

EPV1012

Psychosis in Parkinson's Disease: a Case Report of Diagnosis and Management

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doi: 10.1192/j.eurpsy.2023.2305

Introduction: Psychosis is a frequent complication in patients diagnosed with Parkinson's Disease (PD). Characterized mainly by visual hallucinations and paranoid delusions, it occurs most frequently, but not exclusively, as an adverse effect of antiparkinson medications. Nevertheless, cognitive impairment and dementia, as a frequent feature of PD, needs to be considered for differential diagnosis.

Objectives: Our main objective is to report a case of PD Psychosis, its diagnosis and management and complement it with a non-systematic review of literature.

Methods: Patient file consultation and an additional research, based on the key words "Psychosis" and "Parkinson's Disease", using Pubmed as database.

Results: A 53-year-old female, diagnosed with Juvenile Parkinson's Disease since age 45 and, as expected, polimedicated with antiparkinson medication. Without any relevant psychiatric background, she was admitted to the emergency department for disorganized behaviour, with 2 weeks of evolution. There, it was also possible to determine the presence of auditive hallucinations and persecutory delusions, associated with marked anguish.

After exclusion of any underlying cause for this symptomatology, inpatient treatment was proposed and accepted by the patient. In collaboration with the Neurology Department, a gradual reduction and optimization of antiparkinson drugs was conducted, associated with introduction of low doses of antipsychotic drugs, in this case Olanzapine. With this medication adjustments, clinical improvement was accomplished, with eventual fading and cessation of psychotic symptoms. Additionally, an irregularly intake of antiparkinson drugs was considered the most probably cause of this clinical decompensation.

Conclusions: As present in literature, due to the chronicity and complexity of PD, stopping all antiparkinson drugs is not an option, even when psychotic symptoms, that could be a consequence of these drugs, are present. Therefore, a rigorous evaluation and management are mandatory, including the exclusion of other underlying causes and a careful therapeutic adjustment, with gradual reduction of antiparkinson drugs, addressing an eventual temporal relationship between the beginning of a specific drug and the onset of symptoms, and verification of therapeutic compliance, including an involuntary overdose. In cases of refractory symptoms, and after a risk-benefit assessment, pharmacologic treatment directed at these symptoms, low doses of anti-psychotics, may be necessary.

Disclosure of Interest: None Declared

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A diet rich in polyunsaturated fatty acids as supportive therapy in the treatment and prevention of psychotic disorders

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doi: 10.1192/j.eurpsy.2023.2306

Introduction: Proper nutrition with fats has a protective effect on the functioning of the nervous system. However, a disturbed ratio of essential polyunsaturated fatty acids supply is nowadays a common phenomenon. A diet overloaded with saturated fats and a shortage of those essential ones in the company with possibly some unfavorable genetic endowment could lead to the release of psychosis from the framework of diet defined by nature for thousands of years.

Objectives: The study aims to review the literature to assess the influence of supplementation with polyunsaturated fatty acids in the occurrence of psychotic disorders prevention, as well as their impact on remission prolongation.

Methods: Literature review in PubMed, Google Scholar, and Web of Science using the keywords [psychosis] OR [psychotic] OR [schizophrenia] OR [unipolar] OR [bipolar] OR [schizoaffective] OR [depression] OR [manic] OR [hypomanic] OR [mania] OR [hypomania] OR [first episode psychosis] OR [ultra-high risk] OR [UHR] AND [polyunsaturated fatty acids] OR [PUFA] OR [prostaglandin] OR [phospholipid] OR [phospholipase A2] OR [arachidonic acid] OR [linoleic acid] OR [alpha-linolenic acid] OR [omega-3] OR [omega-6] OR [nutrition] OR [diet]. The review included original articles, reviews, systematic reviews, meta-analyses, and case reports from 1977-2022 in Polish and English.

Results: 86 articles devoted to diet and nutrition in psychotic disorders were analyzed. Patients with schizophrenia, bipolar disorder, and schizoaffective disorders exhibit deficiencies in polyunsaturated fatty acids. Such results may indicate compliance with

David Horrobin's theory of the psychotic disorders development in predisposed individuals.

Conclusions: Supplementation with polyunsaturated fatty acids may be a chance for a selected group of patients to prolong remission but also hope to prevent the occurrence of psychotic disorders in particularly vulnerable individuals.

