the topography of the cerebral lesion, supported the hypothesis of a frontal or temporal lobe epilepsy with psychiatric presentation. A therapeutic trial of carbamazépine was conducted at a dose of 11 mg/kg/day.
The response was rapid and dramatic. The auditory hallucinations disappeared, the patient regained behavioral and emotional stability. The diagnosis of partial epilepsy was retained.
Conclusions: This case highlights the importance of considering epileptic disorders as part of the differential diagnosis in cases of persistent psychosis unresponsive to antipsychotics. Even in the absence of overt seizures or abnormal EEG findings, psychiatric symptoms may represent the sole manifestation of a hidden epileptic process, particularly when brain lesions are present.

Disclosure of Interest: None Declared

EPV378

Virtual Reality as a facilitator for social participation among persons with mental health and substance use disorders

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Introduction: Individuals with co-occurring mental health and substance use disorders (MHD/SUD) often face exclusion, double stigma, and challenges in their daily lives. Virtual Reality (VR) has been used in the treatment of substance use and mental health issues, but little is known about the target groups' behaviour and attitudes towards this technology and how it may be useful in addressing marginalization.
Objectives: To explore, develop, and evaluate the potential of using VR in the recovery process for individuals with MHD/SUD to enhance their social participation and improve quality of life.
Methods: The study is interdisciplinary and multisectoral and consists of three phases which built upon each other and follow the VR-CORE-framework: In phase 1, in-depth interviews were conducted with MHD/SUD-patients, focus groups with healthcare providers, and an interview survey with 100 MHD/SUD-patients to explore barriers and facilitators for social participation. In phase 2, we used these data to co-create with users a VR intervention, which was pre-tested among the target group. The final phase is a two-arm, statistician-blinded, pragmatic, multi-cite, randomized controlled trial (RCT), where we are testing the effect of the VR intervention versus standard treatment among MHD/SUD-patients in specialized addiction treatment. Primary outcome is general functioning, measured by the World Health Organization Disability Assessment Scale (WHODAS) 2.0 at 6 months post-intervention.
Results: Based on the exploratory studies in phase 1, a VR intervention was developed in phase 2, resulting in three learning modules addressing social cognition, social communication skills, and social competence. The pre-test indicated that VR could provide an opportunity for MHD/SUD patients to practice social skills in a protected environment. The RCT is still ongoing, see CONSORT flow diagram (Figure 1).
Conclusions: The expected results will have implications for the quality of life of individuals with MHD/SUD, including other marginalized groups. Offering VR may have positive effects on the delivery of healthcare services to groups that are otherwise hard to reach, and it may also have economic implications by making more resources available to expand services for those in greatest need.

Disclosure of Interest: None Declared

EPV379

Eating Disorders and Emotional Intelligence: which relationship?

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Introduction: Eating disorders (ED) represent a major mental health concern and are often associated with emotional and interpersonal difficulties. Emotional intelligence (EI), defined as the ability to perceive, understand, and regulate one's own emotions as well as those of others, may play a key role in understanding and managing these disorders.
Objectives: This study aimed to examine the relationship between ED and EI.
Methods: We conducted a cross-sectional, descriptive, and analytical study among 161 Tunisian participants via an anonymous online questionnaire (Google Forms). Two validated French instruments were used: the Eating Attitudes Test (EAT-26) to assess ED risk and the Schutte Self-Report Emotional Intelligence Test (SSEIT) to measure EI.
Results: The mean EAT-26 score was 13.60 ± 13.85 (range: 2–75), with 33 participants (20.5%) scoring ≥ 20, indicating a high risk of ED. The mean SSEIT score was 115.52 ± 26.23 (range: 33–165), with 54% of participants (n = 87) displaying average levels of EI. Pearson correlation analysis revealed a significant negative association between EAT-26 and SSEIT scores ($r = -0.40$; $p<0.001$), indicating that higher ED risk was associated with lower EI. Furthermore, participants at low risk for ED had significantly higher mean EI scores (119.41) than those at high risk (100.39) ($t = 3.07$; $p=0.0038$).
Conclusions: Our findings highlighted a significant association between ED and EI. Lower EI is linked to increased risk of ED, suggesting that interventions targeting emotional skills may be valuable for prevention and management of these disorders.

Disclosure of Interest: None Declared

EPV381

Dissociative Amnesia with Regressive Features in a Patient with Multiple Sclerosis: A Case Report

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Introduction: Multiple sclerosis (MS) is a chronic neuroinflammatory disorder frequently associated with psychiatric comorbidities

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