

EPV1337

Risky Decision-Making in Schizophrenia: Examination of association between smoking, substance use and performance on the Iowa Gambling test: Pilot Study

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Introduction: There are two common hypotheses to explain such high comorbidity between nicotine dependence and schizophrenia (SZ): self-medication for decreasing psychiatric symptoms or common environmental risk factors can predispose to both nicotine dependence and other risky behaviors in SZ

Objectives: Little is known about the influence of cigarette smoking comorbidities such substance use disorder (SUD), criminal history, or risky decision among patients with SZ.

Methods: The Iowa Gambling test (IGT) was administered to thirty-nine patients with SZ of whom 69% reporting cigarette smoking. Both groups were evaluated using a socio-demographic questionnaire and clinical assessment using PANSS and self-report questionnaire the Barratt Impulsiveness Scale (BIS-11). To evaluate decision making was evaluated with the Iowa Gambling Task (IGT).

Results: The full SZ sample performed worse on the IGT than normal population. Smokers with SZ performed significantly worse than nonsmokers on the IGT primarily because they preferred "disadvantageous" decks to a greater degree. The PANSS and impulsivity tendencies (BIS-11) did not predict overall performance on the IGT. Smokers with SZ had impaired affective decision-making. Behavior suggested preferential attention to the frequency amount of gain and inattention to amount of loss suggesting impairments in risk/reward decision-making

Conclusions: This study is the first to compare IGT in smokers and nonsmokers with SZ with adjustment of SUD, criminal history, and existing tattoo to further examine IGT performance. These results support the hypothesis that comorbidities between nicotine dependence and SZ can be linked to other common factor that is associated with other externalizing behaviors in SZ.

Disclosure: No significant relationships.

Keywords: substance use; decision-making; schizophrénia; nicotine

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Catatonia; A Case Study and Literature Review

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Introduction: Catatonia is a state of apparent unresponsiveness to external stimuli in a person who is awake. More common in patients with unipolar major depression or bipolar disorder. Common signs: immobility, rigidity, mutism, posturing, excessive motor activity, stupor, negativism, staring, and echolalia. We will discuss a case of a 23 year old male with schizophrenia presented with catatonia and decompensation of his schizophrenia in the context of medication non-compliance. We will discuss findings from literature pertaining to catatonia and treatment strategies.

Objectives: - To discuss catatonia, its incidence in different psychiatric disorders. - To discuss literature pertaining to catatonia. - To discuss different treatment strategies

Methods: - Case study

Results: - Signs of catatonia: immobility, mutism, withdrawal and refusal to eat, staring, negativism, posturing, rigidity, waxy flexibility/catalepsy, stereotypy, echolalia, or echopraxia, verbigeration. - Diagnosis: Clinical, Lorazepam challenge. Bush-Francis Catatonia Rating Scale (BFCRS) - BFCR scale is used as the screening tool. If 2 of the 14 are positive, prompts further evaluation and completion of the remaining 9 items. - Differential Diagnosis include; Neuroleptic Malignant Syndrome, Serotonergic Syndrome, Malignant Hyperthermia, Akinetic Mutism, Delirium, Parkinson's disease. - Lorazepam can be scheduled at interval doses until the catatonia resolves. - ECT in combination with benzodiazepines is used to treat malignant catatonia. - Possible complications are Physical trauma, malignant catatonia (autonomic instability, life-threatening), dehydration, pneumonia, pressure ulcers due to immobility, muscle contractions, DVT, PE

Conclusions: Psychiatrists need to be diligent in evaluating patients with Catatonia for other comorbid psychiatric conditions, addressing these conditions and conducting a thorough assessment and prompt treatment.

Disclosure: No significant relationships.

Keywords: Catatonia; Lorazepam challenge; schizophrénia; ECT

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Capgras syndrome and poor facial emotion recognition

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Introduction: Capgras syndrome is a disorder of personal identification characterized by the delusional belief that one or more persons close to the subject have been replaced by physically identical doubles.

Objectives: To deepen our knowledge of the Capgras syndrome

Methods: A case report about a Capgras syndrome.

Results: We report the case of a 46-year-old female patient who was admitted in February 2021 for incoherent speech and behavior disorder against her family members. Three years ago, she started to have hypochondriacal concerns. A week before her admission, she threatened her husband with a knife and she was convinced that her daughters were dead and that they had been replaced by clowns. She had a Capgras delusion with a hallucinatory and interpretative mechanism against her daughters, she reported olfactory and cenesthetic hallucinations. Biological explorations and brain CT were normal. The PANNS scale showed a positive scale of 36, a negative scale of 39, the general psychopathology scale of 53. She had a total score of 30/40 on The Penn emotion recognition test. The patient had difficulty in recognizing low intensity emotions (0 or 1) and 50% of the false responses were for the neutral emotion with responses tending towards anger first and then sadness.

Conclusions: Capgras syndrome remains poorly described in the literature and the hypotheses concerning its origin often oscillate between neuropsychological and psychodynamic. With the recent