Introduction: Schizophrenia has progressively been seen as a multifactorial disease, with its pathogenesis including immune dysfunction. Studies have leaned into the activation of brain inflammation, influencing the development of schizophrenia in certain subgroups of patients. Additionally, the role of the T helper (Th17) cells and neuromediators associated are implicated in the pathophysiology of psoriasis, a chronic immune-mediated dermatological condition. A significantly elevated risk was found with 41% increased odds of schizophrenia compared with subjects without psoriasis. The concomitant diagnosis of both illnesses has motivated further investigation into their shared pathways.
Objectives: Characterize the prevalence of psoriasis in patients with schizophrenia and mutual involved mechanisms.
Methods: Retrospective analysis of inpatients of a Portuguese Psychiatry department with the established diagnosis of Schizophrenia, between 2018 and 2022. Additionally a literature review on the topic was conducted.
Results: A sample of 94 patients admitted was obtained. The majority of patients were male (80,1%). The prevalence of the diagnosis of Psoriasis was 6,4% (n=6). A previous epidemiological study conducted in the Portuguese general population concluded that the prevalence of psoriasis is on average 4,4%, which is inferior to the value obtained in our sample. Other studies that measured the relationship between both diagnoses corroborated our results, documenting higher prevalences of psoriasis in patients with schizophrenia than the general population.
Conclusions: The relationship between psoriasis and schizophrenia seems to be bidirectional, with schizophrenia patients having higher risk of psoriasis and psoriasis patients having higher risk of schizophrenia. This could be explained by multiple mechanisms, mainly the activation of Th17 cells but also the fact that there may be a genetic susceptibility due to proximal chromosome loci associated with both diseases (chromosome 6p21.3). This information is essential in providing care to patients because treatment must be carefully adapted. It has been demonstrated that atypical antipsychotics might worsen psoriatic manifestations and immunosuppressive agents are linked to psychotic episodes and worse mental health. Thus, there should be increased alertness for the detection of these conditions in patients with either one of them.

Disclosure of Interest: None Declared

EPV0795

A study on the complex interplay between inflammation and severe mental disorders (SMInflam)

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Introduction: An alteration of inflammatory indices has been reported in several major mental disorders. This alteration seems to be related to disease severity and treatment resistance, but its pathophysiological meaning remains to be established. Patients with severe mental disorders tend to have increased levels of circulating cytokines and increased microglial activity in the central nervous system, suggesting that inflammation may contribute to the onset, or chronicity, of mental disorders. Detecting inflammation-relevant symptom clusters across mental disorders may represent an important step towards precision medicine in psychiatry.
Objectives: The SMInflam project is a longitudinal, observational, real-world study which aims to: assess a set of inflammatory indices at baseline in a sample of patients with the diagnosis of a major mental disorder; identify inflammatory profiles of these patients using a latent class analysis approach; assess the response to pharmacological treatments of patients with different inflammatory profiles; re-assess the inflammatory indices and profiles at several times during follow-up and test their correlation with the evolution of psychopathology.
Methods: The sample will consist of 50 patients with a diagnosis of a major mental disorders consecutively enrolled at the outpatient unit of the Department of Psychiatry of University of Campania. All enrolled patients will be administered a set of reliable and validated psychopathological assessment tools. We will perform a complete physical evaluation, and a battery of laboratory tests. Peripheral markers of chronic inflammation will be assessed. Clinical and biological assessments will be performed at baseline (T0) and after 3 and 6 months (respectively, T1 and T2).
Results: Expected results include the evaluation of the levels of inflammatory indices in a varied sample of patients with severe mental disorders. According to the pre-post design, these aspects will be evaluated before the start and at the follow-up. We will also take into consideration the role of confounding factors such as age and gender, which represent a critical biological variable influencing such inflammatory pathways.
Conclusions: Collected data will be used for having a more informative, reliable and valid characterization of psychopathology in a vast sample of patients with severe mental disorders. Our study may represent the first of a new wave of methodologically-sound studies on the role of inflammation and psychopathology in patients with severe mental disorders.

