

Objectives: To assess the linkage and contribution of cognitive impairment to the maintenance and severity of GAD; to determine which specific domains of cognitive function are impaired in patients with GAD; and to examine age differences regarding cognitive impairment in GAD patients

Methods: A systematic literature search was executed using the PubMed and Google Scholar databases from 1960 to 2023 and the keywords “generalized anxiety disorder”, “anxiety disorder” “cognitive function”, “cognitive dysfunction”, “cognitive impairment”, “late-life”, “young”, “adult”, and their combination.

Results: Anxiety and worry, as main characteristics of GAD, were shown to be linked and manifested by deficient attentional control, a main function of working memory. Attentional control functions are biased toward threats, which, in turn, hinders cognitive processing efficiency. Moreover, several structural and electrophysiological impairments could be linked to cognitive dysfunction in people with GAD. For example, patients with GAD showed reductions in gray matter volumes, especially in the regions of the hip, midbrain, thalamus, insula and superior temporal gyrus. The hippocampus, middle cingulate gyrus, putamen and head of the caudate nucleus also showed lower activity in response to the neutral words. Also, GAD patients have better inhibitory control, which may be associated with more severe symptomatology. These results are consistent with attentional control theory, which posits that worry might negatively impinge on inhibition and set-shifting. In terms of age differences, we observed that GAD in elderly patients is associated with impairment of short-term and delayed memory. In young adults, GAD is associated with various cognitive impairments, particularly in selective attention, working memory, cognitive flexibility, planning ability or efficiency, and other executive functions (EF).

Conclusions: To sum up, we observed that GAD is associated with worse cognitive functioning in several domains. Further research into cognitive dysfunction in GAD is needed to better understand the impact on daily living and to allow more tailored treatment strategies including medication, therapy and interventions targeted to improve specific cognitive domains.

Disclosure of Interest: None Declared

EPV0089

Treatment of Misophonia with Cognitive Behaviour Therapy: A Case Report

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Introduction: Misophonia is a condition characterized by extreme emotional reactions, such as irritation or anger, triggered by specific sounds. Despite its prevalence, there is a lack of evidence-based treatment methods for misophonia.

Objectives: This case report aims to explore the effectiveness of combining psychoeducation with Cognitive Behavioral Therapy (CBT) in the treatment of a misophonic patient. The focus is on reducing the patient’s emotional distress and improving their quality of life.

Methods: The patient is a 28-year-old woman employed as a salesperson in a busy city. Mouth smacking, gum chewing and clock

ticking are the sounds that bother her the most. She has never used any medications or attempted any methods to alleviate her misophonia. Neither she, nor her family has a history of a psychiatric disorder. The therapeutic intervention spanned eight sessions, each lasting around half an hour. The first two sessions, a patient history was taken and Misophonia Interview Scale (MIS) was conducted. MIS comprised the Misophonia Checklist (MCL), which involved reading fifty misophonic sounds to the patient one by one. She then rated her discomfort in response to each sound on a four-point Likert-type scale. From the MCL responses, a total severity score (Misophonia Total Score - MTS), was calculated.

The treatment commenced with a psychoeducational component focused on enhancing the patient’s comprehension of misophonia. This phase aimed to elucidate the neurobiological underpinnings of the condition, common triggers, and the emotional reactions associated with it.

Then, CBT was employed to identify and challenge the patient’s negative automatic thoughts (NATs) linked to her misophonia. Three sessions primarily concentrated on identifying and managing NATs associated with her misophonia. These sessions equipped the patient with the skills to recognize and confront NATs through structured discussions and practical assignments.

The last three sessions centered on exposure therapy, with the goal of reducing emotional and physiological responses to triggers. Homework assignments during this phase encouraged the patient to independently practice exposure exercises.

Results: The initial MTS was 54, indicating significant distress. After the interventions, the final MTS decreased to 35 and the impact of misophonic symptoms on her life decreased from severe to moderate.

Conclusions: Misophonia is a challenging disorder to treat due to its limited evidence-based interventions. This case report demonstrates that a combination of psychoeducation and CBT methods may hold promise in managing misophonic symptoms. However, it is essential to acknowledge the need for further research in this area, as misophonia’s treatment strategies require more robust empirical support. This case highlights the potential benefits of psychoeducation and CBT, emphasizing the need to explore and develop effective treatments for this debilitating condition.

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Anxiety disorders and Quality of life: The Role of Occupational Therapy

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Introduction: Anxiety disorders represent the most common mental illnesses, which are listed among the ten most important causes of disability worldwide. According to DSM-5, they are defined as “disorders that share characteristics of excessive fear and anxiety and