

Objectives: To assess the linkage and contribution of cognitive impairment to the maintenance and severity of GAD; to determine which specific domains of cognitive function are impaired in patients with GAD; and to examine age differences regarding cognitive impairment in GAD patients

Methods: A systematic literature search was executed using the PubMed and Google Scholar databases from 1960 to 2023 and the keywords “generalized anxiety disorder”, “anxiety disorder” “cognitive function”, “cognitive dysfunction”, “cognitive impairment”, “late-life”, “young”, “adult”, and their combination.

Results: Anxiety and worry, as main characteristics of GAD, were shown to be linked and manifested by deficient attentional control, a main function of working memory. Attentional control functions are biased toward threats, which, in turn, hinders cognitive processing efficiency. Moreover, several structural and electrophysiological impairments could be linked to cognitive dysfunction in people with GAD. For example, patients with GAD showed reductions in gray matter volumes, especially in the regions of the hip, midbrain, thalamus, insula and superior temporal gyrus. The hippocampus, middle cingulate gyrus, putamen and head of the caudate nucleus also showed lower activity in response to the neutral words. Also, GAD patients have better inhibitory control, which may be associated with more severe symptomatology. These results are consistent with attentional control theory, which posits that worry might negatively impinge on inhibition and set-shifting. In terms of age differences, we observed that GAD in elderly patients is associated with impairment of short-term and delayed memory. In young adults, GAD is associated with various cognitive impairments, particularly in selective attention, working memory, cognitive flexibility, planning ability or efficiency, and other executive functions (EF).

Conclusions: To sum up, we observed that GAD is associated with worse cognitive functioning in several domains. Further research into cognitive dysfunction in GAD is needed to better understand the impact on daily living and to allow more tailored treatment strategies including medication, therapy and interventions targeted to improve specific cognitive domains.

Disclosure of Interest: None Declared

EPV0089

Treatment of Misophonia with Cognitive Behaviour Therapy: A Case Report

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Introduction: Misophonia is a condition characterized by extreme emotional reactions, such as irritation or anger, triggered by specific sounds. Despite its prevalence, there is a lack of evidence-based treatment methods for misophonia.

Objectives: This case report aims to explore the effectiveness of combining psychoeducation with Cognitive Behavioral Therapy (CBT) in the treatment of a misophonic patient. The focus is on reducing the patient’s emotional distress and improving their quality of life.

Methods: The patient is a 28-year-old woman employed as a salesperson in a busy city. Mouth smacking, gum chewing and clock

ticking are the sounds that bother her the most. She has never used any medications or attempted any methods to alleviate her misophonia. Neither she, nor her family has a history of a psychiatric disorder. The therapeutic intervention spanned eight sessions, each lasting around half an hour. The first two sessions, a patient history was taken and Misophonia Interview Scale (MIS) was conducted. MIS comprised the Misophonia Checklist (MCL), which involved reading fifty misophonic sounds to the patient one by one. She then rated her discomfort in response to each sound on a four-point Likert-type scale. From the MCL responses, a total severity score (Misophonia Total Score - MTS), was calculated.

The treatment commenced with a psychoeducational component focused on enhancing the patient’s comprehension of misophonia. This phase aimed to elucidate the neurobiological underpinnings of the condition, common triggers, and the emotional reactions associated with it.

Then, CBT was employed to identify and challenge the patient’s negative automatic thoughts (NATs) linked to her misophonia. Three sessions primarily concentrated on identifying and managing NATs associated with her misophonia. These sessions equipped the patient with the skills to recognize and confront NATs through structured discussions and practical assignments.

The last three sessions centered on exposure therapy, with the goal of reducing emotional and physiological responses to triggers. Homework assignments during this phase encouraged the patient to independently practice exposure exercises.

Results: The initial MTS was 54, indicating significant distress. After the interventions, the final MTS decreased to 35 and the impact of misophonic symptoms on her life decreased from severe to moderate.

Conclusions: Misophonia is a challenging disorder to treat due to its limited evidence-based interventions. This case report demonstrates that a combination of psychoeducation and CBT methods may hold promise in managing misophonic symptoms. However, it is essential to acknowledge the need for further research in this area, as misophonia’s treatment strategies require more robust empirical support. This case highlights the potential benefits of psychoeducation and CBT, emphasizing the need to explore and develop effective treatments for this debilitating condition.

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EPV0090

Anxiety disorders and Quality of life: The Role of Occupational Therapy

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Introduction: Anxiety disorders represent the most common mental illnesses, which are listed among the ten most important causes of disability worldwide. According to DSM-5, they are defined as “disorders that share characteristics of excessive fear and anxiety and

related behavioral disorders⁷. Patients exhibit low levels of quality of life. Their daily routine is affected negatively. However, Occupational Therapy has been proven to play a crucial role in their treatment, improving quality of life through the involvement in occupations.

Objectives: To highlight the contribution of Occupational Therapy in ameliorating the quality of life in anxiety disorders.

