treatment response? 2. Can changes in cytokine levels indicate the occurrence of psychotic relapse? 3. Can changes in the cytokine level play a role

in predicting the prognosis of the disease? The secondary objectives of the planned research, in addition to the above, are to clarify the knowledge gathered so far about the relationship between cytokine level changes and the clinical symptoms associated with them.

Methods: We investigate cytokine levels, blood samples are taken on hospital admission. Based on the publications, we mainly focus on the IL-2, IL-4, IL-6 and IL-10 levels, which can serve as possible predictive biomarkers relating to treatment response. We will also assess the possible role of abnormal cytokine levels and their association with symptoms severity and their potential clinical implications. The severity of the symptoms is monitored with the PANSS.

Results: 15 schizophrenic patients who were hospitalized due to a psychotic relapse have been included. Blood samples were taken to measure cytokine levels, the PANSS scale was recorded during a psychotic relapse. We have included 9 healthy, age- and gender-matched healthy controls in the study, from whom blood samples were taken to measure cytokine levels. Preparation for measurement of cytokine levels is underway. Patient involvement is ongoing.

Conclusions: A better understanding of cytokine imbalance in schizophrenia patients can potentially help in early diagnosis, novel therapeutic target identification and development, patient stratification for choosing the best therapeutic protocol, and predicting prognosis, relapse and treatment response.

Disclosure of Interest: None Declared

EPV0798

Spirituality is Associated with Immune Parameters and Disease Activity in Primary Sjögren’s Syndrome: A Cross-Sectional Study

L. Módis^{1,2*}, Z. Aradi³, F. I. Horváth³, P. Piko^{4,5}, A. Szántó³ and A. Bugán¹

¹Faculty of Medicine, Department of Behavioural Sciences, University of Debrecen, Debrecen; ²Sántha Kálmán Member Hospital, Szabolcs Szatmár Bereg County Teaching Hospital, Nagykálló; ³Faculty of Medicine, Department of Internal Medicine, Division of Clinical Immunology; ⁴Faculty of Medicine, Department of Public Health and Epidemiology, University of Debrecen, Debrecen and ⁵National Laboratory for Health Security, Center for Epidemiology and Surveillance, Semmelweis University, Budapest, Hungary

*Corresponding author.

doi: 10.1192/j.eurpsy.2024.1426

Introduction: The role of spirituality in health and disease is a complex and emerging area of research. Incorporating spirituality into the bio-psycho-social model of health and disease leading to the bio-psycho-social-spiritual model provides a more comprehensive framework. In this context, chronic disorders like primary Sjögren’s syndrome (pSS) are of interest due to their intricate interactions between biological, psychological, and spiritual factors.

Objectives: To study possible relationships between spirituality, immune parameters, and disease activity in pSS patients.

Methods: Patient recruitment for the study took place at the Autoimmune Sjögren specialty clinic, University of Debrecen, resulting in 112 patients. Assessing spirituality of the patients happened through 4 direct questions and the Spirituality

Transcendence Scale (24 items). Besides, clinical data of the patients were involved in the study including blood cell counts, rheumatoid factor, immunoglobulin G, Sjögren-specific autoantibodies and disease activity scores (semi-objective and patient reported.). The statistical analysis was conducted applying group comparisons between spiritual and non-spiritual groups, and linear and logistic regression analyses adjusted for sex, age, disease duration, settlement type, education, living in partnership and smoking. Out of the 112 patients 4 gave incomplete response, and therefore got excluded from the analysis, resulting in a total sample size of 108.

Results: Semi-objective disease activity score (ESSDAI) and perceived vaginal dryness was significantly lower in the non-spiritual group. Spirituality was proven as a significant predictor of anti-SSB autoantibody serum activity and ESSDAI, while engaging in prayer/meditation and its duration predicted significantly anti-SSA autoantibody serum activity, perceived skin and tracheal dryness. Concerning logistic regression analysis, we found that an increase of one unit in spirituality reduces the probability with 81.6% of having a detectable, semi-objective disease activity at all. Significant associations were found between the duration of prayer/meditation and both semi-objective and patient reported disease activity scores and autoantibody anti-SSB with an inverse ratio based on logistic regression model.

