consciousness "+" (a- / hyperkinetic mutism with emotional reactions, understanding of addressed speech);
2nd - 67 (32%) patients had manifestations of physical and cognitive abilities with minimal consciousness "-" (a- / hyperkinetic mutism without emotional manifestations and understanding of addressed speech);
3rd - 95 (40%) patients had only the manifestation of physical capabilities at the exit from the vegetative status.
4th - 11 (10%) patients had a low manifestation of mental activity in the form of physical capabilities with a vegetative status.
Conclusions: 4 variants of mental activity in children after acute severe brain damage have been identified: from minimal involuntary reactions or their absence in vegetative status to voluntary actions according to the instructions of an adult in minimal consciousness "+". Taking into account the variability of mental activity helps to differentiate the methods of psychiatric and psychological-pedagogical assistance in the recovery of children already in the early stages of rehabilitation.

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EPP0108

Schizophrenia and Polycythemia Vera: A Case Report

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Introduction: Schizophrenia is a severe mental disorder marked by abnormal interpretations of reality, often resulting in hallucinations, delusions, and disordered thinking that significantly impairs daily functioning and can be disabling. Lifelong treatment is necessary, and early intervention can help manage symptoms and improve long-term outcomes.
Polycythemia Vera (PV) is a chronic myeloproliferative neoplasm causing an excess of red blood cells in the peripheral blood (polyglobulia). While the disease typically presents with symptoms, it can also be asymptomatic and discovered incidentally during routine laboratory tests, leading to a diagnosis of polycythemia when no secondary cause is apparent.
While early 20th-century literature linked PV to intense neurological and psychiatric symptoms, contemporary studies rarely make such references.
Objectives: The aim of this study is to explore, through a clinical case of a patient undergoing treatment for treatment-resistant schizophrenia with clozapine, and concurrently diagnosed with Polycythemia Vera, the potential causes of this condition. We seek to discern whether it represents mere comorbidities or if Polycythemia Vera is an adverse effect of antipsychotic treatment, particularly with clozapine.
Methods: A 41-year-old patient, with a history of cranial trauma at the age of 5 and 19 years of treatment for schizophrenia, also has a tobacco use disorder. While hospitalized for the management of symptomatic reactivation of schizophrenia, despite being on clozapine, the patient underwent various therapeutic combinations with no observed clinical improvement. A few months later, follow-up blood tests indicated an elevation in all blood cell lines. An internal medicine consultation was sought, resulting in the diagnosis of Polycythemia Vera.
Results: The evaluations conducted led us to the conclusion that there are two distinct nosological entities, with the treatment of the psychiatric condition revealing true polycythemia. Even after reducing the doses of clozapine and changing the atypical antipsychotic, all subsequent evaluations showed no effectiveness in managing the psychiatric disorder or improvement in the hematological condition.
Conclusions: In summary, schizophrenia is a severe and lifelong mental disorder requiring early intervention for symptom management. Polycythemia Vera (PV), a myeloproliferative disorder, typically presents with symptoms but can also be asymptomatic.
While early literature linked PV to intense neurological and psychiatric symptoms, contemporary studies seldom reference such associations. The coexistence of schizophrenia and PV in a patient underscores the need for comprehensive and interdisciplinary care to address the complex interplay between mental and physical health. Further research is needed to deepen our understanding of concurrent psychiatric and hematological conditions.

Disclosure of Interest: None Declared

EPP0109

The Impact of Internet Use on the Parameters of Attention in Adults

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Introduction: Internet use in the adult population is growing at alarming rates. The latest statistical data show an average internet usage time of 6 hours and 58 minutes (2023), an increase of 1% compared to 2021. Research studies on the influence of the excess use of internet on attention is in its prime years, and clear steps need to be made in an attempt to clarify current hypotheses and to find effective methods for prevention. Nowadays, one of the most powerful influences on attention is the use of the internet, which, more often than not, crosses the line of addiction.
Objectives: The initial hypothesis is that in the event of exposure to a high number of stimuli, the ability to switch attention to a single task may only be possible at a superficial level. The aim of this study was to assess the impact that excess internet use has on the ability to maintain attention in the adult population. The present study aims to sketch a well-established structure and direction of research in the field of attention and its effects on human functioning.
Methods: Using the DSM 5-TR diagnostic criteria for pathological Internet gaming disorder we enrolled 60 people who expressed their consent to participate in the study. We check psychiatric comorbidities using SCID II. As a method for evaluating changes in the level of attention, we used of the Stroop test. The results were analysed with the SPSS program (version 23).
Results: The results showed a marked decrease in the ability to maintain attention, without increasing the number of stimuli. Although excessive Internet use leads to changes in attention parameters, research in this area is scarce and incomplete.

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