

patients and relatives. We asked relatives to respond by “yes/no/I am not certain” to the questionnaire including items dealing with symptoms and optimal cures for schizophrenia.

Results: The mean age of the relatives was 60.8 years; 71.9% were parents; 37.5% were illiterate; 46.9% reported having another family member with a mental disorder (MD) and 15.5% of relatives were able to label the term “schizophrenia”. Nine participants (28%) believed that the patient makes shame to the family’s member and 72% of them was convinced that patient is dangerous. The majority of participants (90.6%) proved the need for drugs and 65.6% attested the utility of psychotherapies. However, they believed in non-medical practices such as reading Holy Koran verses (87.5%), charity and exorcism (62.5%). Family history of MD was correlated to traditional practices ($p=0.038$). The belief that patient is dangerous and that he makes shame were associated with advanced age of relatives ($p=0.000$ and 0.037 respectively). Significant correlation was found between non-medical practices and erratic follow-up ($p=0.043$).

Conclusions: This study points out the need to improve the psychoeducation of family members of persons with schizophrenia.

Keywords: families’ beliefs; schizophrenia

EPP1167

Beliefs about schizophrenia’s causes among family members

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Introduction: Investigating family members’ causal beliefs regarding schizophrenia is an important step in the management of the illness; it may affect adherence to treatment of patients with schizophrenia.

Objectives: To investigate the beliefs about the causes of schizophrenia among families of patients with schizophrenia.

Methods: We led a cross-sectional descriptive study involving 32 family members of patients suffering from schizophrenia who were followed in the psychiatry department of Hedi Chaker University Hospital in Sfax (Tunisia), between May to September 2019. Data was collected from the medical records and the questionnaire designed to the study.

Results: The mean age of the relatives was 60.8 years, with a sex-ratio of 1.6. The relatives included 20 fathers (62.5%), six wives (18.8%), three mothers (9.4%), and three sisters (9.4%). Among them, 37.5% were illiterate; 37.5% lived in rural area. Fourteen participants (43.8%) had cited at least two possible causes of schizophrenia. The most frequently cited causes were emotional shock (81%) and god’s will or fate (72%) followed by witchcraft (37.7%). The belief of God’s will and fate was associated with poor compliance to treatment ($p=0.06$). The belief of supernatural cause was correlated to rural origin ($p=0.000$) and advanced age of participants ($p=0.000$). Significant correlation was also found between family history of mental disorders and beliefs on hereditary causes ($p=0.000$).

Conclusions: These results suggest that family members of patients suffering from schizophrenia need to be better informed about its main causes to improve both compliance to treatment and social integration of these patients.

Keywords: schizophrenia’s causes; family members

EPP1169

Therapeutic implications of structural and functional neuroimaging findings in delusional disorder: A case report and review of literature.

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Introduction: Several neuroimaging studies on psychosis spectrum have been published in the last decades, most of them based on schizophrenia. In the context of neuroanatomical dysfunctions, clinical and prognosis implications have been reported. Nevertheless, only a few studies have been focused on delusional disorder (DD).

Objectives: To present the case of a patient diagnosed with DD who suffered from two cerebrovascular events after the onset of the psychiatric disease. Our aim is to elucidate potential implications of those lesions on the course of DD. We also reviewed the literature to assess evidence for specific changes in DD on brain structures and functions.

Methods: Case report and non-systematic narrative review in PubMed (2000-2020).

Results: Case report: A 66-year-old female with DD presenting, during the course of the disease, general atrophy and consecutive ischemic lesions on parietal, occipital and cerebellar areas. Clinical stabilization was achieved 12-16 months after risperidone 1.5mg/day treatment. Review: 19 studies were included: Structural brain data ($n=15$), Functional data ($n=13$). Most of the structural neuroimaging studies reported white and gray matter abnormalities, particularly in temporal, parietal and frontal lobes, and in limbic structures. Functional neuroimaging studies pointed to temporal and parietal lobes, as well as basal ganglia and limbic related structures.

Conclusions: Temporal, parietal, frontal, basal ganglia and limbic-related structures, as well as dysfunctions in other specific brain regions, may be implicated in the core symptoms of DD. These findings might be further investigated as potential neuroimaging markers of prognosis, such as partial or delayed response to antipsychotic treatment, as presented in our case.

Keywords: Brain imaging; Delusional disorder; Paranoia; Brain changes

EPP1170

The relationship between combined antipsychotic use and clinical features in schizophrenia spectrum patients treated in inpatient ward: A retrospective study

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Introduction: The combination of antipsychotics can be seen in up to 70% due to the presence of resistance to treatment, aggression, sleep disorders, and self destructive behavior in psychosis spectrum disorders in clinical practice. More side effects were observed in patients using antipsychotic combinations.

