

the photographs, a circle (Go stimuli) or a square (NoGo stimuli) was presented.

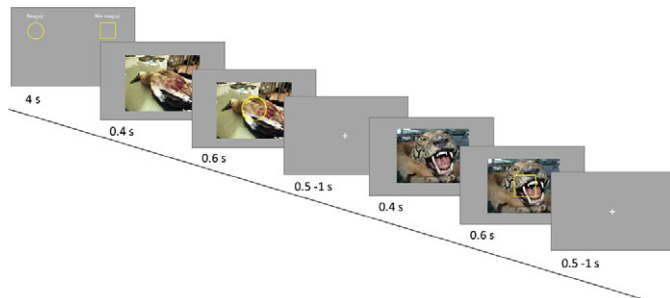


Fig. 1. Schematic illustration of the negative NoGo block. Participants were instructed to react to a yellow circle and to withdraw their reaction when presented with a yellow square.

Results: We found that HC and CSA- had slower reaction time in negative compared to neutral condition (regardless of the block type), while CSA+ did not. Consequently, HC and CSA- showed increased activation in the right dorsolateral prefrontal cortex (DLPFC) in negative compared to the neutral condition, what was not observed in CSA+.

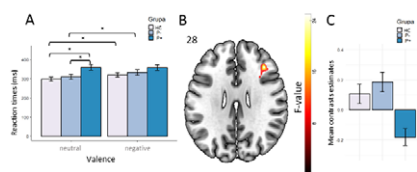


Fig 2. Graphical representation of the results. A) Reaction times for Go stimuli in neutral and negative blocks; * $p < 0.05$. B) Region of a significant between-group difference, in DLPFC, for contrast (Negative NoGo + negative Go) > (Neutral NoGo + Neutral Go) ($p < 0.001$, FWEC $p < 0.05$). C) Mean contrast estimates extracted from a 3mm sphere around the peak in DLPFC for illustrative purposes.

Conclusions: DLPFC is crucial for cognitive control, however, the activity of this region is modulated by emotional valence. Reduced engagement of dlPFC in CSA+ in negative condition (irrespective of the task instructions), suggest that negative emotions in CSA+ disrupt also other aspects of cognitive control, rather than inhibition specifically.

Keywords: Pedophilia; child sexual offending; emotion; cognition

EPP0812

Executive functions and theory of mind across age: The role of cognitive flexibility in perspective-taking skill

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Introduction: Research has demonstrated that greater cognitive flexibility and perspective taking skills are associated with positive outcomes throughout the lifespan. Cognitive flexibility is a core component of executive function allowing us to control goal-directed behaviour and to face new and unexpected conditions in the environment. Perspective-taking or Theory of Mind (ToM)

refers to the capacity to make inferences about and represent others' point of view, mental states and intentions.

Objectives: The aim of this study was to assess age-related effects on executive functions and the role of cognitive flexibility in perspective-taking skills.

Methods: Two age groups (34-44 years and 45-55 years) were compared on a task-switching paradigm the MATeM neuropsychological software (Maria Grazia Inzaghi, 2019) and all participants completed the Edinburgh Handedness Inventory (Oldfield, 1971), the IRI Interpersonal Reactivity Index (Davis, 1980), the RMET Reading the Mind in the Eyes (Baron-Cohen, 2001) and the BIDR-6 Balanced Inventory of Desirable Responding (Paulhus, 1991).

Results: suggested that increased age was associated with decreased set-shifting, perspective-taking, mindreading abilities and increased tendency to give overly positive answers (socially desirable responding). Furthermore, participants with reduced cognitive flexibility (higher switch cost) were less able to attribute mental states to others and to appreciate another person's point of view.

Conclusions: It can be argued that readiness to appropriately adjust one's behaviour according to a changing environment is related to flexibly shift between conflicting psychological perspectives. Future research include training studies which would further our understanding of these relationships and allow more effective cognitive and social interventions.

Keywords: Executive functions; theory of mind; cognitive flexibility

EPP0813

Neuron-specific enolase during the therapy in patients with alcohol use disorder and mood disorders

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Introduction: Studies of the pathophysiology of mental disorders indicate the involvement of neurobiological processes, including the release of neurospecific proteins in biological substances.

Objectives: The purpose of this study was to research the level of neuron-specific enolase in patients with alcohol use disorder and mood disorders during the therapy.

Methods: The studied groups included patients with alcohol use disorder (AUD, F10.2, ICD-10; n=41), patients with mood disorders (MD, F32, F33, ICD-10; n=39), patients with co-morbidity of AUD and MD (n=31) and 20 healthy controls. Severity of depressive symptoms was assessed with HDRS-17 and CGI-S scales. The concentration of NSE were measured in serum by enzyme immunoassay. Participants of the study were examined with clinical scales and laboratory analysis at baseline and on the 28th day of treatment. For statistical analysis we used the SPSS software.

Results: The results of the study showed that all patients are characterized by an increased level of NSE ($p > 0.005$ compared with