Introduction: Psychotic disorders have been consistently associated with aggressive behaviors. Psychiatrists are frequently asked to perform assessment regarding potentially aggressive patients. Thus, many psychometric instruments can be useful for identifying the risk of violence and thereby offering appropriate treatment for these individuals.
Objectives: The aims of this study were to assess the risk of agressive behavior in inpatients with schizophrenia or schizoaffective disorder and to determine its correlates.
Methods: Using face-to-face interviews, inpatients diagnosed with schizophrenia or schizoaffective disorder, in psychiatric department of the University Hospital in Sfax (Tunisia) were included in this cross-sectional, descriptive and analytical study, carried out between novembre 2020 and octobre 2022.
The modified overt aggression scale (MOAS) and historical clinical risk management-20 (HCR-20) questionnaire were used for data acquisition. The HCR-20 score of 20 was used as threshold to divide the sample to violent patients (scoring>20) and non-violent patients (scoring $\leq$ 20).
Results: The sample consisted of 60 male inpatients. The mean age was 38.23± 10.37 years.
In our sample, 68.3% were single, 35% didn't reach the secondary educational level, 16.7% used psychoactive substance(s), 35% had prior criminal record, 30% had a history of suicidal attempt and 81.7% had previous hospitalization.
The mean score of MOAS was 13.08±8.19. The mean total HCR-20 score was 19.25±5.26. The Historical, Clinical and Risk Management subscales showed mean scores of 8.33±2.96, 5.62±1.89, and 5.28±2.42, respectively.
The violent patients represented 45% of the sample.
The mean scores of the items H3, H10, C1, C2, C4 and R5 of HCR-20 were respectively : 1.33±0.79, 1.20±0.77, 1.22±0.88, 0.38±0.71, 1.30±0.64 and 1.28±0.73.
There was no statistical difference between the two groups in sociodemographic factors.
A history of suicidal attempts was significantly more common in the group of violent patients (p=0.029).
Regarding the HCR subscales, H3 score (relationship instability) and H10 score (Prior supervision failure) were significantly higher among violent patients (p=0.018 and 0.003 respectively). The C1 score (lack of insight), the C2 score (negative attitudes) and the C4 score (impulsivity) were also significantly higher among violent patients (p=0.016, 0.009 and 0.005 rescpectively).
The item R5 (stress) of the risk management subscale was significantly higher in the group of violent patients (p=0.003).
The total MOAS score detected severe agression in the nonviolent group (p=0.031).
Conclusions: Our study suggests the efficacy of HCR-20 in identifying and distinguishing between violent and nonviolent patients with schizophrenia or schizoaffective disorder. The use of such reliable instrument in clinical psychiatric settings should be encouraged.

Disclosure of Interest: None Declared

EPV0926

First episode psychosis: the depressive symptoms and suicidal behaviour that follow

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Introduction: Depressive symptoms and suicidal behaviour are common among patients that suffered a first-episode psychosis. Depressive symptoms could occur in different phases of psychosis, including in post-psychotic period. Depression is a well-known risk factor for suicidal behaviour in psychosis with data showing that occurrence of depression in psychosis have a significant correlation with suicide risk.
Objectives: The purpose of this paper is todo a brief review on the relation of causality that existes between first episode psychosis and depressive symptoms as well as suicidal ideation.
Methods: Brief non-systematic literature review on the topic.
Results: First episode psychosis is not uncommonly followed by depressive symptoms and suicidal thoughts. The rate of suicide attempt in psychotic patients range from 10 to 50%. Individuals with first episode psychosis have a greater risk of suicidal behavior compared with normal population and chronic disorders. In several studies, factors identified as being associated with depressive symptoms after first episode psychosis were anomalies of psychosocial development, poor premorbid childhood adjustment, greater level of continuing positive symptoms and longer duration of untreated psychosis. Suicidal behavior was associated with sexual abuse, previous suicide attempt, comorbid polysubstance use, lower baseline functioning, longer time in treatment, recent negative events, older patients, longer duration of untreated positive and negative psychotic symptoms, family history of severe mental disorder, depressive symptoms and cannabis use. Data also indicate that treatment and early intervention programs reduce depressive symptoms and suicidal behavior after first episode psychosis.
Conclusions: There is convincing evidence that depressive symptoms and suicidal behaviour have high rates after first episode psychosis. The research for treatment of depressive symptoms and/or suicidal behaviour after first-episode psychosis is very limited, therefore this paper aims to bring to light the importance of more studies on the matter.

