Methods: We present the case of a 40-year-old woman from Peru who was admitted to the otorhinolaryngology unit for injuries compatible with necrosis of the right pinna. When the patient was examined, scars were found on the lower limbs and back. The patient justifies the scratching lesions with the presence of pathogenic organisms, with no trace of them by the physician.
Results: The patient was evaluated by psychiatry service during her admission in otorhinolaryngology, being diagnosed with Ekbom's delirium and starting treatment with 3 mL of Aripiprazole. Subsequently she was referred to the mental health unit where she left the follow-up until today.
Conclusions: Different effective treatments have been described, among them pimozide, atypical antipsychotics and some SSRIs. However, the complexity of treatment arises when dealing with the irreducible idea that the patient has of being infested, refusing in most cases to receive psychiatric treatment. This can degenerate into major organic and psychological problems that turn the patient's life into a real hell, which often end up losing much of their daily functionality. The fact of empathizing with the patient and trying to elaborate a plan adjusted to the reality and needs of the moment, can help us to establish a good therapeutic bond that facilitates an early start of treatment and greater therapeutic adherence, enabling a significant improvement in their quality of life.

Disclosure of Interest: None Declared

EPV0995

Review of Delusional Jealousy and Its Association with Sexual Dysfunctions

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Introduction: Mental state changes can affect one's sexual life, while sexual dysfunction can lead to relationship challenges. Delusional jealousy, also called Othello syndrome, involves a paranoid belief in a partner's infidelity, leading to controlling and violent behaviors. It can manifest as a paranoid disorder, as a delusional symptom of psychiatric, neurological or other medical conditions, or as side effect of dopaminergic medication. Although its exact prevalence remains uncertain, it has been identified in 0.5-1.4% of psychiatry inpatients.
Objectives: To describe sexual dysfunctions associated with delusional jealousy and to explore strategies for addressing these dysfunction.
Methods: A non-systematic review of the literature available at PubMed was conducted using the keywords "Sexual Dysfunction" AND "Delusional Jealousy OR Othello Syndrome".
Results: A number of factors, including sexual dysfunction, can trigger or exacerbate delusional jealousy. This is especially true for middle-aged men who have a history of alcohol consumption, neurological or personality disorders. Individuals with sexual dysfunction experience feelings of insecurity, projecting these concerns onto their partners and suspecting extramarital relationships. On the other hand, sexual dysfunctions such as Hypoactive Sexual Desire Disorder, Female Sexual Arousal and Orgasmic Disorders, Erectile Dysfunction and Ejaculation Disturbance may occur as consequence of Othello Syndrome. Multiple factors contribute to these dysfunctions, including increased testosterone and cortisol levels, chronic alcohol use, comorbid psychiatric conditions and antipsychotics. There are reports of increased sexual desire, especially in cases of dementia.
Conclusions: Although the evidence is limited and dated, it points to a bidirectional association between delusional jealousy and sexual dysfunction. Further studies are essential to determine the prevalence and types of sexual dysfunctions in Othello syndrome, and the causal relationship between them. Additionally, investigating gender differences is crucial, given the male-centric focus of existing studies. This research can contribute to clinical care by promoting the screening for sexual issues and their integration into delusional jealousy management.

Disclosure of Interest: None Declared

EPV0996

Schizophrenia and Risk of Dementia: A Literature Review.

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Introduction: Dementia is a clinical syndrome affecting 1-2% of the population under the age of 65, while at older ages the frequency doubles every five years. The clinical manifestations include memory loss, communication deficits, agnosia, apraxia and executive dysfunction.Schizophrenia is a complex, chronic mental disorder affecting approximately 1% of the population, presenting with disturbances in perception, thought and behavior.
Objectives: To investigate the relationship between schizophrenia and later-onset dementia; more specifically to explore whether schizophrenia increases the dementia risk.
Methods: A review of 35 articles -from 2010 to 2023- on PubMed and Google Scholar regarding patients with schizophrenia or other type of psychosis, who later presented dementia.
Results: Patients with a history of schizophrenia, schizotypal disorder, or delusional disorder are more likely to develop dementia. The greatest risk is presented in patients showing the shortest duration of psychotic symptoms (5 years or less), while at 5-10 years the probability of developing dementia decreases.The most common types of dementia occurring in psychotic patients are alzheimer's disease (50-70%),vascular dementia (30%) and unspecified dementia (15%).Chronic patients (10+ years of symptomatology) are less likely to develop dementia. Psychotic patients over the age of 65 are more likely to develop dementia later in life, while individuals who develop schizophrenia after their 40s are three to four times more likely to present dementia compared to patients carrying a schizophrenia diagnosis before their 40s. Females with Late-Onset Schizophrenia have an increased dementia risk compared to males carrying the same diagnosis and compared to healthy females of the same age. Physical conditions implicated in the onset of dementia in schizophrenic patients

include cardiovascular diseases, lung disease, substance and alcohol use, head injuries and diabetes.
Conclusions: According to data, there is a strong correlation between schizophrenia and dementia.However, the related studies are limited in number, while their results require further investigation because of limitations (small sample sizes, co-morbidities, selection of chronic elderly patients).Furthermore, most of these studies were conducted in Western countries, highlighting the necessity of pursuing additional research.

