

typically associated with catatonia, usually in schizophrenia, but also depression, bipolar disorder, intoxication, and neurological conditions.

Objectives: To describe a case of mutism without catatonia.

Methods: We describe a clinical case of a patient admitted to our psychiatric inpatient unit with mutism as the presenting symptom. The literature on this subject is also selectively reviewed.

Results: A 49-year-old woman was found mute at home by her brother and brought to our emergency room. Not a word had come out of his mouth for the past month. She would show up at the restaurant where she worked as a waitress and do her job, but she didn't talk. As a result, she had been fired. Her routine daily chores and her vegetative functions were maintained. She had no prior history of medical or psychiatric illness or substance abuse. In addition to the mutism, the patient showed an important psychomotor restlessness and performed repetitive hand movements suggestive of occupational delirium. There was no rigidity, stupor, negativism, catalepsy, echosymptoms or any other catatonic symptomatology.

She was then admitted to our inpatient unit, where a complete blood test, EKG, brain CT, brain MRI, EEG and a lumbar puncture with biochemistry and neuroimmunology studies were performed, none of them showing any abnormalities.

The clinical presentation suggested the diagnosis of either a psychotic disorder or a major depressive episode.

The patient was then started on olanzapine up to 20 mg/d, fluoxetine up to 20 mg/d and lorazepam up to 6 mg/d. Due to persistence of symptomatology despite pharmacological treatment, she was started on Electroconvulsive Therapy (ECT). At the time of issuance of this report, 7 bilateral ECT courses have been carried out and absolute mutism persists. Although she has presented an improvement of the anxiety and the repetitive behaviors noted on admission have disappeared, she hasn't resumed speaking.

Conclusions: Mutism occurs in a number of conditions, both functional and organic, and an accurate diagnosis is important for the management. One must perform a thorough physical and systemic examination to rule out organic causes for mutism. An observation for some time period may be warranted and should be done to reach final diagnosis in our case.

Disclosure of Interest: None Declared

EPP1033

Moral Injury and Pre-Deployment Personality Factors as Contributors to Psychiatric Symptomatology among Combatants: A Two-Year Prospective Study

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doi: 10.1192/j.eurpsy.2023.1307

Introduction: Combatants who are exposed to events which transgress deeply held moral beliefs might face lasting psychopathological outcomes, referred to as Moral Injury (MI). However, knowledge about pre-deployment factors which might moderate the negative consequences of MI is sparse.

Objectives: In this prospective study, we examined pre-enlistment characteristics and pre-deployment personality factors as possible moderators in the link between exposure to potentially morally injurious events (PMIEs) and psychiatric symptomatology among Israeli active-duty combatants.

Methods: A sample of 335 active-duty Israeli combatants participated in a 2.5-year prospective study with three waves of measurements (T1: 12 months before enlistment, T2: 6 months following enlistment- pre deployment, and T3: 18 months following enlistment- post deployment). Participants' characteristics were assessed via semi-structured interviews (T1) and validated self-report measures of personality factors: emotional regulation, impulsivity, and aggression (T2) and combat exposure, PMIEs, psychiatric symptomatology and post traumatic symptoms (T3) between 2019-2021.

Results: Pre-enlistment psychiatric difficulties and negative life events contributed to higher exposure to PMIEs post deployment. Higher levels of pre-deployment aggression and lower levels of emotional regulation and impulsivity moderated the association between betrayal, PMIEs and psychiatric symptomatology post deployment, above and beyond pre-enlistment psychiatric difficulties and life events.

Conclusions: Our results highlight that pre-deployment emotional regulation, impulsivity and aggressiveness levels should be assessed, screened, and identified among combatants, as they all facilitate psychiatric symptomatology (and PTSS) after combatants are exposed to PMIEs of betrayal. Such pre-assessment will enable identification of at-risk combatants and might provide them with tailor made preparation regarding moral and ethical situations that should be investigated in future researches.

Disclosure of Interest: Y. Levi-Belz: None Declared, G. Zerach Shareholder of: no, Grant / Research support from: no, Consultant of: no, Employee of: no, Paid Instructor of: no, Speakers bureau of: no

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EPP1034

Association between cannabis use and symptoms of psychosis: a mega-analysis

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doi: 10.1192/j.eurpsy.2023.1308

Introduction: It remains debated in the scientific literature whether cannabis aggravates psychotic symptoms or is used as a self-medication. Regular cannabis use (RCU) was found associated with the severity of positive symptoms of psychosis i.e., delusion or hallucinations. However, the association with negative symptoms, i.e. blunted affect or social withdrawal, is less straightforward. Confounding variables such as the criteria for other Substance