schizophrenia and one of schizoaffective disorder (according to DSM5). No significant adverse effects were recorded, except for pain at the injection site. The majority were psychopathologically stable patients - 2 of them of recent onset (up to 36 months of evolution) and 7 psychopathological decompensations, measured as visits to the emergency room or psychiatric readmissions, have been detected during the first 6 months of follow-up in CSM. All patients had previously been admitted to treatment with PP6M (minimum 1 admission, maximum 20 admissions). The results of the baseline scores obtained on the psychometric scales applied were: CGI (15.35/35), PSP (62.78/100) and TMSQ (53.35/80).
Conclusions: The existing scientific evidence to date indicates that the application of PP6M is giving safe results in the first months of follow-up, with few side effects recorded, and a low rate of decompensations. This study based on data from real clinical practice in a CSM, despite the limitation due to the small sample size, obtains similar results consistent with those described in previous clinical trials.

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EPV0927

Catatonic stupor in 32 years old man diagnosed with schizotypal disorder

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Introduction: Stupor is a state of numbness of almost all personality functions, accompanied by stiffness, lethargy and abulia (lethargy). A person in a state of stupor is recognized by the fact that he is constantly silent, does not respond to stimuli at all, refuses food, has a motionless body posture, a face immobile like a mask, a gloomy and absent look. We can call a person who is in a stupor only by calling loudly, shaking hard and similar charms. Catatonic stupor is a state of complete loss of spontaneous and active movement, the patient stands stiffly for hours, sits, does not take food, does not speak but registers everything that is happening around him because his consciousness is not clouded.
Objectives: Here, we report on the case of a 32 year-old man. He was brought in the Emergency Center by his mother with the eyes shut and unresponsive to all sorts of verbal and gestural attempts to elicit any kind of response, with extreme complete body rigidity. He was sweating.
Over several weaks, he developed gradually social withdrowal, motoric stereotypies, loss of apetite, body stiffness. Three days before he was admited to the hospital he stopped eating, drinking water, he was developed body rigidity.
Methods: Case report
Results: He was admitted to a Psychiatric Clinic and first days he was treated with 7,5 mg of lorazepam daily, kariprazin tbl. a 3mg in the morning and olanzapine 10 mg in the evening. Over several days symptoms has diminished.
Conclusions: The patient was reacted very well on the therapy and after several days syptoms diminished. After a month he was released from the hospital. He is in good remission for over a year. He comes regularly for outpatient check-ups

Disclosure of Interest: None Declared

EPV0928

Metabolic syndrome in psychiatric patients with schizophrenia

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Introduction: Metabolic syndrome and cardiovascular diseases are a very important cause of morbidity and mortality among patients with schizophrenia who live an average of 10-20 years less than the general population. Second generation antipsychotics are associated with obesity and other components of the metabolic syndrome.
Objectives: The aim of this paper was to provide complete insight into the existing recent evidence for metabolic risks associated with the use of new antipsychotics, and establish recommendations for monitoring metabolic syndrome and other risks, as well as current options for treatment and prevention of metabolic syndrome.
Methods: This review article is based on a literature search. We identified relevant publications and articles by searching the PUBMED database from 1999 to the present day according to the given parameters. The search criteria were the keywords “metabolic syndrome” combined with “schizophrenia” and “new antipsychotics”.
Results: All researches has convincingly shown that patients with schizophrenia tend to be overweight and have a three to four times higher risk of developing diabetes than the general population. There are also more and more evidence in recent literature about the impact of new antipsychotics on the frequency of metabolic syndrome in patients with schizophrenia. The World Health Organization (WHO) defines metabolic syndrome as an elevated insulin level or a fasting glucose concentration of 5.6-6.0 mmol/l in combination with two or more of the following parameters: abdominal or central obesity and dyslipidemia and/or arterial hypertension. The research results systematically showed a 1.5 to 3 times higher frequency of metabolic syndrome in people suffering from schizophrenia compared to the general population. Therefore, regular control of all components of the metabolic syndrome is necessary, from waist circumference, which is the easiest to measure, to all others that can be carried out and done in the general practice doctor’s office.

Conclusions: Metabolic changes in patients with shizophrenia who receive new antipsychotics in addition to their unfavorable lifestyle (improper diet, lack of physical activity, smoking) can lead to the development of metabolic syndrome and increase the risk for diabetes and cardiovascular diseases. It is therefore necessary to establish protocols for monitoring these risks and preventing comorbidities.

