

**Objectives:** The aim of this study is to identify the leading symptoms in patients with TRS.

**Methods:** Using the Personal and Social Performance Scale (PSP), Positive and Negative Syndrome Scale (PANSS) and Calgary Depression Scale for schizophrenia (CDSS), 30 male patients (age  $28.99 \pm 8.08$  years) diagnosed with paranoid schizophrenia (F20.0) were examined. All patients had persistent productive symptoms and met the criteria for TRS. The average daily doses of antipsychotics in chlorpromazine equivalent were  $1382.07 \pm 897.15$  mg/day. The average age of onset of the disease was  $19.52 \pm 5.97$  years, the average disease was  $9.47 \pm 7.61$  years.

**Results:** The average scores were: on the PSP scale:  $46.05 \pm 9.17$ , on the CDSS scale  $8.10 \pm 4.53$ , on the PANSS positive symptoms subscale -  $21.52 \pm 4.24$ , on the PANSS negative symptoms subscale -  $24.67 \pm 4.42$ , on the general psychopathology subscale PANSS -  $45.62 \pm 6.11$ . Positive symptoms were represented mainly by delusions (P1,  $4.14 \pm 0.85$  points) and hallucinations (P3,  $4.10 \pm 1.76$  points). Blunted affect (N1,  $4.29 \pm 0.56$  points) and emotional withdrawal (N2,  $3.67 \pm 0.73$  points) predominated among negative symptoms, while the least prominent negative symptom was poor rapport (N3,  $3.24 \pm 0.94$ ). The most pronounced general psychopathology symptoms were depression (G6,  $4.00 \pm 1.10$ ) and lack of judgment and insight (G12,  $4.05 \pm 0.92$ ). The total score on the PANSS was  $91.81 \pm 12.40$ .

**Conclusions:** The CDSS score indicates a high incidence of depressive symptoms in patients with TRS. A low PSP score reflects poor social functioning. The most common symptoms according to the PANSS are delusions, hallucinations, blunted affect, emotional withdrawal, depression and lack of judgment and insight.

**Disclosure of Interest:** None Declared

## EPV0973

### Delusional parasitosis: the importance of a multidisciplinary approach

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**Introduction:** Delusional parasitosis, also known as delusional infestation or Ekbom's syndrome, is a rare psychotic disorder characterized by the false belief that a parasitic skin infestation exists, despite the absence of any medical evidence to support this claim. These patients often see many physicians, so a multidisciplinary approach among clinicians is important. Many patients refuse any treatment due to their firm belief that they suffer from an infestation, not a psychiatric condition, so it is crucial to gain the trust of these patients.

**Objectives:** The comprehensive review of this clinical case aims to investigate Ekbom syndrome, from a historical, clinical and therapeutic perspective.

**Methods:** Literature review based on delusional parasitosis.

**Results:** A 65-year-old woman comes to the psychiatry consultation referred by her primary care physician concerned about being infested by insects that she perceives through scales on her skin for the last three months. She recognizes important impact on her functionality. She is also convinced that her family is being infected too. As psychiatric history she recognizes alcohol abuse in the past (no current consumption) and an episode of persecutory characteristics with a neighbor, more than ten years ago. On psychopathological examination, she shows delusional ideation of parasitosis, with high behavioral repercussions, cenesthetic and cotariform hallucinations, as well as feelings of helplessness and anger. Treatment with Pimozide was started and the patient was referred to dermatology for evaluation, a plan she accepted. Her primary care physician and dermatology specialist were informed about the case and the treatment plan. In the recent reviews, the patient is calmer, however, despite the corroboration of dermatology and in the absence of organic lesions in cranial CT, she is still unsatisfied with the results, remaining firm in her conviction of infestation. It was decided to start treatment with atypical neuroleptics (Aripiprazole), with progressive recovery of her previous functionality.

**Conclusions:** Despite the increase in the number of studies in recent years, there are still few studies on this type of delirium. The female:male ratio varies in the bibliography (between 2:1 and 3:1). The onset is usually insidious, generally appearing as a patient who comes to his primary care physician convinced of having parasites in different skin locations. It is usual to observe scratching lesions or even wounds in search of the parasite. In the past, the most used and studied treatment was Pimozide. Currently the treatment of choice is atypical neuroleptics due to their lower side effects. The latest reviews on the prognosis of this disorder show data with percentages of complete recovery between 51% and 70%, and partial responses between 16.5% and 20%. Finally, for a good diagnosis and therapeutic management, it is important to achieve a multidisciplinary approach.

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## EPV0974

### From positive projection to delirium. About a case

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**Introduction:** Erotomania, was described in 1942, is more common in women than in men, although the incidence is unknown. This syndrome is usually characterized by a young woman with the illusion that a man whom she considers to be of a higher social or professional position is in love with her. Developing an elaborate delusional process about this man, his love, his pursuit and total commitment to the idea. Two forms, pure or secondary, are described. As well as fixed or recurring  
52-year-old female patient in outpatient follow-up with a diagnosis of schizophrenia with long-term follow-up, start of follow-up by a

new therapist, in this context intensive follow-up is carried out in the event of the appearance of pharmacological secondary effects, pharmacological readjustment is carried out with good results.

