

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

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**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

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**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