Disclosure of Interest: None Declared

EPV0796

Limbic encephalitis – A case report of atypical dementia syndrome with potentially therapeutic consequence

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Introduction: Limbic encephalitis (LE) is a subacute or chronic, non-infectious inflammation of the brain, usually occurring in adulthood, with predominant involvement of mesiotemporal structures and a clinical manifestation consisting mainly of new memory impairment, affective disorder, temporal lobe epilepsy, psychoses, etc.
Objectives: To point out the importance of knowledge of potentially treatable dementia syndromes such as atypical manifestation of probably LE.
Methods: We present a clinical case of a 47-years-old woman with an atypical dementia syndrome and typical radiological findings

corresponding to a LE, among others, but without the previously known immunological antibodies.
Results: According to the literature, the diverse subsyndromes of LE can be subsumed under the two main categories of "paraneoplastic" and "non-paraneoplastic". In addition to the acute and subacute courses, there is increasing evidence for chronic, slowly progressive courses, which expand the spectrum of potentially treatable dementia syndromes. Understanding and knowledge of the broad, clinical syndrome of LE have increased dramatically in recent years. Both nosological classification through differentiated diagnosis and specific therapeutic protocols have become increasingly developed and established. Nevertheless, there are rare clinical cases with a clinical phenotype and radiological findings that correspond to LE, but are both non-paraneoplastic in origin and seronegative with respect to the previously known immunological typing by autoantibodies. This gray area of nosological entity represents a diagnostic and therapeutic challenge.
Conclusions: The authors would like to point out the importance of an adequate diagnosis of the forms of LE that have been nosologically classified so far and are partly well treatable. Limbic encephalitis is an important differential diagnosis in dementia, especially in young patients with atypical courses. There is a need for further research regarding better diagnosis and therapy of the so far immunologically unidentifiable forms of clinical LE.
Literature:
Bazir Ahmad et al., Practical Neurology 2011
Guidelines of the German Neurological Society (DGN), 2008
Leypoldt et al., Akt Neurol 2012
Prüss et al., Neurology 2012

Disclosure of Interest: None Declared

EPV0797

Investigation of cytokine imbalance in schizophrenia, assessment of the possible role of serum cytokine levels in predicting treatment response, prognosis and psychotic relapses

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Introduction: Schizophrenia, a multisystem chronic psychiatric disorder of unknown etiology, is associated with several immune dysfunctions, including abnormal levels of circulating cytokines. Exsisting evidence shows a potential causative role for cytokines in schizophrenia symptom development. Furthermore, disease duration, symptom severity, aggressive behavior, and cognitive deficits are correlated with levels of certain cytokines. Despite the development of new antipsychotics, the negative and cognitive symptoms of schizophrenia often do not respond adequately to pharmacotherapy.
Objectives: Research questions and hypotheses: 1. Can there be a cytokine or cytokines among the different cytokine levels detected in schizophrenia that can be used as biomarkers of treatment response? 2. Can changes in cytokine levels indicate the occurrence of psychotic relapse? 3. Can changes in the cytokine level play a role in predicting the prognosis of the disease? The secondary objectives of the planned research, in addition to the above, are to clarify the knowledge gathered so far about the relationship between cytokine level changes and the clinical symptoms associated with them.
Methods: We investigate cytokine levels, blood samples are taken on hospital admission. Based on the publications, we mainly focus on the Il-2, Il-4, Il-6 and Il-10 levels, which can serve as possible predictive biomarkers relating to treatment response. We will also assess the possible role of abnormal cytokine levels and their association with symptoms severity and their potential clinical implications. The severity of the symptoms is monitored with the PANSS.
Results: 15 schizophrenic patients who were hospitalized due to a psychotic relapse have been included. Blood samples were taken to measure cytokine levels, the PANSS scale was recorded during a psychotic relapse. We have included 9 healthy, age- and gender-matched healthy controls in the study, from whom blood samples were taken to measure cytokine levels. Preparation for measurement of cytokine levels is underway. Patient involvement is ongoing.
Conclusions: A better understanding of cytokine imbalance in schizophrenia patients can potentially help in early diagnosis, novel therapeutic target indentification and development, patient stratification for choosing the best therapeutic protocol, and predicting prognosis, relapse and treatment response.

Disclosure of Interest: None Declared

EPV0798

Spirituality is Associated with Immune Parameters and Disease Activity in Primary Sjögren's Syndrome: A Cross-Sectional Study

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Introduction: The role of spirituality in health and disease is a complex and emerging area of research. Incorporating spirituality into the bio-psycho-social model of health and disease leading to the bio-psycho-social-spiritual model provides a more comprehensive framework. In this context, chronic disorders like primary Sjögren's syndrome (pSS) are of interest due to their intricate interactions between biological, psychological, and spiritual factors.
Objectives: To study possible relationships between spirituality, immune parameters, and disease activity in pSS patients.
Methods: Patient recruitment for the study took place at the Autoimmune Sjögren specialty clinic, University of Debrecen, resulting in 112 patients. Assessing spirituality of the patients happened through 4 direct questions and the Sprituality