During the joint follow-up with nursing, the cessation of secondaryisms is confirmed and we are informed of the gradual appearance of overvalued ideas in relation to the new therapist, which are gradually structured in the form of erotomanic delirium that coincides with the cessation of follow-up by said therapist. Consultations in the emergency room occur on a couple of occasions due to mild behavioral alterations secondary to messages and communications that he reports receiving where said love is confirmed. Despite readjustments, there continues to be an increase in clinical symptoms due to abandonment of medication, finally producing serious alterations aimed at the search for said therapist, finally culminating in admission to the acute care unit for containment of said condition.

**Objectives:** The objectives is the diferencial diagnosis, in this case symptoms could be classified as positive symptoms of schizophrenia, although it is its own nosological entity.

**Methods:** .

**Results:** .

**Conclusions:** This patient represents a classic example of De Clerambault syndrome and is a faithful expression of the recurrent syndrome associated with delusions of grandeur, eroticism and jealousy. There have also been ideas of reference and agitated behavior associated with his delusional process.

**Disclosure of Interest:** None Declared

## EPV0975

### The Course of Schizophrenia Spectrum Disorders With Episodes of Catatonic Depressions

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**Introduction:** Mood symptoms, especially depressive ones, occur in the majority of patients with schizophrenia spectrum disorders (SSD). Therefore, depression is often identified as one of the symptomatological dimensions of schizophrenia. Catatonia is also considered by some researchers as one of the dimensions of schizophrenia, or as an independent transnosological formation. Catatonia in SSD may be associated with affective dysregulation and is often accompanied by depression. Although the clinical course of SSD has been well studied previously, its relationship with psychopathological structure of episodes of SSD remains not entirely clear.

**Objectives:** To determine the impact of episodes of catatonic depression on the course and prognosis of SSD.

**Methods:** A sample of 60 patients with episodic course of SSD who met the criteria for catatonia according to the Bush-Francis Catatonia Screening Instrument (BFCSI) and for depression according to the Calgary depression schizophrenia scale (CDSS) was analyzed. An analysis of the clinical course of SSD was carried out on the basis of the medical history of all patients in the study sample and follow-up observation of 42 patients for 5 years. Global

Assessment of Functioning Scale (GAF) was used to assess the prognosis of SSD.

**Results:** Patients were divided into two groups depending on the period of manifestation of catatonia in the clinical course of SSD: during the first episode or during subsequent episodes. The sample of patients with the first episode (n=43, 71.7 %) was divided into three subgroups. A relatively favorable course of SSD was observed only in 13 patients (30.2 %; 21.7 % of SSD sample). The course of disorder was characterized by similar episodes with a high proportion of affective symptoms, long-term remissions and minimally expressed negative symptoms (GAF score=75.2±5.82). A relatively unfavorable course of SSD was observed in 15 patients (34.9 %; 25.0 % of SSD sample). It was characterized by moderate negative and chronic subdepressive symptoms with low frequency of catatonic and psychotic relapses (GAF score=62.3). An unfavorable course of SSD was also observed in 15 patients (34.9 %; 25.0 % of SSD sample). It was characterized by a high frequency of relapses with a tendency to form a chronic conditions with residual catatonic signs and psychotic symptoms (GAF score=50.1). In the sample of patients with manifestation of catatonia in the second or subsequent episodes (n=17; 28.3 %), the clinical course of SSD was unfavorable. It was characterized by a rapid augmenting of negative symptoms with the formation of psychomotor poverty syndrome with residual catatonic symptoms (GAF score=52.7).

**Conclusions:** Our study shows that the occurrence of catatonic depressive episodes in the clinical course of SSD in most cases is an unfavorable prognostic factor.

**Disclosure of Interest:** None Declared

## EPV0976

### Efficacy and tolerability Aripiprazole once-monthly long-acting injectable in schizophrenia. Two-injection start regimen. A 24 months follow-up and mirror image study

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**Introduction:** Relapse prevention is crucial in patients with schizophrenia, as repeated episodes can worsen psychopathology and functionality. There is strong evidence of antipsychotics efficacy in preventing relapse; however, non-compliance rates in patients with schizophrenia are very high. Long-acting injectable antipsychotics (LAIs) are an important treatment option but remain underutilized.

Aripiprazole once-monthly is a long-acting intramuscular injectable formulation of aripiprazole indicated for the maintenance treatment of schizophrenia in adult patients stabilized on oral aripiprazole.

If one injection start regimen is adopted, on the day of initiation, an injection of 400mg Aripiprazole once monthly should be administered accompanied by 10mg to 20mg of oral aripiprazole per day for the successive 14 days New treatment regimen: On the day it begins,