Objectives: The aim of this study is retrospectively investigate the sociodemographic and clinical characteristics differences between antipsychotic combination and monotherapy groups

Methods: The files of 754 cases admitted to the hospital from the first day of January 2013 to the last day of December 2016 were reached. Patients diagnosed as according to DSM-5 “Schizophrenia Spectrum and Other Psychotic Disorders” were included. From the files of these cases, sociodemographic characteristics, disease characteristics and antipsychotic properties (clozapine use, combined antipsychotic and depot antipsychotic use) were used. Pearson chi-square test and student t test were used in data analysis

Results: Age was significantly lower in patients treated with combined antipsychotics than patients receiving monotherapy ($t = 2,264, p = 0.026$). Age of onset of psychosis was significantly lower in patients treated with combined antipsychotics ($t = 2,771, p = 0.007$). Education level was also found to be lower in this group ($t = 2,333, p = 0.02$). The duration of hospitalization was longer in patients treated with combined antipsychotics ($t = 3,069, p = 0.002$).

Conclusions: There were statistically significant differences between the patients treated with combined antipsychotics compared to the group treated with monotherapy. These are the differences in the age of onset of psychosis, education level and duration of hospitalization.

Keywords: psychosis; antipsychotic; clozapine; combined antipsychotic

EPP1171

Case series of delusional parasitosis in an emergency department: Sociodemographic features and clinical outcomesA. Guàrdia^{1*}, A. González-Rodríguez¹, M. Betriu¹, F. Estrada², M. V. Seeman³, I. Parra Uribe¹, J. Labad⁴ and D. Palao Vidal⁵

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Introduction: A delusion of parasitosis is defined as the fixed, false belief of infestation by invisible organisms or fibrous material of unknown origin. The differential diagnosis is true infection, substance use disorder, dementia or other neuropsychiatric disease.

Objectives: Our goal was to characterize delusions of parasitosis, classically named Ekbom syndrome, among individuals attending our emergency department (ED).

Methods: Over a four-year period (2017-2020), we carried out a retrospective case-register study of patients with DSM-5 Ekbom syndrome attending an ED that provides mental health services to an area of nearly 450.000 inhabitants in Sabadell (Barcelona, Spain).

Results: There were 13 eligible patients: 7 were diagnosed for the first time and 6 had multiple episodes. Female-to-male ratio was 1.6:1; average age was 56.9. The most common diagnosis was delusional disorder ($n=5;8.5%$), followed by schizophrenia ($n=3;23.1%$) and organic disorders ($n=2;15.4%$). Origin: Africa ($n=5;38.5%$), South-America ($n=4;30.8%$) and Spain ($n=4;30.8%$). Fifty percent showed poor treatment compliance. Antipsychotics used: risperidone ($n=8;61.54%$), olanzapine ($n=4;30.8%$). Five patients received antidepressants. Most patients had previously been seen by other medical specialties (internal medicine, dermatology and hematology). “Match box sign”: 7 patients (53.8%). Cerebral atrophy was present on brain scan in 4 patients. After discharge: acute psychiatric unit ($n=7$), outpatient appointments ($n=4$), day hospital ($n=1$) and 1 to a psychogeriatric unit.

Conclusions: Delusions of parasitosis are rare in our emergency department. The typical patient is a postmenopausal woman, a visitor or immigrant to Spain. Effective treatment requires a focus on cultural, gender, and age aspects, with close cooperation between psychiatry and other relevant specialties.

Keywords: Delusional parasitosis; Emergency department; Delusional disorder; Ekbom syndrome

EPP1172

Historical path of paraphrenia

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Introduction: Paraphrenia is a psychotic disorder characterized by an insidious development of a vivid and exuberant delusional system, accompanied by hallucinations and confabulations, without a personality deterioration. It is considered to be an intermediate entity between the disorganization of schizophrenia and the systematization of a delusional disorder.

Objectives: Develop knowledge about paraphrenia as an individualized diagnostic entity and its historical path through the classical authors' texts.

Methods: Extensive research on the historical path of the paraphrenia diagnostic entity was carried out, as well as the current situation of the term.

Results: In the German psychiatry it was Karl Kahlbaum who first introduced the term of paraphrenia. Later many authors of the German psychiatry delved into this diagnostic entity. Emil Kraepelin described four different subtypes of paraphrenia: paraphrenia systematica, expansiva, confabulans and phantastica. However, other authors such as Kleist or Bleuler, considered paraphrenia