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EPV0927

Parasuicidal behavior in early stages of psychosis

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Introduction: Psychotic experiences (PE) are strongly associated with non-suicidal self-harm (NSA). NSA are present throughout life, but are more frequent during adolescence and young

adulthood. Early psychotic episodes (PEP) are a particularly vulnerable group compared to later phases of psychosis psychosis.
Objectives: Analyze risk factors for suicide attempts and NSA, in order to improve early detection and prevention of suicides in adolescents and young adults with PD
Methods: Review in the literature of the different risk factors associated with parasuicidal behaviors in early psychosis
Results:

- Presence of positive psychotic symptoms: auditory hallucinations, Delusional ideation.
- Social isolation
- Longer duration of untreated psychosis.
- Comorbid symptoms: irritability, depression, anxiety, psychotic distress, insomnia.
- Traumatic events in childhood
- Difficulty in regulating emotional, impulsivity and sensitivity to reward.
- Consumption of substances.
- Psychosocial stress.

Conclusions: We consider essential the inclusion of early intervention programs aimed at the prevention of suicide and NSA, evaluating all risk factors for suicide and NSA among individuals with a PEP and high-risk mental states.
Initial assessment and ongoing assessments of suicide risk and parasuicidal behaviors, positive psychotic symptoms, depression, and the other related risk factors mentioned are required. Integrating trauma management into PEP care is critical.
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EPV0928

Early-onset schizophrenia: an adolescent case report

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Introduction: This is the case of a girl, aged 13, starting on 2021 with a first psychotic episode. Before this episode, her psychiatric history was an adjustment disorder because of scholar bullying, fully recovered before the onset of the current symptoms.
Objectives: To describe an interesting case of early-onset psychosis.
Methods: We have used the interviews with the patient and her profile in Diraya (the medical database software in Andalucía).
Results: The first symptoms started 6 months before the first hospitalization, and consisted in mild behavioural disorders, with disobedience and rudenesses, which represented a significant change compared with the previous personality of the patient. 3 weeks before the first admission she abruptly started to experience disconnection, unmotivated laughs, decreaded academic performance and incoherent speech. Also, she showed motor symptoms, consisting in oral and right-hand stereotypies. Then, she was hospitalized in a Pediatric unit, in order to rule out organicity. The nuclear magnetic resonance showed an image suggestive of venous development anomaly, with no acute injuries. Her cerebral spinal fluid was widely studied, and all the results were negative, including: the technique of PCR for many virus and bacteria that can cause meningitis or encephalitis; a bacterial culture; a biochemical study; antineuronal antibodies; and a limbic encephalitis antibodies study. Besides, the blood count, the biochemistry, the gasometry and serology were also negative. No drugs were detected in the urinalysis. Once the organicity was ruled out, she was treated with Olanzapine and Diazepam, and destinated to my child and adolescent psychiatry unit. During the first hospitalization we observed that she looked very often to the mirror, showed soliloquies and took leaps. During the interviews she was desinhibited. She initiated a delusional speech, focused in sexual topics. She said that she's had a baby in the future with his father, and talked a lot about things she had already made in the future. During this admission, we changed the treatment to Quetiapine and Valproate. The second hospitalization was was done due to a lack of efficacy with the previous treatment and the presence of autolytic thoughts. We switched from Quetiapine to Aripiprazole. After a few days, she showed again a desinhibited behaviour, and kept the delusional speech, that now was more complex, refering that she had more than 20 babies, with many different men. After this we tried Lurasidone and suspended Aripiprazole, she showed a clinical improvement, at the cost of many side effects, though. So we finally changed to Clozapine, in combination with Gabapentin. Since she got clinical levels of clozapine, the delusions have been encapsulated.
Conclusions: The differential diagnosis is set with an early-onset schizophrenia and a schizoaffective disorder. Obviously, the evolution of the sypmptoms in the following months and years will have the last word.

Disclosure of Interest: None Declared

EPV0929

Extrapyramidal syndrome in psychotic depression: a case report.

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Introduction: Psychotic depression is a subtype of major depression, with worst prognosis but underdiagnosed and undertreated. We introduce the case of a 75-year-old patient who is attended in the hospital presenting sorrow and behavioral disturbances. He also had delusions of ruin and surveillance through his phone, adding amnesia, dizziness, constipation, tremor and bradykinesia. He had suffered a limited depressive episode regarding his wife's death.