

## EPV0994

**Haloperidol induced Pisa syndrome in a patient with treatment resistant schizophrenia**I. Yaich<sup>1,2\*</sup>, A. Touiti<sup>1,2</sup>, C. Ben Said<sup>1,2</sup> and N. Bram<sup>1,2</sup><sup>1</sup>Forensic Psychiatry Departement, Razi Hospital, La Manouba and <sup>2</sup>Faculty of Medicine of Tunis, Tunis El Manar University, Tunis, Tunisia

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**Introduction:** Acute dystonia, an adverse effect of neuroleptics, is linked to D2 neuronal receptor hypersensitivity or neurotoxicity due to oxidative stress mechanisms. Pisa syndrome (PS) or Pleurothotonus, a relatively uncommon condition, manifests as dystonia of the trunk and is potentially reversible with early intervention.

**Objectives:** To describe PS following haloperidol decanoate injection in a treatment-resistant schizophrenia (TRS) patient, identify associated risk factors, and present therapeutic options.

**Methods:** We provide a comprehensive case description and perform a PubMed database search using the following keywords: “Pisa syndrome,” “dystonia,” “schizophrenia,” and “antipsychotic”.

**Results:** A 54-year-old man with TRS, previously treated with 100 mg of haloperidol decanoate and 10 mg of olanzapine due to clozapine-induced myocarditis, exhibited hallucinatory delusional syndrome and behavioral disturbances. Neurological examination, lab tests, and brain imaging confirmed a psychotic relapse. Haloperidol decanoate dosage was increased to 150 mg. Four days later, the patient developed a trunk tilt that resolved after receiving anticholinergic treatment. Despite PS being more common in females and associated with brain conditions, this patient presented multiple risk factors, including prolonged typical antipsychotic treatment, advanced age, and an increase in antipsychotic doses. Discontinuing the causative antipsychotic or adding synthetic anticholinergics led to symptom reversibility.

**Conclusions:** PS is a rare occurrence. Understanding associated risk factors and frequently implicated medications is crucial for elucidating the phenomenon and managing the disorder

**Disclosure of Interest:** None Declared

## EPV0993

**Relationship between circadian rhythm and Malondialdehyde serum levels in acute and stabilized schizophrenic patients**E. Díaz-Mesa<sup>1,2</sup>, C. Cárdenes Moreno<sup>1</sup>, A. Morera-Fumero<sup>2</sup>, I. Perez-Sagaseta De Ilurdoz<sup>1\*</sup>, P. Abreu-González<sup>3</sup>, M. R. Cejas-Méndez<sup>1,2</sup>, M. L. Fernández-López<sup>2</sup> and M. S. Henry-Benítez<sup>2</sup><sup>1</sup>PSIQUIATRÍA, HOSPITAL UNIVERSITARIO DE CANARIAS; <sup>2</sup>MEDICINA INTERNA, PSIQUIATRÍA Y DERMATOLOGÍA and <sup>3</sup>FISIOLOGÍA, UNIVERSIDAD DE LA LAGUNA, SAN CRISTOBAL DE LA LAGUNA, Spain

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**Introduction:** Malondialdehyde (MDA) is a product of polyunsaturated fatty acid peroxidation (Del Rio D, et al. A review of recent

studies on MDA as toxic molecule and biological marker of oxidative stress. *Nutr Metab Cardiovasc Dis.* 2005;15:316-28). It is a biomarker of oxidative stress and is involved in the pathophysiology of schizophrenia (Goh et al. *Asian J Psychiatr.* 2022;67:102932). Schizophrenia is linked to disrupted oxidative balance and inflammation (Więdołcha et al. *Brain Sci.* 2023;13:490). Prior research has shown connections between biomarkers and circadian rhythms in schizophrenia (Morera & Abreu. *Acta Physiol Scand.* 2007;43:313-14) and diabetes type 2 (Kanabrocki EL, et al. *Circadian variation in oxidative stress biomarkers in healthy and type II diabetic men.* *Chronobiol Int.* 2002;19:423-39). To determine if MDA levels have a role in schizophrenia and follow a circadian rhythm may be useful.

**Objectives:** The aim of our study is to compare diurnal and nocturnal MDA serum levels in patients in acute and stabilized phases of schizophrenia according to CIE-10 to find out if there are variations related with circadian rhythms

**Methods:** 47 patients were included in our study in two clinical phases: acute episode and stabilization. Blood samples were collected at 12:00h and at 00:00h. MDA serum levels were measured twice: when patients were decompensated (admission) and at clinical stabilization (discharge). The relationship between quantitative variables at both times was analysed by T-Student test

**Results:** There is no significant difference between night and day MDA levels in the acute phase of the schizophrenia ( $2.22 \pm 1.352$  vs.  $1.93 \pm 1.530$ ,  $p < 0.09$ ). There is statistical significance between 12:00 and 00:00 ( $1.90 \pm 1.136$  vs.  $1.34 \pm 0.868$ ,  $p < 0.001$ ) at discharge: it was observed that levels decreased. This result can be interpreted as there is circadian rhythm in stabilized phases.

**Conclusions:** MDA levels in patients with schizophrenia do not follow a circadian rhythm in the acute episode. When they are clinically stabilized present a circadian change. These patients lose the circadian rhythm in acute episodes. MDA circadian rhythm may help diagnose the clinical phase and its severity. It is necessary to perform more studies to know its utility as an oxidative biomarker

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## EPV0994

**“Ekbom syndrome: delirium engraved on the skin”**

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**Introduction:** Ekbom syndrome also known as Morgellons syndrome or delirium of parasitosis is a psychiatric condition where the patient has the absolute conviction of being infested in spite of medical evidence. Patients may even mutilate themselves or apply toxic substances in order to get rid of these hypothetical organisms. Sometimes they bring samples of these hypothetical parasites to the office to prove their existence, which is known as the “matchbox sign”, a pathognomonic finding.

**Objectives:** The aim of this clinical case is to make visible the impact that this psychiatric condition can have on the patient’s quality of life

**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 Ekblom'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.

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## 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