brain amplitude of low-frequency fluctuations (ALFF) and local coherence (LCOR) were compared between groups (CONN-fMRI toolbox 19.c, https://web.conn-toolbox.org/; $p < .001$ voxelwise, $p(FDR) < .05$ clusterwise). Age was included in the analyses as a second-level covariate.
Results: As compared to non-converters, aMCI converters were characterized by higher ALFF and LCOR values in the cluster located in the frontal medial cortex and frontal pole bilaterally.
Conclusions: Frontal medial cortex and frontal pole are involved in a wide range of cognitive functions, including episodic memory and "hot" (motivational) executive control (Rolls. ProgNeurobiol 2022; 217; Friedman, Robbins. Neuropsychopharmacology 2022; 47(1) 72-89). Both increased and decreased LCOR/ALFF values in aMCI converters compared to non-converters were found, although in the other regions (Mondragón et al. Dement Geriatr Cogn Dis Extra 2021; 11(3) 235–249; Khatri, Kwon. Front Aging Neurosci. 2022; 14). It seems reasonable to clarify if the brain functional features revealed in our study are the markers of conversion to dementia in aMCI.

Disclosure of Interest: None Declared

Personality and Personality Disorders 01

EPP0080

Assessment of changes in the prevalence of personality disorders admitted for psychiatric hospitalization in years 2009-2021

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Introduction: Personality disorder (PD) is defined as an enduring and inflexible pattern of long duration leading to significant distress or impairment and is not due to the use of substances or another medical condition. In general, the main form of therapy for PD is psychotherapy, with adjuvant pharmacotherapy. Due to a predisposition to instability and decompensation, individuals with PD are more likely to be admitted to a psychiatric hospital. With the passing of time, the frequency of PD diagnosis has been rising.
Objectives: The study aimed to assess changes in the prevalence of PD diagnosis between the years 2009 and 2021 in the Psychiatric Central Clinical Hospital of the Medical University of Lodz (Poland) and the characteristics of admitted patients.
Methods: This retrospective included 27097 records of patients admitted for psychiatric hospitalization between the years 2009 and 2021. The diagnosis of PD (F60 and F61) was based on ICD-10 diagnostic criteria. For analysis, both main, as well as coexisting diagnoses of PD were included. For the analysis patients were divided into subgroups based on age and legal gender.
Results: We observed a statistically significant increase in the number of hospitalization of individuals with PD (6,94% in 2009 and 14,29% in 2021; p<0.0001). No rise in the frequency of F60 diagnosis was observed (4,56% in 2009 and 4,48%; p=0.973, while the diagnosis of mixed PD (F61) has greatly risen (2,38% in 2009 and in 9,81% in 2021; p=0.003), this growth was especially visible in men (1,62% in 2009 and 10,44% in 2021; p=0.007). In individuals above the age of 35 at the time of hospitalization significant growth in PD diagnosis was present (5,22% in 2009 and in 8,25% in 2021; p=0.003), similarly, PD increased in patients older than 65 (0,50% in 2009 and in 4,00% in 2021; p=0.003).
Conclusions: In the past 13 years, there has been a great increase in the number of hospitalized individuals with PD, particularly the rise reflects growth in mixed PD diagnosis. Interestingly, in men, PD diagnosis is 4 times more frequent in 2021 than in 2009. The increase in the number of PD diagnoses in changing environment might be due to greater clinical vigilance of psychiatrists and a more in-depth diagnostic process, yet further analysis including data from the outpatient clinic is needed.

Disclosure of Interest: None Declared

EPP0081

Development and first validation of the Portuguese version of the Big Three Perfectionism Scale–Short Form (BTPS-SF)

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Introduction: The Portuguese version of the Big Three Perfectionism Scale (BTPS), a 45-item self-report measure of rigid, self-critical, and narcissistic perfectionism, presented good reliability, construct and concurrent validity both in a sample of university students (Lino, Pereira et al. 2018) and of adults from the general population (Oliveira, Pereira et al. 2021).
Objectives: To develop and validate a Portuguese brief version of the BTPS, the Big Three Perfectionism Scale–Short Form (BTPS-SF) in a sample of university students.
Methods: The procedure followed to select items for the short version was based on the 45-items BTPS confirmatory factorial analysis (Lino, Pereira et al. 2018). Following Feher et al. (2020) strategy, with Canadian university students, we retained between one and two from each of the 10 perfectionism facets in the BTPS, 16 items in total. The 16 items selected had loadings ranging from .63 to .88 (Lino, Pereira et al. 2018), thus meeting the suggested requirement of high loadings being above .60 in magnitude (Afifi et al. 2011).
Participants were 633 Portuguese students (medicine, dentistry and health technologies; 82.1% girls; mean age=21.25±3.115); they answered an online survey including the BTPS and the Depression Anxiety and Stress Scale (DASS; Xavier et al. 2017).
Results: Confirmatory Factor Analysis showed that both the first ($\chi 2/df=3.074$; RMSEA=.0573, p<.001; CFI=.9591; TLI=.9478, GFI=.9465) and the second order ($\chi 2/df=3.714$; RMSEA=.0655, p<.001; CFI=.9482; TLI=.9317, GFI=.9318) models presented good fit indexes. The Cronbach's alfas were: a=.865 for the total and .855, .829 and .750, respectively for F1 (rigid perfectionism), F2 (self-critical perfectionism) and F3 (narcissistic perfectionism).

