as a result of Russian aggression against Ukraine. Studied affective disorders in 24 forcibly displaced females. Age of the surveyed 30-50 years. Contacted with psychiatrist because the insistence of relatives. Patients were not identified and applied earlier about mental disorders to psychiatrists. To quantify anxiety, we used a scale HAM-A.
Methods: Clinico-psychopathological.
Results: Affective disorders in the examined patients can be confidently attributed to adjustment disorders. According to the ICD-10, an adaptation disorder (F43.2) was diagnosed. Most of them were dominated by depressive and anxiety-depressive modalities of affective disorders. According to the HAM-A scale, the level of anxiety was 14±2.7. Most patients showed few irritability and anger, which is probably due to the inability to respond to the cause of their troubles and problems. However, some patients (6 people) expressed gloomy irritability, anger (clinical sighnificant) a feeling of hostility towards others. It is necessary to note the undulation of these manifestations, often aggravated under the influence of external factors.At the same time, the immediate environment often suffered, on which all the troubles fell. The behavior of such patients became maladaptive, significantly disrupting communication.
Conclusions: Therapeutic impact on internally displaced persons should be aimed not only at overcoming anxiety and depressive syndrome, but also irritability and anger. This should be taken into account when planning psychotherapeutic programs, it is possible to prescribe normotimics.

Disclosure of Interest: None Declared

Neuroimaging

EPV0610

Neuroimaging in Internet gaming disorder comorbid with Attention-deficit disorder

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Introduction: Internet gaming disorder (IGD) refers to a pattern of persistent gambling behaviour or recurring gambling, on the Internet, with impaired control, increased priority, and continuation or escalation of gambling despite the occurrence of negative consequences. Currently, online gambling - more frequent among men - represents a very important, constantly growing economic activity. Since the COVID-19 pandemic and the need to conduct classes online, there has been an increase in the rate of IGD in children and youth (7-25 years old). Comorbidities, namely attention deficit hyperactivity disorder (ADHD), have been associated with a higher prevalence of IGD. They share core traits, such as impulsiveness, seeking immediate reward, deficient motivation, and hostility, which may translate into neuroimaging similarities.
Objectives: Non-systematic review of the literature about neuroimaging of IGD comorbid with ADHD.
Methods: A search was conducted on PubMed and other databases, using the MeSH terms "Internet Addiction Disorder", "Attention Deficit Disorder with Hyperactivity" and {"MRI" OR "fMRI" OR "functional connectivity" OR "neuroimaging OR neural alteration OR neuronal alteration OR neural change"}.
Results: IGD and ADHD have shared and disorder specific patterns of structural and functional abnormalities, particularly in reward function. For instance, IGD has been associated with lower putamen grey matter volume (GMV), while ADHD patients have lower GMV in the orbitofrontal cortex. Disorder-specific fMRI activation has been observed in the precuneus in IGD; in ADHD, there is special activation in the fusiform gyrus. Finally, shared structural and functional alterations between IGD and ADHD seem to converge in the prefrontal-striatum circuit, especially the anterior cingulate cortex.
Conclusions: ADHD has been suggested as the most significant predictor of IGD in cross-sectional and prospective studies, however there is no study that clarifies their relationship. It is unclear whether IGD causes ADHD symptoms or whether a problem with gambling is a prodromal sign of the development of full ADHD. Studies revealing common neurobiological foundations between these disorders are pivotal to understand their basic mechanisms, while alerting to the necessity to screen for both pathologies when one is present. They may also point to an overlapping target (the reward circuit) for behavioural and pharmacological treatment.

