

schizophrenia and one of schizoaffective disorder (according to DSM5). No significant adverse effects were recorded, except for pain at the injection site. The majority were psychopathologically stable patients - 2 of them of recent onset (up to 36 months of evolution) and 7 psychopathological decompensations, measured as visits to the emergency room or psychiatric readmissions, have been detected during the first 6 months of follow-up in CSM. All patients had previously been admitted to treatment with PP6M (minimum 1 admission, maximum 20 admissions). The results of the baseline scores obtained on the psychometric scales applied were: CGI (15.35/35), PSP (62.78/100) and TMSQ (53.35/80).

**Conclusions:** The existing scientific evidence to date indicates that the application of PP6M is giving safe results in the first months of follow-up, with few side effects recorded, and a low rate of decompensations. This study based on data from real clinical practice in a CSM, despite the limitation due to the small sample size, obtains similar results consistent with those described in previous clinical trials.

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## EPV0927

### Catatonic stupor in 32 years old man diagnosed with schizotypal disorder

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**Introduction:** Stupor is a state of numbness of almost all personality functions, accompanied by stiffness, lethargy and abulia (lethargy). A person in a state of stupor is recognized by the fact that he is constantly silent, does not respond to stimuli at all, refuses food, has a motionless body posture, a face immobile like a mask, a gloomy and absent look. We can call a person who is in a stupor only by calling loudly, shaking hard and similar charms. Catatonic stupor is a state of complete loss of spontaneous and active movement, the patient stands stiffly for hours, sits, does not take food, does not speak but registers everything that is happening around him because his consciousness is not clouded.

**Objectives:** Here, we report on the case of a 32 year-old man. He was brought in the Emergency Center by his mother with the eyes shut and unresponsive to all sorts of verbal and gestural attempts to elicit any kind of response, with extreme complete body rigidity. He was sweating.

Over several weeks, he developed gradually social withdrawal, motoric stereotypies, loss of appetite, body stiffness. Three days before he was admitted to the hospital he stopped eating, drinking water, he was developed body rigidity.

**Methods:** Case report

**Results:** He was admitted to a Psychiatric Clinic and first days he was treated with 7,5 mg of lorazepam daily, karpiprazin tbl. a 3mg in the morning and olanzapine 10 mg in the evening. Over several days symptoms has diminished.

**Conclusions:** The patient was reacted very well on the therapy and after several days symptoms diminished. After a month he was released from the hospital. He is in good remission for over a year. He comes regularly for outpatient check-ups

**Disclosure of Interest:** None Declared

## EPV0928

### Metabolic syndrome in psychiatric patients with schizophrenia

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**Introduction:** Metabolic syndrome and cardiovascular diseases are a very important cause of morbidity and mortality among patients with schizophrenia who live an average of 10-20 years less than the general population. Second generation antipsychotics are associated with obesity and other components of the metabolic syndrome.

**Objectives:** The aim of this paper was to provide complete insight into the existing recent evidence for metabolic risks associated with the use of new antipsychotics, and establish recommendations for monitoring metabolic syndrome and other risks, as well as current options for treatment and prevention of metabolic syndrome.

**Methods:** This review article is based on a literature search. We identified relevant publications and articles by searching the PUBMED database from 1999 to the present day according to the given parameters. The search criteria were the keywords “metabolic syndrome” combined with “schizophrenia” and “new antipsychotics”.

**Results:** All researches has convincingly shown that patients with schizophrenia tend to be overweight and have a three to four times higher risk of developing diabetes than the general population. There are also more and more evidence in recent literature about the impact of new antipsychotics on the frequency of metabolic syndrome in patients with schizophrenia. The World Health Organization (WHO) defines metabolic syndrome as an elevated insulin level or a fasting glucose concentration of 5.6-6.0 mmol/l in combination with two or more of the following parameters: abdominal or central obesity and dyslipidemia and/or arterial hypertension. The research results systematically showed a 1.5 to 3 times higher frequency of metabolic syndrome in people suffering from schizophrenia compared to the general population. Therefore, regular control of all components of the metabolic syndrome is necessary, from waist circumference, which is the easiest to measure, to all others that can be carried out and done in the general practice doctor's office.