Pearson coefficient correlations with DASS total score were significant (p<.01), positive and moderate for the total 16-items- BTPS (r=.375), F1 (r=.285), F2 (r=.465) and low for F3 (r=.177). Correlation coefficients with Depression, Anxiety and Stress sub-scales presented the same pattern and magnitude.
Conclusions: Due to its good validity and reliability, the Portuguese BTPS–SF is an efficient and useful alternative to the 55-item version. When it is not necessary to measure the ten facets, the BTPS-SF has the advantages of conciseness, brevity and ease of filling.

Disclosure of Interest: None Declared

EPP0082

Verbalization of emotional states by children with special educational needs

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Introduction: The degree of success and effectiveness of the child's socialization largely depends on the timely formation of social emotions, the ability to understand the emotional states of the participants in the interaction and manage their emotions.
Objectives: studying the features of understanding the emotional states of peers and adults by children of preschool age with special educational needs.
Methods: The study involved 227 children aged 5-7 attending educational institutions: 95 children without developmental disorders; 73 children with severe speech disorders; 9 children with motor disorders; 25 children with visual impairment (strabismus, amblyopia, astigmatism); 15 children with hearing impairment (3rd and 4th degree sensorineural hearing loss); 10 children with autism spectrum disorder. The "Emotional Faces" method (Semago) and the method of studying the child's understanding of tasks in situations of interaction (Veraksa) were used.
Results: Tasks for the categorization of emotional states cause difficulties in children with speech disorders, since they require a certain mastery of vocabulary for the designation of emotional states. As a result of limited communication in children, there is a lack of understanding of the meaning, causes and motives of the actions of other people, as well as the consequences of their actions, their impact on others.
Preschool children with motor disabilities are inferior to peers without developmental disabilities in accurate verbalization of emotional states, manifested in a primitive description of emotions. Visually impaired preschool children do not have sufficiently clear ideas about socially acceptable actions in communication situations, about ways of expressing relationships with peers and adults. Children with hearing impairment better understand the emotional states of their peers than the states of adults, but they do not know how to show their attitude towards their peers. Difficulties in verbalizing emotions are observed.
Children with autism spectrum disorder experience significant difficulties in recognizing various situations of interaction, isolating tasks and requirements set by adults in these situations; children practically did not try to depict an emotion, having difficulty in differentiating it.
Conclusions: The research confirmed the assumption that children with disabilities have significant difficulties in differentiating similar emotions, they do not accurately determine the emotional state of their peers and people around them. This paper has been supported by the Kazan Federal University Strategic Academic Leadership Program.

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EPP0083

Affective wellbeing moderates the association between polygenic risk score for neuroticism and change in neuroticism

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Introduction: Neuroticism has societal, mental and physical health relevance, with an etiology involving genetic predisposition, psychological influence, and their interaction.
Objectives: To understand whether the association between polygenic risk score for neuroticism (PRS-N) and neuroticism is moderated by affective well-being.
Methods: Data were derived from TwinssCan, a general population twin cohort (age range=15-35 years, 478 monozygotic twins). Self-report questionnaires were used to measure well-being and neuroticism. PRS-N was trained from the Genetics of Personality Consortium (GPC) and United Kingdom Biobank (UKB). Multilevel mixed-effects models were used to test baseline and changes in well-being and neuroticism.
Results: Baseline wellbeing and neuroticism were associated (β=-1.35, p<0.001). PRSs-N were associated with baseline neuroticism (lowest p-value: 0.008 in GPC, 0.01 in UKB). In interaction models (PRS x wellbeing), GPC PRS-N (β=0.38, p=0.04) and UKB PRS-N (β=0.81, p<0.001) had significant interactions.
PRSs-N were associated with changes in neuroticism (lowest p-value: 0.03 in GPC, 0.3 in UKB). Furthermore, changes in wellbeing and neuroticism were associated (β =-0.66, p<0.001). In interaction models (PRS x change in wellbeing), only UKB PRS-N had a significant interaction (β=0.80, p<0.001).
Conclusions: Interaction between polygenic risk, wellbeing and neuroticism, were observed regarding baselines measures and change over time. Depending on the analysis step, the direction of the effect changed.

Disclosure of Interest: None Declared