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Introduction: A variety of dimensions of psychopathology are observed in psychosis. However, the validation of clinical assessment scales, and their latent variable structure, is often derived from cross-sectional rather than longitudinal data, limiting our understanding of how variables interact and reinforce one another.

Objectives: Using experience sampling methodology (ESM) and analytic approaches optimised for longitudinal data, we assess potential latent variables of commonly-reported symptoms in psychosis, and explore the temporal relationship between them.

Methods: N=36 participants with a diagnosis of schizophrenia or schizoaffective disorder provided data for up to one year, as part of the Sleepsight study. Using a smartphone app, participants self-reported clinical symptoms once daily for a mean duration of 323 days (SD: 88), with a response rate of 69%. Symptoms were rated using seven-point Likert scale items. Items included symptoms traditionally implicated in psychosis (feeling “cheerful”, “anxious”, “relaxed”, “irritable”, “sad”, “in control”, “stressed”, “suspicious”, “trouble concentrating”, “preoccupied by thoughts”, “others dislike me”, “confused”, “others influence my thoughts” and “unusual sights and sounds”). We used a sparse PCA (SPCA) model to identify latent variables in the longitudinal data. SPCA has previously been applied to longitudinal ESM data, and was developed to achieve a compromise between the explained variance and the interpretability of the principal components. We then used a multistage exploratory and confirmatory differential time-varying effect model (DTVEM) to explore the temporal relationship between the latent variables. DTVEM generates a standardised β coefficient reflecting the strength of relationship between variables across multiple time lags. Only significant lags ($p < 0.05$) are reported here.

Results: The SPCA analysis identified five latent variables, explaining 61.4% of the total variance. Tentative interpretation of the SPCA loadings suggested these latent variables corresponded to i) cognitive symptoms, ii) feeling in-control, iii) thought interference and perceptual disturbance, iv) irritability and stress and v) paranoia. Time lag analysis revealed an effect of feeling in-control on subsequent cognitive symptoms ($\beta = -0.19$), and of cognitive symptoms on subsequent thought interference and perceptual disturbance ($\beta = 0.14$). Irritability and stress was also associated with subsequent cognitive symptoms ($\beta = 0.09$).

Conclusions: Using longitudinal data, we employ novel methodology to identify potential latent symptoms among commonly reported symptoms in psychosis. We identify five latent symptoms, and elucidate important temporal relationships between them. These findings may inform our understanding of the psychopathology of psychosis, potentially offering data-driven simplification of clinical assessment and novel insights for future research.

Disclosure of Interest: None Declared

Non-Pharmacological Interventions

O0105

Mentation processes such as excessive mind wandering, rumination, and mindfulness mediate the relationship between ADHD symptoms and anxiety and depression in adults with ADHD

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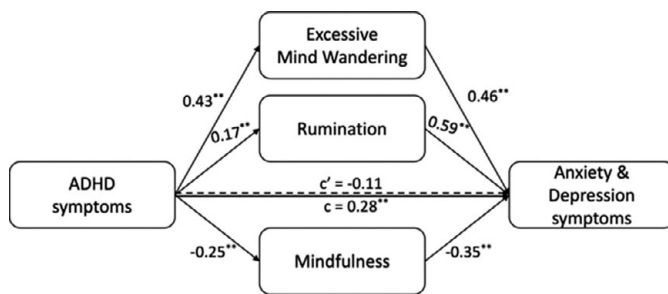
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Introduction: Excessive mind wandering is a common feature of ADHD in adulthood also referred to as mental restlessness and ceaseless mental overactivity. ADHD is a predisposing factor for many psychiatric symptoms, especially negative emotions such as depression and anxiety. Rumination is thought to be a mediator for depression in individuals with ADHD. The above-mentioned mental processes may reduce the ability of individuals with ADHD to be mindful.

Objectives: This study investigates whether the mentation processes (excessive mind wandering, rumination, mindfulness) mediate the relationship between ADHD symptoms and anxiety, and depression in adults with ADHD.

Methods: Medication-free 175 individuals with ADHD who were referred to the Adult Neurodevelopmental Disorders Clinic, Department of Psychiatry, Selçuk University were invited to the study. After initial diagnostic examination including The Structured Clinical Interview for DSM-5 (SCID 5), all participants completed a test battery that included a sociodemographic form, the Adult ADHD Severity Rating Scale, the Hospital Anxiety Depression Scale, the Mind Excessively Wandering Scale, the Ruminative Response Scale, and the Freiburg Mindfulness Inventory. The data of 159 patients whose ADHD diagnosis was confirmed, who did not have any mood episodes and psychotic symptoms at the time of inclusion of the study, and who filled out the forms completely, were included in the analysis. The study was approved by the Selçuk University Local Ethics Committee.

