

## EPV1353

### Clinical specificities of depression with overvalued ideas in slow progressive schizophrenia

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**Introduction:** Despite the high interest in affective aspects of endogenous depression, the question of overvalued ideas remains unclear.

**Objectives:** To determine the clinical features of depression with overvalued ideas in the context of slow progressing schizophrenia. **Methods:** The study involved 102 people, including 62 women and 40 men diagnosed with slow progressing schizophrenia, with moderate or severe depression, with the predominance of overvalued ideas (F21 in ICD-10). The control group had 110 people with similar distribution by sex and age all diagnosed with a depressive state formed in the context of slow progressing schizophrenia, without overvalued ideas. Research methods were mainly clinical-psychopathological and clinical-catamnestic.

**Results:** In the majority of observations (62.5%) in the comparison group, showed an uncomplicated form of depression, only limited to affective level. In the (37.5%) left, depression was characterized by a structural polymorphism, in addition to affective disorders, there were other psychopathological syndromes observed. In the main group, an inverse relationship was observed: uncomplicated depression in 29.2% of cases, while the overwhelming majority of cases (70.8%) experienced atypical depressions, disharmony of the affective triad, as well as an increase in the concomitance of neurotic and psychopathic symptoms were observed.

**Conclusions:** The cohort of patients with slow progressive schizophrenia with depression is heterogeneous, while the features of the course of the disease correlate both with the presence or absence of overvalued formations in the picture of depression, and with the features of the modification of the overvalued ideas during the disease.

**Disclosure:** No significant relationships.

**Keywords:** Overvalued ideas; depression; schizophrenia

## EPV1352

### High-frequency rTMS in the treatment of depressive symptoms in schizophrenia: a neurophysiological profile of respondents and nonresponders

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**Introduction:** Depressive symptoms in schizophrenia have a high prevalence – up to 20-60 %, at the different illness stages. Non-pharmacological treatment, namely rTMS, seems like a promising approach that lacks side-effects typical for antidepressants. rTMS is widely applied in the treatment of depression, however the studies within schizophrenia domain are still rather few

**Objectives:** The aim was to examine a potential of neurophysiological data for prediction of the effects of rTMS in the treatment of patients with schizophrenia with depressive symptoms

**Methods:** 20 male patients with schizophrenia (F20.004, F20.014, F20.414, ICD-10) were examined at the stage of incomplete remission with predominance of prolonged (more than 6 months) treatment resistant depressive symptoms. An examination (clinical and neurophysiological (oddball ERP and EEG) fragments) was repeated twice - before and after a course of 10 Hz rTMS (left DLPC, 2000 pulses per session, 15 sessions).

**Results:** Poor outcome was associated with initially higher coherence in alpha and lower - in beta1 EEG bands. The amplitudes of non-target N100 and mismatch negativity didn't differ the groups of responders and nonresponders

**Conclusions:** The disturbances within brain networks of beta1 and alpha generators merit attention as potential neurophysiological markers with predictive value in rTMS treatment of patients with schizophrenia with depressive symptoms.

**Disclosure:** No significant relationships.

**Keywords:** TMS; schizophrenia; Depression; EEG

## EPV1353

### The first psychotic episode with religious delusion in adolescence and young adults: premanifest stage

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**Introduction:** The study of the premanifest stages of the first psychotic episode with religious delusion is relevant due to the lack of clarity in differentiating normal religiosity from pathological and, as a consequence, a relatively longer period of an untreated psychotic state, which negatively affects both the course of the disease and its outcomes. Another important factor is the high risk of antisocial, autoaggressive and suicidal behavior at different stages of the disease.

**Objectives:** The aim of the study is to identify the conditions for the formation of religious delusion in adolescence and young adults, to analyze the correlations between religiosity at the pre-manifest stage and the subsequent manifest psychotic episode with religious delusions of different content.

**Methods:** The 57 male patients at a young age (16-25 years) with a manifest psychotic episode (F20, F25 according to ICD-10) with religious delusion (delusion of sin (21,6 %), delusion of demonic possession (29,4 %), antagonistic and messianic delusion (39,2 %), oneiroid with religious content (9,8 %)) were studied with the clinical-psychopathological, psychometric (PAS) methods. The religiosity of patients in premorbid was assessed with the Duke University Religion Index (DUREL) questionnaire.

**Results:** Of greatest importance in the formation of psychotic episode with religious content is hereditary burden, premorbid personality structure, high scores on the PAS scale.

**Conclusions:** The presence or absence of religiosity in premorbid doesn't matter to formation of psychotic episode with religious delusion.