

basis, the following evaluations were performed during a follow-up period of 6 months: The Clinical Global Impression-Schizophrenia scale (CGI-SCH), treatment adherence, the number of hospitalizations and Side effects reported

Results: Mean variations from baseline scores at 6 months was (-1.1 ±0.89) on the GCI-SCH. The percentage of patients who remained free of admissions at the end of the 6 months was 90%. The rate of adherence to treatment after 6 months was 80%. The most frequent side effect was transient mild insomnia (20%) .

Conclusions: Aripiprazole long-acting injectable (The starting dose was administered following the two injection start regimen) is effective, safe and well tolerated in clinical practice conditions

Disclosure: No significant relationships.

Keywords: Efficacy; schizophrénia; Aripiprazole once-monthly; Two-injection start regimen

EPV1407

Chronic delusional disorder and Chales Bonnet syndrome: differential diagnosis or comorbidity

M.D.C. Molina Liétor^{1*} and I. Cuevas Iñiguez²

¹Hospital Universitario Príncipe de Asturias, Psiquiatría, Alcalá de Henares, Spain and ²Hospital Principe de Asturias, Psiquiatría, Alcalá de Henares, Spain

*Corresponding author.

doi: 10.1192/j.eurpsy.2022.2038

Introduction: Delusional idea disorders are a group of syndromes whose main or unique characteristic is the presence of consolidated delusional ideas that usually have a chronic character and do not fit into other diagnoses such as schizophrenia, affective disorder or other organic diseases. On the other hand, Charles Bonnet syndrome is an organ hallucinosis in whose context visual hallucinations may appear in patients with a visual deficit. Historically, it has been considered that the presence of another psychiatric condition is an exclusion criterion for the diagnosis of Charles Bonnet syndrome, although the presence of similar etiological and maintenance factors means that this situation of dignous exclusion must be reconsidered.

Objectives: The objective of the present communication is to study the current state of the topics “delusional disorder” and “Charles Bonnet syndrome”. Another objective is to reconsider that the presence of previous or concurrent psychiatric pathology is an exclusion criterion for the diagnosis of Charles Bonnet syndrome..

Methods: A bibliographic review on “delusional ideas disorder” and “Charles Bonnet syndrome” has been carried out, as well as a discussion on the diagnostic and exclusion criteria, based on the etiopathogenic and maintenance factors.

Results: Both in “delusional ideas disorder” and in “charles bonnet syndrome” advanced age, social isolation and deficiencies in sense organs constitute etiological factors that facilitate the appearance of these syndromes and make their treatment difficult.

Conclusions: Due to this, we consider that the appearance of another previous or present psychiatric illness should not be an exclusion criterion, both can appear in the same patient.

Disclosure: No significant relationships.

Keywords: Delusional disorder; Chales Bonnet syndrome; blindness

EPV1408

Treatment-resistant schizophrenia : the relationship between clozapine plasma concentration and clinical outcome

I. Kammoun¹, R. Jouini^{2,3}, A. Aissa^{1*}, R. Boukhchina¹, Y. Zgueb¹, E. Khelifa³, U. Ouali¹, R. Jomli¹, F. Nacef¹ and Z. El Hechmi³

¹Razi hospital, Psychiatry A Department, Manouba, Tunisia; ²Razi hospital, Psychiatry F, manouba, Tunisia and ³Razi hospital, Psychiatry F Department, manouba, Tunisia

*Corresponding author.

doi: 10.1192/j.eurpsy.2022.2039

Introduction: Clozapine is highly effective in patients with treatment-resistant schizophrenia but, to ensure optimal clinical response it is important to optimize its use and this depends on adequate pharmacological monitoring.

Objectives: Evaluate the therapeutic response rate according to clozapine plasma concentration.

Methods: It was a cross-sectional, retrospective and analytical study, carried out over a period of six months, in the F and A psychiatry departments of the Razi hospital in Tunis, including patients followed for treatment-resistant schizophrenia and receiving clozapine. We evaluated the response to clozapine using the Brief Psychiatric Rating Scale (BPRS).

Results: The average age was 37.7 ± 9.4. The mean age of introduction of clozapine was 31 years and the mean time to its introduction was 9.3 years. Clozapine was administered as a single drug in 85% of cases. The mean dose of clozapine was 373 mg/day. The mean of clozapine plasma concentration was 386.5 ng/ml with a minimum of 89 ng/ml and a maximum of 913 ng/ml. The clinical response rate to clozapine was 25% with a BPRS good response threshold value of less than 35. Patients with clozapine levels above the conventional cut-off of 350 ng/ml (n=34) had a response rate of 34.6%. A response rate of 37% was observed in the group of patients with a clozapine plasma concentration interval of 200-350 ng/ml. There was no statistically significant difference in therapeutic response (p=0186)

Conclusions: Our study revealed a therapeutic response variation according to plasma clozapine concentration and showed the existence of a non-negligible and effective response rate.

Disclosure: No significant relationships.

Keywords: treatment-resistant schizophrenia; clozapine; clozapine plasma concentration

EPV1409

Identification of trema in first episode psychosis: a case report

C. Alvarez Garcia^{1*}, D. García Martínez² and L. Nocete Navarro¹

¹Hospital Universitario Príncipe de Asturias, Psychiatry, Alcalá de Henares, Spain and ²Hospital Universitario de La Paz, Psychiatry, Madrid, Spain

*Corresponding author.

doi: 10.1192/j.eurpsy.2022.2040

Introduction: The concept of trema refers to an initial phase in the psychotic process that is characterized by intense anguish, an experience of hostility and a feeling of imminent catastrophe. This situation engenders in the patient a sensation of being in a tunnel than can only lead to something terrible but ineffable.