Disclosure of Interest: None Declared

EPV1013

Perceived stress and resilience in family caregivers of patients with mental illness : relationship and correlates

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doi: 10.1192/j.eurpsy.2023.2307

Introduction: Family members play an important role in the life of many adults with mental disorders and are under considerable amounts of stress that may affect caregiver's physical health, quality of life and resilience.

Objectives: The present study aimed to explore the relationship between the perceived stress and the resilience levels among caregivers of patients with mental illness and to identify their associated factors.

Methods: This was a cross-sectional, descriptive and analytical study conducted on caregivers of patients suffering from mental illness. It was conducted in the outpatient psychiatry department at the university hospital of Sfax (Tunisia), during september 2021.

We used the Connor–Davidson Resilience Scale to assess resilience and the Perceived Stress Scale (PSS-10) to assess the level of stress. High scores indicate high resilience and perceived

Results: The sample included 34 family caregivers of patients with mental illness. The mean age was 47.47 years (SD=12.4 years) and the sex ratio (M/F) was 1.42.

The mean resilience score of caregivers was 42.85 and the mean perceived stress score was 24.94 (SD=6.36).

The score of resilience correlated negatively with the score of perceived stress among family caregivers ($r=-0.751$; $p=0.0001$).

The Caregivers with low socioeconomic level were more likely to have a low resilience score ($p=0.004$) and to have high stress levels ($p=0.04$).

The level of perceived stress increased significantly in case of long duration of providing care ($r=0.697$; $p=0.001$), the presence of stressful events ($p=0.029$) and the presence of aggressive behaviors committed by patients ($p=0.001$). However, the level of resilience decreased significantly in those same cases ($p=0.001$; $p=0.002$; $p=0.0001$ respectively)

Conclusions: Our findings suggest that high level of perceived stress among family caregivers impact negatively their capacity of resilience. So, interventions targeting stress related to stressful events and violence committed by patients in their family environment should be integrated to increase the caregivers' resilience.

Disclosure of Interest: None Declared

EPV1014

PALIPERIDONE PALMITATE 6-MONTH FORMULATION FOR THE TREATMENT OF SCHIZOPHRENIA: A 4-MONTH FOLLOW-UP STUDY

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doi: 10.1192/j.eurpsy.2023.2308

Introduction: Relapse prevention is critical because psychopathology and functionality can worsen in patients with schizophrenia because the repeated episodes and we have strong evidence of antipsychotics efficacy for relapse prevention, but nonadherence rates in patients with schizophrenia are very high, even in comparison with other illness. The literature speaks of average rates of 42% in schizophrenia. For that, long-acting injectable antipsychotics (LAIs) are considered important treatment option, but they are underutilized (Taipale et al. *Schizophrenia Bulletin* 2017; 44, 1381–1387) (Garcia et al. *J Clin Psychopharmacol* 2016; 36(4)355–371). There is extensive clinical trial evidence for the use of paliperidone palmitate 1-month (PP1M) and paliperidone palmitate 3-month (PP3M) formulations for maintaining treatment continuity and preventing relapses and risk of hospitalizations in patients with schizophrenia. (Najarian et al. *Int J Neuropsychopharmacol* 2022; 25(3) 238–251).

Paliperidone palmitate 6-month (PP6M) formulation is a presentation that provides a dosing interval of once every six months. It is the first and only antipsychotic to be administered twice a year.

Objectives: The principal aim of this study was to evaluate the effectiveness, safety, and tolerability of the PP6M in people with non-acute schizophrenia in a naturalistic psychiatric outpatient setting

Methods: Sample: 22 patients diagnosed with schizophrenia (DSM 5 criteria) that started treatment with PP6M after being stabilized with PP1M (N:10) or PP3M (N:12) (the treatment dose was not changed in the four months before study inclusion)

The mean dose of PP6M was 822.727 mg

Bimonthly, the following evaluations were performed during a follow-up period of 4 months:

The Clinical Global Impression-Schizophrenia scale (CGI-SCH)
Treatment adherence, concomitant medication, adverse events and the number of hospitalizations and emergency visits
Efficacy values: Percentage of patients who remained free of admissions at the end of 4months of follow-up.

Other evaluation criteria: Percentage of patients who never visited the emergency department at the end of 4 months of follow-up, average change from baseline visit to the final evaluation as assessed by score obtained on the following scale: GSI-SCH, treatment adherence rate and tolerability.

Results: The percentage of patients who remained free of admissions at the end of the 4 months was 100% and the percentage of patients who never visited the emergency department at the end of 4 months was 100 %