Introduction: Schizophrenia is a severe mental disorder mainly caused by genetic risk factors. Many studies have demonstrated that both multiple genetic variants and rare mutations are associated with schizophrenia risk. The next step is to study the causal effect of the gene on the phenotype. Recently, a large family-based study identified de novo mutations, which may increase liability to schizophrenia (Rees et al 2020). In particular, a mutation in the GABA transporter (SLC6A1) gene (rs756927822 C/T) was identified in one patient from our subsample.
Objectives: Here, we present a case report of this patient and describe the procedure of derivation of induced pluripotent stem cells (iPSCs) from fibroblast cultures.
Methods: Clinical, psychometric and neuropsychological methods were used. iPSCs were derived from patients' and both unaffected parents' fibroblasts. Human fibroblasts, cultured in fibroblast medium, are infected with lentivirus vectors expressing the transcription factors Oct4, Sox2, c-Myc, and KLF4. All iPSCs were immunocytochemical stained for intracellular (Oct4, Sox2) and extracellular (SSEA4, Tra-1-81, Tra-1-60) pluripotency markers. An qPCR analysis for pluripotency markers (TDGF1, Sox2, Oct4, REX1, LIN28, NANOG, KLF4, GDF3, DPPA4, DNMT3) was performed. All four iPSC lines formed embryoid bodies before the differentiating into three germ layers. Differentiation was confirmed by immunostaining for mesoderm (aSMA), ectoderm (Nestin, Desmin) andendoderm (FoxA2, Pax6) markers.
Results: A 47-year-old male patient was presented to psychiatry at the age of 16. There was no personal or family history of psychiatric disorder, the premorbid functioning was normal, the patient had no somatic diseases, showed high performance in sport (mountain skiing). On his first admission, he was diagnosed with schizoaffective psychosis. The patient showed signs of mania and catatonia. Neuropsychological testing revealed a decrease of cognitive functioning (short-term and associative memory). The patient was followed up for more than 20 years. The diagnosis was changed for schizophrenia at the age of 43 years. There was a deterioration in cognitive function (the apparent decrease in performance on neurocognitive tests (attention, memory, executive functions) from the first examination (1997) till last one (2019). The patient refused or was not able to perform most of the tasks. During follow-up, the patient shows good adherence to treatment.
Conclusions: For this patient, obtained lines might be valuable for investigating the disease mechanisms and screening candidate drugs.

Disclosure of Interest: None Declared

Guidelines/Guidance

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DEVELOPMENT OF A CLINICAL GUIDELINE FOR FAMILY-CENTERED COLLABORATIVE CARE IN PATIENTS WITH CHRONIC MENTAL DISORDERS

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Introduction: Background: Chronic mental illnesses have long periods, are recurring, and require continuous care and, becoming chronic, they double the problems of patients and their family. The study's purpose is, thus, the development of guidelines for family-centered collaborative care of patients with chronic mental illnesses referring to the medical centers (1).
Methods: This mixed methods study is based on the stages of the guideline adaptation provided by the Guidelines International Network (2).
Results: After reviewing and gathering evidence from a qualitative study on key participants and reviewing the literature, which includes a search for articles related to participatory family-centered care of patients with chronic mental disorders and a review of available books, a clinical guide Related and upstream documents of the country were 531 recommendations were extracted and sent to a panel of experts for evaluation.
Conclusion: Providing a family-centered collaborative care guideline will improve the quality of life of these individuals and their families, improve the quality of care, and reduce fragmented health care(3,4).
Objectives: Development of a clinical guideline for family-centered collaborative care in patients with chronic mental disorders-
Methods: This mixed methods study is based on the stages of the guideline adaptation provided by the Guidelines International Network .
Results: After reviewing and gathering evidence from a qualitative study on key participants and reviewing the literature, which includes a search for articles related to participatory family-centered care of patients with chronic mental disorders and a review of available books, a clinical guide Related and upstream documents of the country were 531 recommendations were extracted and sent to a panel of experts for evaluation.
Conclusions: Providing a family-centered collaborative care guideline will improve the quality of life of these individuals and their families, improve the quality of care, and reduce fragmented health care
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