Disclosure of Interest: None Declared

EPV0611

Gender-specific anatomical correlations of schizotypy in healthy individuals

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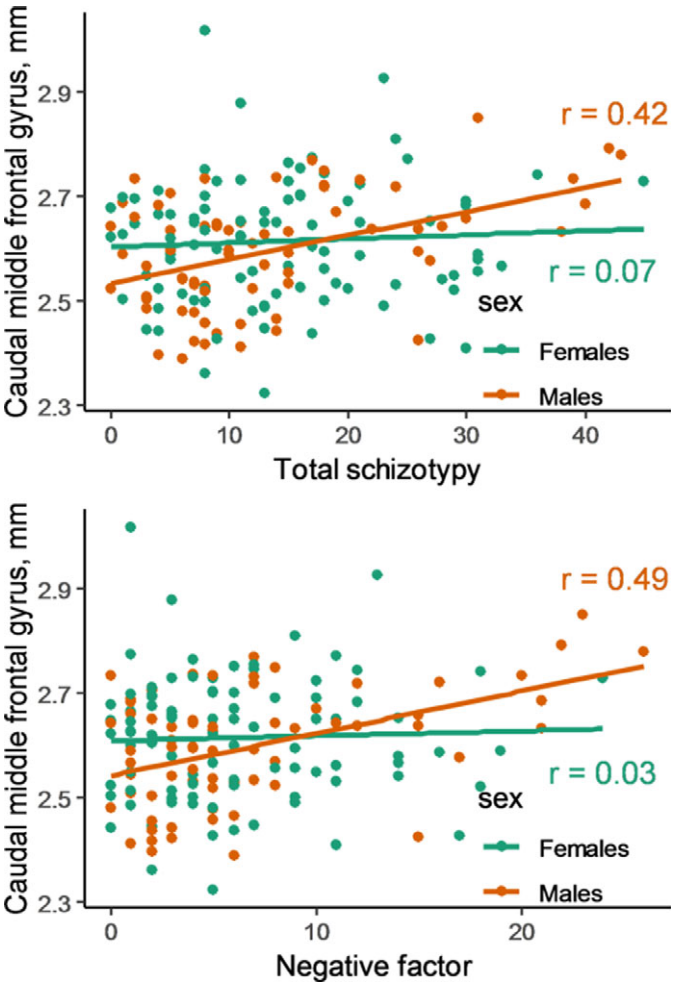
Introduction: Schizotypy refers to a continuum of symptoms from subclinical manifestations in the general population to severe symptoms in schizophrenia spectrum disorders. Neuroimaging studies revealed significant relationships between schizotypy and cortical anatomy in the general population. However, it remains unclear whether these structural associations has a gender specificity.
Objectives: The present study used structural MRI data to investigate the relationship between subclinical schizotypy symptoms and cortical and subcortical morphometric measures in male and female samples of healthy individuals.
Methods: 164 right-handed healthy unmedicated individuals (18.0-34.9 years, 57% females) underwent structural MRI at 3T Philips scanner. T1-weighted images were processed via FreeSurfer 6.0 to quantify cortical thickness for 34 regions-of-interest (ROIs) according to Desikan atlas and volumes for 7 subcortical structures at each hemisphere. Schizotypy levels were assessed using self-report Schizotypal Personality Questionnaire, total schizotypy score and 4 factors scores (Cognitive-perceptual, negative, disorganized and paranoid factors as per Stefanis *et al.* Schizophr Bull. 2004; 30 335-350) were calculated. Partial correlation analysis (ppcor version 1.1, R version 4.2.1) was used to assess the associations between ROIs cortical thickness and total schizotypy or

4 factors scores including age and sex as covariates. The same analysis was performed for subcortical volumes including intracranial volume as additional covariate.
Results: In male group we revealed a positive correlation between greater thickness of the left caudal middle frontal gyrus and higher total schizotypy (r=0.42, p_{unc}=0.0003, 95% CI [0.21–0.60]) and negative factor of schizotypy (r=0.49, p_{unc}<0.0001, 95% CI [0.28–0.65]) (Image). No correlations survived correction for multiple comparisons in female sample. There were no differences in age, caudal middle frontal gyrus thickness, total schizotypy or negative factor of schizotypy scores between male and female subgroups.
Image:



Conclusions: The results suggest that the association of dorsolateral prefrontal cortex (DLPFC) and levels of schizotypy is gender specific. We showed that total and negative schizotypy positively correlated with thicker DLPFC in male but not in female sample. The present data are inverse to findings of prefrontal cortical thinning observed in schizophrenia. Such correlations suggest that thicker cortex could be a potential compensatory mechanism or could reflect alterations in trajectory of cortical thickness reductions across the lifespan.
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EPV0612

Decreased axial diffusivity in the superior longitudinal fasciculus correlates with fronto-parietal functional connectivity in psychotic patients with persistent delusions

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Introduction: There is growing evidence to suggest that delusions in schizophrenia-spectrum disorders are associated with altered brain connectivity. Disruptions in long association fibers, such as the superior longitudinal fasciculus, are among the most consistent findings in psychosis. However, functional connectivity (FC) correlates of such structural alterations and their implications in delusional symptoms remains unclear.
Objectives: The study used a hypothesis-driven approach and aimed at exploring structural connectivity (SC) disruptions of the left superior longitudinal fasciculus (part with parietal terminations, SLFP) and their FC correlates in a group of psychotic patients with persistent delusions across diagnostic categories within the schizophrenia-spectrum.
Methods: Sixteen right-handed patients (23.1-53.8 years, mean age 39.6±8.5, 44% females) with delusional disorder (DD, n=10) and schizophrenia (SCZ, n=6), presenting with persistent delusions, and 16 matched healthy controls (23.0-56.4 years, mean age 38.9±11.1, 44%females) underwent diffusion-weighted 3T MRI (DW-MRI), while patients additionally underwent resting-state 3T fMRI (rsfMRI). DW-MRI data were processed via FreeSurfer6.0 and TRACULA to derive axial (AD), radial (RD) diffusivities and fractional anisotropy (FA) for left SLFP. rsfMRI data were processed with SPM12 and Conn v19c to calculate ROI-to-ROI FC between lateral prefrontal and inferior parietal components of the frontoparietal network (FPCN) according to Yeo atlas (Yeo *et al.* J Neurophysiol. 2011; 106(3) 1125-65), which is sought to represent cortical projections of the SLFP (Image). Partial rank-based correlation analysis (with age and sex as covariates, ppcor v1.1, R v4.2.1) was used to explore the associations between SC and FC measures involving the SLFP, PANSS and BABS scores.
Results: Compared to healthy controls, patients showed decreased AD in left SLFP [$F(1, 28)=14.9$, $p=0.0006$; Cohen's $d = -1.3$, 95% CI: −2.1 to −0.5]. No RD or FA alterations were found. We revealed a correlation between AD in left SLFP and fronto-parietal FC within the FPN ($r = 0.58$, $p = 0.031$) in patients. Correlation between FC and PANSS total score ($r = -0.54$, $p = 0.045$) did not survived correction for multiple comparisons. No other correlations between SC or FC, chlorpromazine equivalents and clinical scores were revealed.