

corresponding to a LE, among others, but without the previously known immunological antibodies.

Results: According to the literature, the diverse subsyndromes of LE can be subsumed under the two main categories of “paraneoplastic” and “non-paraneoplastic”. In addition to the acute and subacute courses, there is increasing evidence for chronic, slowly progressive courses, which expand the spectrum of potentially treatable dementia syndromes. Understanding and knowledge of the broad, clinical syndrome of LE have increased dramatically in recent years. Both nosological classification through differentiated diagnosis and specific therapeutic protocols have become increasingly developed and established. Nevertheless, there are rare clinical cases with a clinical phenotype and radiological findings that correspond to LE, but are both non-paraneoplastic in origin and seronegative with respect to the previously known immunological typing by autoantibodies. This gray area of nosological entity represents a diagnostic and therapeutic challenge.

Conclusions: The authors would like to point out the importance of an adequate diagnosis of the forms of LE that have been nosologically classified so far and are partly well treatable. Limbic encephalitis is an important differential diagnosis in dementia, especially in young patients with atypical courses. There is a need for further research regarding better diagnosis and therapy of the so far immunologically unidentifiable forms of clinical LE.

Literature:

Bazir Ahmad et al., Practical Neurology 2011

Guidelines of the German Neurological Society (DGN), 2008

Leypoldt et al., Akt Neurol 2012

Prüss et al., Neurology 2012

Disclosure of Interest: None Declared

EPV0797

Investigation of cytokine imbalance in schizophrenia, assessment of the possible role of serum cytokine levels in predicting treatment response, prognosis and psychotic relapses

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Introduction: Schizophrenia, a multisystem chronic psychiatric disorder of unknown etiology, is associated with several immune dysfunctions, including abnormal levels of circulating cytokines. Existing evidence shows a potential causative role for cytokines in schizophrenia symptom development. Furthermore, disease duration, symptom severity, aggressive behavior, and cognitive deficits are correlated with levels of certain cytokines. Despite the development of new antipsychotics, the negative and cognitive symptoms of schizophrenia often do not respond adequately to pharmacotherapy.

Objectives: Research questions and hypotheses: 1. Can there be a cytokine or cytokines among the different cytokine levels detected in schizophrenia that can be used as biomarkers of treatment response? 2. Can changes in cytokine levels indicate the occurrence of psychotic relapse? 3. Can changes in the cytokine level play a role

in predicting the prognosis of the disease? The secondary objectives of the planned research, in addition to the above, are to clarify the knowledge gathered so far about the relationship between cytokine level changes and the clinical symptoms associated with them.

Methods: We investigate cytokine levels, blood samples are taken on hospital admission. Based on the publications, we mainly focus on the IL-2, IL-4, IL-6 and IL-10 levels, which can serve as possible predictive biomarkers relating to treatment response. We will also assess the possible role of abnormal cytokine levels and their association with symptoms severity and their potential clinical implications. The severity of the symptoms is monitored with the PANSS.

Results: 15 schizophrenic patients who were hospitalized due to a psychotic relapse have been included. Blood samples were taken to measure cytokine levels, the PANSS scale was recorded during a psychotic relapse. We have included 9 healthy, age- and gender-matched healthy controls in the study, from whom blood samples were taken to measure cytokine levels. Preparation for measurement of cytokine levels is underway. Patient involvement is ongoing.

Conclusions: A better understanding of cytokine imbalance in schizophrenia patients can potentially help in early diagnosis, novel therapeutic target identification and development, patient stratification for choosing the best therapeutic protocol, and predicting prognosis, relapse and treatment response.

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Spirituality is Associated with Immune Parameters and Disease Activity in Primary Sjögren’s Syndrome: A Cross-Sectional Study

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Introduction: The role of spirituality in health and disease is a complex and emerging area of research. Incorporating spirituality into the bio-psycho-social model of health and disease leading to the bio-psycho-social-spiritual model provides a more comprehensive framework. In this context, chronic disorders like primary Sjögren’s syndrome (pSS) are of interest due to their intricate interactions between biological, psychological, and spiritual factors.

Objectives: To study possible relationships between spirituality, immune parameters, and disease activity in pSS patients.

Methods: Patient recruitment for the study took place at the Autoimmune Sjögren specialty clinic, University of Debrecen, resulting in 112 patients. Assessing spirituality of the patients happened through 4 direct questions and the Spirituality