

symptomatology. Analysis of the data regarding patients' coping with stress shows that constructive coping strategies are more frequent in both groups. Thus, "problem solving" (24.3 points in GS and 22.9 points in MPO) and "search for social support" (23.0 points and 22.7 points, respectively), that is patients of both groups are generally oriented to a productive way of coping with difficult situations and are ready to seek help from others in a difficult situation. Notably, the strategy of "problem avoidance" is less pronounced (18.5 points and 19.4 points, respectively). The high resilience scores in the GS group (32.5 points), comparable to the norm in the population (33.1 points), are explained by long-term comprehensive psychosociorehabilitation, while the resilience scores in the MPO group are lower - 28.7 points. Negative symptoms of schizophrenia were equally pronounced in both groups, manifested by difficulties in communication (2.6 points each), passive-apatetic social withdrawal (2.7 points each). Such negative symptoms as blunting of affect and emotional indifference were more pronounced in the MPO group - 3.2 points each vs. 2.8 points in the group from the GS.

**Conclusions:** High levels of resilience and ability to cope with stress as a result of psychosociorehabilitation intervention allow patients to overcome difficult life circumstances more flexibly. They are associated with less pronounced negative symptoms, which generally helps prevent psychosis relapses and contribute to a more favorable course and prognosis of schizophrenia.

**Disclosure of Interest:** None Declared

## EPV0966

### Understanding the Complex Relationship Between Gastrointestinal Symptoms and Psychosocial Factors in Schizophrenia

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**Introduction:** Insensitivity to pain in schizophrenia is a complex phenomenon. Understanding schizophrenia's heterogeneity is crucial for personalized treatments.

**Objectives:** Individuals diagnosed with schizophrenia often experience gastrointestinal issues and exhibit elevated levels of depression and anxiety. There is an urgent need to understand how these factors interact and how childhood traumas, a significant risk factor for schizophrenia, can affect gastrointestinal symptoms in these individuals.

**Methods:** The study involved 51 individuals diagnosed with schizophrenia. The hierarchical cluster analysis on the principal components (HCPC) was performed to identify groups of similar observations for test scores and the overall results for 14 tests. Hierarchical clustering was performed using Ward's minimum variance method. Differences in the results of individual tests between clusters were estimated using the *V* test.

**Results:** The schizophrenia group was categorized into three clusters. The patients belonging to the first cluster are characterized by

high GAF test scores and low scores on tests for gastrointestinal symptoms, ITQ, CTQ, GHQ-28, STAI, CALGARY, BDI II, SAMPS, SANS, and PANNS. In contrast, patients in the second cluster had scores significantly above the group average on the tests SANS, PANNS, and SAPS and low scores on the tests DBZ RZ, CTQ, STAI, BDI II, ITQ, and GAF. Finally, patients in the third cluster had high scores on the tests BDI II, ITQ, STAI, CTQ, GHQ 28, DBZ RZ, gastrointestinal symptoms, TEC PL, CALGARY, and CISS. High CTQ scores may contribute to increased GSSR scores due to childhood trauma's potential to trigger chronic stress, affect the nervous system, and induce psychosomatic symptoms, including gastrointestinal problems. Elevated BDI II and STAI scores can also impact GSSR results by disrupting the connection between emotions and the gastrointestinal system.

**Conclusions:** This research underscores the intricate interplay of various psychosocial and physiological factors that influence the perception of pain related to gastrointestinal symptoms in individuals with schizophrenia.

**Disclosure of Interest:** None Declared

## EPV0967

### "Folie à deux," or shared psychosis: A case report

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**Introduction:** "Folie à deux," or shared psychosis, is a fascinating psychiatric phenomenon characterized by the transmission of delusional beliefs and psychotic symptoms from one individual (the "inducer") to another (the "recipient") who share a close emotional bond. Despite its rarity, "Folie à deux" presents unique challenges and insights into the understanding of psychosis and the intricacies of interpersonal relationships.

**Objectives:** The primary objective of this review is to analyze the recent clinical literature on "Folie à deux" to better comprehend its clinical presentation, diagnostic criteria, etiological factors, and therapeutic approaches. By synthesizing the latest research findings, we aim to enhance the awareness and understanding of this intriguing phenomenon among mental health professionals.

**Methods:** A case report of a couple of a 34-year-old male and a 43-year-old female with a shared delirium. The male was brought to the emergency department by ambulance after being found in the street with behavioral disturbances and delusional symptoms. Individual interviews with both members of the couple revealed shared delirium. He was admitted to the psychiatric ward for the clinical picture consisting of a chronic delusional disorder of years of evolution and new symptoms such as restlessness and behavioral disturbances.

**Results:** The review reveals that "Folie à deux" remains a rare but clinically relevant phenomenon, with reported cases spanning diverse cultural and familial contexts. Diagnostic criteria, as outlined in the DSM-5, have been useful in guiding clinicians in identifying and managing cases. The literature emphasizes the importance of a thorough psychiatric evaluation to distinguish "Folie à deux" from other psychopathological conditions. Recent