

German school, 'psychogenic psychosis' by Wimmer of the Scandinavian school and 'holodysphrenias' by Barahona-Fernandes from the Portuguese school. Cultural variants are also observed, as 'amok' seen in Malaysia or 'shinbyung' in Korea.

Conclusions: The intensity and polymorphism of brief psychosis present a clinical challenge. The historical evolution may be helpful on recognizing this entity in current clinical practice.

Keywords: Bouffée Delirante; Brief psychosis; Psychotic disorders; Atypical psychosis

EPP1164

Epilepsy and psychosis– where are we now?

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Introduction: Epilepsy has long been considered a risk factor for psychosis, and studies estimate that up to 80% of patients with epilepsy will experience a psychotic episode at some point in the course of their disease. However, data on the treatment of psychotic disorders in epilepsy is limited and the management of these problems is still founded on individual clinical experience.

Objectives: To assess evidence pertaining psychosis related to epilepsy, especially its risks factors and treatment approaches available.

Methods: Bibliographic research was made through the PubMed/NCBI database. No time limit was specified on the search. Pertinent manuscripts were individually reviewed for additional relevant citations.

Results: Recent literature shows a prevalence in psychotic disorders of 5.6%, and up to 7% in patients with epilepsy. So far, mechanisms of psychosis in epileptic patients remain unknown. Risk factors are earlier age of epilepsy onset, more frequent seizures, longer duration of epilepsy, high number of relatives with epilepsy and long-term antiepileptic drugs therapy. Psychiatric manifestations may include both positive and negative symptoms, including auditory hallucinations, paranoid delusions, and disorganized thought and/or behaviour. Poor adherence to treatment with oral antipsychotics occurs in more than 40% of patients; long-acting injectable medication should be considered, bearing in mind interactions with anti-epileptic medication and possibility of increased side effects.

Conclusions: Our findings emphasize the importance of early recognition and management of psychosis in epileptic patients. Unfortunately, there is lack of evidence for the use of antipsychotic medication in epileptic patients, since available studies pertain to populations with primary psychiatric disorders.

Keywords: ictal psychosis; epileptic psychosis

EPP1165

Using causal interventionist models to examine the relationship between social anxiety and paranoia: A 3-month follow-up cross-cultural survey conducted in thailand and the united kingdom.

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Introduction: The continuum of social threat ranges from anxiety to paranoia. Examining the factors that predict and mediate the relationship between social anxiety and persecutory paranoia will help with the development of interventionist-causal theories that can guide the development of new treatments.

Objectives: To investigate mediators between social anxiety and persecutory paranoia in a prospective cross-cultural analogue sample.

Methods: A 3-month follow-up online survey included participants aged ≥ 18 -years-old in Thailand and the UK. Recruitment was via advertisements on websites and social media. Participants completed questionnaires at baseline (T1) and 3-month follow-up (T2) measuring social anxiety, paranoia, depression. Mediators were: stigma; internal and external shame; social rank; self-esteem; and safety behaviours. We used linear regression to examine predictors of paranoia and mediation analysis to test indirect effects. Estimating the indirect effects was calculated by 10,000 bootstrapping bias-corrected 95% confidence intervals.

Results: At follow-up, 186 (70.4%female; mean age 34.9 ± 9.1) Thai and 236 (81.4%female; 35.7 ± 12.7) UK respondents completed the survey. Regarding change scores (T2-T1), higher paranoia was significantly predicted by higher social anxiety and external shame controlling for age, gender, depression. A simple mediation model controlling for depression showed significant indirect effects for external shame ($ab=0.06$, 95%CI=0.018 to 0.105) and safety behaviours ($ab=0.06$, 95%CI=0.002 to 0.127). A multiple mediation model found external shame was a significant mediator ($ab=0.06$, 95%CI=0.020 to 0.110).

Conclusions: These cross-cultural data suggest that external shame may mediate the prospective relationship between social anxiety and paranoia. These data suggest the potential for treatment of persecutory fears and social anxiety in psychosis by targeting shame-related cognitions.

Keywords: Shame; Prospective Studies; Psychotic disorders; Cross-Cultural Comparison

EPP1166

Attitudes of relatives of patients with schizophrenia

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Introduction: Investigating family member's attitudes about schizophrenia is an important step in its management. They likely influence the family's help-seeking decisions and affect both adherence with biomedical interventions and social integration of the patients.

Objectives: Describe families' beliefs about the symptoms and the treatments of schizophrenia.

Methods: We led a transversal study including 32 relatives of patients with schizophrenia (DSM 5). We collected data for both

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 this 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