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EPV0998

The role of Galacto-oligosaccharides (GOS) in the recovery from dysbiosis in patients on long-term atypical antipsychotic treatment

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Introduction: Atypical antipsychotic (AAP) drugs are the gold-standard treatment for psychotic patients but are nowadays also widely prescribed among people with other mental disorders. Notwithstanding the benefits of AAP in terms of symptom improvement, there are severe adverse effects including the metabolic syndrome. A novel hypothesis is that part of these undesirable effects of antipsychotics could be mediated by their deleterious effects on the microbiome. This may result in dysbiosis, the disruption of bacterial species of the gut microbiota. Recently, dysbiosis has been linked to poor quality of life, depression and anxiety through the gut-brain axis. Mounting evidence proposes that prebiotic consumption may be helpful in the recovery of dysbiosis, although this effect is unclear among long-term antipsychotic users.
Objectives: The main objective of this study is to assess the potential beneficial effects of the prebiotic Galacto-oligosaccharides (GOS) in combination with 2′-fucosyllactose (2'-FL) on the gut microbiota, by showing a relative increase in Bifidobacteria in fecal samples following intervention. The secondary objective is to assess the effects of GOS on mental wellbeing, sleep, and metabolic parameters. We hypothesize that GOS+2'FL supplementation will improve gut health, mental wellbeing, sleep, and metabolic parameters. Data will be collected 4 weeks prior to the start of the intervention during an observation only phase [t0], at baseline [t1], and after 2 [t2] and 6 [t3] weeks of GOS+2'FL intake. A follow-up will take place at week 10, 4 weeks after the intervention [t4]. Other outcomes that are assessed include the FiberScreen tool, the form of human faeces (Bristol Stool Chart), side effects and the defined daily dosis (DDD) of antipsychotic medication.
Methods: The study is a single-arm pilot study (non-randomized and non-blinded). We aim to include 30 psychiatric patients on long-term atypical antipsychotic use, irrespective of their specific psychiatric disorder, with a BMI > 25 kg/m^2. Following a run-in period of 4 weeks (no intervention but all other aspects of the study), the participants will consume GOS^{plus} (7.0 g Biotis^{TM}GOS + 0.7 g 2'-FL) daily during the first consumption moment of the day (preferably in the morning) for 42 days. The GOS^{plus} powder has a slightly sweet flavour. The primary endpoint is the change in Bifidobacteria in fecal samples from week 0 to week 6.
Results: The study started recruiting participants in October 2023.
Conclusions: Conclusions are expected by the end of 2024.

Disclosure of Interest: None Declared

EPV0999

Rethinking Schizophrenia: Beyond the Voices of Schizophrenia

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Introduction: Despite improvements and innovation in recent years, people living with schizophrenia face variations in access to optimal treatment and care. There is a lot about schizophrenia that is not fully understood, and the high-quality care and support needed by people living with this condition is often unavailable.
Objectives: Develop an evidence-based, compelling policy narrative on schizophrenia Engage a pan-European, multidisciplinary group of experts Offer concrete tools to patient and professional advocacy groups Disseminate findings Draw from our findings practical solutions on how to implement recommendations
Methods: Based on carefully selected existing literature and available resources, **literature review** includes but is not limited to: Value of Treatment Recommendations, Global Burden of Disease Study, Comprehensive Mental Health Action Plan, Mental Health Atlas. The aim is to establish state of play, identify problems and solutions and take stock of current recommendations.
We established a **multi-disciplinary working group** to lead the project, and ensured that representation on this group is cross-disciplinary and cross-sector. The expert group includes country-level patient advocates and clinical leads including key opinion leaders (KOLs) to keep the project focused on what is happening at a national level, and to help create ownership at the national level to take recommendations forward within each country.
We conducted **qualitative semi-structured interviews** with people living with schizophrenia where they provided their insights into how to rethink the way we deal with schizophrenia.
Results: *Provide clear, concrete and adaptable solutions Joint ownership by key stakeholder groups of a common policy narrative on schizophrenia Sustained policy engagement on schizophrenia at the EU and national level*
Conclusions: There is a clear need to rethink the management of schizophrenia and redesign the care pathways to ensure optimal treatment and care for all people living with schizophrenia in Europe. Based around patient testimonies, the aim of the session is to highlight the need to optimise the way we manage schizophrenia by building a strong, coherent, evidence-based policy narrative which speaks to the current priorities in schizophrenia and draws from the current policy landscape in Europe.
Experts involved in the *Rethinking Schizophrenia* project, coordinated by the European Brain Council, have explored the ways in which we can and need to change the way we deal with