Results: Participants ages ranged from 18 to 39 (mean of 22.93 ± 4.36), and 57.2% ($n = 91$) were women. Also, their 48.6% ($n = 77$) reported that they alcohol use, and 21.1% ($n = 34$) had substance use history. According to SCID 5 interview, participants 64.2% had comorbid psychiatric conditions. Pearson correlation analysis revealed that ADHD symptoms, rumination, excessive mind wandering, anxiety, and depression scores were significantly positively correlated with each other, but all were negatively correlated with mindfulness. Linear regression analysis showed mindfulness association with rumination, excessive mind wandering, anxiety, and depression scores, but not with ADHD symptoms. Thereupon, a conducted mediation regression analysis showed that ADHD symptoms indirectly worsened depression and anxiety through increased rumination and excessive mind wandering, and decreased mindfulness ability (Figure 1).

Image:

Conclusions: Adults with ADHD have distressing mentation patterns which worsened their anxiety and depression. Mindfulness-based cognitive behavioral therapy modalities may help improve excessive mind wandering and rumination in ADHD. Our findings should be warranted in future studies of functional brain connectivity patterns that may serve as a mentation endophenotypes in ADHD.

Disclosure of Interest: None Declared

O0107**Study of mentalizing ability in borderline personality disorder: relationship with impulsivity**

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Introduction: Borderline personality disorder (BPD) is a severe mental disorder characterized by affective, behavioral and relational instability, along with interpersonal hypersensitivity and unstable affective relationships (APA 2013). Poor interpersonal functioning could be associated with critical deficits in the ability to mentalize in these patients, together with high levels of impulsivity. Although most studies have described hypermentalization deficits among BPD patients (Bora Psychol Med 2021;51 2541-2551), existing literature is still scarce on this aspect, as well as its relationship with the impulsive behavior.

Objectives: 1) to assess specific mentalizing deficits in BPD compared to healthy controls in a complex ecological mentalization task; 2) evaluate the relationship between mentalization and impulsivity in BPD.

Methods: 63 patients diagnosed with borderline personality disorder and 31 control subjects were studied using the Movie for the Assessment of Social Cognition -MASC- (Dziobek et al. J Autism Dev Disord 2006; 36 623-636) and the Barratt Impulsivity Scale -BIS-11- (Patton et al. J Clin Psychol 1995; 51 768-774), as

well as other sociodemographic and clinical factors. The clinical research study was approved by the Clinical Research Ethics Committee of the Hospital Clínico San Carlos (Madrid, Spain).

Results: The results showed significant differences in the scores related to correct mentalization, hypomentalization, and non-mentalizing responses between patients and controls, with BPD patients showing worse performance. A significant negative relationship was also observed between impulsivity scores and correct mentalizing responses in BPD patients.

Conclusions: The results showed a deficit in the ability to mentalize in BPD patients, compared to control subjects, characterized by a hypomentalization and an absence of mentalization. Likewise, this deficit in mentalization ability was related to greater impulsive behavior in patients. These results would be consistent with the hyperarousal hypothesis in BPD, which would reduce inhibitory control, causing mentalization deficits (Euler et al. J Pers Disord. 2021; 35 177-193). Future studies will try to associate specific impulsive behaviors associated with the characteristics of hypomentalization and absence of mentalization observed in our results.

Disclosure of Interest: None Declared

O0108**A comparison between two rTMS protocols as augmentation strategies in patients with treatment-resistant depression**

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Introduction: Repetitive transcranial magnetic stimulation (rTMS) is an evidence-based treatment and rTMS protocols have been included in international guidelines for patients with treatment-resistant depression (TRD). The daily administration of standard rTMS protocols, typically over several weeks, could be a limiting factor (e.g., time off from work, commuting issues). To intensify the antidepressant response and to reduce the number of stimulation days, it has been proposed that increasing the number of rTMS sessions performed per day could be more effective and help to reduce the burden for patients and clinicians. Although there is much interest in accelerated TMS protocols, little is known about their efficacy and tolerability, and the literature on the topic is still scarce.

Objectives: To compare the efficacy and tolerability of two rTMS protocols (standard vs. accelerated) as augmentative strategies in patients with TRD.

Methods: In the present ongoing, open-label, trial 14 patients meeting DSM-5 criteria for major depressive episode (either unipolar or bipolar), classified as partial responders or non-responders to adequate pharmacological treatment, were randomized to receive either standard (one session per day, five days a week, for