Conclusions: Spirituality is associated with immune parameters and disease activity in pSS. Patients with spiritual attitude are less likely to have increased disease activity. Besides being spiritual, engagement in individual spiritual activities, such as prayer/meditation has beneficial disease modifying effect. These changes are supposedly due to psychoneuroimmunological pathways. In addition to the biologically measurable variables, the alleviation and aggravation of perceived symptoms (e.g. dryness) are important outcomes of spiritual engagement and practice.

Disclosure of Interest: None Declared

EPV0799

Case-series of patients treated with anti-NMDAR encephalitis at Semmelweis University

L. Herman^{1*}, J. M. Réthelyi¹, I. Sipos² and R. I. Zsigmond¹

¹Department of Psychiatry and Psychotherapy and ²Department of Neurology, Semmelweis University, Budapest, Hungary

*Corresponding author.

doi: 10.1192/j.eurpsy.2024.1427

Introduction: Anti-NMDAR encephalitis is an autoimmune disorder, characterized by neuropsychiatric symptoms, such as mood instability, psychosis, catatonia, dyskinesia, seizures and vegetative lability. Psychiatric symptoms usually occur in the initial phase, therefore almost half of the patients are first observed at a psychiatric unit, however in later phases the patients' condition often show progression with the characteristic neurological symptoms, such as perioral dyskinesia and seizures. Although, early recognition and treatment is essential to reach good outcomes, delay in the diagnostic process often happens due to the unspecific early symptoms and the lack of knowledge of this disorder amongst psychiatrists.

Moreover, there are cases, where neurological symptoms do not appear, which can lead to diagnostic failure and mismanagement of these patients. Since anti-NMDAR encephalitis is a rare

condition, it is important to treat such cases in specific centres, where sufficient knowledge and multidisciplinary approaches are available.

Objectives: Our aim was to gather all patients' data treated with anti-NMDAR encephalitis at two departments (Neurology and Psychiatry) of Semmelweis University. We wanted to analyse psychiatric manifestations of the disorder in details and follow these symptoms long term, with special interest on the cognitive symptoms.

One of our aims was to follow-up these patients and measure antibody titres in their serum, to be able to assess, whether there was any association between prolonged serum positivity and cognitive impairment.

Methods: We have retrospectively analysed data of previous cases and prospectively followed up recently hospitalised patients.

Neurocognitive assessment had been conducted by the same psychologist, all the patients were followed up by the same interdisciplinary team, including a neurologist and two psychiatrists. Laboratory tests (autoimmune antibody essays) were conducted by the Immunological Laboratory at Semmelweis University.

Results: Altogether, 13 female patients were treated with anti-NMDAR encephalitis in the past ten years at Semmelweis University. All of them received plasma exchange, iv. steroids and azathioprine. 8 out of the 13 needed ventilation and intensive care treatment. 2 of these patients have mild psychiatric symptoms as residual symptoms, and 1 of them is still in the recovery stage, currently experiencing mild cognitive symptoms.

Only two patient had ovarian teratomas out of the 13, which is a lower number than expected from previous studies.

4 out of 12 had positive antibody titre at follow up, one patient is still at recovery stage, however her antibody titres are still very high.

Conclusions: Semmelweis University is one of the largest centre treating patients with anti-NMDAR encephalitis in Hungary. We had altogether 13 patients in the last ten years, with very good outcome, since all of them recovered, although 2 have residual symptoms.

Disclosure of Interest: None Declared

EPV0800

Interleukin-15: a possible link between anorexia nervosa and schizophrenia

P. Lederer*, A. Mihaljević-Peleš, I. Begovac and M. Tripković

Department of Psychiatry and Psychological Medicine, University hospital Centre Zagreb, Zagreb, Croatia

*Corresponding author.

doi: 10.1192/j.eurpsy.2024.1428

Introduction: Interleukin-15 is a cytokine that induces or enhances differentiation, maintenance, or activation of several T-cell subsets (including NK, NKT, Th17, Treg, and CD8+ memory cells) and also plays an important role in regulating visceral (intra-abdominal or interstitial) fat breakdown and myofibrillar protein synthesis (hypertrophy). It is also involved in modulating serotonergic activity in the brain by modulating the transmission of GABA and serotonin, which may be the basis for mood and memory disorders, as well as activity levels, sleep, and thermoregulation. Both anorexia nervosa (AN) and schizophrenia (SCH) represent two distinct and serious psychiatric disorders in which