Disclosure of Interest: None Declared

EPV0929

The Challenge of Lorazepam Failure: Malignant Catatonia Treated Successfully with Valproate

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Introduction: Despite the unclear nature of catatonia, the treatment response of catatonia to benzodiazepines is widely known for its typical, dramatic recovery. The neurobiological correlates of this phenomenon regarding specific receptors and neurotransmitters are unclear, as are the potential treatment options. This is important to consider when the most commonly recommended treatments of catatonia with Lorazepam or Electroconvulsive Therapy (ECT) are unavailable or unsuccessful. In this report, we describe a case of severe, malignant catatonia and psychosis mostly unresponsive to Lorazepam during two different hospitalizations, but with eventual return to baseline after successful treatment with Valproate.

Objectives:

- To describe a unique case of malignant catatonia that was unresponsive to Lorazepam
- To illustrate the potential utility of Valproate as an alternative treatment strategy for catatonia

Methods: This is a case report.

Results: A 19-year-old Hispanic male presented to our hospital initially with family reports of severe and sudden depression with bizarre behavior. Prior to this admission, the patient had been discharged recently from another tertiary hospital following a 2-week admission for severe catatonia. Chart review from that admission scored the patient's Bush-Francis Catatonia Rating Scale (BFCRS) at 16, which remained mostly unchanged after numerous additional intramuscular doses and standing oral doses of Lorazepam, with a reduction of BFCRS the next day of only 2. During the patient's admission at our hospital, the patient endorsed bizarre, guilt-related delusions, and his catatonia was more severe and malignant with a BFCRS of 19, with tachycardia and diaphoresis. The patient was initially given a total of seven doses of a mix of intramuscular and oral Lorazepam (total 18mg), with a minimal 2-point reduction in BFCRS. As ECT was unavailable, Lorazepam was discontinued in favor of a trial of oral Valproate 500mg twice daily, and after his catatonia subsided (with a serum level of 60.8), he was started on oral Risperidone 0.5mg once at night, titrated up to 3mg twice daily, and eventually returned to baseline as confirmed by his family members.

Conclusions: The treatment of catatonia with Lorazepam is usually reliable and has been found to be up to 80% effective, but when the recommended use of benzodiazepines and ECT fail or are unavailable, there are few studies exploring the viability of alternative treatment options. With the use of Valproate, previous studies have shown it can treat even severe catatonia (KrÜger, J Neuropsychiatry 2001; 13:303-304), or can actually be its cause (Lauterbach, Neuropsychiatry, Neuropsychology, and Behavioral Neurology. 1998 Jul;11(3):157-163). As such, this case report highlights the importance of exploring alternative treatments for catatonia, including Valproate, in order to better tailor the management of this unique syndrome.

Disclosure of Interest: None Declared

EPV0930

Artificial intelligence and virtual reality applied to the clinical care of women with schizophrenia: A systematic review.

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Introduction: Artificial intelligence (AI) and virtual reality (VR) are useful tools that can improve precision medicine and can prove useful in the clinical care of patients with psychosis.

Objectives: Our aim was to determine whether AI and VR have been applied to the prediction of clinical response in women with schizophrenia.

Methods: A systematic review was carried out in PubMed and Scopus from inception to September 2023 by using the PRISMA guidelines. Search terms: ("artificial intelligence" OR "intelligent support" OR "machine intelligence" OR "machine learning" OR "virtual reality" OR "intelligent agent" OR "neural networks" OR "virtual reality" OR "digital twins") AND ("schizophrenia" OR "psychosis") AND ("women" OR gender"). Inclusion criteria: 1) English, French, German or Spanish language, 2) reporting treatment response in schizophrenia (as long as information in women was included), and 3) including AI and VR techniques.

Results: From a total of 320 abstracts initially screened (PubMed:182, Scopus:138), we selected 6 studies that met criteria.

- Prediction of treatment response. (1) Clinical information, genetic risk score and proxy methylation score have been shown to improve prediction models. (2) Graph-theory-based measures have been combined with machine learning.
- Therapeutic drug monitoring. (1) A machine learning model has been useful in predicting quetiapine blood concentrations.