Methods: A review of 50 articles -from 2013 to 2023- on PubMed and Google Scholar, regarding the beneficial impact of Occupational Therapy in the Anxiety Disorders' treatment.

Results: Occupational Therapists can intervene in many negatively affected -by the disease- life domains such as: Activities of Daily Living, Education, Work, Play, Social Interaction and Sleep. The most effective Occupational Therapy methods are based on the cognitive behavioral approach and include: Psychoeducation, Relaxation techniques, Social skills training and Systematic desensitization.

Other methods involve training in Activities of Daily Living such as feeding, maintaining good personal hygiene, and using public transport. Furthermore, Art Therapy (visual arts, use of clay) has been shown to reduce feelings of anxiety, while promoting creativity and enhancing self-esteem.

Conclusions: Additional research is needed regarding the effectiveness of Occupational Therapy in improving the quality of life for patients suffering from Anxiety Disorders. The important "take home message" is that the amelioration of the patients' quality of life should be the main goal of the therapeutic intervention and not a secondary result of it.

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EPV0091

The multimodal psychotherapy of the anxiety disorders patients

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Introduction: Anxiety disorders are a common type of mental pathology with severe social and medical consequences in the lives of people suffering from them. General population studies indicate their prevalence ranges from 1.7% to 4.7% of the population. According to data from a US national study among the population aged 15 to 54 years, only 2.7% and 4.7%, respectively, suffered from panic disorder, one of the common types of anxiety disorders, during their lifetime. At the same time, the features of the emotional structure of anxiety disorders and the effectiveness of their psychotherapy among the population of low-income countries, especially in countries in a situation of prolonged bloody war and environmental disaster, remain poorly studied.

Objectives: The purpose of the study was to identify the features of the emotional symptomatic structure of anxiety disorder and evaluate the effectiveness of their psychotherapeutic correction. For this purpose, 180 patients with anxiety disorders who were hospitalized in Ukraine (during the period 2022 - 2023) were examined.

Methods: The basic method was group psychotherapy with elements of rational, positive, suggestive and family psychotherapy. Regarding emotional disorders, cognitive behavioural therapy (CBT) was used for phobic-depressive and anxiety-depressive syndromes.

Results: Most patients experienced a decrease in the level of general anxiety and internal anxiety. Almost no spontaneous occurrence of fear was observed. During active interviewing, patients stated that their previous anxieties and fears had lost their relevance and acquired clear emotional overtones. There was also a significant decrease in the symptoms of the depressive cycle, and patients began to feel joy and optimism.

Conclusions: To correct emotional dysfunction in patients with episodic paroxysmal disorders, generalized anxiety disorders and mixed anxiety-depressive disorders, it is optimal to use a system of psychotherapeutic correction built on stepwise and multimodal principles.

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EPV0092

Effects of adding acupuncture to group psychotherapy for anxiety

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Introduction: Acupuncture has long been used in treating anxiety, and a literature exists on its effectiveness. However, acupuncture is rarely covered by government insurance (Medicaid or Medicare) or even by many commercial insurance carriers in the United States, making it inaccessible to those who cannot pay separately.

Objectives: We asked if adding acupuncture to an anxiety group would improve outcome.

Methods: We provided acupuncture during group psychotherapy for anxiety as a non-billable service. This was feasible since patients were already being billed for group psychotherapy. A physician and a social work intern led the group. At the start of the group, the physician went around the circle of group members and inserted acupuncture needles, using points in the ears, head, hands, feet, and, in the summer, arms and lower legs). The size of the group ranged from 4 to 12 people. We used Battlefield auricular points, the four gates (Large Intestine 4 and Liver 3, bilaterally), and GV24, GV29, Ht7, and Sp6. Sometimes, other points were added for other symptoms (back pain, neck pain, etc.) People sometimes joined the group without anxiety as a core problem in getting access to acupuncture. A core group of patients formed who came weekly while others came and went. The Hamilton Anxiety Scale measured anxiety after treatments 4, 8, and 12. The group lasted 90 minutes and consisted of mindfulness training, guided imagery, and CBT for anxiety. All patients met the criteria for generalized anxiety disorder. The t-test procedure was used to compare the differences between the means for the two groups.

Results: Thirty-five patients received acupuncture, while another 55 patients attended the group and did not elect to receive acupuncture. All patients were covered by MaineCare health insurance, Maine's version of Medicaid. All patients had multiple other medical problems, which was why they were referred to the group. Seventy percent of the patients were women, and 30% were men. The average age was 40.1 years. Anxiety ratings on the Hamilton Anxiety Scale decreased by the last time measured for those not receiving acupuncture by an average of 5.17 points (S.D. 2.9; n = 55). Anxiety ratings for those receiving acupuncture decreased by an average of 7.19 points (S.D. 2.5, n = 35). The difference of the means was -2.02 (S.E. 0.595; 95% CI = -2.203 to -0.837; t = -3.394; p = 0.001).